

POLICYLAB



# EXAMINING PERCEPTIONS OF HEALTH CARE REFORM NEEDS IN RURAL COMMUNITIES: A QUALITATIVE STUDY OF RURAL PRIMARY CARE CLINICIANS

**Tony Spadaro**

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## CONFLICTS OF INTEREST

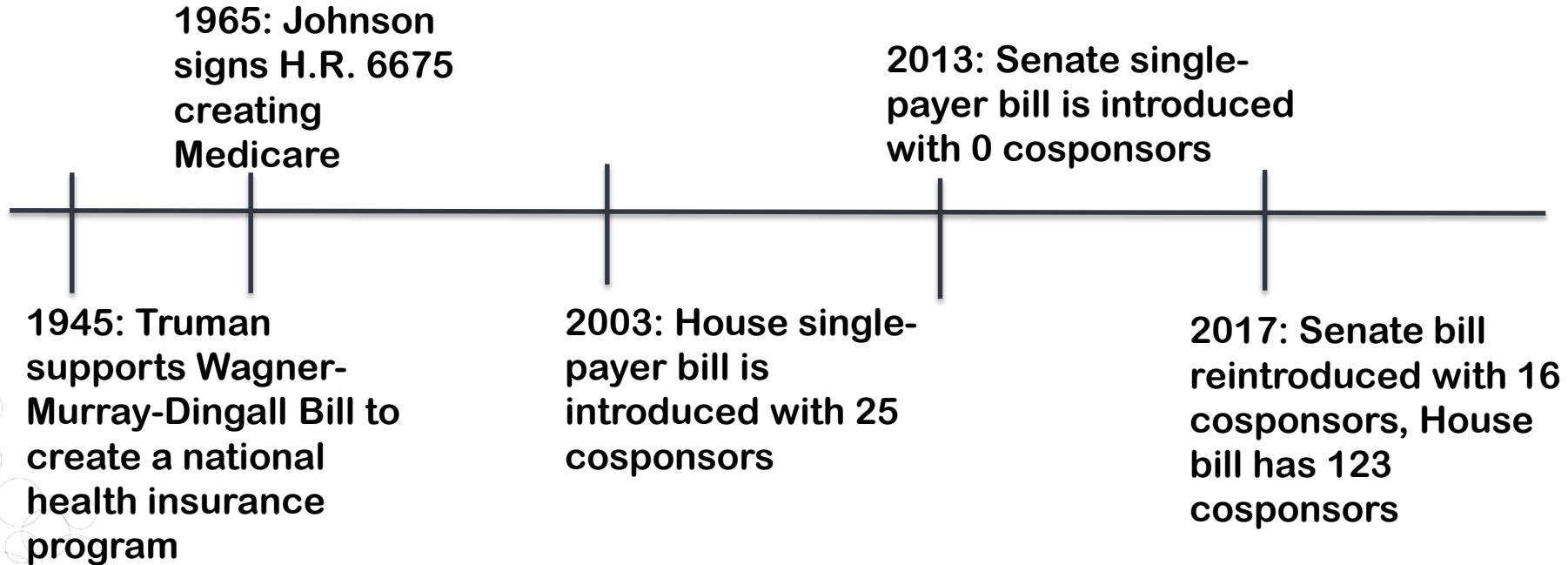
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# No Conflicts of Interest to Report

# BACKGROUND

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## A Brief History of Single Payer Reform



