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Access to and Utilization of Primary Care: A Synthesis

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Abstract: *According to the U.S. Department of Health and Human Services [USDHHS], the number of adults who were unable to obtain or were delayed in obtaining necessary medical care has increased, going from a baseline of 4.1% to the current 8.7% over the past 10 years (n.d.a). As a result, delaying medical care can potentially lead to preventable complications, hospitalizations, emotional stress, and ultimately, a higher cost (USDHHS, n.d.a). Primary care plays a crucial part in health care delivery and is a cause of positive health outcomes (Goodfellow et al., 2016). Primary care providers cover a range of functions, including but not limited to, treating common illnesses; acting as an entry point to further, more specialized care; providing care that is, “accessible, comprehensive, coordinated, continuous, and accountable;” and acting as an organizing point for the entire health care system by providing community-oriented care (Donaldson et al., 1996). Due to lack of utilization and access, many elderly Americans are unable to obtain or are delayed in receiving primary health care. One solution to improve this problem is to increase the utilization of team-based care. This paper will discuss this healthcare problem and its relationship to larger healthcare topics as well as to occupational science, occupational therapy, and current healthcare policies. It will also discuss the proposed solution and possible associated benefits and detriments.*

Keywords: Primary care, community, access, occupational science

Relationship

National Impact

A specific population that is directly affected by lack of receiving primary care is the elderly population (Hardman & Newcomb, 2016). This lack of receiving services affects the entire country economically. Chronic illness can lead to further physical decline, compounding the risk of costly hospitalization or need for long-term care, which in turn, increases healthcare spending (Mirza et al., 2020). Specifically, there is a correlation between the utilization of emergency departments and lack of access to and utilization of primary care (Heede & Voorde, 2016). Due to the increasing life expectancy of the population, the elderly are the fastest-growing group contributing to emergency department use (Heede & Voorde, 2016). This usage is a result of multiple factors, like the presence of chronic conditions and the incidence of falls (Heede & Voorde, 2016).

For instance, chronic disease affects at least 60% of the American population, and despite this, only 8% of adults receive all recommended preventative services (Levine et al., 2019). Not only does chronic disease affect individual lives, but it is also a leading health cost in the country, exceeding \$1 trillion, not including lost productivity, which can affect the country as a whole (Levine et al., 2019). There are certain prevention strategies to reduce chronic disease that can result from primary care, such as intervening before disease occurs, detecting and treating the condition early, and managing the condition as it is ongoing (Levine et al., 2019).

In addition to chronic conditions, falls are another problem specifically for the elderly population. Falls are a cause of mortality and morbidity in this population with 30-40% of adults 65 years of age and older experiencing at least one fall each year (Ambrose et al., 2015). In 2013, 2.5 million elderly adults received emergency care as a result of a fall and 734,000 were hospitalized, which directly resulted in \$30 billion in costs (Ambrose et al., 2015). Screening and prevention are important and underutilized strategies to reduce the number of adults who experience a fall and, as a result, receive emergency services and further hospitalization (Ambrose et al., 2015).

To highlight the problem in accessibility and utilization, a study was done to look at attendance of follow-up appointments with primary care providers in individuals who had been released from acute care settings (Hardman & Newcomb, 2016). It was found that, in older adults that had been released from acute care settings, readmission to those settings was associated with failure to attend follow-up appointments with their primary care physician (Hardman & Newcomb, 2016). This shows that there are positive health outcomes associated with attending primary care appointments. Further, there are barriers affecting adherence to primary care appointments, even in populations that do have a predetermined relationship with a primary care physician. Therefore, there are other external barriers that affect access to primary care.

