

## Overview

Rural America bears a disparate burden of healthcare challenges compared with the rest of the nation. Americans living in rural areas suffer from higher rates of chronic disease, such as hypertension, diabetes, arthritis, and high cholesterol, and have higher rates of disability or death due to unintentional injury.<sup>1,2</sup> PCORI seeks to reduce such disparities in outcomes by funding comparative effectiveness studies that identify the best options for eliminating these problems in ways that answer the questions most important to patients and those who care for them.

Although much is known about the factors leading to disproportionately poorer health outcomes in rural Americans, there is far less evidence about the effectiveness of specific options to address this problem. It is clear, however, that patients, caregivers, clinicians, and the broader healthcare community in rural areas often lack the information needed to make informed healthcare decisions. Based on our authorizing legislation and research agenda, we are investing in research that will build a body of evidence on the differences in the effectiveness of healthcare treatments in rural areas. The first step in fulfilling this mandate is to identify relevant high-priority research questions.

On March 9-10, 2013, PCORI hosted a workshop in Wichita, KS, to solicit input on our process for prioritizing the research topics we study and to begin laying the foundation for greater engagement of rural communities in all stages of health research. PCORI is interested in identifying research questions that evaluate important choices faced by patients and those who care for them, questions that have a good likelihood of providing evidence that can reduce uncertainty, support decision making, change practice, and improve health outcomes. By identifying gaps in the evidence needed to improve clinical decision making in rural America, new research can potentially contribute to improving health outcomes.

### FAST FACTS

- PCORI's [authorizing legislation](#) requires that our research take into account "the potential for differences in the effectiveness of health care treatments used with various subpopulations." We consider rural residents to be among these subgroups.
- Under our [National Priorities for Research](#), we are funding a number of projects designed to eliminate disparities in the health outcomes of rural Americans.
- On March 9–10, we hosted a [regional workshop in Wichita, KS](#), to identify high-priority research questions relevant to reducing longstanding gaps in rural health care and health outcomes.
- The issues discussed at this workshop will be used to help guide our research agenda.

## What We Heard

The Wichita workshop was one of the many channels we use to engage a broad range of stakeholders in our work and to encourage their involvement throughout the research process, from helping to identify study questions to partnering with investigators to helping to disseminate results.

During the event, we heard from more than 80 attendees representing researchers, patients and caregivers, clinicians, hospitals and health systems, purchasers, payers, and local industry. Participants discussed some of the most significant healthcare challenges for them and their communities and suggested a number of research questions of interest to rural communities that we should consider for study. These included comparing the effectiveness of:



- Interventions and healthcare delivery models to facilitate healthy aging in place.
- Different models of transitional care on different populations.
- The effectiveness of telemedicine and other innovative delivery models to address healthcare workforce distribution issues.
- Communication and dissemination of health information.



“...We have a lot of driving we have to do...Dubuque is the closest [doctor], that’s two days a week, one and a half hour drive time each way....The local closest hospital we have is twenty-two minutes by ambulance and that’s going red hot. So when we have problems, we have massive problems.”