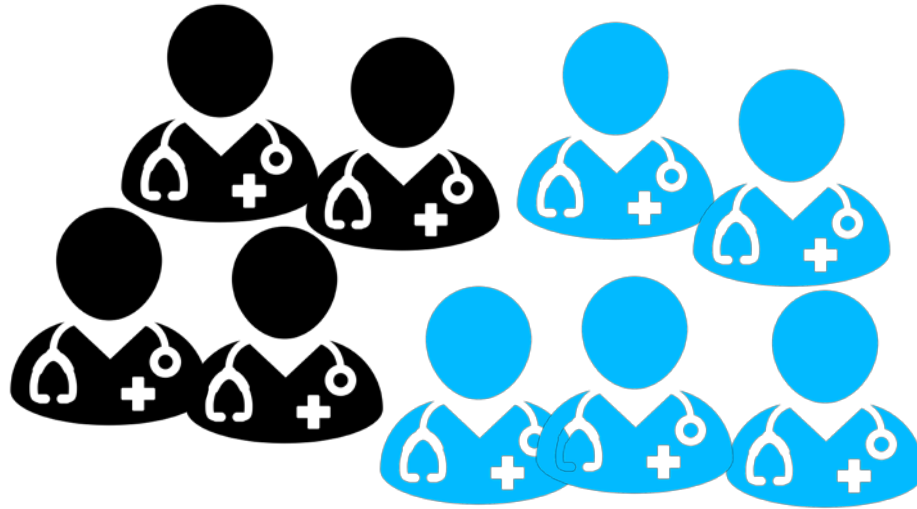
Hoffman B. Health Care Reform and Social Movements in the United States. *American Journal of Public Health*. 2003;93(1):75-85.,

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Foran C. Sanders Makes His Pitch for Single Payer. *The Atlantic*. Accessed Sept 30, 2018.

<https://www.theatlantic.com/politics/archive/2017/09/bernie-sanders-single-payer-health-care-legislation/539676/>

# CLINICIAN PERCEPTIONS OF HEALTHCARE REFORM



**Few rural  
participants  
included in  
single payer**

Mohta N., Dafney L. New Marketplace Survey Payers and Providers Far Apart. NEJM Catalyst. March, 1 2018. Available at <https://catalyst.nejm.org/new-marketplace-survey-payers-and-providers-remain-far-apart/> Accessed September 25 2018

Serafini M. Why Clinicians Support Single-Payer – And Who Will Win and Lose. NEJM Catalyst. January 17, 2018. Available at <https://catalyst.nejm.org/clinicians-support-single-payer-win-lose/> Accessed September 25 2018.

McCormick D, Woolhandler S, Bose-Kolanu A, Germann A, Bor D, Himmelstein D. U.S. physicians' views on financing options to expand health insurance coverage: A national survey. *J GEN INTERN MED.* 2009;24(4):526-531. <https://www.ncbi.nlm.nih.gov/pubmed/19184240>. doi: 10.1007/s11606-009-0916-x

## A RESEARCH GAP IN RURAL HEALTH

<b>National Rural Health Snapshot</b>	<b>Rural</b>	<b>Urban</b>
Percentage of population	19.3%	80.7%
Number of physicians per 10,000 people	13.1	31.2
Number of specialists per 100,000 people	30	263
Population aged 65 and older	18%	12%
Average per capita income	\$45,482	\$53,657
Non-Hispanic white population	69-82%	45%
Adults who describe health status as fair/poor	19.5%	15.6%
Medicare beneficiaries without drug coverage	43%	27%
Percentage covered by Medicaid	16%	13%

*All information in this table is from the Health Resources and Services Administration and Rural Health Information Hub.*

### Rural Populations tend to

- Have lower physician density
- Be older
- Have lower income
- More likely to utilize government help

## Research Question:

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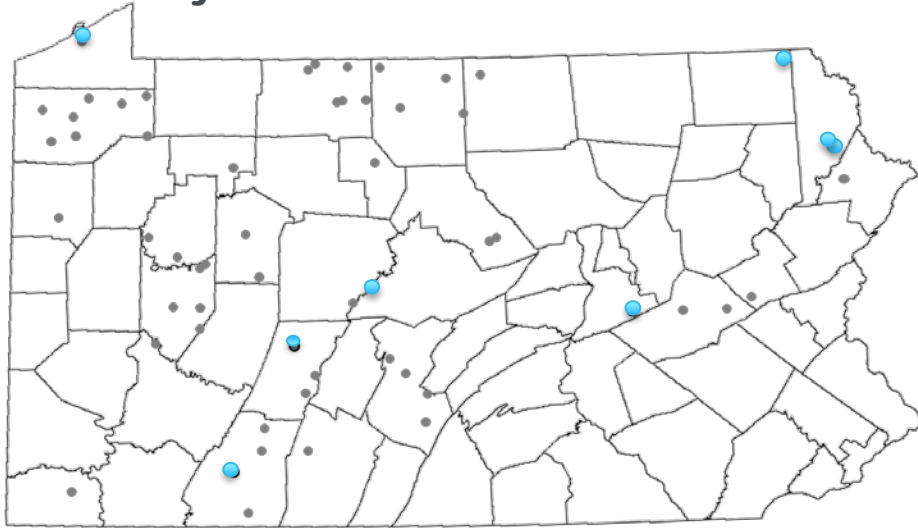
**How do Primary Care Clinicians in Rural areas think about health care reform?**

