Characterizing the Specialty Care Need in Aurora, CO
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Introduction
Across the country, there exists a large unmet specialty care need for patients on Medicaid or who are uninsured. Previous studies have identified multiple barriers to care unique to this patient population which include providers and health systems that do not accept Medicaid, poverty, complex referral processes, incomplete referrals, lack of clinic-hospital affiliations, transport and clinic location factors, and poor communication across primary and specialty care providers. The Colorado Health Institute has identified the major specialty care gap that exists within Colorado’s residents with Medicaid and who are uninsured. However, the extent of this gap in access has not been defined within the Aurora, CO community. Here, we seek to characterize the unmet specialty care need for individuals covered by Medicaid and who are uninsured, identify key barriers to specialty care access, and identify key strategies to mitigate barriers these patients encounter. We utilized provider surveys and subsequent key informant interviews from primary care physicians accepting Medicaid and uninsured patients to quantify and characterize the unmet specialty care need in Aurora, CO. This approach will allow us to identify key barriers to specialty care access and elucidate strategies to mitigate such barriers through in-depth descriptive analysis. We have completed a physician database to include all providers in Aurora, CO who accept Medicaid or uninsured patients, and are completing a survey to be distributed to these providers and key interview follow ups.

Objectives

- Quantify and qualify the specialty care gap for underinsured patients in Aurora, CO
- Identify barriers to accessing specialty care
- Identify potential solutions to barriers to accessing specialty care

Methods

- AHA Specialty Care Access Survey: Web-based survey adapted from Timbie J, et al. (2020) to identify greatest social barriers and identify potential solutions to the unmet specialty care need.
- CU Medicine Specialty Care Waitlist Analysis - 2021: Utilized internal data to analyze average wait time to new appointment for all specialty care clinics over a 6-month period.
- Health Care Policy and Financing (HCFP) Regional Accountable Entity (RAE) Specialty Care Survey - 2019: Representatives from each RAE responded to a survey to characterize their highest need specialties by region and challenges.

Results

- **Table 5. Barriers to Specialty Care - Patients with Medicaid or uninsured. Respondents were asked to access specific barriers to care based on a 5-point Likert scale for patients without insurance. Scoring was calculated using sum of 5-point Likert Scale.**
- **Table 6. Recommendations - Patients with Medicaid or uninsured. Respondents were asked to weigh specific strategies to care based on a 5-point Likert scale for patients without insurance. Scoring was calculated using sum of 5-point Likert Scale.**

Discussion

Limitations:

- Selection of respondents

Conclusions:

- **Recommendation 1: Increase Medicaid referrals acceptances in large healthcare networks.**
- **Recommendation 2: Stakeholders must define appropriate referral standards.**
- **Recommendation 3: Establish specialty care referral reporting requirements to state agencies.**
- **Recommendation 4: Continue defining the scope and extent of Telehealth and e-Consults.**