These findings have led to wonder - what exactly are factors that affect access to primary care? Transportation and other non-financial barriers have been studied to determine their impact on

accessing health care (Kamimura et al., 2018). Often, individuals do not only perceive transportation as a barrier to access but have additional barriers that compound the inaccessibility (Kamimura et al., 2018). Additional non-financial barriers include but are not limited to, spending too much time with work and other commitments, being unable to access clinics during office hours, having lack of phone access with providers, waiting an extended amount of time in the clinic, being unable to get off work, acting as a caregiver for other family members, as well as feeling as though the clinic was too busy to pay attention to individual needs (Kamimura et al., 2018). Another study found that 5.8 million people expressed delayed medical care as a result of lack of transportation alone (Wolfe et al., 2020). Further, the proportion of individuals expressing concerns with transportation increased in Hispanic populations, individuals at or below the poverty line, Medicaid recipients, and in individuals with functional limitations (Wolfe et al., 2020).

To further compound the lack of utilization of primary care, internal factors also influence the decision of many individuals. It has been found that personal or internal factors related to feelings about physicians, feelings toward healthcare organizations, and confidence that their illness would improve were internal factors influencing the receipt of services (Taber et al., 2015). The barriers to access are complex, compounded, and intertwined with one another in many ways. This shows that there are many issues to be addressed to improve overall access to primary care.

Current Delivery of Care

There are multiple ways in which the current delivery of care further impacts the utilization of primary care. First, physicians have been experiencing staffing shortages over recent years (Basu et al., 2019). The per capita supply of primary care physicians decreased from 2005 to 2015 (Basu et al., 2019). In addition to the overall lack of primary care providers, there are also specific concerns for individuals living in rural areas. 67 million Americans live in an area of the country that is designated as a Health Professional Shortage Area by the federal government (Goodfellow et al., 2016). In these areas, there is one primary care physician for at least every 3,500 members of the population (Goodfellow et al., 2016). Supplying the population with ample primary care physicians is important to overall population health. An increase in just 10 primary care physicians per 100,000 people in a population has been associated with a 51.5 day increase in overall life expectancy (Basu et al., 2019). Specifically, having a higher concentration of primary care providers is associated with better health outcomes in areas such as cancer and chronic disease (Goodfellow et al., 2016).

Next, the desire for individuals to age in place is a current healthcare trend across the country (Smith et al., 2019). For individuals to age in place, there needs to be the ability to receive care for chronic or acute conditions that are often experienced in the aging population (Smith et al., 2019). The contrast between the desire for the aging population to continue

to live in their home environment and the lack of access to care creates an emerging problem area within the current healthcare delivery system (Smith et al., 2019).

Correlation to Larger Healthcare Topics

This topic can be directly related to even broader healthcare topics of discussion, such as to the social determinants of health, which are potential barriers or benefits in individuals' environment or personal life that impact health. The determinants fit into five main categories - economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context (USDHHS, n.d.b). To compound the effects of previously mentioned geographic barriers, regions of the country that experience lack of primary care physicians also experience an increased vulnerability to detrimental social determinants of health (Streeter et al., 2020). Specifically, in 2017, individuals in 96% of the counties that were classified as a Health Professional Shortage Area also experienced at least one social determinant of health that negatively compacted the lack of access to care (Streeter et al., 2020). Social determinants of health are intertwined with multiple areas of the healthcare system and add layers of multi-morbidity for many Americans (Northwood et al., 2017). The solution to improving social determinants of health is larger than a topic of health policy reform, and the solution to improving outcomes based on social determinants of health is complex and ongoing.

Connection to Occupational Science

Occupational science and occupational therapy are intertwined with the lack of utilization of primary care in elderly populations. It is important for occupational science and occupational therapy curricula to teach upcoming students the importance of primary care education (Gray et al., 2018). If incoming students understand the crucial role that primary care physicians play, there can be an increased opportunity for practitioners to serve as interdisciplinary team members and advocates for clients and community members to seek preventative care (Gray et al., 2018). Further, the importance that primary care places on prevention aligns with one goal of occupational science and occupational therapy practice - to maintain the health of individuals and the population and prevent further decline (AOTA, 2020). Primary care is beginning to understand the importance of person-centered care, which is a main concern within the field of occupational science (Kogan et al., 2016). Specifically for the elderly population, person-centered care is becoming an increasingly important topic for primary care providers due to the complex needs of those individuals (Kogan et al., 2016). Providing person-centered care directly relates to core concepts of occupational science, such as participation, health and wellness, and quality of life (AOTA, 2020). When individuals receive care that is tailored to their needs, their sense of self-dignity and autonomy may be retained as they may feel more control over their outcomes and increased motivation to participate. Similarly,

having a sense of well-being and an improved quality of life may result from person-centered care due to the feeling of providers being willing to help and provide the best care for each individual.

