

2019

Assessing Access to Community Health in Rutland County

Sidney JB Hilker
Larner College of Medicine

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Assessing Access to Community Health

Sidney Hilker

Rotation #2, 2019

Mentor: Dr. Bradly Berryhill, Castleton Family Health Center

Program Identification and description of need

- Castleton Clinic identified a decline in the number of patients visiting the clinic during the winter and spring of 2018 - 2019
- Perception that patients may believe the economic situation and lack of adequate health insurance (high deductible, co-pay, etc.) as barriers to affordable and accessible care
- Need for a population health level view of barriers that may exist at the Castleton Clinic with the greater Rutland Community Health system

Public Health need

13% of adults in the Rutland area report not having a primary care provider

11% report not having health insurance

9% report delaying medical care due to cost concerns

8% report delaying medical care or do not obtain care

8% of households in Rutland County have no vehicle available

Rutland is behind the national benchmark for physicians by **-8** FTE

Rutland is ahead of the national benchmark for physician assistants, certified nurse midwives, and advanced practice nurse practitioners by **8** FTE

Community Perspective

*Lindsey Shaw, Patient Navigator, Community Health Centers of
Rutland Region*

INSURANCE BARRIERS

- “The greatest barrier to patients is that **they cannot get health insurance.** Deductibles are a few thousand dollars, even here. Many patients are just dollars short of qualifying for public insurance and the state supported health plans are still expensive.”
- “Many patients have to come in every few months for medication refills. Coming in can cost them up to \$200 if they haven’t met a deductible.”
- “In Vermont, **the fine for not having insurance is often cheaper than an insurance plan** so patients choose to pay the fine.”
- “Recently, **premiums have gone down, but plans cover less**”

LOGISTICAL BARRIERS

- “**Working hours limit patients.** We have weekend Express Care, but not primary care visits. Care coordinators help with transportation, **but if an appointment is missed, rescheduling is often weeks or months later.**”
- “**We need more MDs.** Some patients are less comfortable with APPs and need more education. NPs and PAs can also be overwhelmed by the number of complex patients they see given the demand for providers.”
- “**Appointment times are often filled with 3- or 6-month follow-ups for medication refills.** If these patients could be seen later, more appointments could be available for sicker patients.”

Community Perspective

Anthony Morgan, Executive Director, Rutland Free Health Clinic

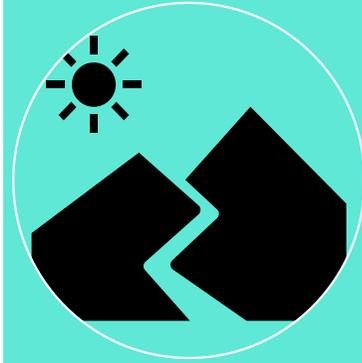
INSURANCE BARRIERS

- "We see about 350 new patients per year, which is **down since the Affordable Care Act was implemented but was not the drop we anticipated**. People continue to become uninsured."
- "Many people are deciding whether to **spend \$20 on a copay or for food**. While the economy looks strong, people are still struggling and **there is a sense that a crisis is just around the corner**."
- "**At Community Health Centers there are many flexible payment options, but there is still a cost**, and people are deciding where they need to go with their \$5 worth of gas for the day."

LOGISTICAL BARRIERS

- "**Transportation is a barrier**. But it is not as simple as putting a car in every garage. Services are city centric. Part of the solution is getting out close to where people are, like the CHC in Castleton. If people have to **travel 20 miles to follow-up on test**, that is challenging."
- "**Poverty is hard work**. You have so many appointments and no way to get there. If you have to go to Rutland to fill out a 15-page form for food stamps, you will do it because you have to."

Intervention and Methodology: Roadmap



Develop Roadmap

- Summer 2019
- Initial patient survey



Collect data

- Fall 2019
- Full patient survey
- Community input



Analyze data

- Winter 2019
- Identify key barriers to accessing care



Partner and Implement

- Spring 2020
- Identify partners
- Implement targeted strategies



Intervention and Methodology: Survey

This survey is part of a project to make the Castleton Family Health Center as accessible as possible for our patients. Your participation is optional. Your responses will be anonymous and will not influence your care in any way. Thank you for your participation!

