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Access to Specialty Care for Medicare Beneficiaries in Rural Communities

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Key Findings

- More than one in five appointments for Medicare beneficiaries at surveyed Rural Health Clinics (RHCs) result in outside referrals.
- The majority of RHC respondents reported that they have trouble finding specialists for Medicare patient referrals.
- Mental health, behavioral health, and psychiatry were identified as the most difficult specialties for rural Medicare beneficiaries to access.
- RHC respondents most commonly attributed access difficulties to a lack of specialty providers.

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Purpose

Access to care is a challenge in many rural communities and can be an issue for primary care services, but also for specialty care services. However, there is limited information on access to specialty care providers in rural areas and the barriers rural Medicare beneficiaries may face in obtaining these services. This policy brief presents findings from an online survey of Rural Health Clinics describing access issues for rural Medicare beneficiaries in seeking care from specialty care providers.

Background and Policy Context

Access to timely health care services has been a long-standing issue for rural communities.[1-4] There are many barriers to care that make access difficult in rural communities, including health care workforce shortages, higher poverty rates and lower insurance coverage rates, and longer distances to health care facilities compared to urban residents.[4-6]

Rural Health Clinics (RHCs) are an essential source of primary care services in rural communities. RHCs were created by the federal government in 1977 to address a shortage of providers serving rural Medicare beneficiaries.[7] Roughly 4,500 RHCs across the country provide underserved rural areas with access to primary care and preventive services,[8] but they are not set up to provide specialty care services. Yet, specialty care is particularly important for Medicare beneficiaries, given that they tend to have more complex health care needs than the general population, including chronic health conditions and functional limitations.[9]

Roughly 15% of Medicare beneficiaries in the U.S. who are looking for a new specialist (of any type) to contact for an appointment have trouble finding one.[10] While urban areas have 263 specialists for every 100,000 individuals, rural areas only have 30 specialists for every 100,000 rural residents.[11] Though there are data available on the number of specialists located in rural areas, a deeper examination of the specialty services required and the specific barriers to accessing specialty services is needed to improve accessibility to necessary care for rural Medicare beneficiaries.

Approach

We fielded an online survey about access to care for rural Medicare beneficiaries in collaboration with the National

Association of Rural Health Clinics, and received 111 responses from RHC staff across 27 states. Respondents included clinic managers and administrators, practice supervisors, nurse managers, CEOs, medical directors, and physicians. The survey was conducted between March and April of 2019. Respondents were invited to participate through a link on an online RHC forum and participation was entirely voluntary. As this survey included RHCs that voluntarily chose to participate, data cannot be considered representative of all RHCs, but instead provide a perspective of RHCs willing and able to respond to a request for information on this topic. The survey included 24 questions and took approximately 5-10 minutes to complete.

After the survey was completed, RHC organizational data were analyzed. From these data, we created eight categories based on the type of service provided. For questions related to specific types of specialty services, each type of service was placed into one of these eight categories. Finally, content analysis was used to identify themes from responses describing difficulty in accessing specialty care for Medicare beneficiaries.

Three members of the research team coded open-ended responses to determine the categories and themes related to specialty care in RHCs. The questions included: 1) What is the hardest specialty service to get access to?; and 2) Why is that specialty service hardest to get access to? (Some respondents provided multiple responses to a given question, while others did not respond to certain items, so total responses do not necessarily reflect individual respondents.) Researchers coded the responses independently and then checked for consistency. In the few instances where there was disagreement, the researchers met to discuss and achieve consensus.

We also conducted an analysis to see whether there was variation in difficulty accessing specialty services by how far the next nearest clinic and hospital were from the RHC using chi-squared tests in Stata.

