

Research Questions for Consideration by
the Agency on Healthcare Research and Quality

Pursuant to Section 1013
of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003

Rural Policy Research Institute Health Panel

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The questions that follow are organized by topic areas relevant to the delivery of health care services in rural areas. Each topic generates several questions. The RUPRI Panel has attempted to be comprehensive in listing potential questions for researchers to consider, realizing that this exhaustive research agenda will not be completed quickly.

Topic

There may be geographic differences in beneficiary access to prescription drug benefits, before and after MMA, and in the extent of coverage provided by MMA. Of particular interest are the effects of any differences on cost to the beneficiary, use, and quality.

Specific Questions

- ?? Is there an urban-rural difference in the ability of beneficiaries who lose employer-based retirement coverage to find replacement coverage with comparable benefits and cost?
- ?? Will rural beneficiaries enjoy the same access as do urban beneficiaries to information regarding benefit design and comparisons across plans? Do rural Medicare beneficiaries have the same Internet access, and how does that affect their ability to access the information they need to make choices among plans?
- ?? Will plans marketed to rural and urban beneficiaries differ with respect to the benefits offered and/or cost to beneficiary?
- ?? What is the impact on the beneficiary of changes in the formularies that occur during a plan year? Will geographic differences be expected in the way that and frequency with which plans change formularies?
- ?? How are provisions related to medication errors and drug utilization best implemented in rural areas (Section 1860D-4(c)), including cooperation between pharmacists and physicians? How are particular problems of dual eligibles and the homebound addressed?
- ?? How many geographic areas will have only two Prescription Drug Plans (PDPs), and are there substantial differences in formularies available when there are more plan choices? How might differences affect out-of-pocket expenses for the donut hole?
- ?? Will rural beneficiaries have access to Medicare Advantage (MA) plans that offer to fill the donut hole?
- ?? What is the impact on rural beneficiaries of any changes in state assistance programs as a result of the availability of the new benefits, which may not be available with the same out-of-pocket expenses in rural and urban areas?
- ?? Is there a differential impact of prescription drug coverage on the out-of-pocket costs of rural versus urban beneficiaries?

Topic

The new prescription drug benefits may have different effects on different pharmacists and pharmacies based on the nature of the competitive market for delivering prescription medications. Availability of pharmacists and pharmacies in rural areas could be affected. Changes in availability of pharmacists may have a larger effect on the health care delivery system in rural areas than they do in urban areas.

Specific Questions

- ?? What impact will PDPs have on local pharmacies and local access to pharmacy services (Section 1860D-4(b))? How will the requirement of 70% of enrollees having access to pharmacy affect access in rural regions (if the region is defined in some ways that get the 70% from population concentrations, others may be without proximate access)? Does the mail order differential (local pharmacists may charge more for a 90-day supply and thereby increase beneficiary out-of-pocket cost) drive business from rural pharmacies, and, if so, how does that loss of business affect other services, such as counseling, provided by pharmacists in addition to dispensing prescription medication? How important are those services?
- ?? Controlling for utilization, do differences in per capita payments between urban and rural areas cause more use of the stabilization fund to induce plans to cover rural areas?

Topic

The MMA contains sections intended to increase beneficiary enrollment in MA plans. The plans now have greater incentives to enter and aggressively market in previously untested markets, and the appeal of enrolling in MA is increased because beneficiaries are likely to gain access to more extensive benefits. Given previous experiences with Medicare+Choice, the rural experience with MA may differ from the urban experience. That difference could influence the availability of benefits for rural beneficiaries.

Specific Questions

- ?? To what extent will rural Medicare beneficiaries have differential access to the information they need to make choices among plans?
- ?? Will rural beneficiaries have access to multiple MA plans? Will access vary across types of rural communities?
- ?? Will urban and rural beneficiaries have access to the same level of benefits for similar costs, and if not, what will be the resulting impact on outcomes?
- ?? How will the implementation of MA plans affect organization and financing of rural health care services?
- ?? How will private plans pay rural providers? What will the impact of private-plan payment be on rural providers currently receiving traditional Medicare payments (including special payment categories) and on the beneficiaries they serve?
- ?? Will the use of risk corridors vary between rural and urban settings?
- ?? Are there adequate provider networks in rural areas to assure achieving the access provisions of the MMA?

