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GEISEL SCHOOL OF
MEDICINE

Challenges Facing Rural Communities

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Roundtable on Genetics and Precision Health

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Challenges Facing Rural Communities

- Discuss relevant experience with “rural communities”:
 - Overlay of rural America, persisting child poverty and race
- Challenges to access
- Challenges we face in the clinic
- Thoughts about actions to improve access

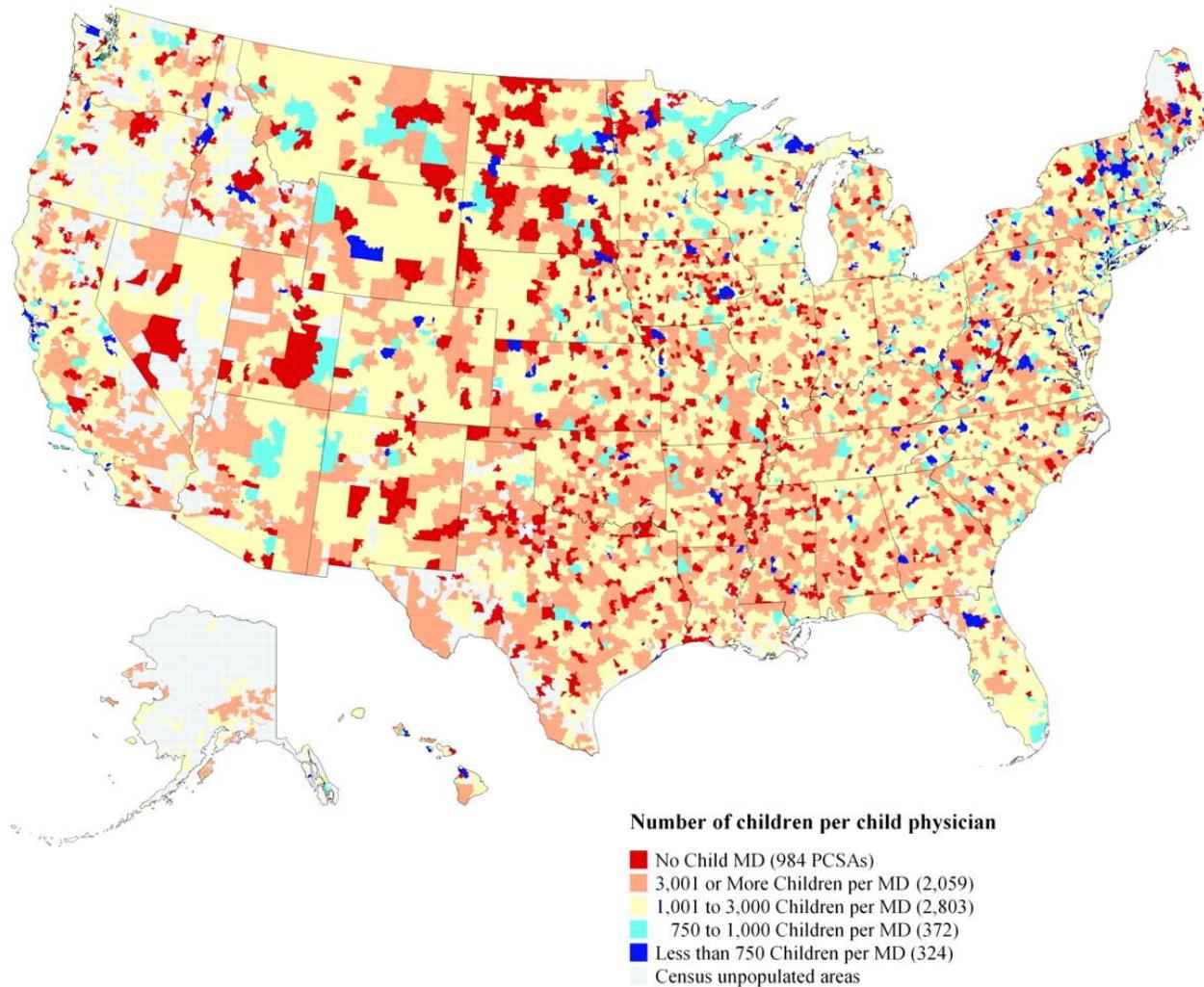
Dartmouth-Hitchcock Medical Center



- Access to genetic counseling services is facilitated especially by two factors: presence of insurance and presence of a medical home
- Using 2005-2006 National Survey of Children with Special Health Care Needs

(McGrath RJ, Laflamme DJ, Schwartz AP, Stransky M, Moeschler JB. 2009. Access to genetic counseling for children with autism, Down syndrome, and intellectual disabilities. Pediatrics 124 Suppl 4:S443-449.)

Extremes of child physician (MD) supplies in 2006 in PCSAs (N = 6542).



