



Social Determinants of Health and Health Care Utilization in the Continuing Care Clinic at Harbor-UCLA Medical Center



Jessica Fernandez,^{1,2} BS, Gianna Ramos,¹ MSW MPH, Griselda Gutierrez,^{1,4} MD, Carmen Mendez,^{1,3} MD, Anish Mahajan,^{1,3} MD, MPH, Anna U. Morgan,³ MD, MSc, MSHP

¹ David Geffen School of Medicine at UCLA, Los Angeles, California; ² Charles R. Drew University of Medicine and Science, Los Angeles, CA; ³ Division of General Internal Medicine, Harbor-UCLA Medical Center, Torrance, CA; ⁴ Department of Obstetrics and Gynecology, Harbor-UCLA Medical Center, Torrance, CA

Objectives

- Describe the demographics of the patient population seen in the Continuing Care Clinic (CCC) at Harbor-UCLA Medical Center
- Identify the factors that may act as barriers to care by examining social determinants of health

Background

- Health care services for patients of low socioeconomic status who are uninsured or undocumented are often episodic and costly, partially due to less use of ambulatory and preventive care
- The Continuing Care Clinic (CCC) at Harbor-UCLA Medical Center serves the residually uninsured and undocumented population of Los Angeles County and bridges patients to routine primary care
- The CCC follows patients who present to the emergency department with an ambulatory care sensitive condition until they establish primary care
- The clinic has a high no-show rate for return appointments (approximately 50%) and little is known about patient demographics or social factors that may influence whether or not they present for care

Methods

- Recruited 70 patients (≥ 18 years of age) who attended or were scheduled for an appointment between May and June 2018 at Harbor-UCLA Medical Center CCC
- Patients completed a 23-question oral survey (English or Spanish) administered in-person or via phone call
- The survey consisted of validated screening questions for demographic items and social determinants of health
- Questions were selected from the CMS Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool
- Responses were collected and analyzed with REDCap

Results

- Total of 70 patients screened using REDCap
 - 49 via phone call (64% response rate)
- 87% identified as Latino/Hispanic
- 57% had completed a middle school education or less
- Patients reported high levels of food insecurity, concern for immigration status, unemployment status, and financial strain
- 45.7% (n=32) of the patients were clinic “no shows.”
 - 38% of clinic “no shows” (n=12) reported they missed the appointment due to being busy at the time;
 - 67% (n=8) of these patients reported they could not miss work
 - 31% of clinic “no shows” (n=10) reported they did not know about the appointment

Limitations

- Risk of selection bias
 - Patients were surveyed during typical work hours (8 am – 3 pm)
 - Patients who are employed and/or miss appointments due to their inability to miss work may not be well represented

Tables & Figures

Table 1: Characteristics of Study Participants (n=70)

	n	(%)
Age, years (mean 48.9 range 24-79)		
24-45	29	41
46-64	32	46
65+	9	13
Gender		
Female	36	51
Male	34	49
Race/Ethnicity		
Latino/Hispanic	61	87
Black/African American	5	7
Asian/Pacific Islander	4	6
Education, years (mean 10.6 range 2-17)		
Elementary/primaria	24	34
Middle school/secundaria	16	23
High school/preparatoria	17	24
>High school/preparatoria	13	19
Language		
English	17	24
Spanish	53	76

Table 2: Clinic 'No Show' Characteristics (n=32)

Reason for missing appointment?	n	(%)
I was busy during the time of the appointment	12	38
Could not miss work	8	
Relative or self was sick	2	
Another commitment	2	
I didn't know I had the appointment	10	31
I didn't have transportation	2	6
I was worried about the bill I would get/ no health insurance	4	13
I have another doctor I see for my medical problems	3	9
I didn't think it was important to come	1	3

