

October 5, 2023

The Honorable Jason Smith  
Chairman  
Committee on Ways and Means  
United States House of Representatives  
Washington, D.C. 20515

**RE: House Committee on Ways and Means Request for Input on Improving Access to Health Care in Rural and Underserved Areas**

Dear Chairman Smith:

The American Geriatrics Society (AGS) appreciates the opportunity to provide input on the House Committee on Ways and Means efforts to address access to quality health care for patients and families living in rural and underserved areas in America. We offer our support and feedback as the Committee looks to identify solutions to reshape our nation's health care system and improve our nation's health for future generations.

The AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our nearly 6,000 members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, internists, nurses, physician assistants, and pharmacists who are pioneers in serious illness care for older adults, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. The AGS believes in a just society, one where we all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. The AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

**Sustainable Provider and Facility Financing**

*Improvements Needed to Medicare Payment Systems and Structure to Incentivize Providers to Operate in Rural and Underserved Areas*

In the U.S. there is a healthcare workforce crisis, with a disappearing supply of primary care physicians (PCPs), including geriatricians. According to the Health Resources and Services Administration (HRSA), there will only be 6,230 geriatricians by 2025, or approximately one for every 3,000 older adults that require geriatric care, leaving thousands without access to these services.<sup>1</sup> There are similar shortages of

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<sup>1</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025. April 2017. Accessed

health professionals specializing in geriatrics across other disciplines. Fewer than one percent of nurse practitioners<sup>2</sup> and fewer than three percent of advanced practice registered nurses<sup>3</sup> are certified in geriatrics. HRSA estimates that by 2035 the projected supply will not meet the demand for geriatricians in both metro and rural regions of the U.S. with rural locales likely to be hit harder where the percent adequacy of supply of geriatricians is projected to be 46 percent.<sup>4</sup> Rural populations have more limited access to PCPs than residents of urban areas, and generally are older, have a higher incidence of poor health, and face greater socioeconomic barriers to receiving care (e.g., transportation, internet access). These barriers, in addition to systemic inequities, impact the health status of underserved communities.

Research shows that healthcare outcomes and costs in the U.S. are strongly linked to the availability of PCPs. According to the 20<sup>th</sup> report of the Council on Graduate Medical Education on Advancing Primary Care, studies have found that patients with access to a regular PCP have lower overall healthcare costs than those without one as well as improved health outcomes.<sup>5</sup> Another study revealed that a higher proportion of PCPs in an area is associated with a lower level of spending.<sup>6</sup> Specifically, states with a greater proportion of PCPs had lower spending per Medicare beneficiary compared with other states. Most recently, research by Basu, et al. showed that greater PCP supply was associated with improved mortality.<sup>7</sup>

### Loan Repayment and Forgiveness Programs

In large part, the workforce shortage is the result of underfunding of primary care, which has made careers in primary care medicine unattractive to graduating physicians because of the relatively low incomes when compared to other medical specialties. The primary care shortfall is almost entirely anticipated to be made up of non-physician practitioners (NPPs), including physician assistants and nurse practitioners, but the same physician issues apply to them.

Loan forgiveness programs would be a significant incentive to eliminate the financial stressors of large student loan debts and incentivize certification in geriatrics while helping to expand the workforce we need to care for the growing population of older Americans. A *New England Journal of Medicine* article showing progress of an Ontario Primary Care Medical Home model emphasized that shifts in primary care may be possible when payment systems incentivize primary care practices to increase the workforce and that it is critical to ensure a work environment is desirable for healthcare professionals. Otherwise, there may be unnecessary hospitalizations and specialist visits where services could have

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September 29, 2023. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/geriatrics-report-51817.pdf>.

<sup>2</sup> American Association of Nurse Practitioners. NP Facts: The Voice of Nurse Practitioner. Updated November 2022. Accessed October 4, 2023. [https://storage.aanp.org/www/documents/NPFacts\\_111022.pdf](https://storage.aanp.org/www/documents/NPFacts_111022.pdf).

<sup>3</sup> Rowe JW, et al. Preparing for Better Health and Health Care for an Aging Population: A Vital Direction for Health and Health Care. National Academy of Medicine; 2016. Accessed October 4, 2023. <https://nam.edu/wp-content/uploads/2016/09/Preparing-for-Better-Health-and-Health-Care-for-an-Aging-Population.pdf>.

