

INCREASING ACCESSIBILITY TO HEALTHCARE

The Emergence of New and Innovative Methods to Deliver Healthcare Services

*By: Kathy Jordan, CEO and Founder,
Jordan Search Consultants*



Anyone who has tried to get a healthcare appointment recently has likely encountered one of the deleterious effects of the current healthcare provider shortage: long wait times to get an appointment and see a physician. As the number of patients who need to see healthcare providers grows, the number of physicians available to treat them is simply not enough to keep up with [demand](#).

For those living in rural areas, finding a healthcare provider is even more challenging. Almost 20% of Americans live in a rural or remote area, but only 9% of physicians practice in those settings. Additionally, many rural areas are experiencing community [hospital closures](#), forcing residents to travel even farther to see providers. Due to travel requirements, time challenges, and financial obstacles, many people delay seeking care until they are critically ill.

Lack of accessibility to healthcare providers leads to poor health outcomes — and increased healthcare costs. [Studies](#) show that adequate access to primary care services decreases utilization of more expensive services such as hospitalizations and emergency room visits.

Focusing on population health — addressing the social and environmental factors and challenges facing particular groups of patients — is emerging as a way to increase accessibility to care and improve health outcomes. Healthcare organizations who work to improve population health often partner with multiple entities in innovative ways in order to effect positive change on a myriad of levels for their patients.

In response to the current healthcare challenges facing our nation, there are several new and innovative methods to increase access to healthcare services. These include utilizing non-physician providers to administer care, leveraging technology to provide care from afar, and implementing creative and collaborative care models.

Utilizing Non-Physician Providers

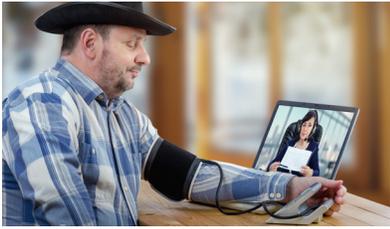
Many healthcare organizations are turning to Nurse Practitioners (NPs) and Physician Assistants (PAs) to help fill the physician shortage gap when it comes to providing primary care services to patients. According to the [National Resident Matching Program](#), the number of U.S. medical school grads entering primary care residencies last year totaled 2,730. At the same time, more than 22,500 [NPs graduated from primary care programs](#). Additionally, there were more than 131,000 [certified PAs](#) in the U.S. at the end of 2018, and almost a quarter of that number worked in primary care settings. By creating collaborative teams of providers that include physicians, NPs, and PAs, organizations can ease physician workloads. NPs and PAs are able to remove some of the administrative burdens from physicians and provide first-line health assessments and care services to patients. When more complex cases arise, they can easily be escalated to a physician for further diagnosis and treatment. For patients, this model provides both access to a primary care physician and the ability to receive care in a timely fashion.



Leveraging Technology

Telemedicine, which uses digital monitoring tools and communication platforms such as email, text, and video conferencing to connect patients to providers, is increasingly being utilized to provide health services from afar. Some examples of telemedicine include:

- **Telestroke** uses technology to connect on-site personnel with remote stroke experts who assist in giving a prompt diagnosis and treatment recommendations. It is commonly implemented in emergency departments without stroke experts or radiologists on the premises.
- **Virtual appointments** allow patients to see a provider via video. SSM Health in St. Louis offers [virtual appointments](#) within an hour of the request, for a flat fee of \$25.
- **Wearable health monitors** (such as mobile cardiac event recorders) allow patients to record information and symptoms as they occur and then send that data to their healthcare providers.
- **Smartphones** are increasingly being used as a tool to help patients keep track of their health and access pertinent information. [Apple Health Records](#) allows organizations with compatible emergency health records (EHRs) to self-register on their site; patients with iPhones can then download their health records and search for their provider on their phone.



Implementing Creative and Collaborative Care Models

To address the needs of rural and underserved populations, innovative care models have been created and implemented throughout the United States.

