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Access to Care: Populations in Counties with No FQHC, RHC, or Acute Care Hospital

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The Problem: Limited Access to Primary Care in Rural Areas

Rural populations are older, sicker, and poorer than urban populations.[1] Rural areas also have more limited access to health care than urban areas. In 2013, there were 79.3 primary care physicians per 100,000 people in metropolitan counties, compared to only 55.1 per 100,000 people in non-metropolitan counties.[1] This disparity highlights the need to focus on increasing access to primary care in rural areas. Primary care often serves as the first point of contact for patients with providers and may include services such as health promotion, health maintenance, disease prevention, counseling, patient education, and diagnosis and treatment of acute and chronic illnesses. Studies show that patients who obtain primary care services receive more preventive care and have lower rates of illness and premature death.[2]

To help ensure access to primary care in rural areas, the Federal government supports special health care provider designations that provide enhanced Medicare and or Medicaid reimbursement to certain types of hospitals and clinics—programs such as the Health Professional Shortage Area (HPSA) designation,[3] Essential Communities Providers (ECP) designation,[4] Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHCs). This short brief focuses on three main facilities that provide primary care in rural areas to outline how many people are likely to have limited access to primary care and where they live.

Primary Care Providers in Rural Areas

Three main types of facilities provide primary care to residents of rural communities (other primary care providers operate in rural counties but are not prioritized in this brief):

- *Federally Qualified Health Centers (FQHCs)* are federally designated outpatient clinics that provide health care and other needed services to uninsured, Medicaid, and other vulnerable patients. FQHCs must offer sliding fee scales for patients.[5] The centers utilize providers that include physicians, nurse practitioners (NPs), physician assistants (PAs), certified nurse mid-wives (CNMs), and clinical social workers. In addition to primary care, FQHCs are required to provide services such as pharmacy, dental care, and case management.
- *Rural Health Clinics (RHCs)* are federally designated outpatient clinics that provide primary care and preventive services to underserved populations, but unlike FQHCs, they must be located in rural areas. RHCs can be public, non-profit or for-profit as long as they are located in rural, underserved areas.[6] Originally created to address an inadequate supply of physicians in rural areas, RHCs expand the utilization of non-physician providers in addition to physicians. RHCs are required to employ non-physician clinicians and staff clinics with a NP, PA, or CNM 50% of the time. In addition, all RHC's must provide outpatient primary care services and basic laboratory services.
- *Acute Care Hospital Outpatient Departments* are hospital departments designed to provide treatment and services to patients that do not require hospital admission or extended observation. Outpatient departments offer a wide range of treatment services, diagnostic tests and minor surgical procedures. When these departments close, or simply do not exist in a rural county, the supply of physicians and other providers may decrease.[7]

KEY FINDINGS

- Across the country, there are more than 17 million people who live in rural counties without a Rural Health Clinic (RHC), more than 15 million in rural counties without a Federally Qualified Health Center (FQHC), and nearly 4.5 million in rural counties without an acute care hospital.
- There are 660,893 individuals living in rural counties without any FQHC, RHC, or acute care hospital. A disproportionate number of these people (33%) live in counties located in the South Atlantic census division.

More People in South Atlantic Census Division Live in an Area with Limited Access to Primary Care

Using the Federal Office of Rural Health Policy's (FORHP) definition, we define rural as all non-metro counties in addition to metro counties with a Rural Urban Commuting Area (RUCA) code greater than 4.[8] Table 1 shows the number of individuals living in rural counties without access to certain primary care facilities broken down by census division (shown in Figure 1). Among those in the South Atlantic census division, about 50% (3,693,689) live in rural counties without a RHC, 19% (1,418,681) live in counties without an FQHC, and 18% (1,319,450) live in counties without an acute care hospital.

Table 1: Number of People Who Live in Rural Counties without a FQHC, RHC, or an Acute Care Hospital

Census Division	2017 Rural Population	No FQHC	No RHC	No Acute Care Hospital	No FQHC, RHC, or Acute Care Hospital
New England	1,729,864	134,119	928,663	6,163	0
Middle Atlantic	2,870,462	693,895	1,722,204	170,821	71,509
East North Central	8,623,747	3,534,260	3,516,093	706,143	137,153
West North Central	6,513,948	3,775,745	1,927,076	724,427	130,973
South Atlantic	7,349,711	1,418,681	3,693,689	1,319,450	223,346
East South Central	6,105,185	1,585,804	1,381,929	680,376	20,558
West South Central	6,239,848	2,419,826	1,711,322	575,791	44,974
Mountain	3,954,298	1,043,667	1,745,654	199,589	31,270
Pacific	2,715,971	404,256	513,494	59,602	1,110
Total U.S.	46,103,034	15,010,253	17,140,124	4,442,362	660,893