<sup>4</sup> Department of Health and Human Services, Health Resources and Services Administration. Health Workforce Projections. Accessed August 22, 2023. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>.

<sup>5</sup> Council on Graduate Medical Education (COGME). Twentieth Report to Congress: Advancing Primary Care. 2010. Accessed September 29, 2023. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/2010.pdf>.

<sup>6</sup> Phillips RL Jr, Bazemore AW. Primary care and why it matters for U.S. health system reform. *Health Aff (Millwood)*. 2010;29(5):806-810. doi:10.1377/hlthaff.2010.0020

<sup>7</sup> Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of primary care physician supply with population mortality in the United States, 2005-2015. *JAMA Intern Med*. 2019;179(4):506-514. doi:10.1001/jamainternmed.2018.7624

been addressed in primary care.<sup>8</sup> Furthermore, primary care also has greater levels of responsibility between visits, in quality reporting, and in dealing with the shortcomings of electronic health records.

Loan repayment and forgiveness programs would help address the significant barrier that student loan debt creates for clinicians as well as provide financial incentives for those who want to pursue primary care careers in geriatrics while helping to expand the workforce that we need to care for us all as we age. Federally, the program would complement existing loan repayment programs offered by HRSA for primary care medical, dental, and mental and behavioral health care providers. The AGS urges the federal government to create loan forgiveness, scholarship, and financial incentive programs for professionals who enter geriatrics as recommended by the Medicare Payment Advisory Commission (MedPAC) in its June 2019 report.<sup>9</sup>

### Primary Care Bonus Payment

As part of the Affordable Care Act (ACA), Medicare implemented a 10 percent bonus payment for PCPs for five years. The bonus payment expired at the end of 2015. The AGS urges Congress to consider restoring the payment indefinitely, which would help create a more stable environment and provide an incentive for new physicians, advanced practice nurses, and physician assistants to enter and stay in primary care, including geriatrics. Furthermore, the work of primary care is not adequately recognized in the current fee-for-service payment system. The mismatch between payment and responsibility is as negative an incentive as the payment level itself.

### Aligning Sites of Service

*How Congress Should Approach Equalized Payment Policies That Lower Costs While Preserving Access to Care and Discouraging Health Care Consolidation.*

Due to payment policy changes such as Medicare Physician Fee Schedule adjustments and statutory payment cuts, the Medicare system has not maintained adequate provider reimbursement levels. Furthermore, the payment system does not take inflation into consideration. According to an American Medical Association (AMA) analysis of Medicare Trustees' data, Medicare physician payment rates dropped by 26 percent and practice costs increased by 47 percent adjusted for inflation from 2001 to 2023. Unless Congress acts, the healthcare system, including the workforce, and patient access to needed medical services will remain at risk.

### Equalizing Medicare Payments

Site-neutral payment reform in Medicare may help to reduce premiums and cost-sharing as well as disincentivize hospitals to purchase physician practices that then convert to hospital outpatient departments, which has led to higher private sector prices. MedPAC, Congress, and the Administration have recommended and proposed to implement equalizing payments for a set of services across care settings.<sup>10</sup> At the same time, it is important to consider whether there is a difference in care as well as the outcomes with hospital-based outpatient care vs. standalone outpatient care due to access to higher

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<sup>8</sup> Rosser WW, Colwill JM, Kasperski J, Wilson L. Progress of Ontario's Family Health Team Model: A Patient-Centered Medical Home. *Annals of Fam Med*. 2011;9(2):165-171. doi:10.1370/afm.1228

<sup>9</sup> Medicare Payment Advisory Commission. Report to Congress: Medicare and the Health Care Delivery System. Washington, DC: MEDPAC. June 2019. Accessed September 25, 2023. [https://www.medpac.gov/wp-content/uploads/import\\_data/scrape\\_files/docs/default-source/reports/jun19\\_medpac\\_reporttocongress\\_sec.pdf](https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf).