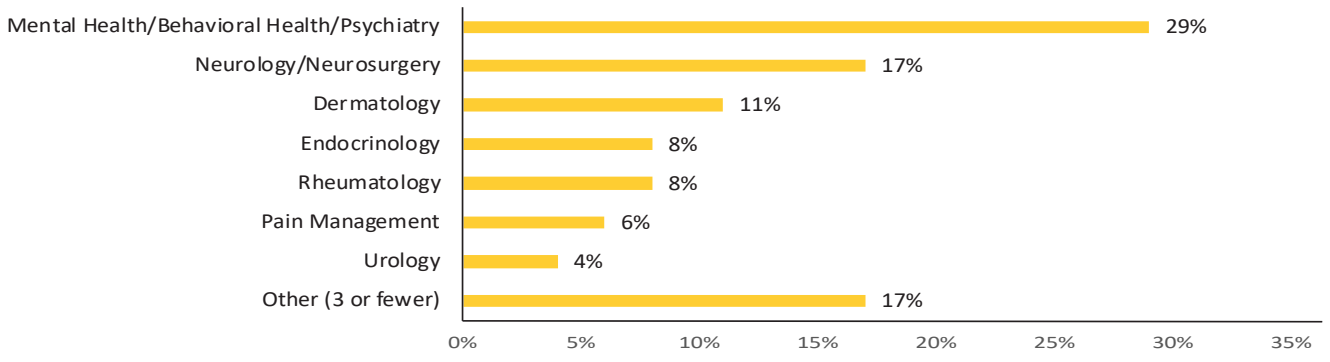
Results

Specialty care services were necessary for more than one in five (22%) of all Medicare beneficiary appointments in RHCs surveyed, but nearly two-thirds (64%) of all RHC respondents noted that they had difficulties finding specialists to whom they can refer their patients.

Respondents provided a range of specialty services that were the hardest for their rural Medicare patients to access, including (listed alphabetically): behavioral health, cardiology, dental[a], endocrinology, ENT, GI, inpatient psychiatry, inpatient rehab, mental health, nephrology, neurology, neurosurgery, orthopedics, orthopedic oncology, pain management, psychiatry, pulmonology, rheumatology, and urology. Some respondents also mentioned that "all" or "multiple" specialties were the most difficult to access, some named more than one specialty, and 27 individuals did not respond to this question.

The most frequently mentioned category of specialists that was difficult to find referral appointments for included mental health/behavioral health/psychiatry, with 29% of responses (Figure 1). Neurology/neurosurgery was the second-highest (17%), and the separate categories of dermatology, endocrinology, rheumatology, pain management, and urology all had four or more responses. The "other" category includes the specialties (such as those listed in the above paragraph) that were

Figure 1: Most Difficult Specialties to Find Timely Referrals For



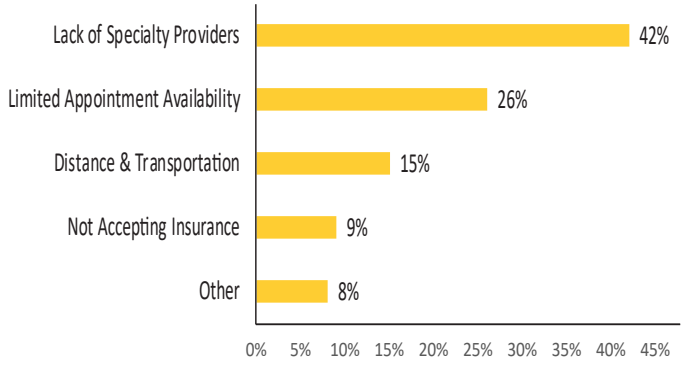
[a]Note: Traditional Medicare does not typically cover non-medical dental services, though some Medicare Advantage plans may offer these services.

mentioned three or fewer times by respondents.

When respondents were asked about why the above specialties were so difficult to gain access to, they provided answers that were grouped into five themes: lack of specialty providers, limited appointment availability, distance and transportation, not accepting insurance, and other. Forty-nine respondents answered this question, though some provided multiple answers.

Lack of specialty providers was the most common theme, with 42% of responses (Figure 2). RHC respondents mentioned that there were just "not enough" specialty providers or facilities in their areas, and the demand was too high for the number of providers that were available.

Figure 2: Top Reasons for Difficulty in Making Timely Referral



The limited appointment availability theme included responses that noted too few appointments or long waiting periods. For example one respondent noted, "it takes months to get an appointment scheduled."

RHC respondents also mentioned distance and transportation barriers, and this theme included responses highlighting the length of time ("four hours") or distance ("110 miles") to get to the nearest specialist. Lack of transportation available to providers in other cities and even to local specialty providers was also mentioned, along with the idea that some patients do not want to travel.