Rural residents who may face the greatest access challenges are those who live in counties with none of these primary care providers. The table shows that, in combination, 660,893 individuals live in rural counties without any FQHC, RHC, or acute care hospital. Notably, 44% more people in the South Atlantic census division (223,346) live in an area that is not served by a FQHC, RHC, or an acute care hospital than in the next most affected divisions—the East North Central (137,153) and the West North Central (130,973). The Mountain, West South Central, East South Central, and Middle Atlantic census divisions are also affected, but have smaller populations of those who live in counties without one of these facilities. Very few people are affected in the Pacific and New England census divisions.
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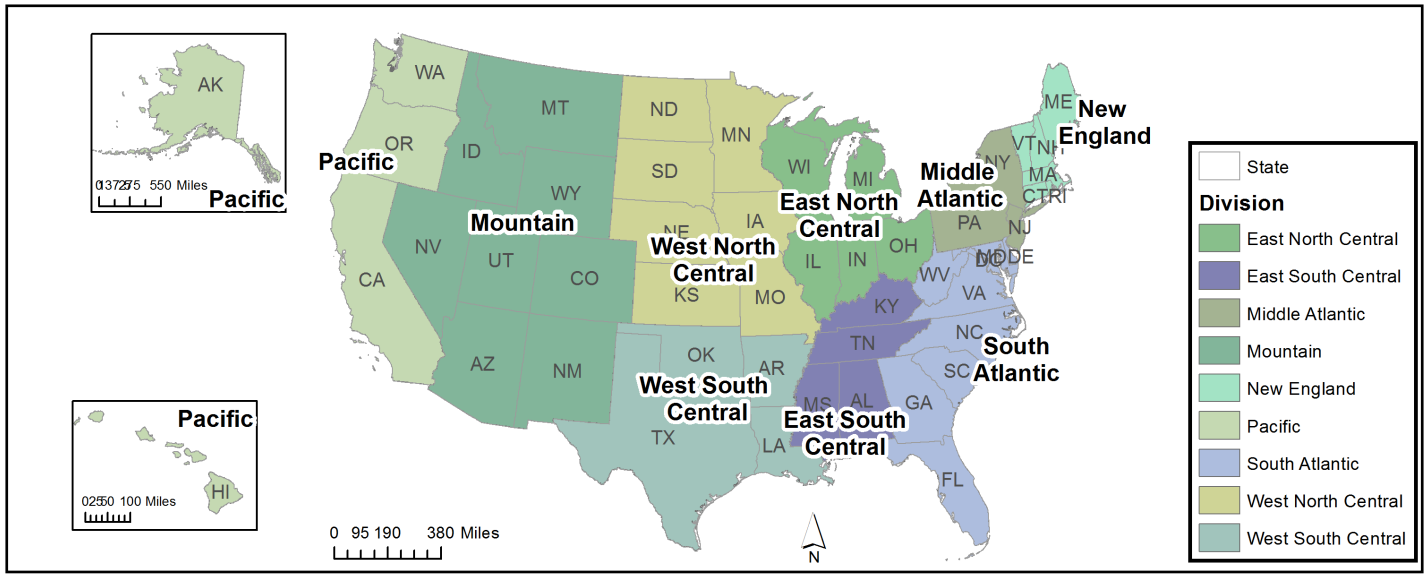
Access to Primary Care Is a Serious Concern for Many People Living in Rural Areas

FQHCs, RHCs, and acute care hospital outpatient clinics are important primary care providers in rural communities. In the U.S., 660,893 individuals live in rural counties without any FQHC, RHC, or acute care hospital. Most of these people live in counties that are in the South Atlantic, West North Central and East North Central census divisions. People who live in areas without these facilities must travel greater distances to gain access to primary care, which could disproportionately affect the poor, disabled, and elderly. For communities without these facilities, access to primary care is a serious concern.

Figure 1: U.S. Census Divisions



Map Source: https://www.census.gov/geo/reference/webatlas/divisions.html

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2. Meeting the Primary Care Needs of Rural America: Examining the Role of Non-Physician Providers (2017). National Conference of State Legislatures. Available at: http://www.ncsl.org/research/health/meeting-the-primary-care-needs-of-rural-america.aspx. Accessed December 15, 2017.
3. Health Professional Shortage Areas (HPSAs) designate geographic areas, or populations within geographic areas, that lack sufficient health care providers to meet the health care needs of the area or population. HPSAs identify areas of greater need throughout the United States so limited resources can go to those areas.
Source: HPSA Physician Bonus Program (January 2017). Centers for Medicare and Medicaid Services, US DHHS. Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HPSAfctsht.pdf. Accessed December 6, 2017.
4. Many health care providers that serve a large proportion of low-income or medically underserved individuals are given a designation of "essential community providers" (ECP) under some state laws and the Affordable Care Act.
Source: Definition of ECPs in Marketplaces. Kaiser Family Foundation. Available at: https://www.kff.org/other/state-indicator/definition-of-essential-community-providers-ecps-in-marketplaces/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D. Accessed December 7, 2017.
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