

Frontier America: Health system challenges and population health outcomes

Nayar et al. recently published a cross-sectional descriptive study comparing county level characteristics of frontier and non frontier areas including population health outcomes, demographics and health system factors using a merged 2011 County Health Rankings and 2009 Area Resource File. Of a total of 3,141 counties, 438 were identified as “Frontier” as defined below. Frontier counties were found to have a significantly higher proportion of elderly, Hispanic and Native American residents than non-Frontier counties. Frontier counties have lower household income, yet lower levels of illiteracy than the non-Frontier counties. In addition, Frontier counties have lower percentages of ZIP Codes with healthy food and recreational facilities, yet have lower rates of obesity than non-Frontier counties. Finally, Frontier counties have higher non-elderly uninsurance rates and lower rates of primary care physicians to population than non-Frontier counties, yet this study demonstrated that the Frontier counties reported better health outcomes in terms of physically unhealthy days, mentally unhealthy days, poor or fair health and low birth weight than their non-Frontier counterparts (although the authors urge caution in interpreting results due to high proportion of missing data). One of the most pressing challenges for Frontier counties is the significantly higher proportion of elderly residents and the lack of providers with skills and training in geriatric care. CITATION: Nayar, P., Yu, F., & Apenteng, B. (2013). *Frontier America's health system challenges and population health outcomes. The Journal of Rural Health, 29, 258-265.* ◆

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- Health care delivery and health outcomes in Frontier America
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Did You Know?

- The U.S. Congress has defined “frontier” as an area with less than 7 persons per square mile.
- The U.S. Census defines “highly rural” as an area with less than 7 persons per square mile, as does the Veterans Health Administration (VHA).
- At the end of FY12, there were nearly 186,000 Veterans enrolled in VA health care residing in “highly rural” or “Frontier” areas.
- Nearly half of these highly rural Veterans live in 3 Veterans Integrated Service Networks (VISNs 19, 20 and 23).
- These VISNs includes this following states: Montana, Colorado, Washington State, Alaska, Utah, Colorado, Wyoming, Iowa, Minnesota, Nebraska, North and South Dakota. ◆



Network Adequacy Standards for Qualified Health Plans – Rural Considerations

As part of the Affordable Health Care Act, the Qualified Health Plans (QHP) that will be made available to consumers on the online state and/or regional health insurance exchanges (HIE) must meet their defined network adequacy standards. These standards are intended to provide protection for beneficiaries and address the following: provider to patient ratios; drive times to primary and specialty care providers; types of providers available including providers that specialize in mental health and substance abuse; appointment wait times; and essential community providers such as Federally Qualified Health Centers (FQHCs), FQHC look-alikes and critical access hospitals. However, unless certain provisions are made that take into the account the provider shortage and the geographic dispersion of the population, QHP’s may be unwilling and/or unable to serve rural areas, which could exacerbate rather than diminish health care access problems in rural America. The authors of this paper suggest several strategies by which rural HIE’s could make their network adequacy standards flexible to meet the challenges of rural health care including adjusting standards according to degree of rurality and rural utilization norms; counting mid-level clinicians toward fulfillment of patient-provider ratios and allowing plans to ensure rural access through delivery system innovations such as telehealth. CITATION: Talbot, J. A., Coburn A., Croll, Z., & Ziller E. (2013). Rural considerations in establishing network adequacy standards for qualified health plans in state and regional health information exchanges. *The Journal of Rural Health, 29, 327-335.* ◆

