

# **Re-conceptualizing Healthcare Access in the 21<sup>st</sup> Century**

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## Results of the Iowa caucuses 2016



Repub  
candi

27.7%

24.3%



Ted  
Cruz



Donald  
Trump

Source: iowagop.org, iow



# AMERICA

The only country where a Canadian Latino can reinvent himself  
as an immigrant-hating southern white supremacist.

fakeposters.com

# Alberta

# VA

- 4.2 Million People
- +/-Universal coverage
- 36.1 years (median)
- ~50% male
- 17% rural
- \$20 billion
- 83% of physicians FFS

- 5.5 Million Veterans
- Selective coverage (~50% eligible)
- 63.5 years (mean)
- 94% male
- 40% rural
- \$47 billion
- 0% of physicians FFS
- ~75% have private insurance

## Extensive infrastructure

- 150 hospitals
- 971 outpatient clinics
- 133 nursing homes

# Access to Care in the Veterans Health Administration (VA)

- Complaints: Veterans can't "access" care
- Special interests/vulnerable populations
  - Rural
  - Women
  - Homeless
  - Recent Conflict Veterans only get 5 yrs guaranteed care
- Promise by Veterans Administration and Congress to improve "Access"



# Access: Definition

Institute of Medicine Definition:

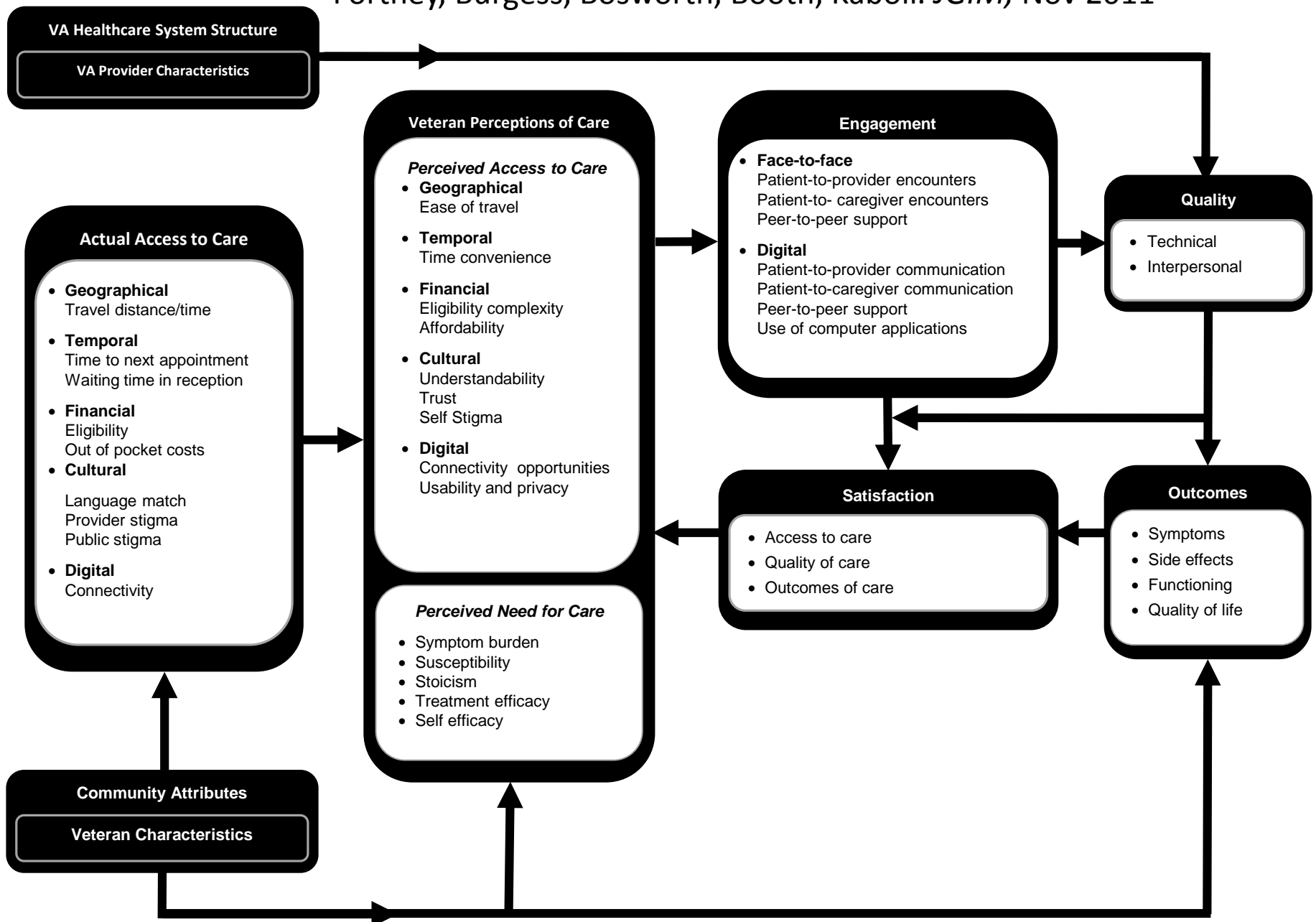
- “the timely use of personal health services to achieve the best possible health outcomes.” Millman M. *Access to health care in America*. National Academy Press; 1993.