Figure 2: Healthcare Utilization

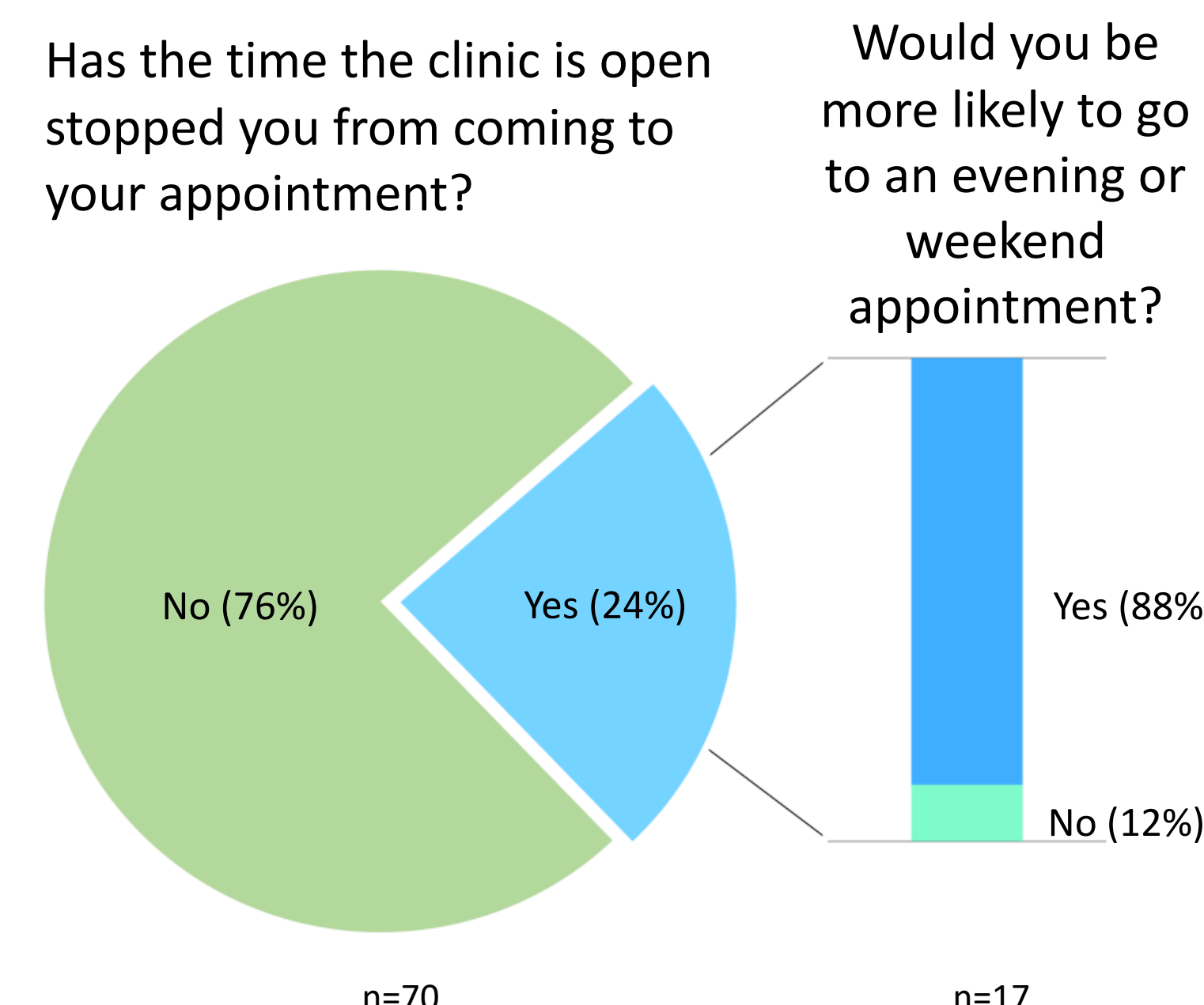
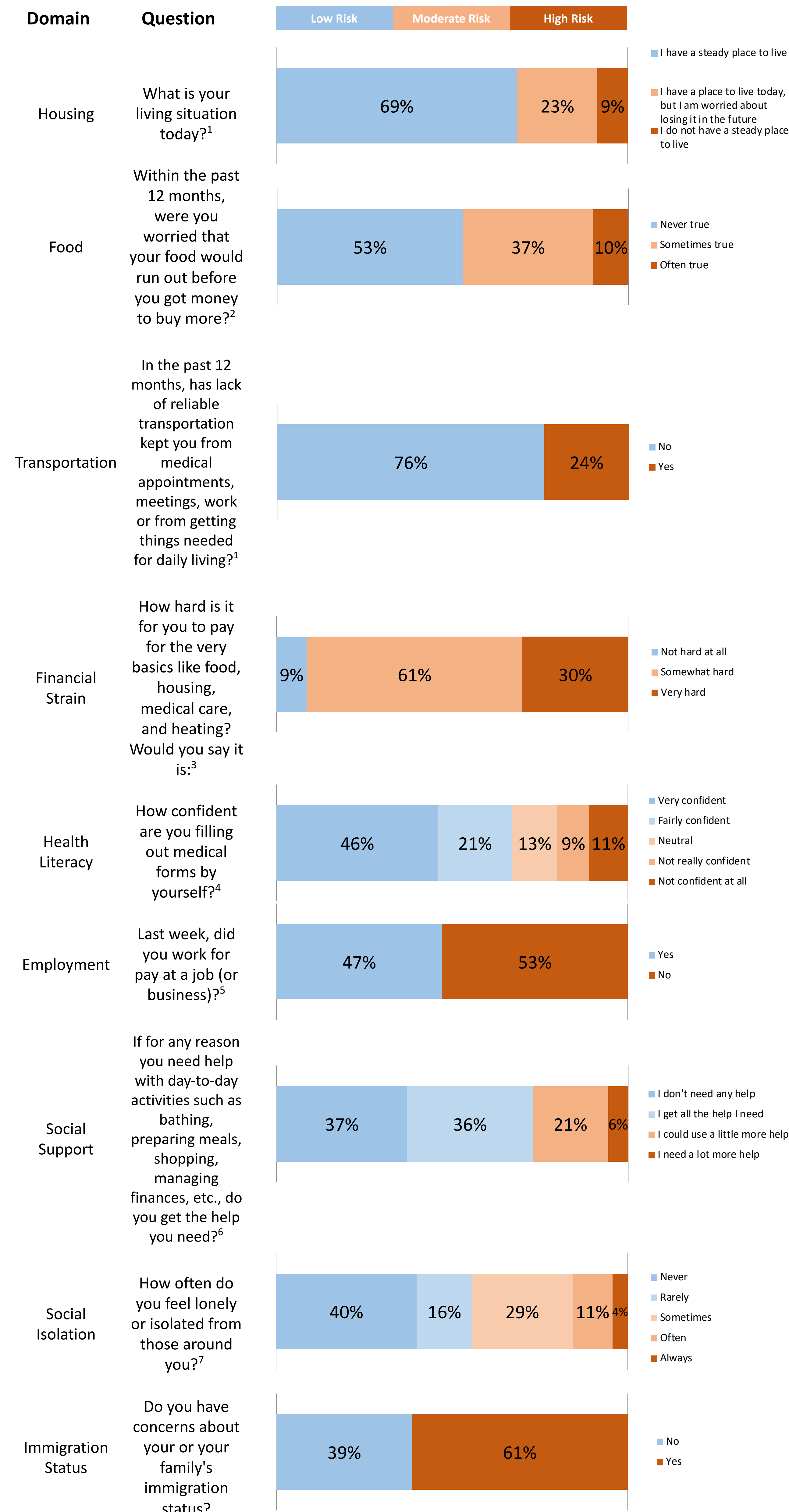


