

A Re-conceptualization of Access for 21st Century Healthcare

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Why Re-conceptualize Access?

- Healthcare Reform
 - Shift from acute-care paradigm to episode-of-care paradigm
- Growth in Health Information Technology
 - Shift in emphasis from face-to-face, patient-to-provider encounters towards continuous digital communication among patients, peers, and providers
- Conceptualization of access must evolve as the paradigm for healthcare delivery shifts

Why Focus on VA Healthcare System

- Access represents the “fit” between the clinical needs of the individual and the ability of the healthcare system to meet those needs
- For a conceptual framework for access to facilitate improvements in care, it must be applied to a healthcare system that is capable of learning
- VA is national leader in the implementation of health information technology:
 - electronic health records (CPRS)
 - personal health records (MyHealthVet)
 - interactive video (Polycom)
 - remote monitoring (HealthBuddy)

Outline of Presentation

1. Digital Encounterless Utilization
2. Weaknesses of Traditional Conceptual Frameworks of Access
3. Presentation of a Re-Conceptualization of Access
4. Measuring Access in the New Framework
5. Future Directions for Research

Traditional Conceptualization of Utilization and Access

- Face-to-face encounter with a provider
- Typical measures of access
 - Providers per population in county
 - Distance to closest provider
 - Usual source of care
 - Insurance coverage
 - Visit copayment rate

Digital Patient-to-Provider Utilization

- Synchronous digital patient-to-provider encounters (e-health visits)
 - Interactive Video
 - Web-based Video
 - Telephone (voice)
 - Cell Phone (voice)
 - Smartphone (voice and video)

Digital Encounterless Utilization

- Asynchronous digital patient-to-provider communication
 - Interactive Voice Response
 - Text messaging
 - Email
 - Chat Rooms
 - Remote Monitoring
 - Smartphones
 - Kiosks
 - Web-based portals
 - Personal electronic monitoring devices
 - Wearable monitoring devices
 - Portable monitoring devices
 - Sensors integrated into homes and automobiles

Digital Encounterless Utilization (cont.)

- Digital provider-to-provider communications
 - Telephone, cell phone, smartphone
 - Email
 - Text messaging
 - Shared dashboard
 - Electronic medical records
 - Personal health records

Digital Encounterless Utilization (cont.)

- Digital peer-to-peer communications
 - Social networking
 - On-line forums
 - Telephones, cell phones, smartphones
 - Text messaging
 - Email

Digital Encounterless Utilization (cont.)

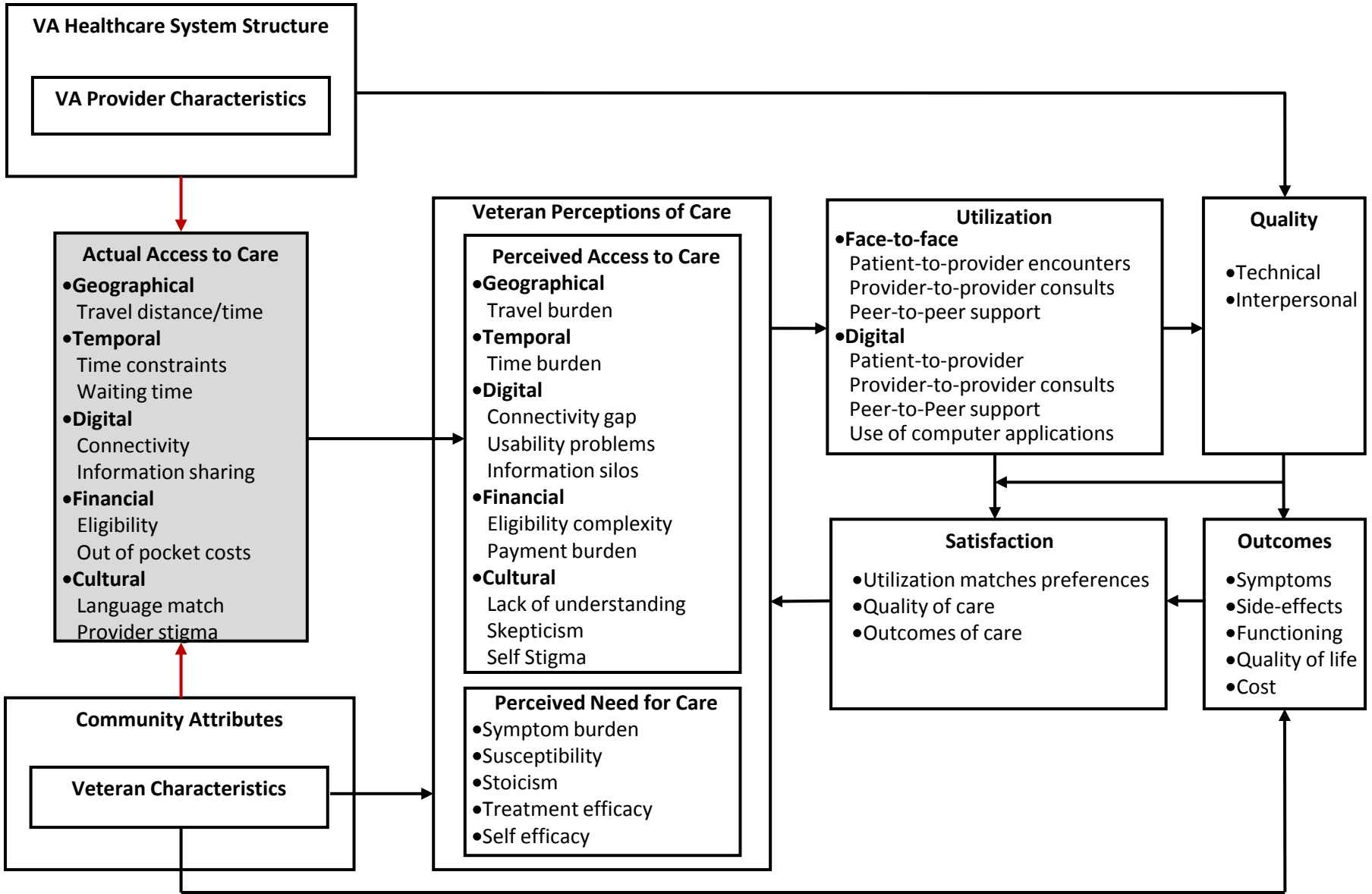
- Synchronous digital encounters between patients and computer applications
 - PC-based applications
 - Web-based applications
 - Smartphone-based applications

