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November 29, 2019

VIA ELECTRONIC SUBMISSION

The Honorable Richard Neal
The Honorable Kevin Brady
House Committee Ways and Means
United States House of Representatives
1102 Longworth House Office Building
Washington, D.C. 20515

Dear Chairman Neal and Ranking Member Brady,

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the Request for Information (RFI) on topics that affect health status and outcomes for patients in rural and underserved areas.

ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes and ensuring that patients receive high-quality care.

As an organization with many osteopathic family physicians in solo, small and rural practices, we support efforts to improve rural health care. Our physicians are acutely aware of the challenges to delivering high quality, affordable health care to rural patients. As the national debate focuses on health care costs, delivery, and access, rural health is many times overlooked. We applaud the Committee's commitment to address rural health care issues.

Our full comments are detailed on the following pages. Thank you for the opportunity to share our feedback with you. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,

Robert C. DeLuca, DO, FACOFP *dist.*
ACOFP President

The RFI requested specific feedback on ten separate issue items that relate to health care delivery in rural areas. The below responds to the issue items that are most relevant for ACOFP members and their patients.

1. *What are the main health care-related factors that influence patient outcomes in rural and/or urban areas? Are there additional systems or factors outside of the health care industry that influence health outcomes within these communities?*

Many factors affect both rural and urban patients. For example, either a rural or urban patient can be at risk for many chronic diseases (e.g., obesity). All patients should have access to high quality, physician-led primary care to achieve optimal health outcomes and prevent the onset of chronic disease.

However, rural patients face many extrinsic barriers to care often referred to as social determinants of health (SDOH). A rural patient may be miles away from the nearest hospital, emergency department, or physician. In some instances, patients are hundreds of miles away from their primary care physician and a simple doctor visit could mean taking days off of work, which may be untenable. Because the geographic distances are so great, it is difficult for patients to consistently visit their physician and many patients, especially the elderly, may not have the means to travel or have access to public transportation. This leads to worse health outcomes for rural patients. Furthermore, these geographic distances are widening as rural hospitals are closing or consolidating and fewer physicians are practicing in rural areas. The lack of transportation and the physical distances from the patient to the health care provider are unique SDOH factors that impact rural patients.

2. *What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?*

Although ACOFP has not conducted any formal care delivery or payment demonstration or pilot projects, osteopathic physicians have been addressing SDOH since the beginning of the profession. The osteopathic care delivery model is designed to treat the whole person rather than simply focusing on the disease or condition affecting the patient. Because this is the foundation of osteopathic medicine, we understand the importance of ensuring patients have access to transportation, housing, and healthy food. By increasing access to services that address SDOH, either through robust health insurance coverage or specialized value-based care delivery models, patients in all areas of the country would be healthier.

We also strongly support improving broadband and access to telehealth services. Many osteopathic physicians are eager to use telehealth as a way to reach patients in rural areas. However, it is impossible to use telehealth services if the patient (and in some instances, the physician) does not have access to the reliable internet. It is critical to expand broadband to all corners of the country. Further, the Committee should advance legislation that would increase utilization of and access to telehealth by removing barriers. For example, there are

many Medicare reimbursement policies (e.g., geographic and originating site restrictions) that limit the full potential of telehealth.

4. *What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where there is broader investment in primary care?*

ACOFP understands that effective primary care will improve outcomes and reduce costs for the health care system. Many studies show dramatic benefits in geographic areas that have higher primary care physician (PCP) use and PCPs per capita.

For example, a retrospective literature review by Dr. Barbara Starfield found that overall health is better in areas in the United States with more PCPs. Areas with higher ratios of PCPs per capita had better health outcomes, including lower rates of all-cause mortality, mortality from heart disease, cancer, and stroke, and infant mortality. Also, areas with higher ratios of PCPs per capita had much lower health care costs than did other areas, likely due to better preventative care and lower hospitalization rates. This contrasts with areas where there are a higher number of specialists, which are characterized by more spending and worse health outcomes.[1]

Anecdotally, our members understand the importance of delivering high-quality primary care. Every day we treat members of our community and work to reduce the onset and treat chronic diseases. We see repeatedly how a well-coordinated care plan, with the PCP as the care team lead, can improve health outcomes and ultimately drive down costs for patients.

