The Effective Features of Access to Medical Care

A.A. Nasiripour, G. Mahmoudi and P. Raeissi

1Department of Health Services Management, Science and Research Branch, Islamic Azad University, Tehran, Iran
2Department of Research Methodology, School of Management and Medical Information Services, Tehran University of Medical Science, Tehran, Iran

Abstract: Accessibility is an important concept in organization studies; that is financing and giving services to health system. Also, availability is important in a political system and it is the main goal of health policy makers. The aim of present study is to review and evaluate the main theoretical frameworks which support accessibility and also measures availability standards in a health system. This article has a critical review over the main subject matters of the supporting theories on the effective components of health services access. The access theories are dynamic processes that are potentially influential for individuals and/ families' learning and changing their behavior. But the learning and adaptation has received minor attention on experimental research phase in the given medical services access. Researchers should derive into the dynamic aspects of access (accessibility) and also they should try to improve the mechanism for service improvement. This paper various accessibility models were used to understand concepts of accessibility of medical services. The reflection of such services may be quite influential processes in the real world as to directly formulate the health services and the treatment policies improvements.

Key words: Accessibility • Treatment policies • Health system • Policy improvements • Access • Medical services

INTRODUCTION

The issue of access to health care and health services are faced to major questions: Accessibility for whom and why should it be created? It has a simple answer and it should be provided for everyone who needs healthcare. In other words, those non-medical aspects of society such as type, gender, geographical location and ability to pay should not determine the level of accessibility to healthcare. While policymakers in the healthcare field in the past tended to remove many of the barriers for accessing the healthcare services, but the question is still remained about the access to what? Many policy makers are concerned about the following main questions for the accessibility.

Will accessibility improve all the benefit based on their needs? It should also be noted that accessibility to medical services has resulted in increase investment in healthcare. The health care system has to develop the infrastructure and increase the number of medical institutions and staffs. The system has to reduce the financial and physical distance between different patients and medical staffs [1]. The issue of accessibility to health services is the main purpose and core of all health systems. All health policy makers around the world are improving accessibility to health services which is one of the most important challenges as health systems facing. Therefore, considering the direction of the healthcare for all people is very important. Today, one of the major concerns for sanitation policy makers is to design a model based on the principles of which providing health services for all people; it should be free or at least, a payment system should be designed to ensure justice for all patients and have the financial desirability [2,3]. In addition to three key elements such as access to resources, cost and health care system structure, the role of some elements such as health insurance coverage, race and income should be established for the effective access [4]. Since health care is labeled as fundamental needs in health service systems. The thing which is more urgent is
that most of the population is unable to provide necessary issues of health care policies and principle methods for providing medical care are not effective. Therefore, an investigation was conducted to describe the effective models of accessibility to health care system.

MATERIALS AND METHODS

This article has a critical review over the main subject matters of the supporting theories on effective components of health services access. The access theories are dynamic processes that are potentially influential for individuals and families' learning and changing in behavior, but the learning and adaptation has received minor attention on experimental research phase in the given medical services access.

RESULTS AND DISCUSSION

Three key elements affecting on accessibility including resources, cost and of health care structure have an important impact on accessibility; but some researchers believed that the role of other elements such as health insurance coverage, race and family income are more important [4]. Among the factors that can influence accessibility to medical care are the health maintenance organizations and health insurance coverage [5]. In developed countries, a wide accessibility has been created in the field of health care, despite differences in income and disparities in different levels of health insurance coverage. In fact, financing methods like organizational structure may differs in different countries. In some systems finance their health insurance through general taxes and payrolls and in some others such as Germany a combination of both public and private insurance are available [6, 7].

In a comparative research conducted by Deber and Jordan et al. [7,8] in the USA and Canada, the most important factor in preventing to receive accessibility to healthcare services in the U.S. was the cost while in Canada, waiting times were long. Age and gender are also important indicators of accessibility to healthcare services; women and older people had high levels of service than men and young people; although women are more inclined to use the services of general practitioners, specialists and hospital. Results have showed that social, economic and geographical characteristics are effective in determining the location to receive effective care.

Among the factors affecting accessibility to healthcare services which also has effect on individual characteristics of healthcare system, the health policy makers at the national and local level are important [9]. These factors influence on many aspects of living as listed as follows.

- Providing medical care that include all specific health care related factors such as the existence of appointment systems, distance to sanitation center and comfortability in the waiting room at the times patient needs medical care.
- Desirability is directly and indirectly related to the patients' costs in connection with his ability to pay medical bills.
- Acceptance which is related to many social and cultural issues which is linked to individual satisfaction [10].

Many researches showed that several influential factors on accessibility to health services that include.

Geographical Factors: The geographical separation of people and services, make inequality inevitable; therefore lack of accessibility due to geographic barriers increases the cost of necessary health services. For instance long queue and the increasing trend of the waiting times for MRI and surgery operations in many governmental health services are the specific cases need to be point out especially for the poor.

Individual Factors: Factors such as beliefs, criticisms, concerns and doubts are effective in recognizing the need and service.

Structural Factors: These barriers are related to structural problems and financial aspects of organizations and service provider [6].

Accessibility Barriers: In recent decades, accessibility to healthcare services has been the center of attention for national policy makers, but less attention has been given to smaller communities. Adequate access to health services has a significant effect on patients using the health system and improves the health outcome [11]. In recent years, restrictions on accessibility to medical services have increased due to low numbers of service providers and long distances of service centers. Even when the medical care is available still people encounter barriers for health services including.
Financial problems such as lack of insurance or minimal insurance, payment even with sufficient participation and heavy taxes.

Problems of medical care provider and related organizations such as the lack of doctors or hospitals network that is primary service grading system and problems of referral systems.

