



Improving Health Care Access in Rural Communities: *Obstacles and Opportunities*

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Introduction and Background

Chairman Cardin, Ranking Member Daines and members of the Committee, thank you for the opportunity to testify on obstacles that rural communities face in accessing health care and how community health centers are overcoming those obstacles.

Choptank Community Health System's mission is, "to provide access to exceptional, comprehensive and integrated health care for all." Choptank teams focus on providing access to care for the communities we serve each day and continuously develop innovations and solutions to ensure our mission shines through all our endeavors.

As a private, non-profit community health center, we provide access to quality health care through the delivery of comprehensive medical, dental and behavioral health care services in Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties on Maryland's Eastern Shore. Choptank opened its first primary care office in Caroline County in July 1980 and has been providing quality health care in this rural area continuously for 43 years. Choptank is a Federally Qualified Health Center (FQHC) with oversight from a community board.

In the U.S., nearly 20% of residents live in rural areas, but only 10% of health care providers work in these areas. Twenty-five percent of Maryland's total population lives in an officially designated rural area, all five counties in the Choptank service area are designated as rural.

The region also includes some of the most medically underserved counties in the state. Caroline, Dorchester and Kent Counties have a Health Professional Shortage Designation (HPSA) for dental, mental health and primary care. In addition, Talbot County has HPSA designation for dental care.

Through program development and expansion, Choptank has grown to seven medical office locations, five dental locations, and seven behavioral health service sites. All dental and behavioral health services are co-located with medical services. All Choptank care locations and program sites are accredited by The Joint Commission and have achieved Primary Care Medical Home (PCMH) distinction.

In 2022, Choptank provided care to 29,777 patients representing 99,205 visits, with 7,950 being virtual via phone or video. Eighteen percent of the patients seen were Hispanic or Latino/a. In terms of reported race, 1% of patients were Asian, less than 1% were Native Hawaiian, 3% were Other Pacific Islander, 23% were Black/African American, 2% were American Indian/Alaskan Native, 59% were white, less than one percent were more than one race and 13% chose not to disclose. More than 4,000 patients were best served in a language other than English.

Choptank is committed to providing equitable access to quality care for all residents of our service area. We provide sliding fee coverage to those patients who are uninsured or under insured. Patient-reported income shows that 23% of patients were at or below Federal Poverty Levels (FPL) of 100%; 12% were 101-150% of the FPL; 6% were 151-200% and 8% were over 200%. Thirty-three percent of the patients seen were children under age 18; 24% were ages 18-29; 28% were ages 40-64 and 14% were age 65 and up. Forty-four percent of 2022 Choptank patients had Medicaid, 15% Medicare, 28% Private Insurance, and 13% had no insurance.

Choptank served 646 Veterans in 2022, an increase from the prior year. Nearly 2,600 patients were seen in our school-based health program. Three hundred and seventy-three agricultural workers or dependents were seen through our migrant health program. Choptank provided care to 191 homeless patients in 2022.


My testimony will identify obstacles to accessing care in rural areas and show how Choptank is overcoming those obstacles. I will close with some recommendations on how this Committee and Congress can support health centers and other providers' work in this area.

Obstacles and Opportunities to Access

Rural areas often share similar characteristics that are unique from other geographic designations. These include distance to obtaining services, lack of transportation, health care access and availability and poorer health outcomes. For example, in the Choptank service area, rates of smoking, obesity, excessive drinking, children in poverty and teen births are higher than State of Maryland rates.


Workforce Shortages:

On the Eastern Shore, the workforce shortage has been exacerbated by the closure of large service providers for behavioral health and women's health. In response, Choptank and their Board of Directors committed to rapid expansion of the new behavioral health service line. To date, Choptank has a behavioral health therapist at each location and has added this service in the school-based health centers. A part-time Child and Adolescent Psychiatrist has also been hired. Recruitment efforts continue to fill the remaining vacancies.




