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Delivering the U.S. Preventive Services Task Force Recommendations in a Rural Health Plan

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Overview

Rural populations are less likely to receive the recommended clinical preventive health services. We explore the challenges that one health plan faces in delivering the U.S. Preventive Services Task Force (USPSTF) recommendations to its rural patient population.

Key findings include:

- Rural members face barriers to accessing preventive services, such as transportation and limited service availability in rural areas.
- Information exchange about preventive service delivery is more difficult in rural areas.
- Despite barriers, the stability of the rural population presents unique opportunities for delivering the USPSTF recommendations.
- Future research should explore the delivery of the USPSTF recommendations in rural communities on a wider scale.

While research suggests that rural populations have lower access to preventive health services than urban populations, few studies have explored rural populations' access to and utilization of clinical preventive services specifically recommended by the U.S. Preventive Services Task Force (USPSTF).[1] Furthermore, no studies have explored the barriers that rural health plans face in delivering the USPSTF recommendations to a rural patient population.

As part of a larger evaluation of the USPSTF recommendations for clinical preventive services, we studied the challenges associated with delivering the USPSTF recommendations in four different types of health plans, including a hybrid health plan (where some providers are plan-affiliated employees and others are independent contractors to the plan) that serves a large rural population.[2]

Given that few plans today can be characterized as purely open-panel (where physicians are independent contractors of the health plan) or closed-panel (where physicians are plan-affiliated employees), it is particularly informative to examine the integration of the USPSTF recommendations in a hybrid plan, which encompasses characteristics from both models. The mixed-model nature of the hybrid plan presents a unique opportunity to compare key health plan variables of open- and closed-panel health plans within a rural setting.

[1] The U.S. Preventive Services Task Force (USPSTF) is an independent panel of experts in primary care and prevention that systematically review the evidence of effectiveness and develop recommendations for clinical preventive services. The U.S. Public Health Service created the USPSTF in 1984. The Agency for Healthcare Research and Quality (AHRQ) began sponsoring USPSTF activities in 1998 and includes the USPSTF recommendations as part of its diverse Prevention Portfolio.

[2] Infante A, Meit M, Briggs T, Oppenheimer C, Benz J. Evaluation of the U.S. Preventive Services Task Force Recommendations for Clinical Preventive Services, NORC. Report to the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Contract No. HHSP23320045020XI. February 2007.

Structured interviews were conducted with nine health plan staff members at the rural plan, including a Director of Quality Improvement, Directors of Health Information Technology (IT), Quality Improvement and Health IT staff, and Clinical Advisors (health care providers who also serve in a leadership or broader prevention role at the plan). This brief presents these informants' perspectives on the challenges that the plan faces in delivering the USPSTF recommendations to a rural patient population.

Barriers to Delivering the USPSTF Recommendations

Foremost among the challenges associated with delivering the USPSTF recommendations to a rural patient population was the lack of local providers of certain clinical preventive services and the long travel distances often required to reach the nearest service provider. According to a Clinical Advisor, "just having immediate access to colonoscopies and mammograms is an issue for members in rural areas." In addition, respondents noted that rural members often have to travel longer distances to receive the recommended clinical preventive services than their urban counterparts: "We have counties that don't have a gastroenterologist. And they're rural. [People] don't want to travel."

> *"Just having immediate access to colonoscopies and mammograms is an issue for members in rural areas."*
> *- Clinical Advisor*

One population that faces severe barriers to receipt of clinical preventive services is the rural elderly. The rural plan is located in a state with a larger elderly population than the national average, and within the state, the rural population is disproportionately older than the non-rural population. As a result, a large portion of the plan's rural membership is elderly. A Clinical Advisor noted that utilization of preventive services by the elderly is inhibited by the rural geography: "There are travel and convenience issues. These issues are more important in [the elderly] population. Most times for specialized services, the question is: where is the nearest hospital?"

> *"Our rural population has a real obesity problem. [It's unclear] whether that's because of our rural nature or [the state] in general. But many of the lifestyle [clinical preventive services] recommendations are related to weight and diet, issues that are difficult for us in our rural population."*
> *- Clinical Advisor*

Obesity, physical inactivity, and substance abuse are common issues in the plan's rural member population as well. This finding supports a body of evidence that suggests that rural populations are more affected by these health conditions than non-rural populations. In order to care for this large subpopulation, Clinical Advisors noted that many of the plan's "lifestyle" preventive services recommendations are related to diet and weight management, as well as substance abuse: "Our rural population has a real obesity problem. [It's unclear] whether that's because of our rural nature or [the state] in general. But many of the lifestyle [clinical preventive services] recommendations are related to weight and diet, issues that are difficult for us in our rural population." Another respondent indicated that the plan "has no shortage of patients who smoke." The plan has responded by developing new quality improvement programs to increase the delivery of tobacco cessation counseling.