## Research Aims:

- **Learn from clinicians what they identify as the healthcare reform needs of their communities**
- **Assess what clinicians think are the benefits and drawbacks to various health insurance reform options**
- **Develop an understanding of the unique perceptions of clinicians in rural counties.**

## METHODS: SAMPLING

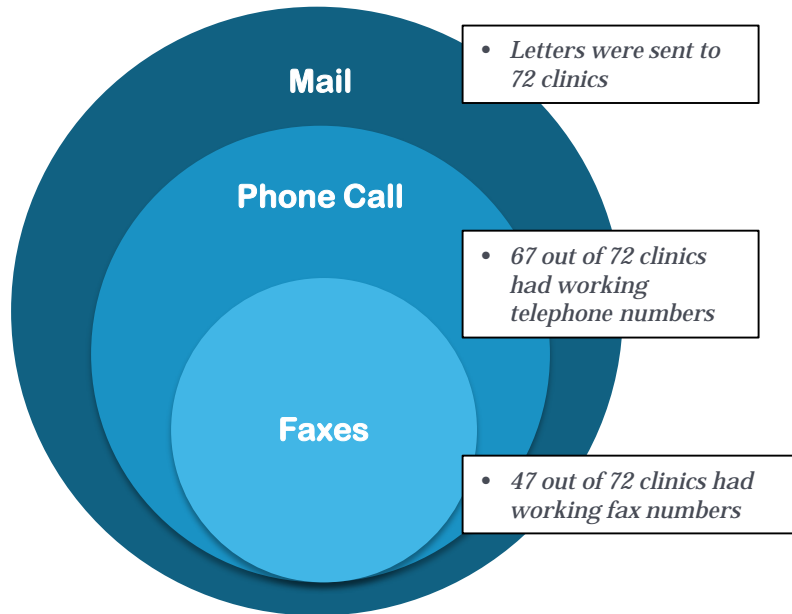
### Map of Rural Health Clinics in Pennsylvania



- Using Centers for Medicare and Medicaid Services website we identified 72 Rural Health Clinics in Pennsylvania