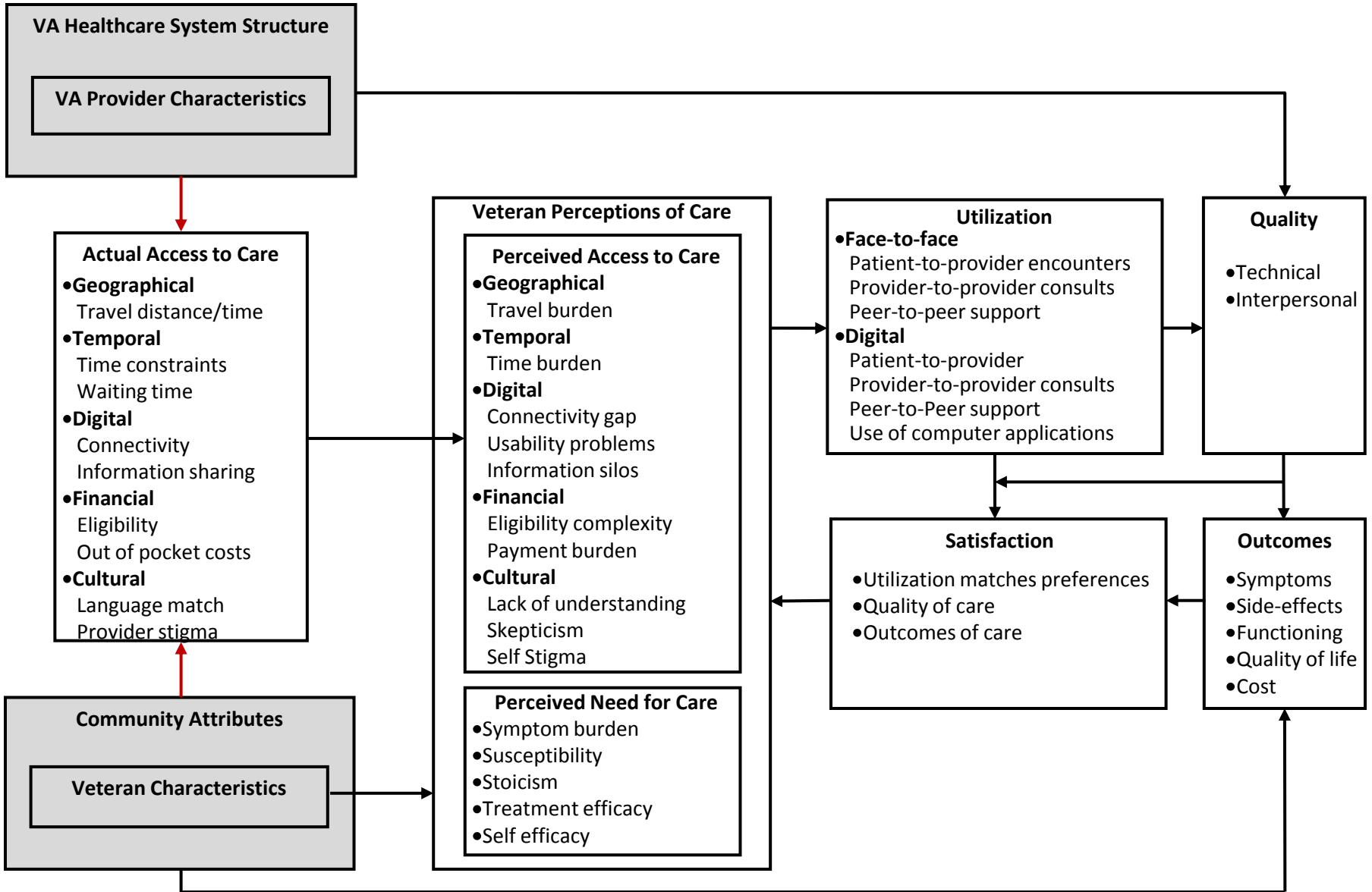
Weakness of Traditional Conceptual Frameworks of Access

