Assessing Access to Community Health in Rutland County

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Assessing Access to Community Health

Sidney Hilker
Rotation #2, 2019
Mentor: Dr. Bradly Berryhill, Castleton Family Health Center
• 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.) are 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
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
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.”
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

• 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

Number of patient respondents experiencing a barrier to care:
- Yes: 10
- No: 48

Percent of patient respondents by barrier experienced:
- Insurance: 2%
- Co-pay: 2%
- Deductible: 2%
- Apt time: 4%
- Wait time: 7%
- Transportation: 2%
- Child/elder care: 2%
- Other: 2%

N = 58
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

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: _____________________________________________