

CHALLENGES IN QUALITY IMPROVEMENT FACED

BY LOW INCOME/UNDERINSURED PATIENTS: A

PERSPECTIVE

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BACKGROUND

Introduction:

Ambulatory/outpatient medicine is the care provided on outpatient basis. Here we deal with health conditions where appropriate management can prevent unnecessary hospital admissions and complications. Vulnerable populations such as uninsured and underinsured patients at a greater risk of complications and impose hefty burden on our health care system. With the greater number of hospital admissions and complications of chronic diseases, patients facing these barriers to healthcare are lost to follow up and lead to non-compliance with their treatment plans.

Objectives:

Socio-economically challenged patients with a lack of adequate insurance are at an increased risk of adverse effects of multiple treatable diseases. People without insurance are at a disadvantage when it comes to gaining access to standard quality of care. Vulnerable populations are always at a greater risk and constitute most of such patients, mostly due to lack of insurance, underinsurance and other barriers to healthcare. We will be reviewing literature regarding the effects of such barriers and provision of quality health care, especially in vulnerable populations.

METHODS

We conducted a systematic review of literature published on underinsured or lower income patient populations. We used PubMed BMJ and NEJM online journal databases to review these articles, and studies that included patients visiting community outpatient clinics. These articles investigated patients with lack of insurance, underinsured or lower income populations and their effect on prescription refills and follow-up visits.

Studies suggest various approaches to patient care in settings where there is a large uninsured population. Value-conscious prescribing where costly medications were blacklisted showed an increase in medication adherence among low-income patients. FQHCs are vital to this cohort with 1368 locations in the US. Patient navigation and electronic consultations are ways we need to explore and implement at a larger scale, to see if they can help improve patient care in such populations. During the recent COVID-19 pandemic, we have seen a significant rise in telehealth services, which could prove valuable in the future. Telehealth visits will, over time be a substantial part of patient care and we need to find effective and efficient ways to efficiently manage our patients, both in person and virtually. This may help cut down costs of patient visits, thus allowing vulnerable patient populations to afford basic necessary medications and care.



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RESULTS

The literature review showed a very limited number of articles mentioning vulnerable populations and the impact of insurance regarding their health care. Effect on prescription refill and future follow-up appointments is something that isn't very well documented. A limited number of organizations in the US, majority of them Federally Qualified Health Centers (FQHCs) are working to provide medical care and other health care facilities to uninsured people and their families. But this number is small when compared to the population size.

CONCLUSION

We require more data to determine the impact of insurance on prescription refills and timely patient follow-up. Studies suggest various approaches to patient care in settings where there is a large uninsured population. Value-conscious prescribing where costly medications were blacklisted showed an increase in medication adherence among low-income patients. FQHCs are vital to this cohort with 1368 locations in the US. Patient navigation and electronic consultations are ways we need to explore and implement at a larger scale, to see if they can help improve patient care in such populations. During the recent COVID-19 pandemic, we have seen a significant rise in telehealth services, which could prove valuable in the future. Telehealth visits will, over time be a substantial part of patient care and we need to find effective and efficient ways to efficiently manage our patients, both in person and virtually. This may help cut down costs of patient visits, thus allowing vulnerable patient populations to afford basic necessary medications and care.

DISCLOSURE INFORMATION

Nothing to disclose

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