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Executive Summary

A range of medical services can be provided in the home setting, allowing patients to be discharged from hospital or inpatient rehabilitation settings more quickly. Medicare reimburses for six types of home health care: skilled nursing, physical therapy, occupational therapy, speech pathology, medical social work, and home health aide services. In November 2011, The Centers for Medicare and Medicaid Services modified Medicare reimbursement for home health care, seeking to control costs by reducing inflation-associated adjustments in charges. In the past, changes in reimbursement may have affected rural home health care agencies more adversely than those in urban areas. The purpose of the current report is to describe the status of home health care service delivery in the rural U.S. in 2008, before passage of the Patient Protection and Affordable Care Act and related efforts.

We used Medicare Compare Home Health Agency files for 2008 to examine two aspects of home health care (HHC) across the U.S.: HHC agency availability and quality of services provided. Home health agencies are required to report the geographic areas they serve by ZIP Code; they are also required to report quality results across a range of 12 outcomes. This report is based on agency reports; we did not independently verify that services were actually provided within all listed areas.

Important Findings

As of 2008, most U.S. counties had access to home health services, but rural counties were more likely to be served by only a single agency.

Only 33 of 3,142 counties lack any home health agency, with an additional 121 served by a single agency and thus at risk for loss of service should that single entity leave the market. Of the 33 counties lacking a home health agency, 29 are rural; similarly, of the 121 counties served by a single agency, 119 are rural. Counties in the Midwest and West are most likely to have only a single agency.

Skilled nursing and home health aide services were more widely available than specialized services, such as speech pathology or medical social work services.

A total of 107 counties, 103 of them rural, lacked medical social services, while 84 (80 rural) lacked speech pathology services and 75 (71 rural) lacked occupational therapy. Gaps are sharpest in very rural counties. Thus, 11.5% of remote rural counties lacked medical social services, and 8.2% lacked speech pathology, while less than 1% of micropolitan counties lacked any of the six types of service.

Average facility-level quality of care was slightly lower in rural than in urban counties.

We examined reported quality of home health care across twelve (12) measures. For all outcomes except hospital admission, some types of rural counties showed significantly lower levels of improvement than were reported within urban counties. While these differences are not large, the presence of rural disparities across a broad range of measures suggests the need for further research in this topic.