

## ACCESS TO HIGH-QUALITY HEALTH SERVICES

**Note to readers and users of the *Healthiest Wisconsin 2020 Profiles*:** This *Healthiest Wisconsin 2020* Profile is designed to provide background information leading to collective action and results. This profile is a product of the discussions of the Focus Area Strategic Team that was convened by the Wisconsin Department of Health Services during September 2009 through November 2010. The objectives from this Focus Area have been recognized as objectives of *Healthiest Wisconsin 2020*. (Refer to Section 4 of the *Healthiest Wisconsin 2020* plan.) A complete list of *Healthiest Wisconsin 2020* Focus Area Strategic Team Members can be found in Appendix A of the plan.

### Definition

*Access to high-quality health services* means universal access to affordable high-quality health services for all people in Wisconsin to promote optimal physical and mental health and to prevent illness, disease, injury, disability, and premature death.

High-quality health services include the full range of health care services, including medical, dental, mental health, and long term care. *Access to high-quality health services* means they are available to the people of Wisconsin when, where, and how services are needed. This includes equitable access to health promotion and disease prevention services across the life span that are coordinated, culturally competent, and linguistically appropriate.

Health services promote a patient-centered medical home where there is a regular source of primary care and care is coordinated across health, public health, and other care systems, including long-term care that integrates health and social care and fosters independence and resilience. To be effective in producing good health outcomes, health services must be integrated, equitable, patient-centered, safe, timely, and efficient to effectively meet the needs of diverse populations.

### Importance of the Focus Area

To ensure the health and economic security of Wisconsin families, everyone in the state needs access to affordable and high-quality health services, regardless of health, employment, financial, or family status.

Wisconsin has a much lower rate of uninsured than most other states. Nationally, the percentage of people without health care coverage in 2008 was 15.4 percent (U.S. Census

Bureau). According to the Wisconsin Department of Health Services' 2008 Family Health Survey, 89 percent of Wisconsin residents had insurance for all 12 months prior to the survey interview, 5 percent had insurance for some of the past 12 months, and 6 percent had no insurance coverage at all during the past 12 months.

Wisconsin is a national leader in providing health care coverage to low-income children and adults through Medicaid, the Children's Health Insurance Program, and community health centers. The Wisconsin Department of Health Services recently implemented several important health care reform initiatives to significantly increase access to health care for low-income Wisconsin residents.

The BadgerCare Plus program, implemented in 2008, expanded coverage to all uninsured children and additional pregnant women, parents, and self-employed parents. In 2009, the BadgerCare Plus Core Plan was implemented for low-income, childless adults without health insurance. As of February 2010, more than 1,123,000 Wisconsin residents were enrolled in the Medicaid and BadgerCare Plus programs.

While the expansion of BadgerCare Plus is a significant improvement for low-income Wisconsin residents, it does not fully address the uninsured and underinsured problem. Data indicate that the rate and affordability of employer-subsidized insurance is declining (Kaiser Family Foundation, 2008). Furthermore, the percentage of workers enrolled in high-deductible or otherwise unaffordable health plans is increasing. People with insurance plans that have low levels of benefits or high cost-sharing face substantial financial and health risks, especially if they have a condition requiring ongoing and costly medical care (Kaiser Family Foundation, 2002).

As reported in a February 2005 *Health Affairs* article (Shoen, et al.), approximately two-thirds of underinsured adults and three-fourths of uninsured adults with a chronic health condition or poor health did not get needed medical services; nearly half skipped prescribed medications because of cost. In addition to medical problems, the underinsured also face financial problems from the medical care they receive. In 2007, with support from the Robert Wood Johnson Foundation, researchers at Harvard and Ohio Universities found that illness, injury, and medical expenses contributed to more than 60 percent of the bankruptcy cases studied (Himmelstein, et al., 2005).

Although having insurance coverage facilitates entry into the health care system, the availability of practitioners in the workforce and their capacity to provide culturally and linguistically competent care to a diverse population, including those persons with disabilities, also constitutes a significant health factor. A 2002 survey by the Center for Disability Issues and the Health Professions indicates only a minority of primary care physicians have had training in physical disabilities issues; a majority had at least some difficulty in examining patients with physical disabilities; and many felt uncomfortable in managing their care.

Evidence also indicates that access to a medical home has a significant impact on health. Information gathered through the Wisconsin Department of Health Services' 2007

Family Health Survey indicates 96 percent of Wisconsin household residents have a usual place of care, but slightly more than 2 percent reported a hospital emergency room or urgent care center as their usual place of care. People without insurance and a usual source of health care are four times as likely to delay or go without medical care, which can lead to more serious illnesses and hospitalizations for avoidable conditions (Kaiser Family Foundation, 2008).

As reported by the Commonwealth Fund (2006), having health insurance coverage and a medical home can reduce or even eliminate racial and ethnic disparities in access to care for adults. Providing access to a medical home where care is coordinated is critical to keeping children and youth with special health care needs and adults with disabilities healthy, independent, and productive. A medical home is defined as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care (American Academy of Pediatrics, 1992). The Joint Principles of the Patient-Centered Medical Home, adopted by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association (2007) describes a medical home as “an approach to providing comprehensive primary care for children, youth, and adults.”

