Access to Health Care Services

Accomack County • © Todd Wright

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Overview

Access to healthcare refers to both the availability and obtainability of health care services. Health care services include, but are not limited to: primary care, dental care, behavioral health, specialty care, emergency care, and public health services. Simply put, access to healthcare means that everyone has the ability to find the type of health care service(s) that they need, when they need it, and are able to pay for those services. This includes ancillary care and access to physical, respiratory, cardiovascular, and pulmonary therapies that prolong and enhance life and keep populations healthy. Access to healthcare is important for a person's overall physical, social, and mental health status, disease prevention, detection, diagnosis, treatment of illnesses, and quality of life.

Generally speaking, the reasons people are unable to access healthcare when they need it are due to an inability to find an appropriate provider or insufficient resources to afford the care needed. Additional barriers include the inability to take time off work for an appointment, inadequate access to transportation to travel to the appointment, and limited options to improve health literacy of the patients.

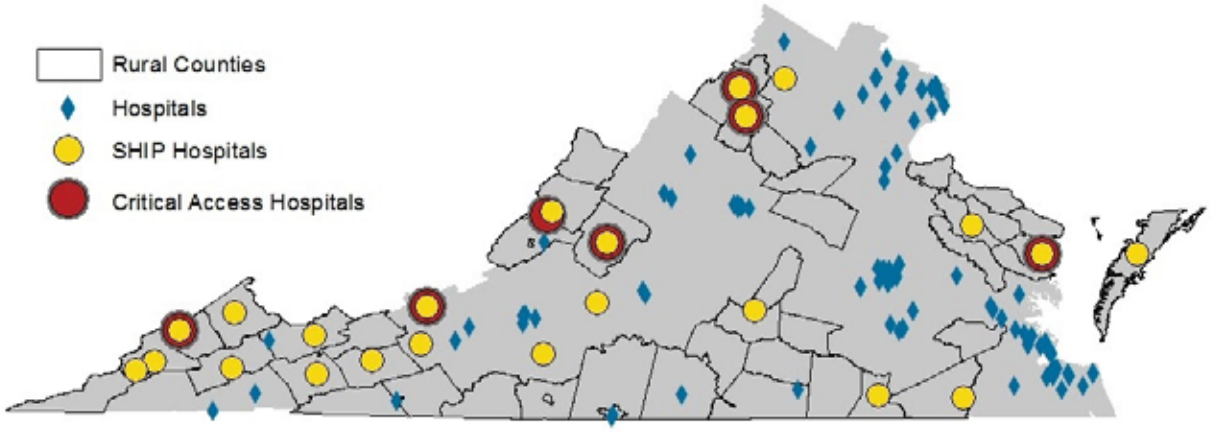
The U.S. Department of Health and Human Services (HHS) defines health literacy

as "the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions (2010). Health literacy can affect a patient's ability to take medications and understand recommended treatments. Additionally, a patient's health literacy determines how they utilize the healthcare system.

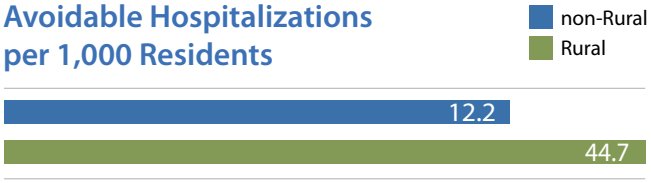
Many of Virginia's rural areas are federally designated Health Professional Shortage Areas (HPSAs), for dental health, mental health and primary care. This definition means the area lacks enough providers for the population. Other communities might have providers but they may not accept the patient's insurance plan. Some communities lack ancillary or specialty providers. Many rural counties lack a hospital and some of these communities rely heavily on volunteer emergency medical service providers.