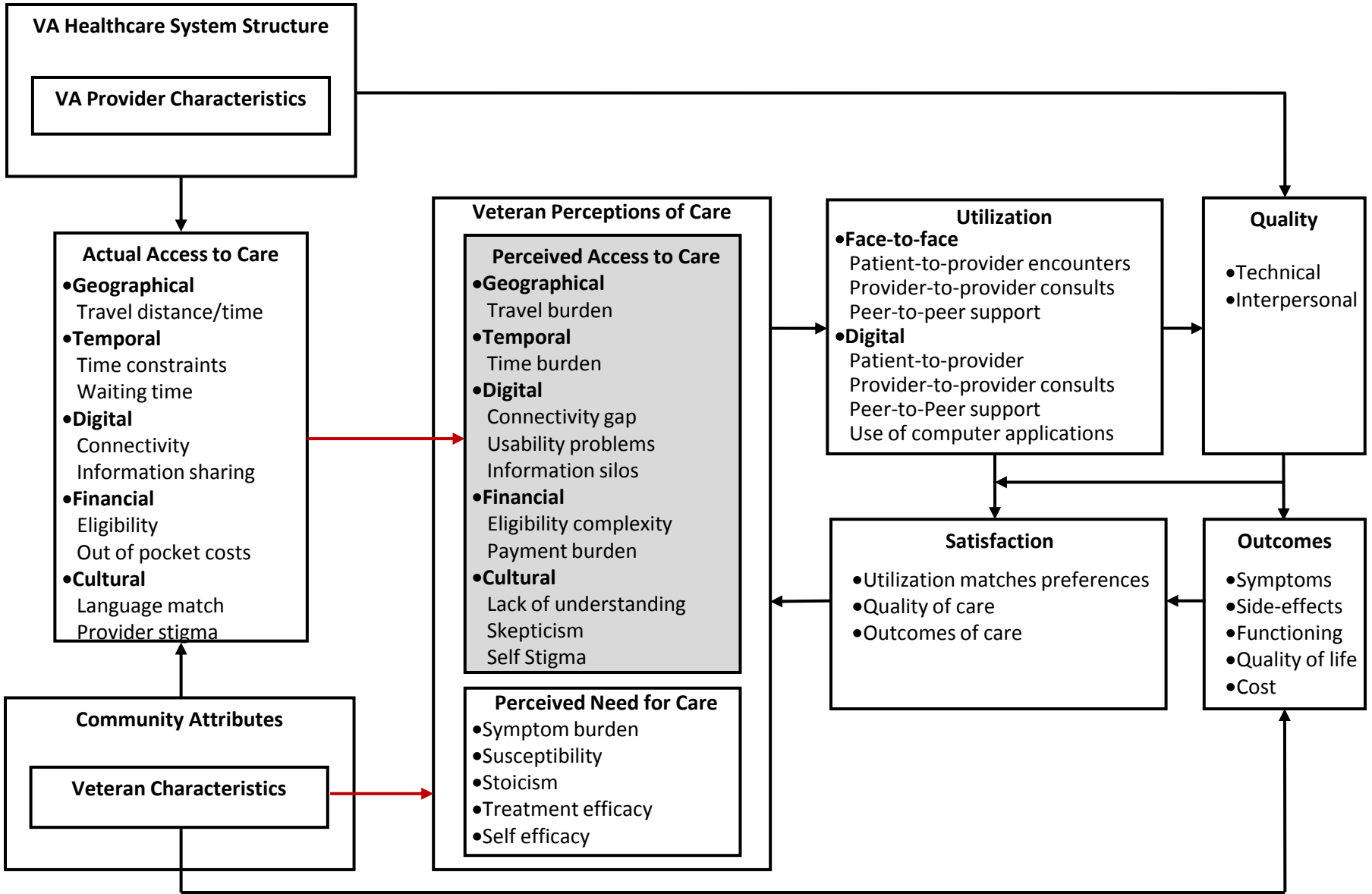
- Traditional measures of Access do not consider digital encounterless utilization of services
- Traditional conceptualizations of Access are too broadly defined
 - Utilization
 - Quality
 - Outcomes

