Increased Patient Delays in Care after the Closure of Martin Luther King Hospital: Implications for Monitoring Health System Changes

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INTRODUCTION

The ability to obtain care when needed is a goal of health systems worldwide.1 One metric established by Healthy People 2010 for monitoring access to care is self-reported delays in care.2 For many people, especially those who reside in disadvantaged communities, there are obstacles to obtaining needed care. Low-income communities with many uninsured or underinsured residents often rely on the safety net system to provide access to health care. Safety net systems, defined as providers who disproportionately care for the underserved, uninsured, and Medicaid patients, often encounter financial challenges that affect their ability to adapt to meet community needs.

In 2007, financial constraints and quality problems led to the closure of a safety net hospital, Martin Luther King, Jr. Hospital, in South Los Angeles. After this hospital’s closure, South Los Angeles stakeholders and the community wanted to understand the impact on delays in care in order to inform efforts to restructure the delivery of health care services in their community. We used a community partnered research approach to design and execute a study to assess delays in care among middle aged and older minority adults.

STUDY DATA AND METHODS

Primary Data Sources and Study Sample

Using community-based participatory research methods, we conducted a population-based telephone survey of late middle aged and elderly in South Los Angeles, in 2008, the year after hospital closure. The results from this new survey were compared to a previously conducted survey that was fielded in 2003 before the hospital was closed. Community input from local leaders and residents was incorporated in all phases of the study.3 Community stakeholders identified concerns, and we used a consensus building approach to identify survey domains. Because more than 95% of South Los Angeles residents are either African American and Latino and more than 50% of all safety net outpatient visits are from those aged ≥50 years, we sampled that population.4 The community-based telephone survey was developed using previously validated survey measures, many of which had been included in

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