

# Patient-Perceived Access to Care When Actively Seeking Treatment

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No financial relationships to disclose.

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Submitted March 2016. Accepted for publication August 25, 2016.

**Keywords:** healthcare access; Medicaid; uninsured; financing; barriers to care

*ONF*, 44(3), 320–328.

doi: 10.1188/17.ONF.320-328

**Purpose/Objectives:** To examine predictors of perceived access to care and reported barriers to care of patients with cancer actively seeking treatment.

**Design:** Retrospective secondary data analysis.

**Setting:** U.S. Medical Expenditure Panel Survey, a national survey with questions about healthcare coverage and access.

**Sample:** 1,170 adults with cancer actively seeking treatment.

**Methods:** A retrospective analysis of data. Bivariate tests for significant association between individual characteristics and low perceived access to care were conducted using a chi-square test.

**Main Research Variables:** The dependent variable was perceived access to care. The independent variables included sex, age, race, poverty status, education level, marital status, cancer site, comorbidities, and insurance status.

**Findings:** Those with Medicaid insurance or no health insurance had significantly lower perceived access to care compared to those with Medicare. Institutional barriers to treatment, such as financial or insurance, were the most common reported barriers.

**Conclusions:** Most adults with cancer reported adequate access to medical care and medications, but a small yet vulnerable population expressed difficulties in accessing treatment.

**Implications for Nursing:** To effectively advocate for vulnerable populations with Medicaid or no insurance, nurses may require specialized knowledge beyond the scope of general oncology nursing.

Almost 30 years of progress in cancer survival rates have not been equally distributed throughout the U.S. population (Byers, 2010). Risk for cancer mortality differs by health insurance status in the United States (Han et al., 2014; Shi et al., 2013), and these disparities persist when controlling for cancer stage at diagnosis (Bradley, Given, & Roberts, 2002; Halpern et al., 2008; Koroukian, Bakaki, & Raghavan, 2011). Therefore, the National Cancer Institute ([NCI], 2015) recommends prioritizing access to cancer care in research. Few studies have examined delays and barriers to care among patients with cancer during treatment by various insurance types (Fedewa, Ward, Stewart, & Edge, 2010; Massarweh et al., 2014; Scoggins et al., 2011). To identify disparities in treatment access among people diagnosed with cancer, the current authors used a national survey dataset. They explored the factors associated with the perceptions of access to care of patients diagnosed with cancer who were currently undergoing specialist care treatment and also examined reported barriers to timely treatment or pharmaceuticals.

Barriers to health service use, influencing health behaviors and interacting at multiple levels, may be conceptualized using an ecological perspective to health promotion (McLeroy, Bibeau, Steckler, & Glanz, 1988; NCI, 2005; Scheppers,