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

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CONFLICTS OF INTEREST

No Conflicts of Interest to Report
A Brief History of Single Payer Reform

1945: Truman supports Wagner-Murray-Dingall Bill to create a national health insurance program

1965: Johnson signs H.R. 6675 creating Medicare

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A RESEARCH GAP IN RURAL HEALTH

Rural Populations tend to

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

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

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

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

• Letters were sent to 72 clinics

• 67 out of 72 clinics had working telephone numbers

• 47 out of 72 clinics had working fax numbers
## Clinician Characteristics (n=8)

<table>
<thead>
<tr>
<th>Age</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>&gt;60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political Party</td>
<td>Republican</td>
<td>Democrat</td>
<td>Independent</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>MD</td>
<td>NP</td>
<td>DO</td>
<td></td>
</tr>
<tr>
<td>Years at current practice</td>
<td>&lt;5</td>
<td>5-9</td>
<td>15-19</td>
<td>&gt;20</td>
</tr>
<tr>
<td>Works at other clinics</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>RHC part of a larger network</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Financial ownership of RHC</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
ANALYSIS MAIN THEMES

- Perceived Needs of the Patient Community
- Perceptions of the Affordable Care Act
- View of Healthcare as a Human Right
- Attitude Towards Health Care Reform
“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.”
“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

“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

Diversity in rural opinions and overlap with political leaning

Widespread frustration

Work ahead for proponents and opponents
LIMITATIONS

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

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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QUESTIONS AND COMMENTS?

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BACKGROUND

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Favor</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998-2000 (avg of 6 polls)</td>
<td>53%</td>
<td>40%</td>
</tr>
<tr>
<td>2002-2004 (avg of 2 polls)</td>
<td>55%</td>
<td>39%</td>
</tr>
<tr>
<td>2008-2009 (avg of 7 polls)</td>
<td>49%</td>
<td>46%</td>
</tr>
<tr>
<td>Feb 2016</td>
<td>43%</td>
<td>50%</td>
</tr>
<tr>
<td>June 2017</td>
<td>43%</td>
<td>53%</td>
</tr>
</tbody>
</table>

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

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DISCUSSION

FIGURE 1

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

- Perception of Disparity:
  - (a) Awareness of Disparity
  - (b) Estimated Size
  - (c) Causal Attribution

- Evaluation of Disparity:
  - (a) Problematic
  - (b) Something Government Can Eliminate

- Support for Government Intervention

Single Payer Perceptions

Needs of Community

How they felt about the ACA & Healthcare as a Human Right

SUPPORT FOR GOVERNMENT INTERVENTION

“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.”