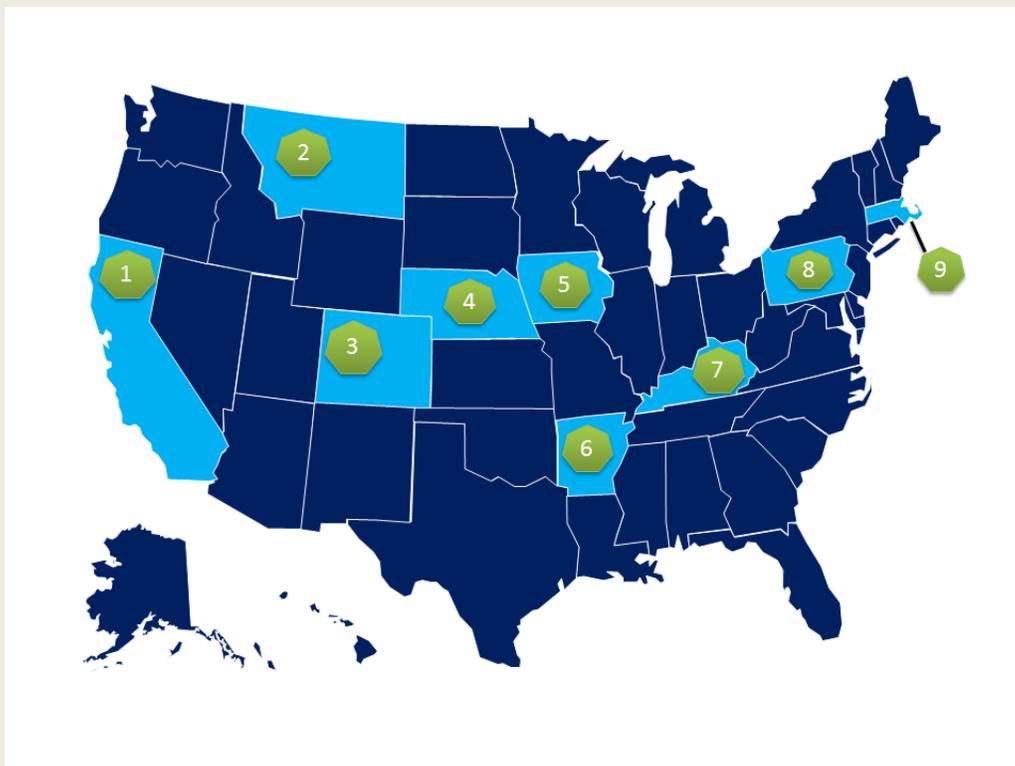
– Pastor Bruce Hanson— Garnavillo, Iowa

## What We’re Doing

As of October 2013, PCORI had funded ten studies across nine states designed to improve health outcomes of rural Americans. For example, building on the work of a group of stakeholders in Pennsylvania, researchers and their patient, provider, and payer partners will test two promising ways for promoting the health, wellness, and recovery of adults with serious mental illness. In Iowa, researchers are testing a new outreach and education strategy to improve dementia care for rural older adults and develop new dementia care training and resources for Hispanic and Latino care

providers and patient families. In Montana, researchers are involving patients and rural providers to help design and evaluate rural options at a discharge model of active planning to reduce re-hospitalization and improve patient recovery and return to an active life. And in Nebraska, researchers are collaborating with four cancer centers and a state-wide coalition to facilitate treatment choices by providing treatment guidance to advanced lung cancer patients and their physicians.

PCORI-FUNDED PROJECTS WITH A FOCUS ON RURAL POPULATIONS (AS OF OCTOBER 2013)



1. **California:** Researching the Effectiveness of a Decision-Support Tool for Adult Consumers with Mental Health Needs and their Care Managers
2. **Montana:** Rural Options At Discharge Model of Active Planning (ROADMAP)
3. **Colorado:** Boot Camp Translation for Patient Centered Outcomes and Creating Locally Relevant Health Solutions with the Appreciative Inquiry and Boot Camp Translation Method
4. **Nebraska:** Patient-Defined Treatment Success and Preferences In Stage IV Lung Cancer Patients
5. **Iowa:** Extension Connection: Advancing Dementia Care for Rural and Hispanic Populations
6. **Arkansas:** Addressing Mental Health Needs of Rural African Americans
7. **Kentucky:** Reducing Health Disparities in Appalachians with Multiple Cardiovascular Disease Risk Factors
8. **Pennsylvania:** Optimizing Behavioral Health Homes by Focusing on Outcomes That Matter Most for Adults with Serious Mental Illness
9. **Massachusetts:** Evaluating the Navajo Community Outreach and Patient Empowerment (COPE) Program

For more information, see [pcori.org/pfaawards](http://pcori.org/pfaawards).

## Future Research Possibilities

We will continue building a portfolio of research projects relevant to patients, clinicians, policy makers, and others in rural areas, adding to the studies already funded under our national research priorities. In doing so, we will consider the topics suggested in Wichita and other similar forums, along with proposals submitted through our broad funding announcements and topics prioritized by our multi-stakeholder Advisory Panels. Those panels already have recommended that we consider a number of such research questions, including:

- The effectiveness of different health interventions to reduce major vascular events among the economically disadvantaged, including racial and ethnic minorities and rural populations.
- The effectiveness of telemedicine and/or expanding practice to non-physician practitioners (i.e., nurse practitioners, physician assistants) in improving mental health outcomes in rural populations.
- The effectiveness of different care delivery models (e.g., local hospital care, trauma center care) in improving trauma outcomes in rural areas.
- Improving treatment for heart attacks among racial and ethnic minorities.

We intend to pursue these and any other topics of interest to rural populations with the same dedication to “research done differently” that we pursue in all of our work—by funding rigorous research that is designed to answer questions most important to patients and that is guided by input from stakeholders from across the healthcare community.

### References:

1. Gamm, Larry D., Linnae L. Hutchinson, Betty J. Dabney, and Alicia M. Dorsey, eds. 2003. *Rural Healthy People 2010: A Companion Document to Healthy People 2010*. Volume 1. College Station, Texas: The Texas A&M University System Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center.
2. National Rural Health Association. 2013. *What’s Different about Rural Health Care?* Kansas City, Missouri.

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