

Research highlights need to improve access to healthcare for high-needs patients

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University of Otago researchers have highlighted the need to improve access to primary health care services for high-needs populations with their recent study of high-needs patients using a free health clinic finding significant health problems.

Elaine Gurr Professor of General Practice Tim Stokes, Research Fellow Lauralie Richard and medical student Sharmaine Sreedhar, undertook the study of 375 patients using Dunedin's Servants Health Centre, which provides free primary health care through the voluntary services of doctors, nurses and counsellors to a high-needs [population](#). It is published today in the *New Zealand Medical Journal*.

They found most of the patients (75 per cent) suffered from more than one [health condition](#) (multimorbidity) and half had long-term physical and mental health comorbidities. These findings were consistent across all ethnic groups. A majority had three or more long-term [conditions](#) and a quarter had five or more.

The most prevalent long-term conditions were:

depression, substance misuse, anxiety, asthma, hypertension, severe mental illness (such as schizophrenia and [bipolar disorder](#)), hepatitis C, learning disabilities, personality disorder and deliberate self-harm. Of these 10 conditions, seven were long-term mental health conditions.

While the mean age of patients was 41.9 years, the level of multimorbidity was comparable to those aged 65 and over in a general population of people attending a primary health care service.

The researchers also found most patients experienced multiple [social disadvantage](#) with factors including being on a health and disability benefit, previous imprisonment, domestic violence or other violence, homelessness and lack of food.

Professor Stokes says this is the first study to report on the prevalence of multimorbidity and its relationship with multiple social disadvantage in a New Zealand high-needs primary health care population.

Multiple social disadvantage is helpful in understanding the way by which [social inequalities](#) may lead to individuals experiencing disadvantage in multiple areas of life concurrently and how these individuals engage with a range of health and social services aimed at addressing these disadvantages, such as primary health care, he explains.

"The extent of high health needs in this population experiencing multiple social disadvantage raises important issues in relation to health equity in the New Zealand health system," Professor Stokes says.

"There is a need to re-orient New Zealand's primary healthcare services around multimorbidity and there is also a need to further the integration of health and social services."

The study also has a number of implications for

health care policy and practice, he considers.

"The high prevalence of mental health conditions, physical and mental health comorbidity and use of specialist mental health and addiction services indicates the need for better integration of mental health and social services with primary healthcare, particularly in those serving a high-needs population."

While improving access involves more than simply removing a financial barrier to care, Professor Stokes says it is concerning to consider that many of the people accessing free care at the Servants Health Centre may otherwise not have received any health care.

More information: Sharmaine Sreedhar et al. Multimorbidity and multiple social disadvantage in a New Zealand high-needs free primary healthcare clinic population: a cross-sectional study. *New Zealand Medical Journal* 2019. Vol 132 No 1490: 22 February 2019. 7816

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