acofp AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS
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October 9, 2019

VIA ELECTRONIC SUBMISSION

Thomas J. Engels
Acting Administrator
Health Resources & Services Administration

Re: Rural Access to Health Care Services RFI

Dear Acting Administrator Engels:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the Health Resources & Services Administration (HRSA) Rural Access to Health Care Services Request for Information (RFI). Our response is directly to HRSA's question related to the core health care services needed in rural communities and how those services can be delivered.

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 and are leading efforts to improve access to rural health care. Our physicians are acutely aware of the challenges to delivering high quality, affordable health care to rural patients. We offer our support as HRSA assesses rural access issues and ways to ensure patients have access to physician-led care teams.

Our full comments are detailed on the following pages. Thank you for the opportunity to share our response 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

ACOFP believes there are three critical components to ensuring access to health care services in rural areas: (1) ensuring rural patients have access to primary care; (2) ensuring the existing rural health care workforce is supported to sustain existing access to preventive services; and (3) supporting workforce trends to ensure there continue to be family physicians in rural areas. As HRSA considers these comments, we remind the Administration of the critical importance of ensuring patients have access to a physician-led care team. ACOFP appreciates and supports the work of non-physician practitioners, but strongly emphasize that these practitioners are not an equal substitute for physicians. Any effort to increase access must ensure that physicians are available to lead care teams and ensure rural patients have access to high-quality physicians, not just non-physician practitioners.

Ensuring Access to Primary Care Services

Individuals in rural areas face significant challenges and barriers to accessing health care services. Low population density, geographic barriers, and long distances between health care access points create daily challenges for rural patients. Further, rural patients have occupations, such a farming, or other social factors that inhibit routine or consistent access to health care services. Subsequently, rural patients, especially the elderly, do not have continuity in terms of the care they receive. Compounding this issue is the fact that rural patients face greater health disparities when compared to their urban area counterparts. Combined, these factors create additional challenges and burdens on an already limited health care infrastructure in rural areas.

ACOFP members are the driving force behind efforts to ensure rural patients have access to high quality, value-based care. While we recognize that patients should have access to the full range of health care services (e.g., inpatient, outpatient, emergency, primary, prenatal, mental health/substance, home-based, long-term), it is critically important that rural patients first have access to consistent primary care services. Primary care is the embodiment of high-value care – studies have established that increased access to primary care is more likely to result in preventive services and treatment before conditions become chronic and expensive to treat. Further, consistent access to primary care physicians can address many of the core health care services for rural communities, reducing unnecessary or inappropriate specialty care. For example, many of our members in rural areas provide a wide-range of services, including prenatal care, mental health/substance use care, and provide services in support of broader public health goals.

Given the unquestioned benefit of consistent access to primary care services and family physicians, ACOFP believes that access to these physicians must be prioritized in any efforts to ensure access to core health care services. Even if patients have access to certain inpatient, emergency, or other types of care, primary care physicians serve the critical function of ensuring patients access those services when truly appropriate or when they cannot be avoided through preventive primary care services.

As more rural hospitals close and consolidate, health care shortage areas are widening and drive times are increasing. Many rural patients live miles away from their doctor and must drive long distances for a checkup. Elderly patients are less likely to drive these long distances. Often it is too difficult for friends and family to take time off work to drive their loved ones to the appointment and rural areas rarely have public transportation. HRSA should consider ways to address patient transportation issues for rural patients. This could come in the form of new grant programs, supplemental benefits, or leveraging existing community programs.

Supporting the Existing Rural Workforce

ACOFP members consistently raise concerns with regulatory and administrative barriers that inhibit the efficient delivery of care, especially in rural areas. Increasing requirements related to electronic health records, the Promoting Interoperability program requirements, and substantial barriers associated with value-based arrangements, impose significant burdens on solo, small and rural physician practices. The onerous administrative burdens are frustrating to family physicians and leading some to leave the practice of medicine to pursue new careers. This "physician burnout" is contributing to the primary care shortage. Family physicians do not have enough time to treat patients and perform the administrative duties required. While our members have explored innovative methods to increase their ability to provide critical primary care services, the low reimbursement rates and impediments to delivering care place a significant and undue strain on family physicians as well.

Historically, family physicians served their communities, developed lifelong and generational relationships, and established patient-physician relationships that improved patient outcomes. The current health care regulatory framework prevents family physicians from engaging in the valuable patient interactions that may not be classified as health care services (i.e., discussing social, family, or other non-health care matters), but are critically important for ensuring overall health and well-being. As osteopathic family physicians, our practice is focused on delivering holistic care, treating the entire patient and addressing social determinants of health. Recent requirements have narrowed our ability to provide patients with any care beyond what is deemed medically necessary, making it harder for family physicians to deliver the highest quality care.