A Choptank physician facilitated a warm hand off with a 71-year-old white female struggling with depression. The therapist was able to work with her during the warm hand-off, however due to Medicare not accepting Licensed Clinical Professional Counselor (LCPC) licensure, we could not connect her with the therapist in her health center. The patient had no transportation to a site with an LCSW-C and no computer or internet at home to access telehealth services. Choptank has to refer this patient to another organization which is equally as difficult due to the obstacles the patient faces. LCPC's have been approved for Medicare reimbursement, but this does not begin until 2024.

Choptank also committed to expanding prenatal care and women's health offerings by hiring a Certified Nurse Midwife to rotate throughout the health centers. This is in addition to two Family Medicine Physicians offering prenatal care in their practice and the multiple medical providers providing women's health services. Choptank ensures that our family practice providers are trained in various women's health services.




A 29-year-old white single-parent female initially had a routine pregnancy. It was complicated by high sugar levels during her diabetes screening test. She stopped drinking soda and her follow up test to verify diabetes was negative. An ultrasound showed a tumor on the baby's hand with an extremely large blood vessel tracking up his arm. Mom was transferred to Maternal Fetal Medicine locally and ultimately to Baltimore. After delivery, we followed up on mom's wellbeing, because the baby has required 2+ months in the NICU in preparation for surgery. When mom developed postpartum depression, our co-located behavioral health therapist was able to start therapy for her right away while her primary care provider started her on medication. Mom plans to bring her baby to Choptank for pediatrics once he is discharged home.

Access to dental care has been a high priority in Maryland for many years because of the death of 12-year-old, Deomante Driver, due to a dental infection. Choptank's robust dental program has expanded to include specialty care for pediatrics and oral surgery. At this time, the oral surgeon position has been vacant for a year and a half with recruitment continuing.



Our Mobile Health School-Based Dental team was providing care in Dorchester County. They were parked in front of the school, when there was a knock on the van door. A parent was bringing her daughter to school late because of tooth pain. Mom didn't know what to do. The family was new to the area and the daughter, an 8-year-old African American female, wasn't enrolled for our program but she came in and our dental hygienist saw the patient and provided an evaluation immediately. The patient had an abscess on a baby tooth that was painful to the touch. The dental hygienist reached out to our dental case manager and the patient had an emergency visit at our Cambridge Dental Center that same day.

Maryland recently expanded coverage for adult dental Medicaid patients. This is a huge need, especially on the Eastern Shore. The obstacle is that most private practices do not accept Medicaid, leaving Choptank care for more patients than ever before.



A 39-year-old white male was referred to Choptank for oral surgery. He drove 90 minutes for a consultation at our Federalsburg Dental Center. Instead of referring him to an oral surgeon, our dental team took additional x-rays to determine if we could do the needed extraction in-house. Our dentist was able to perform the procedure, which meant the patient did not have to travel further or pay additional charges. Oral surgery is a huge need on the Eastern Shore.

Recruitment for dental hygienists has been difficult with vacancies open for more than a year and a half. At this time, the Eastern Shore does not have a training program for dental hygienists. Clinical support staff are critical in the ability of our health centers and providers to take care of the patients that need healthcare services. For dentists to work at an optimum level, two dental assistants are needed per provider. Often, dentists are working with one assistant and have had to share an assistant with another provider. The same holds true for medical providers. Medical assistants also represent a workforce shortage for Choptank. This reduces access to health care for patients. Developing a pipeline of new providers and clinical support staff is critical for healthcare especially in rural areas.

Efforts to expand the Choptank service area's rural primary care workforce include a partnership with the University of Maryland School of Medicine (UMSOM). UMSOM received a planning grant from HRSA in 2019 to explore the development of a rural residency training track in collaboration with Choptank and the University of Maryland Shore Regional Health (SRH). The funding allowed for the design of a rural Family Medicine training experience for graduated new physicians. Physicians who train in an FQHC are nearly twice as likely to begin their careers in a similar setting providing significant benefits to rural communities. In recognition and support of addressing the health care needs on the Eastern Shore of Maryland, the Maryland State Legislature passed a bill allocating \$1.5 million in funding for the Rural Residency track.