The VA-SORH team held a series of conversations with several rural communities across the Commonwealth. During these community conversations, access to healthcare services was unanimously identified as an issue or barrier community members faced which inhibited their ability to achieve optimal health and well-being. The issue was particularly notable in Lee County (Pennington Gap) and Patrick County (Stuart), where both communities had recently lost their rural hospitals. In Patrick County, EMS personnel reported routinely transporting patients two hours to North Carolina or Roanoke, keeping the ambulance out of service for up to 4 hours. Communities on the Eastern Shore have a robust clinical system available but most specialty care is across the Chesapeake Bay Bridge-Tunnel, which spans 17.6 miles with an eighteen dollar toll each way.

One way to measure access to care and its impact is to examine the number of avoidable hospitalizations. These are hospitalizations that could have been prevented if adequate care was available outside of the hospital setting, as defined by the US Agency for Healthcare Research and Quality (AHRQ). In 2017 throughout rural Virginia, there were about 20.6 avoidable hospitalizations per 1,000 residents compared to just 12.2 for non-rural residents. Avoidable hospitalizations per 1,000 residents are particularly low in Northern Virginia, just 6.8 per 1,000 residents. While the age and health of these populations is one factor driving per capita numbers, these factors demonstrate the need for improved access to primary care and other outpatient services in rural communities.



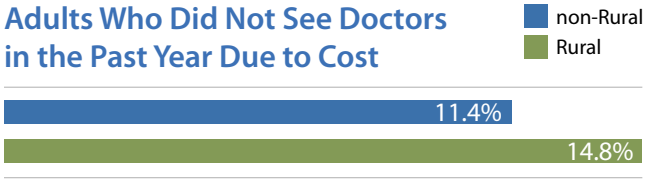
Avoidable Hospitalizations per 1,000 Residents



Source: Virginia Health Information, 2017

Affordability is a significant barrier to accessing care for many rural residents. A cycle of neglect is begun when patients cannot afford to pay for medical care or to take time off work. Patients might delay care until they require emergency department care, which could produce a bill that cannot be paid. According to the 2018 American Community Survey 5-year estimates, 16.7% of rural Virginians aged 18 to 64 lacked health insurance compared to 12.3% in non-rural areas. Fewer than 5% of Virginia's children were uninsured in 2018 with lower rural/urban disparities overall. However, the impacts from lack of access may last a lifetime. Up to 1.5 million Virginians are newly eligible for Medicaid since Governor Ralph Northam's administration expanded eligibility in 2019. Still, there are those who are unable to pay for the cost of their healthcare. For those with coverage, many plans have high deductibles and out-of-pocket minimums prior to gaining full coverage. Prior to 2021, Virginia's Medicaid program did not cover comprehensive dental care for adult members.

Adults Who Did Not See Doctors in the Past Year Due to Cost



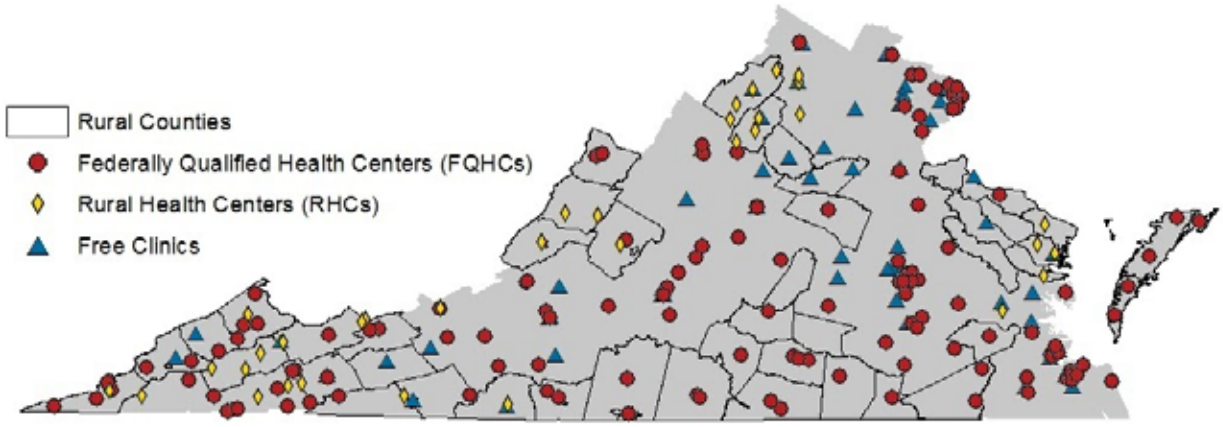
Source: Behavioral Risk Factor Surveillance System, 2019

