

## **Overcoming Barriers to Primary Care**

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This project seeks to identify, assess and overcome barriers to underserved populations' access to primary health care through better use of patient questionnaires and medical history screenings. The emphasis of the project is on understanding adult patients' self-identified barriers to care and their perceptions of the most likely causes and solutions to those barriers. I will develop a basic patient questionnaire and medical history screening process to utilize during mobile health unit visits, community outreach events, and patient visits to the clinic. The project will generate a list of the most common barriers to primary care and recommendations for future use by clinic leaders to better target the use of existing clinic resources and processes to overcome those barriers and connect patients in underserved populations to the care that they need.

### **I. Introduction**

I've been interested in how to improve access to health care for society's most vulnerable throughout my graduate studies, both as a Master of Public Health and Family Nurse Practitioner student. I've read many books and articles on the variety of issues surrounding health care access, which have made it very clear to me that many Americans face significant barriers to receiving the health care they need, starting with primary care.

As I've been able to interact with more and more patients throughout my clinical rotations, I've tried to gain a better understand of what those barriers are and how health care providers and clinical leaders can reduce them. I thus wanted to seize the opportunity of working for an extended, focused time at United Neighborhood Health Services (UNHS) in Nashville, Tennessee to dig into this issue in more depth. My project looks at what community health clinic patients in a socioeconomically disadvantaged area see as barriers to their access to

primary health care and how practitioners and clinical leaders can work to make health care more accessible.

## II. Project overview and methodology

This project had three objectives. First, to identify UNHS patient who previously faced barriers to primary care or who were underserved at the time of the project due to barriers to care. Second, the project sought to identify the most common barriers to care amongst these UNHS patients through direct interaction with them. Finally, the project sought to develop a set of recommendations for more efficiently using existing resources and processes at UNHS to overcome the most common barriers to care and to target outreach to the broader community served by UNHS.

UNHS is a Nashville-based, private, non-profit network of primary care clinics and health programs that focuses on serving underserved populations. Founded in 1976, UNHS includes eight neighborhood clinics, one public housing clinic, five school clinics, a homeless clinic, two mobile clinics, and one multi-county clinic. All told, UNHS serves over 31,000 adults and children patients. UNHS stays connected to the community that it serves by including community members who are also patients on its board of directors.

UNHS improves access to health care because its clinics are located in underserved areas, it offers translation services, and it offers sliding scale fees to patients who do not have insurance. In addition to providing comprehensive preventive and primary care services, including medical, dental, and behavioral health, UNHS provides chronic illness management and support services to teens and pregnant women. UNHS receives funding support from the United States Bureau of Primary Health Care, Tennessee Department of Health, and various other public and private sources. Patients are served without regard to insurance or income, and those without insurance are charged on a sliding fee scale.

