

# Key Facts in Rural Health

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## Differences in Case-Mix between Rural and Urban Recipients of Home Health Care

Home health care is both an important part of the care continuum for Medicare beneficiaries and a major program cost. However, little information about the actual health status and needs of the population receiving home health services has been published. Thus, the purpose of the analysis reported here is to provide a thorough, clinically based description of the health status and service needs of rural and urban Medicare home health patients based on a professional assessment of their condition at the start of care. The Centers for Medicare and Medicaid Services (CMS) requires that each home health care recipient be assessed at the start of care using a set of questions developed to reflect the specific needs of home health patients. Our report is based on a review of 1,468,465 unique beneficiary assessments from the 2010 Outcome Assessment Information Set (OASIS).

### Key findings about *all home health patients*:

- Overall, home health patients were severely impaired in their abilities for movement, self care, and medication management. This is an extremely vulnerable patient population:
  - The majority (80.7 percent) were taking five or more medications;
  - Most patients (82.1 percent) had difficulty transferring, that is, moving from one position to another such as from lying in bed to standing.
  - A high proportion of patients could not walk either independently or with only a one-handed cane (73.7 percent).
  - Slightly more than half (53.1 percent) needed assistance to use a toilet, commode or bedpan; a substantial proportion (45.5 percent) were incontinent.
  - Slightly more than a quarter of patients (27.2 percent) had an open surgical wound that required care.

### Key comparisons between *rural and urban* home health care patients:

- Rural home health care patients were more ill than their urban counterparts, based on higher levels of diagnostic severity, more risk factors for hospitalization and poorer overall status. In adjusted analysis, rural residence was associated with higher odds that the patient would be in a fragile or serious condition (OR 1.16, 95% confidence interval 1.14-1.16).
- Rural residents were more likely to receive respiratory treatments such as oxygen (21.1 percent rural, 14.6 percent urban). Need for respiratory therapies may be linked to the greater prevalence of reported smoking in rural cases (rural, 15.5 percent, urban 11.9 percent).
- Rural residents were more likely to have a surgical wound that required care (rural, 29.8 percent, urban 26.7 percent).