The lack of access to healthcare for many rural residents can be seen during Remote Area Medical (RAM) events. RAM's mission is to prevent pain and alleviate suffering by providing free quality healthcare to those in need. RAM events deliver free dental, vision, and medical services to underserved, functionally uninsured, and uninsured individuals through pop-up clinics held throughout the Commonwealth and surrounding areas. RAM relies on volunteers as their workforce. RAM events are often in rural areas like Wise County, Rappahannock, Harrisonburg, and Rural Retreat. RAM has delivered health care services to hundreds of thousands of people.

The healthcare safety net consists of Federal Qualified Health Centers (FQHCs), rural health clinics (RHCs), and free and charitable clinics (FCC) that care for the underinsured or uninsured. These clinics offer care on a sliding scale and many offer integrated services providing patients access to primary care, dental care and mental health services. Virginia has a strong healthcare safety net with clinics located throughout the Commonwealth, many in rural communities. Virginia's safety net sites recruit healthcare professionals who are culturally and linguistically able to connect with their patients. Still, many members of Virginia's safety net cannot recruit enough physicians to serve their population and report having openings for 12 months or more.

Healthcare/Allied Health Provider Shortage

The reasons for a lack of healthcare professionals in rural areas are well-documented. Common concerns are a lack of opportunities for families, the quality of schools, and low pay in the face of high debt upon graduation. Traditionally, medical school training focuses students toward urban centric and specialty-focused experiences. (1)



Obligated Providers

	Rural	non-Rural
Dental	25	22
Mental	38	80
Primary Care	102	91
Total	**165**	**193**

Current count of providers obligated to serve in shortage areas in 2020.
Source: Office of Health Equity

On the other hand, rural physicians enjoy the variety of cases they see from minor surgery to obstetrics. The Association of American Medical Colleges (AAMC) identifies successful candidates for rural practice as those having grown up in a rural area or having participated in a rural clerkship immersing students in the community for an extended period. Rural rotations introduce students to career paths they may not have considered otherwise.

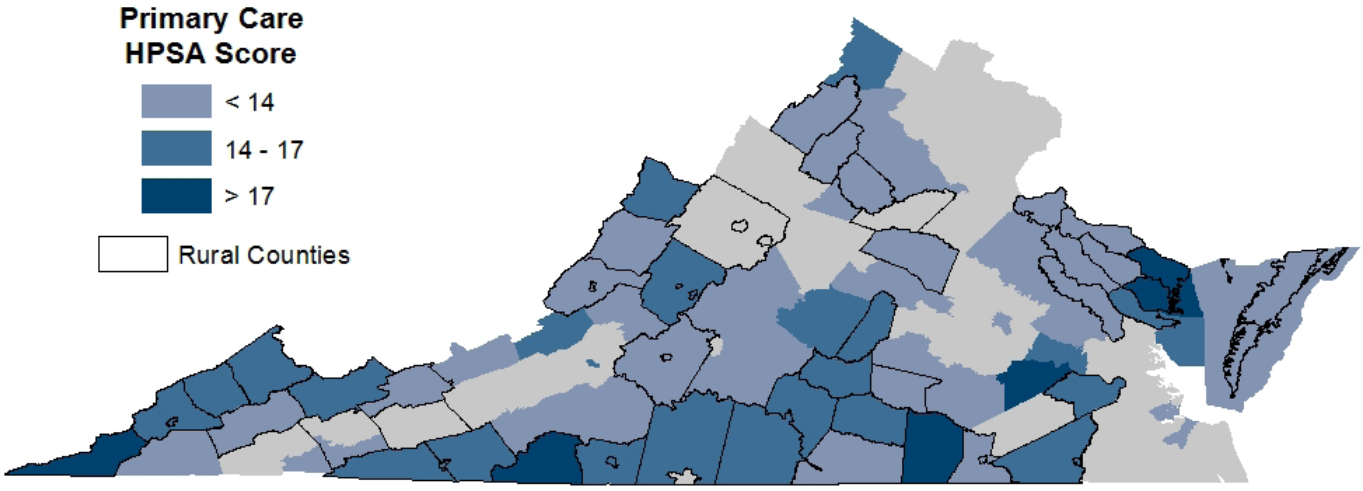
Residency training in Virginia must occur at a hospital, leaving little opportunity for rural community-based experiences and training. Currently there are two rural residency training tracks in Virginia, one in Blackstone, graduating 2 residents each year, and the other in Big Stone Gap, graduating 6 primary care physicians annually. All Virginia medical schools offer rural clerkships to third and fourth year medical students.

