

January 21, 2020

U. S. House of Representatives
Ways & Means Committee
Rural and Underserved Communities Health Task Force

RE: Request for Information

Via electronic mail: Rural_Urban@mail.house.gov

Dear Representatives Danny Davis, Terri Sewell, Brad Wenstrup, and Jodey Arrington:

The American Association of Colleges of Osteopathic Medicine (AACOM) appreciates the opportunity to submit comments to the House Ways and Means Committee *Rural and Underserved Communities Health Task Force* on its request for information (RFI) to help inform the work of the Task Force on priority topics that affect the health status and outcomes for populations living in rural and underserved communities.

AACOM leads and advocates for the full continuum of osteopathic medical education (OME) to improve the health of the public. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 36 accredited colleges of osteopathic medicine (COMs)—educating nearly 31,000 future physicians, 25 percent of all U.S. medical students—at 57 teaching locations in 33 U.S. states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics, and health systems.

Please find our feedback on four of the questions within the RFI outlined below.

Additionally, AACOM would like to share with the Task Force comments submitted jointly by AACOM and the American Osteopathic Association (AOA) in response to the Health Resources and Services Administration (HRSA) RFI on rural access to health care services. AACOM and the AOA provided comments and recommendations on the core health care services needed in rural communities and how those services can be delivered; outlined important programs that support the future health care workforce, particularly in rural and underserved areas; and described other factors related to the sustainability of health care services in these communities. [View comments.](#)

3. What should the Committee consider with respect to patient volume adequacy in rural areas?

OME plays a key role in educating and training the future physician workforce with nearly 31,000 future physicians, 25 percent of all U.S. medical students, currently enrolled at the nation's osteopathic medical schools—over 20 percent that are located in rural areas. COMs have a standing commitment to and focus on training primary care physicians, which mirrors the special commitment osteopathic physicians have in providing primary care, particularly to the nation's rural and underserved populations. Accreditation requirements for osteopathic medical schools mandate that each school

provide medical care to the community where its students train. The current OME model links the osteopathic medical schools' training to the communities where they teach students. This is especially important as our nation faces a growing physician workforce shortage.

As the nation faces a physician workforce shortage, federal policies must support the educational pathway of the future health care workforce to meet the nation's health care needs. The Public Service Loan Forgiveness (PSLF) Program has encouraged physicians and other health care professionals to work in full-time public service positions in exchange for partial forgiveness after 120 qualifying payments. Non-profit hospitals and underserved areas have been employing the PSLF Program as a competitive recruiting tool to encourage physicians to practice in these communities, and it is vital to preserve this program for future borrowers. Recent AACOM data show that 70 percent of graduating osteopathic medical students in the 2018 – 2019 academic year who planned to enter a loan-forgiveness program intended to enter the PSLF Program.

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

Based on research, which [indicates](#) that medical students who train in community-based institutions are more likely to practice in these areas, AACOM continues to support federal programs that expand the participation of community-based institutions. We strongly support federal programs such as HRSA's Teaching Health Center Graduate Medical Education (THCGME) Program, the National Health Service Corps Program, and Title VII health professions education programs. These programs are critical to support the training and education of health practitioners to enhance the supply, diversity, and distribution of the health care workforce, acting as an essential part of the health care safety net and filling the gaps in the supply of health professionals not met by traditional market forces. Title VII programs are the only federal programs designed to train primary care professionals in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce.

Specifically, the THCGME Program provides funding to support primary care medical and dental residents training in community-based settings. The majority of currently funded medical residency programs are osteopathic or dually-accredited (DO/MD). Currently, there are [more than](#) 700 residents being trained in 56 HRSA-supported THC residencies in [23 states](#). Additionally, a [recent study](#) found that the THCGME Program could yield up to \$1.8 billion in public program savings (\$1.5 billion in Medicaid savings and \$284 billion in Medicare savings) over the course of five years, from 2019 to 2023.

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

AACOM agrees that rural communities are often the most impacted by increased health care challenges and certain social risk factors, such as the opioid crisis. COMs and the OME community are [uniquely positioned](#) to play a prominent role in efforts to tackle the opioid epidemic, particularly in the country's rural and underserved communities, where the effects of this crisis are often the greatest. The

nation's osteopathic medical schools have consistently demonstrated their commitment to addressing this epidemic. For example, an overwhelming majority of the COMs [joined](#) with other medical schools to answer a call for action by the White House Office of National Drug Control Policy and pledged, beginning in the fall of 2016, to require all students to take a form of prescriber education in line with the Centers for Disease Control and Prevention's Guideline for Prescribing Opioids for Chronic Pain. In a short time, the COMs have established a variety of unique approaches and partnered with other stakeholders and governing bodies to provide this important level of education.

Additionally, we continue to support pain education at pre-and post-graduate levels for all practitioners whose patient populations face pain-related conditions. Medical students training to become osteopathic physicians receive extra training in the musculoskeletal system and learn the value of osteopathic manipulative treatment (OMT) as a non-pharmacological alternative to pain management. When appropriate, OMT can complement, or even replace, drugs or surgery. In this way, OMT brings an important dimension to standard medical care.

8. The availability of post-acute care and long-term services and supports is limited across the nation, but can be particularly challenging in rural and underserved areas facing disproportionately large burdens of chronic and disabling conditions. What approaches have communities taken to address these gaps in care delivery and the associated challenges of social isolation?

Interprofessional education (IPE) for collaborative practice is an important aspect of medical education and should be considered by the Task Force as it develops policy surrounding health care services for rural communities. Interprofessional team-based care is a major consideration in the future of quality patient care. This statement is in alignment with the considerations from the [Interprofessional Education Collaborative \(IPEC\)](#); the AOA's Commission on Osteopathic College Accreditation standards; Association of American Medical Colleges (AAMC)'s Entrustable Professional Activities; an Institute of Medicine report, *Measuring the Impact of IPE on Collaborating Practice and Patient Outcomes*; and Joint Accreditation for Interprofessional Continuing Education.

AACOM is also an inaugural partner of the IPEC, which was formed to promote and encourage constituent efforts to advance interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes. IPEC was founded by the AAMC, American Dental Education Association, American Association of Colleges of Pharmacy, American Association of Colleges of Nursing, the Association of Schools of Public Health, and AACOM, and has developed a widely accepted [set of competencies](#) in interprofessional education.

AACOM supports initiatives that facilitate communication among patients and health professionals to help ensure culturally competent care. This includes support for efforts to expand outreach to culturally diverse populations, including enhancing research efforts and improving health care options in populations where the incidence of certain health care conditions is more prevalent than in the community as a whole.

We look forward to partnering with the Task Force as it works to develop and implement policies and programs to build a health care system that enables osteopathic physicians to provide the necessary care to meet the needs of our nation's diverse patient populations. If you have any questions or require further information, please contact Mary-Lynn Bender, Interim Vice President of Government and Public Relations, at 202-844-4219 or mlbender@aacom.org, or Judith Mun, Director of Government Relations, at 202-844-4221 or jmun@aacom.org.

Thank you for considering our comments on behalf of the OME community.

Sincerely,

A handwritten signature in dark ink that reads "Robert A. Cain, DO". The signature is written in a cursive, slightly slanted style.

Robert A. Cain, DO, FACOI, FAODME
President & CEO, AACOM