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 process, 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 a 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 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 (HCPF) 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.
- Colorado Safety Net Collaborative (CSNC) – 2019 Survey: A survey of CSNC members to identify top referral needs. Final recommendations provided strategic priorities to the Department of Healthcare Policy and Financing (HCPF).

Results

Rankings in Descending Order - Medicaid		Rankings in Descending Order - Uninsured	
Top 1-5		Top 1-5	
Department	Score	Department	Score
Neurology	54	Cardiology	55
Rheumatology	48	Gastroenterology	43
Psychiatry	47	Orthopedics- operative	41
Urology	43	Oncology	38
Endocrinology	42	General Surgery	37

Table 1. Unmet Specialty Need Ranked. Respondents were asked to rank the specialties with the greatest unmet need.

Rankings in Descending Order - Medicaid		Rankings in Descending Order - Uninsured	
Top 1-3		Top 1-3	
Department	Score	Department	Score
Obstetrics	45	Obstetrics	33
Cardiology	37	Ophthalmology- general	26
Ophthalmology- general	20	Cardiology	25

Table 2. Easiest Specialties to Access Ranked. Respondents were asked to rank specialties with the least difficulty to access.

Top 10 in Descending Order – Longest Days to Appointment Medicaid (Mean)		Top 10 in Descending Order – Longest Days to Appointment Medicaid (Median)	
Specialty Clinic	Mean Days	Specialty Clinic	Median Days
1. Endocrinology	73.3	1. Endocrinology	94.4
2. Neurology	71.3	2. Sleep Medicine	56.4
3. Sleep Medicine	54.4	3. Neurology	51.9
4. Spine and Rehab Medicine	46.9	4. Pulmonology	40.6
5. Sports Medicine	42.1	5. Spine and Rehab Medicine	40.4

Table 3. CU Medicine Specialty Clinic Waitlist Analysis 2021. Mean and median days on waitlists were analyzed.

Top Barriers for Medicaid Patients		
Barrier	Score	Number of Respondents (N)
Long call waits when attempting to schedule appointments	110	36
Few specialists in your Medicaid MCO network(s) accepting new patients	76	19
The inability to determine the total out of pocket cost for a specialty care visit/procedure	69	19
Patients' out-of-pocket costs for specialty care	65	19
High incidental/opportunity cost of making a decision to go to the doctor (ex: missed work)	59	19
Few specialists that meet the cultural or language needs of your health center's patients	59	19

Table 4. Barriers to Specialty Care – Patients with Medicaid. Respondents were asked to access specific barriers to care based on 5-point Likert scale for patients with Medicaid. Scoring was calculated using sum of 5-point Likert Scale.

Top Barriers for Uninsured Patients		
Barrier	Score	Number of Respondents
Long call waits when attempting to schedule appointments	105	36
The inability to determine the total out of pocket cost for a specialty care visit/procedure	85	20
Patients' out-of-pocket costs for specialty care	84	19
High incidental/opportunity cost of deciding to go to the doctor (ex: missed work)	76	20
Patients' long travel distance/time specialists	64	20

Table 5. Barriers to Specialty Care – Patients without insurance. Respondents were asked to access specific barriers to care based on 5-point Likert scale for patients without insurance. Scoring was calculated using sum of 5-point Likert Scale.

Medicaid Patients Top Solutions		
Barrier	Score	Number of Respondents
Exchange electronic health information with specialists	76	19
Use patient navigators/case managers to help navigate specialty care appointments	68	19
Reminding patients about appointments	66	19
Making appointments on behalf of patients	62	19
Use telemedicine for any patients	61	19

Table 6. Solutions to Specialty Care – Patients with Medicaid. Respondents were asked to access specific solutions to care based on 5-point Likert scale for patients without insurance. Scoring was calculated using sum of 5-point Likert Scale.

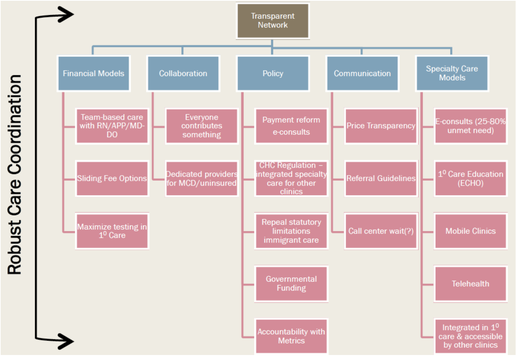
Discussion

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.



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