Advisory Committee Update
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Agenda

• Introductions
  • RHRPRC Team
  • Advisory Committee
• Status Update of Years 1, 2, and 3 Projects
• Proposed Year 4 Projects
• Dissemination Opportunities
• Other
Year 1 Projects

- The 2014 Update of the Rural-Urban Chartbook
- Rural Hospice Care
- Assess the Impact of Care Coordination on Frontier Medicare Beneficiaries’ Quality and Cost of Care
- Use and Performance Variations in Rural Emergency Departments: Implications for Improving Care Quality and Reducing Costs

The 2014 Update of the Rural-Urban Chartbook

- Chartbook available on Gateway
- Policy Brief: Rural-Urban Disparities in Heart Disease
  - Forthcoming: Respiratory Health
- Presentations
  - Complete: 10
  - Upcoming: 3
Rural Hospice Care

• Two literature reviews available on Gateway
• Qualitative Study: Perspectives of Rural Hospice Directors
• Quantitative Study (forthcoming): An Examination of Hospice Care for Rural Medicare Beneficiaries
• Presentations
  • Complete: 2
  • Upcoming: 1 (this afternoon!)

Perspectives of Rural Hospice Directors

Key issues include:
• Rural factors – population and socioeconomic characteristics, travel distances (“windshield time”)
• Finance – lower per diem rate
• Regulations – staffing, face-to-face requirements
• Workforce – recruitment and retention
• Relationships with other organizations – competition with LTC
• Technology – connectivity issues
Percentage of Deceased Medicare Beneficiaries who Received Hospice Services (2009-2010)

Assess the Impact of Care Coordination on Frontier Medicare Beneficiaries’ Quality and Cost of Care

- Developing manuscript for *Health Services Research*
- Submit to FORHP Week of May 4
Use and Performance Variations in Rural Emergency Departments: Implications for Improving Care Quality and Reducing Costs

- Policy Brief: Use and Performance Variations in U.S. Rural Emergency Departments: Implications for Improving Care Quality and Reducing Costs

From 2008-2010, 38% of Emergency Department (ED) visits were for non-emergent conditions.

A higher percentage of patients visiting EDs in small/isolated rural areas (67%) and large rural areas (69%) were seen for non-emergent conditions than in urban areas (62%).

Factors associated with higher levels of non-emergent use included: age less than 40 years, female gender, low-income, small/isolated rural residence, areas with fewer than five primary care physicians per 10,000 people, and the South U.S. Census Region.

Patients visiting rural EDs spent less time waiting to be seen for emergent (7-10 fewer minutes) & non-emergent conditions (10-15 fewer minutes) compared to urban EDs.

Lengths of visits in rural EDs were shorter for emergent (23-86 fewer minutes) and non-emergent conditions (42-60 fewer minutes) than in urban EDs.
Year 2 Projects

- Rural Hospice: Surveys of Family Members and Workers
- Rural End-of-Life Care: An Analysis of Rural Medicare Beneficiaries’ Health Care Costs and Utilization
- Utilization of Hospital Care for Rural Medicare Beneficiaries
- Frontier and Rural Definition Development and Dissemination Project

Rural Hospice: Surveys of Family Members and Workers

- Hospice Workforce: An Annotated Review of the Literature
- Third wave of workforce survey in the field
- No findings to report yet
Utilization of Hospital Care for Rural Medicare Beneficiaries

Data Sources:
• 2012 MedPAR
• 2012 MBSF
• Road distance and time from residential ZIP codes to the closest 100 CAH and short-term hospitals

Analysis:
• Identify those beneficiaries whose closest hospital is a CAH
• Compare those who used a CAH and those who did not
  • Demographics
  • Diagnoses
  • Distance/time

Frontier and Rural Definition Development and Dissemination/RUCA Development and Website

RUCA
• Code version 3.1 is available at the ZIP code level
• Static maps are being created
• Test website is being reviewed and updated to be approved by Dr. Hart after July 1, 2015

FAR
• ZIP code level data has been released by the ERS
• The data have been linked to the spatial files needed for mapping
• Website development will begin after the RUCA data are updated
Year 3 Projects

• Exploring Rural and Urban Mortality Differences
• Examination of Rural and Frontier Home Health Services
• Exploring Implications of Global Budgets in a Rural Healthcare Environment
• Critical Review and Analysis Regarding PCSAs, HPSA Rational Service Areas, and Other: Geographic Alternatives for Creating Useful Primary Care Service Areas

Exploring Rural and Urban Mortality Differences

![Mortality Rates](image)
Exploring Rural and Urban Mortality Differences

Mortality Rates (per 100,000 pop) Among People Ages 25 to 64 Years in the Appalachia Region Compared to the National Rates by Gender, Rural-Urban Status, and Cause

Mortality Index

Select:
Gender
Cause of Death
Urban-Urban Status: Large Central, Large Fringe, Small/Medium Metro, Micropolitan, NonCore

Appalachia and National* Mortality Rates by Urban-Rural Status

* National rates are the mortality rates for the entire U.S. for the age-range, gender, and cause specified, regardless of urban-rural status.

Exploring Rural and Urban Mortality Differences

Mortality Rates (per 100,000 pop) Among People Ages 25 to 64 Years in the Appalachia Region Compared to the National Rates by Gender, Rural-Urban Status, and Cause

Gender: Male

Urban-Urban Status: Large Central, Large Fringe, Small/Medium Metro, Micropolitan, NonCore

Mortality Index

*The line where Index=100 indicates the point at which the Appalachian and National rates are equal.
Proposed Year 4 Project Topics

The Use of Care Coordination in Rural and Frontier Hospitals
This mixed methods study will highlight opportunities and challenges of implementing care coordination programs in rural and frontier communities. Specifically, the study will highlight states and organizations that have implemented sustainable care coordination models in rural communities.

Use of Rural Emergency Departments for Behavioral Health-Related Care
This study will explore the prevalence of rural and urban ED utilization for mental health-related diagnoses, identify the primary diagnosis for patients presenting with a mental health concern, and most importantly, explore any variation in discharge.

Proposed Year 4 Projects

The Cost of Rural EMS
This qualitative study will assess the reasons for rural EMS closure (financial, staffing, regulatory, or other), the impact on the immediate area where the closure occurred, and the impact on surrounding areas that now have to cover the area where the closure occurred.

Cost of Running a Rural Ambulance Service
This is a mixed-method case study of a minimum of 2 states within each of the 4 Census Regions to address the cost, from a societal perspective, of running an ambulance service. The disparity between reported and a predictive model of actual costs will define the funding gap upon which actionable programs can be targeted.
Dissemination Strategies

- Full reports and research briefs
  - Rural Health Research Gateway
  - UND Center for Rural Health website
  - NORC Walsh Center for Rural Health Analysis website
- Peer-reviewed Journals
- Press Releases
- You-tube interviews/overviews with authors
- Blogs
- Conference Presentations – NRHA, AcademyHealth, APHA, National Advisory Committee on Rural Health and Human Services
- Partners – NOSORH, NRHA, APHA – Medicare Care (rural)
- CMS/CMMI presentations
- Other?

Next Steps

- Complete Projects for Years 1-3
- Submit Project Topics for Year 4 to ORHP
  - June 3 – full project proposals
- Provide updates to Advisory Committee regarding products and Year 4 projects
Thank you!