As hospitals close and health professional shortage areas widen, patients will lose access to their PCP. Congress must continue to find ways to maintain access to care, or at a minimum, maintain access to PCPs.

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

Currently, the United States faces shortages of between 21,100 and 55,200 primary care physicians (PCPs) by 2032.[2] As more family physicians are reaching retirement age, it is critical the PCP pipeline is ready to address the shortage. More needs to be done to increase the number of residents choosing family medicine. Medical students are financially incentivized to choose specialty training (e.g., cardiology, pulmonary medicine, etc.) over primary care because of higher reimbursement for specialty medicine services.

There are many ways to incentivize more students to choose family medicine. The Committee should consider: equalizing reimbursement between family medicine services

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[1] Starfield, Barbara. "Contribution of Primary Care to Health Systems and Health." Milbank Quarterly, vol. 83, No. 3. Pgs. 457-502

[2] Stuart Heiser. "New Findings Confirm Predictions on Physician Shortage." Association of American Medical Colleges. Website Accessed October 9, 2019 at https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage

and specialty medical services; enhancing reimbursement by rewarding care provided by family physicians that are proven to ensure high quality outcomes and patient satisfaction; and providing financial support in the form of loans, loan forgiveness, and loan repayment deferment. We also believe that "home-grown" loan repayment programs are promising. These programs identify students from rural areas and provide loan repayment/forgiveness in exchange for service in their underserved community. We hope the Committee will consider expanding these home-grown loan repayment programs as well as reforming the current loan repayment and forgiveness programs.

10. *Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?*

ACOFP supports federal efforts to push the health care industry toward "value-based" payment models, which are intended to lower health care costs and improve patient outcomes. Although value-based models are well-intentioned, the requirements make it nearly impossible for rural physicians to participate. For example, many small and solo practices do not have the resources to meet federal requirements related to electronic health record (EHR) systems and interoperability.

We urge the Committee to recognize that many rural physicians do not have the financial resources to purchase, install, and maintain complex EHR systems. Even if rural physicians can afford these systems, they then face considerable administrative burdens in complying with documentation requirements and following federal directives to update their systems when programs change.

Rural physicians must have access to federal support in order to comply with federal requirements. The Committee should consider providing financial support for small and solo physicians that wish to participate in value-based payment models. This would allow physicians to purchase or update their EHR systems and support any additional infrastructure needs. Furthermore, the Committee should recommend eliminating unnecessary reporting requirements and reducing the administrative burden associated with these programs. Rural physicians would be more likely to transition to value-based payment models if they have financial and regulatory support. Expanding participation opportunities for rural physicians would in turn expand access for rural patients, driving down overall health care costs and improving health outcomes.

Additionally, recent efforts to reduce administrative burden have unfortunately been tied to physician supervision and reimbursement for nonphysician professionals. Specifically, President Trump recently issued an Executive Order (E.O.) entitled, *Protecting and Improving Medicare for Our Nation's Seniors*, which included language that relates to physician supervision and reimbursement for nonphysicians professionals.

The E.O. suggests that mandating payment and scope of practice parity among non-physician and physicians would help address workforce shortages. However, this would further exacerbate the physician shortage issue because medical students would be even less

incentivized to pursue a career in primary care. Seniors would have worse access to high-quality primary care with fewer primary care physicians. Finally, physician-led care teams are the gold standard for care delivery. Non-physician-led care teams are not equivalent.

ACOFP understands that non-physician health care professionals are an integral part of the health care delivery system. In many rural areas these providers are providing critical services and filling a much-needed health care demand. However, we urge the Committee to recognize that primary care furnished by physicians is the highest quality care available and should defer to states to set their scope of practice rules.

We appreciate the opportunity to respond to the Committee's RFI and applaud your efforts in addressing the needs of rural America. ACOFP is ready to work with the Committee on any policy or potential legislation related to rural health care delivery. Thank you for your consideration of our comments.