

GE – National Medical Fellowship

Primary Care Leadership Program

**An Assessment of the Barriers to
Rendering and Receiving Primary
Care at the Center for Community
Heath**

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Homeless people often suffer from multiple preventative illnesses, which can be exacerbated by the nature of their lifestyles. On average homeless individuals are much more prone to wait until their illness becomes acute before seeking care than low-income housed individuals. In addition, compared with the general population, homeless people are more likely to use the emergency room to receive care and are hospitalized more for preventable conditions (Kushel, Vittinghoff, & Haas, 2001). Kushel et al. (2001) reports that among the participants in their study, the rate of hospitalization of homeless people was four times the United States norm. Although the homeless population is among those who are most in need of preventative care, there are many barriers that keep them from receiving it. In order for health care professionals to work toward helping this population overcome these obstacles, it is important that we begin with a thorough assessment of the factors that preclude access to preventative care for homeless people. The purpose of this project was to explore how these issues surrounding access to health care have effected the homeless patient population at the JWCH, Center for Community Health (CCH). Recently, data has shown that the CCH has experienced a downward trend in preventative health screening, specifically in the papanicolaou test (PAP smear), mammograms, and fecal occult blood tests (Hemoccult). This project aims to examine reasons for this trend by assessing the specific challenges and barriers faced by the homeless patient population at the CCH in receiving preventative care.

Background

There is substantial information in the literature on the factors that are associated with the utilization of healthcare by the homeless population. It is well documented that homeless individuals face many barriers in accessing care and as a result use acute care at high rates. The barriers that have been found include competing subsistence needs, transportation and scheduling, and the lack of importance homeless people place on their health.

Competing needs have proven to be one of the biggest factors that predict whether or not homeless individuals will access care. According to Gallagher, Andersen, Koegel, & Gelberg (1997), homeless people are less likely to seek out care if they are experiencing difficulty meeting subsistence needs, such as securing food, shelter, clothing, and a place to wash. These individuals were found to frequently delay care until their illness required acute care.

Transportation and scheduling is also very important when considering the obstacles that preclude access to care for homeless people. In a study conducted by Wojtusik and White (1998), it was found that over forty percent of their sample reported lack of transportation or lack of means to pay for transportation as an obstacle to receiving care.

Failure by many homeless individuals to prioritize their health also deters them from seeking out healthcare. For instance, one study reported that homeless individuals blamed themselves for placing their health at such low

priority, causing them to choose not to utilize health services (Wojtusik and White, 1998).

Methods:

The project was carried out in the following three-part process;

- (I) Interviews with patients of the CCH assessing; regular source of care, family history, their thoughts and beliefs about preventative care, and their perceptions about barriers to care (see appendix A).
- (II) Interviews with the providers of the CCH assessing; the providers' beliefs about barriers patients face, challenges the providers face in rendering preventative care, and suggestions for improving the trends in preventative health screening (see appendix B).
- (III) A comparison between what the patients believe are the barriers they face in accessing preventative care and the providers' beliefs.

Patient Interviews

Thirty patients participated in the study. All of the participants were patients at the CCH and volunteered to be interviewed. The patients' ages ranged from 35 to 64, with the average being 50 years old. Majority of the patients were Non-Hispanic black and 17 of them were males, 13 were females. Each patient was interviewed one at a time and all interviews were held at the CCH. The interviews were conducted based off a template of questions. The following questions were used:

Regular Source of Care:

- 1. Do you have a regular provider here at the Center for Community Health?

2. How often do you see your provider?
3. Do you have any chronic medical conditions such as hypertension or diabetes?

According to Gallagher et al. (1997), patients who have a community center or private physician as a regular source of care were predicted to have better health outcomes, thus it was important to determine whether or not the majority of patients use the CCH as their regular source of care. It is also useful to know how often these patients visit the CCH to be able to assess how many opportunities they have in a give period of time to receive preventative health screenings. Patients were also asked whether or not they have any chronic illnesses in order to examine how many patients were suffering from diseases that could have been avoided had they received preventative health measures.

Family History

1. Are you aware of any illnesses that are common in your family (such as cancers, diabetes, high blood pressure)?

Family history is a very strong predictor of the risk an individual has for obtaining a particular illness. People with a positive family history for a certain cancers or diseases have an increased likelihood for obtaining that disease. This makes preventative screening even more critical and may be necessary on a more frequent basis than for those who have no such family history. This question was designed to examine how many patients have a positive family history for preventable illnesses.

