Access to Health Services

Number	Objective Short Title
AHS–1	Persons with health insurance
AHS–2	Health insurance coverage for clinical preventive services
AHS–3	Persons with usual primary care provider
AHS–4	Practicing primary care providers
AHS–5	Source of ongoing care
AHS–6	Inability to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
AHS–7	Receipt of evidence-based clinical preventive services
AHS–8	Rapid prehospital emergency care
AHS–9	Wait time at emergency departments

Topic Area: Access to Health Services

AHS-1: Increase the proportion of persons with health insurance.

AHS-1.1 Increase the proportion of persons with medical insurance.

Target: 100 percent.

Baseline: 83.2 percent of persons had medical insurance in 2008.

Target setting method: Total coverage.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-1.2 (Developmental) Increase the proportion of persons with dental insurance.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-1.3 (Developmental) Increase the proportion of persons with prescription drug insurance.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-2: (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.

Potential data sources: Children's Health Insurance Program (CHIP), CMS; AGing Integrated Database (AGID), AoA; Medicare Current Beneficiary Survey (MCBS) and claims data, CMS.

AHS-3: Increase the proportion of persons with a usual primary care provider.

Target: 83.9 percent.

Baseline: 76.3 percent of persons had a usual primary care provider in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-4: (Developmental) Increase the number of practicing primary care providers.

AHS-4.1 (Developmental) Increase the number of practicing medical doctors.

Potential data source: American Medical Association (AMA) Masterfile, AMA.

AHS-4.2 (Developmental) Increase the number of practicing doctors of osteopathy.

Potential data source: American Osteopathic Association (AOA) Masterfile, AOA.

AHS-4.3 (Developmental) Increase the number of practicing physician assistants.

Potential data source: American Academy of Physician Assistants (AAPA) Census, AAPA.

AHS-4.4 (Developmental) Increase the number of practicing nurse practitioners.

Potential data source: National Provider Identifier (NPI) Registry, CMS.

AHS-5: Increase the proportion of persons who have a specific source of ongoing care.

AHS-5.1 Increase the proportion of persons of all ages who have a specific source of ongoing care.

Target: 95.0 percent.

Baseline: 86.4 percent of persons of all ages had a specific source of ongoing care in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-5.2 Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care.

Target: 100 percent.

Baseline: 94.3 percent of children and youth aged 17 years and under had a specific source of ongoing care in 2008.

Target setting method: Total coverage.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-5.3 Increase the proportion of adults aged 18 to 64 years who have a specific source of ongoing care.

Target: 89.4 percent.

Baseline: 81.3 percent of persons aged 18 to 64 years had a specific source of ongoing care in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-5.4 Increase the proportion of adults aged 65 years and older who have a specific source of ongoing care.

Target: 100 percent.

Baseline: 96.3 percent of persons aged 65 years and older had a specific source of ongoing care in 2008.

Target setting method: Total coverage.

Data source: National Health Interview Survey (NHIS), CDC.

AHS-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

AHS-6.1 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

Target: 9.0 percent.

Baseline: 10.0 percent of all persons were unable to obtain or delayed in obtaining necessary medical care, dental care, or prescription medicines in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-6.2 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care.

Target: 4.2 percent.

Baseline: 4.7 percent of all persons were unable to obtain or delayed in obtaining necessary medical care in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-6.3 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care.

Target: 5.0 percent.

Baseline: 5.5 percent of all persons were unable to obtain or delayed in obtaining necessary dental care in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-6.4 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines.

Target: 2.8 percent.

Baseline: 3.1 percent of all persons were unable to obtain or delayed in obtaining necessary prescription medicines in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-7: (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.

Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-8: (Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services.

AHS-8.1 (Developmental) Increase the proportion of persons who are covered by basic life support.

Potential data source: National Emergency Medical Services (EMS) Information System (NEMSIS).

AHS-8.2 (Developmental) Increase the proportion of persons who are covered by advanced life support.

Potential data source: National Emergency Medical Services (EMS) Information System (NEMSIS).

AHS-9: (Developmental) Reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

AHS-9.1 (Developmental) Reduce the proportion of all hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9.2 (Developmental) Reduce the proportion of Level 1–immediate hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9.3 (Developmental) Reduce the proportion of Level 2–emergent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9.4 (Developmental) Reduce the proportion of Level 3–urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9.5 (Developmental) Reduce the proportion of Level 4–semi-urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9.6 (Developmental) Reduce the proportion of Level 5–non-urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.