



Distance to travel affects specialty care access among homeless families

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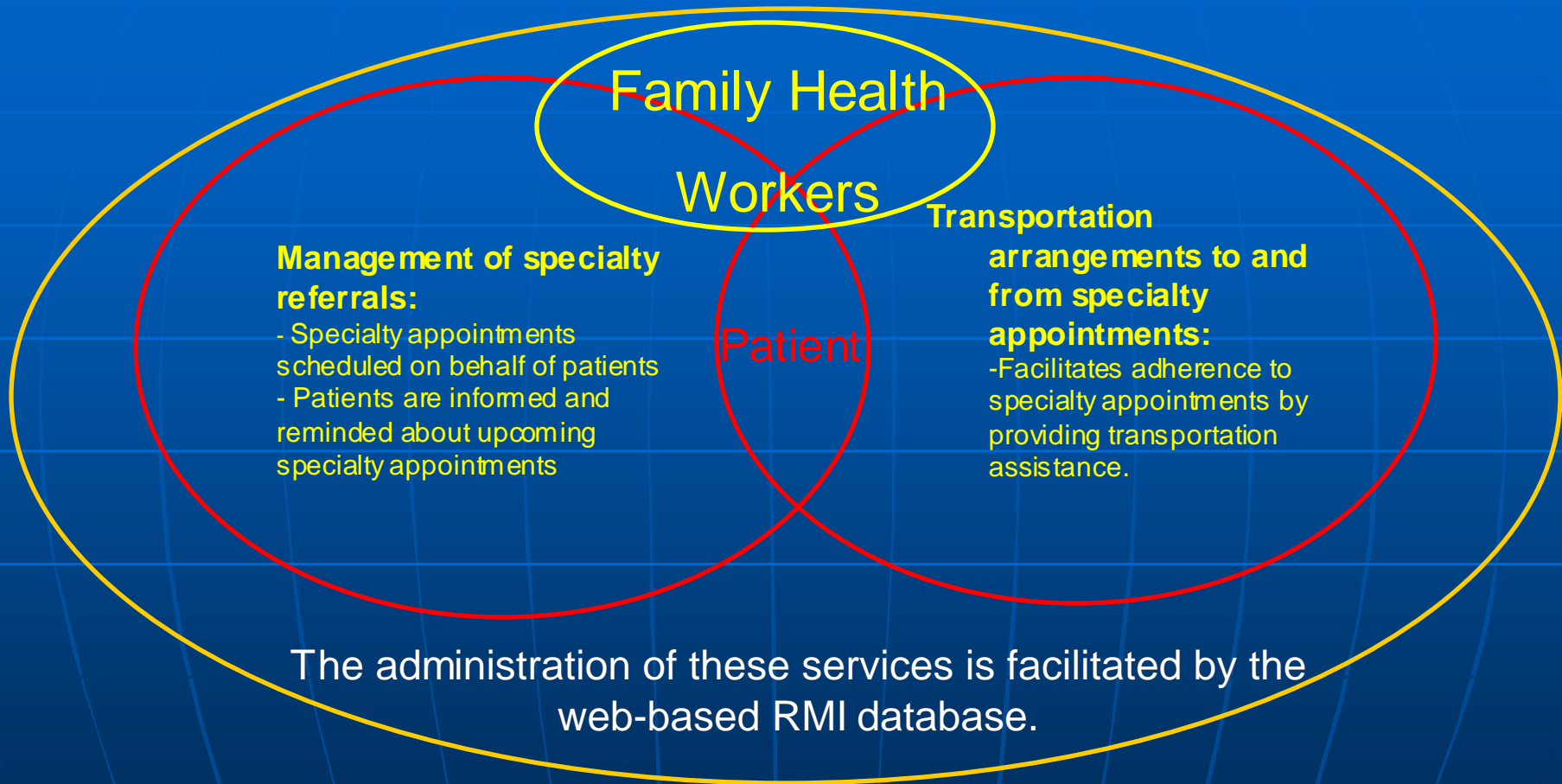
Who we are

- Community Pediatric Programs
 - A program of The Children's Hospital at Montefiore in partnership with the Children's Health Fund
 - New York Children's Health Project (NYCHP, 1987)
 - Section 330 (h) grantee
 - Primary care provider for homeless families, residents of domestic violence shelters, and homeless street youth.
 - Mobile Medical Units are used to provide primary care at 13 sites in NYC.

