

UNIVERSITY OF FLORIDA
Department of Health Services Administration

HSA 7106
Health Care Access and Utilization
Fall Semester, 2014

- INSTRUCTOR** R. Paul Duncan, Ph.D.,
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- MEETINGS** Fridays, 9:00 – 12:00, HPNP Room G108
- TEXT** There is no formal text book for this course, and none has been ordered through the local bookstores. There are, however, several books and reports that might be of value to various students, depending upon experience and background. For example, in many ways the Medicare and Medicaid programs are built upon a series of reports describing access to care and the medical care utilization behavior of retirees and others without health insurance. During the 1970s and 1980s, the Institute of Medicine, as well as a series of appointed commissions, reported on variation in access and utilization with a view to defining responsive policy and program initiatives. These works generally focus on either the supply or the demand side of a simple transactional model. If you have not previously been exposed to this literature, I urge that you devote some exploration time. I can provide additional “starting point” references if you like, but a good older example is:
- Aday LA; Fleming GV; Andersen RM. *Access to Medical Care in the US: Who has it, Who Doesn't*. Pluribus Press, Chicago,1984. (See especially the unusually thorough bibliography)**
- OBJECTIVES** The course is a doctoral level seminar. The primary objective is to provide a vehicle in which student participants can pursue their own examination of the processes and mechanisms in which people use medical care. In

general, the focus is on pursuit of greater understanding of variation in the degree to which individuals have access to health care services (usually meaning they have the means and opportunity to obtain health care) and variation in the degree and manner in which that access is realized (usually manifested in the use of services). These questions reside at the intersection of three complex systems: (a) the social and economic structure of society, (b) medical care structures, processes and financing, and (c) health and health outcomes. There will be considerable focus on health and health care in the relatively contemporary U.S. The seminar meetings will include organized discussions in several key topic areas as described below, but it is anticipated that each student will also pursue an individual program of inquiry, including structured reading and/or data analysis. That individual inquiry should result in the preparation of an academic paper. The papers will be formally presented and serve as the primary focus of class discussions during the second half of the course.

Although some readings that are germane to various topic areas are identified below, it is my expectation that students will seek out and review relevant materials other than those noted.

REQUIREMENTS

The course is organized as a seminar. Hence student attendance and participation are required. Useful participation is, in my experience, associated with timely completion of relevant reading, thinking, and related preparation.

Each student is required to identify a specific topic area of interest within the course and pursue relatively independent inquiry in the literature on that topic. Each student will prepare an academic paper on the topic he/she has selected. The foundation for the paper will derive from a structured, systematic review of current literature germane to the question of interest. The literature review will be summarized and submitted in the form of a bibliography (details to be discussed in class). The paper will be orally presented in class at a scheduled time, presumably as a lecture/discussion. It is to be submitted in final written form before 5:00 PM on December 10, 2014. Extensions to this deadline will be granted only with great reluctance and must be formally requested BEFORE the deadline.

EVALUATION

Student performance will be evaluated in the four required areas: attendance and participation (10% of final grade); bibliography (20% of final grade); oral presentation (20% of the final grade) and the formal paper (50% of the final grade).

TOPICAL OUTLINE

August 29	Introduction and Bureaucracy
September 5	Historical and Disciplinary Perspectives on Obtaining Medical Care
September 12	No Class Meeting
September 19*	The Behavioral Model
September 26	Extending the Behavioral Model
October 3	Need
October 10	Predisposing Characteristics, Part 1
October 17	Predisposing Characteristics, Part 2
October 24**	Enabling Characteristics
October 31*	Contextual Factors
November 7	The Current Landscape (ACA and related questions)
November 14	Student Presentations
November 21*	Student Presentations

* Faculty meetings; class schedule may be adjusted

** Possible travel; class schedule may be adjusted

RESOURCES

Additional text resources and some data germane to any student paper topic may exist. On line access to major professional or trade groups (e.g. the American Hospital Association and the Florida Hospital Association for information on hospitals) are a useful starting point. Web sites of the major health oriented foundations (Kaiser, Johnson, Commonwealth, Pew, etc.) are also valuable, as are the online resources of the Public Health Service, the NIH, HRSA, and other aspects of the federal health establishment. But I urge that you devote attention to the academic journals. Fewer than two dozen publications represent the "core" of our periodical literature. These include the following journals. You are encouraged to review recent volumes and current issues of these

journals throughout this course, and indeed throughout the period of your study in the PhD program.

American Journal of Public Health
American Journal of Law and Medicine
Annals of Internal Medicine*
Journal of the American Medical Association (JAMA)*
Journal of Health and Social Behavior
Journal of Health Politics, Policy, and Law
Journal of Health Care for Poor and Underserved
Hastings Center Report
Health Affairs
Health Services Research
Inquiry
Law, Medicine and Health Care
Medical Care
Medical Care Research and Review
The Milbank Quarterly
New England Journal of Medicine*
Public Health Reports
Social Science and Medicine
Theoretical Medicine

* Although primarily clinical in orientation, these journals do carry frequent articles on organization, financing and policy issues.

