



September 29, 2009

Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218

Dear Members of the Joint Commission on Health Care,

On behalf of the Workforce Council for Virginia's State Rural Health Plan, I am writing to provide a response to policy recommendations given in Stephen Bowman's presentation to the Joint Commission on Health Care on September 1, 2009. Thank you for giving us the opportunity to provide you with our feedback and thoughts from the rural workforce perspective. Let me also commend Stephen for his hard work in pulling this important information together. The research is extremely helpful to the work of the Council and the implementation of our state's rural health plan.

In general, we are supportive of all the policy options suggested in the presentation except option 1 to take no action. Workforce related actions must be taken to improve access to healthcare, especially in rural Virginia. Our comments on other options are below:

Option 2: We advocate for the restoration of funding of the loan repayment program and would like to see a clarification clause to ensure midlevel providers, physician assistants and nurse practitioners, are included in this funding. These programs are extremely important in deploying health care providers to underserved communities.

Option 3: As all of the medical schools in the Commonwealth contribute to the overall workforce in the Commonwealth, we advocate for supporting all medical schools residency programs regardless of their public or private status.

Option 5: We believe it is very important to increase Medicaid reimbursement rates for primary care physicians and mid-level providers, physician assistants and nurse practitioners, because in rural areas it is difficult to recruit health providers if there is a poorer payer mix due to large numbers of residents on Medicaid.

Option 7: Caring for aging populations is a unique challenge in rural areas of our Commonwealth. In order for practitioners to take advantage of continuing education in geriatric health issues, we support ensuring Continuing Medical Education (CME) credits are obtained for this additional training. We recommend working with organizations such as the AMA and the Medical Society of Virginia to ensure that practitioners receive CME's for these courses. Mid-level providers, physician assistants and nurse practitioners, will also benefit from continuing education in this area.

Option 8: Although we support the basic intent of this option, we believe it needs further clarification. What types of geriatric health issues will be addressed, will there be a requirement for CME's, and will

there be a link on the Board of Medicine website to educational offerings? As in Option 7, the Workforce Council believes that providing CME's for the educational programs will be an incentive for health providers to complete the educational offerings.

Option 11: In rural areas, mid-level practitioners are an important part of the health care infrastructure. As part of the research in this study, we hope that state comparisons of scopes of practice will be included. We believe other states have determined good ways to utilize and expand access to services with these practitioners.

Options 12, 13, and 14: Telemedicine is of vital importance to ensuring timely and quality health care services in our rural communities. Use of telemedicine can greatly increase access to specialty care and mental health services in rural Virginia. Therefore, we support insurance reimbursement and pilot studies to examine expanding use of telemedicine. Given its sporadic use, we suggest that additional training on telemedicine be researched and provided to rural practitioners and health care institutions.

Option 15: The Workforce Council is supportive of expanding access to psychopharmacological medications, which is especially crucial in rural areas. Issues related to addressing medication problems that occur after normal business hours must be included in the study. We also suggest working with the insurance companies to reimburse for services provided by doctoral students in clinical psychology programs who are under the supervision of an appropriately credentialed mental health or medical professional. We encourage looking at how other states reimburse care provided by students who are closely supervised by licensed mental health providers (e.g. Ohio).

Option 16 and 17: Additional data on our workforce is always helpful to informing our future efforts for training, retention, and recruitment. However, we believe that there needs to be clarification about what "important information" will be collected related to clinical psychologists and how to "improve the information" about dentists. Once this has been determined, we suggest that data for all professions be reviewed and examined.

Thank you again for allowing us to submit these comments. Determining ways to better understand and improve the workforce of our Commonwealth will improve the health of all our citizens. The needs of rural Virginians are often forgotten during statewide conversations. We encourage all the members of the Joint Commission on Health Care to remember rural residents, as they are often some of the most underserved and sickest members of our Commonwealth. In addition, we encourage members to review Virginia's State Rural Health Plan that outlines recommendations to improve the health and wellbeing of our rural neighbors. The plan can be found at www.va-srhp.org.

Sincerely,

A handwritten signature in cursive script that reads "Janet L. McDaniel".

Janet McDaniel, PhD, MPH, FNP
Chair, Workforce Council