Virginia continually works to meet the challenges of maintaining an adequate health care workforce to meet the needs of all citizens. Those living in rural areas have a disparity in access to providers. The primary care, dental, and mental Health Professional Shortage Areas (HPSAs) illustrate this disparity in the Commonwealth.

Primary care HPSAs are designed to indicate shortages of primary medical care providers, defined as family medicine, general internal medicine, pediatrics, obstetrics and gynecology, and general practice. Virginia currently has 106 primary care HPSA designations in 83 counties and independent cities. There are 54 geographic primary care designations and 11 population-based primary care designations.

There are also 41 health care facilities with HPSA designations, of which 28 are Community Health Centers (CHCs), 4 are Rural Health Clinics (RHCs), and 9 are correctional facilities. There are 9 jurisdictions without geographic or population-based HPSAs that have designated facilities.

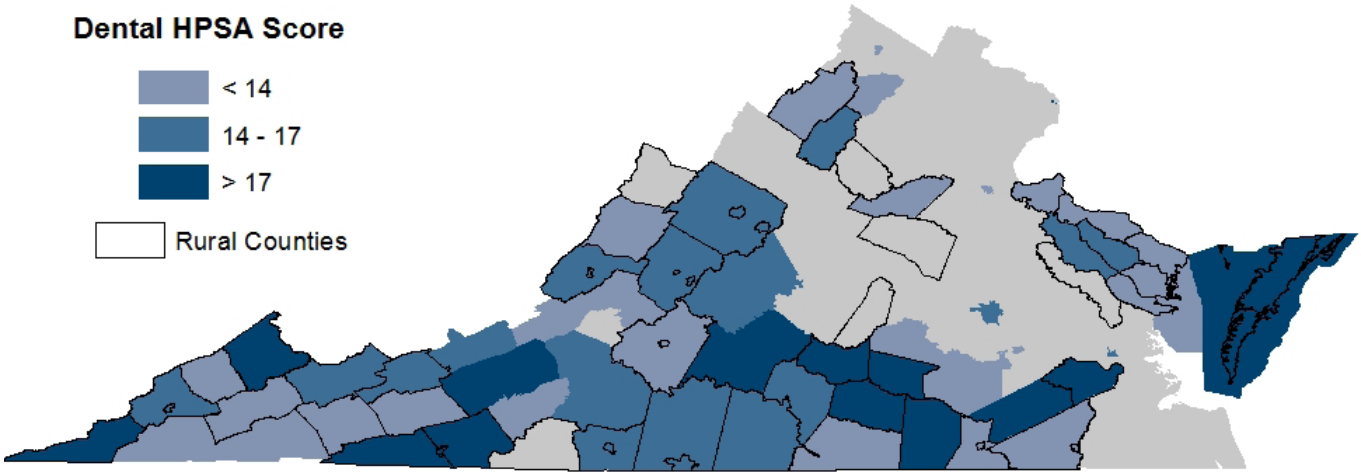
There are currently 343.1 Full-Time Equivalent (FTE) primary care physicians practicing within designated HPSAs. It is estimated that the Commonwealth will need an additional 192.3 FTE primary care physicians to eliminate the shortages currently experienced within the primary care HPSAs.



