Rural & Underserved Health Research Center

Highlights of a Successful First Year

From its first year of projects, the Rural & Underserved Health Research Center has so far published six reports, given two presentations, and produced two infographics.

Researchers Jeffery Talbert, Trish Freeman and Aric Schadler, working on the project **Barriers and Disparities Associated with Pneumococcal Immunization among Rural Elderly Adults**, developed two searchable infographics for our website using 2014 Medicare data. One shows the administration of influenza vaccine and pneumococcal vaccine by state and county and rurality, as well as the provider type (pharmacy and non-pharmacy) by rural/urban status. The other infographic shows the administration of pneumococcal vaccine and influenza vaccine per eligible population by rural/urban status. One can scroll to see for each state the actual number of vaccines delivered in rural and urban areas, the eligible population, and the vaccine rate. Jeff Talbert presented the infographics and data at the National Rural Health Association Annual Meeting in May 2017 in San Diego. The researchers have also published a Policy Brief, using 2014 Medicare data, where they discuss finding a significant disparity in pneumococcal vaccine service delivery to fee-for-service Medicare beneficiaries. Although primary care providers delivered the majority of pneumococcal vaccines to this population, pharmacy providers delivered a significantly greater proportion of vaccines in rural versus urban counties.

From the Center's project, **The Impact of Medicaid Expansion on Rural/Urban Variations in Access to Substance Use Treatment**, researchers Ty Borders and Hefei Wen conducted analyses of nationally representative data from the National Survey on Drug Use and Health for the years 2008-2015. Ty Borders presented initial findings at the National Rural Health Association Annual Meeting in May 2017. The researchers have published two Policy Briefs, the first of which, *Illicit Drug and Opioid Use Disorders among Non-Metropolitan Residents*, provides estimates of the prevalence of illicit drug and opioid use disorders among non-metropolitan adults 18-64 years of age. They found that prevalence rates did not decline from 2011-2013 to 2014-2015 despite the implementation of major substance use treatment policies. Of particular concern, however, heroin use disorder prevalence increased in recent years. In their second Policy Brief, *Perceived Treatment Need and Utilization for Illicit Drug and Opioid Use Disorders in Non-Metropolitan Areas*, the researchers found that the vast majority of non-metropolitan adults 18-64 who satisfy criteria for an illicit drug use or opioid use disorder do not perceive a need for treatment or receive formal substance use treatment. Despite policies to increase treatment access over the 2008-2015 study period, they found very few changes in perceived treatment need and utilization.

Researchers Lars Peterson and Bo Fang, for the project **Variation in Scope of Practice and Medical Services Available at Family Physician Practices within Rural Areas**, have produced two publications. In their Policy Brief *Rural Family Physicians Have a Broader Scope of Practice Than Urban Family Physicians*, they discuss that while the scope of practice of family physicians has been shrinking, these physicians still practice broadly, often due to fewer health care resources in rural areas. Using data from 18,846 family physicians seeking continued American Board of Family Medicine certification in 2014 and 2015, the researchers found that a high percentage of rural family physicians provide nearly every clinical service queried. In their second report, *Rural Family Physicians in Patient Centered Medical Homes Have a Broader Scope of Practice*, they examined whether rural family physicians who work in a Patient Centered Medical Home (PCMH) practice have a broader scope of practice than those not in PCMH practices. They found that rural family physicians in PCMH practices generally provide more services than those in non-PCMH practices. The main diverging finding was that rural family physicians practicing in PCMHs reported lower rates of providing inpatient care and inpatient-related procedures.

In the project **Exploring the Impact of Rural Hospital Closures on Use of Emergency Medical Services**, researchers Alison Davis and SuZanne Troske looked at the CMS Fee-For-Service Provider Utilization and Payment Data: Physician and Other Supplier Public Use File. This file includes data for providers that submitted Medicare Part B non-institutional claims during the 2012 through 2014 calendar years, and the researchers extracted the list of all providers in each state and the District of Columbia designated as "Ambulance Service Provider." In their Policy Brief, *Ambulance Services for Medicare Beneficiaries: State Differences in Usage, 2012-2014*, Davis and Troske analyzed Medicare beneficiaries' use of ambulance services across the U.S. to gain a better understanding of how beneficiaries, most of whom are elderly, use these services. Ambulance usage differed by state by the following measures: percent of Medicare beneficiaries using services, number of miles transported per year and per day, and number of days of services used in a year. This data provides vital information for policymakers who set rules and regulations about access to the services.

For more information about the Rural & Underserved Health Research Center and our current projects, visit https://ruhrc.uky.edu/projects/.

Rural & Underserved Health Research Center, University of Kentucky, 111 Washington Ave. Suite 101B, Lexington, KY 40536
Web: ruhrc.uky.edu ● Tel: 859.218.0108 ● Fax: 859.257.2821