

November 26, 2019

Chairman Richard Neal
Ranking Member Kevin Brady
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

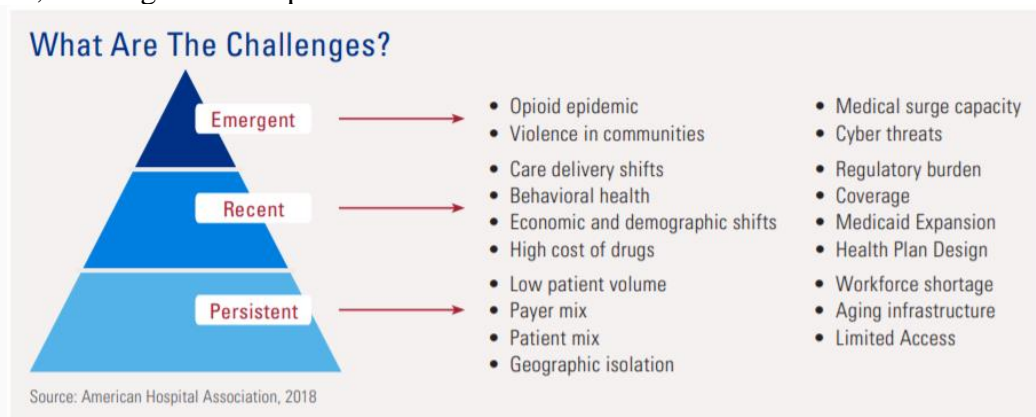
RE: Rural and Underserved Communities Health Task Force Request for Information

Dear Chairman Neal and Ranking Member Brady:

UPMC appreciates the opportunity to provide comments to the Ways and Means Committee in response to the request for information (RFI) for the Rural and Underserved Communities Health Task Force.

We applaud the committee for applying a rural lens on policy, payment, and technological reforms to give rural providers like UPMC the flexibility to ensure that patients have access to care. UPMC hospitals are among Pennsylvania's 42 rural general acute hospitals that care for the second oldest population in the United States and the only segment growing in our clinical footprint.¹ UPMC joins efforts with UPMC Insurance Services Division on specialized initiatives to define and address the challenges faced by rural citizens as illustrated below with an emphasis on seniors.

UPMC acknowledges that with increased age comes a variety of health care challenges including increased prevalence of chronic conditions often necessitating access to coordinated teams of physicians, advance practice practitioners, nurses, social workers, counselors, family caregivers, and long-term care providers.



The largest nongovernmental employer in Pennsylvania, UPMC integrates 87,000 employees, 40 hospitals, 700 doctors' offices and outpatient sites, and a more than 3.5 million-member Insurance Services Division. UPMC is inventing new models of patient-centered, cost-effective, accountable care. Despite the importance of our rural hospitals, we continuously confront a multitude of challenges yet appreciate greater flexibility for Medicare Advantage plans to offer innovative telehealth services to improve access and quality of care.

As cited in our responses, **technology and payment reform** are only part of the solution.

Another core part of UPMC strategy focuses on the transformation of rural care delivery. Connecting specialized clinical services across our geographic footprint into an easily navigated network, we can provide every patient access to exactly what they need, and when they need it. That is the key concept behind UPMC's regionalization approach. We are supportive of the Centers of Medicare and Medicaid (CMS) introduction of the first ever Rural Health Strategy.ⁱⁱ

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 (e.g. transportation); b) multiple chronic conditions; or d) the use of telehealth/telemedicine/telemonitoring?

Hospitals working together to provide care for a region, like the partnership between UPMC Horizon's rural hospitals in Mercer County and UPMC Jameson in Lawrence County, can provide both the daily care patients expect and the state-of-the-art specialized medicine UPMC is known for. All three hospitals deliver care that patients use and need frequently like emergency services, acute inpatient care, diagnostics, oncology and primary, and prenatal/postnatal services in specific lines, forming high-volume, high-quality and lower cost regional centers.

The Women's Recovery Center at UPMC Hamot provides a collaborative path for a multigenerational impact and is based on an evidence-based model at UPMC Magee-Womens Hospital (Magnet). A scalable model, it creates community-based options for specialized needs demonstrating a high impact on families and significant cost savings while addressing opiates and other substance problems, including conditions that contribute to them.

Other **successful initiatives** include:

- [Expanding UPMC Hillman Cancer Center oncology services](#) in rural Greenville, Farrell, and New Castle.
- When a specialist is not available in rural Seneca or Cranberry Township, [UPMC Teleconsult Center at UPMC Northwest](#) brings the expert close to home.
- [Growing the capacity of our Shenango campus Emergency Department](#) with an expansion/renovation.
- A new [UPMC Primary Care Walk-in Clinic](#) at Greenville Medical Center.
- Adding [new, state-of-the-art catheterization lab](#) at the Heart and Vascular Institute at UPMC Jameson
- Centralizing maternity services at our Shenango campus, operating [the busiest labor and delivery unit in the region](#).
- [Unveiling our upgraded intensive care unit \(ICU\)](#) at UPMC Jameson, with additional unit renovations underway.

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 approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

UPMC is pleased that CMS and the committee are recognizing new models of care for reimbursement via telehealth technology and innovative clinical virtual pathways to assist with the common goal of population health management.

Collaborating with [UPMC Insurance Services and Community Provider Services](#) divisions, we continue to see favorability with our Congestive Heart Failure (CHF) and Palliative Care (Advanced Illness Care) programs. UPMC has established and trained a dedicated team at a remote-monitoring call center whose sole function is to monitor alerts, facilitate video calls with patients, conduct medication reconciliation, and communicate with the ordering physicians. Furthermore, they mitigate social determinates that could be harmful to the patient.

