

# Key Facts in Rural Health

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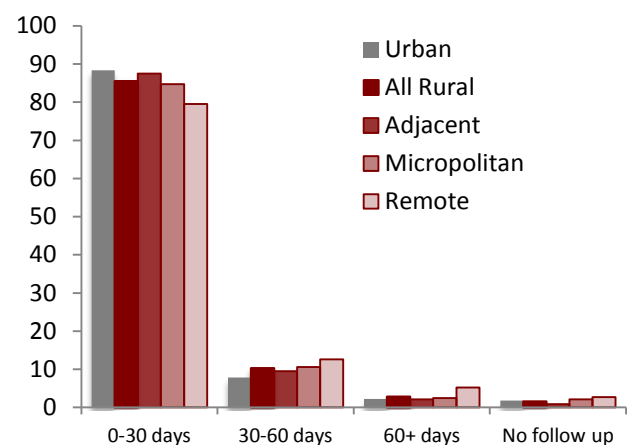
## Handling the Handoff: Rural and Race-Based Disparities in Post-Hospitalization Follow-Up Care Among Medicare Beneficiaries with Diabetes

Diabetes is one of the most common chronic diseases, affecting an estimated 23.6 million people in the United States (7.8% of the total population). This report uses information regarding Medicare beneficiaries with diabetes to examine the provision of care in rural America. It provides estimates of hospital admission rates for rural Medicare beneficiaries with diabetes, tracks the proportion of patients who receive timely outpatient care post discharge, and assesses subsequent readmissions to the hospital. It also explores the potential for race-based disparities in care for diabetes.

### Rural – Urban Disparities

- Rural beneficiaries with diabetes were less likely to have physician follow-up within thirty days of a hospital stay (85.5%) than were urban beneficiaries with diabetes (88.3%).
- The proportion of beneficiaries with no follow-up even after 90 days increased as residence became more rural, from 2.3% in micropolitan rural counties to 3.5% in remote rural counties.
- Rural residents with diabetes were less likely to be readmitted within 30 days than were urban beneficiaries (12.3% versus 14.9%), despite being less likely to have prompt physician follow-up.

Percent of Medicare Beneficiaries with Diabetes who had a post-hospitalization physician visit within the indicated time frames, by level of rurality, 2005



### Race Disparities

- African American beneficiaries with diabetes were *less* likely to be hospitalized during the year than white beneficiaries. Across all rural residents with diabetes, 11.7% of African American beneficiaries were hospitalized, versus 13.1% of whites.
- Rural African American beneficiaries with diabetes were less likely than white beneficiaries with this condition to have a follow up visit within 30 days of hospitalization (85.0% versus 87.7%).
- African American beneficiaries were more likely to be readmitted within 30 days (15.9%) than were white beneficiaries (12.0%); individuals of other race did not differ from whites.



A full copy of this report can be obtained from the SCRHC at <http://rhr.sph.sc.edu>