

DIVISION OF
HEALTH SERVICES RESEARCH AND POLICY

Division News

Rural Health Research Center

A Decade of Research on Rural Health Policy Issues

As its first decade of research on rural health policy issues draws to a close, the Rural Health Research Center (RHRC) in the Division of Health Services Research and Policy looks forward to continuing its policy-relevant research to help shape the delivery and financing of rural health services nationally.

Funded by the Federal Office of Rural Health Policy and The Robert Wood Johnson Foundation,

the RHRC's goals are to conduct quantitative and qualitative research on rural health issues that are important to health policy formation; to disseminate research results and provide technical assistance to local, state and federal health care policymakers; and to train future rural health services researchers.

Principal investigator Ira Moscovice has directed the RHRC since its inception in 1992. He

says, "Health policy in America continues to be based primarily on what works in urban areas. The need for policy-relevant research on rural health issues has never been greater."

RHRC has a core staff of three full time researchers: Michelle Casey, Walt Gregg, and Astrid Knott. Several HSRP faculty, including Lynn Blewett, Kathleen Call, Jeremy Holtzman, Beth Virnig, and Doug Wholey, currently collaborate with Moscovice and RHRC staff on specific RHRC projects.

The Research Center also provides opportunities for graduate students from the Division and related departments to work as research assistants with responsibilities for library research, assembling data files, and conducting preliminary analyses of data. Currently, Terry Hietpas, Jill Klingner, Cleopatra Laicer, and Eric Lewerenz are employed as graduate research assistants at the RHRC.



Rural Health Research Center staff members are, from left, Walt Gregg, Cleopatra Laicer, Ira Moscovice (director), Astrid Knott, Michelle Casey, and Jill Klingner.

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Research agenda

RHRC's research agenda focuses on three policy areas: rural health care financing, rural systems building, and outcomes and delivery of care in rural areas. The Center's agenda includes several projects in each policy area.

In the rural health care financing area, Knott, Gregg, and Lewerenz are completing a study of rural hospitals' access to capital, in consultation with Jeff Stensland, a former RHRC staff member. The study, which is funded by the Federal Office of Rural Health Policy, addresses a national concern that rural hospitals are having difficulty obtaining loans to update their aging buildings and equipment.

To analyze the adequacy of capital markets, RHRC is examining existing government loan programs, including USDA, FHA, and state programs, and private capital markets. "This is the first study that takes an integrated approach to examining federal, state, and private loan programs that attempt to meet the capital needs of rural hospitals," says Astrid Knott, co-project director.

In the rural systems development area, Moscovice and Casey are collaborating with HSRP faculty member Beth Virnig and research

fellow Sara Kind on a study of hospice care in rural areas.

The hospice study, which is funded by The Robert Wood Johnson Foundation, has two parts. A quantitative analysis of Medicare data will examine rural-urban differences in hospice utilization and costs, and define geographic service areas for hospice services. The qualitative part of the study involves case studies of hospices serving rural areas. Michelle Casey, the project director, says that "the case studies will provide an in-depth perspective on hospices' challenges serving rural areas and 'best practices' that can serve as models for other rural communities."

In the outcomes and delivery of care area, Moscovice, Wholey, Holtzman, and Hietpas are completing a study of medical error and patient safety issues in rural hospitals. The purpose of the project is to assess the implications of the recent Institute of Medicine report, "To Err is Human: Building a Safer Health System," for rural hospitals. Strategies for monitoring and implementing systems to prevent medical errors in rural hospitals will be identified.

Ira Moscovice, project director, says that "the national focus on patient safety and medical errors has failed to acknowledge the

Examples of Current and Recently Completed RHRC Projects:

- Rural Hospitals' Access to Capital
- Hospice Care in Rural Areas
- Preventing Errors in Rural Hospitals
- Access to Rural Emergency Medical Services
- Health Care System Response to a Growing Latino Population in Rural America
- Access, Service Use and Costs for Rural Residents with Chronic Illness
- Access to Pharmacy Services in Rural Minnesota, North Dakota, and South Dakota
- The Financial Viability of Rural Hospitals in a Post-BBA Environment
- Medicare Minus Choice: The Impact of HMO Withdrawals on Rural Beneficiaries
- Multi-Center Tracking of the Rural Hospital Flexibility Program

special challenges of monitoring these issues in rural environments. In order to implement effective policies for improving patient safety and reducing medical errors in rural hospitals, a thorough understanding of the unique features (i.e., limited number of health professionals and other resources, limited number of patients) present in the rural environment is necessary."

Dissemination of research

RHRC disseminates its research findings through a series of working papers, extensive publications in peer-reviewed journals, and presentations at state and national conferences, forums, and hearings.

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Dissemination of the results of research to local, state, and federal policymakers who play key roles in the development of legislation and the administration of rural health programs is an important activity of Research Center staff. Since 1992, RHRC staff have made more than 150 presentations on rural health issues to groups that include several U.S. Senate and House

Committees, federal agencies, the Institute of Medicine, MedPAC, the National Governor's Association, the National Rural Health Advisory Committee, legislative and/or executive branches of government in multiple states, and the American Hospital Association.

More information may be found on the Web at www.hsr.umn.edu/rhrc.

HSRP representation strong

Representing the University of Minnesota's School of Public Health in a voluntary capacity are HSRP faculty members Lynn Blewett (Evaluation, Assessment, and Research Workgroup member) and Kathleen Thiede Call (Steering Committee member; and Co-chair of the Evaluation, Assessment, and Research Workgroup). As one of seven coalition workgroups, the Evaluation, Assessment, and Research Workgroup is charged with monitoring progress of the coalition goals and assisting other workgroups with data needs.

As part of this effort, the workgroup has been instrumental in the coalition's efforts to add questions to the 2002 Behavioral Risk Factor Surveillance System (BRFSS) Child Supplement concerning access to insurance and use of preventive services.

"This is exciting," said Call. "The questions on the child supplement provide the only data available to monitor the relationship between insurance coverage (or lack of coverage) and use of preventive services over time for all Minnesota children." The BRFSS Child Supplement is fielded every two years. Currently, data on the use of preventive services are only available for enrollees in public programs or private fully-insured plans, which represents roughly 31% of Minnesota children under age 18 [Source: MDH Health Economics]. This survey will provide the only data on uninsured children and those covered by self-insured plans.

Introducing new HSRP faculty member

Robert J. Town will join the HSRP faculty in January. He received his Ph.D. in economics from the University of Wisconsin-Madison in 1990. His dissertation was entitled "Three Essays in Industrial Organization."

Since 1996, Town has been an assistant professor in the Graduate School of Management at the University of California, Irvine. Previously, he was a staff economist at the U.S. Department of Justice, Antitrust Division.

He will add to HSRP's expertise in the areas of health economics, industrial organization, and applied econometrics. His recent publications focus on topics such as hospital competition in HMO networks, quality of care in hospitals, and mergers and acquisitions.



*New HSRP faculty member
Robert Town.*

Town earned his M.S. and B.A., both in economics, from the University of Wisconsin-Madison and the University of Washington, respectively.