Abstract

Rural Missourians are sicker and have higher death rates than their urban counterparts because they don’t have adequate access to sub-specialty health care. Only sixteen surgical and medical sub-specialists work in rural areas, including one full-time cardiologist, one gastroenterologist, one part-time pulmonologist, and two obstetrician-gynecologists.

Local economic support for rural sub-specialists has limited their recruitment. Between eight and ten referring primary care physicians are required to support one general surgeon. Federal programs such as the National Health Service Corps and the Conrad 20 program have failed to increase access to specialists.

I recommend that the state of Missouri use improved telemedicine technology to provide specialty and sub-specialty services in the counties of northeast Missouri, and endorse the Medicare Telehealth Validation Act of 2003/H.R.1940 as a means to provide funds for this service.