Advising the Congress on Medicare issues

Access to health services by rural Medicare beneficiaries

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MEDPAC

Rural report mandated by PPACA

- Requires MedPAC to address:
  - Access to care by rural Medicare beneficiaries
  - Quality of care in rural areas
  - Adjustments to provider payments in rural areas
  - Adequacy of payments in rural areas
- Due June 15, 2012

Access to care analysis

- November 2010: Focus groups
- Today:
  - Do rural beneficiaries receive similar volumes of services compared to urban beneficiaries?
    - Claims for 100% of beneficiaries A & B services
    - Pharmacy claims for those with Part D
  - Are rural beneficiaries satisfied with access to care?
    - Medicare Current Beneficiary Survey (MCBS)
    - Medicare CAHPS survey
    - MedPAC beneficiary survey

Rural categories: urban influence codes

- Subdivide counties into four urban/rural categories
  1. Urban areas (cluster of over 50,000)
     - 28 million FFS beneficiaries
  2. Rural Micropolitan (cluster of 10,000 to 50,000)
     - 4.8 million FFS beneficiaries
  3. Rural counties adjacent to urban areas without a city of 10,000 people in the county
     - 2.1 million beneficiaries
  4. Rural counties that are not adjacent to urban areas and do not have a city of 10,000 people.
     - 1.5 million beneficiaries
- Frontier counties (≤6 people per sq. mile, 400,000 beneficiaries)

What is different about rural areas that raises access concerns?

Type of region	Primary care physicians per 1000	Specialists per 1000
Urban areas (range)	0.3 to 3.5	0.3 to 10.7
State-wide rural (range)	0.5 to 1.3	0.3 to 2.1
Urban average	1.1	1.6
Rural Micropolitan	0.7	0.7
Rural Adjacent	0.5	0.2
Rural, Non-adjacent	0.7	0.3
Frontier (≤6 people / square mile)	0.6	0.3

Source: 2008 Area Resource File reporting 2007 MDs actively engaged in patient care and all doctors of osteopathy

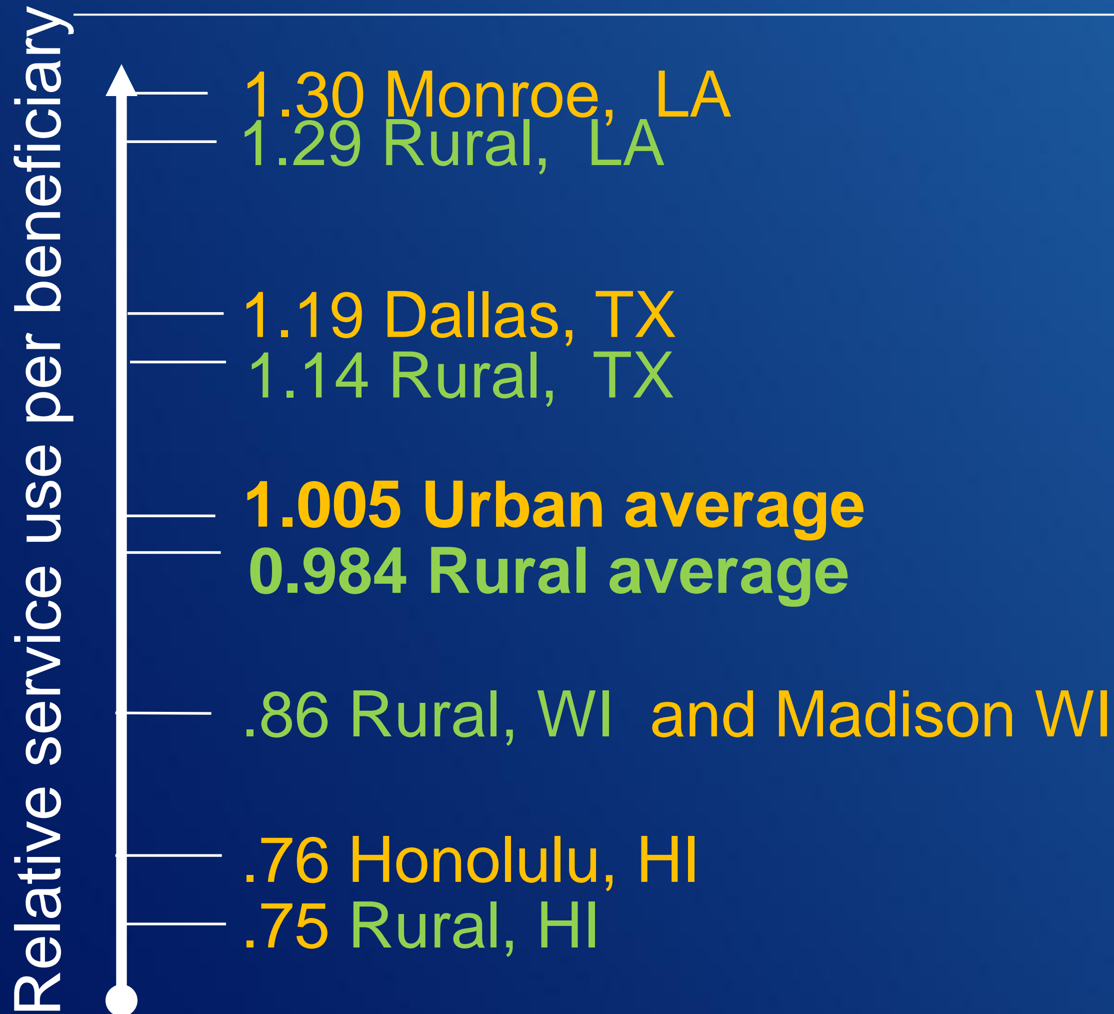
Numbers are preliminary; subject to change

