



November 26, 2019

The Honorable Danny Davis  
U.S. House of Representatives  
2159 Rayburn House Office Building  
Washington, DC 20515

The Honorable Brad Wenstrup  
U.S. House of Representatives  
2419 Rayburn House Office Building  
Washington, DC 20515

The Honorable Terri Sewell  
U.S. House of Representatives  
2201 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jodey Arrington  
U.S. House of Representatives  
1029 Longworth House Office Building  
Washington, DC 20515

Via Email: [Rural\\_Urban@mail.house.gov](mailto:Rural_Urban@mail.house.gov)

Dear Representatives Davis, Sewell, Wenstrup, and Arrington:

Ochsner Health System (Ochsner) thanks you and Ways and Means Chairman Neal and Ranking Member Brady for leading a bipartisan effort to seek input regarding policy options that can improve care delivery and health outcomes within rural and urban underserved communities. We very much appreciate your and the Committee leadership's commitment to "advancing commonsense legislation to improve health care and outcomes within underserved communities."

Ochsner, as the largest provider in Louisiana, maintains a long-standing commitment to serving individuals and families in rural and urban communities, throughout Louisiana as well as a more recent investment in providing care in Mississippi. As part of our commitment to reaching and serving individuals, families, and communities that are in need of better access to care, we have pioneered a number of digital medicine and telehealth programs that are transforming the patient experience, enhancing health, and well-being, while reducing costs. We believe our programs are scalable and replicable and could be deployed to reach more patients in Louisiana and Mississippi, as well as across the country.

Ochsner stands ready to work with you and other policymakers and stakeholders to improve and ensure access to quality health care, particularly for rural and urban underserved communities. We respectfully submit the following responses for consideration by the Ways and Means Rural and Underserved Communities Health Task Force. Please note that we have chosen to answer a subset of the questions posed in the Request for Information. We thank you for your consideration of our comments and welcome the opportunity to discuss our submission with you further. I can be reached at [william.crump@ochsner.org](mailto:william.crump@ochsner.org) and (662) 719-4969.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Will Crump", with a long horizontal flourish extending to the right.

Will Crump, Director of Public Health Policy

**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?**

Ochsner's Hypertension Digital Medicine program uses a connected blood pressure (BP) cuff to transmit readings from the patient to be monitored by an Ochsner care team, which includes a pharmacist and health coach. The program has been found to be three times more effective than traditional care at having patients achieve BP control over 180 days, while also increasing patients' medication adherence and patient activation, and reducing the total cost of care. An analysis by Blue Cross Blue Shield found that participants in the medication adherence program led to an overall decrease in Emergency Department (ED) visits and inpatient hospital stays, resulting in a 10:1:1 Benefit-Cost Ratio for patients with hypertension. The same analysis also found that the program saved \$77 per member, per month.

Our Digital Diabetes Medicine program, which uses similar technology to monitor a patient with type 2 diabetes, has also achieved results that are better than traditional care methods, including reductions in A1C, decreases in hypoglycemic events and diabetes distress, and increases in adherence to recommended health maintenance activities.

Our Connected MOM program allows expectant mothers to have three of their planned prenatal visits to be conducted virtually. Each participant in the program is provided with a wireless scale and BP cuff, along with supplies for urine protein tests that can be read and sent remotely. This deployment of technology allows the care team access to more patient clinical data, allowing them to identify and treat issues sooner, improving outcomes for mothers and babies.

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

Ochsner deploys telemedicine to deliver specialty, primary, and urgent care to patients near and far. We are proud to have created a network of approximately 250 physicians (with another estimated 200 with licensure in process) who reside out of state and who – through multi-state licensure and the telemedicine licensure compact – can deliver high quality care to our patients via telemedicine, helping to ensure better access to care for underserved communities.

Ochsner's TeleStroke program provides 24-hour/7-days per week coverage by vascular neurologists who – through telemedicine – are immediately available to ED physicians in rural hospitals to help them quickly diagnose and treat patients presenting with symptoms of a possible stroke. The program has been instrumental in successfully treating thousands of patients (more than 300 patients per month) in a timely manner, and also allows these facilities to remain open

and successfully caring for patients their communities. Eighty percent of TeleStroke patients now stay local; prior to the program's implementation, nearly all patients were transferred.

Ochsner's TeleStork program, using live streaming of maternal and fetal health records, provides 24/7 monitoring to laboring mothers. Rapid detection of labor distress and early intervention by our specialty care team is helping reduce poor birth outcomes. Since initiated in August 2016, there has been a 50% decrease in term unexpected NICU admissions in TeleStork facilities. The program has seen an 80% decrease in situations requiring intervention from TeleStork nurses, indicating an improvement in birth outcomes and overall improvement in health status of newborns within the program.

**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?**

Ochsner provides emergency virtual psychiatric services, cutting emergency room wait times for psychiatric care at our partner sites by 50%. Telehealth can meaningfully increase patient access to telepsychiatry and telebehavioral health services for many patients in rural and underserved areas who are currently without access to such care. As noted above, we have been able to expand access to specialty care through the utilization of physicians with multi-state licensure who can treat patients via telemedicine. Our "hub" and spoke model allows us to leverage our specialty physician workforce and expertise located in New Orleans to locations throughout Louisiana and Mississippi.

We recently launched a partnership with Ready Responders (RR) to make house calls to Medicaid patients who are heavy users of the ED and have multiple comorbid conditions, including behavioral health and substance use challenges. Through RR we are able to deliver high-quality, compassionate, tailored care to in-need patients at their home via EMS and/or nurses (with telemedicine hook-up with a physician), as needed. Patients seen by RR have reported dental pain, suicide ideation, and altered mental state. RR addresses urgent and acute medical needs while also working with patients on referrals to and support related to social and behavioral issues, such as transportation, food insecurity, lack of a regular source of primary care, and addiction. RR has helped enrolled patients get needed urgent and longer term care while reducing overall ED visits by 42%, decreasing unnecessary ED visits by 58%, and lowering costs to the health care system.