

Health Care Services

Health care services describe a network of services, settings, providers, and financial and administrative infrastructure. Washington State's health care services consist of health care professionals, local health jurisdictions, hospitals, health care clinics, and tribal, community, and migrant health centers.

Section Overview

This section focuses on health care, an important contributor to overall health in Washington. It addresses the spectrum of care from prevention, treatment of illness and injury to maximize recovery, and management of long-term illness or injury through palliation and services at the end of life.

It includes the following chapters:

- [Health Care Services Infrastructure](#)
- [Access to Primary Health Care Services](#)
- [Medical Homes for Children and Adults](#)
- [Access to Prenatal and Preconception Care](#)
- [Dental X-ray and Mammography Safety](#)
- [Washington's Trauma System](#)

The first three chapters in this section touch on issues that affect health care across the spectrum. Health Care Services Infrastructure is a basic prerequisite for health care from prevention through the end of life. Access to Primary Health Care Services and having Medical Homes for Children and Adults also help assure health care across the spectrum. Access to Prenatal and Preconception Care is predominantly preventive in nature with a focus on fostering healthy babies. It also can help minimize the extent of disease or disability in women and reduce pregnancy risks. The chapter on Dental X-rays and Mammography Safety examines two sources of the public's exposure to radiation, which is a safety issue. Yet health care depends on X-rays for prevention and diagnosis of many health conditions from cancer to injuries. Finally, Washington's Trauma System relies heavily on pre-hospital acute care to prevent death and stabilize patients right after an injury. Health care for injuries also includes hospital acute care and rehabilitation as well as injury prevention.

Highlights and Discussion

Washington faces shortages of many types of health care providers, including family physicians, nurses, pharmacists, and providers of mental and dental services. Projections by the American

Medical Association show that an additional 886 family physicians will be needed in Washington by 2020.¹ The future demand for most health professions outpaces overall population growth. High use of medical care among the rapidly growing elderly population taxes the system. Except in King County, all counties in Washington have federal shortage designations for primary, mental, or dental care in specific geographic areas or sub-populations (e.g., low-income or immigrant).

The balance of hospital operating margins (revenues minus expenses) improved since the 1990s to the extent that 69% of hospitals reported positive margins in 2006. During June 2003–July 2004, hospitals lost money on both Medicare and Medicaid patients. Emergency department visits increased from 327 to 342 per 1,000 population during 2000–2005.

Interventions to improve the health care infrastructure include subsidizing safety net clinics and publicly insured patients, providing loans and scholarships to providers, recruiting foreign providers for federally designated shortage areas, and developing health information technology. And as advances in research and technology continue to drive the rapid expansion of genetics services, education and quality assurance are needed to inform health care providers and protect consumers.

The health care services infrastructure allows, but does not guarantee, access to services. The proportion of adults younger than 65 with health insurance rose during the 1990s to 90% and then declined to 87% in 2006. The proportion of children with insurance rose from 92% in 1998 to 96% in 2006. These trends reflect changes in public insurance programs and reductions in private, employer-based insurance. People who are insured are more likely to have a personal health care provider (HCP) than those with no insurance. HCPs help assure the delivery of preventive services. The proportion of adults with an HCP has remained steady at about 78% since 2000.

Strategies to increase access include reducing health care costs and targeting providers to increase their services to low-income clients. Key strategies are to expand insurance coverage and to implement the medical home initiative to assure access to a regular source of care.

A medical home is a team approach to providing high-quality, coordinated, family-centered, and

comprehensive health care. In 2003, about 49% of children and youth in Washington had a medical home.

Children with special health care needs with a medical home have fewer emergency room visits and hospitalizations. Their parents report improved care delivery, fewer missed workdays, and fewer hospitalizations.

Medical homes, both adult and child, make it more likely that people will access preventive services, including annual physical exams, developmental screening, health education, immunizations, well-child care, and other medical and community-based services.

Women who have a regular source of health care are more likely to access prenatal care. Recently, public health and maternal-fetal health experts have called for better integrated health care during women's childbearing years.

With age, women face an increasing risk of breast cancer, and regular mammogram screening is recommended. The Washington State Department of Health regulates mammography and other X-ray facilities for radiation safety and X-ray machine performance. During 2002–2005, the percent of mammography facilities with violations of standards decreased from 53% to 20%.

Washington's Trauma System provides care throughout life. It reports a reduction in trauma case-fatality rates from 9% in 1995 to 5% in 2005. Over the same period, the number of survivors among persons with severe injuries increased from 42% to 61%.

Disparities

Disparities continue in the availability of and access to health services between rural and urban areas, between lower and higher income residents, between ethnic groups, among racial groups, and among different age groups.

The health care infrastructure is more fragile in rural than urban settings. Reasons include:

- Smaller scale, which means higher unit service costs
- More dependence on public financing of patient insurance (e.g., Medicare and Medicaid) typically at reimbursement rates lower than private payment
- Shortages of many types of providers.

Women are more likely to have a personal HCP. They use preventive services (e.g., check-ups) more often. For both men and women, the likelihood of having an HCP increases with age. About 50% of men and 66% of women ages 18–24

had a personal HCP compared with more than 90% for both men and women among ages 65 and older. Whites are most likely to have an HCP; people of Hispanic origin are least likely to have an HCP.

Adults ages 18–65 are less likely to have insurance than children or older adults. Medicare covers nearly all Washingtonians ages 65 and older. Health insurance is almost universal for children ages 0–17. Nevertheless, close to 600,000 Washingtonians of all ages were uninsured in 2006.

Women receiving Medicaid are more likely than women not receiving Medicaid to initiate prenatal care after the first trimester. Similarly, American Indian and Alaska Native women, women of Hispanic origin, black women, and women younger than 20 are more likely to begin prenatal care late in their pregnancies.

Access to Washington's Trauma System is better in urban areas because trauma events (injuries) are often unwitnessed in rural areas. Furthermore, care in rural areas requires long transport times with fewer accessible pre-hospital medical providers.

Summary

The gap between public and private financing of health care is a major concern. It affects both the infrastructure and individual access to care. The chapters in this section provide a discussion of major trends, disparities, contributing factors, and interventions to improve health care services.

Endnotes

¹ American Medical Association (AMA). (2006, October). *Professional Issues: Family Physicians Call for More Residency Slots*. Retrieved August 28, 2007 from <http://www.ama-assn.org/amednews/site/free/prsc1016.htm>.