Who we are

- South Bronx Health Center for Children & Families (SBHCCF - 1993)
 - Section 330(i) grantee
 - Community-based health center
 - 65% of patients are public housing recipients

Referral Management Initiative (RMI) Model

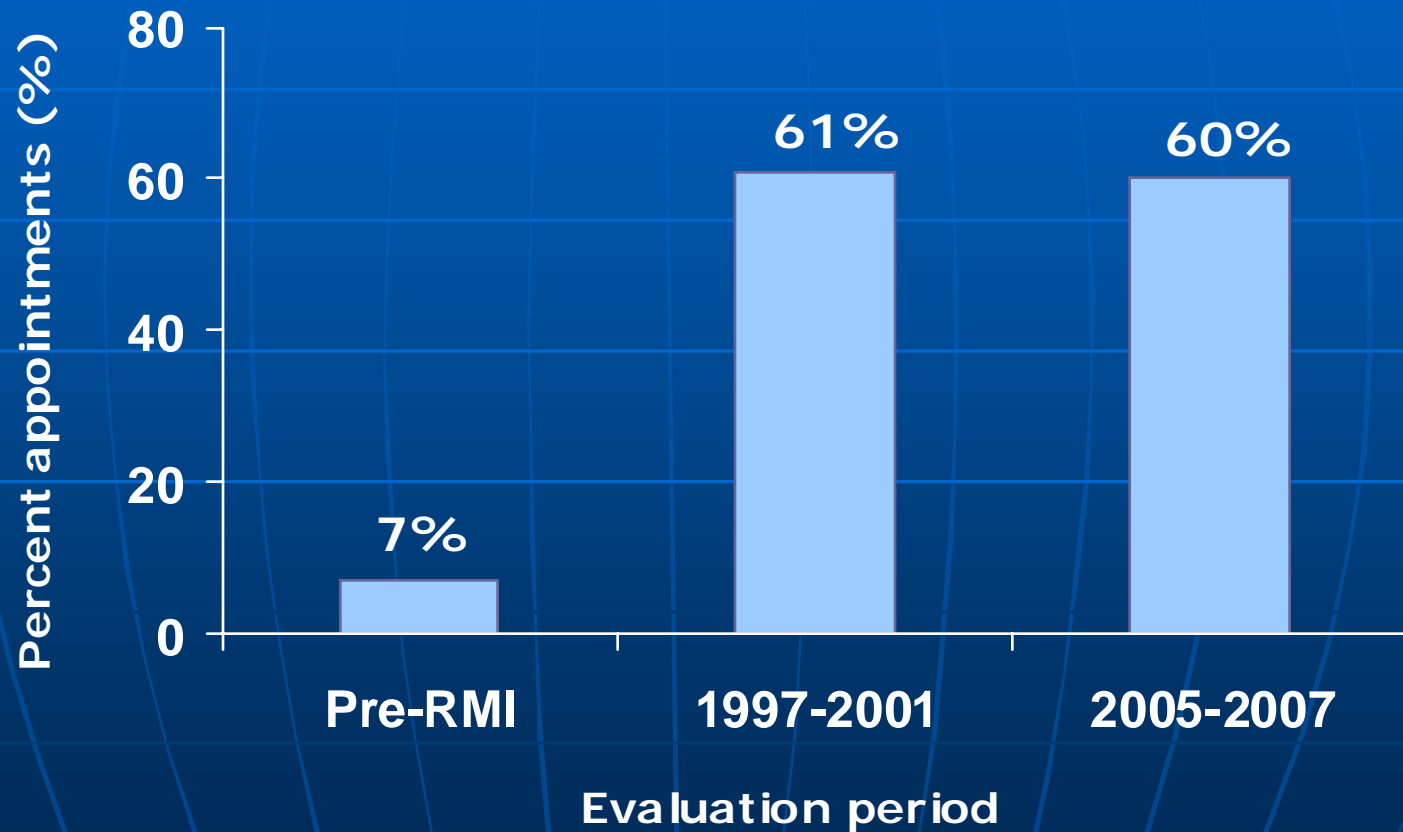


(Patient)
Specialty Appointment Adherence

RMI Model (cont'd...)

- RMI was recognized as one of “promising referral practices” by the American Academy of Pediatrics and the Maternal and Child Health Bureau through the Federal Expert Work Group on Pediatric Subspecialty Capacity. (McManus, P., Fox, H., Limb, S., Carpinelli, A., 2006)

Rates of Kept Specialty Appointments: NYCHP



Literature Review

- Access to subspecialty care barriers:
 - Socioeconomic status—specifically poverty
 - Distance to travel
 - Transportation
 - Language and culture
 - Insurance status
 - Long periods between referral dates and actual specialty care appointments

Denboba et. al., 2006; Kuhlthau et. al., 2006; Mayer, 2004; Redlener, et. al., 2005

Study Design: Purpose

■ Purpose of the Study:

- To determine whether distance to travel despite provision of transportation (95% via car service) is significantly associated with appointment adherence.

■ Research Question:

- Does sending patients to specialty clinic appointments within their borough of residence affect their adherence?

Study Design: Hypothesis

■ Hypothesis:

- Sending patients to specialty clinic appointments within their borough of residence is associated with a higher likelihood of adherence

Study Design: Methodology

- **Data Source:**
 - RMI database
- **Measurement Period:**
 - January 2005 to September 2007
- **Eligibility:**
 - Only Medical Specialty and Allied Health (Dental, Mental Health, Nutrition, Phys. Ther.) appointments scheduled by NYCHP (homeless program) RMI workers were included
- **Variables:**
 - Dependent: Appointment Adherence (kept vs. broken)
 - Independent: Appointment's location (sent to same borough vs. sent to different borough)

