



FOCUSING ON HEALTH REFORM

RAND Research on Access

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Access to health care usually refers to the ease with which an individual can gain entry to or receive needed medical services. RAND research addresses multiple dimensions of access, including: *financial access*, usually facilitated through health insurance; *potential access*, usually aided by having a regular health care provider; and *realized access*, when an individual actually receives needed medical care. Many RAND studies have also examined disparities in access across different population groups and the effect of disparities on health.

Project COMPARE: A Global Positioning System for Health Care Policy

COMPARE (Comprehensive Assessment of Reform Efforts) is a first-of-its kind online resource that provides one-stop shopping for objective analysis of health policy issues. COMPARE provides facts and figures about the current state of the U.S. health care system, focusing on key dimensions of health system performance; a description of policy options for changing the health care system; an inventory and the status of prominent federal, state, and private health care reform proposals; and an interactive tool to provide analyses of the effects of different health care policy options on multiple dimensions of health system performance, including cost, coverage, and outcomes.

<http://www.randcompare.org>

Immigrants and Health Care Access, Quality, and Cost

Derosé et al., *Medical Care Research and Review*, [Epub January 2009]

Inadequate access and poor quality care for immigrants could have serious consequences for their health and that of the overall U.S. population. The foreign born or non-English speakers were less satisfied and reported lower ratings and more discrimination. Immigrants incurred lower costs than the U.S. born, except emergency department expenditures for immigrant children.

Immigrants and Health Care: A Complex Picture (2008)

This fact sheet describes the diverse health care needs of immigrant populations and specifies needs that health policies can target.

http://www.rand.org/pubs/research_briefs/RB9317/

Retail Clinics, Primary Care Physicians, and Emergency Departments: A Comparison of Patients' Visits

Mehrotra et al., Health Affairs, September-October 2008

Retail clinics appear to be serving a population that does not have its needs met by primary care physicians. Future studies should investigate the quality of care provided by retail clinics, whose numbers are expected to increase from the current 1,000 to 6,000 by 2011.

Falling Short: Continued Challenges in Meeting the Mental Health Needs of Children with Special Health Care Needs

Chandra A, Lurie N. Health Services Research, Vol. 43, No. 3, Jun 2008, [Editorial], pp. 803-809

Nearly one in every five households has a child with a special health care need (CSHCN), and at least one quarter of these children also has a mental health problem. High levels of unmet need for mental health persists for this population, despite substantial resources that have been committed to improving care for these populations, including the integration of behavioral health into Medicaid managed care.

The National Health Plan Collaborative to Reduce Disparities and Improve Quality

Lurie et al., Joint Commission Journal on Quality and Patient Safety, May 2008

The public-private partnership of nine health plans known as The National Health Plan Collaborative is now poised to begin targeting disparities by influencing policy on relevant issues, using the data it has amassed since its establishment in 2004 and its collective industry strength.

Social Networks and Access to Health Care Among Mexican-Americans

Gresenz CR, Rogowski J, Escarce JJ. NBER Working Paper No. 13460, National Bureau of Economic Research, Oct 2007

The results provide evidence that social networks play an important role in access to health care among Mexican-Americans. The results also suggest the need for further study using additional measures of social networks, analyzing other racial and ethnic groups, and exploring social networks defined by characteristics other than race, language, and ethnicity.

Immigrants and Health Care: Sources of Vulnerability

Derosé et al., Health Affairs, September-October 2007

Immigrants have lower rates of health insurance, use less health care, and receive lower quality of care than U.S.-born populations; however, there are differences among subgroups, including factors such as socioeconomic background, stigma, and English proficiency.

Health Disparities and Access to Health

Lurie N, Dubowitz T. Journal of the American Medical Association, Vol. 297, No. 10, Mar 2007, pp. 1118-1121

The ideals related to universal access to care might precisely be termed universal access to health, which, by definition, includes the elimination of health disparities. However, erasing disparities in health cannot be accomplished simply by achieving universal access to care; policies that affect public health and the nonmedical determinants of health are also necessary.

Improving Access to Needed Health Care Improves Low-Income Children's Quality of Life (2006)

This research brief describes an examination of the effect of the State Children's Health Insurance Program (SCHIP) on children's access to needed health services and on their quality of life.

http://www.rand.org/pubs/research_briefs/RB9210/

Health Care Markets: The Safety Net and Access to Care Among the Uninsured

Gresenz et al., Health Services Research, Epub Jul 2006, Feb 2007

Health care use among uninsured patients is related to the percentage of patients in urban areas who are uninsured, the number of available physicians, the safety net capacity, and the competitiveness of managed care.