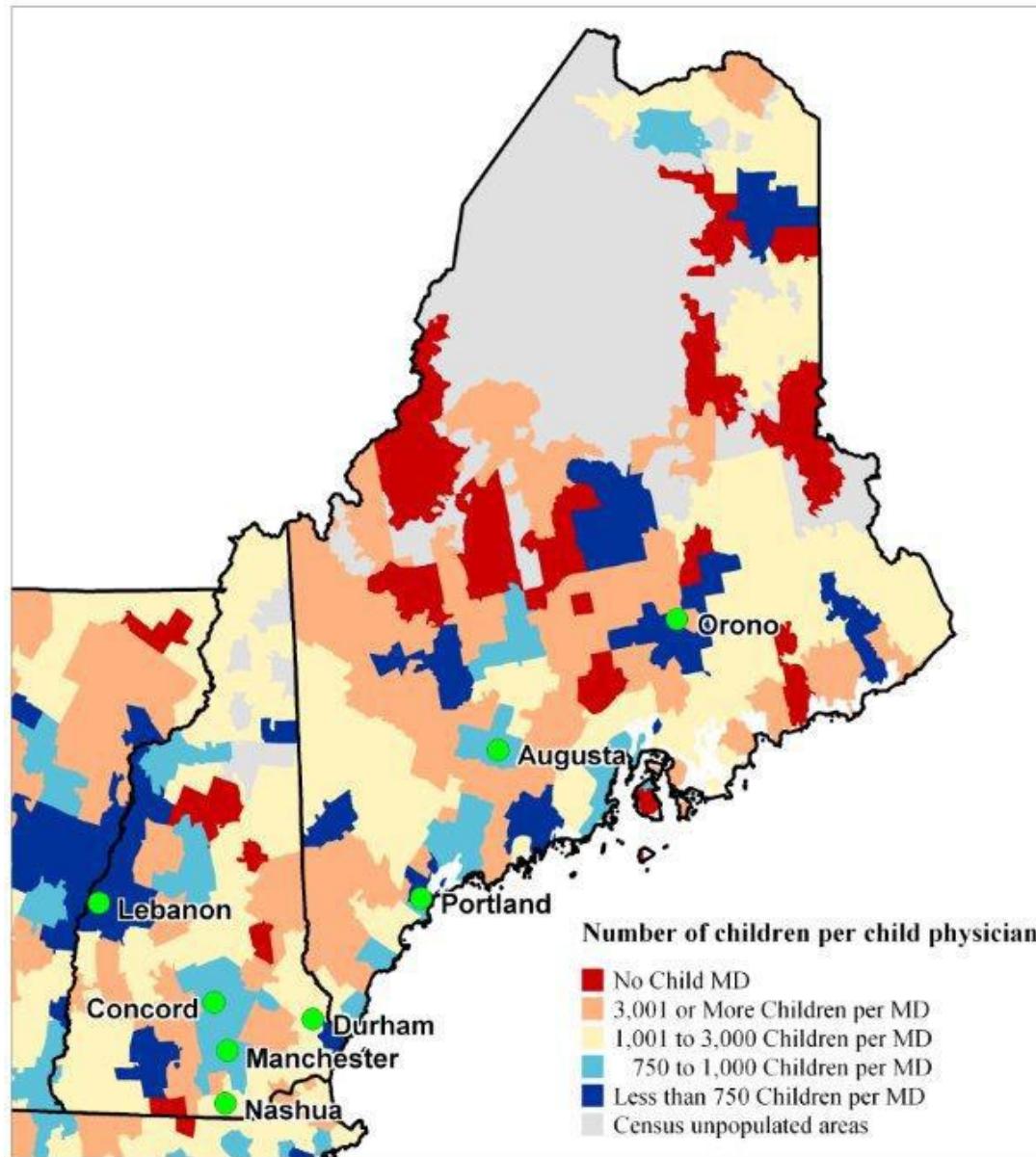
Scott A. Shipman et al. Pediatrics 2011;127:19-27

Child physicians

- 15 million children lived in areas with >4400 children per child physician.
- In addition, almost 1 million children lived in areas with no local child physician.
- Children in areas with low primary care supply have been shown less likely to receive recommended services.

Extremes of Child Physician Supply, 2006

in Primary Care Service Areas



Child poverty is higher and more persistent in rural America

- Schaefer A, Mattingly MJ, Johnson KM. *Child Poverty Higher and More Persistent in Rural America.*

Rural Child Poverty and Race

- Schaefer A, Mattingly MJ, Johnson KM. *Child Poverty Higher and More Persistent in Rural America.*

Facilitators of Access

- Health Insurance for children and families
- Medical Home/PCP for children and families
- Expand network capacity: more genetic health care providers
- Expand genetic workforce diversity
- Expand insurance coverage for genetic and genomic testing
- Lower pricing for genetic/genomic tests
- Transportation reimbursement
- Family work leave
- Telehealth, eConsults and alternative electronic services

Partners addressing access for rural communities

- State and Local Public Health agencies
 - Title V
 - MCHB
 - State Genetics “Plans”
 - FQHCs
- Academic Health Centers
- American College of Medical Genetics
- Business leaders: Insurance, Labs, Pharma, et al.
- AHECs, Telehealth Resource Centers, others
- Federal
 - Genetics Services Branch, HRSA, MCHB re Access and Quality for Underserved Populations

Thank you

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Cites

1. McGrath RJ, Laflamme DJ, Schwartz AP, Stransky M, Moeschler JB. Access to genetic counseling for children with autism, Down syndrome, and intellectual disabilities. *Pediatrics*. 2009;124 Suppl 4:S443-449.
2. Shipman SA, Lan J, Chang CH, Goodman DC. Geographic maldistribution of primary care for children. *Pediatrics*. 2011;127(1):19-27.
3. Guttmann A, Shipman SA, Lam K, Goodman DC, Stukel TA. Primary care physician supply and children's health care use, access, and outcomes: findings from Canada. *Pediatrics*. 2010;125(6):1119-1126.
4. Davis MA, Anthopolos R, Tootoo J, Titler M, Bynum JPW, Shipman SA. Supply of Healthcare Providers in Relation to County Socioeconomic and Health Status. *Journal of general internal medicine*. 2018;33(4):412-414.
5. Schaefer A, Mattingly MJ, Johnson KM. *Child Poverty Higher and More Persistent in Rural America*. Durham, NH, USA: Carsey School of Public Policy, The University of New Hampshire; Winter 2016 2016. 97.