

Analyze a Current Healthcare Problem

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Limited access to healthcare services and resources affects consumers from many walks of life. This limited access can be due to many health determinants, such as limited finances, low education levels, rural geographic location, lack of transportation, and poor mobility. Some potential solutions to increase healthcare access include improved transportation coverage and increased telemedicine offerings. However, I believe the most effective solution is implementing ambulatory case management services to help consumers overcome these barriers, thus improving patient outcomes.

Elements of the Issue

Limited access to healthcare services can be linked to many physical and social factors. One study on Medicare beneficiaries living in rural areas confirmed that they experience higher rates of mortality, preventable hospitalizations, and chronic diseases than their counterparts living in more urban areas (Johnston et al., 2019). This same study showed that by seeing just one specialist in addition to their primary care provider, the rates of hospitalization and mortality for these patients were reduced. In cases where geographic location appears to be the largest barrier, issues such as specialist availability, transportation costs, and patient understanding of their options arise. Possible solutions to this multi-faceted issue will be considered later in this assessment.

Analysis

Certainly, limited healthcare access is an issue across all patient populations due to location, low income, lower education levels, poor health literacy, limited mobility, and inadequate access to transportation services. However, this assessment will focus on the access barriers in rural settings, as this is the type of community I serve as an Inpatient Case Manager at

a small rural hospital. Many patients I work with have low incomes and poor health literacy. They also may struggle with transportation if they cannot drive, as taxi services are unavailable in most of the tri-county areas we serve. Wheelchair van services can be privately hired but are expensive, often hundreds of dollars for one trip.

While some specialists travel to our hospital to consult with patients, wait times can be months long. Patients often must travel at least a two-hour round trip if they wish to be seen earlier. If they require a procedure or surgery, they may have to travel to a larger hospital for this, as our hospital does not have the proper equipment or capabilities.

In-home services are minimal, with few home health agencies providing services beyond nursing and physical therapy. This means that home-bound patients cannot access home social work, occupational therapy, speech therapy, or home health aides. Thankfully, most hospice agencies provide nurses, aides, social workers, and chaplain services. Unfortunately, we are often forced to send patients home without home health services due to the extremely rural location of their homes. Each agency has a geographical area to which they are willing to travel, and large portions of our area are not covered.

A study done via interviews with healthcare providers serving rural communities identified that time and resource constraints and prioritization of profit were just some of the themes that affected this consumer group (Coombs et al., 2022). These two themes are well known to me and my colleagues as we navigate the available resources to provide our patients with much-needed care. Resources are sparse, and those that are available are stretched thin. The funding to expand these services is not publicly available, and private organizations do not seem too eager to assist.

Considering Options

In order to help consumers overcome limited healthcare access, possible solutions must be explored. Increasing insurance coverage for transportation services is one possible solution that would greatly help my community. While I have seen that some Medicaid programs offer coverage for this, most Medicare and commercial plans do not. In my experience, Medicaid coverages are based on a reimbursement model, where the consumer pays out-of-pocket for the service and then submits documentation before getting a reimbursement check. A better model would be a direct-payment system where the transport company can directly bill the patient's insurance as a healthcare service. While this is certainly feasible, it would require policy reform to be taken at a federal level.

In a qualitative research study, rural health providers concluded that telemedicine services were one solution to limited specialist access (Coombs et al., 2022). This could include specialties such as cardiology and pulmonology and ancillary services such as nutritionist consults or counseling services. Implementing a more robust telemedicine program may be more feasible in our post-COVID world, as the Centers for Medicare and Medicaid Services expanded access to these types of visits in 2020 to encourage social distancing and decrease viral exposures (Bose et al., 2022). Compared with traditional face-to-face visits, telemedicine visits were equally effective in lowering the hemoglobin A1C of prediabetic and type 2 diabetic patients (Ward et al., 2023). Results such as these are promising when considering virtual visits as a solution to limited specialist access.

Other obstacles to telemedicine services are still present, however. Some telemedicine services can be offered at home, with patients using their personal devices to attend a virtual visit. Older patients, however, may not be confident in their abilities to set up such a visit and

would need assistance in doing so. A patient's age is inversely related to their likelihood to utilize a telemedicine visit (Bose et al., 2022).