<sup>10</sup> Committee for a Responsible Federal Budget. Equalizing Medicare Payments Regardless of Site-of-Care. February 23, 2021. Accessed September 25, 2023. <https://www.crfb.org/papers/equalizing-medicare-payments-regardless-site-care>.

levels of caring needed for more complex patients. This difference may justify a higher level of payment to the hospital-based outpatient clinics.

### Medicare Payment System Reform

Geriatrics healthcare professionals are dependent on Medicare, whether traditional or Medicare Advantage, unlike many other healthcare professionals with more of a payer mix. The conversion factor was reduced for 2023 despite inflation and increased practice costs experienced in the recent period. Medicaid also plays a larger funding role for geriatrics healthcare professionals than it does for most specialties, other than those that care for children. Cross subsidization from other payers is limited.

As we continue to advocate for a more stable Medicare payment system, legislation such as the **Strengthening Medicare for Patients and Providers Act** is a step toward more financial stability for providers as well as high-quality care for beneficiaries. The bipartisan bill would provide annual inflationary payment updates based on the Medicare Economic Index (MEI), which gauges inflation in medical practice costs.

### Healthcare Workforce

#### *Policies to Revitalize Healthcare Workforce to Improve Access to Care in Rural and Underserved Areas*

The lack of access to high-quality healthcare in historically marginalized urban and rural communities is well-documented. An example of the consequences of a lack of community-based research infrastructures in 2020 was the lack of access to COVID-19 trials and therapeutics beyond large hospitals and academic medical centers.<sup>11</sup> Rural patients often travel long distances to reach a physician, which can be especially challenging for older adults who often have more medical appointments and difficulty traveling and finding transportation compared to younger persons. It is therefore not surprising that rural Americans are more likely to be older, poorer, and sicker than their urban counterparts. The healthcare workforce shortages and need to close geographic and demographic gaps must be addressed to increase access for historically marginalized communities.

### Reauthorization and Increased Funding for Title VII Geriatrics Training Programs

The Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs), administered by HRSA, are the only federal mechanism for supporting geriatrics health professions education and training. These programs are designed to address the gap between longer life expectancy and the need for more geriatrics care expertise, on the one hand, and the shortage of geriatrics-trained practitioners and caregivers. GWEP awardees educate and engage the broader frontline workforce, including family caregivers, and focus on improving the quality of care delivered to older adults, particularly in underserved and rural areas. Due to their partnerships with primary care and community-based organizations, GWEPs have been uniquely positioned to rapidly address the needs of older adults and their caregivers during the COVID-19 public health emergency. An essential complement to the GWEP, the GACA program supports professional development for clinician-educators who are training the future workforce we need and who will become future leaders of GWEPs and other geriatrics programs. Additional funding would allow HRSA to expand the number of GWEPs and GACA recipients and move toward closing the current geographic and demographic gaps in

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<sup>11</sup> Gilmore B, Ndejjo R, Tchetchia A, de Claro V, Mago E, Diallo AA, Lopes C, Bhattacharyya S. Community engagement for COVID-19 prevention and control: a rapid evidence synthesis. *BMJ Global Health*. 2020;5:e003188. [doi:10.1136/bmjgh-2020-003188](https://doi.org/10.1136/bmjgh-2020-003188)

geriatrics workforce training. Given the increasing diversity among older people<sup>12</sup> and rapid growth of the older population,<sup>13</sup> the need for a diverse workforce as well as training in geriatrics and gerontology will continue to increase. Sustained and enhanced investment will ensure that these two critical resources are maximally deployed to serve older Americans across the United States. Current authorization of these programs expires in 2024.

### Direct Care Workforce

Direct care workers are essential to assist older adults and ensure overall well-being, especially during public health crises. Jobs in aging services are highly skilled and complex, a fact not recognized in pay scales or reimbursement rates, while the work in these settings is physically and emotionally demanding. The COVID-19 pandemic exacerbated existing gaps in expertise and systemic weaknesses in health care service delivery for older adults, particularly for the direct care workforce. We can better support the direct care workforce by strengthening the pipeline of direct care workers through the following actions: 1) implement recruitment campaigns, particularly targeting displaced workers; (2) provide funding for online training and competency evaluations; (3) increase funding to direct care training providers to enhance the training infrastructure; and (4) provide funding for in-person training to increase and maintain direct care workforce capacity.

