

SUBMISSIONS: Individuals or groups wishing to respond to this RFI should email comments **by close of business Friday, November 29th, 2019** as attachments in **.docx or .pdf format**, to: **Rural_Urban@mail.house.gov**.

INFORMATION REQUESTS (Limit each response to 250 words - Total submissions should not exceed 10 pages, 12 pt font):

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?

From my perspective is that many people are underinsured or have no health coverage at all. This has a profound influence on them even seeking treatment that leads to high ER rates and co-morbidity with other health related issues. As a medical social worker, this is a common occurrence.

The second major issue is just basic access to care. In rural and tribal communities, a major health care center can be hundreds of miles from where a client lives. This is a major factor in premature deaths, no health care treatment at all and prolonged medical conditions. Other systems or factors would be pharm companies that charge way too much for prescriptions, Indian Health Service providers who are providing sub quality care, cultural differences in how health care is provided and lack of transportation services.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

This is an action packed question with many variables. Models I have seen or been a part of are any type of visiting nurse/social work program that travels to clients homes providing necessary care and resources. This has been also helpful in addressing social isolation that is a factor now with many elders and others. Programs such as meals on wheels, senior center programs, hospice, etc. are all critical in these areas. I know that for Navajo Nation the Community Health Representative (CHR) Program through the Department of Health is providing a critical service to large areas of the Nation but is severely underfunded and understaffed. I have students who travel with the CHR's for a day and are amazed at the distances they travel and the multitude of services one person provides. They truly are saving lives. Telehealth is used frequently in SW Colorado and is an important service.

3. What should the Committee consider with respect to patient volume adequacy in rural areas?

Basically, you have to remember that the geography here and the distance it takes to get to basic health care is very different from the East coast. Providers are traveling over deserts, mountain passes in many times treacherous conditions. There are just not enough providers

to meet the need. They also need to be equipped with emergency provisions, cell phones and other necessities as they travel. Many funding sources do not provide this and providers are left to fend for themselves.

4. What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where —
- a. patients have the option to transition to alternative care sites, including community health centers and federally qualified health centers?

Again, in many of our areas in the Four Corners regions there are no alternative care sites and few FQHCs. You are making the assumption that there are. Losing Hospitals in rural areas is a serious national crisis.

- b. there is broader investment in primary care or public health?

Yes and yes. There needs to be a broader investment in both primary care and public health. In urban areas there are a glut of hospitals unlike the rural areas where there maybe only one hospital that services a large geographical area. Public health provides numerous resources to our communities and is vital to the wellbeing of the citizens but again is underfunded and understaffed.

- c. the cause is related to a lack of flexibility in health care delivery or payment?

The health care industry and provision of care has moved slowly and somewhat archaically over time. It has taken a long time for the integrated model of health care to be used and accepted in primary care. When I lived in China in the 1980's it is the norm in terms of patient care. Insurance companies drive how health care models operate so it limits the creativity and flexibility that is needed especially in these areas. Until the payment/insurance system is reformed it is hard to progress to new and creative delivery systems.

5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

I can only speak for my hometown of Durango, Colorado that had Mercy Medical Center that was then incorporated into the Centura Health System. There are positives and negatives to this is that it did align us with a larger system with more access to courses of treatment and urban resources if needed. On the opposite side the rural and small town way of doing business was lost as the corporate model began.

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

In this region, The University of Denver Graduate School of Social Work Four Corners Program educates MSW students throughout the Four Corners to work in rural, tribal and underserved communities. A Federal SAMHSA grant supports stipends in Integrated Health for students. This

program has been a consistent pipeline into the health care, mental health, substance abuse, school social work. Indian Health Services, Tribal Departments of Social Services, adding to the workforce and allowing students to be educated close to home.

The Colorado Health Education Centers are vital in training and educating the local nursing professionals. The Southwest Area Center has played a vital role in advocating for trainings, telehealth, scholarships and services for local nursing professionals.

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

Our community mental health center – Axis Health Systems is the regional provider of the above mentioned services. It covers a large geographical area – 4 counties that include some of the highest mountain passes in the state.

I believe they are a FHQD. They are vital to our community but again are severely underfunded and understaffed. Salaries are low resulting in constant turnover. Living in this community is expensive – it is a highly valued tourist destination so it is difficult for people to make an adequate living. Axis has done a stellar job in designing and integrated care model that has been very successful. But again, they are the only game in town and serve a large region and usually have a waiting list.

8. The availability of post-acute care and long-term services and supports is limited across the nation, but can be particularly challenging in rural and underserved areas facing disproportionately large burdens of chronic and disabling conditions. What approaches have communities taken to address these gaps in care delivery and the associated challenges of social isolation?

This is an issue that is at the center of attention here. There is one Assisted Living and one Skilled Nursing facility. There are just not enough of these long term services and care so many move away to areas that have more of these services. I am especially interested in continuing care retirement communities where all levels of care could be offered. There is also a group through a Community Health group working on some ideas for social isolation programs. A grant we applied for was denied so other ideas for addressing social isolation are being explored. The same issues for those with Developmental Disabilities in that services and funding are limited and an ongoing struggle for consumers who need more acute or long term services

9. There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?

I am not sure I can answer this as I would need to know more about what is available and how the integrity of the data looks. From my personal experience in the health and mental health field, when researchers would visit and be collecting data, they come with a very much urban

perspective and do not seem to want to learn about the rural perspective or how it differs from the urban mentality. It would be helpful to have researches with rural backgrounds who understand the diversity (rural, cultural, and geographical) and how this plays into collecting data.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

The first thing that comes to mind is the quality of Doctors hired into the Indian Health Service System. There has been a lot of publicity lately on the abuses and poor quality of care in addition to IHS not attending to disciplinary measures for these doctors. I have been exposed to this from my Native American students over the last 18 years and the stories of substandard care and Doctors there only to pay off their loans and not care about patients.

As I mentioned earlier the whole issue of the pharmaceutical and insurance companies and how they drive our medical system. All of this affects patient care and safety. We do not seem to make much progress on this legislatively but it is a huge factor in how care is delivered. I appreciate that you are looking into rural areas and just to be able to focus on rural and underserved areas is important in itself. Having lived in both urban and rural areas and now living here in Durango, CO for the last 30 years, there is much discrimination when it comes to rural issues, funding, decision making, etc. I hope your committee continues this important work. If you would like any further information please contact me.

Thank you

Wanda Ellingson, MSW, ACSW, LCSW
1831 Eastlawn Avenue
Durango, CO 81301
970 385-4882
johnandwanda@bresnan.net