To overcome this, health systems may consider offering telemedicine services on-site at their rural clinic locations. Designated support staff, such as medical assistants or practical nurses, can be easily trained in the telemedicine system and assist patients in getting logged in to their visit. By performing these virtual visits on-site at a health clinic, support staff can also perform a basic assessment to further assist the virtual provider in their care plan for the patient. Budgeting constraints are likely to affect the availability of such services on-site. The cost of the equipment and clinic space to perform these visits and support staff salaries would have to be evaluated and approved by administrative leadership.

Solution

Inpatient case management services only extend to patients while hospitalized. Their chronic disease symptoms have often escalated to the point of hospitalization due to poor health literacy and not understanding their disease process. They may also not be taking their medications as prescribed due to affordability. Frequently, I can assist them in overcoming these issues by making referrals and linking them with various resources within the hospital and the community. Having an inpatient pharmacist meet with them prior to discharge can assist in obtaining coupons or co-pay assistance for their medications. Ordering home health services will allow an RN to see them at home to continue the disease education started at the hospital and evaluate their home medication setup. But what if a future medication is unaffordable, or the home health agency does not service their area? The inpatient case managers provide invaluable services to patients with limited healthcare access. However, if access to ambulatory case

management services were expanded, especially in rural areas, patients may be able to access needed services before needing hospitalization.

Inpatient case managers can provide information on community resources. However, if patients do not set up these services, they will likely return to the hospital in the same shape they were prior. Ambulatory case managers can prevent future hospitalizations by providing follow-up calls to patients to assess any barriers they are experiencing and assist with overcoming them. They can provide further referrals as the patient's situation changes and ensure they continue accessing needed services. For example, when a new medication is prescribed, an ambulatory case manager can assess whether the patient can afford it and assist the patient with a solution. Perhaps the prescriber was unaware of the cost, and a cheaper alternative is available. A manufacturer's coupon may also be available, greatly reducing the cost. Case managers can also assist patients in accessing community and state resources that provide low-cost or free transportation for medical appointments. A referral to a nutrition program, such as Meals on Wheels, can assist those who cannot grocery shop or prepare meals and help them stick to their medically prescribed diets.

Ethical Principles

Ambulatory case management services work to improve patient outcomes by upholding a Code of Conduct (Commission for Case Manager Certification [CCMC], 2023). This Code of Conduct sets expectations for case managers, which include adhering to the ethical principles of autonomy, beneficence, non-maleficence, and justice (Levitt, 2014). First and foremost, case managers are patient advocates. By building a rapport with patients in their caseload, case managers can assess a patient's understanding of their plan of care, thereby ensuring their *autonomy*, or their right to choice and informed consent. Assisting patients in accessing

necessary healthcare services ensures *beneficence* in the healthcare field by acting in the patient's best interests. An additional benefit of utilizing ambulatory case management services is decreasing the number of patients that “fall through the cracks” of the healthcare system, therefore decreasing harmful outcomes, or *non-maleficence*. Connecting patients to necessary resources to achieve and maintain health ensures fairness and equality across the healthcare continuum, or *justice*.

Implementation

Implementing ambulatory case management services in rural areas requires upper management and administration buy-in. Case management services are not directly billable as a separate service, so nurse leaders must present a compelling business case to leverage the role and value of nurse case managers and include their services in the budget. Numerous studies show that case managers add value to the interprofessional team and decrease overall healthcare costs by increasing appropriate resource utilization, increasing productivity, and ensuring an appropriate level of care (Start et al., 2020).

Conclusion

Implementing an ambulatory case management program benefits all locations and patient populations. However, due to the increased and unique healthcare access barriers in rural communities, health systems must begin implementing these programs. Rural patient populations need a healthcare professional to connect them to resources that will improve their health, and it is time for nurse leaders to demonstrate the need for such services. Case management services greatly benefit individuals, communities, and healthcare systems and bridge the gap between patients and access to healthcare services.

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