Choptank has a long-standing partnership with NYU/Langone for Advance Education in General Dentistry (AEGD) residents. This program has been critical in providing access to dental care in our health centers and served as a recruiting resource as we have hired many of the residents to join Choptank as a dentist when they have completed their training. Historically, CHOPTANK would train 2 residents each year. In 2023, Choptank has 4 residents from NYU/Langone. Plans are underway to bring a pediatric dental residency to Choptank with NYU/Langone. Choptank has hired a Pediatric Residency Director to build and lead the new program.

To address the shortage of clinical support staff, Choptank partnered with a local community college, Chesapeake College, which has healthcare training programs and a with a state-of-the-art facility for mock patient care experiences. Thanks to American Rescue Plan funds, Choptank developed a scholarship program to support certification for medical and dental assistants who chose to work at Choptank.

New providers are hired and must relocate to the Eastern Shore, they often face barriers in securing housing. Recently, a dentist was hired and was unable to move into a rented apartment for nearly 3 months. She stayed in a hotel until more permanent housing was available. Choptank is exploring partnerships with the local Chambers of Commerce and Economic Development to strategize how housing can be more accessible, especially to healthcare professionals coming to the area.

[Broadband Access:](#)

The need for reliable internet services became even more critical, especially in rural areas during the COVID-19 pandemic. Health providers across the country had to pivot to virtual visits overnight to provide access to care for their communities. During that time, 65-70% of medical visits were provided virtually representing more than 9,000 patients seen. Obstacles were rampant as many patients did not have reliable internet in their homes and couldn't access it elsewhere. Often, the planned virtual visit was converted to a phone visit so that the provider could connect with their patient. Audio-only visits are a life-line to some of our most vulnerable patients who face multiple obstacles in obtaining health care including chronic disease, transportation and internet access.

[Transportation:](#)

Through the work of the Maryland Mid-Shore Rural Health Collaborative, transportation continued to be identified as the most common barrier to accessing health care in rural Maryland for all types of health care services. Obstacles identified include lack of broad bus routes, limited hours of operation/schedule and limited medical transportation services. Some communities do not have any public transportation available. Due to the large geographic area of the Eastern Shore, travel times can be extensive.

Choptank utilizes Community Health Workers to assist patients in planning for transportation to and from their medical and dental appointments to reduce this barrier to accessing care. Telehealth including audio-only visits helps reduce the need for travel in some cases. Medicaid transportation is limited and does not yet include coverage for dental visits.

[Redetermination:](#)

With the unwinding of the COVID-19 public health emergency, states will now have to begin eligibility redeterminations for Medicaid enrollees after nearly 3 years. National estimates from Geiger Gibson indicate that up to 15 million Medicaid enrollees will lose coverage. This will impact community health centers that provide care for 1 in 6 Medicaid beneficiaries. According to the National Association of Community Health Centers, Medicaid beneficiaries who are patients at health centers have lower overall costs to Medicaid than non—health center patients while also having better health outcomes. Medicaid redetermination is estimated to impact health center revenue and reduce patient access and staffing. According to the Maryland Health Benefit Exchange, estimates indicate that approximately 80,000 residents could lose coverage.


States, including Maryland, are partnering with community health centers to provide outreach and education to patients who need to renew coverage depending on their eligibility or to find new coverage. It is important for these patients to not stop accessing primary care services during this transition period so that they can continue their partnership with their providers, care team and make progress on their treatment plans. Choptank is developing messaging to share with patients at check in and have members of the population health department reaching out to patients who are due to reapply for coverage.

Opportunities through non-traditional delivery models:

Providing health care in a rural area requires thinking outside the traditional health care delivery models. Community health centers thrive in this area and Choptank is no exception.

