Challenges Facing Rural Communities

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• 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

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

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.
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