- grey circle denotes RHC
- blue circle denotes participant RHC

# METHODS: DATA COLLECTION



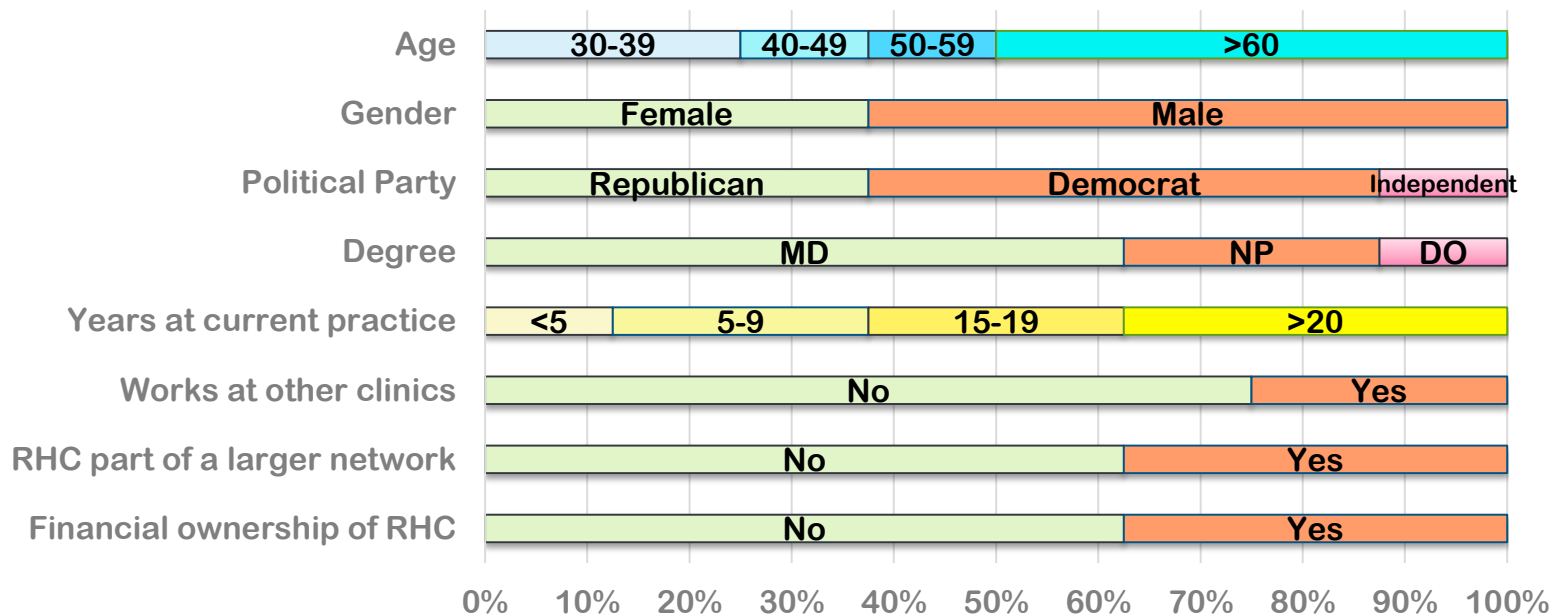
## Data Collection

- In depth semi-structured interviews were conducted over the phone
- Interviews were recorded, transcribed, de-identified and analyzed in NVivo12



