WWAMI RURAL HEALTH RESEARCH CENTER

Project Summary

February 2005

Access to Specialty Health Care for Rural American Indians: Provider Perceptions in Two States

Issues

The Indian Health Service (IHS) per capita expenditure for American Indian and Alaska Native (AI/AN) health services is less than half that spent per year on the U.S. civilian population.* Many AI/ANs, especially in rural areas, depend on the IHS as their only source of funding for health care. Concerns have been raised that specialty services, which are largely funded through contracts with outside practitioners, may be limited by low levels of contract funding. The objective of this study was to examine access to specialty services among rural Indian populations in two states.

Study Design

A 31-item mail survey addressing perceived access to specialty physicians, barriers to access, and access to nonphysician clinical services was sent to 115 primary care providers working in rural Indian health clinics in Montana and New Mexico and 96 primary care providers working in rural non-Indian clinics within 25 miles of the Indian clinics.

Findings

- Rural Indian clinic providers reported that their patients traveled great distances to the top five specialist types: an average of 41-122 miles in Montana, 56-76 miles in New Mexico (see table).
- Substantial proportions of rural Indian clinic providers in both Montana and New Mexico (17%-75%, depending on the specialty) reported fair to poor access to nonemergent specialty services for their patients.
- Montana's rural Indian clinic providers reported poorer patient access to specialty care than rural non-Indian clinic providers, while New Mexico's rural Indian and non-Indian providers reported comparable access.
- The most frequently cited barriers to specialty care for Indian clinic patients were financial in both states.
- Indian clinic providers in both states reported better access to several nonphysician services that non-Indian clinic providers.

Policy Implications: Access to specialty care for rural Indian patients in Montana and New Mexico is limited, and appears to be influenced by the organization of care systems as well as financial constraints.

Top Five Consulting Specialties and Mean Distance Traveled by State and Clinic Type

Montana

Indian Clinics (n = 42)		Non-Indian Clinics (n = 31)	
Specialty Type	Mean Number of Miles	Specialty Type	Mean Number of Miles
Orthopedics	80	Cardiology	91
Cardiology	122	Orthopedics	71
Surgery	65	Ear-nose-throat	57
Obstetrics-gynecology	41	Surgery	45
Neurology	107	Dermatology	80

New Mexico

Indian Clinics (n = 27)		Non-Indian Clinics (n = 25)	
Specialty Type	Mean Number of Miles	Specialty Type	Mean Number of Miles
Cardiology	65	Cardiology	59
Orthopedics	57	Orthopedics	39
Obstetrics-gynecology	56	Gastroenterology	54
Gastroenterology	76	Neurology	62
Surgery	59*	Surgery	10

* $p \leq 0.01$. Test of the mean distance to consulting specialists reported by providers in Indian and non-Indian clinics within each state.

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WWAMI Rural Health Research Center
Department of Family Medicine
University of Washington
Box 354982
Seattle, WA 98195-4982
wwamirhrc@fammed.washington.edu
Telephone 206-685-0402
Fax 206-616-4768
www.fammed.washington.edu/wwamirhrc

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* Noren J, Kindig D, Sprenger A. Challenges to Native American health care. Public Health Rep. Jan-Feb 1998;113(1):22-33.

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