- **Project ECHO (Project Extension for Community Healthcare Outcomes)**, first developed in New Mexico, extends expert care services to those living in rural communities. In this model, university-based experts utilize televideo tools to educate, consult, and mentor rural providers on treatment approaches for their patients.
- **The Hub-and-Spoke model** is centered around a main campus, or hub, that offers extensive medical services. Satellite locations, or spokes, provide basic healthcare needs but can route patients to the main hub for specialized treatment if needed. This model may also embed expert support staff onsite to support local primary care facilities and has been successfully implemented in states such as Louisiana and Vermont.
- **Wraparound Care** is a community-based care model that incorporates patient outreach, social and behavioral counseling, and traditional healthcare services. AbsoluteCARE, a patient-centered organization with multiple locations in several states, uses the wraparound care model to assist clients living with HIV and chronic diseases.

Individuals and Organizations at the Forefront of Healthcare Accessibility

Destiny-Simone Ramjohn, Ph.D. and Director of Community Health in the Greater Baltimore Area for Kaiser Permanente, is as passionate about improving the health of communities as her employer. “For nearly 75 years, Kaiser Permanente has been providing high quality, affordable care in places where people live, work, play, and pray,” she said. “Undoubtedly, your zip code is a better predictor of your health than your genetic code. We aim to change that.”

After recognizing that African Americans are less likely to receive flu vaccines, Kaiser Permanente Mid-Atlantic launched a pilot program four years ago to improve vaccination rates by providing no-cost flu shots in places they already go and trust—a barbershop in West Baltimore. As part of its expanded Good Health & Great Hair program, Kaiser sets up its mobile health van outside barbershops and salons in West Baltimore to provide a variety of services including screenings for body mass index, blood pressure and blood sugar, HIV tests, screenings for liver and kidney disease, and take-home colorectal cancer tests. Recognized with a National Association of Health Services Executives award, this program is expanding into other areas residents frequent like shopping centers and grocery stores. To date, more than 3500 individuals have been touched by clinical and social services. “The success of the program allowed us to recruit esteemed partners to supplement our services,” Dr. Ramjohn said. “Healthcare Access Maryland, Black Mental Health Alliance, Pratt Mobile Job Center, Baltimore Healthy Start, and other partners help us to extend our reach. We are passionate about enhancing health equity by removing barriers and providing access.”



Dr. David B. Nash, MD, MBA, is the Founding Dean Emeritus of the Jefferson College of Population Health (JCPH) at Philadelphia's Jefferson University. JCPH was the country's first graduate program in population health and is focused on improving the health and wellbeing of all Americans. Colloquiums, forums, webinars, and academic journals are utilized to disseminate ideas and prompt discussions about cost effectiveness, patient communication, and social determinants of health. In addition to driving these conversations, the school is dedicated to developing innovative solutions to cut costs, make health care safer, and provide care to more people. JCPH offers two on-site programs (PhD in Population Health Sciences and Master of Public Health) and six online degree programs (MS in Applied Health Economics and Outcomes Research; MS in Health Policy; MS in Healthcare Quality & Safety; MS in Healthcare Quality & Safety Management; MS in Population Health; and MS in Population Health Intelligence), and six online graduate certificate programs. JCPH has also launched two centers focused on population health research: one devoted to urban/suburban issues and the other to rural health. As a result of Dr. Nash's vision, JCPH has borne a new generation of physician and industry leaders who advocate for and advance population health management.

Final Thoughts

The physician provider shortage will continue to be an issue for Americans now and into the future. This is especially concerning for underserved populations and those living in rural and remote areas who already have a difficult time finding care. However, collaboration between teams, organizations, and community entities, as well as the use of technology, are foundational approaches that can help extend care to those who need it. By utilizing creative solutions and new models of care, providers and organizations have been able to increase access to much-needed healthcare services and effect real change for a variety of patient populations.

About Jordan Search Consultants

Founded in 2003 by Kathy Jordan, Jordan Search Consultants provides executive, higher education, physician and healthcare recruitment services to clients throughout the nation. By understanding the unique culture of each client organization and the professional and personal goals of each candidate, the professionals at Jordan Search Consultants are able to develop effective solutions to staffing needs. With packages that range from candidate sourcing services to complete turnkey position fulfillment solutions, Jordan Search Consultants provides a customized level of recruitment support.

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