### Telehealth Services

A 2019 survey by Harvard found that roughly a quarter of adults in rural America could not access needed health care and the distance and difficulty in getting to the health care location was a factor for 23 percent of those individuals. The study also found high satisfaction among those patients who were able to use telehealth services. However, 21 percent of rural adults said access to high-speed internet is a problem.<sup>14</sup> Regardless of their technological capabilities, patients who live in parts of the country without reliable access to broadband internet cannot receive services by telehealth.

Medicare beneficiaries need permanent access to telehealth and practices need adequate payment for it. We have learned telehealth can improve safety and access for Medicare beneficiaries when they receive healthcare services. During the COVID-19 public health emergency, we also experienced the need for audio-only services coverage due to challenges with technology management and broadband access for older adults. These services were effective in substituting for in person visits<sup>15</sup> and created crucial access for patients that lacked the ability to have their medical and behavioral healthcare needs met. Payment must be adequate for these services, which require the use of clinical staff and indirect practice expenses. Any reductions in payment will jeopardize a practice's ability to provide these important services.

Telemedicine also can provide an additional resource for health care professionals caring for vulnerable populations, eliminating some of the barriers to greater access to the healthcare system. By increasing

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<sup>12</sup> Matthews KA, Xu W, Gaglioti AH, et al. Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015-2060) in adults aged ≥65 Years. *Alzheimers Dement.* 2019;15(1):17-24.

[doi:10.1016/j.jalz.2018.06.3063](https://doi.org/10.1016/j.jalz.2018.06.3063)

<sup>13</sup> U.S. Census Bureau International Programs Center. International Database (IDB). Accessed September 25, 2023.

[https://www.census.gov/data-](https://www.census.gov/data-tools/demo/idb/#/pop?COUNTRY_YEAR=2023&COUNTRY_YR_ANIM=2023&FIPS_SINGLE=US&FIPS=US&popPages=BYAGE&POP_YEARS=2023,2060&menu=popViz&ageGroup=O)

[tools/demo/idb/#/pop?COUNTRY\\_YEAR=2023&COUNTRY\\_YR\\_ANIM=2023&FIPS\\_SINGLE=US&FIPS=US&popPages=BYAGE&POP\\_YEARS=2023,2060&menu=popViz&ageGroup=O.](https://www.census.gov/data-tools/demo/idb/#/pop?COUNTRY_YEAR=2023&COUNTRY_YR_ANIM=2023&FIPS_SINGLE=US&FIPS=US&popPages=BYAGE&POP_YEARS=2023,2060&menu=popViz&ageGroup=O)

<sup>14</sup> NPR, Robert Wood Johnson, Harvard T.H. Chan School of Public Health. Life in Rural America: Part II. May 2019. Accessed September 25, 2023. [https://media.npr.org/documents/2019/may/NPR-RWJF-HARVARD\\_Rural\\_Poll\\_Part\\_2.pdf](https://media.npr.org/documents/2019/may/NPR-RWJF-HARVARD_Rural_Poll_Part_2.pdf).

<sup>15</sup> Cuellar A, Pomeroy JML, Burla S, Jena AB. Outpatient care among users and nonusers of direct-to-patient telehealth: Observational study. *J Med Internet Res.* 2022;24(6):e37574. [doi:10.2196/37574.](https://doi.org/10.2196/37574)

clinician access to patients, we can provide remote management to help patients with multimorbidity, reduce wait times, and facilitate coordinated care and services. Given that there is an economic equity and rural access issue, telemedicine—including audio-only services—is critically important in improving access for older adults with multimorbidity as well as reducing the burden on primary care practices.

#### Non-US International Medical Graduates

More than 12,000 J-1 visa holder physicians across 50 medical specialties undertake training in the U.S. with programs lasting one to seven years depending on the specialty. The J-1 physician workforce is a crucial part of the American healthcare system providing care in our most underserved areas and they are frequently among our frontline providers. Over the past decade, the number of J-1 physicians training and serving patients has increased by 62 percent.<sup>16</sup> Non-U.S. International Medical Graduates (IMGs) are often more willing than their U.S. medical graduate counterparts to practice in remote and rural areas. The U.S. has historically relied on IMGs and immigrant health professionals to provide critical care for some of the most vulnerable populations in our nations, including lower-income and underserved communities. Strengthening J-1 visa waivers and offering H-1B visas for IMG specialists and PCPs, which would allow a foreign national to enter the U.S. for professional level employment for up to six years, would help to fill physician vacancies in rural areas.

