Access to Primary Care in Philadelphia

Primary medical care helps people stay healthy, treat chronic conditions, and avoid hospitalizations. In Philadelphia, some residents lack sufficient access to primary care. Barriers to accessing primary care include cost, lack of health insurance, and scarcity of healthcare providers and facilities. Those without access to primary care have a greater risk for suffering negative effects from unaddressed health conditions. People who do not have access to primary care may use the hospital emergency departments for care or forgo care to avoid the cost. In 2018, the Department of Public Health published Staying Healthy: Access to Primary Care in Philadelphia. This CHART updates this report by summarizing trends of Philadelphians’ access to primary care.

Medicaid enrollment has increased and lack of insurance has decreased

![Chart showing trends in uninsured and Medicaid among adults (18-64), 2009-2018]

Note: In 2017, data began to be reported with age 19 classified as adult. 2018 data shows ages 19-64.

- With the implementation of the Affordable Care Act and the 2015 expansion of Medicaid in Pennsylvania, the percent of people enrolled in Medicaid increased and the percent uninsured fell substantially. These trends continued through 2018. More than 1 in 4 adults aged 19-64 in Philadelphia are now enrolled in Medicaid.

Source: American Community Survey, U.S. Census Bureau 2009-2018
The proportion of children enrolled in Medicaid is increasing

Medicaid enrollment for children increased by more than 5% between 2016 and 2018. Over 60% of children in Philadelphia are on Medicaid.

The proportion of uninsured children decreased slightly from 2016 to 2018, falling to 3.1%.

Hispanic adults and non-citizens have the highest uninsured rates

In 2018, Hispanic adults were more likely to not have health insurance than adults in other racial and ethnic groups. Hispanic adults’ rate of uninsurance was nearly double that of White, Black, and Asian adults.

Rates of uninsurance among children were consistently low across all racial and ethnic groups.

Nearly 30% of foreign born non-citizens in Philadelphia did not have health insurance.

Source: American Community Survey, U.S. Census Bureau 2009-2018

Source: American Community Survey, U.S. Census Bureau 2018
Many adults lack personal health care providers, but fewer are forgoing needed care due to cost

Adapted from: 2017-2018 PA Behavioral Risk Factor Surveillance System

In 2018, nearly 1 in 5 adults in Philadelphia did not have someone they consider to be a personal doctor or health care provider.

As insurance rates increased, the percentage of adults who were unable to access necessary care due to cost decreased.

Hispanic adults, who were more likely to be uninsured, are also more likely both to forgo care due to cost and to lack personal health care providers.
There has been an overall increase in emergency department visits from 2015 to 2018.

- Despite variations, there has been an overall increase in emergency department visits from 2015 to 2018.

North Philadelphia has the highest emergency department encounter rates.

- The 3 zip codes with the highest emergency department encounter rates were 19140, 19132, and 19121. These are all located in North Philadelphia.

- The lowest emergency department encounter rates were in 19118, 19106, and 19127; on the Northwestern outskirts of the city; and in Center City.

*Number of emergency department visits for 2019 is a projected total.

Source: 2011-2018 PA Behavioral Risk Factor Surveillance System

Source: 2015-2019 Syndromic Surveillance, PDPH
What can be done

The City of Philadelphia is:
• Continuing to provide primary care to all patients, including those who are uninsured, through eight health centers.
• Expanding the availability of services in North Philadelphia where there is the greatest need for providers and primary care.

Health care providers can:
• Expand primary care services in underserved locations, particularly in Northeast and West/Southwest Philadelphia.
• Treat chronic conditions in collaboration with primary care providers to reduce unnecessary hospitalizations.
• Accept uninsured patients and patients on Medicaid without discrimination.

Managed care organizations can:
• Negotiate with health systems so members can easily access primary care.
• Encourage those with chronic conditions to consistently use primary care providers to reduce the risk of complications.
• Require provider networks to provide full access to any Medicaid patient seeking primary care from one of their provider practices.
• Develop value-based reimbursement strategies with outpatient practices that reward successful management of chronic health conditions in the outpatient setting.

People can:
• Use primary care providers consistently to improve management of chronic conditions and prevent complications.

Resources

• The full *Staying Healthy: Access to Primary Care in Philadelphia* report is available on the Health Department’s website.