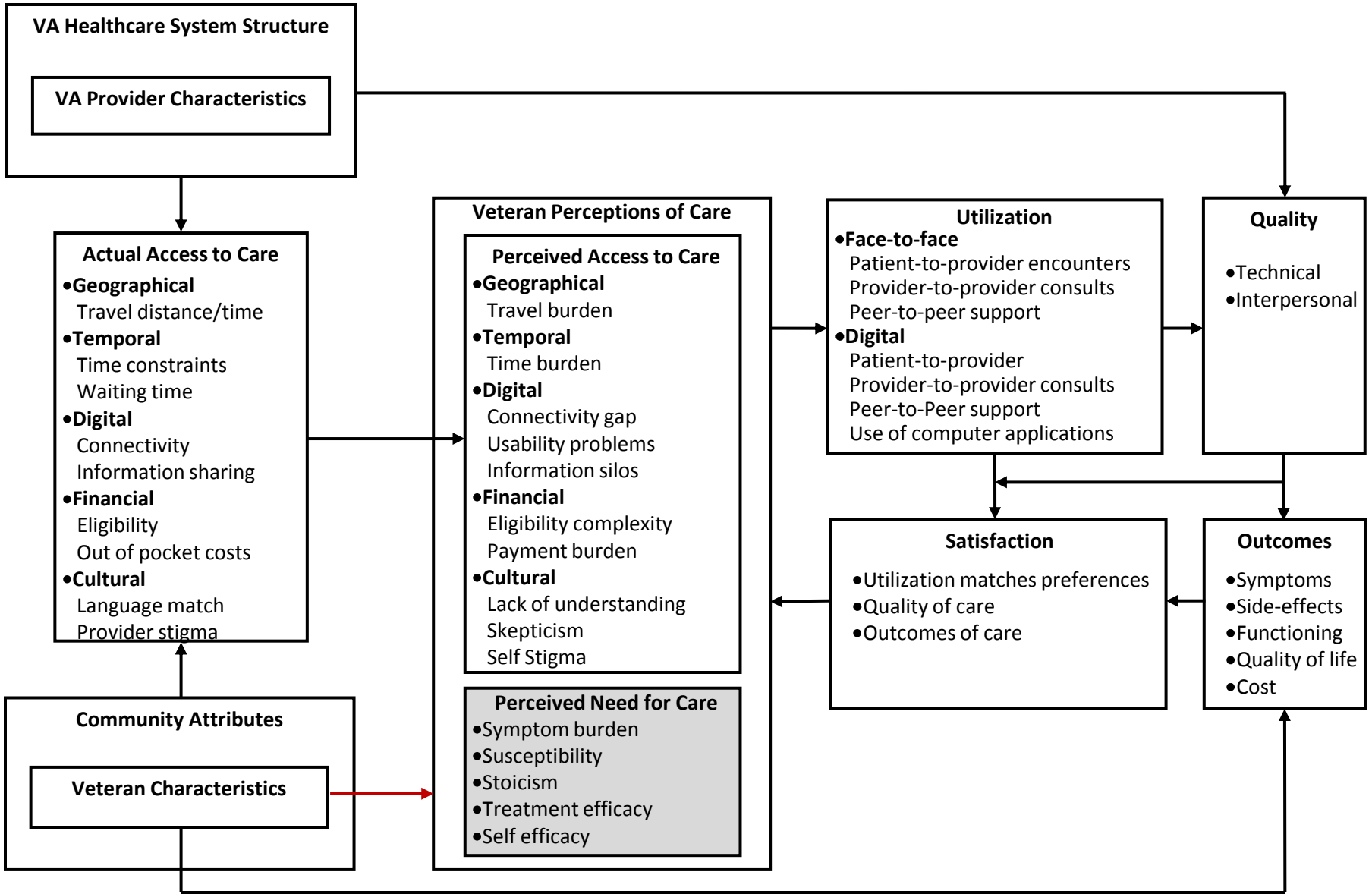
Re-conceptualization of Access

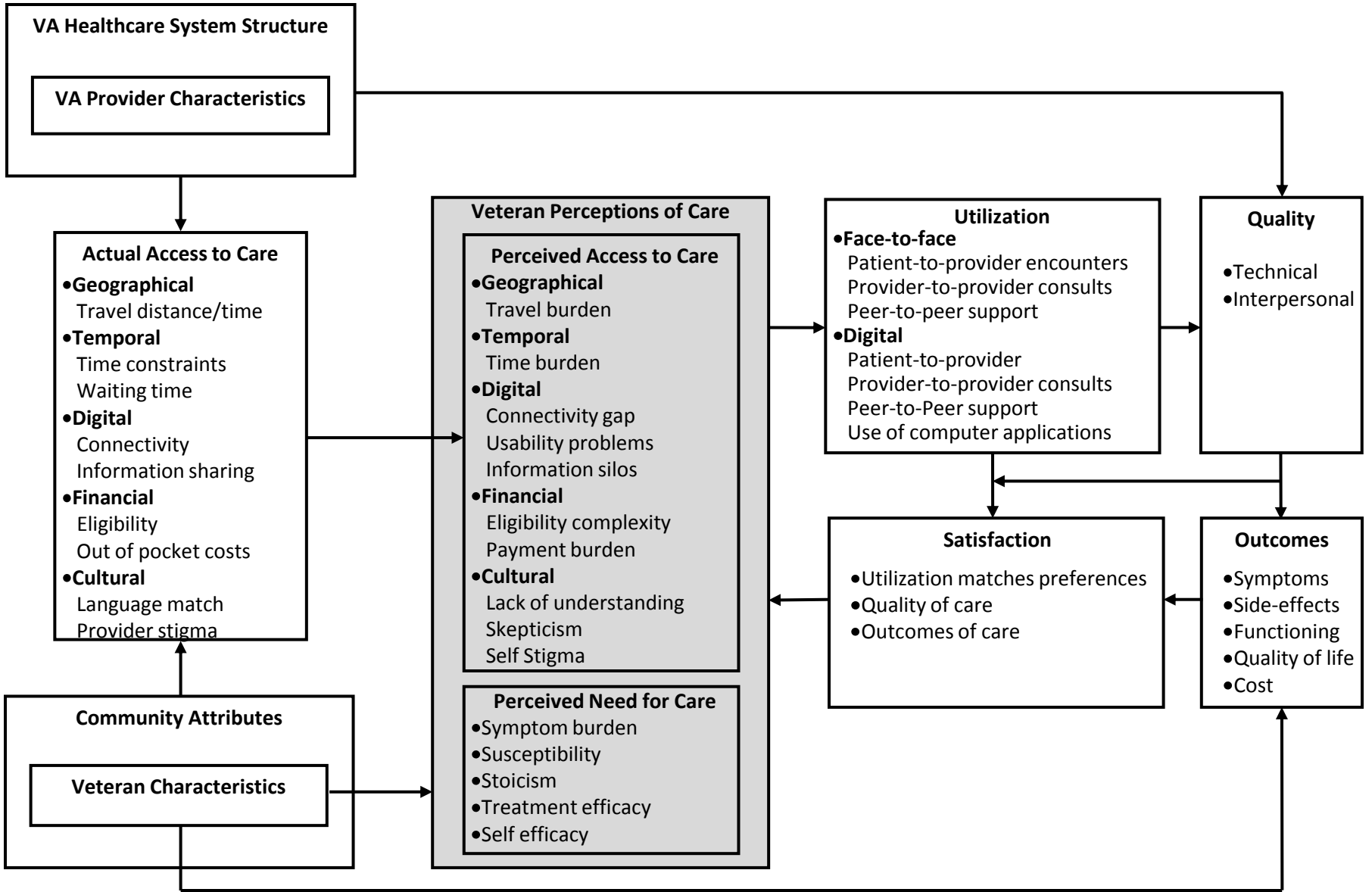
- **Access to Care**
 - *represents the opportunity and potential ease of having face-to-face and virtual interactions among a care team (including a patient, and their formal providers, informal caregivers, peers, and computer applications).*
- **Actual Access to Care**
 - *represents those directly-observable and objectively measurable dimensions of access that predict perceived access to care.*
- **Perceived Access to Care**
 - *represents those self-reported and subjective dimensions of access that predict utilizing healthcare services.*

