Milbank Memorial Fund

Fact Sheet

The Effectiveness of Policies to Improve Primary Care Access for Underserved Populations

Part 3: Alleviating Structural Barriers to Obtaining Primary Care Services

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Patients report that wait times for appointments and limited health provider availability outside of conventional business hours are barriers to primary care. Further, many people with Medicaid miss appointments because of transportation barriers. This fact sheet summarizes the state of the evidence supporting policy interventions that attempt to remove these barriers to primary care through the use of telehealth, more accessible non-emergency medical transportation, and after-hours primary care.

Primary care is a critical tool to prevent illness and death and improve equitable distribution of health in populations. However, access to this important source of care is lacking, especially for many underresourced communities, such as communities of color and those in rural areas. Attempts to improve access to primary care for these populations can be divided into five interrelated dimensions:1) availability of primary care clinicians; 2) accessibility of primary care services geographically; 3) accommodation of primary care services in terms of appointment availability and hours; 4) affordability; and 5) acceptability in terms of comfort and communication between patient and clinician.

Improving Accessibility of Telehealth Services for Underserved Populations. Substantial increases in telehealth use were observed during the COVID-19 pandemic, but underserved populations were less likely to benefit from it. Rural populations, older adults, communities of color, and those with low socioeconomic status, limited health literacy, and limited English proficiency most commonly face three overlapping barriers to accessing telehealth: the absence of technology, limited digital literacy, and unreliable internet coverage.

- ***What Has Been Attempted?*** Legislators have made attempts to expand the use of audio-only telehealth by mandating adequate reimbursement for providers using this modality. Primary care practices have also attempted to tailor their telehealth programs to the needs of their communities. For example, providers in Alaska have been using store-and-forward telehealth technology instead of live videoconferencing to provide better access to Alaska Native communities lacking broadband access. And community and church leaders played a role in introducing one university hospital's telehealth tool to African-American patients in urban settings. Several charitable foundations have funded efforts, primarily at federally qualified health centers, to improve access to and the quality of telehealth services for underserved populations.

Funding for this project was provided by the National Institute for Health Care Reform.

For More Information

Read the set of five fact sheets summarizing the evidence on policy initiatives in each dimension of primary care access. Or read the complete report, *The Effectiveness of Policies to Improve Primary Care Access for Underserved Populations: An Assessment of the Literature.*

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For children enrolled in the North Carolina Medicaid managed care plan, the expanded availability of primary care providers and use of telephone triage resulted in reduced emergency department usage, which can be seen as a proxy for improved access to primary care.

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- ***Has It Worked?*** Although one report found that the use of store-and-forward telehealth technology to better reach Alaska Native communities did improve access to care, most of the other attempts to bridge the digital divide have not been publicly evaluated. Further, it is too soon to assess the impact of projects mentioned above that were spurred by the COVID-19 pandemic. More research is needed to determine the best ways to make telehealth work for underserved populations.

Leveraging Ridesharing to Reduce Transportation Barriers for Non-Emergency Services. Studies show that transportation barriers like unreliable public transport, the high cost of available transportation options, and insufficient disability accommodations can lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. Transportation barriers are more likely to affect women, those experiencing poverty, those who have less education, those who are older, and those who are members of a minority group.

- ***What Has Been Attempted?*** Medicaid offers non-emergency medical transportation (NEMT) as a benefit to enrollees, but due to stringent state-specific limits on how the benefit can be used, barriers persist. Some state Medicaid programs are collaborating with rideshare services to provide NEMT.
- ***Has It Worked?*** Evidence suggests that collaborating with rideshare services can result in fewer missed primary care appointments, lower average wait times for transportation, and higher rates of on-time pickups compared to other types of NEMT services. However, at least one study found no improvement in appointment attendance even after provision of free rideshare-based NEMT. More research is needed on ways to improve access to NEMT for those in rural areas where rideshare services can be far more limited.

Incentivizes for Increasing Access to After-Hours Primary Care. Many patients, particularly those in low-wage industries, have trouble accessing primary care because of inflexible work schedules and a lack of paid leave, which prevent them from being able to see their primary care clinicians during regular office hours. Without after-hours access to primary care clinicians, many patients are likely to overuse emergency departments.

- ***What Has Been Attempted?*** North Carolina's Medicaid managed care plan expanded availability of primary care physicians and put in place telephone triage systems. South Carolina's Medicaid program created an "After Hours Add-On Service Code" to provide a financial boost to primary care clinicians that expand their availability. United Healthcare provides similar additional compensation.
- ***Has It Worked?*** For children enrolled in the North Carolina Medicaid managed care plan, the expanded availability of primary care providers and use of telephone triage resulted in reduced emergency department usage, which can be seen as a proxy for improved access to primary care. The effectiveness of enhanced payments for after-hours care has yet to be evaluated.