



Access To Specialty Healthcare in Rural Areas of the United States

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INTRO & BACKGROUND

- Rural areas are composed of low populations with large amounts of undeveloped land. Typically, under 2500 residents are considered to be rural areas, (National Geographic Society, 2012).
- Urban areas consist of heavily populated areas in cities or around them. There is an abundance of houses, roads, railways and other human structures, (National Geographic Society, 2012).
- Specialty care is care from someone besides the primary care provider that specializes in fields such as nutrition, cardiology, cancer and many more, (Farmer et al., 2005).
- Patients that live in rural areas lack the access to specialty care and are at risk for developing fragmented care due to the lack of urologists, cardiologists, oncologists and many more, (Farmer et al., 2005).
- Individuals living in these areas may experience periods without health insurance due to poverty, and have detrimental effects due to the exponential time without care, (Farmer et al., 2005).

POSSIBLE SOLUTIONS

- Expanding telemedicine in key areas, such as cardiology, to provide routine specialty care visits through technologies such as video conferencing, (St. Louis University, 2019).
- Adding incentives for physicians to practice in rural areas such as loan forgiveness.
- Considering differential payment rates that offer specialists who practice in rural areas more money.
- Incentivizing rural and urban hospitals partnerships.
- Bringing urban specialists into rural health systems on certain days of the week.

PICO QUESTION

How can the access of speciality care affect the lives of people living in rural areas of the United States?

SIGNIFICANCE OF

- Rural residents are more likely to travel long distances to access healthcare services, especially subspecialist services, which can be a significant burden in terms of travel time, cost, and time away from work, (RHIH, 2019, para. 8).
- “U.S. rural communities—from Appalachia and the -Deep South to the Midwest and western states to Alaska and Hawaii—share common risks for poorer health,” (Warshaw, 2019, para. 6).
- “Due to lower service demand, specialists and subspecialists generally cluster in more urbanized areas with larger populations to support their practice, resulting in fewer rurally located specialists....” (Cyr et al., 2019, para. 5).

OUTCOMES

- Rural areas contain barriers that limit care such as financial services to pay for care, method of transportation along with the ability to take time off, (Health Resources & Service Administration, 2019).
- 62.93% of shortage areas of primary care health services were located in rural areas forcing patients to drive long distances to receive treatment, (Health Resources & Service Administration, 2019).
- Early detection of diseases and treatment is limited to patients in rural areas and results in inadequate care, (RHIH, 2019).
- “Residents of rural areas had 40% higher rates of preventable hospitalizations and 23% higher mortality rates than their metropolitan counterparts,” (St. Louis University, 2019, para. 10).
- “People on Medicare with chronic conditions such as heart failure or diabetes who live in rural areas have higher death and hospitalization rates than their urban peers,” “The biggest reason for this appears to be that people in rural areas have less access to specialist physicians like cardiologists and endocrinologists,” (St. Louis University, 2019, para. 2 & 3).



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