Counts of services per capita are similar in rural and urban areas

Region	Physician office or outpatient facility visits per beneficiary	Inpatient admissions per beneficiary
Urban range	7 to 14	0.2 to 0.5
State-wide rural range	7 to 13	0.2 to 0.5
Urban average	10.1	0.3
Rural Micropolitan	10.7	0.3
Rural Adj. <10,000	10.4	0.3
Rural Non-adj , <10,000	10.7	0.4
Frontier Counties	9.8	0.3

Source: 2008 BASF 100% claims data
Note: Visits to physician offices and to outpatient facilities such as rural health clinics and hospitals are substitutes and therefore added together. Volumes of visits are not risk adjusted.

Rural and urban service use can be high or low depending on the region



Source: BASF 2006 to 2008 data adjusted for prices and health status

Numbers are preliminary; subject to change

Similar levels of service use for rural and urban beneficiaries, by region

Service use relative to the national average

	Inpatient		Ambulatory		PAC	
	Urban	Rural	Urban	Rural	Urban	Rural
Mean relative service use	.99	1.02	1.01	0.95	1.01	0.95
Range of use	.8 - 1.2	.8 - 1.2	.8 - 1.5	.8 - 1.1	.3 - 3.2	.5 - 2.2
Low-use example						
Madison & rural WI	.94	.98	.78	.84	.77	.67
High-use example						
Oklahoma City & rural OK	1.09	1.14	1.01	.96	1.47	1.47

Source: BASF 2006 to 2008 data adjusted for prices and health status

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Similar monthly pharmacy use in urban and rural areas

Region	Spending per part D enrollee	Prescriptions per capita
Urban CBSA range (n=361)	$149 to $297	3.0 to 4.9
State-wide rural area range (n=48)	$138 to $248	3.2 to 4.9
Urban average	$215	4.0
Rural Micropolitan	$216	4.2
Rural Adj. <10,000	$209	4.3
Rural Non-adjacent	$206	4.3
Frontier counties	$175	3.8

Source: Analysis of 100% of claims for beneficiaries with part D insurance plans

Satisfaction with access to care

- Medicare beneficiaries' satisfaction with access is measured using survey responses from:
  - Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS), 2010
  - MedPAC Beneficiary Survey, 2010
  - Medicare Current Beneficiary Survey (MCBS), 2008

Beneficiaries' health status by area of residence shows mixed results

	Metropolitan	Micropolitan	Rural, Adjacent	Rural, Non Adjacent
Health Status				
Fair/Poor Self Rated Health	Ref	Worse	Worse	Same
Any ADLs	Ref	Worse	Better	Better
National HCC risk scores (100% of Medicare)	Ref	Better	Better	Better

Source: Medicare Current Beneficiary Survey, 2008
Note: HCC risk scores = CMS hierarchical condition categories.

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Beneficiaries in rural adjacent counties are less likely to have private supplemental insurance

	Total	Metropolitan	Micropolitan	Rural Adjacent	Rural Non Adjacent
Medicare Only	10.2%	9.4%	11.2%	16.2%	9.7%
Dual Eligibles	19.7	19.1	20.9	24.3	17.5
Employer Sponsored Ins	39.4	41.8	33.6	31.5	36.8
Medigap/Other	30.8	29.7	34.4	28.1	36.0

Source: Medicare Current Beneficiary Survey Cost and Use Files, 2007

Numbers are preliminary; subject to change

Beneficiaries' perceived access to physician services in 2010

Unwanted delay in getting an appointment: Among those who needed an appointment, "How often did you have to wait longer than you wanted to get a doctor's appointment?"