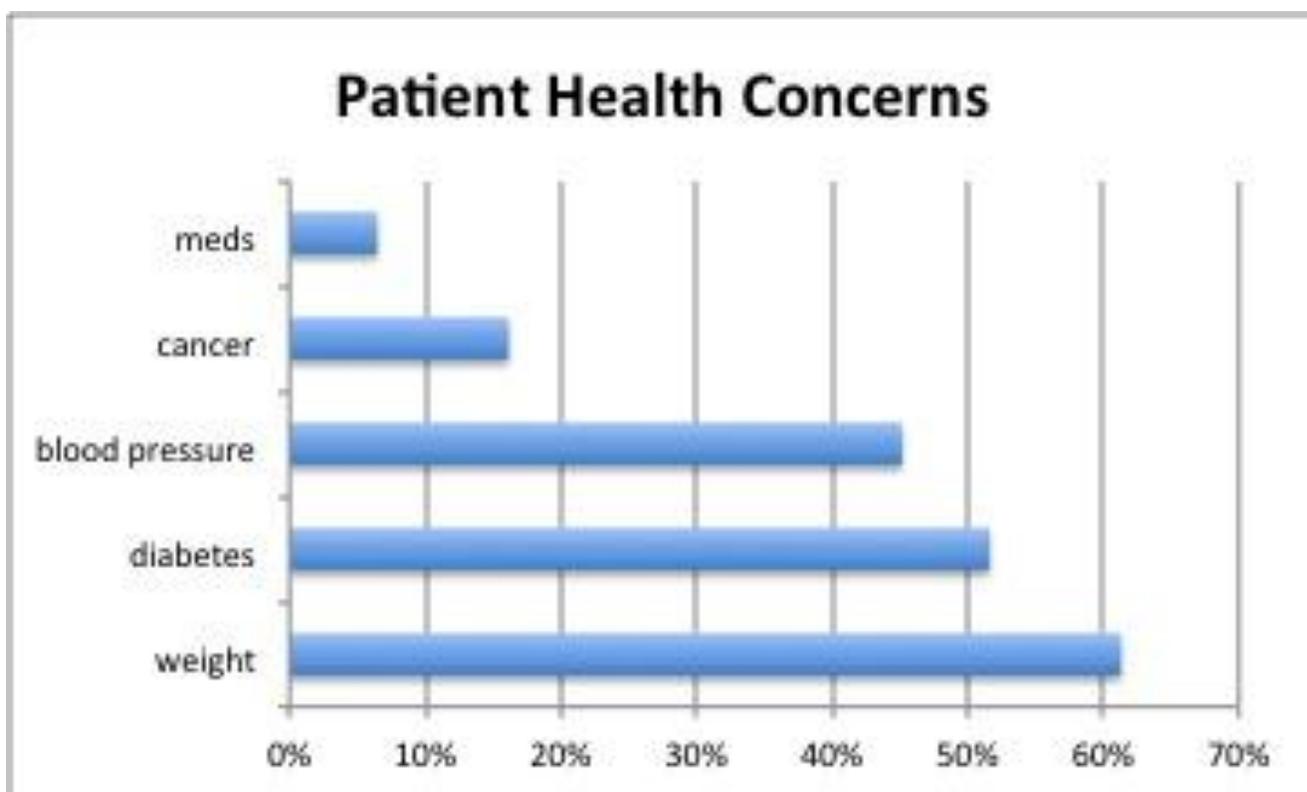
The project's methodology was a patient survey. The survey collected basic demographic information and then asked three questions. First, it asked, "What are your two biggest health concerns? For example: high sugar, high blood pressure, heart, cancer, weight, etc." Second, it asked, "What are the two biggest barriers or problems to getting the health care you need? For example: transportation, financial, clinic hours, etc." Third, it asked, "What are two things we can do to help you have better health? For example: expanding clinic hours, cooking classes, exercise program, etc." Additionally, the survey concluded by asking the patients if they had any other suggestions or comments.

The survey was administered to 31 patients at a walk in day at the clinic that offered free exams. Although patients coming in were given the survey and asked to complete it, none actually did so. After this became apparent, a clinic staff member collected the survey data by interviewing patients as they checked in and waited to be seen during the walk in clinic day. Although survey data was collected through interviews, only the questions on the printed survey were asked; there was no follow up or attempt to elicit additional information from the patients.