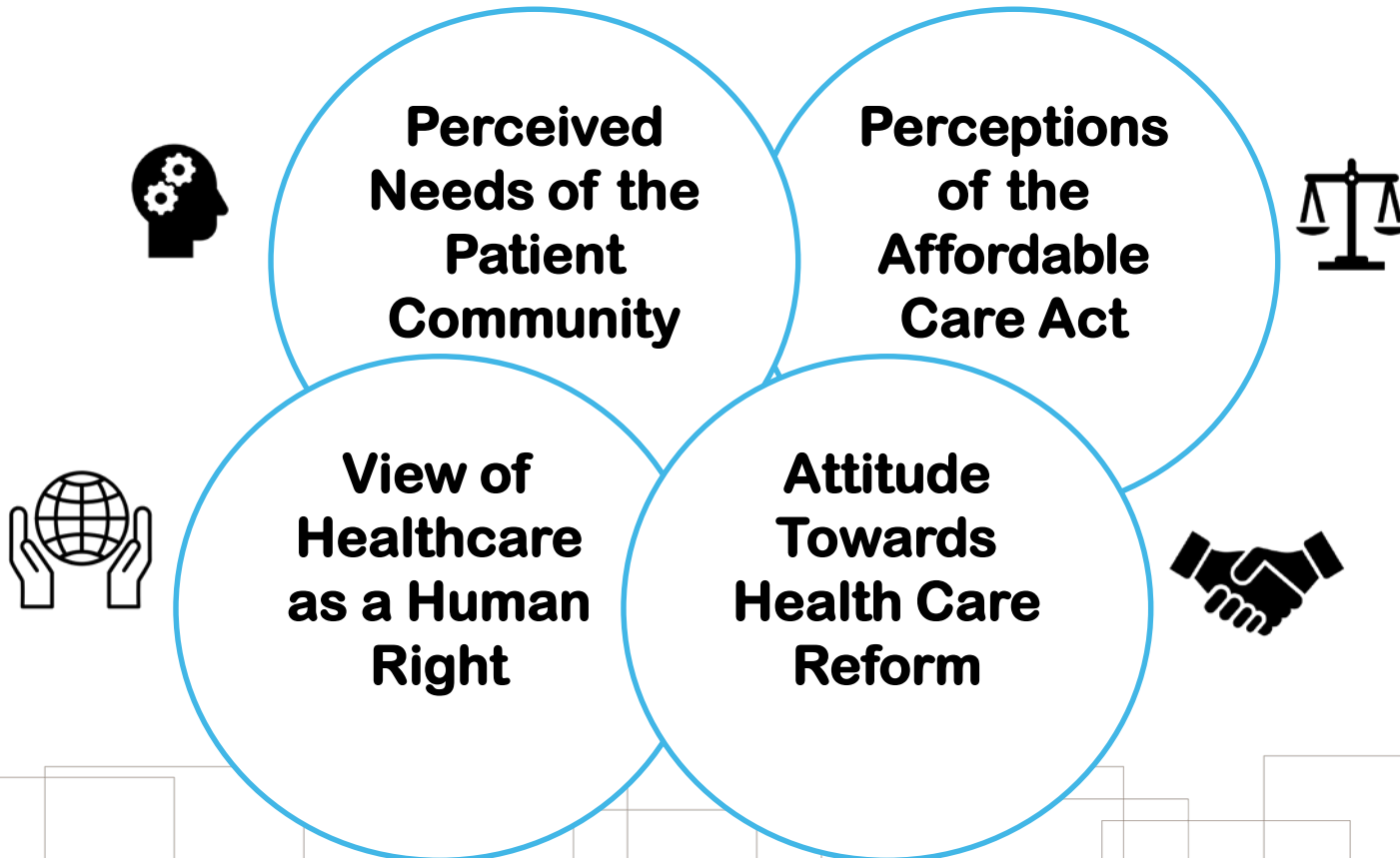
# RESULTS

## Clinician Characteristics (n=8)



## ANALYSIS MAIN THEMES

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“Insurance is important to have so that you don't have **the cost** associated with your healthcare, but sometimes it makes it even **more cumbersome to get the care that people need.**”



“So I think there's a two part problem with access. I think a lot of access to health care is over utilization. I do believe it's 20 to 30% of access is **over utilization** of things that probably **just need a little patience**, a little time to see where they go.”



“And I think that healthcare reform if it's successful in this community is going to **incentivize** medical students to **practice in rural areas** in some ways.”



“Specialized care is difficult. They have to travel for that for the most part, although the organization I'm employed by now is trying to get specialists to come down to this area. The **biggest difficulty with the specialists besides the availability, is a lot of our people lack transportation.** Some of our patients walk to the office.”



“What I see the primary **disadvantage** of the **Affordable Care Act** is it took patients who had affordable healthcare and drove it **to the ceiling**. So patients who were able to have access to healthcare, they had a \$500 deductible, now we're looking at \$5,000 to \$7,500.”



“I think everybody, if you're alive, you have the right to stay that way. I mean, that's how I think about it. **You deserve to have healthcare, and you deserve to have good healthcare.**”





## ANALYSIS: ATTITUDE TOWARDS HEALTHCARE REFORM

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“I don't think you can end up having a single payer system with full coverage without also having to have some form of **rationing** or controlling on it, which will **spiral out of control**”



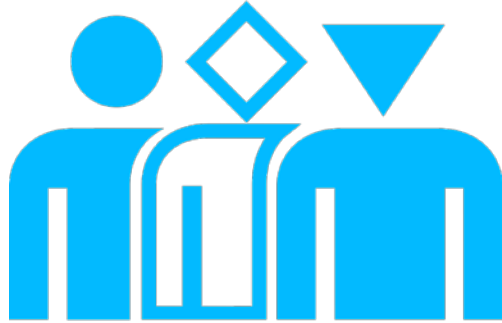
## ANALYSIS: ATTITUDE TOWARDS HEALTHCARE REFORM

