RURAL HEALTH – MORE IS NOT THE ANSWER

Perhaps it's the strange vacillating winter, but the health policy arena has recently been flooded with articles that more doctors, more prevention and more money are not the solutions to better and more affordable health status and care in rural America. Some are authored by individuals who have been long time advocates of expanded federal health expenditures.

Some offer specific solutions and some not but they all aver the system is not working and the basic paradigm of rural health system delivery needs analysis and correction.

A good place to start is the excellent overview in the January 28, 2018 *Gazette – Mail* by Dr. Clay Marsh, executive dean for health science at WVU. In essence, community introspection, devoid structural and historical bias, is the message of his article, "WV could tip into healthier, more abundant lives."

A January 29, 2018 New *York Times* article by Aaron E, Carroll, "Preventive Care Saves Money? Sorry, it's Too Good to Be True" notes that other than childhood immunization and low-dose aspirin there are no preventive cost savings. I would add sanitation, but basically agree.

Crass as it is, the best way to save money is to have us all die on the day the goods, services and taxes we contribute are greater than those we consume. Realistically, however, as a compassionate society we have accepted a moral and ethical obligation to assist the elderly to live in safety, comfort and the best achievable health status.

The question to ask is whether there are better and more efficient community approaches than currently exists - such as checking off whether a list of preventive services were offered and/or received when individuals visit their physician each year. Are there social and support services many cannot afford and are not receiving that would do much more to assist them? Are we ideally using IT to frequently "check in" with those largely homebound to assess their status, summon assistance if indicated and potentially obviate a physician or institutional visit? Does each community have the right mix of health and social workers to do this most cost-effectively and someone in charge to assure they integrate and communicate efficiently?

Finally, Ezekiel Emmanuel, MD, PhD, a staunch advocate of the ACA, in an interview by Eric J. Topol. MD, Executive Editor of *Medscape* in "No Physician Shortage Despite Dire Warnings" confronts the American Association of Medical Colleges (AAMC) and numerous politician and policy wonks who contend there is. He notes there are plenty of physicians, especially in primary care, but they are suffering burnout and exhibiting low productivity because they are required to perform data entry clerical tasks and pre-authorization and related administrative functions. That does not constitute a shortage but a misuse of human resources by government and financial entities. That needs to stop.

Dr. Emmanuel has no specific solution for maldistribution of primary care physicians but it is certainly not producing an excess supply. It is also probably not training more nurse practitioners or physician assistants who also exhibit a maldistribution favoring urban areas. This is one area national and state incentive programs and policy initiatives will help.

Most of the solution rests in local communities applying introspection to examine their health and social systems and proposing solutions that may challenge the existing paradigm as well as government and corporate policies and practices. That is much different than just asking for more.

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