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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?

Patient outcomes are highly impacted by several factors:

- Rural areas lack access to medical facilities that are well-staffed and have up-to-date health technology. When physicians retire, they have no replacements.
- People experiencing poverty lack money, transportation, access to well-run and well-staff health facilities, Internet access, jobs, stable housing...and the list goes on. All of these impact the general health of the community.
- People who are unhoused and live in a group shelter often cannot access health services because of privacy barriers imposed by the shelter. The DME supplier cannot be assured that the items delivered are received by the intended party and often determine that they cannot risk losing the equipment or having it land in the wrong hands, and discontinue offering services to people living in shelters.
- The VA has a long and growing wait list for veterans to access the services they need. Montana's population has 10% of the population with veteran status. We need to do better for those who have served our country.
- As a DME supplier, the onerous compliance requirements of government-funded insurance programs creates a losing proposition for suppliers.
- The focus of Medicare is to root out waste, fraud and abuse. However, suppliers who simply make a mistake and need additional training live under the accusation that they are attempting to defraud the system.
- Claims denied even though all the paperwork is in order causes suppliers to question the viability of remaining in the DME business. Health outcomes are impacted negatively when competition is limited, suppliers go out of business and rural and poor communities cannot access equipment and supplies they need.

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?

Transportation: The city of Missoula, Montana has a free bus system with frequent routes that provide access to two hospitals and several health care facilities. The city has also upgraded its alternative transportation infrastructure through paved rails-to-trails projects and bike lanes on the central city streets.

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Housing: Affordable housing is one of the most critical needs across the country. Gentrification, lack of affordable housing building projects, focus on commercial projects and more keep us on an affordable housing diet.

Broadband Access: Though telehealth opportunities may provide a solution for some communities to increase access to healthcare, in Montana a full 40% of residents lack access to the Internet. Telehealth, telemonitoring and telemedicine become one more way these rural communities are separated from the opportunity to live a healthy life.

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

I cannot comment on this question.

What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where —

- patients have the option to transition to alternative care sites, including community health centers and federally qualified health centers?
 - No one chooses one of these facilities willingly. They would prefer to be in their home with health professionals coming to them. While discharging from a hospital is a positive move, the alternative care sites and facilities are only marginally better.
- there is broader investment in primary care or public health?
 - Investment in primary care is critical, but I would go one step further back and consider investment in preventive care the most important investment we can make.
- the cause is related to a lack of flexibility in health care delivery or payment?
 - It goes without saying that the Medicare program is highly inflexible and causes additional expense for those who seek reimbursement for equipment and services provided. The delay in payments adds another layer of investment that small providers are unable to sustain. When claw-backs, denials, delayed adjudication of claims, blatantly erroneous denials, and other challenges presented by the program are considered in totality, it is no wonder that the cost of our health care is higher than any other industrialized nation on the face of the earth.

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?

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I am not aware of these systems being available in Montana.

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

In Missoula, Montana we have the University of Montana. This institution attracts many professionals to our small community (population approx. 70,000), and because of the beauty of our fine city, many decide to stay. The best economic drivers in my opinion are a robust educational community, programs that help to fund entrepreneurial opportunities, and an environment that provides access to nature.

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?

I am unable to comment on this question.

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?

Organizations that provide home care are a bridge for rural communities to have access to health professionals. An appreciation of the investment needed to provide this one-on-one care in the home is needed within the government reimbursement system, especially in rural states like Montana.

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 unable to comment on this question.

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?

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1. Create an incentive for physicians and other health professionals to serve rural communities such as a Peace Corp for the health industry and forgive student debt for those who serve.
2. Make access to broadband Internet services for all Americans a national priority.
3. Recognize the need for rural providers across the spectrum of services and provide support to those services through subsidies of prescription drugs, appointments with mental health professionals, state-of-the art health equipment in hospitals and care centers, just to name a few.