School Based Health Centers:

Since 1999, Choptank has been providing school-based health center services. In partnership with the school systems, and health departments, Choptank provides medical and dental services in 9 schools in Caroline County, 5 in Talbot County, 3 in Queen Anne's and one in Kent County. There are 14 sites providing dental only, including 4 in Kent County. These centers are open every school day and provide in-person, virtual and curbside services as well urgent care to enrolled students and school staff. Other services include health education and risk assessment, physical exams, dietary support, asthma management and sick/acute care. School-based dental services are provided by a dental hygienist at all our schools throughout the school year. Services may include a screening, cleaning, dental sealants, fluoride treatment and referrals when needed.



Our school-based team in Queen Anne's County were connected with 2 Hispanic middle school students- aged 12 and 14- siblings by the school guidance counselor and school nurse. The families' resources were limited- no insurance, transportation, or housing- and they had not been seen by a medical or dental provider in several years. Our medical and dental provider were able to see the students immediately and evaluate them for health and dental needs, provide education, and prescribe antibiotic for a dental abscess. The children are scheduled for appointments to establish primary medical and dental care at our Goldsboro Health Center. They have been connected to transportation services, and our population health team for assistance with connection to insurance and other needed resources.

Expansion of School-Based Health Center's Scope:

To further meet the need for health care, two of the school-based health center sites are now community health centers located in a school. These centers are at Tilghman Elementary and Rock Hall Elementary. With the support of the local school systems and their understanding of community need, they agreed to partner with Choptank and open the school site to residents in the community.

Population Health and the Maryland Primary Care Program:

Choptank and most other Maryland community health centers are part of the Maryland Primary Care Program (MDPCP). The program recognizes primary and preventive health investments as key to bending the cost curve and avoiding costly health care use. The program aims to reduce avoidable hospitalization and emergency department visits and build a robust primary care delivery system to identify and respond to medical, behavioral, and social needs. Accomplishing these goals lowers the total cost of care across all provider settings.

Through the MDPCP, CMS' Center for Medicare and Medicaid Innovation provides needed funding to community health centers (and other primary care practices) corresponding to Medicare-attributed beneficiaries. The funding supports positions that would otherwise not be possible such as care navigators to ensure timely screenings, data analytics to close care gaps, and care coordinators that train and assist patients in monitoring and managing chronic conditions outside the center's walls. Choptank is new to MDPCP, having started in January 2023. Maryland community health centers that began the program in 2021 acknowledge that investments were needed to fa-

Facilitate care delivery transformation, supporting patient engagement and better health outcomes. This program helps health centers follow patients beyond the time that they spend with their provider.



A 37-year-old white male was diagnosed with diabetes in October 2022 with an A1c of 14.3. Normal range is 5.7-6.4. He had not seen a doctor in 5 years. The Choptank provider referred the patient to one of our Care Coordinators. She called the patient to discuss checking his blood sugar twice a day and to provide additional education. She learned that the patient had poor healthcare literacy. The Care Coordinator provided an introductory discussion about the overall impact of food, activity, proactive self-management and potential damage from poorly controlled diabetes. He had weekly calls with a Case Manager and as of March, his A1c is down to 7.0.

The Power of Partnerships:

Partnerships that focus on innovation and creativity are instrumental tools for health centers as we continually look for ways to provide access to underserved populations. Choptank is proud of the partnerships we have developed to help us meet our goals of equity outreach.

Community partners like Building African American Minds, the Multi-Cultural Resource Center, and the Avalon Foundation have provided opportunities for us to participate in festivals and events that help us meet our community where they live. Choptank's presence at these celebrations builds credibility and breaks down the trust barriers often found in these communities.

Our towns and municipalities have provided support in helping us identify and reach populations geographically challenged. This has especially been helpful for us with our recent expansion to Kent County. The local elected officials, fire departments, EMS and even police departments have been instrumental in sharing and helping spread the word about our services expanding to the area. We are working with many of these departments to implement a grant from the Maryland Community Health Resources Commission that will help us provide quality care to our patient population with mental health and substance use treatment and unable to access care in our site. Along with our services, we will collaborate with community programs to provide access to technology (i.e., tablets, computers, internet) for telehealth services for those unable to connect to telehealth in their own residence. And a local police department is providing us with parking for our mobile health unit when it is not in service.