#### Rural Centric Experiential Training

Partnerships between residency programs and clinics or hospitals in rural areas or American Indian reservations for experiential training may help to increase access to the healthcare workforce in those communities. This would also allow learners to build knowledge and skills that support the Accreditation Council for Graduate Medical Education (ACGME) core competencies and milestones including Systems-Based Practice: Physician Role in Health Care Systems; Practice-Based Learning and Improvement: Reflective Practice and Commitment to Personal Growth; and Professionalism, Interpersonal and Communication Skills. As an example, a geriatrics fellow volunteered at an American Indian Reservation in the Elder Clinic in South Dakota for the Lakota Sioux tribe where they presented a continuing medical education (CME) educational conference for the staff and volunteers at the clinic. The conference allowed the clinic staff to be educated in geriatrics and for both the staff and fellows to discuss complex cases helping to gain experiential understanding and training in an American Indian reservation setting. Given that our healthcare workforce receives little, if any, training in geriatrics principles and the shortage of providers in underserved communities, such experiential training opportunities would be an important consideration for residency programs.

#### Legislation to Support Rural Healthcare Workforce

The **Conrad State 30 and Physician Access Reauthorization Act** would allow foreign physicians to work in federally designated shortage and underserved areas. The bipartisan bill extends the program for three years, improves the process for obtaining a visa, and allows for the program to be expanded beyond 30 slots if certain thresholds are met. Currently, doctors from other countries working in the U.S. on J-1 visas are required to return to their home country after their residency has ended for two years before they can apply for another visa or green card. The Conrad 30 program allows those physicians to stay in the U.S. without having to return to their home country if they agree to practice in an underserved area for three years.

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<sup>16</sup> ECFMG | FAIMER. Save “Duration of Status,” Protect U.S. Health Care. September 30, 2020. Accessed September 25, 2023. <https://www.aila.org/File/Related/20092401j.pdf>.

The **Healthcare Workforce Resilience Act** would enhance our nurse and physician workforce by recapturing unused immigrant visas. Recapturing these visas would reduce the pre-existing healthcare workforce shortages that have been exacerbated by the COVID-19 pandemic and ensure an adequate workforce and access to the high-quality, person-centered care we need as we age across the lifespan.

The AGS also supports efforts underway to introduce legislation to assist internationally educated healthcare professionals in overcoming common barriers to entering the health care workforce at a level commensurate with their skills. Among other proposals, the measure would assist these professionals with obtaining academic records and support for the U.S. licensing and credentialing process; develop work-readiness, peer support, mentoring, and culturally competent career counseling; establish opportunities to complete prerequisite courses, continuing education, and English-language learning; and address classroom and clinical instructor shortages.

We also support Congressional proposals to support underserved rural communities in addressing long-term health workforce shortages by encouraging K-12 students to explore careers in health care. Among other items, these proposals would facilitate collaboration with career and technical education to support apprenticeship programs such as nursing assistants, medical assistants, and pharmacy technicians.

The AGS would be happy to provide further information to the Committee on these legislative efforts underway.

### **Innovative Models and Technology**

#### *Policies to Advance Innovative Care Models and Technology to Improve Access to Care in Rural and Underserved Areas*

Studies have shown that models providing coordinated and interdisciplinary geriatrics team-based care can make a critical difference, especially for persons with multiple chronic conditions, by preventing complications and enhancing the quality and efficiency of care provided across the healthcare continuum. We must incentivize innovative care models that value and support teams for complex high-cost patients. Many existing programs (Comprehensive Primary Care Plus (CPC+), Hospital at Home (HaH), and Programs for All-Inclusive Care for the Elderly (PACE)) show great promise but are limited in scope and not universally available. We need to support expanding existing programs shown to improve care while also continuing to learn about best practices in providing quality care for older adults with complex needs. In addition to providing better care, advanced primary care programs, like CPC+, help PCPs provide good care and be less overwhelmed with practice. In addition, primary care services such as chronic care management and transitional care management are encouraged to prevent and minimize recurrent hospitalizations.

