

Health care utilization essay



**ASSIGN
BUSTER**

John is a Medicaid patient suffering from high blood pressure whose father recently had a heart attack. His recent search for a Medicaid provider within his area has left him on the outskirts of accessible healthcare and has decreased his utilization. His closest primary care provider is forty minutes away and he has to make his appointment two weeks in advance. According to the model described in the health care services utilization primary care physicians are in place to handle preventative care. Due to John's current condition of hypertension, he is not able to focus on future preventative care. His current ongoing condition is one of the factors working against him. Another factor that is affecting John's ability to locate a primary care physician is the lack of medical students who are choosing primary care as a specialty. While this may not seem like a mitigating factor, it is. This is why the provider John would like to see has a long line of patients in the office everyday and why appointments must be made in advance. The current state of the healthcare industry is targeted to specialty practice. The truth is primary care practitioners are paid substantially less than specialty physicians.

The difference in pay comes from the way the fee schedule is set up by insurance companies. The debt accumulated during medical school is not offset by the pay from work after medical school. According to the Bureau of Labor Statistics family practitioners work longer hours; they are often on call and work weekends. In the public health care industry most physicians that are on call and work weekends are in place only for emergencies. The primary care physicians John desires to see if not one of these providers. This is a hindrance for him also.

Depending on his schedule, he may or may not be able to access a physician during the week. John's lack of transportation plays a role in his ability to access healthcare. He is not able to transport himself where he needs to go. Living in a rural community gives him no ability to use widespread public transportation as a resource. His access of public transportation is only limited to his general living area. Most public transits systems only exist within the confines of a small area. Depending on friends makes it hard to make an appointment and keep it.

He has to check the schedule of others to see when they are available to help him, this can cause him to delay treatment. Some of the factors that affect John are mutable, and others are immutable. Mutable means that factors can be modified and immutable means they are not modifiable. Heredity, gender, age, and health beliefs are examples of factors that are immutable. " Social structure is also an immutable factor on a short-term basis (Anderson, 1995). " Mutable factors are lifestyle, income, and habit. An example of a mutable factor for John is his transportation issue.

Distance impedes Johns ability to utilize healthcare, especially since he lives in a rural area, where the travel distance is great. If John was to acquire transportation his ability to make and keep appointments would greatly increase. He would be able to make appointments that fit his needs and time schedule. John's race is not disclosed in the syllabus of the assignment, but race could possibly be considered an immutable factor. According to the study presented in the weekly reading, performed by the National Center for Health Statistics in 2006, John has a potential to face bias if he is a minority.

The quality of care received by minorities is often lower than the care of nonminorities, leading to unequal treatment, even when patients carry the same insurance benefits. There have been studies done that show “ other factors such as knowledge, attitudes, and relationships with healthcare providers are potential sources of disparities. Patient’s trust in their physicians may play a prominent role with regard to both care-seeking and care utilization” (Do, 2010), Much of the prejudice is considered unconscious and is often related to the portrayal of minorities in the media and other social situations. According to Dr.

Alexander R. Green, the lead author of the study, and a physician at Massachusetts General Hospital, “ it’s not a matter of you being a racist. It’s really a matter of the way the brain processes information is influenced by things you’ve seen, things you’ve experienced, the way the media has presented things” (Anderson, 1995). In John’s case, his high blood pressure could be considered mutable; not necessarily that he could change his diagnosis but that there are steps he can take to reduce his pressure levels. By changing his diet and adding exercise to his daily routine it is possible for John to lower his need for medication.

He could lose weight thus making his medicine more effective. Weight loss has been shown to dramatically increase the effectiveness of blood pressure medicine. Physical activity of at least 30 minutes a day can lower blood pressure within weeks. Eating foods low in fat, sodium, and cholesterol can also assist in lowering the systolic and diastolic pressures. A diet of this sort is referred to as a DASH diet: Dietary Approaches to Stop Hypertension

(Vann, n. d.). By following the steps above, John is able to compound his health risk and reduce his need for access.

The fact that John's father has had a heart attack shows that his high blood pressure is hereditary, but the condition can be monitored and minimized. Hereditary conditions are considered immutable. His is predisposed to his current condition and must make lifestyle changes for a different outcome than his father. The barriers that John faces greatly reduce his life expectancy and quality of life. Everything is not completely out of his control. By controlling the modifiable risk factors and following up with preventative services he can mitigate the effects of his current condition.