Importance in Occupational Therapy

Early intervention and primary care are important aspects of occupational therapy as a practice. Occupational therapy is often linked to primary care, as a means of referral for home care and outpatient care comes from primary care providers. Further, occupational therapists can play a unique and important role in primary care. One emerging way occupational therapists can provide services within primary care settings is to screen for and manage chronic conditions to reduce costs and improve overall population health (AOTA, n.d.). Chronic conditions in aging adults are directly related to areas of decline in occupations related to activities of daily living, instrumental activities of daily living, and overall functional independence (Mirza et al., 2020). Occupational therapists play a unique role in identifying and providing services for functional decline, and early access to occupational therapy, starting in primary care, would allow for increased awareness of the potential decline (Mirza et al., 2020).

A prominent external factor that greatly influences delivery of occupational therapy services across time and settings continues to be reimbursement and billing. Receiving claim denials from insurance is an ongoing topic of concern among occupational therapy practitioners (Thompson, 2017). Providing documentation to insurance that proves 'medical necessity' of services within primary care may become an emerging area of concern as the practice shifts toward integration within preventative care settings (Thompson, 2017). While the Affordable Care Act provides coverage for services that fall under "medical necessity", the legislation failed to provide a standard definition for the term, which leaves practitioners in a debate with insurance companies regarding covered services (Thompson, 2017). As the field of occupational therapy continues to move into new domains, concerns regarding billing and reimbursement will continue. Advocacy for the profession and its importance within multiple healthcare settings continues to be of utmost importance for emerging professionals.

Relevance

Current Healthcare Policy

Current health care policy accepts and understands the importance of preventative care under the Affordable Care Act. This healthcare policy aims to improve availability and lower cost of preventative care for all adults (U.S. Centers for Medicare & Medicaid Services [USCMMS], n.d.). Some examples of preventative care that are provided at no charge for members of all marketplace health plans include:

- blood pressure screening
- cholesterol screening
- colorectal cancer screening
- depression screening

- type 2 diabetes screening
- hepatitis B and C screening
- HIV screening
- immunizations
- lung cancer screening
- obesity screening and counseling
- sexually transmitting infection prevention counseling
- statin prevention medication
- tobacco use screening
- tuberculosis screening (USCMMS, n.d.)

Knowing that current national policy addresses and understands the importance of preventative health care visits and even provides coverage and resources for these services shows the importance and need to uncover the barriers that still exist that are preventing people from accessing those services.

Along with this, there are policies and procedures behind the scenes that are aimed at improving access to and utilization of primary care services. The Centers for Medicare and Medicaid Services are making strides to improve the quality of primary care through alternative payment methods that aim to provide incentives to providers based on patient outcomes and processes used (Halle et al., 2018). Examples of incentivized processes include preventative screenings, care planning, functional assessments, and others (Halle et al., 2018). Models of innovation include the Federally Qualified Health Center, which involves reimbursement for providers who practice in underserved areas, and the Comprehensive Primary Care Plus, which is a five-year program to improve services in geographic areas (Halle et al., 2018). Despite efforts to increase funding and accessibility of preventative care, there continues to be differing health outcomes for individuals who are insured by a government-funded program, showing that there are still areas of the problem that need to be addressed (Cyr et al., 2019).

Proposed Solution

There are many possible solutions to help increase access to primary care. A proposed solution that is already beginning to be discussed in the literature is the utilization of team-based care (Schottenfeld et al., 2016). Care is considered to be "team-based" when individuals receive care from at least two healthcare providers that work collaboratively with their patients (Schottenfeld et al., 2016). Further, the providers work together across settings to achieve goals and provide coordinated, high-quality care (Schottenfeld et al., 2016). Some overarching goals of comprehensive care are to improve coordination, comprehension, efficacy, access to, and value of care (Schottenfeld et al., 2016). The transition to primary care may require reorganization in the delivery of care, in the nature of interactions with other colleagues and patients, and in education (Schottenfeld et al., 2016). To increase access to preventative care, multiple providers can use their unique expertise to better provide services to individuals. Some proposed team members include pharmacists, occupational therapists, and nurses.

