

Comprehensive Access to Health Services in PA

No matter what you look like, who you love, where you were born, or how much money is in your wallet, all Pennsylvanians deserve access to comprehensive health services. 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 Perry County has a 9 percent uninsured rate compared to 6 percent of residents of Cumberland County and 7 percent for all of Pennsylvania. Access to clinical care varies between the two counties, with Perry County having much less access to primary care physicians, dentists, and mental health providers that are located in Perry County. 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.

Rising prices and workforce shortages have made accessing basic health services even more challenging. The strain on health services has reached an all-time high and we need policy solutions that 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. We 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. People with disabilities and certain mental health issues often must see doctors who lack the necessary background, training, and experience to provide proper treatment. Due to limited hours and provider availability, patients must wait months or even years to see the doctors they require. 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. Access to mental health services should be 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 *By reforming payment models, we can improve healthcare access, quality, coordination, and outcomes.*

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.*

There are no public health departments within the service region of the Partnership for Better Health that provide the [10 Essential Public Health Services](#) and the [Foundational Public Health Services](#) for government entities.⁵ In Pennsylvania, there are only 11 legislatively recognized local health departments covering just 46 percent of the population leaving 54 percent with little to no safety net for when a public health emergency occurs.⁶ *Pennsylvania needs modernized public health infrastructure.*

Champion innovation

The COVID pandemic led to a rise in the use of video and telephonic clinical services. We should 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. This is especially true as the sector continues to be strained by crises like pandemics and climate change. *Health systems and providers should promote workforce initiatives that remove employment and training barriers, especially for direct care workers, and advocate for fair reimbursement rates.*

Support linkages between clinical care and community services

It can be overwhelming for someone in need of healthcare or lacking resources for basic needs to navigate health systems and community services. Ideally, each individual should have a patient-centered health home to coordinate care and provides a warm hand-off to community health, social and legal services. Currently, health systems, federally qualified health centers, and other nonprofits employ several community health workers in Cumberland and Perry counties 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 receive funding through grants or support from salaries. *To ensure sustainability, Medicaid and other managed care organizations should implement billing and value-based payments for funding.*

¹ University of Wisconsin Population Health Institute. County Health Rankings National Findings 2024. Available at: <https://www.countyhealthrankings.org/health-data/pennsylvania?year=2024>. Accessed 4-3-2024.

² National Research Council (US); Institute of Medicine (US). U.S. Health in International Perspective: Shorter Lives, Poorer Health. Woolf SH, Aron L, editors. Washington (DC): National Academies Press (US); 2013. PMID: 24006554.

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-address-social-determinants-health-improve-outcomes-lower-costs>. Accessed 4-3-2024.

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 4-3-2024.

⁵ Framework: 10 Essential Public Health Services Futures Initiative Task Force. 10 Essential Public Health Services. <https://phaboard.org/center-for-innovation/public-health-frameworks/the-foundational-public-health-services/>. Accessed 4-23-2024; (n.d.). Retrieved from <https://phaboard.org/center-for-innovation/public-health-frameworks/the-10-essential-public-health-services>. Accessed 4-3-2024; (n.d.).

⁶ Pennsylvania Health Policy Coalition. (n.d.). Retrieved from <https://pahealthpolicy.org/about-us>. Accessed 4-3-2024.