

Attachment—Additional Questions for the Record

Subcommittee on Oversight and Investigations

Hearing on “Lessons from the Frontline: COVID-19’s Impact on American Health Care”

March 2, 2022

Dr. Lucy McBride, Internist, Private Practice

The Honorable Diana DeGette (D-CO)

Q: How do health care workforce shortages limit the nation’s ability to prepare for a more resilient future public health emergency response that puts community and patient needs at the forefront?

A: Health care workforce shortages significantly threaten our ability to care for patients. Not only do we need a more robust workforce to treat sickness and prevent disease; it’s critical to avoid adding extra stress to already-burned health care workers. We need to incentivize students coming out of high school to go into allied health care professions. We need to appropriately compensate health care providers for their time and expertise, and we need to work on loan forgiveness for medical and nursing students. Last, supporting the social-emotional wellbeing of students and current health care providers is essential to retaining talent and optimizing patient care and outcomes.

The Honorable H. Morgan Griffith (R-VA)

Q: Do you believe that health systems benefit from the use of digital health technologies, like remote patient physiologic monitoring (RPM), to help clinicians care for patients and relieve stress on nursing staff?

Telehealth has become a lifeline for many patients during the pandemic and we should continue to invest in free broadband/internet service to all parts of the country in order to improve access to needed health care services. Particularly for patients in rural areas, and also for patients with physical, financial, and geographical constraints to seeing a medical provider in person, virtual visits provide critical support and services. The convenience of remote services can also help decompress busy offices and limit unnecessary administrative burdens for patients’ medical issues that don’t require an in-person visit. In short, the added efficiency is a boon to all—though there is no substitute for in-person care for certain kinds of visits, particularly when a physical exam is needed. Telehealth is an excellent adjunct to traditional medical practice and should be woven into the fabric of modern medicine.

Q: Do you think that the appropriate use of medical technology to safely and reliably monitor patients can help reduce burnout in our healthcare workforce?

As stated above, I think that telehealth services can help increase access to quality care for patients while reducing the administrative burden on patients. I also think we can employ telehealth to more actively monitor patients’ medical conditions between visits to the doctor’s office. For example, a

physician “extender” could check in by video conference with an elderly patient to check on his/her medication compliance and home safety, solidifying and helping implement the plans made in the office with the doctor—and added structure and support where needed. So much of what doctors do is help patients “mind the gap” between good intentions and the execution of healthy behaviors, and telehealth offers an easier way to more regularly check in with patients’ in their everyday lives. That said, in-person care is critical for relationship-building and of course for physical examinations. But the ease of access and the portability of telehealth modalities is a nice adjunct as we move into the future.