Personal problems such as culture, language, knowledge and awareness [5]

Besides the language barrier, lack of general practitioner and women specialist for women is also a barrier to accessibility. Some women when they are visited by a male doctor do not feel comfortable and regarding their religious and cultural reasons. They prefer female physicians; in fact they do not tend to be visited by male doctor and do not go to medical centers. All of these excuses are related to lack of general practitioner (GP) or women specialist which is an obstacle to their cultural access [12]. On the other hand, the quality of caring as the internal elements of accessibility might be serious problems on accessibility and test type. Dunabedian [13] expressed three characteristics of quality care which are simply listed as follows.

- Structure
- Process
- Results (output).

In different ways, the deviation in each of the quality aspects of care can have effects on patients, that is the poor quality of the structure will lead to inappropriate use of services; such medical services will bring about dissatisfaction and problems on a process perspective and result into a reluctance to healthcare that will reduce the future use of the services [6].

Accessibility as Suitability (Penchansky model): Penchansky [16] proposed an alternative approach that emphasized better understanding of the accessibility lies in the interaction of the determining key elements in using the services and he has noted that the concept of "suitability" could establish a connection between sick people and the health system (Figure 1).

Frank Model: Frank has continued the work proposed by Penchansky and used Dunabedian pattern [13,16]. He has suggested that "suitability" is a process between people and provides services system. He also has tried to explain accessibility dimensions of the organization accessibility. He has identified short, medium and broad dimensions of accessibility concepts. He has pointed out that accessibility is a term which is used in a limited and short scale to show the ability of people in receiving the desired healthcare they need. Figure 2 presents the proposed model by.

Hardman and Carlhill model: It is a financial model in resource allocation in countries that obey the national medicine. Consider the process of applying for medical services. In this model, the differences on the accessibility and use differences in demand such as population, geographical features and economic - social differences and diversity in supply of service features such as hospital size (number of hospital beds), access to doctors, hospitals role in respecting hierarchy, order and also statistical errors. Other factors affecting the accessibility to health services include distance to hospital, the quality given care and the hospital's reputation [17].

Harris Model: Harris has demonstrated his simulation model; he has stated that for good understanding of accessibility to health services; we should have information about people and resources of the community. The components of the people in this model include: Race, health insurance covering and the estimating time of receiving or delaying services. In addition, the sources components include the type of available resources, health insurance that is acceptable for service provider and the capacity or the size of resources available for the community [4].

Thiede Model: Most researchers have believed that accessibility is a multidimensional concept and have influence on each other based on some factors, such as supply and demand which are linked together. Recently, a comprehensive frame work for accessibility to medical
Fig. 1: Accessibility as "suitability" between resources, need and demand

Fig. 2: Accessibility, being provided and availability proposed by Frank's model

Fig. 3: Harris simulation model for people and resources

care and relation among its dimensions is provided by Thiede et al. [1]. Based on this framework, accessibility was measured on three dimensions.

**Desirability:** Which is often referred to financial access and includes the cost of searching for healthcare and the ability to be compatible with it and its components include prices, disruption in the distribution of resources, family size and structure, services location and content of involvement.

**Being Provided:** Which is mostly known as physical access and it refers to the geographic location of service to patients and includes the following components of infrastructure, services resources and crowded wards?

**Acceptability:** It refers to services supply and personal and social perception and include the social and cultural aspects of accessibility and its component are perceptions and beliefs, gender roles, the inability to understand the goals, confidence in the providing services system and content interventions.

At the center of this framework, the role of "information" is important in the process of improving accessibility. The information flows between the three dimensions and is considered as a precondition for improving interaction between health systems, individuals and society.

Studying the above-mentioned conceptual framework, describes the barriers to accessibility to health services, thus, two key tasks should be carried out to remove the obstacles and have better accessibility.
Designing a program for development and interaction content,
Building trust among the centers involved in providing services.

Desirability is the most important affecting factor on accessibility. The society believes that in order to measure acceptance the primary basis of quality work should be considered as an important component of demand and an important indicator to determine accessibility. However, this acceptance is different in different countries and races because of lack of accessibility [18].

**Obrist Model:** In this model of accessibility to health services which was proposed by Obrist et al. [19] for the first time; the livelihood approach with regard to 5 aspects of accessibility such as providing, desirability, accessibility, competence and acceptability were analyzed. Livelihood approach focuses on the material and social resources. Activities for a healthy life in difficult economic conditions are required. In other words, not only the capital and assets but also using all the family and community's resources will influence on people's accessibility to health care. Also having interventions in the targeted community and social groups and emphasizing on social unity and empowerment. In addition trying to improve living conditions will be effective on better accessibility to people. When people are sick and decided to take treatment, accessibility will be discussed as a critical and important issue. The five main aspects of accessibility will affect on searching for care process.

**The Degree of Accessibility to Medical Care Is Dependent on Two Factors:**

- The relationship between medical care, services, government and institutions policies; also detail of the process was specified in the service,
- People's living income that can change the specific and desired content and type of services [19, 20].

Accessibility is an important concept in organizational studies, financing and providing services in the health system. Also accessibility is an important political symbol which is the main goal for health policy makers. Accessibility theories are also dynamic processes for individuals and family's learning and to potentially change their behavior; however this learning and adaptation has received less attention on experimental research in the field of accessibility to health services. Therefore, researchers must consider the dynamic aspects of accessibility and should try to improve the understanding of providing services system. Use of the given accessibility models reflect the processes of providing services in the real world for formulation and organization of better health-treatment policies.

**CONCLUSION**

Accessibility of medical services are base on available resources. Policy makers may create and have influential effect on treatment policies. In addition, the health system and accessibility of medical services may be influenced by policy makes for the improvements.; Accessibility to health services were proposed by several models based on availability of resources and coverage of medical insurances.

**REFERENCES**