Project Extension for Community Healthcare Outcomes (ECHO) is a program that has successfully established links between primary care providers in rural communities and expert specialists in academic health centers to help manage patients with chronic conditions through virtual clinics. Project ECHO started with Hepatitis C treatment in rural areas and has been replicated for multiple different other chronic conditions including mental health, emergency care, COVID-19, cancer, dementia, and

pain.<sup>17,18,19,20,21,22</sup> During the COVID-19 public health emergency, several GACA awardees collaborated with GWEPs to use Project ECHO to share knowledge and improve care of at-risk older adults, such as promoting age-friendly care via remote cognitive assessment, fall prevention, advance care planning, and promoting COVID-19 vaccination in older adults.

The Guiding an Improved Dementia Experience (GUIDE) Model aims to support people living with dementia and their caregivers and increase access to specialty dementia care providing access to a care navigator who will help them access services and supports, including clinical services and non-clinical services such as meals and transportation through community-based organizations.<sup>23</sup> The GUIDE Model, coupled with Project ECHO, would be a unique way to provide expertise to the caregivers and providers in the rural community.

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Thank you for the opportunity to share our recommendations. We would be pleased to answer any questions you may have. Please contact Anna Kim, [akim@americangeriatrics.org](mailto:akim@americangeriatrics.org).

Sincerely,



Donna M. Fick, PhD, GCNS-BC, AGSF, FGSA, FAAN  
President



Nancy E. Lundebjerg, MPA  
Chief Executive Officer

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<sup>17</sup> Panjwani S, Porto A, Motz R, Morris M, Grzejszczak L, Dimartino A, Ashley K. Participation in Project ECHO to advance rural primary care providers' ability to address patient mental health needs. *Med Educ Online*. 2023 Dec;28(1):2164470. [doi:10.1080/10872981.2022.2164470](https://doi.org/10.1080/10872981.2022.2164470)

<sup>18</sup> Neilson LE, Wilhelm J, McDonnell MM, Mann L, Kraakevik JA. Extension of community healthcare outcomes in Parkinson disease (Parkinson ECHO): A feasibility study. *Clin Park Relat Disord*. 2022;7:100167. [doi:10.1016/j.prdoa.2022.100167](https://doi.org/10.1016/j.prdoa.2022.100167)

<sup>19</sup> Moore PQ, Tilmon S, Chhabra N, McCabe DJ, Aks SE, Johnson D, Pho MT. Applying Project ECHO (Extension for Community Health Care Outcomes) to improve addiction care in rural emergency departments. *AEM Educ Train*. 2022;6(5):e10804. [doi:10.1002/aet2.10804](https://doi.org/10.1002/aet2.10804)

<sup>20</sup> Berish D, Husser E, Knecht-Fredo J, Sabol J, Garrow G, Hupcey J, Fick D. Collaborating toward equity in Pennsylvania: The Age-Friendly Care, PA project. *Health Serv Res*. 2023;58(1):78-88. [doi:10.1111/1475-6773.14073](https://doi.org/10.1111/1475-6773.14073)

<sup>21</sup> Osei-Twum JA, Wiles B, Killackey T, Mahood Q, Laloo C, Stinson JN. Impact of Project ECHO on patient and community health outcomes: A scoping review. *Acad Med*. 2022;97(9):1393-1402. [doi:10.1097/ACM.0000000000004749](https://doi.org/10.1097/ACM.0000000000004749)

<sup>22</sup> Rhoads K, Isenberg N, Schrier A. UW Project ECHO-Dementia: Implementation of a virtual clinic and telementoring program to improve dementia diagnosis and treatment in rural and under-resourced primary care settings. *Alzheimers Dement*. 2021;17(8):e051217. [doi:10.1002/alz.051217](https://doi.org/10.1002/alz.051217)

<sup>23</sup> Centers for Medicare and Medicaid Services. Guiding an Improved Dementia Experience (GUIDE) Model. Accessed September 25, 2023. <https://www.cms.gov/priorities/innovation/innovation-models/guide>.