Perceptions about preventative care

1. Has anyone here or anywhere else ever talked to you about preventative care?
2. What do you think preventative care is?

3. If the doctor recommended some tests then would help him/her see whether or not you are at risk for certain cancers and illnesses would you be willing to take those tests?
4. How important do you think it is to take these tests on a scale from 1 to 5, 5 being extremely important?

The purpose of these questions was to gain a better understanding of the knowledge the patients currently have about preventive care. These questions were also meant to assess whether or not they believe preventative health screenings are important as well as their perceived level of their own compliancy.

Barriers to Care

1. Is there anything you can think of that keeps you from coming here?

The goal of this question was to hear from the participants the obstacles they face in trying to receive care at the CCH. The aim of this question was to elicit both intrinsic and extrinsic factors that the patients believe are precluding their access to preventative care.

Provider Interviews

Six providers were interviewed, including four physicians and two physician assistants. All six providers practice at the CCH and the interviews were conducted there. Each provider was asked the same questions based off of a template. The following questions were used:

Beliefs about barriers patients face

1. What do you believe are the biggest challenges/competing needs patients at the Center for Community Health face in accessing preventative care?

This question was asked in order to understand the providers' perspective on the barriers that keep patients from accessing preventative care. The

providers spend the most amount of time interacting with the patients and as such the patients are most likely to tell them about their lifestyle and the struggles that come along with it. Also the because the providers care for many of the patients on a continual basis, over time they may have had a better opportunity to get a more complete picture of the barriers that the patients at the CCH are facing.

Providers' perspective on rendering preventative care

1. As a provider, why do you think there has been a downward trend specifically in colon cancer screenings, mammograms, and PAP smears here at the CCH?

This question was intended to explore the ideas the providers had about reasons why the Center for Community Health had recently began seeing a downward trend in preventative health screenings. In doing so, this question also served to elicit some of the challenges that they face when trying to render preventative care to the patients.

Improving the trends in preventative health screenings

1. What can you think of that can be done to change the downward trend the CCH has been experiencing in colon cancer screenings, mammograms, and PAP smears?

The providers' input on what can be done to improve the preventative health screening trends was asked with the goal of gaining more insight into why this has been a problem. The question was also asked to get some suggestions about what can be done to change the downward trend.

Comparison of beliefs

The final aspect of the methods section is to do a comparison between the beliefs of the providers and the beliefs of the patients. The purpose of this is to see whether or not the providers are aware of the factors that the patients deem to be obstacles that make it difficult for them to access care.

Results:

Patient Interviews

It was found that majority of the participants (20/30) are regular patients at the CCH and see the same provider each time they come in for care. Of the 20 who reported having a regular provider, 14 of them said they visit the CCH about once a month. This indicates majority of the patients are coming in on a fairly frequent basis and are seen by the same provider whenever they come.

The next set of questions was asked to explore whether or not the patients have been diagnosed with any chronic illness such as hypertension or diabetes. The data from the interviews shows that an overwhelming majority (24/30) of the participants suffer from at least one chronic preventable condition. Moreover, of the 24, 16 patients reported having more than one chronic illness (see appendix C). The patients were also asked if any of these diseases were common in their families and 24 of the 30 patients had a positive family history for one or more preventable disease.

When asked questions to assess whether the patients knew what preventative care is, a little over half (16/30) said they had never been educated on preventative care. All of the participants were asked to describe what they think preventative care is and their responses demonstrated that although some of the patients had a vague idea of what it is, many did not. Overall almost none of the patients had an adequate enough knowledge about preventative care.

Next the patients were posed with a hypothetical situation in which their doctor offered them preventative tests, and they were asked whether or not they would be willing to take them. All thirty of the patients said they would take the tests if the doctor recommended them. The participants were then asked to rank the importance of the test on a scale from 1 to 5, 5 being extremely important. Twenty-nine of the patients ranked the importance of health screenings at a 5, many of them expressing the desire to know what is going on with their health especially as they are aging.

The last question of the patient interview asked them to discuss any barriers that would keep them from coming to the CCH. Overall most people could not think of anything that would keep them from coming to the clinic. Of those that did come up with possible barriers, the following were given; being homeless, lack of transportation, having to go to a different location for referral appointments, and the amount of time they spend waiting to see the providers.

