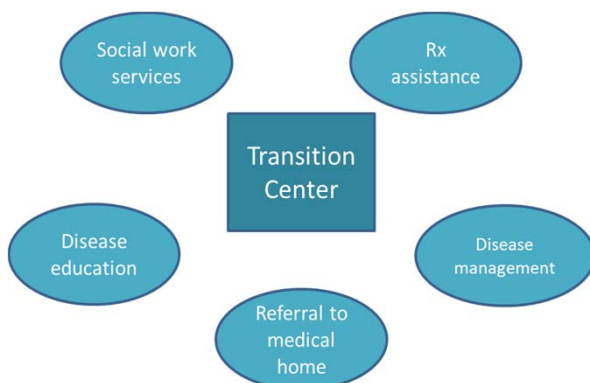


Assessing Barriers to Healthcare Access in Chronic Disease Patients at a Transition Center

- **Aims-**To determine: patient characteristics and reason why they missed appt; if there is a correlation between missed visits and poor health outcomes
- **Results:** Mean age 38, low SES, uninsured, and dependent on transportation.
- Majority unaware purpose of appt and type of care
- 9% presented to ER within 1 week, 19% within 30 days, no readmissions

Variable	Frequency	Percentage
Gender		
Male	10	47.6%
Female	11	52.4%
Race		
White	7	33.3%
African American	12	57.1%
Hispanic	1	4.8%
Other	1	4.8%
Geographical Area		
Urban	16	76%
Rural	5	24%
Marital Status		
Single	11	52.4%
Married	4	19.0%
Divorced	3	14.3%
Widowed	2	9.5%
Domestic Partnership	1	4.8%
Type of Insurance		
Uninsured	12	57.1%
Medicaid	6	28.6%
Group Policy	2	9.5%
Commercial	1	4.8%
Tobacco Use		
Yes	12	57.1%
No	9	42.9%
Employment		
Employed	10	47.6%
Unemployed	7	33.3%
Disabled/Disability	4	19.0%
Educational Level (completed)		
Middle School	1	4.8%
High School	15	71.4%
GED	2	9.5%
Some college	3	14.3%
Transportation		
Walk	3	14.3%
Bus	3	14.3%
Car	13	61.9%
Walk/Bus	1	4.8%
Car/Bus	1	4.8%
Dependent on Transportation		
Yes	15	71.4%
No	6	28.6%
Annual Salary (in dollars)		
<10,000	11	52.4%
10,000-20,000	2	9.5%
20,000-30,000	5	23.8%
40,000-50,000	1	4.8%
50,000-60,000	1	4.8%
Unknown	1	4.8%
Perception of Health		
Very good	7	33.3%
Good	4	19.0%
Fair	7	33.3%
Poor	3	14.3%

Variable	Frequency	Percentage
Lack of transportation	7	33.3%
Went to alternative site due to convenience	5	23.8%
Due to illness	4	19.0%
Had to work	3	14.3%
Confusion regarding date/time of appointment	2	9.5%
Lack of funds to gain transportation	2	9.5%
Appointment conflicted with family obligations	2	9.5%
Unsure of location of transition center	1	4.8%
Unaware of appointment altogether	1	4.8%
Forgot the appointment	1	4.8%
Had to move	1	4.8%



Next phase: Collect demographic variables and health outcomes on 2000 patients referred to Transition Center (2011-2014) and compare missed appts vs. patients treated. Knowledge will serve as QI tool for practice.