

Comprehensive Access to Health Services in PA

Everyone deserves access to comprehensive health services, regardless of race, ethnicity, age, gender identity, sexual orientation, immigration status and other diverse backgrounds. Access to health services with adequate insurance coverage is critical to health and well-being. Despite major strides in recent years like telehealth appointments and walk-in clinics, accessing primary care, oral health, behavioral health, specialty, tertiary, and emergency health services remains difficult for millions of Pennsylvanians.

The County Health Rankings is an annual progress report that scores the health outcomes for each county across the nation.¹ In 2022, the overall health outcome rankings for Cumberland and Perry Counties were, respectively, 5 and 35, out of 67 counties. Perry County has a 9 percent uninsured rate compared to 7 percent of residents of Cumberland County and Pennsylvania at large. For ease of access to clinical care, Cumberland County ranked 5th out of 67 counties, while Perry County ranked 51st out of 67. These major differences between the two adjoining counties are shaped by disparities in health care infrastructure, as well as prevailing population factors like income, employment, and education, which are referred to as social determinants of health.

The rising inflation and workforce shortages that accompanied the COVID-19 pandemic have made accessing basic health services even more challenging today. The strain on health services has reached an all-time high and policy solutions are needed to ensure a comprehensive health care system, including: 1) ensuring access to affordable health care providers and insurance options; 2) reforming payment models; 3) strengthening the health services safety net; 4) championing innovation in health care delivery; and 5) supporting linkages for patients from clinical care to community resources.

Ensure access to insurance and providers

Since the Affordable Care Act, insurance coverage has improved, but challenges remain in the affordability of plans and the associated costs such as deductibles, co-pays, and prescription drugs. *There is a need to continually promote access to affordable, comprehensive health insurance coverage*, including employer-sponsored insurance, individual commercial health insurance, and publicly funded insurance offered through the joint state and federally funded Medicaid program.

Beyond insurance coverage, adequate health insurance networks are key to ensuring health access. According to the Pennsylvania Health Access Network, Pennsylvania residents often struggle to get the care they need and report being unable to find a doctor, dentist, psychiatrist, and other healthcare professionals that accepts their insurance. They also report being forced to see doctors who may lack the background, training, and experience to properly treat them, which is especially the case for people with disabilities and certain mental health issues. Also, individuals are unable to see doctors they need because of limited hours or provider availability (waiting months to years for an appointment). Driving distances can double or triple the access standards set in Pennsylvania law and are barriers to individuals seeing providers. These problems disproportionately affect seniors, children, people with disabilities, people with critical mental health issues, people without reliable, accessible transportation, and people living in rural areas of the state. It's equally important that access to mental health services become as flexible as physical health access, in terms of provider choice and selection. *The Pennsylvania Department of Insurance should exercise its authority through an existing state statute to monitor, analyze, and audit provider networks and claims of network adequacy in an open and transparent way that educates consumers.*

Reform payment models

The U.S. spends more on health spending than any other country in the world, yet our health outcomes are lackluster.² To maximize resources and reduce spending, some insurers have initiated payment models to incentivize high-quality care, such as the Centers for Medicare and Medicaid Services.³ Pennsylvania needs to pursue increased flexibility in its government operations for Medicaid to support alternative payment models and value-based purchasing. Also, commercial insurance providers should be working towards reforming payment models, especially those that offer coverage through PENNIE (Pennsylvania Health Insurance Exchange).⁴ *Reforming payment models will improve access, quality, care coordination, and performance* – for individual clinical outcomes and population health.

Create a safety net

A strong health services safety net includes hospitals, community health centers, primary care providers, school-based clinics, and public health departments. Within primary care, there should also be direct connections to oral and behavioral health education, prevention, and treatment interventions. *Healthcare providers need tools and technical assistance to adopt the latest clinical preventive services into their practices and to coordinate with others on the safety net.*

In the Partnership for Better Health's service region, there are no public health departments that provide the [10 Essential Public Health Services](#) and the [Foundational Public Health Services](#) for government entities.⁵ In Pennsylvania, there are only 10 legislatively recognized local health departments covering just 41 percent of the population leaving 59 percent with little to no safety net for when a public health emergency occurs.⁶ *We need a modernized public health infrastructure for Pennsylvania.*

Champion innovation

Since COVID-19, the use of video and telephonic clinical services has expanded, including reimbursement for these services during public health emergencies. This is an opportunity to move forward and update licensing requirements and reimbursement policies to allow maximum use of telehealth, while balancing the need for in-person services when needed.

A sufficient, quality workforce is foundational to maintaining access to health care, especially as the sector continues to be strained by crises such as COVID-19. *Our health systems and providers need to explore and promote workforce initiatives that broaden the delivery system by advocating for adequate reimbursement rates and removing employment and training barriers, especially for direct care workers.*

Support linkages between clinical care and community services

Navigating health systems as well as community services can be daunting for a person with a health care need or with a lack of resources for basic needs, such as housing, food, and/or income (also referred to as social determinants of health). Ideally, each individual would have a patient-centered health home to coordinate care and be provided a warm hand-off to community health, social and legal services. Currently, in Cumberland and Perry counties, several community health workers are employed by health systems, federally qualified health centers, and other nonprofits to serve as the facilitators for relationships between underserved patients and public health agencies, providers, social and legal services, and community organizations. Most of these positions are grant-funded or supported through salaries. *There is a need for a more sustainable funding source, such as from Medicaid and other managed care organizations and health plans through billing and value-based payments.*

¹ University of Wisconsin Population Health Institute. County Health Rankings National Findings 2022. Available at: <https://www.countyhealthrankings.org/app/pennsylvania/2022/overview>. Accessed 8-1-2022.

² National Research Council; Institute of Medicine; Woolf SH, Aron L, editors. U.S. Health in International Perspective: Shorter Lives, Poorer Health. Washington (DC): National Academies Press (US); 2013. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK115854/> doi: 10.17226/13497

³ Centers for Medicare & Medicaid Services. CMS Issues New Roadmap for States to Accelerate Adoption of Value-Based Care to Improve Quality of Care for Medicaid Beneficiaries. Available at: <https://www.cms.gov/newsroom/press-releases/cms-issues-new-roadmap-states-accelerate-adoption-valuebased-care-improve-quality-care-medicaid>. Accessed 7-19-2022.

⁴ Werner RM, Emanuel EJ, Pham HH, Navathe AS. The future of value-based payment: a road map to 2030. Available at: <https://ldi.upenn.edu/our-work/research-updates/the-future-of-value-based-payment-a-road-map-to-2030/>. Accessed 9-12-2022.

⁵ Framework: 10 Essential Public Health Services Futures Initiative Task Force. 10 Essential Public Health Services. <https://phnci.org/uploads/resource-files/EPHS-English.pdf>. Accessed 9-20-2021; (n.d.). Retrieved from <https://phnci.org/national-frameworks/fphs>. Accessed 9-20-2021.

⁶ (n.d.). Retrieved from <https://www.health.pa.gov/About/Pages/County-Municipal%20Health%20Depts.aspx>. Accessed 8-8-2022.