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“the **system in Germany** is probably one that tends to come up now and again with a few of my colleagues. I know one is very pro that system because it, again second hand, helps insure everybody's covered, it gives a little bit of variety in the market place so it's not just a single payer, so there's still some competition ”

## DISCUSSION

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**Diversity in rural  
opinions and  
overlap with  
political leaning**



**Widespread  
frustration**



**Work ahead for  
proponents and  
opponents**

## LIMITATIONS

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- All participants were non-Hispanic white
- Clinicians limited to one state
- Secular effect bias

## FUTURE DIRECTIONS

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**Expand participant pool to include providers at Federally Qualified Health Centers in rural areas**

**Develop quantitative survey that could be completed easily by many providers**

**Develop report or brief to get results in the hands of policymakers**

## ACKNOWLEDGMENTS

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Jill Johnson, PhD

Dominique Ruggieri, PhD



# QUESTIONS AND COMMENTS?



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## PolicyLab

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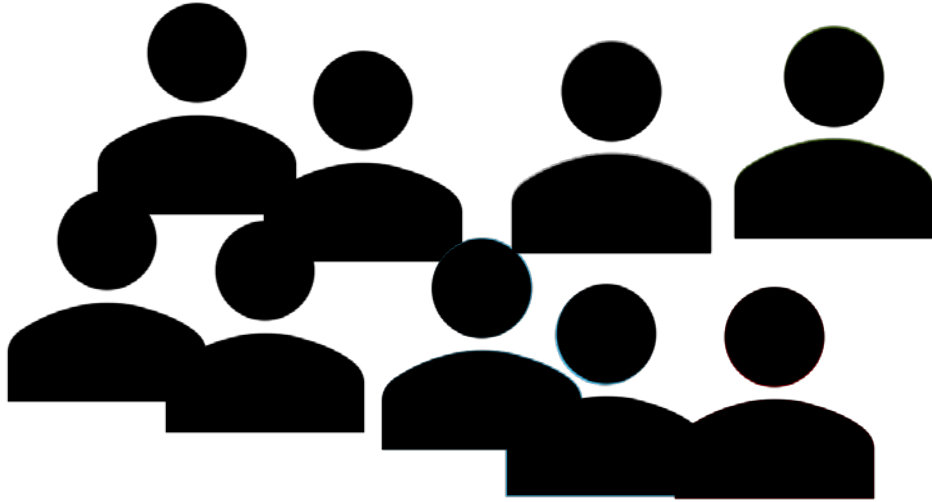
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## BACKGROUND

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# What is Single Payer?

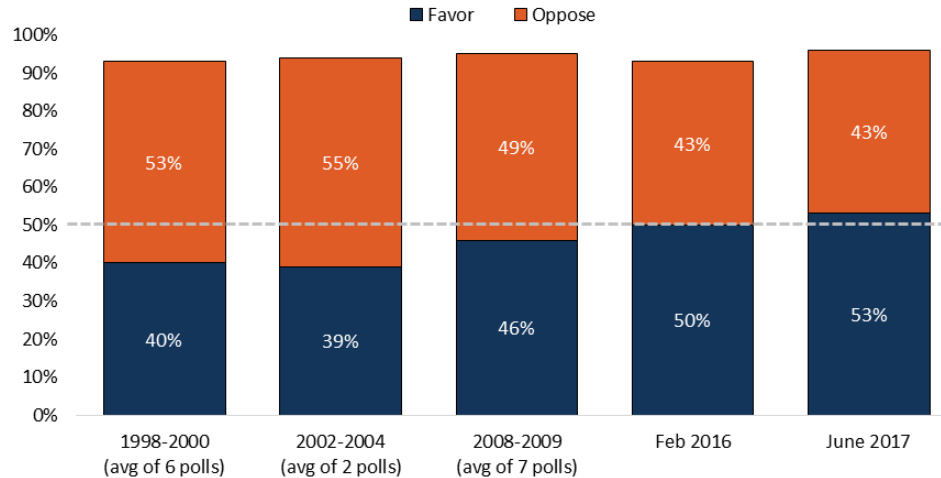


# PUBLIC PERCEPTIONS OF SINGLE PAYER

Figure 1

## Modest Increase in Support for Single Payer Health Care in 2017

Percent who favor or oppose a national health plan in which all Americans would get their insurance from a single government plan



