

MEASURES MANAGEMENT SYSTEM

Access Measures

Access to healthcare or health services is a [critical issue](#) in the healthcare sector.¹ Lack of access can result in unmet health needs, delays in receiving the appropriate care, inability to access preventative services, unreasonable financial burdens, and preventable hospitalizations. In fact, in [2015](#), healthcare spending in the United States cost \$3.2 trillion, or nearly \$10,000 per person.² Quality measures can be used to quantify and track access to quality care. Measures of access provide information on a patient or enrollee's timely and appropriate access to healthcare. This may include: access to several [components](#) of the healthcare system such as health insurance, usual source of care, and mental health or substance abuse; structural barriers impacting access such as transportation, waiting times, or dealing with care (e.g. appointment times, waits, etc.); and the ability of a provider to address needs, such as patient-physician communication and relationship, cultural competency, and health information.³ CMS is committed to ensuring that beneficiaries have access to and receive excellent care and that the quality of care is assessed fairly in CMS programs.

The research community has worked to improve access measures in healthcare quality work, as well as utilized access measures or access-related data to improve healthcare quality. Collection of these data was required by Section 4302(a) of the Affordable Care Act (ACA). This section requires the reporting of patient data related to race, ethnicity, sex, language, and disability status by federally conducted or supported health care or public health programs, activities, or surveys. The availability of this data allows for a better understanding of patterns in healthcare disparities and lack of access. Measures of access to care and health outcomes can be stratified by race, gender, socioeconomic status, or some other demographic metric to help identify disparities in care. Other data for healthcare access may come from non-healthcare sources such as the [Census Bureau](#).⁴

Recent studies have assessed access measures – or the need for additional measures – for specific questions in healthcare quality. In one study, researchers found that access measurement should consider various individual experiences as impacted by demand, adequate appointment availability, sudden cancellations, or release of held appointments.⁵ Statistical analysis with the appropriate data systems can help normalize analyses for these complications, or data-smoothing methods can be used to account for access patterns. Another study mapped survey measures of patient experience to identify whether current measures reflect aspects of access and care coordination most relevant to patients.⁶ This study found that additional work is needed to accurately reflect patient concerns with access burdens. Further, the issue of cultural familiarity on patient preferences needs additional study and warrants the inclusion of related access measures.

Some research utilizes data from access measures to better understand health outcomes, such as unintended pregnancy. For example, researchers looked at a variety of data sources, such as contraceptive care initiatives and epidemiological data on the association between contraceptive use and unintended pregnancy, in determining whether contraceptive care is important to measure and report. Researchers studied how contraceptive care measures might provide information that providers can use to support programming that might increase access to contraceptive care.⁷ Similarly,

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researchers have investigated how measures can be used to improve access by uninsured persons.⁸ By analyzing patterns between adults below the federal poverty level and outpatient visit frequency, awareness, and control of chronic diseases between the uninsured and those with Medicaid, researchers could show that Medicaid coverage facilitates outpatient physician care and improves blood pressure control.

References

1. Access to Health Services. Healthy People 2020; Office of Disease Prevention and Health Promotion. Accessed from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>
2. Cost and Efficiency. National Quality Forum. Accessed from: <http://www.qualityforum.org/ProjectDescription.aspx?projectID=86056>
3. Agency for Healthcare Research and Quality Archive: Access to Care Measures. Accessed from: <https://archive.ahrq.gov/research/findings/nhqrd/nhdr02/premeasurea.html>.
4. United States Census Bureau: Health Insurance. Accessed from: <https://www.census.gov/topics/health/health-insurance.html>
5. Jones, W., Elwyn, G., Edwards, P., Edwards, A., Emmerson, M., and Hibbs, R., (2003). Measuring access to primary care appointments: A review of methods." *BMC Family Practice* 4, 8 . doi.org/10.1186/1471-2296-4-8
6. Quinn, M., Robinson, C., Forman, J., Kreon, S. L., and Rosland, A-M. (2017). Survey instruments to assess patient experiences with access and coordination across health care settings: Available and needed measures. *Medical Care* 55, S84-S91. [doi:10.1097/MLR.0000000000000730](https://doi.org/10.1097/MLR.0000000000000730)
7. Gavin, L., Frederiksen, B., Robbins, C., Pazol, K., and Moskosky (2017). New clinical performance measures for contraceptive care: Their Importance to healthcare quality. *Contraception*, *96*(3), 149-157. doi.org/10.1016/j.contraception.2017.05.013
8. Christopher, A. S., McCormick, D., Woolhandler, S., Himmelstein, D. U., Bor, D. H., and Wilper, A. P. (2016). Access to care and chronic disease outcomes among Medicaid-insured persons versus the uninsured." *American Journal of Public Health*, 106(1), 63-69. doi: 10.2105/AJPH.2015.302925