November 26, 2019

Committee on Ways and Means
Rural and Underserved Communities Health Task Force
United States Congress
1102 Longworth House Office Building
Washington D.C. 20515

Dear Rural and Underserved Communities Task Force:

On behalf of the Endocrine Society, thank you for the opportunity to provide comments on your request for information (RFI) as you work to develop bipartisan legislation to improve health outcomes within underserved communities. The Endocrine Society is the world's largest professional organization of endocrinologists, representing the interests of over 18,000 physicians and scientists engaged in the treatment and research of endocrine disorders like diabetes, obesity, osteoporosis, thyroid disease, and infertility. Please see below for our responses to several of the questions included in the RFI.

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?
The Society believes there is an opportunity to improve the health outcomes associated with diabetes in pregnancy through telehealth in the Medicaid population. Patients with diabetes (Type 1) who become pregnant are at a significantly greater maternal and fetal risk, particularly if their diabetes is uncontrolled. As a result, these individuals often require insulin therapy and frequent visits to an endocrinologist or high-risk obstetrician (every 1-2 weeks in addition to routine OBGYN appointments, which are typically monthly). During these visits, the physician will review blood glucose logs and adjust insulin doses as needed. Members of the care team and/or the physician may also provide diabetes education to the patient.

Telemedicine could be utilized for a significant proportion of these visits as blood glucose log review and therapy adjustment can be conducted remotely. Patients who require visits weekly could see their endocrinologists or high-risk obstetrician every other week and utilize telemedicine (telephone or video visit) for the remaining visits from their home. Patients who require bi-weekly visits can utilize telemedicine visits once per month. The Society believes that the use of telehealth in this population would ease the burden on patients who would find it difficult to miss work or be away from home each week. Easing this burden would reduce the high rate of noncompliance in this patient population and avoid costly complications, unnecessary hospitalizations and C-sections, and improve outcomes in their babies.

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?

The Society also supports ways the task force can reduce costs and improve outcomes for Medicare patients with osteoporosis. Fifty-four million adults aged 50 and older have osteoporosis and low bone mass in the United States. It is an important risk factor for fragility fractures in older adults, which costs the U.S. more than $19 billion to treat. Each year, more than 300,000 people 65 and older are hospitalized for hip fractures, but only 20 percent of these patients are treated to reduce the risk of future fractures and these individuals do not often receive appropriate follow-up care. Reducing the number of subsequent fractures by 5 to 20 percent could save Medicare between $310 million and $1.23 billion.

The use of telehealth provides an opportunity to increase the number of individuals with post-osteoporotic fractures who receive standard-of-care treatment. Post-fracture, many patients receive post-acute care in a Skilled Nursing Facility. Existing models of care have failed to appropriately screen or treat individuals for osteoporosis following a fracture. We recommend creating a pilot to evaluate whether a telehealth visit with an endocrinologist would improve outcomes in this patient population and care setting (e.g. reducing subsequent fractures, hospital readmissions, and mortality). During the telehealth visit, the endocrinologist would diagnose the patient with osteoporosis and potentially prescribe a generic, low-cost bisphosphonate, or comparable alternate therapy, to treat the disease and reduces a patient's long-term risk for hip fracture by up to 50 percent and vertebral fracture by up to 70 percent.

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?

Despite the vital role of endocrinologists in the care of patients with chronic diseases, there are currently fewer than 4,000 clinical endocrinologists in the United States to care for the 100 million potential patients that suffer from diabetes and prediabetes alone. Because of the workforce shortages and chronic diseases that endocrinologists treat, we appreciate that the Ways and Means Committee will be focusing on ways to improve health outcomes in underserved communities. We strongly encourage you to explore the implementation of telehealth pilots for patients with diabetes in pregnancy and osteoporosis to reduce costs and improve health outcomes. This would require waiving the originating site requirements, which have been a barrier in accessing care for effective disease management for two vulnerable patient populations—pregnant women and older Americans.

Thank you for the opportunity to provide feedback on your request for information on telehealth. The Endocrine Society would be happy to work with you on these ideas. Should you have any questions, please contact our director of health policy, Meredith Dyer, at mdyer@endocrine.org.

Thank you,

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President, Endocrine Society