

Rural Provider Interviews & Surveys Project

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University of Missouri



BACKGROUND

Funding Source

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Health Resources Services Administration-19-101 *Medical Student Education Program – An Innovative Model to Increase Primary Care Physicians for Rural and Underserved Missouri.* **PI: Kathleen Quinn, PhD.**



BACKGROUND

Defining “Rural”

Health Resources & Services Administration utilizes a combination of **The United States Census Bureau**, the **Office of Management and Budget**, and **Rural-Urban Commuting Area (RUCA) codes** to define rural areas.

Areas defined as rural:

- All non-metro counties
- All metro census tracts with RUCA codes 4-10 and
- Large area Metro census tracts of at least 400 sq. miles and population density of 35 or less per sq. mile



MOTIVATION

The Changing Landscape: Medicaid Expansion

2020 Missouri voters passed the constitutional amendment to expand Medicaid

Estimated expansion population: **225,000 – 275,000**

A greater proportion of new enrollees likely coming from rural health care shortage areas

Previous research = enrollees

This research = providers

MOTIVATION

The Changing Landscape: Medicaid Expansion

The Medicaid expansion population will **increase demand** on health care access and availability, particularly in remote and underserved areas of Missouri

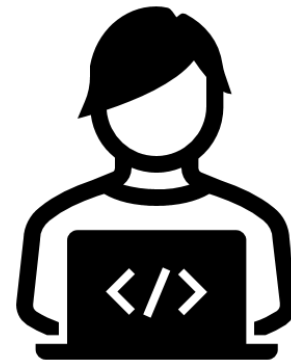
This increased demand may expose cultural and capacity barriers among existing providers to accept and care for new Medicaid enrollees.

We proposed to directly query providers' readiness, perceptions, and response to this changing landscape of rural health care capacity and need.

METHODOLOGY

Phase I: Key Informant Interviews

Interviews with primary care providers in rural Missouri who care for Medicaid patients



Goal: Identify the barriers rural providers experience in meeting the needs of their patients

RESULTS

Key Informant Interview Participants

17 interviews with primary care providers

General Practice Physicians

Dentists

Nurse Practitioners

Public Health Practitioners

Dermatologists

Surgeons

Pharmacists



RESULTS

Preliminary Themes

1. Rural health care providers in Missouri have generally favorable views on Medicaid Expansion and increasing access to healthcare

“Health care is one of the few rights, in my opinion, that all people should have, along with education, clean water. I mean, there are certain things that they should have, and healthcare is, I believe, one of those things. So, yeah, I’m certainly in favor of Medicaid Expansion.”



RESULTS

Preliminary Themes

2. Rural health care providers in Missouri worry about the capacity to care for new Medicaid enrollees, both at their practice and in the overall health care workforce

“But right now, there aren't those providers out there. So yes, people have access, but do they actually have access? Because there aren't enough providers to provide the care for the number of people that are enrolled. So access in my mind there is a bit of a misnomer.”

RESULTS

Preliminary Themes

3. Rural health care providers in Missouri experience challenges working with Medicaid, such as low reimbursement rates and high levels of administrative burden

“Just because there's more people eligible to have it doesn't change the fact that it's not an insurance plan that's easy to work with.”

“And so over time, the practice just became less financially stable and got to the point where the administrative burden was so high, the number of people we had employed to just kind of submit to Medicaid and figure out which patients we could have what and couldn't have things, that overhead cost just became so high that [we were] unable to sustain being a private entity.”



RESULTS

Preliminary Themes

4. Rural health care providers in Missouri report issues with treating Medicaid patients, such as high no-show rates for appointments

“One of the biggest challenges we often run into is getting patients to show up.”

RESULTS

Preliminary Themes

5. Rural health care providers in Missouri are unlikely to have received formal training on Expansion or Medicaid in general

“I honestly can't say that I've received any formal training on Medicaid expansion in the last two years.”

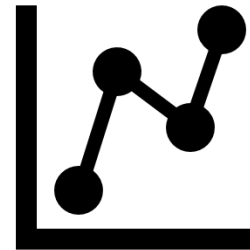
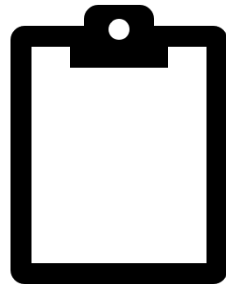
“Virtually none. I mean, I can't even point to anything. I knew that it was in the works, but as to the details, I don't know much about it even.”

NEXT STEPS

Phase II: Provider Surveys

Surveys with primary care providers in rural Missouri who care for Medicaid patients

Study results will inform policy makers, providers, and other partners via a summary report, peer-reviewed publication, and data dashboard



SUMMARY

Partnerships & Resource

The key to successful interview phase = **partnerships**

Additional Resource: **Medicaid Expansion Enrollment Dashboard** – Washington
University Institute for Public Health



SUMMARY

Rural Health Implications

Given existing health inequities, knowing the capacity of providers and the barriers they face to meet the needs of their patients can be **especially valuable in rural areas**, but that context comes with its own unique obstacles



THANK YOU



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