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
“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**
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
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
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)
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
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
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
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
Non-Inpatient Services cont.

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

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<td>HHS HRSA Federal Medically Underserved Areas/Health Professional Shortage Area</td>
<td>Criteria used to determine where to locate or fund a health center</td>
<td>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</td>
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<tr>
<td>HHS AHRQ at-risk and vulnerable populations</td>
<td>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</td>
<td>No - Process may be limited by data availability at regional or county level</td>
</tr>
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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
Questions?
Thank You