NOTE: Question wording varied slightly over time. See topline for full question wording.  
SOURCE: Kaiser Family Foundation Polls

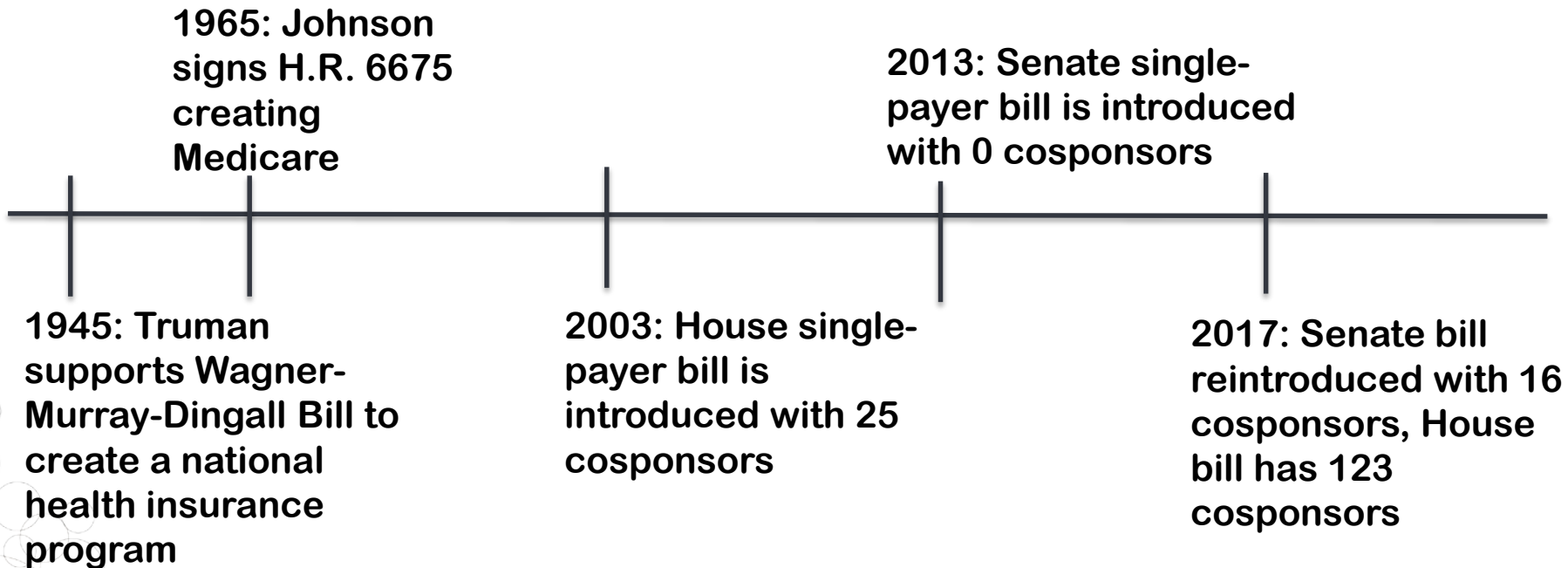


Hamel L., Wu B., Brodie M. Data Note: Modestly Strong but Malleable Support for Single-Payer Health Care. Kaiser Family Foundation, July 5, 2017. Available at <https://www.kff.org/health-reform/poll-finding/data-note-modestly-strong-but-malleable-support-for-single-payer-health-care/>. Accessed March 3, 2018.