Improved Health Care Among Children with Special Health Care Needs After Enrollment into the State Children's Health Insurance Program

Szilagyi PG, Shone LP, Klein JD, Bajorska A, Dick AW. Ambulatory Pediatrics, Vol. 7, No. 1, Jan 2007, pp. 10-17

Enrollment was associated with improved continuity with the usual source of care, parent-reported quality of care, and worry, irrespective of prior insurance or type of chronic condition.

The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program

Seid et al., Journal of Pediatrics, September 2006

Children newly enrolled in a public health insurance program in California reported improvements such as doing better in school, feeling better physically, and getting along better with their peers.

Linguistic Disparities in Health Care Access and Health Status Among Older Adults

Ponce et al., Journal of General Internal Medicine, July 2006

Older adults with limited English proficiency experienced worse access to care and worse health status than their English-speaking counterparts. Providing language assistance services to patients may reduce barriers, improve access to care, and ultimately improve health status for these vulnerable populations.

Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey

Yu et al., Managed Care Interface, May 2006

A national survey reveals that about 6% of children (4.3 million) were eligible for SCHIP in 2000, and over one-third of eligible children were uninsured. Results showed variation across states, and also suggested a lower uninsurance rate in the 17 states that expanded Medicaid eligibility.

Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors

Stevens et al., Health Services Research, April 2006

Vulnerable children who have the greatest health care needs also have the greatest difficulty obtaining primary care. However, once access to health care has been established, adolescents at higher risk are more likely to receive health promotion counseling.

Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access

Stevens et al., Pediatrics, April 2006

Uninsured children in California who are eligible for public health insurance have poorer access to care than enrolled children, and those with the highest levels of risk have poorer health status. Providing insurance to these children may lead to improved access and health.

Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas

Gresenz et al. Pediatrics, March 2006

Uninsured rural children are more likely to receive some type of medical services if they live closer to "safety net" providers or if there are more primary care physicians nearby.

Access to Care and Children's Primary Care Experiences: Results from a Prospective Cohort Study

Seid et al., Health Services Research, Epub July 2005, December 2005

Among parents who rated their children's primary medical care experiences, access to needed care and to a regular source of care had more of an impact on how the experience was rated than whether or not the patient had health insurance.

The Effect of Socioeconomic Status on the Survival of Persons Receiving Care for HIV Infection in the United States

Cunningham et al. Journal of Health Care for the Poor and Underserved, December 2005

HIV-patients with low socioeconomic status have in the past been found to receive poorer treatment for HIV than other groups. This study finds that these groups also have much lower survival rates; patients with poor financial assets had an 89% greater risk of death and those without a high school education had a 53% greater risk of death than groups of higher socioeconomic status.

State Insurance Mandates and Consumer-Directed Health Plans: Are They Helping Small Business Provide Health Insurance to Employees? (2006)

This research brief describes the effects of state health-insurance mandates and consumer-directed health plans (CDHPs) on the access to and affordability of health insurance for small businesses.

http://www.rand.org/pubs/research_briefs/RB9305/

Triple Jeopardy for Vulnerable Children: Greater Health Needs, Less Access, Poorer Primary Care (2006)

This research brief summarizes an analysis of data from a nationwide survey to determine why children eligible to be in the State Children's Health Insurance Program (SCHIP) are not enrolled.

http://www.rand.org/pubs/research_briefs/RB9215/

Quality Primary Care Requires More Than Insurance (2006)

This research brief summarizes research analyzing and comparing key components of children's primary care: having insurance, having a regular medical care provider, and actually receiving care when it is needed.

http://www.rand.org/pubs/research_briefs/RB9170/

Disparities in Care for HIV Patients: Results of the HCSUS Study (2006)

This research brief summarizes the findings on access to care from the HIV Costs and Services Utilization Study (HCSUS), the first comprehensive U.S. survey of health care use among a nationally representative sample of HIV-positive patients.

http://www.rand.org/pubs/research_briefs/RB9171/

State Efforts to Insure the Uninsured: An Unfinished Story (2005)

Expanding public programs and new public subsidies are intended to make health insurance more readily available and affordable to low-income uninsured persons, regardless of their work status. A series of studies conducted by RAND economists Susan Marquis and Stephen Long have examined how successful these state experiments have been.

http://www.rand.org/pubs/research_briefs/RB4558-1/

The Office of Congressional Relations provides any of the listed documents to Congressional offices and U.S. Federal agencies on request, at no charge.

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