For some of the participants not having a place to live made it very difficult for them to come to the CCH because they did not have anywhere to store all of their belongings. The burden of lugging everything with them from place to place

proved to be an obstacle when considering visiting the clinic. Many of the patients that come to the CCH rely on public transportation to get there. Some of the participants expressed problems with commuting to the clinic because either they have to take multiple buses to get to the CCH or they do not have the money for the bus fare. Making it to referral appointments for mammograms and PAP tests was cited as an obstacle for some of the female patients due to the fact that they had to travel out of the clinic for these services. Several patients expressed frustrations with the amount of time they have to wait before they can see a provider and stated that many times this deters them from coming into the clinic to receive care.

Provider Interviews

The providers were asked what they believed to be the biggest challenges patients face in accessing care and the following answers were given; mental illness, lack of transportation, unstable housing, not having all the services available on one site, and preventative care is low on the patients' priority list. When asked about the challenges they face in rendering preventative care and why they think there has been such a downward trend in preventative health screenings, almost every provider cited the lack of compliance from the patients as a large contributor to the trend. The providers expressed that even when they try to educate the patients on the importance of these health-screening measures, the patients simply do not want to comply. Another answer common among the providers was the limited time they have to spend with patients during the visit makes it difficult for them to take care of their health maintenance needs.

The CCH is in the process of transitioning from paper charts to electronic health records (EHR). This transition has proved to be among one of the challenges the providers reported creates problems for them when trying to render preventative care. One of the issues with the EHR that the providers mentioned was that it is hard to tell from the EHR whether or not a patient had already had a particular health screening and if so, when they had their last screening. In addition, providers discussed frustrations with not knowing where to input the results when a patient completes a preventative test, which in turn makes it more difficult for the auditors to retrieve the data when analyzing the trends in preventative health screenings. Some of the providers suggested that because other equally important things have taken priority at the CCH such as Patient Centered Medical Home, chronic disease management, and getting organized with integrated services, the focus on preventative health screenings has decreased.

Finally, the providers were asked to suggest possible solutions for improving the current trends in preventative care at the CCH. Among the suggestions given was having some sort of reminder in the EHR system that would alert the provider when a patient is due for a particular test. The providers also mentioned that there should be a uniform place in the EHR where all results from preventative health screening tests can be entered. This way the data will not be difficult to find and consequently missed during audits. Another suggestion was increasing efforts to educate the patients on preventative care so that they gain a better understanding of its importance.

Comparison of Beliefs

Through comparing the beliefs about the obstacles homeless patients at the CCH face in accessing preventative care; it was found that many of the beliefs of the providers overlap with those of the patients. The following factors were given by both the patients and the providers as barriers to care; lack of transportation, unstable housing, and not having all services available on one site.

Discussion

The primary limitation of this study was the way in which participants were recruited. Participation in this study was strictly voluntary, which limits the diversity of participants. The sample of patients who were interviewed was not randomly selected and many of the patients declined participation. This may have affected the findings about barriers faced by patients because those who refused to be interviewed did not have any input.

It is very clear that the patients at the CCH face many unimaginable challenges on a daily basis. As a result, the maintenance of their health falls in large part on the providers. Two major reasons for why providers at the CCH are having difficulty carry out preventative care measures; patient non-compliance and limited time with patients during their visit. The solution to these two problems begins with health care reform. As stated before, the providers bear a lot of the responsibility for making sure the patients seen at the CCH have well-rounded care and it is crucial that there is a diffusion of that responsibility. The only way this can be done is for the provider visit to no longer be the only thing

that is paid for. Health care reform needs to find a new payment method in which other services are also reimbursed which will allow for a bigger team approach to care.

This bigger team approach to care will begin with an expansion of infrastructure. This will increase the number of people on each patients' care team, leading to shared responsibility. The benefit of shared responsibility is that if the provider is not able to get to a particular aspect of the patients care during the 15-20 minute visit, another healthcare professional on the team can take accountability for making sure it gets done rather than letting it fall through the cracks.