The theme of not accepting insurance combines responses related to specialists not accepting Medicare, Medicaid, or other insurance types (or the uninsured), and the barrier that creates for being able to access specialty services, even for rural residents with Medicare coverage. These responses included mentions such as, "a lot of specialty doctors in our area [do] not accept Medicaid or Medicare" or "most pain management doctors do not take insurance."

Finally, the other theme includes responses that did not otherwise fit within a theme with the rest of the responses, such as barriers related to criteria restrictions for inpatient rehabilitation, or issues related to specific patient histories.

In comparing difficulty with accessing specialty services with RHC characteristics, we found that RHCs with trouble finding specialists tended to be farther from the nearest hospital, and slightly farther from the nearest clinic than RHCs that did not have trouble finding specialists. For example, nearly 5% (4.2%) of RHCs that had difficulty finding a specialist to refer to were more than 60 miles from their nearest hospital, compared with 2.5% of RHCs that did not have difficulty finding specialists. See Table 1 for details. While these differences were not statistically different, possibly due

Table 1: Distance to Nearest Hospital and Clinic by Difficulty Finding Specialists

	Distance to Nearest Hospital		Distance to Nearest Clinic	
	No Difficulty Finding a Specialist	Difficulty Finding a Specialist	No Difficulty Finding a Specialist	Difficulty Finding a Specialist
<10 miles	72.5%	62.0%	57.5%	57.8%
10-30 miles	17.5%	22.5%	32.5%	33.8%
31-60 miles	7.5%	11.3%	10.0%	7.0%
>60 miles	2.5%	4.2%	0.0%	1.4%

to small sample sizes, distance is likely a factor in easily accessing specialty care. More work is needed to fully understand differences and ways in which telehealth and other remote use of specialty care is playing a role in removing access barriers for rural Medicare beneficiaries, especially in remote locations.

Discussion and Implications

Though RHCs provide access to primary care services, RHCs included in this study often struggle to find specialists to refer their Medicare beneficiary patients to when advanced care is needed. This is a particular issue for rural areas, which are aging rapidly and have corresponding increased needs for specialty care specific to the Medicare population.

We found that mental health care is the greatest specialty care need for rural Medicare beneficiaries. This finding is consistent with previous studies showing this is a major issue for rural older adults and individuals with disabilities in need of long-term care.[12] There are over 6,000 Health Professional Shortage Areas for Mental Health providers in the U.S., and over 60% are in rural or partially rural areas that need over 4,000 additional practitioners.[13] Addressing these needs for additional mental and behavioral health providers in rural areas is critical to improving access to the full spectrum of care Medicare beneficiaries need.

To address provider availability, greater incentives could be used to encourage specialists to practice in rural areas, and there could be additional utilization of telehealth services for specialty care. These solutions could alleviate barriers of limited providers and appointment availability, as well as mitigate some of the distance and transportation issues faced by beneficiaries.

There are many known challenges related to transportation in rural areas,[14] and this continues to be a problem for which there is no easy solution. Enrollment in Medicare Advantage plans has nearly doubled over the last decade,[15] and could provide additional relief for transportation concerns as Medicare Advantage plans can offer non-emergency transportation as a benefit, whereas traditional Medicare plans do not. The implications in rural areas could vary depending on available benefits, but more research is needed to see how various solutions could best address the transportation issues faced by rural Medicare beneficiaries accessing specialty care.

There are also several limitations for accessing specialty care related to insurance coverage. Network adequacy may be a problem due to limited providers in rural areas, potentially leading to a lack of in-network specialists accessible for rural beneficiaries.[16] This is particularly relevant for beneficiaries on Medicare Advantage plans. While Medicare is widely accepted by providers, some specialists may not choose to enroll in Medicare and accept Medicare coverage (or any insurance at all), resulting in additional barriers to access for beneficiaries, especially when they may already have fewer options in rural areas. Improvement in coverage of specialists (and acceptance of Medicare by specialists) would be helpful to increasing access to specialty care.

Ultimately, ensuring that rural Medicare beneficiaries have enough specialists available, and that beneficiaries are able to get to appointments with those providers, is essential to improving access to care for the growing population of Medicare beneficiaries in rural communities.

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