High cost and declining quality are plaguing health care in the United States. While this is a national issue, the challenges facing individuals in rural communities are especially complex. According to the Centers for Disease Control and Prevention (CDC), more than 46 million Americans—roughly 15% of the US population—live in rural areas, as defined by the United States Census Bureau.¹ (Its definition is based largely on population density.) Health care disparities for this segment of the population are well-documented, and health care organizations and providers in rural areas face unique challenges.

For example, although specialization is a cornerstone of success in many health care reform models, providers in rural communities must have a broad and diverse knowledge base and be exceptional generalists. Rural health care providers may need to travel long distances to bring their services to individuals who otherwise have little or no access to health services. Additionally, while technology offers potential solutions to issues related to access and ongoing patient engagement and support, many rural communities and providers have limited access to this technology.

Indeed, a major health care challenge in rural America is access. Access to health services means "the timely use of personal health services to achieve the best health outcomes."² The 3 primary components of access are:

- Entry into the health care system,
- Ability to reach a location where health care services are provided, and
- A relationship with a health care provider the patient trusts and with whom he or she can communicate.³

It is becoming increasingly difficult in rural America to gain access to needed health care services. Rural communities continue to struggle with recruitment and retention of health care providers, including physical therapists (PTs).
Rural hospital closure rates are contributing to gaps in service availability. Rural communities may be significantly underserved by health care facilities and hospitals. APTA accordingly has been advocating for passage of the Save Rural Hospitals Act (HR 2957). Introduced by Rep Sam Graves (R-MO), the measure seeks to stabilize rural hospitals by ending many of the Medicare cuts that are threatening these facilities’ survival. Rural hospitals are highly vulnerable to changes in Medicare and Medicaid funding, as a disproportionate number of individuals residing in rural communities depend on those payment sources.

APTA also is facilitating communication between and among PTs and physical therapist assistants (PTAs) who support rural hospitals and critical access hospitals—the latter being rural hospitals that meet federal guidelines to receive certain benefits, such as cost-based reimbursement for Medicare services, to reduce their financial vulnerability and improve rural populations’ access to health care. Recently, the association launched a "rural health hub"—an online community where APTA members can share thoughts, questions, and strategies on how best to keep rural health care alive. (For hub access, send an email to advocacy@apta.org with your name and member number.)

Amid all the challenges that exist in meeting the health care needs of rural America, however, lie significant opportunities.

**Filling Care Gaps**

The following are just some areas of growth potential for PTs and PTAs, given existing and continuing needs.

*Chronic obstructive pulmonary disease (COPD).* Per a study by Croft et al, "COPD prevalence, Medicare hospitalizations, and deaths [are] significantly higher among persons living in rural areas than among those living in micropolitan or metropolitan areas...Overcoming barriers to prevention, early diagnosis, treatment, and management of COPD with primary care provider education, internet access, physical activity and self-management programs, and improved access to pulmonary rehabilitation and oxygen therapy are needed to improve quality of life and reduce COPD mortality."4

PTs can have a significant impact in designing and prescribing meaningful and safe physical activity prescriptions for people with COPD. Self-management is an effective strategy for reducing the risk for rehospitalization and improving quality of life. Improving access to physical therapist services early in the disease process is 1 strategy for better management of this condition.

As stated in the clinical practice guideline for COPD,5 "Physical therapists, either individually or as part of a pulmonary rehabilitation team, provide skilled interventions to reduce dyspnea and improve endurance, strength, and quality of life for people with COPD."

http://www.apta.org/PTinMotion/2018/6/ComplianceMatters/
**Opioids.** The national opioid epidemic has hit rural America particularly hard. "The rate of drug overdose deaths in rural areas has surpassed rates in urban areas," the CDC observes. One solution the agency highlights is consideration of nonopioid pain treatment options including "exercise and physical therapy, cognitive behavioral therapy, or more effective pain medicines (like acetaminophen, ibuprofen, and naproxen). Some of these options," the CDC adds, "may actually work better and have fewer risks and side effects than opioids."6

To best implement this solution, access issues in rural America must be addressed. Early and direct access to physical therapy can help reduce exposure to and dependence on opioids. Recognition of PTs as primary providers for musculoskeletal conditions can help reduce care delays that are more common in rural areas.

(For a description of APTA's consumer-directed #ChoosePT campaign, visit www.moveforwardpt.com/choosept.)

**Breast cancer.** A study of exercise preference patterns, resources, and environment among rural breast cancer survivors found that the physical environment often was not conducive to exercise. The study recommended that rural health education programs encouraging exercise should offer multiple options while considering the physical environment and capitalizing on available resources and beneficial social environmental characteristics.7 Depending on the individual barriers to exercise, access to a PT to develop and oversee an exercise prescription may help these patients adopt a healthy lifestyle during and after treatment.

**Pediatrics.** According to a study in the *Journal of Pediatrics*, even accounting for child, family, and health service characteristics, Medicaid spending for physical therapy and occupational therapy is lower for rural children than for their urban peers. The findings suggest disparities in access to appropriate physical therapist and occupational therapist services.8 This disparity may lead to an increased risk for preventable complications and/or disability.

**Stroke.** The incidence of stroke in rural populations is higher than it is in nonrural communities in the United States. A study in the *Journal of Rural Health* found that "Improving patient and caregiver education is paramount to supporting health behavior change to optimize life post-stroke and prevent future strokes." Results of the study "suggest the need for improved access to educational providers, proactive identification of informational needs by providers, greater inclusion of caregivers in education, enhanced communication with information provision, and education from multiple providers using multiple delivery methods at multiple time points."9

This patient population requires early access to physical therapist services to ensure optimal recovery. PTs, occupational therapists, and speech-language pathologists can play a major role in the ultimate outcomes.
More to Do

The foregoing are just some examples of the challenges facing rural America and the providers serving people who live there. Many innovative programs and existing care and payment models still do not adequately address the unique demands and needs of these patients, nor those of providers. Many PTs provide care in rural areas across the United States, confronting and overcoming incredible obstacles to do so. It is critical that we continue to support these providers, engage in efforts to improve access to care in rural America, explore treatment and payment models that improve health and reduce downstream cost—all while promoting greater awareness of the needs and opportunities that exist in health care in rural America.

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References


PT in Motion, APTA's official member magazine, is the successor to PT—Magazine of Physical Therapy, which published 1993-2009. All links within articles reflect the URLs at the time of publication and may have expired.
Comments

Is there a portal where rural therapists could communicate with experienced / specialized PT's to assist with implementing an effective plan of care?

Posted by Rohini Chandrashekar -> =MV_@O on 5/31/2018 5:40:39 PM

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