Figure 1: Screening Tool for Social Determinants of Health



Discussion

- The surveyed population has a high level of social need, manifest in food insecurity, unemployment, unstable immigration status, and general financial strain
- Over half the patients scheduled for appointments are unable to attend the appointment (“no shows”), likely because they cannot miss work and/or gaps in communication between clinic staff and the patients
- Making medical care more affordable (i.e., obtaining medical insurance) was a concern shared by nearly 25% patients, with some patients stating that they were likely to miss future appointments once they lose coverage with temporary Medi-Cal
- This finding is similar to national trends showing that chronically ill patients without health insurance were more likely than those with coverage to have not visited a health professional (22.6% vs. 6.2%), have no standard site for care (26.1% vs 6.2%), and confirmed that the ED was their standard site for care (7.1% vs 1.1%)⁸

Conclusions

- Our findings suggest that while LA DHS has successfully created a point of access for primary care for uninsured patients, patient engagement remains limited due to patients’ financial strain
- Future endeavors to provide primary care for these patients could include financial education regarding programs available to assist patients living in poverty and the development of more transparent billing processes to inform patients of their coverage and bill prior to the visit itself.
- Interestingly, with conversion to telehealth for most appointments during the pandemic, the no-show rate has been very low.
- Next steps include comparing the no-show rate and patient outcomes for telehealth vs in-person visits as we move to a post-Covid model of care.

Acknowledgements

- Dr. Arlene Brown for her contribution in development of the survey questions and Dr. Katherine Ward for her administrative support
- PRAPARE for specific survey questions regarding housing and transportation
- We are also deeply appreciative of the front-line staff in the CCC for their daily care of patients and their patience and flexibility during survey administration
- Most importantly, we are grateful to the patients of the CCC for taking the time to speak with us and trusting us with their stories

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