- ?? How will FQHCs, RHCs and other safety-net providers participate in the health plan arrangements, and what will be the impacts on their services?
- ?? To what extent does increased use of MA plans increase service integration, in addition to effects on Medicare beneficiaries?

Topic

The MMA includes numerous changes in payment and regulatory policy affecting rural providers.

Specific Questions About Hospital Services

- ?? What is the net impact of the MMA on Medicare and total margins of rural hospitals? Does the impact vary among rural hospitals? Is access and/or quality affected?
- ?? What are implications of the payment changes in the MMA for hospital charges to privately insured and self-pay patients?
- ?? What are the implications of shifting to outpatient PPS for rural hospitals under 100 beds?
- ?? What are potential barriers to reporting and use of CMS core measures by rural hospitals (e.g., hospitals not reporting the quality indicators because cost of developing and using a reporting system exceeds the gain in Medicare payment)?

Specific Questions About Long-Term Care and End-of-life Services

- ?? How will the use of nurse practitioners in hospice care affect beneficiary access to hospice services and quality of care?
- ?? Will the MMA lead to changes in access and use of home health services in rural areas? How much of any trend is a function of Medicare payment policy?
- ?? What is the sensitivity of cost of home health care to transportation and other barriers?
- ?? What is capacity of the current and projected long-term care workforce, and what impact does that workforce have on quality in long-term care? Are there programs that could improve recruitment and retention of staff, and expand training sites and programs?
- ?? Are increased long-term care payments being used to improve staffing?
- ?? What are the barriers and challenges for rural facilities to meet long-term care quality standards?

Specific Questions About Physician Services

- ?? What is the net impact of the increased Medicare payment through the work component of the GPCI payment adjustment on physician retention and recruitment?
- ?? Is the supply of physicians in underserved areas affected by the scarcity provisions and automatic bonus payments?
- ?? Are there alternative data sources for calculating practice expenses for physicians? What are the effects of using alternative data sources on payment to rural physicians and on access to rural physician services for beneficiaries?
- ?? What impact will provisions to reallocate unused residency positions to rural areas have, including impacts on hospitals and programs from which the positions are taken?

Specific Questions About Safety Net Providers

- ?? What is the impact of increased appropriations to emergency providers to care for resident aliens? Is there a disproportionate effect on rural providers?
- ?? How will the payment changes in the MMA impact safety net providers in urban and rural areas and access to the health care they provide?

Topic

The MMA includes provisions to encourage new efforts to improve quality of care and to make reports of quality indicators public. These provisions are part of a more extensive effort, in the private and public sectors, to link payment to performance.

Specific Questions

- ?? How will rural hospitals participate in the effort to report quality indicators?
- ?? Are there rural-urban differences in beneficiary use of benefits, including initial preventive physical exams and diagnostic tests? Is there a change in any utilization differences as a result of the MMA provisions?
- ?? Does the implementation of chronic care programs in rural areas improve beneficiary health outcomes? What are the research design issues and resolution to applying demonstration ideas to smaller populations? What are differences that might matter in delivery of services that question the external validity of demonstrations done in urban areas?
- ?? What are the links between financial performance and quality performance?
- ?? Are there differences in outcomes between mental health services delivered by physician and non-physician providers and between doctorally prepared and non-doctoral

providers? How does the use of non-physician, non-doctorally trained providers affect access to mental health services in rural areas?

Other Research Questions

- ?? Does the S-CHIP program design affect the ability to enroll children in rural areas?
- ?? What is the impact of state budget shortfalls on SCHIP/Medicaid (all populations) coverage? What are the impacts on uninsurance rates for underserved populations (ARHQ priority populations)?
- ?? What are the patterns of prescription medication use among low-income children in rural versus urban areas, and what is the impact of differential use on outcomes?