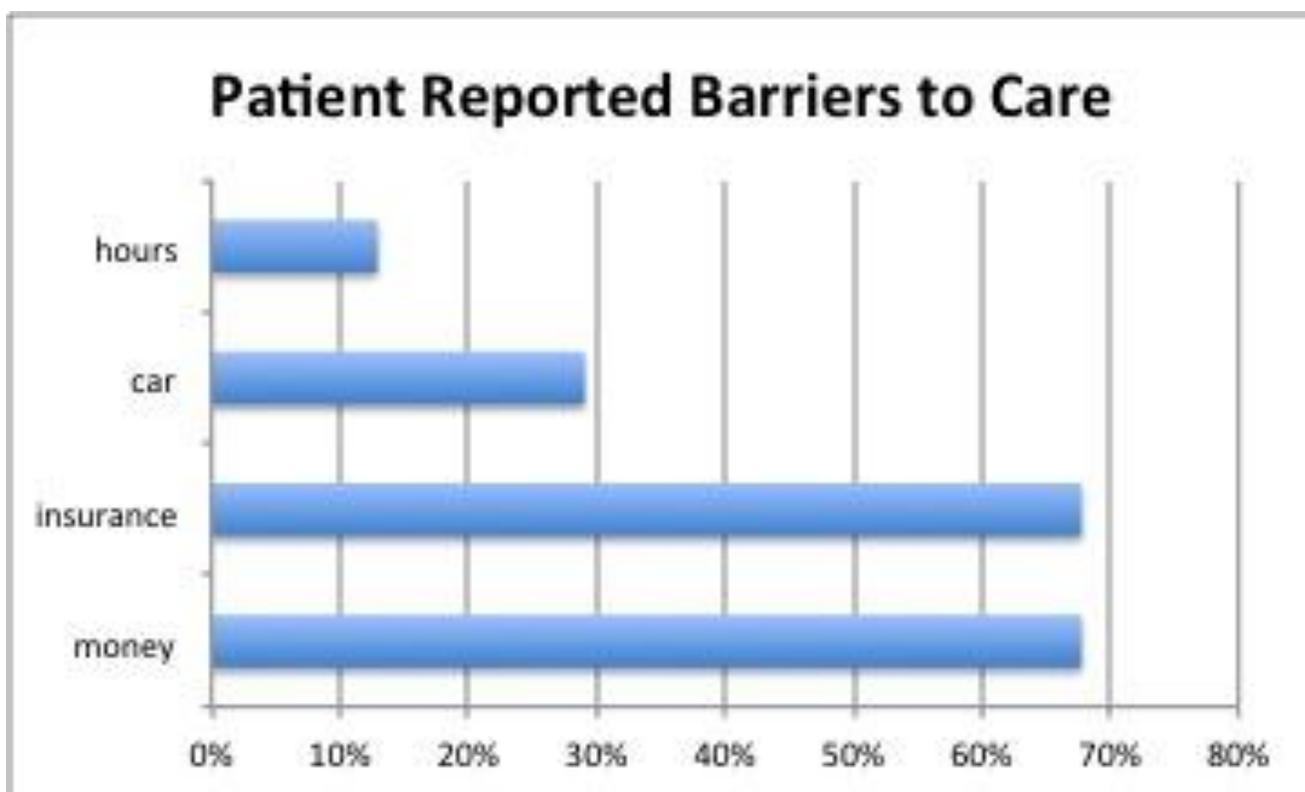
### III. Project Findings

The survey group was, for the most part, relatively homogenous along several demographic lines. The participants were 61 percent female and 94 percent African American. Along age lines, 23 percent were 15-24 years old, 48 percent were 25-44, and 29 percent were 45-64. Regarding employment, 58 percent were unemployed, 29 percent employed part time, and 13 percent employed full time. None of the participants were homeless.

The survey participants had three health concerns that dwarfed all others in terms of frequency of response. Sixty one percent of participants identified weight as one of their two biggest health concerns, 52 percent identified diabetes or blood sugar, and 45 percent identified high blood pressure as a concern. Other notable responses include 16 percent identifying cancer and six percent identifying medications.



The survey participants had even more common responses when identifying the barriers to their getting the health care that they need. Ninety four percent listed lack of money or insurance as a barrier, and 48 percent listed both and nothing else. Outside of this dominant response, 29 percent identified a lack of transportation and 13 percent identified clinic hours as a barrier.



Patient responses to the question of what the clinic could do to help them have better help did not receive the same degree of commonality as the other two questions. Many respondents reiterated their responses to the barriers question. For example, 55 percent listed either insurance or more money as a response to this question. Outside of these reiterations, 11 percent of respondents listed either better food or exercise as something the clinic could facilitate to help them, nine percent listed improved transportation, and four percent listed medications.

Overall, the process of collecting data through this survey suffered from several difficulties. First, the patients were not comfortable filling out the survey on their own.

Although it was provided to them with a request to fill it out as they waited to be seen at the walk in clinic, none actually did. As a result, a clinic staff member collected the data by interviewing the patients. This was a somewhat artificial interaction that resulted in mostly single word responses without much context or explanation. Additionally, although an interview process was used for data collection, the clinic staff member did not ask any follow-up questions to gain a better understanding, which was something of a missed opportunity.

One of the more interesting findings from the survey results is the disconnect between nearly all respondents stating a lack of money or insurance as a barrier to getting health care and UNHS' policies designed to make health care affordable for all regardless of insurance or employment status. UNHS will serve any patient regardless of ability to pay, and offers a sliding fee scale for those without insurance based on verified income. This disconnect points to two possibilities. First, the patients may not be fully aware of UNHS' fees and payment policies. Second, although the patients may be aware of the care they can get affordably at UNHS, they may need additional care that is not affordable.