Dental HPSAs are designed to indicate shortages of general dental care and take into account the number (FTE) of dentists, which are, in turn, weighted by the age of the individual dentist and the number (FTE) of dental hygienists and assistants associated with each dentist. Virginia has 98 separate dental HPSA designations in 82 jurisdictions. The designations include 15 geographic designations and 45 low-income designations.

There are also 38 facility designations: 27 are CHCs, 4 are RHCs, and 7 are correctional facilities. There are 12 jurisdictions that have designated facilities, without geographic or population-based HPSAs

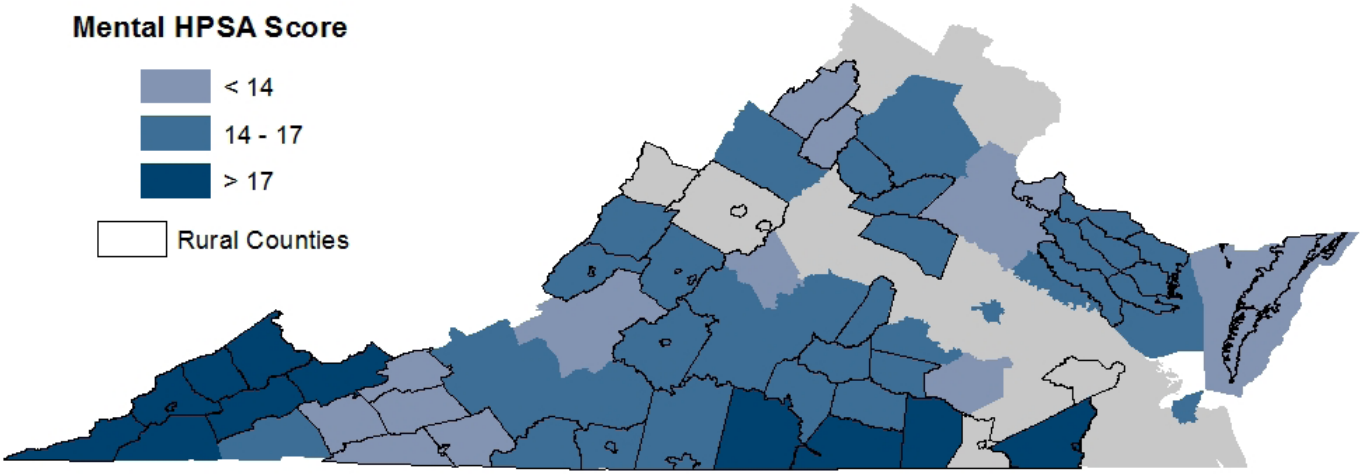
There are currently 112.7 FTE dentists practicing within the designated HPSAs. It is estimated that it would require an additional 171.5 FTE dentists, who agree to serve the medically needy in these institutions and areas, to eliminate the dental shortages that are currently being experienced within the Commonwealth's dental HPSAs.



Mental health HPSAs are designed to indicate shortages of mental health care providers, defined as psychiatrists and other core mental health providers (e.g., clinical psychologists, psychiatric nurses, marriage/family counselors and clinical social workers). Virginia has 74 separate mental HPSA designations in 82 jurisdictions. The designations include 11 geographic designations, and 15 low-income designations.

There are also 48 facility designations: 27 are CHCs, 4 are RHCs, 9 are correctional facilities, and 8 State Mental Hospitals. There are 8 jurisdictions that have designated facilities, without geographic or population-based HPSAs.

There are currently 72 FTE psychiatrists practicing within the designated HPSAs. It is estimated that it would require an additional 83 FTE psychiatrists, who agree to serve the medically needy in these institutions and areas, to eliminate the psychiatry shortages that are currently being experienced within the Commonwealth's mental HPSAs.



Leading Practices and Approaches

Whenever possible, examples of leading practices and approaches were taken from rural Virginia communities. Otherwise, examples were gathered from localities with comparable demographic characteristics.

Central Virginia Health Services (CVHS)

Need addressed: Many rural areas in Virginia lack access to healthcare, including dental care and behavioral health services. Additionally, some urban/suburban areas with high poverty populations have inadequate access to primary healthcare services.

