



November 25, 2019

The Honorable Richard Neal
Chairman
U.S. House of Representatives
Ways and Means Committee
Washington, D.C. 20515

The Honorable Kevin Brady
Ranking Member
U.S. House of Representatives
Ways and Means Committee
Washington, D.C. 20515

Dear Chairman Neal and Ranking Member Brady:

The Healthcare Leadership Council (HLC) applauds the Rural and Underserved Communities Health task force efforts to develop bipartisan policy options that can improve care delivery and health outcomes for rural and underserved communities.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient centered approach.

Rural healthcare is an urgent and critical issue. The 46 million Americans who live in rural areas often have trouble accessing care due to a shortage of healthcare workers and long distances to healthcare services that can be made more challenging by difficult terrain and severe weather. Rural residents are at greater risk of dying from heart disease, cancer, unintentional injuries, chronic lower respiratory disease and stroke, than their urban counterparts. Underserved individuals overall suffer poorer health outcomes. Medicare costs for socially isolated older adults are \$1,609 per year per person higher than non-isolated people. To assist these individuals and improve their access to care, HLC offers the task force these responses to the following questions:

1.) What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas?

Social determinants of health (SDOH) is the main healthcare-related factor that influences patient outcomes in rural and/or urban underserved areas. SDOH is defined as “the complex circumstances in which individuals are born and live that impact their health. They include intangible factors such as political, socioeconomic, and cultural constructs, as well as place-based conditions including accessible healthcare and education systems, safe environmental conditions, well-designed neighborhoods, and availability of healthful food,” according to the New England Journal of Medicine Catalyst.

The barriers and difficulties rural and urban underserved area residents face in accessing healthcare often stem from or are associated with SDOH. Community Health Workers (CHWs) play a critical role in addressing healthcare challenges associated with social determinants for these residents. CHWs specialize in working with low-income, minority, disenfranchised, and underserved communities. CHWs provide healthcare and social services within their own communities and spend time with patients in their homes. CHWs, therefore, have a unique understanding of their patients’ needs and are able to address SDOH by linking patients to the support and social services they need to become, and stay, healthy. Such services can include, but are not limited to, transportation to medical appointments, access to healthy foods, and assistance in securing safe housing. HLC recommends the task force support the increased use of CHWs.

2.) What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address SDOH?

Within HLC’s membership, members are offering different initiatives to address SDOH. For example, Tivity Health’s SilverSneakers program uses group physical fitness activities to help participants maintain good physical health and age with vitality. The SilverSneakers program addresses multiple barriers. Its success underscores the importance of creating vehicles that enable greater social connectedness, the ability to create new friendships, and the sense of being part of a larger community. These initiatives enhance participants’ physical, social, and mental health and well-being.

Similarly, Aetna works to build “healthy homes,” from repairing rickety stairs and unsafe porches to installing equipment to help those with mobility challenges. The project has demonstrated how important it is to remove those physical causes of isolation. Safer housing enables people to interact more frequently with neighbors and community, and to be reached with nutritious meals and other essential services.

Beyond the scope of initiatives that address SDOH, HLC recommends the task force consider creative payment policy solutions for addressing SDOH, specifically the transition of healthcare to value-based models. New accountable and value-based care models, which integrate medical resources and global budgets should align incentives for healthcare entities with those for social services and vulnerable patient segments.

4.) *What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where — a. patients have the option to transition to alternative care sites, including community health centers and federally qualified health centers? b. there is broader investment in primary care or public health? c. the cause is related to a lack of flexibility in health care delivery or payment?*

Healthcare stakeholders have been deterred from implementing value-based payment and care delivery approaches that would support delivering more efficient, coordinated care. This is in part due to an outdated legal framework, specifically the Federal Anti-Kickback Statute’s regulatory safe harbors and the Physician Self-Referral (Stark) Law’s regulatory exceptions. For example, under the current laws compensating providers may trigger scrutiny if they provide digital healthcare delivery tools to patients, like wearable devices or tablets that could facilitate remote patient monitoring and telehealth. While safe harbors to the Anti-Kickback Statute and exceptions to the Stark Law exist to protect certain arrangements in healthcare, these protections are too narrow in scope. Modernizing the Anti-Kickback Statute and Stark Law could facilitate expanded provider uptake of innovative digital health tools that offer solutions for underserved communities. Digital health delivery tools offer providers a way to serve their patients at lower costs and helps reduce the time it takes patients to receive care—particularly specialty care.

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?*

Telehealth can offer an alternative to traditional healthcare to treat acute and chronic medical conditions including those stemming from oral, behavioral, and substance use needs. Increased access to telehealth would make it easier for providers to treat patients and improve continuity of care by increasing access to medical care for those unable to travel and addressing provider shortages in rural or underserved areas. The advancement of policies, such as those included in HLC endorsed bipartisan bills, including the “Telehealth Innovation and Improvement Act” and the “Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act” designed to promote and expand telehealth technology as a mode of care

delivery that can improve quality as well as alleviate workforce limitations and improve patient satisfaction.

Thank you for the task force efforts to improve rural and underserved communities health. HLC looks forward to continuing to collaborate with you on our shared priorities. Should you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,

Debbie Witchey
EVP & COO