The health plan's large rural service area also poses some challenges for the dissemination of the USPSTF recommendations. Specifically, Clinical Advisors described the challenge of adequately communicating clinical preventive services recommendations from the USPSTF and other sources to rural providers across the plan's large service area. The respondent noted that "with over 40 provider sites across a large area, communication of programs and recommendations across all of our providers is a difficult thing."

From an operational standpoint, the plan also faces geographic challenges to collecting and monitoring data on the delivery of the USPSTF recommendations in its

rural areas. Providers located beyond the plan's central service area are less likely to be plan-affiliated doctors, and thus, are less likely to have access to the system-wide electronic medical record (EMR) and other health IT tools. Quality Improvement Staff and Clinical Advisors described that this aspect creates challenges to monitoring whether patients in rural areas are receiving the recommended clinical preventive services: "For patients in the outer edges of our service area who get services outside of the health system, the results come back on paper. There is no clean loop of closure for those folks."

Quality Improvement Staff also indicated that, in order to track service delivery for rural members (whose providers often do not utilize an EMR), it is sometimes necessary for them to travel to remote provider locations to collect the data: "If we have to collect data manually, we may have geographical challenges to go get data. We may drive three hours to get one chart. That is the nature of the beast I guess." These examples illustrate the quality improvement and technological challenges associated with serving a large rural patient population where a significant proportion of providers are not plan-affiliated employees.

Are Certain Types of USPSTF Recommendations Easier to Deliver in Rural Settings?

We also asked respondents whether certain types of USPSTF recommendations are easier to integrate and deliver than others, given that the health plan serves a rural population in a rural setting. Several respondents indicated that certain recommendations are, in fact, easier to deliver than others because of the plan's rural nature.

A Clinical Advisor suggested that the plan finds it easier than its urban counterparts to deliver recommendations for immunizations, for example: "We don't struggle as much with delivering immunizations. The transient population that you deal with in the inner cities is not necessarily a problem here." Another respondent elaborated on the plan's stable patient population, saying "people stay forever." As described by another respondent, patient turnover is less of a problem for providers, making it easier to deliver clinical preventive services recommendations: "One of the things we have seen in our service area that is different than in cities is that people we care for tend to have roots in the area. There is less of a turnover of patients across our service area. There is some switch from provider to provider, but we have a more stable patient population."

"We don't struggle as much with delivering immunizations. The transient population that you deal with in the inner cities is not necessarily a problem here."
- Clinical Advisor

With a highly stable patient population, the plan has an enhanced ability to track patient outcomes over the long-term – something that it hopes to do more of in the future. One Clinical Advisor described that "we probably have more longitudinal data on patients than [other plans]. It's easier to find people. We'd have the ability to follow the effects of an intervention over a decade." With more longitudinal data on its patients, the plan has the ability to explore the impact of quality improvement programs over time.

Conclusions and Further Exploration

This study suggests that rural health plans face additional barriers to delivering the USPSTF recommendations for clinical preventive services than their non-rural counterparts, as well as some advantages. According to respondents from the rural health plan, rural populations face barriers such as transportation and limited service availability in some areas. The plan also has difficulty communicating the recommendations to all of its providers across the rural landscape. While access to a common EMR is helpful for plan providers that are affiliated with the plan's parent health system, information exchange is lacking for the 50 percent of providers that are not directly employed by the system. The fact that the majority of these

providers are located in rural areas at a distance from the plan's headquarters further inhibits the plan's ability to track and monitor the data on provision of services as well as to execute quality improvement interventions. Despite these challenges, the rural environment does present some unique opportunities for delivering the USPSTF recommendations. Since the member population is more stable, certain recommendations such as immunizations are easier to deliver and track. In addition, the plan has more longitudinal data on its patients, which is useful in assessing the long-term value of quality improvement interventions.

Future research should explore the delivery of the USPSTF recommendations in rural communities on a wider scale. Do providers in rural communities deliver the USPSTF recommendations in a systematically different way than providers in urban communities? For example, do providers in rural communities rely on their own judgment rather than the USPSTF recommendations because they treat the same patients for decades, and perhaps feel they know what is best for them? From a systems perspective, as health plans develop advanced health IT solutions, will providers have an improved ability to deliver the USPSTF recommendations in rural communities? On a similar note, will health IT help rural health plans to track service delivery and patient outcomes over time?

Studies should explore these research questions in order to improve the delivery of the USPSTF recommendations in rural communities.

As these research questions are explored in greater detail, we recommend that research on hybrid health plans be a key component of analyzing the impact of plan structure on the delivery of clinical preventive services. Given their open- and closed-panel features, further research on hybrid health plans provides a unique opportunity to understand the impact of plan structure on the delivery of clinical preventive services in rural settings.

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