

Executive Summary

For decades, policymakers have tried to place a physician in every rural community. However, the distribution of health professionals alone will not resolve the health care challenges of rural populations. Developing and enacting policies tailored to specific problems and populations may more effectively improve the health status of rural populations than focusing exclusively on the location of providers.

Our analysis found similar levels of health care utilization between rural and urban Medicare beneficiaries (as measured by average number of claims in Figure 1), particularly for primary and emergency care — even though there are fewer physicians per capita in rural areas. Currently, compared with those living in urban areas, rural residents in the United States:

- Have a similar number of visits to primary care physicians (3.1 vs. 3.7 average claims for Medicare beneficiaries).
- Have similar numbers of visits with nurse practitioners, physician associates, and other nonphysician providers (4.9 vs. 4.8 claims for Medicare beneficiaries).
- Have more family medicine physicians per capita (37 vs. 31 per 100,000 population).
- Are more likely to have a usual source of care.

Yet, compared to urban residents, rural populations have:

- Higher poverty rates and lower educational attainment.
- Limited access to pre-hospital emergency services.
- Decreasing local access to hospital services due to closures.
- Less access to specialty care providers.
- Worse health status than their urban counterparts.

While our review suggests the focus on policy interventions that geographically locate primary care providers in rural areas has been important, future policies must address the specific problems listed above while continuing to improve local (and virtual) access to health care.

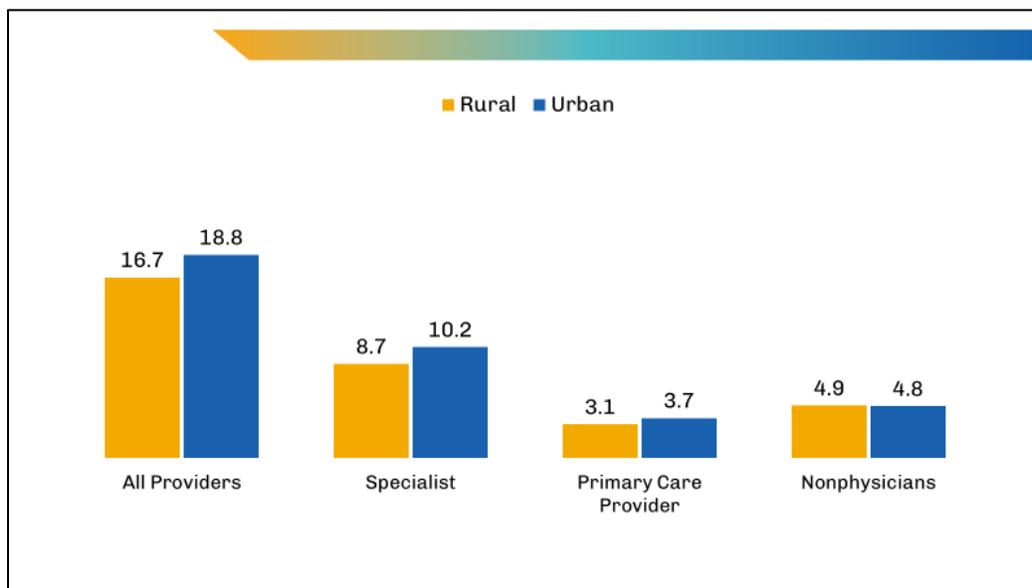


Figure 1. Average number of claims per fee-for-service Medicare beneficiary by provider type and rurality, 2021.

Note: Primary Care Provider includes the following specialties: general practice, family practice, internal medicine, pediatric medicine, geriatric medicine, and preventive medicine. Values may not sum to total due to rounding.

Source: 5% Medicare Claims Carrier line and claims files.