Approach: Central Virginia Health Services (CVHS) is one of Virginia's oldest federally qualified community health center systems. Its mission is to transform lives through exceptional healthcare by providing safe, accessible, affordable, comprehensive, high quality, and culturally sensitive health services to anyone. CVHS operates 18 practices that provide medical, dental, and behavioral health care, and pharmacy services. The majority of these serve rural regions with another four in urban/suburban areas (Charlottesville, Petersburg, Hopewell, and Fredericksburg) which have high poverty populations, too few primary care or no dental or behavioral health providers characterize the underserved rural communities where CVHS has a presence (3).

Outcome(s): Central Virginia Health Services serves over 40,000 patients per year through almost 150,000 visits. Each patient receives excellent primary care regardless of insurance or place of residence (3).

University of California Programs In Medical Education (UC PRIME) Program

Need addressed: California has a growing shortage of health providers. The state already has large regions that are Medically Underserved Areas (MUAs) and other regions with distinct Medically Underserved Populations (MUPs).

Approach: The University of California Programs in Medical Education (UC PRIME) is a unique medical school program that supplements standard training with additional curriculum tailored to meet the needs of various underserved populations. Each program has a dedicated area of focus, targeted student recruitment, supplemental criteria for admission, relevant curricular content, and dedicated faculty mentorship.

Outcome(s): The UC PRIME program is an innovative longitudinal medical student training program focused on meeting the needs of California's underserved populations in both rural communities and urban areas by combining specialized coursework, structured clinical experiences, advanced independent study, and mentoring. These activities are organized and structured to prepare highly motivated, socially conscious students as future clinicians, leaders, and policymakers. Each campus has an area of focus that is based upon faculty expertise, the populations served by each school and its medical center, and other local considerations. Rural-PRIME was created to train the best and brightest medical students for a fulfilling career in a rural community. It is an opportunity that offers a range of experiences, from public health and community service to the use of leading-edge medical technologies like telemedicine. Rural-PRIME creates a new model for non-urban medical practice, one that utilizes advanced technologies to provide up-to-date healthcare knowledge while also preserving the positive aspects of smaller, more remote clinics. (2)

Wise County • The Health Wagon

Danville • David Hungate

Centra Health Community Paramedicine Program

Need addressed: Virginians in Bedford, Farmville, and Lynchburg struggle with access to basic healthcare. Due to this issue, many emergency medical services vehicles are utilized for 911 calls that are not emergencies.

Approach: Centra Health employed Community Health Needs Assessments for the cities of Bedford, Farmville and Lynchburg to determine the unique needs of each area. In response, Centra developed the Community Paramedicine Program, consisting of a team of four highly experienced nationally registered paramedics and Centra's supervisor of training. The program provides patients with medical visits to their homes and individual plans that address nutrition, exercise, and healthy lifestyle. Patients with chronic obstructive pulmonary disease (COPD), congestive heart failure, hypertension, and diabetes are included in the program, as well as those who have had several hospital admissions within the past twelve months (4).

Outcome(s): The Community Paramedicine Program has built several ramps for patients in Central Virginia, educated patients on healthy living, and created healthier communities. The program boasts a 93% success rate in preventing readmissions to the hospital (5).

Stone Mountain Health Services: Black Lung Program and Behavioral Health Integration

Need addressed: Health care clinics are sparse in some rural areas of Southwest Virginia, and citizens are often challenged to obtain needed primary healthcare. At the same, Virginia produces over ten million tons of bituminous coal per year, much of it produced by coal miners in the Southwest portion of the state (6). It is especially important for these miners to have access to preventive care and lung disease screenings.

Approach: Stone Mountain Health Services (SMHS) provides community health care clinics in rural, Southwest Virginia, enabling citizens to access affordable medical care and behavioral health services. SMHS also created the Black Lung Program, which provides a process of screening, diagnosis, and treatment. Healthcare professionals perform a physical evaluation and whatever testing the miner needs, with additional tests for those who display abnormalities. If a miner is diagnosed with occupational lung disease, treatment will be provided that meets the standards of the Department of Labor guidelines. Miners without primary care providers cmay receive services at any Stone Mountain clinic.