Additionally, the patients' responses also indicate a lack of familiarity with UNHS' diabetes care options. UNHS offer diabetes care that includes nutritional counseling, fitness

planning, and exercise groups, yet many patients indicated a desire for just these services, indicating they may not be aware of them or how to access them.

Overall, however, the patients' answers hint at an underlying problem in the US health care system for socioeconomically disadvantaged populations. Although clinics like UNHS are available that offer some free services and affordable basic primary care, many patients may suspect that they will need more than just primary care, even if that means just long-term use of prescription medication. If a patient without health insurance and with limited resources has a known health issue but it is not debilitating, it may be the rational decision to not seek primary care. If that primary care leads to a prescription that the patient can't afford, the patient may reason that it doesn't make sense to seek care in the first place. Likewise if the patient suspects that her condition will require a specialist or sustained care. If the patient does not have easy transportation to the clinic, is trying to balance work and family responsibilities, and lacks insurance and cash flow, referral to care requiring frequent doctor's visits may just add to the patient's stress and be unattainable. Such a patient may reason that it makes more sense to live with a low level, chronic problem and hope it doesn't degenerate into something worse.

#### IV. Analysis and Recommendations

Overall, this project finds that there are two kinds of barriers to primary health care, the immediate and the systemic. Immediate barriers are those like a lack of insurance, transportation, or clinic hours. While these are very real obstacles to the individuals facing them, there are ways they can be mitigated and overcome, and clinics like UNHS are doing so all over the US. Systemic barriers, however, are not so easily overcome.

Systemic barriers create a perception that it's not worth it to seek primary health care in the first place because that will inevitably lead to a need for additional services and care that will be unattainable. As a result, patients reason that it's not worth the additional stress and effort of knowing that help is possible but unachievable and live with their conditions indefinitely or until they worsen to the point where seeking health care is unavoidable.

Although UNHS already does much to address immediate barriers to patients receiving primary health care, the patient responses indicate that UNHS could do more. The first action that the survey results indicate would yield results is better communication to the community of the services that UNHS offers and their availability to all regardless of ability to pay. The bulk of patient concerns in the areas of weight, diabetes, and high blood pressure are all in areas where UNHS offers programs to help. And while patients see a lack of insurance or money as a primary barrier to getting the help that they need, UNHS has policies to accommodate all

patients regardless of their insurance status. Taken together, a better outreach effort could lead to more members of the community availing themselves of UNHS' services and getting necessary care.

Beyond just better publicizing existing services, UNHS could also provide some additional offerings to address the issues raised by patients in this project. Specifically, UNHS could offer better transportation services, perhaps combined with later operating hours, to make their services more accessible to the community.

Although UNHS is not in a position to make much of an impact on the systemic barriers to health care that its patients face, UNHS could do more to help mitigate the effects of these systemic barriers. There are several ways UNHS could do this.

Access to medications was an issue that appeared on several survey responses. As indicated above, patients may avoid seeking primary care at all if they fear that it will just result in a prescription that they can't fill. UNHS could do more to either offer or partner with other organizations to offer ways for patients to get access to prescriptions regardless of insurance status on a sliding fee scale much like how UNHS charges for services. If patients were

convinced that a prescription from UNHS could be filled as accessibly as getting a UNHS appointment, they might be more likely to seek care in the first place.

UNHS could also partner with other health care organizations to create a continuum of accessible care for their patients. This would involve finding ways to connect patients to specialists and care beyond primary care in a way that they could afford. Although this is one of the central problems in the US health care system, there may be ways to start finding a path to the solution in Nashville.

## V. Conclusion

There are no easy answers to the problem of removing barriers to primary care. Although UNHS offers a wide spectrum of services that patients can access regardless of their ability to pay, patients still see their ability to pay as a significant barrier to getting the health care that they need. This may be due in part to their not understanding exactly what UNHS offers, which UNHS could address by better outreach to the community regarding their services and policies. However, patients may also rightfully fear that any health care need they have beyond basic primary care, including prescription drugs, won't be accessible because of their lack of insurance and resources, which may prevent them from seeking needed care. Given the lack of UNHS-like available outside of basic primary care, this is a completely rational fear that is due to systemic

problems in the US health care system. Although UNHS alone won't be able to solve these problems, they may be able to form partnerships with other organizations to create a continuum of accessible care that will convince patients that it makes sense to seek primary care because there are achievable ways to get care beyond that if it becomes necessary.

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