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Issues Affecting Access to Primary Health Care for Underserved Nevadans in Rural/Frontier Areas



Creating a Stable Funding-Base for the Safety-Net Infrastructure

State funds are made available through allocations or grants to compensate primary care providers for serving the uninsured by supporting a General Fund appropriation.



Creating a Stable Funding-Base for the Safety-Net Infrastructure

Benefits will include:

- Provision of increased programs/services to uninsured/underserved Nevadans.
- Purchase equipment for new/expanded dental clinics;
- Creation or expansion of pharmacy services to the uninsured/underinsured population through salary and support;
- Remodeling new or existing sites for increased patient volume/services;
- Purchasing equipment for new/renovated sites;
- Supporting new clinicians;
- Continued provider/staff education;
- New business office technology/staffing and equipment;
- Upgrading provider technology;
- Matching dollars for grants to build new community sites;
- Increased community education/intervention programs; and
- Increasing the number of Eligibility Workers/Benefits Coordinators for provider sites.



Great Basin Primary Care Association

Reducing Barriers to Low-Cost Health Insurance Coverage for Children and Families

Uninsured children are more likely than insured children to have health problems, experience difficulty obtaining needed care, rely on emergency care, under use preventive care, and face difficulties paying medical bills. Uninsured children are more likely to experience restrictions on childhood activities such as rollerblading, bike riding, or team sports, because of parental concerns about possible accidents and attendant medical care costs, as well as regulations governing school sports programs. Many children will also demonstrate an inability to perform routine classroom activities due to undetected health impairment. Improving access to health insurance helps reduce such disparities.



Great Basin Primary Care Association

Developing an Office of Minority Health for Nevada

- Approximately 50% of the patients served by Community Health Centers and 98% of the patients at Tribal Clinics are minorities.
- The development of the OMH would assist Nevada in qualifying for increased federal resources to provide health care to minority population.



Increasing Resources for Emergency Medical Services in Primary Care Settings

- Emergency Medical Services are a vital component of Primary Health Care in rural areas and vice versa.
- In many cases, EMS is the only primary care provider for certain patients.



Increasing Resources for Emergency Medical Services in Primary Care Settings

- Declining volunteer force; difficulties with recruitment and retention
- Lack of standardized training curricula; funds for training
- Underdeveloped infrastructure to support system demands
- Communications linkages and upgrades
- Deficient resources to support vehicle and equipment maintenance and replacement
- Lack of integrated data system to collect information or assess outcomes
- Outdated EMS regulations in NRS
- Transport regulations affecting community EMS personnel



Increasing Resources for Emergency Medical Services in Primary Care Settings

Recommendations (Nevada Office of Rural Health)

- Institute and integrated data collection and outcome measurements (Data Project)
- Increase state funding to support ongoing education and training
- Support the development of AHEC and Community Colleges EMS Academy
- Establish Capital Loan Pool to support volunteer service vehicle/equipment replacement
- Update EMS regulations and standardized training curriculum
- Address basic and back-up communication systems for all areas of the state
- Support continued funding of Governor's Advisory Committee
- Support a State EMS Medical Director



Developing Support for Mental Health Services in Primary Care Settings

- There is a critical shortage of mental health providers in rural communities.
- Inter-agency case management is a key to assisting with patient compliance.



Improving Oral Health Access

Recent studies indicate (Nevada Department of Human Resources, Bureau of Community Health):

- Nearly on quarter of Nevada adults aged 65 years or older have lost all their natural teeth.
- At least 38.5% of Nevada Seniors have no third party payer for oral health prevention and treatment coverage.
- In 1997, Nevada ranked 50th among the states in the number of dentists per population served, with 35 dentists per 100,000 population.
- Nevada ranked as the 4th worst state in population lacking access to dental care, with 14.6% of the population underserved.
- From 1992 to 1997, the number of dentists in Nevada increased 18% while the population increased 32%.
- In 1998 Nevada had 26 federally designated dental health professional shortage areas.
- In 1998 only 21% of the dentists in Nevada accepted Medicaid patients and of those most only accepted 2 or 3 patients a year.



Improving Oral Health Access

Access **IS** improving because of SB133 (2001) licensing procedures in Elko, Lyon, Churchill, Douglas, Storey, Lander, Pershing, Humboldt, Carson City, and Washoe Counties.



Increasing Access to Specialty Care

- Access to specialty care in Nevada is rapidly decreasing due to unavailability of providers and lack of appropriate malpractice coverage.
- Inter-agency case management can reduce barriers to specialty care.



Nevada's Safety Net Providers

