

## A Framework for Understanding Access to Health Care

***If you are looking for a model to understand and improve access to health care, you might consider using the "personal health assets" model as a way to frame your project.***

### **What do we mean by “access to health care?”**

The Institute of Medicine has defined access to health care as *"The timely use of personal health services to achieve the best possible health outcomes."* (Institute of Medicine, *Access to Health Care in America*, National Academy Press, 1993).

This definition has profound implications. "Timely use" implies that people should have access to necessary services without prolonged waiting periods or travel requirements. "Personal health services" implies that a wide scope of services should be available, from preventive, through primary, through specialty. "Best possible health outcomes" implies that quality counts. The principles are important in the discussion of access to health care because they remind us that access is more than access to emergency medical care.

### **What determines access to health care?**

The Institute of Medicine has developed a model of access in which financial, structural, and personal barriers to care must be removed in order for people to make appropriate utilization of services. In addition, the health system must be structured to deliver quality services in an equitable fashion in order to achieve the best possible health outcomes. Taking a closer look at “barriers” to access.

- A person may have structural barriers to care if they do not have access to: willing providers, effectively organized services, and access to enabling services such as transportation, interpreting, and case management.
- A person may have financial barriers to care if they do not have, insurance coverage, if insurance reimbursement levels are too low, or if public support levels are not sufficient to cover the cost of care.
- A person may have personal barriers to care if they: lack knowledge about health and health services; have attitudes & beliefs which keep them away from health services; lack the skills to navigate the health care system; have health problems that keep them out of health coverage.

### **The idea of “personal health assets”**

Someone with adequate personal health assets has the ability to obtain personal health services in a timely fashion so as to achieve the best possible health outcomes. Specifically, they have:

- An available supply of health service providers;
- Financial coverage for needed health services;
- Knowledge of personal health factors and available health services;
- Attitudes and beliefs which allow them to pursue personal health services; and

- The skills needed to navigate the system.

### **Who lacks “personal health assets?”**

The people most likely to lack personal health assets include those who have:

- No willing service providers;
- No or non-comprehensive health coverage;
- Low health literacy;
- Low motivation; and
- Low navigation skills.

The situation is especially serious for people with:

- Low income (especially under 200 percent of poverty); and/or
- High service needs (chronic illness, serious illness, disability, children, pregnant women, otherwise high risk).

### **What are the implications for community health improvement efforts aimed at expanding access to health care?**

This model of access to health care implies that community health improvement efforts should focus on:

- Expanding the pool of financing;
- Strengthening the safety net;
- Patient education and support;
- Early identification and intervention with highest risk individuals.

An "if you build it they will come" approach is at risk for failure if it does not address the demand side of access -- namely, patient knowledge, attitudes & beliefs, and navigational skills. At the same time, projects aimed at patient education and referral may be at risk of failure if they are not accompanied by adequate financing of safety net systems of care. All of this is not to imply that projects addressing only one dimension are not worthwhile. Rather, it is to point out that ongoing collaboration among organizations public and private is needed to achieve substantial improvements in access to health care.