Some Key Readings/Sources

1. Aday LA; Begley CE; Lairson DR; Slater CH. *Evaluating the Health Care System: Effectiveness, Efficiency and Equity* (2nd ed.), Chicago: Health Administration Press, 1998.
2. Andersen, R.M., Rice, T.H., & Kominski, G.F. (2001). *Changing the U.S. Health Care System: Key issues in health services, policy, and management*. San Francisco: Jossey-Bass. [Special attention should be devoted to Pp. 3-30, a chapter entitled "Improving Access..."].
3. Budrys, Grace (2003) *Unequal Health*. Lantham, Roman and Littlefield
4. Gelberg L; Andersen RM; Leake BD. The Behavioral Model for Vulnerable Populations: application to medical care use and outcomes for homeless people. *Health Services Research*, 2000 Feb, 34(6):1273-302.
5. Cunningham PJ. Pressures on safety net access: the level of managed care penetration and uninsurance rate in a community. *Health Services Research*, 1999 Apr, 34(1 Pt 2):255-70.

6. Marquis MS; Long SH. Reconsidering the effect of Medicaid on health care services use. *Health Services Research*, 1996 Feb, 30(6):791-808.
7. Briggs LW; Rohrer JE; Ludke RL; Hilsenrath PE; Phillips KT. Geographic variation in primary care visits in Iowa. *Health Services Research*, 1995 Dec, 30(5):657-71.
8. LaVeist TA; Keith VM; Gutierrez ML. Black/white differences in prenatal care utilization: an assessment of predisposing and enabling factors. *Health Services Research*, 1995 Apr, 30(1):43-58.
9. Forrest CB; Starfield B. Entry into primary care and continuity: the effects of access. *American Journal of Public Health*, 1998 Sep, 88(9):1330-6.
10. Sox CM; Swartz K; Burstin HR; Brennan TA. Insurance or a regular physician: which is the most powerful predictor of health care? *American Journal of Public Health*, 1998 Mar, 88(3):364-70.
11. Brownell MD; Roos NP; Burchill C. Monitoring the impact of hospital downsizing on access to care and quality of care. *Medical Care*, 1999 Jun, 37(6 Suppl):JS135-50.
12. Davidson PL; Cunningham WE; Nakazono TT; Andersen RM. Evaluating the effect of usual source of dental care on access to dental services: comparisons among diverse populations. *Medical Care Research and Review*, 1999 Mar, 56(1):74-93.
13. Lee AJ; Baker CS; Gehlbach S; Hosmer DW; Reti M. Do black elderly Medicare patients receive fewer services? An analysis of procedure use for selected patient conditions. *Medical Care Research and Review*, 1998 Sep, 55(3):314-33.
14. Cunningham PJ; Kemper P. Ability to obtain medical care for the uninsured: how much does it vary across communities? *JAMA*, 1998 Sep 9, 280(10):921-7.
15. Andersen RM. Revisiting the behavioral model and access to medical care: does it matter? *Journal of Health and Social Behavior*, 1995 Mar, 36(1):1-10.
16. Philips, K.A., Morrison, K.R., Andersen, R., & Aday, L. (1998). Understanding the context of healthcare utilization: Assessing environmental and provider-related variables in the behavioral model of utilization. *Health Services Research*, 33(3), August, Part I, 571-596.
17. Gold, M. (1998). Beyond coverage and supply: Measuring access to healthcare in today's market. *Health Services Research*, 33(3, Part II), 625-652.
18. Penchansky, R., & Thomas, J.W. (1981). The concept of access: Definition and relationship to consumer satisfaction. *Medical Care*, 19, 127-140.

19. Eden, J. (1998). Measuring access to care through population-based surveys: Where are they now? *Health Services Research, 33*(3, Part II), 685-707.
20. Kasper, J.D. (1998). Asking about access: Challenges for surveys in a changing healthcare environment. *Health Services Research, 33* (3, Part II), 715-739.
21. Kenney, G., Holahan, J., & Nichols, L. (2006). Toward a more reliable federal survey for tracking health insurance coverage and access. *Health Services Research, 41*(3, Part I), 918-945.
22. Borders, T.F., Rohrer, J.E., Xu, T., & Smith, D.R. (2004). Older persons' evaluations of health care: The effects of medical skepticism and worry about health. *Health Services Research, 39*(1), 35-52.
23. Piette, J.D. (2000). Perceived access problems among patients with diabetes in two public systems of care. *Journal of General Internal Medicine, 15*, 797-804.
24. Taylor, DH & Hoenig, H. (2006). Access to health care services for the disabled elderly. *Health Services Research, 41*(3), Part I, 743-758.
25. DeSalvo, KB, Fan, VS, McDonell, MB, & Fihn, SD. (2005). Predicting mortality and healthcare utilization with a single question. *Health Services Research, 40*(4), 1234-1246.
26. Schold, JD, Kaplan, B., Chumbler, NR, Howard, RJ, Srinivas, TR, Ma, L, Meier-Kriesche, H. (2005). Access to quality: Evaluation of the allocation of deceased donor kidneys for transplantation. *Journal of the American Society of Nephrology, 16*(10), 3121-3127.