Results

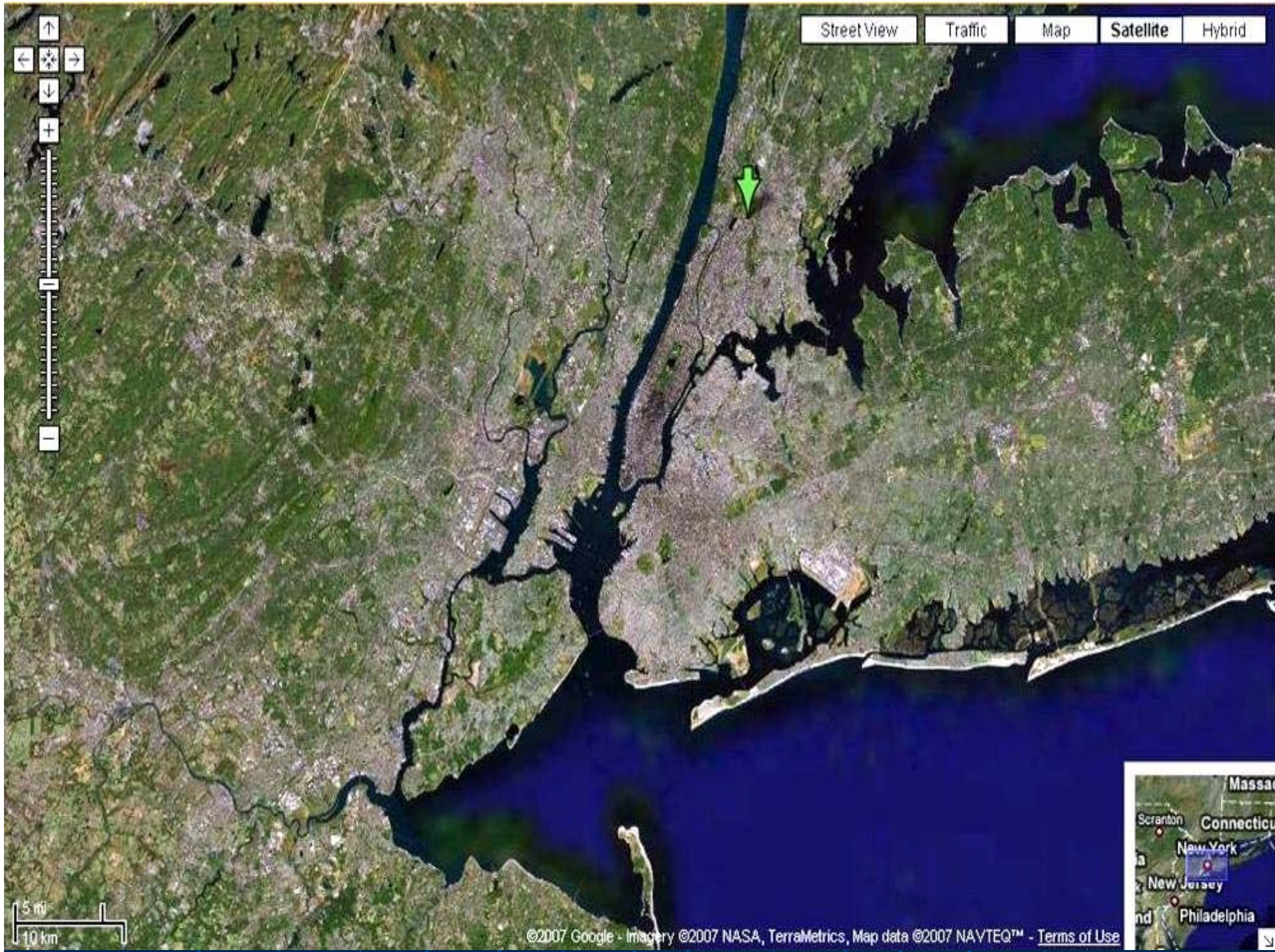
- 60% of specialty appointments processed by RMI workers were kept (4771/7961)
- Nearly 70% of specialty appointments within the borough of residence were kept vs. 59% scheduled in another borough
 - (chi square test statistic: $p < .05$)
- A weak positive correlation exists between the 2 variables: specialty appointments within the borough of residence were more likely to be kept
 - (nominal symmetric measure: Phi/Cramer's V test statistic = .023)

Conclusions and Recommendations

- These results show that:
 - Even with transportation provided, distance to travel is a barrier to access among this population.
 - Even though patients can be referred anywhere in the city (fee-for-service vs managed care), there is benefit to referral close to “home” – especially for shelters not within the Bronx where main affiliate hospital is located.

Conclusions and Recommendations

- These results show that:
 - It will be worth cultivating referral relationships with facilities that we are not affiliated with, especially if it is in another borough other than the Bronx – “fee-for-service” status makes this possible.



References:

Denboba, D., McPherson, M., Kenney, M., Strickland, B., Newacheck, P. (2006). Achieving family and provider partnerships for children with special health care needs. *Pediatrics*, 118, 1607-1615.

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Mayer, M. (2006). Are we there yet? Distance to care and relative supply among pediatric medical subspecialties. *Pediatrics*, 118 No. 6, 2313-2321.

Redlener, I., Grant, R., Krol, D. (2005). Beyond primary care: ensuring access to subspecialists, special services, and health care systems for medically underserved children. *Advances in Pediatrics*, 52, 9-22.