The Black Lung Program provides education for its patients in individual and group settings. Topics include smoking cessation, breathing exercises, and relationship tips. Benefits counseling is also available so that miners understand their eligibility for state and federal benefits (7).

Outcome(s): Stone Mountain Health Services is able to provide primary health care, including behavioral health services, to rural Southwest Virginia. Their Black Lung Program screens, treats, and educates miners, creating a healthier community. In 2017, SMHS used 317 awards from the Department of Labor to generate more than $4.3 million in benefit monies to coal miners and their families. The SMHS Lay Advocacy Program has been so successful that it has presented training programs all across the country (7).

Central Appalachia Health Wagon

Need addressed: Transportation limitations often make it difficult for citizens in the Central Appalachian region of Virginia to attend their medical appointments. Limited access to transportation may be a result of poverty, disability, or a variety of other causes.

Approach: Created in 1980 to assist the medically underserved in rural Virginia, the Central Appalachia Health Wagon assists more than 4,000 patients per year to obtain affordable health care. Offering counseling, chronic disease management, telemedicine, eye exams, and behavioral health services, the Health Wagon provides an extensive list of health services and helps to coordinate care for patients who need more. The Health Wagon uses three mobile health units to provide over 16,000 visits and it has two stationary clinic sites.

The Health Wagon provides transportation services as part of its offering. The program primarily helps rural Virginians who are lacking health insurance, and without a high school diploma.

Outcome(s): For 41 years, the Health Wagon has supported the health of almost five thousand rural Virginians who are five times more likely to be chronically unemployed than the average Virginian. Many Health Wagon patients represent some of the most vulnerable citizens of the Commonwealth, and are more likely to die from heart disease, diabetes, and suicide.

Opportunities for Growth

1. **Increase funding to the Virginia Area Health Education Centers Program to expand both graduate medical education and health professions education and training into rural areas**

    - The General Assembly created the Virginia Health Workforce Development Authority (VHWDA) to solve health sector workforce shortages. The VHWDA sets priorities for the Area Health Education Center (AHEC) Program encouraging health sector growth in specific communities. Programs address recruitment, continuing education, and student connections with internships and preceptorships (8). Increased funding would allow AHEC to implement their programs in additional rural communities.

    - Universities and health systems could apply for grants expanding GME training opportunities such as rural training tracks, school-based health centers, and teaching health centers. There are not enough residency slots for graduating medical and dental students. By placing residents into longitudinal, community based experiences, they are more likely to look for clinical practices similar to their residency experience.

    - More pipeline programs for healthcare professionals could be implemented at the high school level to include first responders, therapists, medical, community health workers.

2. **Expand Medicaid reimbursement to include community paramedicine and community health workers.**

    - Community health workers and emergency medical service personnel who perform community paramedicine functions for their community often fill the gaps created by the lack of other health care providers. Expansion of Medicaid reimbursement to include these two groups could have significant positive impacts on rural communities that lack access to traditional health care.

3. **Duplicate a model similar to the UC PRIME Program in Virginia**

    - The University of California Health created the Programs in Medical Education (UC PRIME) to educate future clinicians about how to meet the needs of populations that are often overlooked or underserved. The program encourages students from the "same underserved communities to pursue a medical degree – 64% of PRIME students are from groups under-represented in medicine" (9). Rural Virginia communities would benefit from a similar program that educates health care professionals on the best ways to reach rural patients and encourages rural community members to become physicians or other healthcare professionals.

4. **Increase the amount of funding allocated for the expansion of the Virginia State Loan Repayment Program (SLRP) or establish other incentive programs**

    - The Virginia SLRP is very successful in recruiting and retaining providers into medical shortage areas. Virginia could expand on a very successful model for retaining providers by increasing those eligible for the SLRP and increasing the amount of funds available.

    - A tax relief program could be established for healthcare professionals, including volunteer first responders, who work in a rural practice. Tax relief could be in the form of a waiver of vehicle property taxes or on miles driven in the line of service.