First, pharmacists are able to provide a form of primary and preventative care to Americans (Hatfield et al., 2020). In

some pharmacies, pharmacists conduct clinical wellness phone conversations with patients of the pharmacy to determine information including the last time they received general practitioner services, their most recent blood pressure reading, and providing information on recommended vaccinations for each patient (Hohmann et al., 2019). Individuals who have lived in the same town for a number of years often do not change pharmacies and often build relationships with pharmacists that make a career at that location (Patel et al., 2019). This allows patients to have a long-term relationship with a healthcare provider that is accessible without an appointment. Not only can pharmacists provide advice to long-term patients, but any consumer can walk up to a pharmacy counter and ask for advice related to minor, acute health concerns without an appointment or payment for services (“General healthcare resources,” n.d.). In addition, pharmacists conduct wellness screenings for employees of the larger companies they work for and provide vaccinations for community members, often without an appointment (Strand et al., 2020). As mentioned earlier, coordination of services is a key component of primary care practice, and pharmacists are often the coordinators of medication prescribed by different doctors for each client, looking for interactions between medications and duplication of medications (Mirza et al., 2020).

Second, occupational therapists can play an important role in providing primary and preventative care to individuals of the population. As mentioned earlier, occupational therapists have a unique skill set in recognizing potential areas of functional decline. Incorporating screenings for occupational therapy services within primary care would limit the issue related to lack of billing for referrals to services (Mirza et al., 2020). While it is not practical for occupational therapists to fully practice within the scope of a primary care office, therapists can work as care coordinators or case managers to utilize their specialized skill set to further promote patient-centered care and screen for functional limitations (Mirza et al., 2020). Further, it has been found that hospital spending in occupational therapy is associated with lower readmission rates, proving that occupational therapy provides a unique role in the prevention of functional decline (Rogers et al., 2017). Along with this, occupational therapists can provide recommendations regarding health management techniques, such as for exercise, eating habits, or medication management (AOTA, n.d.). Overall, occupational therapists can be a vital part of primary and preventative care due to their:

- understanding of both acute and chronic conditions,
- awareness of lifestyle, personal, and environmental factors that can lead to functional deficits,
- understanding of the interaction between occupation, performance, and health,
- knowledge regarding safety in the home or outside environment
- knowledge of varied approaches to intervention, such as creation, promotion, establishment, restoration, maintenance, modification, and prevention of techniques and occupations to improve performance

- varied experience in a number of settings and with a number of populations
- wide array of healthcare knowledge, like how social determinants of health can impact outcomes (AOTA, n.d.; AOTA, 2020).

The third group of practitioners that can play an important role in providing primary and preventative care in a team-based setting are nurses. Nursing care can come from a variety of subsets, including from registered nurses and nurse practitioners. There were 3,130,600 registered nurses in 2021 with a projected 6% growth over the next 10 years (U.S. Bureau of Labor Statistics, 2022a.). To compare these statistics with physicians and surgeons there were 761,700 physicians and surgeons altogether in 2021 with a projected 10 year growth of 3% (U.S. Bureau of Labor Statistics, 2022b). This difference in employment highlights the importance behind utilizing registered nurses to their highest capabilities. With the large number of practitioners in the nursing field, nursing accounts for the largest group of healthcare professionals, and it is most often the point of care for individuals (National Academy of Medicine, 2021). Advanced practice registered nurses (APRNs) have the schooling and experience to provide care to individuals within primary and preventative care settings with particular training for elderly populations (National Academy of Medicine, 2021). With the changes made in the past two decades regarding restrictions on scope of practice, APRNs have an increasing ability to provide comprehensive care and closing gaps in health maintenance for acute conditions to individuals in a variety of settings (National Academy of Medicine, 2021). One important role that registered nurses can play in providing team-based care is performing annual wellness visits to individuals, which would help increase the availability and accessibility of the preventative care (screenings, vaccinations, etc.) that can result from information gathered during those visits (Sullivan et al., 2022).