About how many times have you seen a provider at the Castleton Family Health Center in the last twelve months? *Please select one.*

- Less than 1 time
- 1-2 times
- 3-5 times
- 6+ times

What types of services have you used in the past year at Castleton Family Health? *Please select all that apply.*

- Express Care
- Pediatrics
- Women's Care
- Primary Care
- Mental Health
- Other (please describe) _____

In the last twelve months, have you or your family ever wanted to see a provider at Castleton Family Health, but been unable to? *Please select one.*

- Yes
- No
- Unsure

If you have not been able to see a provider when you wanted to, which of the following describe barriers you faced. *Please select all that apply.*

- Did not have insurance
- Could not afford my co-pay
- I had not yet reached my deductible
- Appointment time not convenient
- Wait time was too long
- I did not have transportation
- Did not have child or elder care for a dependent
- Other (please describe) _____
- I have always been able to see a provider

Please share any other comments you have regarding access to care at the Castleton Health Clinic.

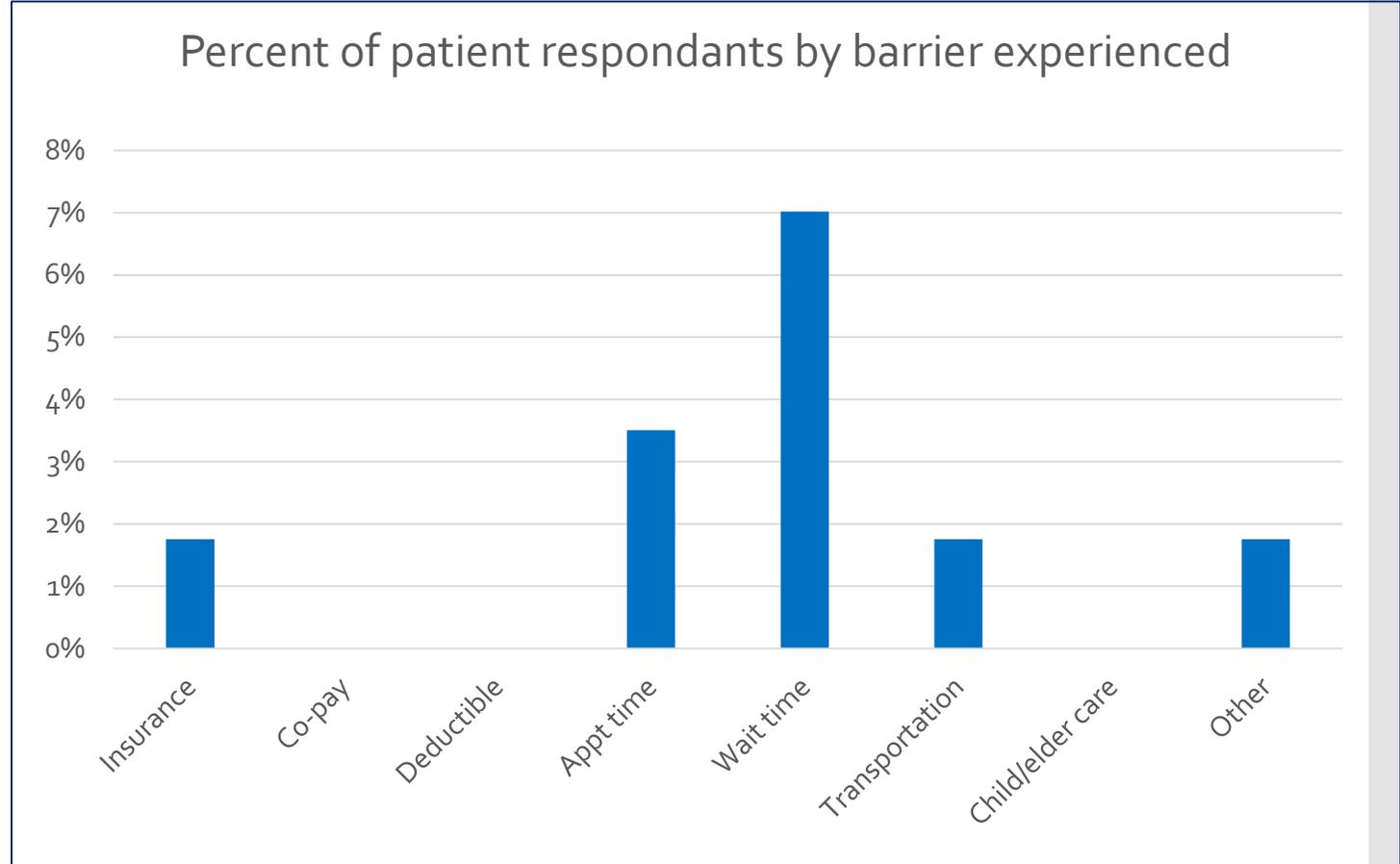
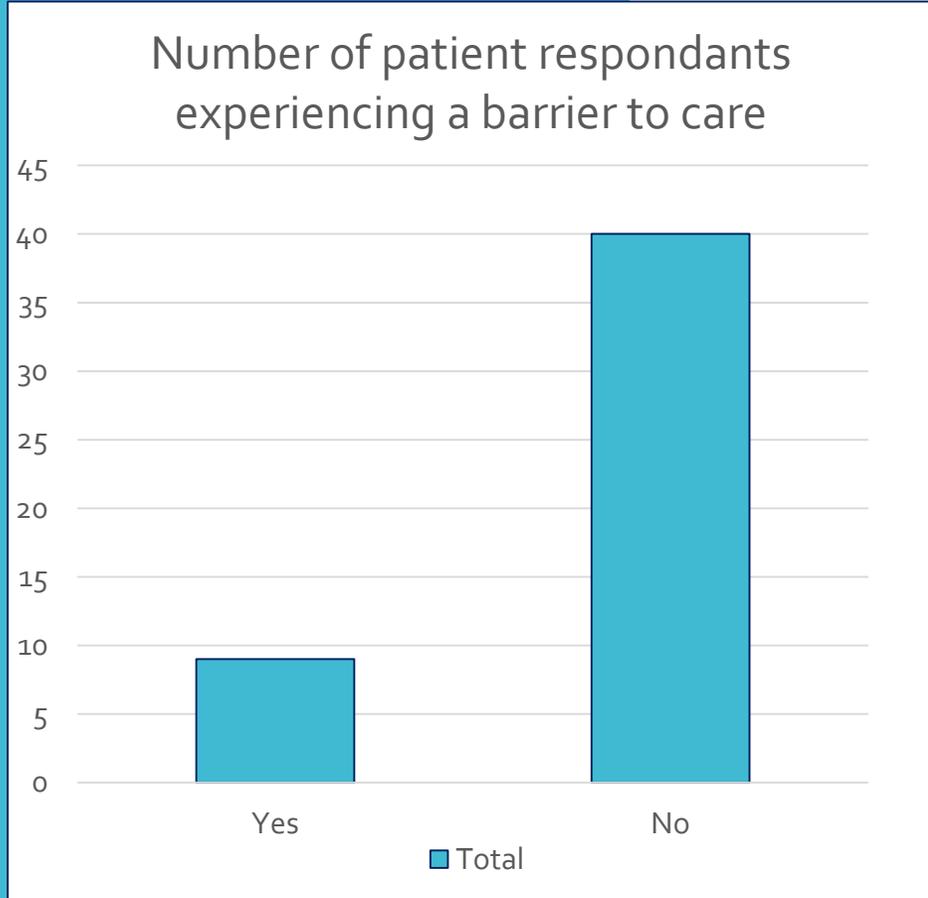
(OPTIONAL) If you are interested in potentially being contacted to share more thoughts on this topic, please share your name and email or phone number.