In response to the growing challenges facing the existing workforce, an increasing number of our members have explored Direct Primary Care (DPC) arrangements. In its simplest form, DPC operates as a subscription model for primary care services. Patients pay a flat monthly fee for a wide range of primary care and other preventive services. This model enables stronger patient-physician relationships, empowering patients to access their family physicians without the fear or worry of copays or additional out-of-pocket costs not covered by their insurance. These arrangements also liberate physicians from the growing burdens imposed on them by insurers and allowing them to spend more quality time with patients. While not the only solution to rural access issues, DPC is a model that has enabled family physicians to better serve their communities.

Telemedicine also can be an effective care delivery pathway. However, ACOFP members have experienced challenges related to broadband and internet connectivity that have hindered our ability to fully leverage new and innovative technologies. Subsequently, we urge you to consider the infrastructure challenges that inhibit enhanced access to care in rural areas. While many hospitals and large systems have the resources need to perform this work, any solo and small practices in rural areas cannot afford or sustain the expensive technology needed to provide telehealth services. We believe it is critical that community-based family physicians who have long, established relationships with their patients, be the first line in delivering care, either through telehealth or in-person. Providing the resources needed to adopt telehealth would help ensure this access to care.

Supporting the Future Rural Workforce

As HRSA previously identified in its November 2013 report, the United States faces shortages of 20,400 primary care physicians by 2020[1]. By 2025, the United States is expected to require nearly 52,000 additional primary care physicians to treat the aging population and account for the additional consumption of resources during the projected 565 million primary care office visits.[2] In 2014, 52.2 percent of the 884.7 million office visits were made to primary care physicians,[3] and it is expected that there will be significant shortages of these physicians. These shortages are typically greater in rural areas, highlighting the need to support the future pipeline of physicians who will move to and serve rural communities. ACOFP and other family physician stakeholders have a goal of reshaping the workforce such that 25 percent of physicians practice in primary care by 2030. We request your support in achieving this goal and believe changes could be made to support these efforts.

We strongly urge HRSA to reexamine and explore opportunities to reform the graduate medical education (GME) program to more accurately reflect workforce needs. Specifically, we recommend that primary care residency positions, including family medicine, account for 50 percent of total residency positions. This would reflect population needs. In addition, we highlight that there is a growing percent of osteopathic physicians who are choosing primary care careers – reflecting our overall mission of serving the whole patient. In addition, a higher rate of osteopathic family physicians is returning to rural communities to practice family medicine. We urge HRSA and the Rural Task Force to consider this trend and support our efforts to ensure rural patients have access to family physicians. We are committed to ensuring there is an adequate pipeline rural of family physicians, but federal leadership and support is essential.

Another critical component of supporting the future family physician workforce is to appropriately incentivize primary care careers. There must be incentives that encourage medical students to pursue primary care physician careers. HRSA should explore ways to expand loan repayment and forgiveness programs. For example, many states have loan forgiveness programs for physicians that serve in a rural area for a specified time period. Other successful loan forgiveness programs encourage local students to pursue a career in healthcare in the community. Programs like these are powerful incentives for students to practice in rural areas. Further, HRSA and the Department of Health and Human Services (HHS) should explore ways to enhance reimbursement rates that align with urban settings. Primary care physicians are more likely to serve in rural areas if they are paid similar to their urban counterparts.

Ensuring Equity for Rural Patients

ACOFP strongly believes all patients should have access to the highest quality care that they need. We do not believe that geographic location should dictate the type or level of care that is available to patients. Subsequently, we believe that any effort to address rural access issues should not result in lower quality care compared to what is available in urban or suburban areas. Of greatest concern are proposals that would substitute physicians with non-physician practitioners. This is a disservice to

[1] HRSA Bureau of Health Professions, "Projecting the Supply and Demand for Primary Care Practitioners Through 2020," November 2013. Available from: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projectingprimarycare.pdf

[2] S.M. Patterson et al., "Projecting US Primary Care Physician Workforce Needs: 2010-2025," Ann Fam Med, November/December 2012 10(6):503-509

[3] Rui P, Hing E, Okeyode T. National Ambulatory Medical Care Survey: 2014 State and National Summary Tables. Available from: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

rural patients and implies that any, let alone rural, patient can be effectively treated and cared for by only mid-level practitioners.

We value and appreciate all of the practitioners we work with – mid-level practitioners are a critical component of delivering efficient, high quality care. However, we strongly believe that the highest quality care is delivered by physician-led care teams. We believe that expanding scope of practice in the name of access is an insufficient and improper approach. Rather, we believe supporting the primary care workforce and ensuring a sufficient physician pipeline will best support rural health care, not only improving access, but also improving outcomes. As HRSA considers what services are needed and how those services can be delivered, ACOFP cautions against a "band-aid" approach of expanding mid-levels practitioners' scope of practice in lieu of ensuring access to family physicians.

ACOFP thanks HRSA for the opportunity to respond to this RFI. We welcome the opportunity to work with you to ensure rural patients have access to the highest quality health care.