22 November 2019
House Ways & Means Committee

Re: Rural Healthcare RFI

Thank you for the opportunity to provide feedback to the House Ways & Means Committee. I practiced as a trauma surgeon in rural California for 20 years. I am responding to 4 of the questions posed and have included each question (*italicized*) before my responses.

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

The primary healthcare factors impacting rural health are service availability and financial. Medicaid payment is often inadequate to cover service costs, which reduces provider income, limiting recruitment of qualified clinicians. When I practiced in a rural community, 10% of my patients had private insurance, 25% were uninsured, and the remaining 65% were covered primarily by Medicare and Medicaid.

The key system factors include distance, time, cost, and support services. It can be an hour drive or more to reach a health facility. This negatively impacts access to services. It is not plausible to change these distances, but distance can be mitigated by greater availability of telehealth. The bigger challenge is during emergency situations when time to treatment is critical. Cost is a huge barrier to accessing clinicians, medications, and support equipment. I have seen patients choose "alternate" treatment options for cancer due to cost, that ultimately led to death. I have seen patients forgo medications or take smaller doses because they can't afford both medication and food. Support services include things like transportation, access to fresh fruits and vegetables, safe communities, and cheap forms of exercise (e.g., walking around town on safe sidewalks). In short, rural communities tend to have less supportive infrastructure for their constituents. These limitations reduce access to health services and hinder the ability to follow advice on how to maintain health.

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?

While I can't speak to specific models, we do know that telehealth brings clinicians to people who can't get to them or would not go to them because of the time and cost of getting there.

In terms of social determinants, I urge a holistic approach. It would be short sighted and a poor use of healthcare dollars to try resolve social challenges from the healthcare budget and with a healthcare focus. If we take a narrow healthcare lens to social issues, we will spend more and improve less. Instead, I urge that Congress measure the costs of social determinants and provide a similar level of funding to infrastructure and social programs directly. For example, consider funding a ride-sharing service that provides rides anywhere, even to the market for food. Limiting the service to just healthcare services would do nothing for the challenge of getting fresh vegetables. Measured improvements in health outcomes could justify the infrastructure and

social expenses, but the results would be farther reaching than just healthcare. The dollars would be spent with a broader view, thus accomplishing more at lower cost providing a higher return on tax dollars spent.

9. There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?

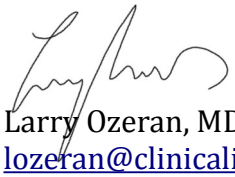
10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

In response to both #9 and #10, we need much more transparency in healthcare on price, quality, and level of service. Data definitions are needed for clinical outcomes and how they are measured, things like breast cancer mortality rate or diabetic amputation rate. Data definitions are needed for clinical services so that when a hospital in rural Arkansas quotes a price for an "appendectomy" that it includes the same set of services as what is defined as an appendectomy in New York City. Though question #9 asks about researchers, these definitions will ultimately drive answers for all Americans. Rural communities need to be empowered to understand differences in cost and quality, rather than continue to be captives to a system that provides no information that might enable them to be informed consumers.

With clear data definitions, it would then be important to ensure that such data is publicly available. This is the policy component. Though the question is directed to rural communities, making apples-to-apples comparisons of health services possible would help all American communities. This would drive down costs and start to enable accountability in healthcare by requiring clinical entities to prove that their marketing about quality is consistent with the reality of their outcome data.

Thank you again for the opportunity to provide input to the Committee. I would be happy to discuss further if you have any questions or need clarification.

Sincerely,



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