Letter to the Secretary: March 20-22, 2005, Washington, D.C.

May 5, 2005

The Honorable Michael M. Leavitt
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, D.C. 20201

Dear Secretary Leavitt,

On behalf of the National Advisory Committee on Rural Health and Human Services, I would like to share with you a copy of the Committee's 2005 Report and let you know that the Report has been submitted to your Executive Secretariat. I would also like to give you an update on our most recent meeting in Washington, D.C., March 20-22, 2005.

The Committee's 2005 report is the culmination of a year-long effort to examine key health and human service issues affecting rural communities. The report focuses on the need for collaborations to enhance community and population well-being in rural communities along with as issue-specific chapters on access to obstetrical care, obesity and welfare reform in rural communities. The report highlights several key findings, including:

- An important indicator of local success in collaboration is strong, creative and consistent leadership, including strategies for recruitment and programs for training. The Committee recommends that the Secretary support the creation of a Web resource page for "models that work," showing successful collaborations in rural places, support research that will further specify opportunities and barriers and support leadership development for rural community organizations and residents.
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- Access to obstetrical (OB) services is an increasing problem in many rural communities. Current data show a disparity in access to OB care between urban and rural areas of the country. The ratio of physicians trained in obstetrics to women of childbearing age is higher in urban areas than in rural communities, and this ratio will only worsen as fewer physicians choose obstetrics and even fewer elect to practice in rural settings. Several factors influence the rural physician supply, including increasing cost of malpractice insurance. The Committee recommends that the Secretary address the malpractice insurance issues by supporting legislation that would extend the Federal Tort Claims Act to rural OB providers in federally designated shortage areas and also promote the development of demonstration projects that use a team approach to providing OB services in rural communities using Section 301 of the Public Health Services Act.

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- Obesity trends tracked by the CDC show that more and more Americans are becoming obese, with rural Americans leading the way. When national obesity data are examined to compare rural and metropolitan areas, rural Americans have a higher incidence of obesity than their metro counterparts. Obesity is now more common in low-income and rural populations. The Committee recommends that the Secretary should encourage the States to revise Medicaid policy. Medicaid should follow Medicare and recognize that obesity is an illness.
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- Although much progress has been made with the implementation of TANF, rural TANF recipients face additional barriers in moving from welfare to work, such as a lack of public transportation systems, few child care services, and limited employment and training opportunities. The Committee recommends that the Secretary strengthen leadership among Federal partnerships and collaborations, such as on the Coordinating Council on Access and Mobility, which addresses the transportation needs of rural Americans; with Head Start, Early Head Start, child care and TANF; and with the Internal Revenue Service (IRS) on the Earned Income Tax Initiative, which provides tax breaks to low-income families.

We believe the 2005 report will prove useful as it seeks to build on the accomplishments of the Department's ongoing Rural Initiative. The report's recommendations offer common-sense solutions to some long-standing challenges faced by rural communities.

Our most recent meeting also afforded the Committee a chance to begin planning for the 2006 Report. That effort was greatly enhanced by the testimony of several Departmental staff from both health and human services sectors. This input greatly assisted the Committee's 2006 planning efforts and shows a strong commitment toward the Department's mission to support rural communities.

The Committee has developed a work plan for the next year that will focus on the following topics:

- Health Information Technology in Rural Areas
- Access to Pharmaceuticals in Rural Areas
- Family Caregiver Support in Rural Areas

We believe that these topics represent important issues and challenges for rural communities across the health and human services spectrum. More importantly, we believe that in each case there are important opportunities that cut across both health and human service programs. In choosing these topics, we are continuing to work to meet the Department's charge for this Committee to focus more broadly on those issues that affect rural communities in the delivery of health and human services.

I would also like to share with you an additional concern raised at the meeting by the Committee regarding Critical Access Hospitals (CAHs). We applaud DHHS' ongoing emphasis on quality improvement and quality measurement in the health care sector. Toward that end, we believe the Hospital Compare Web Site, which has recently been made public, provides important information to heath care consumers about the hospitals in their communities. However, we are concerned about how this effort reflects on CAHs due to the way the data are being displayed.

We believe the decision to display CAH data separately from the data for other hospitals and to prevent the public from comparing data between CAHs and other hospitals is not appropriate.

If we truly want to inform all consumers about their local hospitals, we need to post the hospital data in a way that allows valid comparisons from facility to facility. Many CAHs are identical to other hospitals in terms of services offered, staffing and volume; the only difference is their Medicare reimbursement methodology. Hospital quality data are not determined by the Medicare payment system in which a specific facility participates. The Committee urges DHHS to present CAH data in a way that allows the consumers to compare them with all other hospitals. The Committee will gladly work with officials from the Centers for Medicare and Medicaid Service to develop a solution to this problem.

In conclusion, the Committee meets again in Johnson City, Tennessee June 12-14, 2005. This meeting will afford the Committee an opportunity to meet with local providers and service agencies and gather a local perspective on the 2006 topic areas. We look forward to hearing the Department's response to the 2005 report. Thank you for your support of this Committee and for addressing health and human service issues in rural communities.

Sincerely,

David M. Beasley
Chair