New 21st Century Definition (Fortney, et al. *JGIM*)

- **Access to Care** represents the potential ease of having *virtual* or *face-to-face* interactions with a broad array of healthcare providers including clinicians, caregivers, peers, and computer applications.
  - **Actual:** represents those directly-observable and objectively measurable dimensions of access.
  - **Perceived:** represents those self-reported and subjective dimensions of access.

# New Framework/Model for Access

- Set of specific dimensions that characterize the fit between the patient and the healthcare system
- Less focus on patient-to-provider face-to-face encounters
- Perceived and Actual Access
- Dimensions of access:
  - Geographical
  - Temporal
  - Digital
  - Financial
  - Cultural





## Actual Access to Care

- **Geographical**  
Travel distance/time
- **Temporal**  
Time to next appointment  
Waiting time in reception
- **Financial**  
Eligibility  
Out of pocket costs
- **Cultural**  
Language match  
Provider stigma  
Public stigma
- **Digital**  
Connectivity

## Perceived Access to Care

- **Geographical**  
Ease of travel
- **Temporal**  
Time convenience
- **Financial**  
Eligibility complexity  
Affordability
- **Cultural**  
Understandability  
Trust  
Self Stigma
- **Digital**  
Connectivity opportunities  
Usability and privacy

## *Perceived Need for Care*

- Symptom burden
- Susceptibility
- Stoicism
- Treatment efficacy
- Self efficacy

# Measuring Access: Actual v. Perceived

## Actual

- Directly observable
- Objectively measurable
- Predictive validity
- Reliable
  - Distance
  - Wait times
    - All waiting is not equal or bad
  - Co-payments
    - \$9 Rx, \$50 clinic, \$900 inpatient

## Perceived

- Capture patient perceptions about the opportunity and ease associated with seeking treatment
  - Travel ease
    - Mileage or VA Transport System
  - Appointments when requested
  - Co-payment burden
  - Usability of computer apps

# Digital “Encounterless” Access

1. Synchronous patient-to-provider encounters
  - Phone, video (26 states require comparable payment)
2. Asynchronous patient-to-provider communications
  - IVR, text, email, personal monitoring devices
3. Peer-to-peer communications
  - Patients: chat rooms, on-line forums, social networking
  - Providers: e-consults, store-and-forward imaging
4. Synchronous interactions between patients and health apps
  - Kiosks, personal health records, health behavior apps (e.g., cognitive behavioral therapy)



# Viterion100

TeleHealth Monitor



# Patient Portals: MyHealthyVET



UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS

VA Home



December 2011  
Happy Holidays!