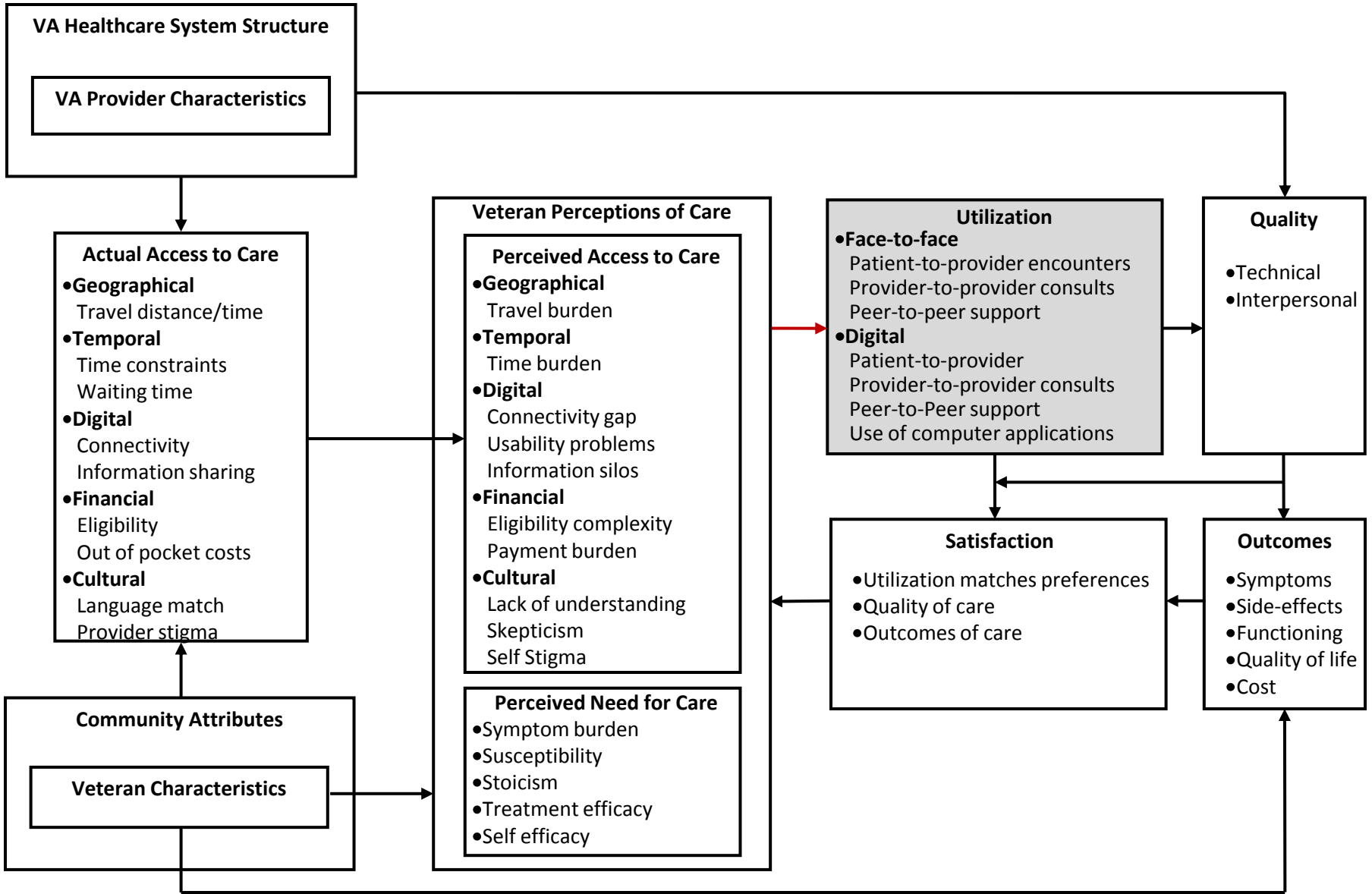


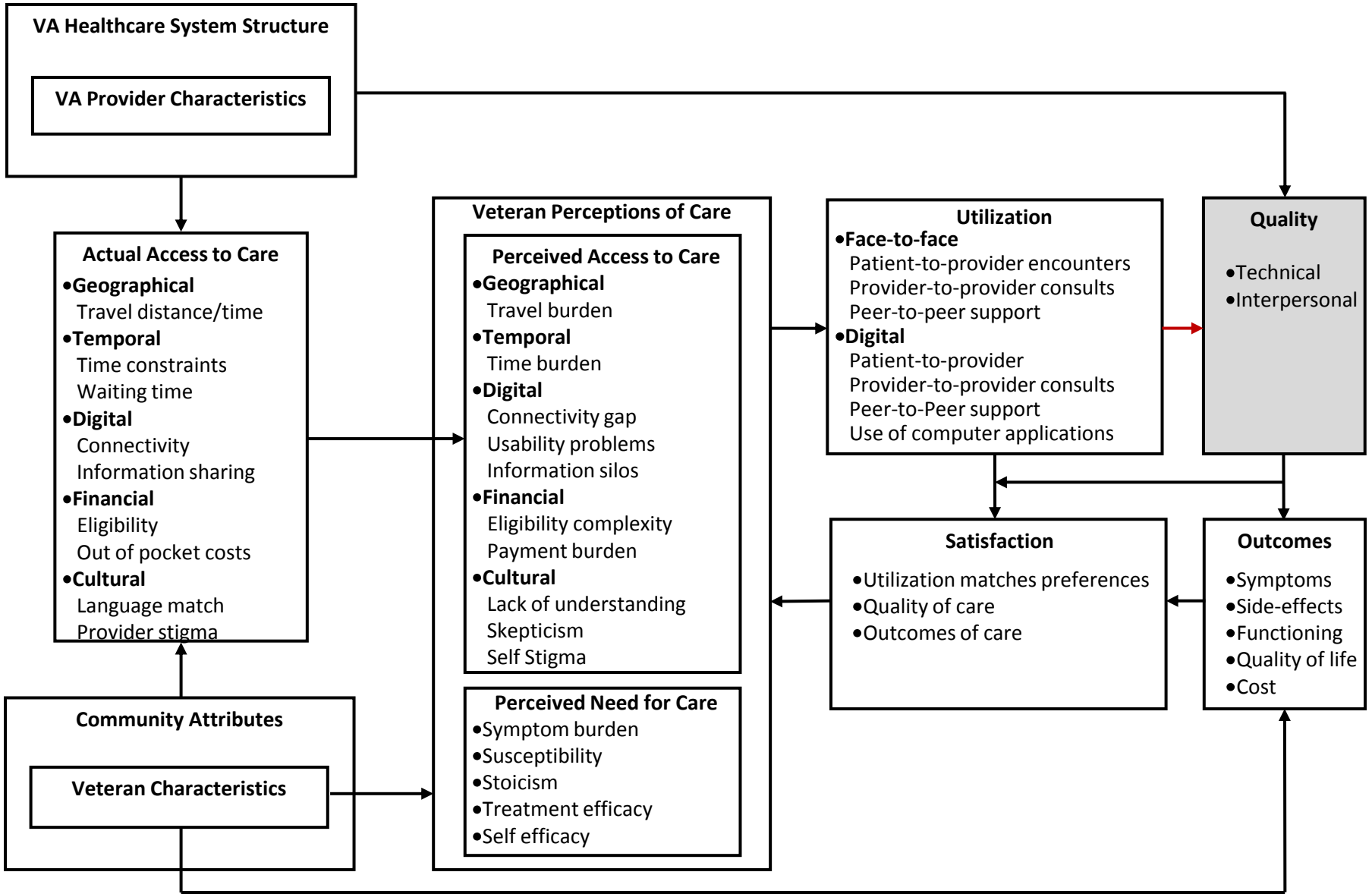


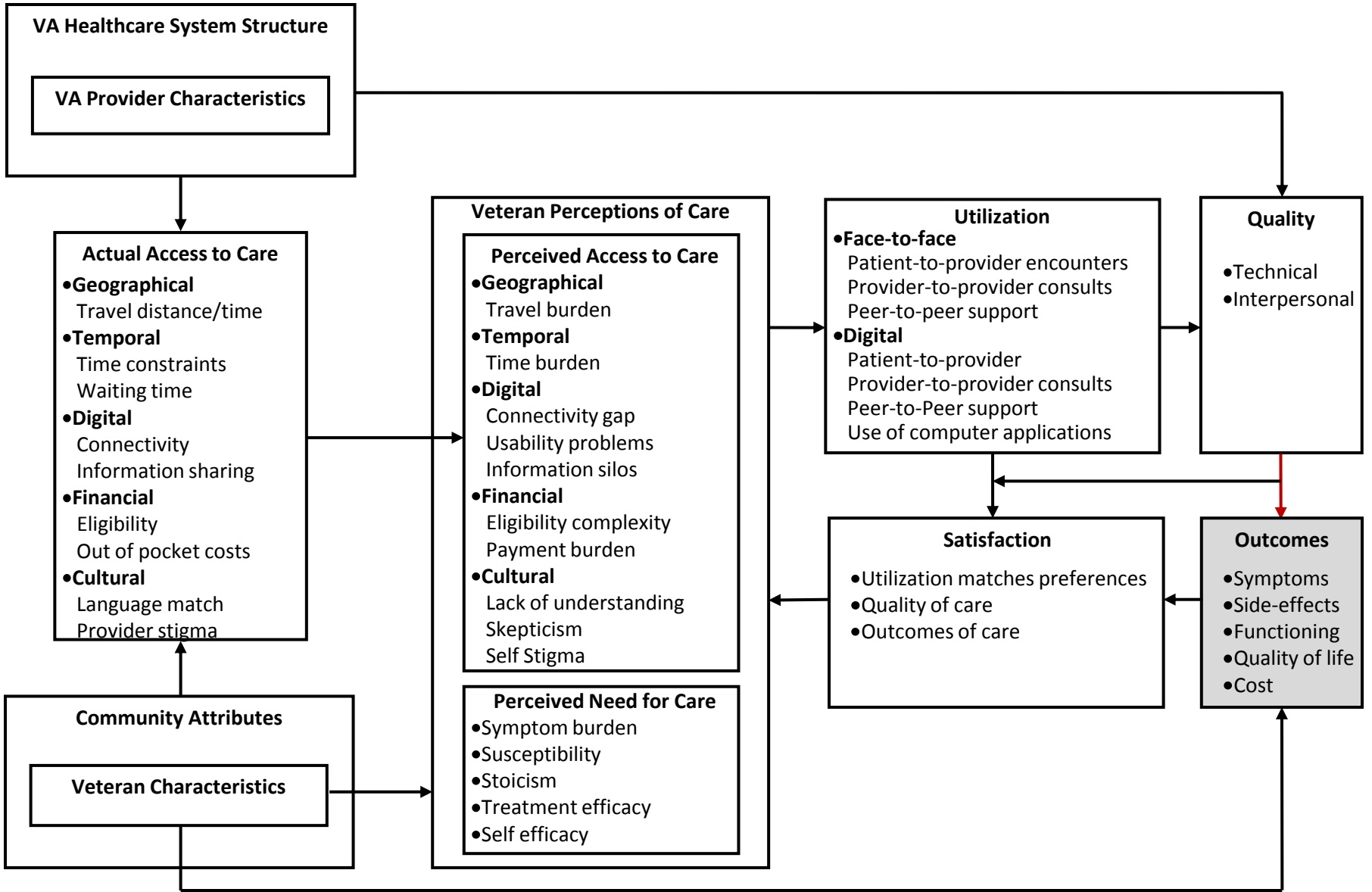


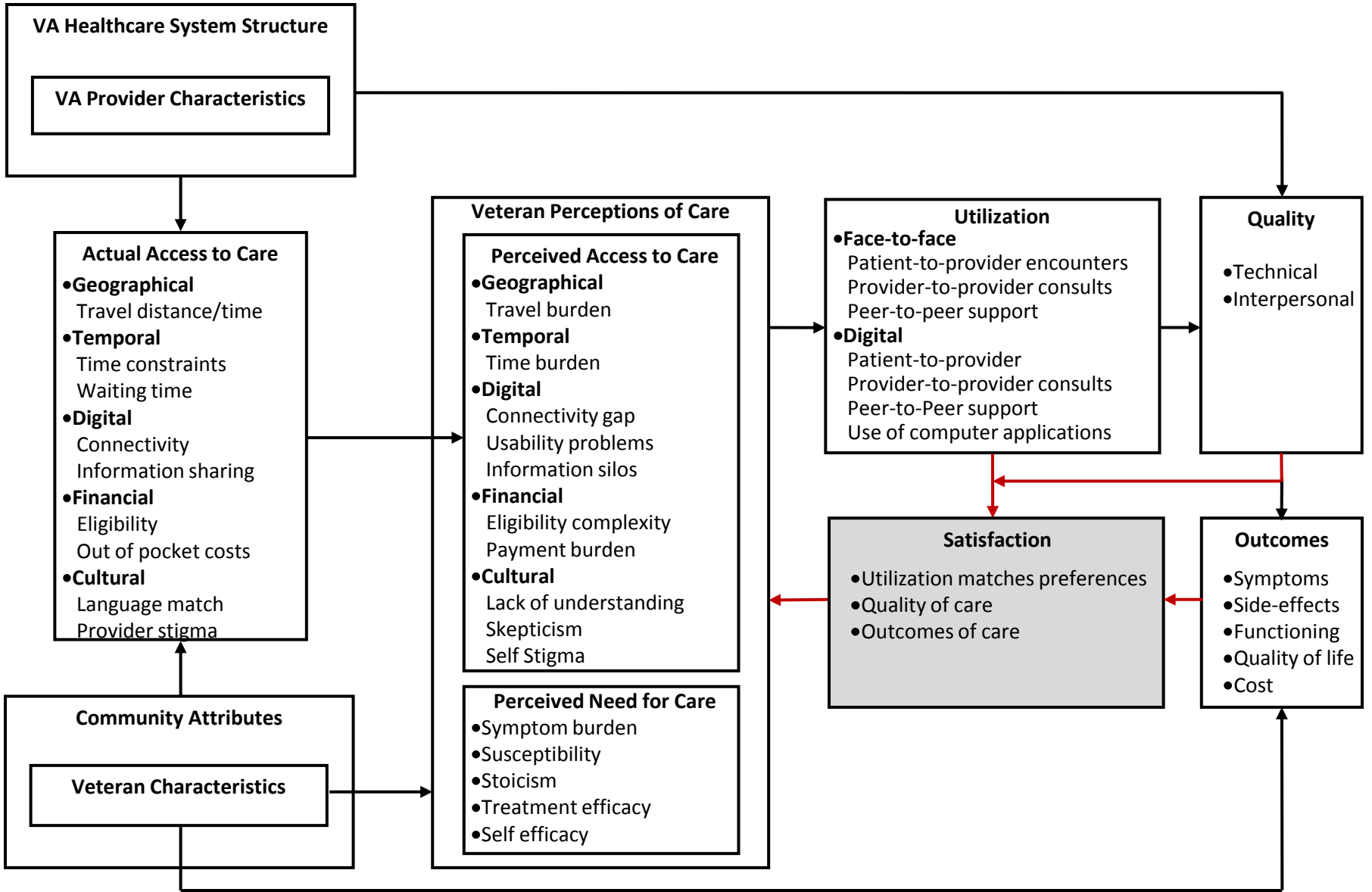












Measurement Issues

- Actual Access
 - Directly observable
 - Objectively measurable
 - Reliable
 - Sensitive to change
 - Predictive validity (of perceived access to care)
- Perceived Access to Care
 - Self-report
 - Reliable
 - Sensitive to change
 - Predictive validity (of utilization)

Access To What?

- Quality of Services
 - First measure the quality and then measure access to services of different levels of quality (e.g., access to an evidence-based treatment).
- Population in Need
 - Access should only be measured to the type of services that are needed.
- Patient Preferences
 - Access should be measured to the type of services that are preferred by an individual.

Future Directions for Research

- Validate measures of Access for research
- Develop Performance Indicators for Access
 - Office of Quality Performance
 - Survey of Healthcare Experiences of Patients
- Identify at-risk populations
 - Rural
 - Minorities
 - Elderly
 - Low computer literacy
- Develop and test “Access Interventions”

Summary

- Paradigm shift in healthcare delivery requires a paradigm shift in conceptualization of access
- Incorporate the opportunity/ease of digital communications among patients, peers and providers into measures of access
- As a leader in health information technology and as a learning organization, VA must measure access and adapt itself to better fit the needs of at-risk populations
- Design and test e-health interventions that improve access

Comments and Feedback?