750 First Street NE, Suite 800, Washington, DC 20002-4241
202.408.8600 » SocialWorkers.org

NASW
National Association of Social Workers

November 29, 2019

The Rural and Underserved Communities Health Task Force
Ways and Means Committee
U.S. House of Representatives
1102 Longworth House Office Building
Washington D.C. 20515

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

From: National Association of Social Workers, The National Association of County Behavioral Health and Developmental Disability Directors and The National Association for Rural Mental Health

Dear Madam or Sir:

Please note that in responding to these questions, we have focused specifically on improving access to behavioral health and mental health services.

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***?

Access to health, mental health and behavioral health care.

- Transportation.
  The availability of transportation to and from appointments is a consistent problem in both rural and even urban areas.
- Lack of internet access.
  This prevents use of telehealth, creates barriers to patient education, supervision, and collaboration.
- Lack of Medicaid expansion.
  Clients lack health insurance coverage or are underinsured. Clients without health insurance often delay seeking care and access care through emergency room departments. This leads to high ER rates, poor health outcomes and co-morbidity with other health related issues.
- Hospital and community-based clinic closures.

Best practices for health service delivery would include community-based integrated primary and behavioral health care along with long term care. With hospital and clinic closures, the opposite effect is occurring, whereby services are fragmented, hard to locate and providers are very limited.

- Lack of providers.
  In rural areas there are especially low number of social workers, primary care physicians, and specialists.
- Low reimbursement rates in Medicare and Medicaid.
  Roughly 1/5 of clinical social workers participate in the Medicare program as providers. This is partly due to low reimbursement rates.
- Scope of practice.
  Social workers and other providers should be able to provide and bill for their full scope of practice to best serve clients. Currently Medicare and Medicaid restrict the scopes of practice and thus limit services that can be provided by existing, participating providers.

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?***

The National Academies of Sciences, Engineering, and Medicine, *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health* report.
The National Academies recently assembled an expert committee to examine the potential for integrating social care services into the delivery of health care with the ultimate goal of achieving better and more equitable health outcomes. The resulting report, *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*, published in September 2019, identifies and assesses current and emerging approaches and recommends ways to expand and optimize social care in the health care setting. Three key necessities for successful integration were identified, including: (i) an appropriately staffed and trained workforce, (ii) health information technology innovations, and (iii) new financing models. The National Academies issued the following recommendations which will be useful in addressing the social determinants of health.

Addressing Homelessness through *Housing First* intervention.
Findings show that Housing First is an effective solution to address homelessness[1]. This model prioritizes providing permanent housing to people experiencing homelessness, thus ending the homelessness and serving as a platform to pursue other personal goals and services which improve heath and quality of life.

[1] Padgett, Deborah, Benjamin F. Henwood, and Sam J. Tsemberis. Housing First: Ending Homelessness, Transforming Systems, and Changing Lives. Oxford: Oxford University Press, 2016.

Examples of important programs:
Home based visiting programs (social workers, nurses, physical therapy, etc.).
Meals on Wheels America program.

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

Expand internet access and enable use of technology including telehealth, telemedicine, tele-supervision/ telemonitoring.
Technology should be implemented to improve access and quality of care. The Veterans Administration has made progress in implementing telehealth and we should look to their programs for guidance.

- Examples:
    - Technology enabled practice can link social workers, other therapists and specialists to serve clients regardless of their location.
    - Availability of technology to aid patient outcomes. For example, use of iPad or tablets by older adults can increase contacts with loved ones outside of their immediate community and reduce isolation and loneliness.
    - Use of tele-supervision to increase and build clinical skill set of and support the clinical social work workforce in rural areas where providers are limited.

Consider the context:
Geography needs to be considered and the distance it takes to get to basic health care in rural parts of the country. Providers are traveling over deserts, mountain passes and in many times treacherous conditions. There are not enough providers and the providers that we do have need to be equipped with emergency provisions, such as: cell phones, GPS, and other technology, as they travel. Many funding sources do not provide for the technology and tools that providers need to safely and effectively provide treatment to clients.

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?

Community care is insufficient to fill the gaps in hospital closures in rural areas and there are not enough alternative care sites and Federally Qualified Health Centers (FQHCs).

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

There needs to be a broader investment in both primary care and public health.

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

Payment systems need to be much more flexible so that available providers can treat patients/clients.

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. Insurance companies drive how health care models operate so it limits the creativity and flexibility that is needed especially in rural areas. Until the payment/insurance system is reformed it is hard to progress to new and creative delivery systems.

- For example:
    - Hospitals should be able to bill for follow-up care and service coordination for a substance use/ addiction client who has frequent visits to the ER with health-related problems associated from drug use, including overdose.
    - In urban areas, there should be interdisciplinary teams responding to homelessness, mental illness, and behavioral health problems in the community. Providers should be able to triage clients on the street and bill for those services.

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?***

- Expansion of Medicaid is critical.
- Sufficiently funding Federally Qualified Health Centers.
    - Reduce staff turnover and ensure quality of care, by paying competitive salaries.

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

Invest in students from rural communities and expose trainees to rural practice.

Having a rural background, such as coming from a rural area, is the primary predictor that providers will be recruited and retained for rural practice. So early efforts (high school and earlier) are needed to develop and recruit a pipeline of students with rural backgrounds into rural health professions.

Providing scholarships for students entering social work and other health professions in exchange for work commitment, upon graduation.

Student loan debt relief is critical. Public service loan forgiveness and repayment programs, as well as employer funded debt repayment programs should be implemented and funded for social workers and other health 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?***

Axis Health Systems in Colorado may be an example. They are a regional provider of the above-mentioned services and cover a large geographical area including 4 counties.

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?***

Reducing social isolation and facilitating social connections should be a focus. Americans, young and old, are increasingly isolated and solid epidemiological evidence indicates there are links between social relationships and physical and mental health outcomes[2]. Using technology to improve mental health and strengthen social connections, should be explored. Home health clients should be assessed for social health indicators as part of assessment protocols along with mental and physical health. Increased sensitivity to the importance of social support networks can help us to flag clients who are at risk and may need more comprehensive assessment and services.

There are not enough long-term service providers (skilled nursing facilities and assisted living facilities). Continuing care retirement communities, where all levels of care could be offered, would be ideal.

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?***

Surveys need better sampling design.
Ensuring survey data includes adequate participation of individuals living in rural environments is essential to guarantee the problems faced in rural areas are reflected in survey results. This is especially true for specific groups, such as Native Americans and immigrant populations who

[2] National Research Council. (2001). New horizons in health: An integrative approach. Washington, DC: National Academy Press.

have unique experiences that need to be better understood, so that we can improve health delivery systems accordingly.

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?

We urge the Ways & Means Committee and the Rural Health Task Force to take up the *Improving Access to Mental Health Act* (H.R. 1533) to address three policy issues that would increase access to care for rural and underserved populations. Specifically, H.R. 1533 would help ensure that all Medicare beneficiaries have access to high-quality mental health care across settings—including skilled nursing facilities (SNFs); increase beneficiaries' access to Health and Behavior Assessment and Intervention (HBAI) services and increase Medicare reimbursement for independent clinical social workers. We encourage the Committee to expand mental health care access for Medicare beneficiaries by expeditiously considering and advancing H.R. 1533.

Sincerely,

Sarah Christa Butts, LMSW
Director, Public Policy