CT State-wide Health Care Facilities and Services Plan

Evaluating Unmet Need of At-Risk or Vulnerable Populations

A Presentation to Plan's Advisory Body

February 9, 2011

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Why?

"Such plan may include, but not be limited to … an evaluation of unmet needs of persons at risk and vulnerable populations as determined by the commissioner"

At-Risk or Vulnerable Populations

AHRQ priority populations

- Disabled
- **Elderly** (Medicare population)
- End-of-life care
- **Inner cities** (urban core)
- **Low-income** (Medicaid, homeless & migrant pop)
- Men, women and children
- Racial and ethnic **minorities**
- **Rural areas**
- **Uninsured**
- People with **chronic medical conditions**

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What is Unmet Health Care Need?

1. “Difference between health care services deemed necessary to deal with a particular health problem and the actual services received.” BioMed Central publication

2. The use of available health care services based on access and affordability. Mathematica publication

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Some Barriers to Access

- Physical unavailability of service/professional shortage
- Services are mismatched to the needs of the people
- Available services are inferior compared to the norm
- Locals do not know what services are available or how to access them
- Access is delayed because it is unaffordable
- Lack of transportation
- Insurance payer rules
- Insufficient collaboration/coordination among governmental agencies and/or community providers

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To Quantify Unmet Need

Identify or define

- Health service or medical condition
- Geographic or catchment areas and/or subpopulations
- Target population for condition or service
- Measurement standards
- Structural barriers
- Appropriate intervention(s)

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To Quantify Unmet Need cont.

Methods include:

1. Surveys
2. Measurement standards
3. Proxies
4. Population based use/availability rates
5. Federal designations
6. Combinations of the above

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Unmet Need for Acute Care Services

1. Services - newborn, maternity, pediatric, medical/surgical, psychiatric and rehabilitation care
2. Application of a **bed need methodology** utilizing comprehensive data on;
   - Regions/counties
   - Use rates
   - Daily census &/or occupancy rates
   - Demographics
   - Future populations

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Unmet Need for Non-Acute/Inpatient Care Services

Services

1. Emergency care
   i. Utilization for non-urgent care services
   ii. Utilization for psychiatric care (and throughput with inpatient care)
2. Outpatient surgical care
3. Specialty care
4. Primary and clinic care

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Non-Inpatient Services cont.

Measurements limited by data availability:

1. Hospitals OP aggregate data
2. Community Health Centers data
3. Federal designations

Additional sources that would have been beneficial:

1. Claims data

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Non-Inpatient Services cont.

State/Organization	Methodology	Is it Replicable?
Catholic Health West	Community Health Index	No - utilizes propriety data
Families USA	How many foregoing medical care because they are uninsured	No – NHIS sample size for CT too small
NY City Department of Correction	ID chronic and mental health needs of inmates to be released into community and compared to geographic availability and accessibility of services	Yes – with disease prevalence profile of sub-populations, inventory of available services and their use rates
Mathematica	Proxies – mortality rate, wait times for scheduled clinic visits, ED utilization for non-urgent care & preventable hospitalizations	Yes – for identifying gaps in outpatient services e.g. primary and preventive care and chronic disease management for all population types

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Non-Inpatient Services cont.

State/ Organization	Methodology	Is it Replicable?
HHS HRSA Federal Medically Underserved Areas/Health Professional Shortage Area	Criteria used to determine where to locate or fund a health center	To an extent - designated areas and community health data to be compared with results for preventable hospitalizations and ED non-urgent care use to gauge continued unmet need
HHS AHRQ at-risk and vulnerable populations	Identify basic needs of subpopulations utilizing proxies such as percentage of pop under 65 uninsured, below FPL 100 percent, high rates of low-birth weight newborns, cancer screening and cancer services	No - Process may be limited by data availability at regional or county level

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Next Steps

1. Provide a comparison of available acute care services with predictions from bed need methodologies
2. Develop profile for the following at-risk /vulnerable populations, based on preventable hospitalizations and non-urgent care ED use by these populations:
   i. Elderly
   ii. Inner cities
   iii. Low income
   iv. Minorities
   v. Rural areas
   vi. Uninsured
   vii. People with chronic medical conditions
3. Obtain behavioral health & primary care data, background information and measures from advisory body members

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Questions?

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Thank You

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