Name _____

Email or phone number _____

- Surveyed patients waiting in exam rooms before their visit
- Included two primary care providers (newer and older provider to the clinic) as well as a pilot in Express Care
- Surveys distributed over 5 days

Results from patient survey



Evaluation of effectiveness

- Total of **58 patients surveyed** in-office
- **Identified prevalence of patients who experience a barrier to care (18%)**, which is likely underestimated due to in-office survey approach
- Through survey and conversations, developed initial hypotheses of **critical barriers for patients including insurance coverage and convenience of the visit experience**
 - 11% noted wait time or appointment time as a barrier to care
 - 2% considered insurance to be barrier, which is likely underrepresented due to survey distribution taking place in the office
- Established **launching point for a greater population health project** to evaluate and reduce barriers for patients seeking care in the region
 - Volunteers identified for future focus group(s)

Evaluation of limitations

LIMITATION

- Patients answering surveys are those who are mostly likely to attend appointments and navigate barriers
- The Initial survey may not identify barriers patients face but were not significant enough to stop them from seeking care
- Patient challenges outside directly accessing care (e.g. housing, food security) not included in data collection



SUGGESTED APPROACH

- Continue to survey patients with a focus on patients who have missed appointments or are lost to follow-up
- Consider follow up focus groups to identify root cause of patient barriers (volunteer info collected)
- Assess patient needs beyond access to appointments using surveys and focus groups

Recommendations for future interventions

Financial Barriers

- Continue to support patients' financial needs including assistance with enrolling in health insurance

In-office barriers

- Consider ways to reduce perceived wait time for patients
- Communicate options for patients looking for same-day acute care (Express vs. Primary Care)
- Consider options to increase availability of MDs and appointments outside of working hours

Logistical Barriers

- Partner with community organizations to reduce barriers to accessing care

References

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Interviewee consent

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented X

Name: Lindsey Shaw

Name: Anthony Morgan

Did NOT Consent _____

Name: _____

Name: _____