VA Facility Locator

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**New Registrations:** If you are Veteran enrolled in a VA medical center/VA facility, please be sure to check the "VA Patient" box when registering on My HealtheVet. Also, please include your **FULL** name (to include middle name, if you have one) plus your date of birth, SSN and gender.

## In the Spotlight

### HIV: Did You Know...?

December 2011



The first cases of Acquired Immunodeficiency Syndrome or AIDS were reported by the Center for Disease Control and Prevention on June 5, 1981. Some of the first cases were diagnosed by VA doctors. Since then, VA has been a leader in HIV/AIDS care. HIV/AIDS is no longer a death sentence but a treatable, chronic disease that can be managed in the same way as diabetes and hypertension (high blood pressure). There is no cure for HIV/AIDS. But with treatment, patients live much longer and healthier lives, in some cases, well into retirement. [Read More »](#)

### Talking to your Health Care Provider about Human Immunodeficiency Virus (HIV)



Talking with your health care provider about HIV and HIV testing is important. Many people who have HIV infection do not have any signs or symptoms of the disease for many years. [Read More »](#)

### A Veteran's Story: Living 25 Years with HIV



In 1986, I was diagnosed with HIV. Participating in my own health care and being aware of the importance of my own attitude and actions has enabled me to live with this disease successfully. [Read More »](#)

## Dealing with Job Loss over the Holidays



The holidays can be an especially hard time to deal with the loss of a job or an income. Sadly, many Americans this holiday season are faced with inadequate employment and are struggling to make ends meet. This includes Veterans. In fact, post-9/11 Veterans are known to suffer a particularly high rate of unemployment. One reason may be that recent Veterans are often best equipped to work in jobs that the recession has hit the hardest. No matter the reason, loss of a job or an income can have a far-reaching impact. [Learn More »](#)



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[VA Honors Veterans](#)

### Getting the Most Out of My HealtheVet

Decide where you can improve your health. Then use My HealtheVet to help you get it done.

[Learn more»](#)

[Download \(PDF\) »](#)

### In-Person Authentication

Is a My HealtheVet upgraded account for you? If you are a Veteran using the VA health care system, then the answer is **yes**.

### Member Login

User ID:

Password:

Login

[Forgot User ID?](#)  
[Forgot Password?](#)

First time My HealtheVet user? **Register today!**

[REGISTER](#)

### Quick Links

- [VA National Suicide Prevention Hotline](#)  
**If you are in crisis call:**  
**1-800-273-TALK (8255)**
- [In-Person Authentication](#)
- [RSS](#) [RSS Feeds](#)
- [Flu Information](#)
- [My HealtheVet Learning Center](#)
- [VA Mental Health Services](#)
- [Getting the Most Out of My HealtheVet](#)
- [Rx Refill Guide](#)
- [Rx Refill](#)
- [View your VA Medication Names](#)
- [Quality of Care](#)
- [MOVE!](#)



