

Americans face barriers to health care beyond cost

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Cost is only one barrier to getting timely medical care, a new study finds. Just getting to the doctor, making appointments and taking time off from work or other responsibilities are also major hindrances for some people to getting the medical care they need.

“In the minds of many people, they often equate affordability with access, when in reality there are all kinds of reasons why people can’t get the care that they need when they need it,” said lead author Jeffrey Kullgren, M.D., a primary care physician and a Robert Wood Johnson Foundation Clinical Scholar at the Philadelphia VA Medical Center and University of Pennsylvania. The study appears online in the journal *Health Services Research*.

Kullgren and colleagues looked at data from the 2007 Health Tracking Household Survey, which gathered health information from nearly 18,000 people across the United States.

The researchers found that nearly 19 percent of U.S. adults did not get needed medical care or delayed medical care because they were worried about the cost or their health insurance would not pay for treatment. However, even more people — 21 percent, or one in five adults — experienced nonfinancial barriers to getting the care they needed. In addition, financial barriers appear to go hand in hand with nonfinancial barriers for many people: two-thirds of those who had trouble affording care also reported experiencing nonfinancial barriers.

The most common nonfinancial reasons for not getting [medical care](#) were being too busy with work or other commitments, not being able to get to the doctor's office when it was open, not being able to get an appointment soon enough and taking too long to get to the doctor's office.

“This is important food for thought in terms of health care reform. It would be naive to think that health insurance is the only factor that affects access to care,” said Rachel Gold, Ph.D., a researcher at the Center for Health Research at Kaiser Permanente in Portland, Ore. She was not associated with the study.

As policymakers begin to implement the Patient Protection and Affordable Care Act, Kullgren said, “We need to think about how to organize the existing resources we have in ways that are going to improve access to care.”

For example, this might include offering evening and weekend outpatient health services, making it easier to get a timely appointment with a health care provider, increasing the use of email and telemedicine

communications and providing incentives for providers to work in underserved areas.

“This study indicates a need for providing more federal support rather than less — so not just financially covering people’s care but making sure that the [health care](#) systems have enough support that they can provide care in a way that is actually meaningful,” Gold said.

More information: Kullgren JT, et al. Nonfinancial barriers and access to care for US adults. *Health Serv Res* online, 2011.

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