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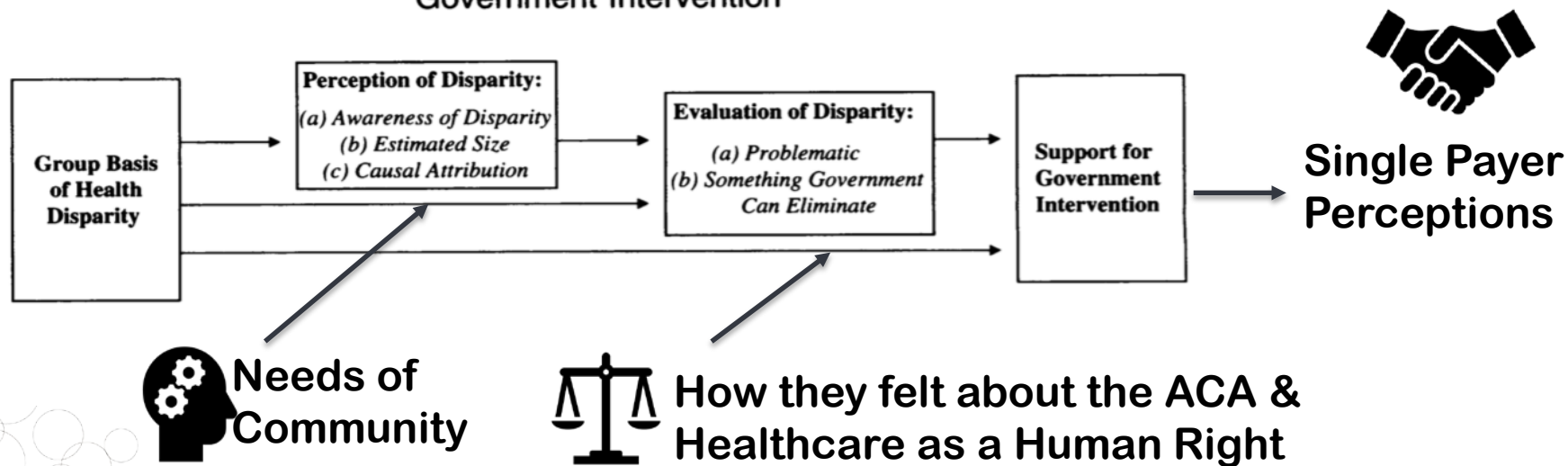
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# DISCUSSION

FIGURE 1

Hypothesized Pathways Between Group Basis of Disparity and Support for Government Intervention



Rigby E, Soss J, Booske BC, Rohan AMK, Robert SA. Public responses to health disparities: How group cues influence support for government intervention. *Social Science Quarterly*. 2009;90(5):1321-1340. <http://www.jstor.org/stable/42940633>



“One is, I think it'd be **fair across the board** if everybody had the same coverage, and I think that it would be **easier from a billing stand** point to do it. You'd have one system, you'd submit one bill through one. It just seems **easier.**”



“I do think it is, but maybe **not in the political sense** in which it is used a lot of times. I think about it more on the flip side that **it is our responsibility and duty as physicians and healthcare providers** to provide healthcare to people more than if someone's right to demand it.”



“I don't know anywhere where I'd consider healthcare to be a right I think **it is a privilege**. I think if you want to drive a car, it's a **privilege**”



“So I think there's a two part problem with access. I think a lot of access to health care is over utilization. I do believe it's 20 to 30% of access is **over utilization** of things that probably **just need a little patience**, a little time to see where they go.”



“The main **benefit** I would say is that it [the **ACA**] has permitted patients that have not had access for years to have **access to healthcare.**”





“I think when you look at most things that the Federal Government has dabbled their hands into whether it's Medicare, whether it be social security, whether it be the postal system, you can see that model in **the VA, it has failed miserably there**. So I think asking them to replicate those similar failed models as what I've explained to you”



“And I think that healthcare reform if it's successful in this community is going to **incentivize** medical students to **practice in rural areas** in some ways.”