

May 14, 2020

Councilmember Vincent Gray
Chair, Committee on Health
1350 Pennsylvania Ave NW
Washington, DC 20004

Dear Chair Gray –

The COVID-19 public health emergency has made clear the health inequities that exist in the District of Columbia. Issues that organizations like ours have worried about for years are now plain to see. In short, the lack of access to local comprehensive healthcare leads to a heightened risk of disability and death.

A major component of health equity in the District is a local, supported physician network that can serve the local community. We see such a network in some parts of the District, but we need to see it in all parts of the District.

While there are healthcare deserts across the city, the void in Ward 7 and 8 is especially stark. New hospitals on the Howard University and St. Elizabeth campuses will certainly help address healthcare issues, but the District cannot stop there. COVID-19 has shown that an effective healthcare system must have a network of outpatient clinics and physician offices that monitor long-term health needs and serve as a health resource for residents. To build healthy communities, you need local physicians to be there with residents.

To ensure that local physicians can help underserved populations, the Committee on Health (and entire Council) must consider the following policy options. Some of these will entail public/private partnerships to succeed, but all can be supported by the Council:

- The Council must ensure the Health Professionals Loan Repayment Program (HPLRP) remains funded to attract physicians to in-need areas. In addition, the Council should consider legislation designating local hospitals or clinics as service areas under HPLRP. This would allow hospitals and clinics to attract local physicians with the added incentive of HPLRP and private loan repayment for serving an underserved area. We thank you, Chair Gray, for your vision in implementing this program.
- It is important to ensure state funded health plan reimbursement for services is as close to equitable with private plans as possible. We request an increase in Medicaid reimbursement rates to physicians of all specialties located in underserved areas of the District. Even a small increase would help cover overhead for a physician office in Wards 7 and 8.
- Office space is also an issue. Existing physician office space is scarce in Wards 7 and 8, and new space is at a price point comparable to other wards. The Council can create a physician office loan program at a lower percentage rate

than current bank loans or create incentives for physicians to either purchase or rent space. These will allow physicians to better afford newer office space.

- While we are excited to see that UHS/GW will be running the new Ward 8 hospital, it is important that independent physician offices still exist. To better support both the system and independent practices, we suggest the hospital sign affiliation agreements with the local practices already settled in Wards 7 and 8, to provide outpatient and inpatient services to the hospital. A similar arrangement exists with Sibley and many local practices in the Foxhall area.
- We strongly encourage the Council to maintain or increase funding for the Department of Health Care Finance's efforts to help physician practices join the Health Information Exchange.
- Malpractice reform is an important element of standing up physician practices in underserved areas. Patient populations with a high number of undiagnosed or chronic conditions lead to more lawsuits, which lead to higher malpractice insurance costs. We urge the Council to look at liability reforms as well as the malpractice insurance support included in the Mayor's Commission report last year.
- Finally, it is essentially we prevent a "brain drain" that occurred after the Providence closure. When Providence shifted its business model, many physicians who had worked there seemingly left the District and some patients were unable to find them to maintain service. The Council should protect and ensure that UMC and local physicians in Wards 7/8 need to remain in the area even after the new hospital and new clinics are built.

MSDC's mission is to make the District the best place to practice medicine. Within this mandate is a goal to ensure residents of all Wards – but especially 7 and 8 – have access to world class care and local physicians of all types. We strongly urge you to adopt the plan above, and contact us with questions or concerns.

Sincerely,



Robert Hay Jr., CAE
Executive Vice President

CC: Members of the Council of the District of Columbia