Local health departments and public-school systems partner and collaborate with us to support our school-based health centers. With their support, we opened five new centers including 4 in two new counties last year. These new centers serve both students and staff and for many rural families provide the only medical and dental services they have access to. We are proud to share that Choptank was recently recognized as the Business Partner of the Year by one of the school systems we serve.

Businesses also play a role in our ability to break down the barriers of access. Just two weeks ago Talbot County Economic Development recognized Choptank as a 2023 Community Impact Award Winner. It is because of partnerships with local businesses that we can impact the communities we serve. While exploring ways to reach our communities, we approached Preston Motor Group to see about helping us with a mobile health unit. Through grant funding received by HRSA, and a discount from Preston, we were able to purchase a transit cargo van. Outfitted for medical and dental services, the unit allows us to meet our patients where they are. The unit travels across all the Mid-Shore communities we serve and visits community events providing health screenings. The mobile unit provides school-based medical and dental services during the school year. And,

in the summer months, the unit provides a platform for Choptank's migrant program team to visit various farms, agricultural nurseries, and crab houses across the Shore. Through our continued partnership with Preston, we now have 3 mobile health units helping us provide increased access to our services.



In March, our MHU traveled to Rock Hall, Maryland, to support other community partners in providing screenings for local watermen. Many of the residents in this area do not routinely access medical care- specifically preventative and wellness services. Screenings provided included lab evaluation for diabetes, a skin screening, blood pressure and hearing screenings. One gentleman we connected with was a 74-year-old waterman who had not seen a provider in years and had an elevated blood pressure. He stated that he didn't go to the doctor because "he didn't see the need to leave Rock Hall." Fortunately, one of the providers at the screening was the primary care provider at our newly opened Rock Hall Elementary School health center. After our provider explained that he didn't need to leave Rock Hall for care, he agreed to schedule a follow-up and has been seen for treatment.

Choptank Community Health System has community in our name for good reason – community is at the core of everything we do. When local agencies and community partners work together, the result is healthier communities.

Opportunities to Increase Rural Health Access

Providing access to health care in a rural area presents obstacles, however we are fortunate to have several available resources to make a difference in the lives of patients, families and the communities we serve. The following are actions needed to continue and enhance access to care in rural areas:

- Reimbursement for population health services: This will enhance the health care system's ability to provide ongoing services outside the health center's walls to impact health outcomes.
- Make permanent reimbursement for telehealth patient care, including audio-only visits: Telehealth and audio-only visits are a lifeline for patients in rural communities. By limiting reimbursement, access to care is also limited.
- Safeguard the Prospective Payment System (PPS) to ensure access to quality healthcare: Health centers are good stewards of the PPS system and are able to provide services to patients that impact health equity including interpreters, community health workers and other assistance.
- New Access Point Funding for new health centers including mobile health units: Health centers make a difference in rural and urban communities. Expanding their reach will impact America's health outcomes.
- Reauthorize Federal 330 Funding: This funding serves as the foundation and backbone for health centers, and many would not be able to continue providing the level of service that they currently are without this support. This funding has not kept up with inflation and in real terms has actually declined by 9.3% since 2015. The result is that health centers struggle to compete with salaries being offered by larger and wealthier competitors.

Conclusion

Community health centers are the key to providing access to high-quality, affordable and equitable health care. The investments made in America's health centers have made a difference in the lives of millions across the Country. Community Health Centers, like Choptank, work to figure out how we can best meet the needs of the communities we serve and are constantly reinventing how we provide access to care so we can meet our mission.

Chairman Cardin, Ranking Member Daines, and members of the Committee thank you for the opportunity to share the obstacles impacting health care in our rural communities on the Eastern Shore of Maryland. With all of us working together, we will continue to improve health care outcomes for those we serve.

On behalf of Choptank Community Health System, we appreciate the Committee's interest and commitment to rural healthcare.

Source Materials and Additional Information

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