

October 21, 2019

The Honorable Alex M. Azar II  
Secretary of Health and Human Services  
200 Independence Ave, S.W.  
Washington, DC 20201

Dear Secretary Azar:

The National Advisory Council on the National Health Service Corps (NACNHSC) met in April 2019 for updates on the Division of the NHSC and the Bureau of Health Workforce, including the new digital NHSC Clinician Tracker. The NACNHSC also discussed priorities and recommendations for the future of the NHSC, as summarized below.

The NACNHSC's overarching priority is to continue to emphasize the importance of the NHSC workforce to the health and wellbeing of over 27 million Americans. Without this dedicated and valued primary care workforce many people would have no or severely limited health care and the cost of care would rise for individuals and the nation.

The following sections discuss the NACNHSC's four short-term priorities for the NHSC:

- continue growth and innovation in telehealth and technology at NHSC-approved sites;
- promote the concept and presence of value-based clinicians at NHSC-approved sites;
- develop a mentorship program for NHSC students in training and NHSC clinicians in service; and
- plan celebrations for 2020 and 2022 for the 50<sup>th</sup> anniversaries of the legislation that enacted the NHSC and the first placement of NHSC clinicians in the field.

### **1. Continue growth and innovation in telehealth and technology at NHSC-approved sites.**

To sustain or improve health care throughout our country the NACNHSC strongly supports continued growth and innovation in the use of telehealth and technology for direct patient care. Further, as advances continue in virtual health, telehealth and emerging technologies (e.g., patient monitoring devices), the NACNHSC recommends that NHSC services delivered via technology be given parity with face to face visits. We recommend attention to legislation and rules that allow such expansion in the NHSC.

Technology aids will continue to help our nation address critical and emerging public health issues such as the crises with substance use disorder (SUD) and opioid use disorder (OUD). In recent years, telehealth has proven preferable and useful, and is becoming best practice in

treatment of mental health and SUD/OD. It is being used in every part of the country and is especially useful in meeting the challenges of rural and frontier areas.

In addition to direct care, technology will help train and maintain a skilled health care workforce. For example, Project ECHO (Extension for Community Health Outcomes) enables virtual global connections among health experts for case consults, and virtual disease-specific learning communities. Further, recent studies show programs like ECHO help increase provider retention in rural and frontier areas. The two-fold return on investment in virtual programs is low-cost, high-yield creation of a highly skilled workforce.

In summary, telehealth/virtual health fosters:

- improved patient access and health;
- less provider isolation and more satisfaction; and
- stronger provider recruitment and retention.

As for policy, the current NHSC Loan Repayment Program Application and Program Guidance requires both the originating and distant sites be in a HPSA. However, the NACNHSC recommends revising the policy to allow for the distant site to be outside a HPSA due to challenges related to definitions, locations and scoring.

## **2. Promote the concept and presence of value-based clinicians at NHSC-approved sites.**

NHSC providers are a dedicated, diverse and unique group of health professionals. The NACNHSC strongly believes that all NHSC clinicians are valued-based by virtue of being selected by the NHSC. They provide exceptional value to our nation by serving where they are needed most. As noted, without NHSC clinicians many Americans would receive no or very limited health care. The return on investment for the NHSC is immeasurable from an individual viewpoint. It is also one of the most cost-effective ways to contain health care costs. Research and common sense confirm that access to primary care reduces the use of high-cost emergency care and hospitalization.

Another component of value-based clinicians derives from how preventative care is the long-range plan for containing health care costs. The NHSC's primary care workforce is focused on preventative or 'downstream' medicine that includes patient education and screening for chronic diseases, and thus lowers their incidence and burden.

In addition to promoting the concept and presence of value-based clinicians, specific recommendations to enhance the value of NHSC's workforce include:

- give priority to telehealth expansion and recognize it as direct patient care;
- explore opportunities to expand the definition of service time / in service to encompass telehealth (expand the current Guidance); and
- make telehealth visits/encounters billable, including via CMS reimbursement models, to protect financial sustainability.

**3. Develop a mentorship program for NHSC students in training and NHSC clinicians in service.** The new program would be similar to the Mentorship Program put into sunset in 2016 due to difficulty in recruiting alumni mentors. Mentorship will enhance recruitment and retention of NHSC's vital workforce, including through advice for choosing a site, integration into a site and community, and development of a satisfying career.

Further, the NACNHSC believes that closer ties between the NHSC and academic training institutions will be mutually beneficial. Identification and support of faculty champions for underserved medicine at training institutions will strengthen development, recruitment and retention of future NHSC clinicians. Relationships between training institutions and NHSC sites will result in improved access to services and programs throughout both entities. Similarly, the NACNHSC recommends continuing to allow NHSC clinicians to train the next generation of health care providers.

**4. Plan celebrations for 2020 and 2022 for the 50<sup>th</sup> anniversaries of the legislation that enacted the NHSC and the first placement of NHSC clinicians in the field.** Past anniversaries such as the 25<sup>th</sup> led to support from the NHSC to publish a book on the history of the legislation and the NHSC<sup>2</sup>. The NACNHSC believes that the momentous anniversaries are opportunities to highlight 50 years of care for medically underserved patients and improved public health provided by more than 50,000 NHSC clinicians and staff. These anniversaries can also help promote the importance of further expansion in our primary care workforce to meet the needs of our most vulnerable citizens and communities.

**In Sum:** given the high return on investment for the National Health Service Corps the NACNHSC supports and recommends that the NHSC continue to grow to meet the nation's needs. Our priorities and recommendations herein will help recruit and retain the value-based workforce as the backbone/pillar of the primary care safety-net in our rural, frontier and urban underserved areas.

Sincerely,

/Adrian Billings MD, PhD, FAAFP/

Adrian Billings, Chair

National Advisory Council on the National Health Service Corps