

Appendixes

Appendix A

Method of the Study

This assessment was prompted by congressional concern about the state of rural health care as the 1980s drew to a close. Reported high rates of rural hospital closures, difficulty recruiting health professionals to rural settings, and concern about the future competitiveness and financial viability of rural providers were contributing issues in the request for this study.

In April of 1988, the Senate Rural Health Caucus asked that the Office of Technology Assessment (OTA) undertake a broad assessment of rural health care that would include, but not be limited to:

- a discussion of criteria to identify or measure rurality,
- an overview of rural health and identification of rural health trends,
- a discussion of the place of new health technologies in the rural health care system, and
- an assessment of educational and information needs of *rural* health professionals and factors that affect these professionals' decisions to locate in rural areas.

Members of the Caucus signing the request letter included a member of OTA's Technology Assessment Board, the Senate Minority Leader, the Chairman of the Senate Committee on Environment and Public Works, and the Chairman of the Senate Select Committee on Indian Affairs. In May 1988, a letter reiterating these concerns and supporting the request was received from the ranking minority member of the Senate Committee on Labor and Human Resources.

The proposed assessment was approved by the Technology Assessment Board on June 21, 1988 and began in August of that year. During the early part of the project, OTA staff consulted with consumer and professional organizations, Federal and State agency personnel, health services researchers, independent health professionals, and other interested individuals in order to identify critical issues and garner suggestions for candidates for the study's advisory panel. The advisory panels for O111 studies guide OTA staff in selecting material and issues to consider and review the written work of the staff, but the panels are not responsible for the content of final reports.

The advisory panel for this assessment consisted of 20 members with expertise in, or important perspectives on, rural hospital and clinic administration, rural medical and nursing practice, rural health services research, State health system planning and administration, rural economic development, grants assistance, and health professions education. The panel, chaired by James Bernstein of the North Carolina Department of Human Resources, met

for the first time on October 28, 1988. At this meeting the panel discussed some background materials, suggested and reviewed plans for the project, and identified some important issue areas to be included in the study.

As a core component of the study, project staff held three field workshops to discuss specific rural health topics and to hear presentations on these topics from local and regional health practitioners, administrators, and officials. The meetings were organized by the National Rural Health Association under contract to OTA. The first of these meetings, on rural hospitals, was held on Jan. 11, 1989, in Scottsdale, Arizona. The second, on health personnel issues (with special emphasis on the needs of "frontier" areas) was held on Feb. 28, 1989 in Bismarck, North Dakota. The third, addressing health care issues in rural areas of heavy poverty, was held on June 15, 1989 in Meridian, Mississippi. A brief summary of the invited participants and presentations at these meetings is found in appendix G.

During the course of the assessment, OTA conducted two separate surveys of States to identify the level and scope of their rural health activities. The first survey, conducted in spring of 1988, provided an overview of State activities related to rural health and priorities and problem areas as identified by State personnel. All 50 States responded to this survey. The second survey, conducted in the summer of 1989, focused specifically on State activities and experiences regarding the designation of health personnel shortage areas and medically underserved areas. Forty-five of the 50 States returned this survey. The methods, instruments, and respondents for these surveys are presented in appendix D. Survey results are presented in chapters 4, 11, 12, and 13, depending on the topic addressed by the survey question.

In addition to the field workshops and surveys, OTA conducted site visits, literature reviews, and extensive conversations with State officials and rural health professionals. Data collection was an important part of this assessment, and a substantial amount of information was derived from data supplied by a variety of individuals and organizations. Many of the data were previously unpublished, and the cooperation of these individuals and organizations was tremendously helpful to OTA. OTA also purchased from the American Hospital Association the results of its 1987 Survey of Hospitals and analyzed these data in-house. Appendix C summarizes some technical and definitional issues related to that analysis.

A preliminary draft of the report was reviewed by the advisory panel and discussed by panel members at the second and last meeting of the panel on January 26, 1990.

Subsequently, a revised draft was sent, either in part or in whole, to more than 150 Federal and State officials, representatives of interested parties, and other experts for their review and comment. The final draft, incorporating revisions based on reviewers' comments, was transmitted to the Technology Assessment Board in late March 1990.

In addition to the main report, this assessment of rural health care included two other publications. The staff paper, *Defining "Rural" Areas: Impact on Health Care Policy and Research*, was released in July 1989 and discussed the health care policy implications and uses of various alternative ways of defining rural areas and populations. The Special Report, *Rural Emergency Medical Services*, released in November 1989, was written by OTA staff based on background papers, a workshop, and additional sources of information. The Department of Transportation provided financial support for both the

commissioning of the papers and the expenses of workshop participants. A summary of this report is contained in appendix H.

Background papers commissioned by OTA during the course of the assessments of *Health Care in Rural America* and *Rural Emergency Medical Services* are listed below.¹ Tom Hoffman of Washington, DC indexed the report

- J. Chin, "Rural Emergency Medical Services: A Review of the Literature," April 1989.
- M.I. Dube, "The Legal Environment Affecting the Delivery of Rural Health Care," July 1989.
- L.J. Shuman and H. Wolfe, "Ruralism: A Model for Rural EMS Systems Planning," July 1989.
- D.G. Stamper, "Status of Air Medical Transport Systems," May 1989.

¹All papers were prepared under contract to OTA. Funding for the three background papers relating to emergency medical services, however, was provided by the U.S. Department of Transportation.