With shared responsibility and more people on the care team, there can be increased patient education. The bottom line is that the providers do not have enough time in a visit to educate the patients adequately enough on preventative health screenings and why they are important. There needs to be someone on the team that can be dedicated to patient education. By educating the patients they will ultimately gain a better understanding of their health and become more involved in managing their health. This will hopefully lead to decreased non-compliance, so that patients will be more likely to actually follow through with health maintenance tests ordered by the providers.

Recommendations

Although the ultimate solution to the downward trend in preventative health screenings lies in healthcare reform, it is still important to consider what

can be done immediately at the CCH to help improve this trend. Many of the suggestions given by the providers could certainly help change the trends for the better, including maximizing the EHR system and making preventative care a clinic-wide priority. The EHR system used at the CCH, NextGen, has the ability to electronically generate reminders to the providers to prescribe timely tests and procedures based on each patient's individual health maintenance needs. This will greatly help the providers because it will not only serve to alert them when a patient is in need of a health screening, but it will also save them the time of having to search through the charts for this information. Making preventative care a clinic-wide priority means that each person on the care team, from the medical assistants to the nurses, to the providers are well aware of their role in rendering preventative care. Each member must take accountability for some part of the process so that there is someone in charge of ordering the tests when necessary, someone in charge of following up with the patients to make sure they have completed the tests, as well as someone responsible for inputting the results into the correct location in the EHR once a test has been completed.

Conclusion

Preventative care is a crucial aspect of healthcare, especially for the homeless patient population at the CCH. This project has demonstrated that most of the patients at the CCH are suffering from, or have a positive family history for at least one chronic illness, thus they are even more susceptible to acquiring other preventative diseases. Moreover, many of the patients are

unaware or unsure about what preventative care is, making it more difficult for them to comply with preventative measures. Fortunately, it was found that the majority of participants in this study are regular patients at the CCH and are scheduled to see the same provider each time they come in. This opportunity to work on improving the health maintenance aspects of their patients' care over a long period of time, along with implementing the recommendations previously discussed will begin improving the trends in preventative care, leading to better health outcomes for the patients at the Center for Community Health.

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List of Appendices

Appendix A. Patient interview template

Appendix B. Provider interview template

Appendix C. Chart of patients' chronic illnesses and Bar graph of number of patients versus type of chronic illness

Appendix A.

Patient Demographics

Sex

- Male
- Female

Age:

Race/Ethnicity

- Hispanic
- Non-Hispanic – White
- Non-Hispanic – Black

Homeless Status

- In the past 30 days have you spent at least one night in:
 - a. A temporary shelter, mission, transitional housing
 - b. Abandoned building
 - c. Vehicle
 - d. The streets

Where do you receive care?

1. Do you have a regular provider here?
 - a. **If yes:**
 - i. How long have you been going to this provider?
 - ii. Whenever you come here do you always see this provider?
 1. How often do you see this provider?
 - iii. Do you ever go anywhere else to receive care? (Such as another clinic or doctor’s office, the emergency room, or another place?)
 - b. **If no:**
 - i. Is this your first time here?
 - ii. Where else do you go when you need to see a doctor or receive care? (Such as another clinic or doctor’s office, the emergency room, or another place?)
2. What are some reasons you come to the clinic? Do you have any chronic medical conditions such as hypertension or diabetes?
3. In the past 12 months how many times have you gone to the emergency room about your own health?
 - a. What did you go for?

Family History

1. Are you aware of any illnesses that are common in your family? (Such as cancers, diabetes, high blood pressure...)

- a. **If yes:**
 - i. Who has the illness? (Mother, father, aunt, etc.)
 - ii. Is the person still living?

Preventative Care; Thoughts, beliefs, perceptions

1. Has anyone here or anywhere else ever talked to you about preventative care?
2. What do you think preventative care is?
3. If the doctor recommended some tests that would help them see whether or not you are at risk for certain cancers and illnesses (diabetes, high blood pressure...), would you be willing to take those tests? Why or why not?
 - **If yes:**
 - i. If the doctor told you to come back in a week so that he/she could explain the results to you, would you come back?
 - ii. Is there anything that would keep you from coming back? (Such as transportation, distance, location, or uninterested in the results...)
4. Were you aware that these kinds of test existed?
5. How important do you think it is to take these tests on a scale from 1 to 5,
 - ___ 5 being extremely important,
 - ___ 4 being important,
 - ___ 3 being kind of important,
 - ___ 2 being not that important,
 - ___ 1 being unimportant
6. Would you take these tests if the doctor recommended them, even if you did not think you had cancer or any other illness?