Implications and Outcomes

The proposed solution discussed above may have its own potential associated benefits or downfalls. There are two main concerns associated with team-based care that are discussed in literature: providing practitioners with the support needed to succeed in this type of care and the ability to offer relational continuity (Schottenfeld et al., 2016). First, the transition to team-based care would result in a higher need for individuals to communicate with each other across professions and potentially even practices (Schottenfeld et al., 2016). Providing clinicians with structures, processes, and training required to facilitate the effective communication needed for efficient and patient-centered team-based care would cost additional time and money in a healthcare system that is already strained for those two resources (Schottenfeld et al., 2016).

Second, the lack of relational continuity may impede the value that clients feel when receiving care (Schottenfeld et al., 2016). Relational continuity is characterized by continual care and relationships between patients and providers over time (Schottenfeld et al., 2016). If individuals are receiving their

primary and preventative care from a number of providers, they may feel a lack of connection with one single provider, which is one of the goals of primary care (Schottenfeld et al., 2016). To combat this negative implication, practitioners can focus even more on rapport with patients when they work in this model of care to ensure each individual feels known and cared for at every practice setting, they attend (Taylor et al., 2009). In this way, occupational therapists can play a unique role in educating other practitioners within the team-based model the importance of a client-centered and holistic practice. Further, use of technology and electronic medical records can allow for notes and health documents to be shared inter-professionally so that individuals feel known across settings (Bardach et al., 2018). Along with providing relational continuity, practitioners must work to make sure there is no encroachment occurring during practice. Staying within each individual scope of practice is an important rule for practitioners to follow when providing team-based care. Further, having a clear definition of the role of each individual provider within the team-based model can eliminate this concern.

Despite the potential negative repercussions of team-based care, there are a number of positive benefits associated with the utilization and access of primary and preventative care with this model. First, team-based care has been associated with a greater access to care as a result of more hours of coverage between the providers and shorter wait times for clients to be seen (Schottenfeld et al., 2016). Next, team-based care provides more effective and efficient delivery of high-quality care which is given through patient education, behavioral health, self-management support, and care coordination (Schottenfeld et al., 2016). Third, healthcare professionals are able to provide care within their distinct areas of expertise for each client which results in well-rounded and individualized care for each client (Schottenfeld et al., 2016). Lastly, if individuals were to receive their primary care potentially from a number of different professionals across different practices, the number of access points to those resources would increase, as consumers would not be limited to general practitioner offices (Schottenfeld et al., 2016). Due to these positive outcomes, team-based care is already showing to be a promising solution to the problem of lack of utilization and access in primary care.

Conclusion

In conclusion, the barriers affecting access to primary care in America are complex and multifaceted. Due to the lack of utilization and access, many Americans are unable to obtain or are delayed in receiving primary health care. The barriers affecting healthcare access influence multiple subpopulations in our country, specifically elderly adults. Chronic disease and falls are two outcomes often associated with elderly individuals that can be prevented through primary care. Further, issues with the current delivery of health care, such as a lack of primary care providers and a desire to age in place, further compound the difficulties of access. This specific topic also relates to broader ideas of health care, including social determinants of health. It even relates to the field of occupational science and the practice of occupational therapy,

as the fields of primary care occupational therapy share common goals for patient outcomes. Current policy under the Affordable Care Act aims to increase utilization and access to preventative services, but there are still impacting barriers despite this effort. A proposed solution to the problem of underutilization and access is the implementation of team-based care. With this being an emerging area of research, there are multiple proposed benefits and hindrances associated with it. Overall, due to the complexities surrounding lack of access to and utilization of primary care, a shift in the health care delivery towards team-based care warrants exploration to address disparities affecting the aging population and the country as a whole.

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