

November 26, 2019

The Honorable Richard Neal  
US House of Representatives  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Kevin Brady  
US House of Representatives  
1139 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

On behalf of the Duke University School of Medicine Department of Family Medicine and Community Health, I am writing in response to the Committee's Request for Information regarding rural and underserved communities. Thank you for this opportunity to share our thoughts on several issues.

The Department of Family Medicine and Community Health is a diverse, robust, interdisciplinary academic department with programs focused on education and training, patient care and community health, consultations and collaborations, and research and scholarship. The department is home to the U.S News and World Report Number 1-ranked Duke Physician Assistant (PA) Program and the Number 10-ranked Duke Family Medicine Residency Program. In all that we do, remembering that people and communities come first helps us put things in perspective.

In our work, we see health care-related factors that influence patient outcomes in rural and/or urban underserved areas, including a lack of resources nearby (e.g., specialists, therapy, mental health, nutrition). There is more patient demand for health care services in these areas than the workforce can supply.

The Duke PA Program requires that all students complete at least a four-week clinical rotation in a medically underserved area during the second year of the program, so they can see firsthand the challenges and opportunities that a career in primary care provides. This type of training is consistent with our mission that PAs increase access to care wherever they practice.

Funding and support of rural training residencies in particular is necessary to expand access to care in rural communities. The Committee should examine the workforce pipeline and authorize sufficient resources to become sustainable in service to these patient populations. We have found that residents are more likely to practice in more rural environments if their training is in those communities.

High medication costs, copay costs, and high deductibles also cause patients to decline the services they need. In addition, patients may have their care provided by multiple providers working with

different electronic health records that do not communicate with each other, which makes the coordination of their care difficult and increases duplication of services. Outside the health care industry, issues like inadequate transportation, patient illiteracy, and limited access to broadband play a significant role in the health outcomes of these communities.

Losing hospital services – due to dwindling cash flows, clinician shortages, and hospital closings – also limits access in a number of critical ways. When services like emergency care and imaging (CT, MRI, ultrasound) become unavailable, patients are forced to travel long distances to sites of care with these services, to delay their care, or to go without care entirely.

Regarding access to providers that address oral, behavioral, and substance use needs in rural and underserved communities, North Carolina started the *Into the Mouths of Babes* (IMB) program to improve pediatric patients' oral health. The IMB program trains medical providers to deliver preventive oral health services to young children insured by NC Medicaid. Services are provided from the time of tooth eruption until age 3½ (42 months), including oral evaluation and risk assessment, parent/caregiver counseling, fluoride varnish application, and referral to a dental home. In addition, Duke Primary Care is piloting the integration of Licensed Clinical Social Workers in offices in rural sites with the goal of improving health outcomes and ensuring the patient populations' specific needs are met.

The American Academy of Family Physicians recently launched a strategic initiative to improve health care in rural communities. We support its goals to address educational needs and resources for family physicians practicing in rural areas and the recruitment of family physicians to rural areas, including by increasing student choice and the number of residency positions.

Thank you again for the opportunity to provide this feedback. Please let me know if I can be helpful in sharing any additional information regarding our missions in support of these communities.

Sincerely,



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