Barriers to care

1. What else can you think of that keeps you from coming here?
2. What else can you think of that would keep you from coming back?

Appendix B.

1. What do you believe are the biggest challenges patients here face in accessing preventative care?

2. As a provider, why do you think there has been a downward trend specifically in colon cancer screenings, mammograms, and PAP smears here at the CCH?

3. What obstacles do you face when trying to provide preventative care?

4. On a scale from 1 to 5, 5 being always and 1 being almost never, how often do you check each patient's chart to see whether they are due for any health screenings

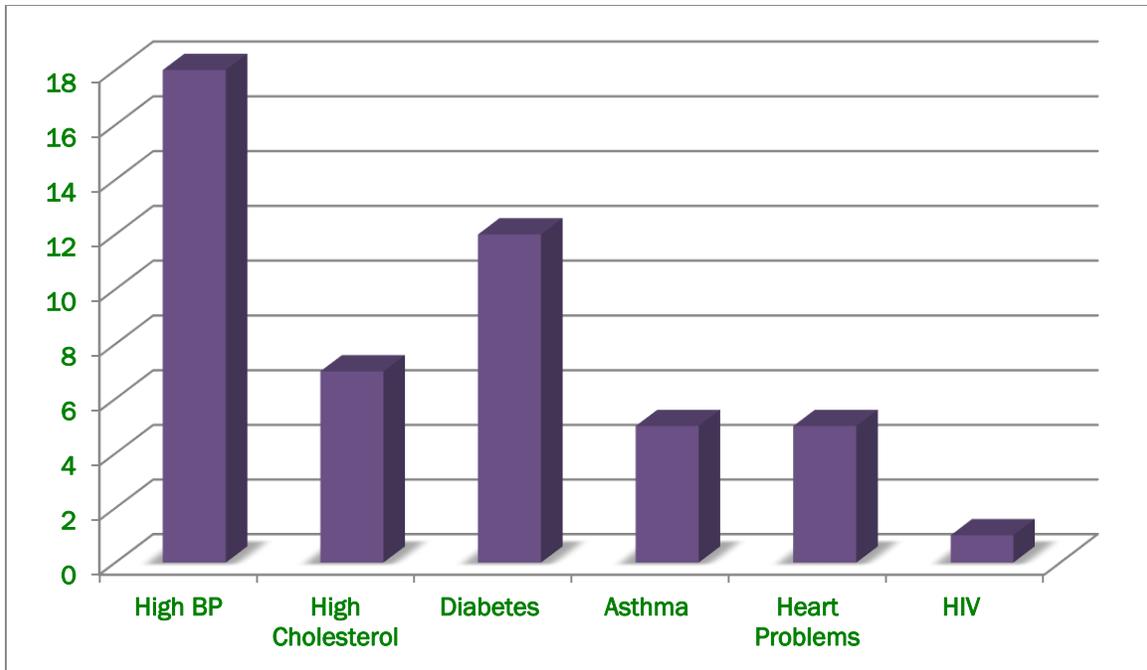
5. On a scale from 1 to 5, 5 being always and 1 being almost never, when you give out Fecal Occult Blood Test cards, how often do patients bring them back?

6. When seeing a patient is there anything that prevents you from ordering any of those three screening tests? (i.e. limited time with patient, patient noncompliance, etc.)

7. What can you think of that can be done to change the downward trend the CCH has been experiencing in colon cancer screenings, mammograms, and PAP smears?

Appendix C.

Patient	High BP	High Cholesterol	Diabetes	Asthma	Heart Problems	HIV+	COPD	Kidney Damage
1.	I			I				
2								
3.	I	I	I					
4.	I	I	I	I	I			
5.	I		I					
6.	I	I	I					
7.								
8.								
9.	I	I						
10.	I							
11.	I			I	I			
12.	I							
13.			I				I	
14.	I	I	I					
15.		I						
16.								
17.								
18.	I				I			I
19.							I	
20.	I		I	I				
21.				I		I		
22.	I		I		I			I
23.	I		I					
24.								I
25.	I							
26.	I							
27.	I	I	I					
28.	I		I		I			
29.			I					
30.								



X-axis: Type of chronic illness
Y-axis: Number of patients with illness