	Total	Urban	Rural
For routine care			
Never	75%	76%*	72%*
Sometimes	17	17	19
Usually	3	3	4
Always	2	2	2
For illness or injury			
Never	83	83	83
Sometimes	13	12	14
Usually	2	2	1
Always	1	1	1

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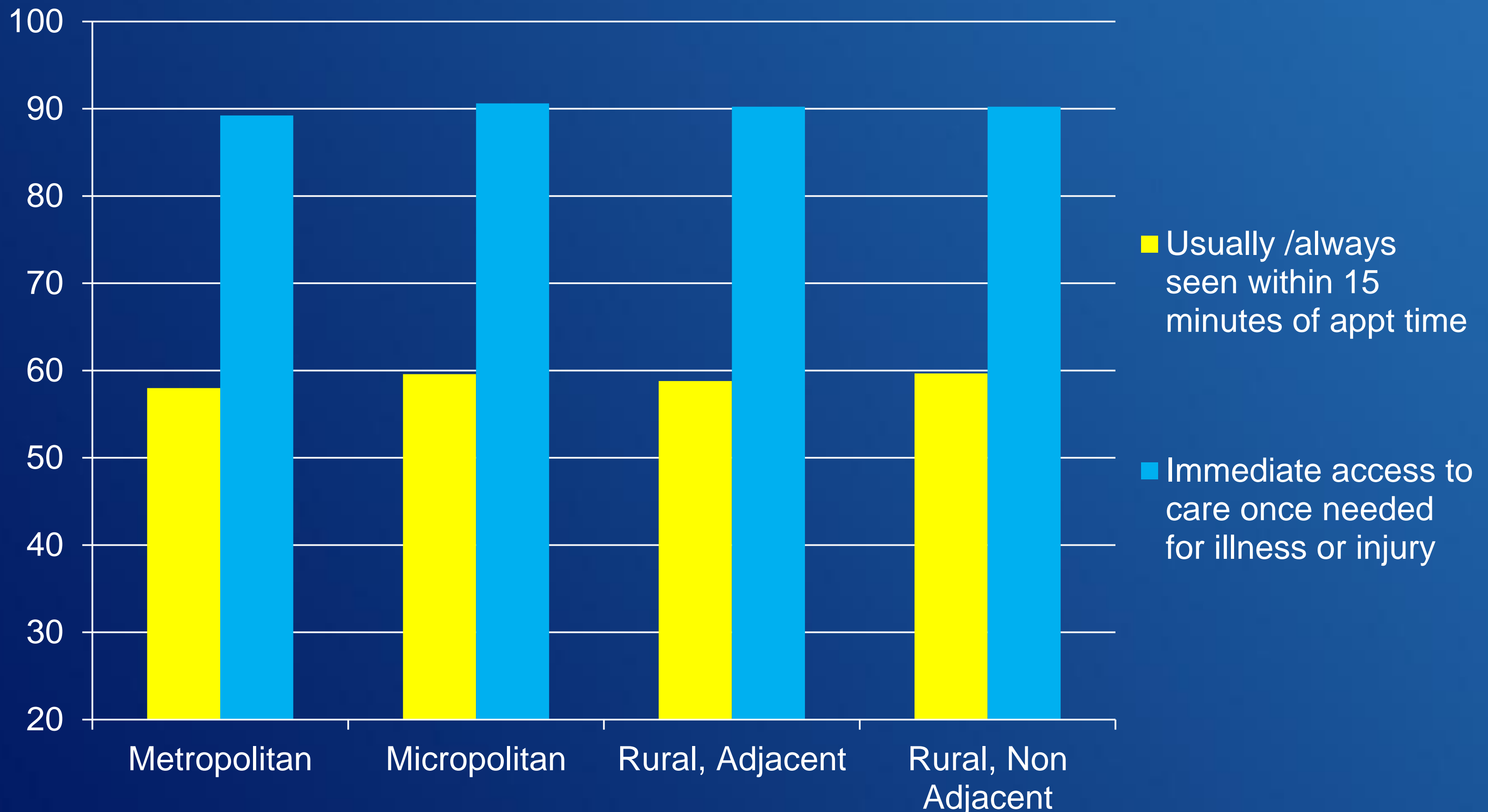
Source: MedPAC beneficiary access survey conducted May to September 2010, N = 4,000
Note: Asterisks indicate statistically significant difference between urban and rural.
Numbers are preliminary, subject to change

Rural and urban beneficiaries' satisfaction with access to services



Source: Medicare CAHPS 2010, N=354,289

Satisfaction with measures of access to care is high across groups

- Satisfaction with ease of getting to the physician from residence was over 90% across all groups
- Satisfaction with communication with clinician about health care was over 90% across all groups
- 3% of urban and 7% of rural beneficiaries drive for an hour or more to access health services

Few rural and urban beneficiaries report limited access due to transportation and cost

- Only 4% of rural and urban beneficiaries report any trouble with access to care
- A similar proportion of rural and urban beneficiaries report problems due to transportation and cost
  - About 1.3% report problems with cost, and 0.6% say transportation
- The long driving distances in rural areas do not appear to disproportionately impact beneficiaries' satisfaction with access to care

Summary

- Fewer doctors per capita in rural areas and recruitment continues to be a challenge
- Despite fewer local doctors, volumes of services received are roughly equal in rural and urban areas (on average)
  - In some cases rural patients have to travel longer
  - More regional variation in volumes than rural/urban variation
- Satisfaction: roughly equal
- The analysis does not try to determine the right volume of service. It only shows that rural and urban volumes are similar in most states.
- The similarity in volumes of care received and satisfaction may reflect long standing efforts at the local, state and federal levels to improve access to care for rural Medicare beneficiaries.