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Regional Differences in Prescribing Quality Among Elder Veterans and the Impact of Rural Residence

Medication safety is an important concern for older adults as advancing age and the number of medications are risk factors associated with adverse drug events. Another important consideration is prescribing quality. Medicare data recently identified regional variation in inappropriate prescribing practices. The analysis identified the highest concentration of potentially inappropriate prescribing in the Southern United States. The lowest rates were found in the Northeast and upper Midwest. The differing approaches to pharmacotherapy are influenced by several factors including health system organization, access to drug benefits and higher co-pays for newer/safer medications. Although there do not appear to be disparities in access to medications for rural Veterans, some studies suggest rural patients may be at increased risk for inappropriate prescribing and fatal adverse drug reactions. Four prescribing quality measures were examined using 2007 VA data to identify regional and urban vs. rural prescribing differences. The VA data demonstrated the fewest quality violations in the Northeast and Midwest with the highest error rates occurring in the South. There was also a significantly higher prescription quality indicator violation rate in older rural Veterans compared to their urban counterparts. Rural Veterans in the South and Northeast were at an increased risk for prescription quality violations compared to urban Veterans. The results mirrored those of a study focused on Medicare beneficiaries. Citation: Lund, B.C., Charlton, M.E., Steinman, M.A., Kaboli, P.J. (2013). *The Journal of Rural Health* Volume 29, Issue 2 (Spring 2013): 172-179. Available: <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-0361.2012.00428.x/full>. ◆

Did You Know?

- Older adults comprise 13% of the United States population yet consume approximately one-third of prescriptions.
- A survey of non-institutionalized people over 65 years found that 71% of men and 81% of women use at least 1 medication per week.
- 19% of men and 23% of women use 5 or more prescriptions a day.
- 45% of enrolled Veterans are older than 65. ◆



Helping Policy-Makers Address Rural Health Access Problems

Safety net hospitals provide uncompensated care to low income and underserved individuals. This care is often subsidized by Medicaid and Medicare Disproportionate Share Hospital (DSH) programs. Many rural safety net hospitals are considered Critical Access Hospitals (CAH) which receive cost-based reimbursement to avoid closure. They have to be located 35 miles from another hospital. These programs provide extra funding to compensate hospitals that care for a disproportionate amount of poor or underserved patients. Based on the assumption that the underinsured population will shrink in 2014 as Medicaid eligibility could be expanded to 133% of the poverty line as part of the Patient Protection and Affordable Care Act (ACA), DSH payments for both Medicare and Medicaid will decrease. Some states are opting out of some of the reforms and may decide not to expand Medicaid to 133% of the poverty line. In these states demand for uncompensated care may remain constant though the DSH payments will decrease. This could negatively impact CAHs or other safety net hospitals in rural areas that care for Veterans in the community. Hospitals in states that don't expand Medicaid may also decide to make-up for that revenue some other way. There are reports that safety net hospitals are trying to collect more revenue from patients to compensate for the reduced DSH payments. The article suggests that hospitals and health systems relying heavily on DSH payments should encourage governors and legislatures to move forward with Medicaid expansion. Other articles have pointed to the possibility of hospital closures in rural areas which would limit options for Veteran care in the community. Citation: Davis, C, (2012). View a [Q&A focused on issues surrounded the Affordable Care Act and Medicaid Expansion](#) by The National Health Law Program, July 2012. ◆

