

Findings from rural site visits

Jeff Stensland and Joan Sokolovsky

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Rural report mandated by PPACA

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

Analysis Plan

- Learn beneficiary and provider perspectives on:
 - Access
 - Quality
- Conduct data analysis on services obtained by rural and urban beneficiaries
- Conduct data analysis of quality of care in rural areas
- Examine rural special payment provisions using cost report and claims data
- Examine adequacy of payments given the special rural payment provisions

Getting beneficiary and provider perspectives on rural health care

- We conducted beneficiary focus groups and rural site visits this summer
- Focus groups and interviews were conducted in Montana, Kansas, and Alabama
- Sites included CAHs, FQHCs, rural health clinics, rural referral centers, and individual physician offices

What did beneficiaries and interviewees tell us about rural health care?

- Beneficiaries did not report problems accessing primary care services
- We heard transportation can be a problem for those needing specialized care
- Physician recruitment was the most significant challenge discussed
- Rural hospitals vary in size and service mix
- Use of telemedicine is limited

Focus group participants reported access to primary care services

- Nearly all focus group participants said they had a usual source of primary care
- The provider could be a physician, a nurse practitioner, or a physician assistant
- Many beneficiaries said they appreciated the personalized care they got locally
- Some beneficiaries said they drive to the nearest metropolitan area to get all of their medical care

We heard of different ways that beneficiaries get specialty care

- Some beneficiaries get access to specialists who provide periodic clinics at their local hospital
- Others said they travel to a city or rural referral center to see specialists
- Interviewees said transportation can be a problem for those needing specialized services like dialysis or chemotherapy

Interviewees identified physician recruitment as a challenge

- Some challenges identified include taking call, rural lifestyle, smaller national pool of primary care physicians, and the different nature of primary care in rural areas
- Options identified include contracting with temporary physicians and recruiting foreign physicians
- Facilities generally could recruit nurses locally

Interviewees spoke of the need to “Grow our own” rural physicians

- Identify students in high school and college
- Program to shadow local physicians
- Help with preparatory course work
- Rural residency programs
- Fully funds cost of medical school after 4 years practicing in a rural area

Rural hospitals vary in their size and service mix

- In two states, small hospitals were likely to be CAHs; in one, they were not
- Many small hospitals we visited only provided emergency care and swing beds; others provided more services
- Beneficiaries said having a local hospital was important in emergencies but some did not use it for other services
- Physicians differed about the importance of having a hospital in their community

We heard mixed reports about quality of care

- Beneficiaries generally defined quality care in terms of communication and they expressed satisfaction with the care they receive
- Providers believe that they are providing good quality care but some raised issues about quality concerns in their communities

Use of telemedicine in sites we visited was limited

- Most hospitals and some clinics had telemedicine equipment but did not use it on a regular basis
- Interviewees cited technical difficulties and lack of consultants in urban area
- We heard some examples of use for psychiatric visits, eICU, and oncology
- Providers use teleconferencing to keep in touch with others outside their community

Discussion questions

- These visits represent a preliminary step in our work on the rural report
- As you continue your deliberations, you may want to discuss some issues raised in the site visits:
 - Physician recruitment
 - Access to services
 - Quality of care