# Distance is Relative Barrier in Rural Health

Buzza, Kaboli, et al *JGIM*, 1998

- Distance
- Patient
- Complex



ance

ow 40 miles from a  
Veteran in South Dakota



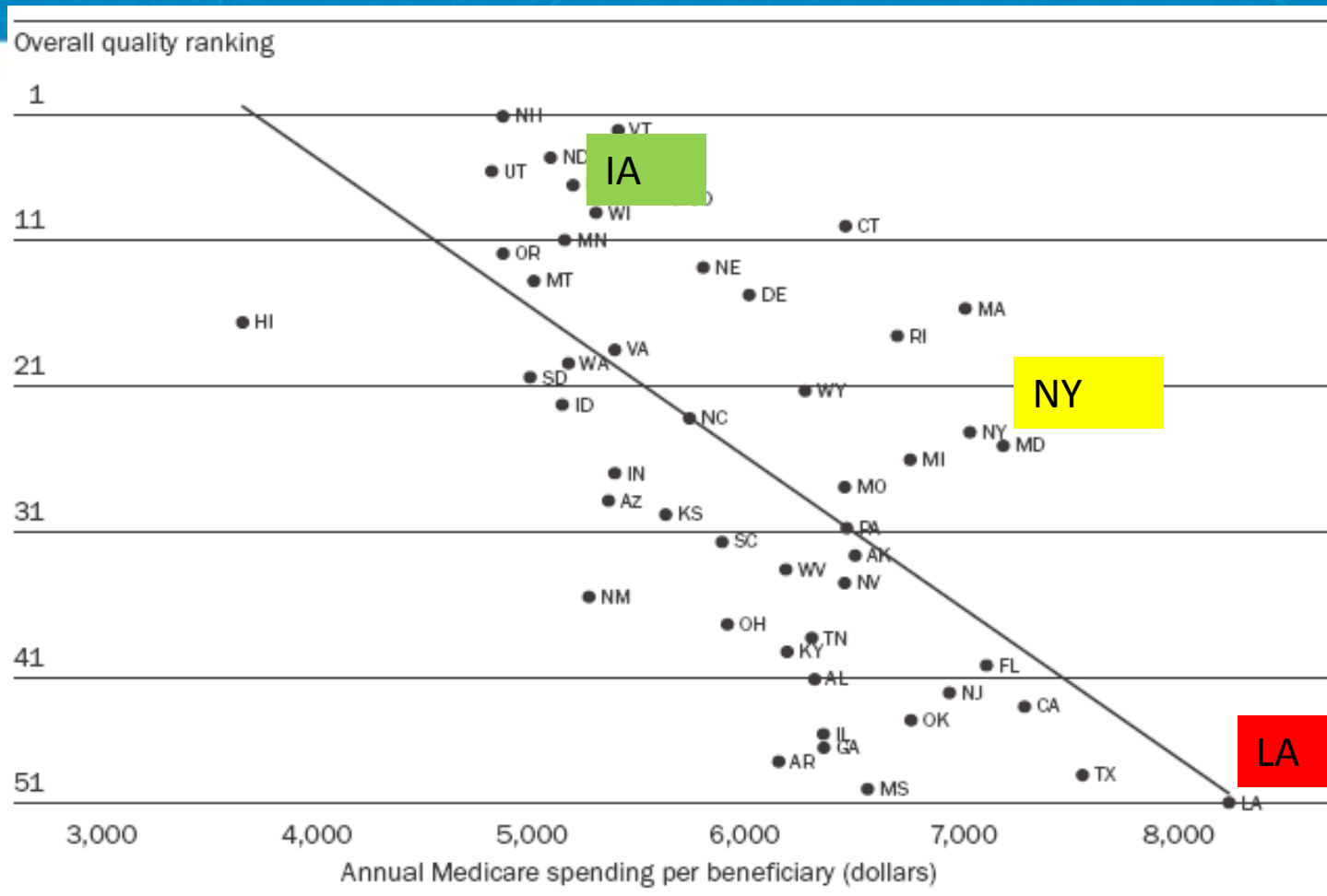
## Access

“Can we buy our way out of this problem?  
If so, then it isn’t a problem.”



# Aggregate State Quality Rankings for 24 Indicators and Medicare Spending

*Baicker & Chandra, Health Affairs, 2004*



**SOURCES:** Medicare claims data; and S.F. Jencks et al., "Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998–1999 to 2000–2001," *Journal of the American Medical Association* 289, no. 3 (2003): 305–312.

**NOTE:** For quality ranking, smaller values equal higher quality.

# Conclusions:

## Re-conceptualization of Access to Care

- Measurement is important, for both Actual and Perceived Access:
  - Patient perception may be as important as actual access
- More is not always better:
  - We can't buy our way out of this problem
- Tele-health and digital apps can help Access
- Access and outcomes are hard to measure:
  - Even harder to link (especially if the service is ineffective)
- At the extremes:
  - NO Access is bad; Excessive Access is wasteful