Assuring access to affordable health services and a medical home with an adequate supply of well-prepared practitioners in all health care settings is a vital step in reducing disparities and keeping all residents healthy, independent and productive.

### **Wisconsin Data Highlights**

- The Family Health Survey (2007) an estimated 96 percent of Wisconsin household residents were reported to have a usual place of care. This group includes slightly more than 2 percent reported to use a hospital emergency room or urgent care center as their usual place of care. About 221,000 or 4 percent of residents did not have a usual place of care (2008 Family Health Survey, unpublished data).
- According to the 2008 Wisconsin Family Health Survey, 89 percent of Wisconsin residents had insurance for all 12 months prior to the survey interview, 5 percent had insurance for some of the past 12 months, and 6 percent had no insurance coverage at all during the past 12 months (Department of Health Services [DHS], 2009).
- The proportion of people in 2008 without health insurance for the entire year was higher among Hispanic residents (22 percent) than among non-Hispanic Whites (5 percent) and non-Hispanic Blacks (9 percent) (DHS, 2009).
- In 2008, the proportion of people without health insurance was higher among poor residents (19 percent) than among near-poor residents (12 percent) and residents who were not poor (3 percent). (“Poor” means below the federal poverty guidelines; “near-poor” means income more than 100 percent but less than 200 percent of poverty guidelines; and “not poor” means income at 200 percent of poverty guidelines or

higher.) Eleven percent of children (ages 0-17) living in poor households were uninsured for part or all of the past year, compared to 4 percent of children in households that were not poor (DHS, 2009).

- The uninsured rate among lesbian, gay and bisexual respondents aged 18-64 was 27.3 percent, compared to 10.9 percent for heterosexual respondents (Wisconsin Behavioral Risk Factor Survey, 2008. Wisconsin Division of Public Health, 2010).
- Among people ages 18-65, the percentage uninsured was 20.5 percent among those with a high school diploma or less education, compared to 6.8 percent among those with education beyond high school (Chen, et al., 2009).
- In the age group 18-44, 81.6 percent of those with a disability have health care coverage, compared to 87.4 percent of those without a disability. Among those aged 45-64, 88.6 percent of those with a disability have health care coverage, compared to 91.7 percent of those without a disability (Centers for Disease Control and Prevention, *Disability and Health State Chartbook – 2006*).
- In 2006, the percent of adults in Wisconsin with a disability who have difficulties/delays in obtaining needed health care was 31 percent, compared to 20 percent of adults without a disability (Medical Expenditure Panel Survey, 2006).
- Insurance was reported as inadequate for 34.4 percent of Wisconsin children with special health care needs (State and Local Area Integrated Telephone Survey, 2005-2006).
- One in five Wisconsin families reported spending \$1,000 or more each year for out-of-pocket medical expenses (State and Local Area Integrated Telephone Survey, 2005-2006).
- In 2007, an estimated 54.8 percent of children with special health care needs in Wisconsin had access to a medical home, compared to 65 percent of children without a special need (National Survey for Children's Health, 2007).

## **Objective 1**

**By 2020, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable.**

### **Objective 1 Indicators**

- Proportion of people with health insurance (National Health Interview Survey [NHIS], Wisconsin Family Health Survey [WFHS]).
- Proportion of people with a specific source of ongoing care (National Health Interview Survey, Wisconsin Family Health Survey).
- Number of National Committee for Quality Assurance (NCQA) - certified medical home practices in state.

- Proportion of counties with more than one full-time equivalent dentist providing Medicaid services per 4,000 low-income persons (Wisconsin Division of Public Health Primary Care Office). (Indicator to be developed.)
- Proportion of health plan members receiving care meeting National Committee for Quality Assurance (NCQA) or Healthcare Effectiveness Data and Information Set [HEDIS] standards. (Indicator to be developed.)

### **Objective 1 Rationale**

Access to affordable health care coverage and a medical home for all people living in Wisconsin will make a substantial contribution to improving the quality of life and eliminating disparities in health care access and quality.

## **Objective 2**

**By 2020, assure that populations of differing races, ethnicities, sexual identities and orientations, gender identities and educational or economic status, and those with disabilities, have access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated and navigable.**

### **Objective 2 Indicators**

- Proportion of people in each population group with health insurance (National Health Interview Survey, Wisconsin Family Health Survey). (Indicator to be developed.)
- Proportion of people in each population group with an ongoing source of care. (Indicator to be developed.)
- Proportion of adults with and without a disability who report difficulties or delays in obtaining needed health care (Medical Expenditure Panel Survey (MEPS)).
- Proportion of Wisconsin children who report inadequate health insurance (State and Local Integrated Telephone Survey (SLAITS)).

### **Objective 2 Rationale**

Access to affordable health care coverage and a medical home for all people living in Wisconsin will make a substantial contribution to improving the quality of life and eliminating disparities in health care access and quality.

## **Potential evidence- or science-based actions to move the focus area objectives forward over the decade**

- Implement comprehensive high-quality health coverage reform to provide universal coverage (Booske, et al., 2009) to include:
  - Federal health care reform
  - Employer and individual mandates
- Implement other programs and policies to improve access to high-quality care (Booske, et al., 2009), to include:
  - Mental health parity

- Telemedicine
- Medical homes
- Funding for safety net providers
- Electronic medical records to support coordination of health services.

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