Payment reform efforts permitting call center nurses to bill under reasonable and appropriate supervision where it does not have to be the PCP, or specialist reviewing the patient data are needed. Our nurses are the front-line staff managing the day-to-day monitoring of the patients and conferring with physicians when needed. They connect and help treat the patients regardless of the distance of the patient geographically – as well as utilizing their own smartphones/home computers, allowing us to scale at a much faster pace than needing to procure devices and send to them. UPMC has created a high-quality, state-of-the-art monitoring center whose sole purpose is focused on remote monitoring of patients that can handle the geographic and time disparities that PCP and specialists' offices cannot.

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

UPMC commends CMS for meaningful payment reforms contained in its hospital inpatient prospective payment system (PPS) [final rule](#) for FY 2020 addressing the growing disparity between high and low wage index hospitals through its increase of the wage index for those hospitals with values in the lowest quartile. This proposal allows rural hospitals to recruit and retain the clinical staff necessary to continue providing essential care.ⁱⁱⁱ Moreover, UPMC is supportive of CMS adding seed funding to support communities in developing a system of care whether it's a hub-and-spoke approach with telehealth or plan to realign hospitals.

UPMC Jameson partnered with Westminster College allowing nursing students to follow a four-year bachelor of science in nursing track or pursue a traditional registered nurse diploma. The focus is to grow the school of nursing program to fuel future nurse pipeline of more than 55 new nurses annually to staff the region's hospitals, senior living facilities, physician offices, home health and hospice and palliative services for an aging population.

Example of **successful initiatives to address workforce shortage** include:

- Fueling the pipeline of future nurses for our region through [growth of the UPMC Jameson School of Nursing](#) through its partnership with Westminster College.
- Penn College, UPMC Susquehanna extend [Partnership](#) to meet vital staffing needs.
- Developing and investing in our community, honored with a [Lawrence County Regional Chamber of Commerce and Economic Development Impact Award](#).
- Supporting diversity and inclusion through our [Project SEARCH program](#), recognized as an employer committed to training and hiring individuals with disabilities.

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?

The opioid epidemic is a leading public health crisis in Pennsylvania's rural communities.^{iv} Since January 1, 2018, there have been nearly 16,000 emergency department visits for opioid overdoses in Pennsylvania and 4,413 overdose deaths last year alone.^v

By collaborating with UPMC Western Psychiatric Hospital, UPMC Health Plan, Community Care Behavioral Health, Community Medicine Inc., General Internal Medicine, Psychiatry, hospital emergency departments, pharmacy, UPMC's work toward the inclusion of quality pain management, treatment options and educational material of Substance Abuse Disorder (SUD) in rural communities is widespread.

[University of Pittsburgh Graduate School of Public Health](#) research indicates that people in rural communities with opioid use disorder are already being seen by primary care physicians for other reasons yet need to be more equipped with training, administrative and clinical support to offer SUD treatment to address important gaps in access to addiction treatment. To further advance these efforts, the federal government should authorize loan repayment and other incentive programs for physician assistants and nurse practitioners to further expand the capacity to deliver care to rural communities. Funding can also be used to provide incentives of clinical education and training to rural practitioners. To this effect, UPMC is administering a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to expand access to MAT by recruiting clinicians and hosting training for those interested in receiving a Drug Enforcement Administration (DEA) waiver to prescribe MAT, targeted to rural Blair, Clinton, Erie, and Lycoming counties in Pennsylvania.^{vi}

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?

UPMC is working to develop and implement programs to assist rural residents to live healthier lives and to sustain the health of rural communities. With UPMC Health Plan Medical Director oversight and further supported by a pharmacist, **UPMC Advanced Illness Care** is a home-based program for patients with UPMC Health Plan coverage who have a serious or advanced illness. It is designed to help patients better cope with their illness and maintain the highest quality of life possible. At the heart of the program is a team of social workers, Certified Registered Nurse Practitioners (CRNPs), and nurses who visit the patient at home. These experts partner closely with family members and primary care providers. The team helps the patient with advance care planning, achieving individual goals of care, and decision making in tandem with his/her PCP.

- Help with treatment plan
- Help with symptom and pain management
- Advice and support for family/caregivers
- Help with advanced care planning
- Ten home visits per lifetime
- No member cost-sharing
- No home-bound status required

A patient can be referred if he or she is 21 years old or older, is a UPMC Health Plan member, and has experienced at least one of the following:

- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Deferred hospice
- Dementia/Alzheimer's disease
- Disenrolled from hospice due to nonprogression of disease
- End-stage disease but not a candidate for transplant
- LTAC stay within the past year
- Liver failure
- Metastatic cancer
- Palliative care/supportive services encounter
- Parkinson's disease
- Renal failure/end-stage renal disease

UPMC thanks you for the opportunity to provide comments on these important issues and we welcome the opportunity to work with you and members of the Task Force. If you have questions or need additional information, please contact us.

Sincerely,

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ⁱ American Fact Finder. 2018 American Community Survey, 2017 Economic Census. United States Census. Last accessed: 6/10/2019.

ⁱⁱ <https://www.cms.gov/newsroom/fact-sheets/cms-rural-health-strategy>

ⁱⁱⁱ <https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-16762.pdf>

^{iv} <https://www.pa.gov/guides/opioid-epidemic/>

^v <https://data.pa.gov/stories/s/Pennsylvania-Opioids/9q45-nckt/>

^{vi} https://www.upmchealthplan.com/pdf/ReleasePdf/2018_12_10.html