

May 29, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
DETAILED COMMENTS ON THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES OFFICE OF MINORITY HEALTH REQUEST FOR
INFORMATION REGARDING MATERNAL AND INFANT HEALTH CARE IN RURAL COMMUNITIES**

On behalf of our 87 member small and rural hospitals, the Illinois Health and Hospital Association (IHA) is pleased to provide the following comments on the U.S. Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) Office of Minority Health's (OMH) request for information (RFI) regarding maternal and infant health care in rural communities. Ensuring access to quality care for rural mothers and infants has long been a priority for IHA and our member hospitals. However, for a variety of reasons many of our rural communities lack access to appropriate prenatal, obstetrical and postpartum care, adversely impacting not only the health outcomes for mothers and infants, but rural communities in general. While the current COVID-19 public health emergency has brought healthcare disparities into sharper focus, systemic issues plaguing rural communities have existed for decades. IHA values this opportunity to work with OMH to improve the healthcare system for Illinois' mothers and infants.

1. What barriers exist in rural communities in trying to improve access, quality of care, and outcomes in prenatal, obstetrical, and postpartum care?

While numerous factors influence patient outcomes, the existence of a local access point (i.e., brick and mortar facility) that provides essential prenatal and perinatal healthcare services for mothers and infants is fundamental in maintaining and improving access, quality of care, and outcomes. Existing barriers in rural communities center around two main issues: lack of adequate financial resources and current staffing requirements and workforce shortages.

Regarding financial resources, there are a few issues impacting rural providers. First, many of our rural providers serve patients that are primarily insured by Medicaid. The reimbursement rates for Medicaid patients are extremely low in Illinois, with Illinois 50th in the U.S. in federal funding support per Medicaid beneficiary. Coupling low reimbursement with the high cost of malpractice insurance (mainly due to additional coverage for Cesarean sections) make providing obstetric services very costly for rural providers. The situation is further strained by decreasing demand. The reduced volume of obstetrics cases has reached the point where it may be difficult for staff to maintain competencies achieved by performing higher numbers of the same service, and thus maintaining an obstetrics unit is cost prohibitive.

In addition to financial issues, there are several staffing barriers in rural communities. For example, the requirement to have two nurses working 24 hours a day, 7 days per week is not practical or sustainable in a rural hospital with only two or three obstetrics beds and low census. Additionally, finding providers, either obstetricians or primary care physicians with

obstetric certification, is difficult. Attracting specialists to live and work in rural areas continues to be challenging. These issues have made it impossible for some hospitals to maintain obstetric units, particularly in cases where another facility is located nearby to explain closing a particular unit. In reality, such closings strain patients who may need quick access to obstetric specialists, adding pressure to providers that continue offering obstetric services.

2. What opportunities are there to improve the above areas (i.e., access, quality and outcomes)?

Recognizing the necessity for high-quality obstetric care, there are several opportunities to revitalize access, quality and outcomes in rural communities. Specifically, OMH could:

- Provide staffing flexibilities for rural hospitals;
- Allow providers serving in rural hospitals to practice at the top of their respective license;
- Work with Congress to expand programs that increase access to foreign-trained physicians, such as the Conrad State 30 Program; and
- Work with the Health Resources and Services Administration (HRSA) to enhance loan forgiveness to providers working in rural areas through the National Health Service Corps.

Additionally, the Administration could support additional quality improvement efforts and collaborations at the state and local level. Many Illinois hospitals work closely with the Illinois Perinatal Quality Collaborative (ILPQC), a statewide network of hospital teams and public health leaders working to improve healthcare and outcomes for mothers and babies across Illinois. ILPQC facilitates webinars and face-to-face meetings to foster learning opportunities between hospital teams. ILPQC also provides hospital teams with custom support and resources to track progress on key measures designed to improve health outcomes. ILPQC participants engage in quality improvement supports through various avenues including meetings, grand rounds and toolkits that utilize the latest evidence to improve maternal and child health. Additional support from the Administration to expand efforts like this would improve access, quality and outcomes for additional rural communities through Illinois and rural America.

Finally, IHA and several Illinois hospitals have been invited to participate in a HRSA-state maternal health innovation program called Innovations to Improve Maternal Outcomes in Illinois (I-PROMOTE-IL). The goals of this five-year program are to: establish a state-focused maternal health task force, improve state-level maternal health data/surveillance and promote and execute innovation in maternal health service delivery. The Administration should continue establishing and investing in programs such as this, building on and expanding past initiatives that result in promising results.

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

Absent an increase in providers willing to move to and practice in rural communities, the Committee should support initiatives that allow providers from various institutions to collaborate to provide services in a central area. This pooling of resources will allow for both greater patient volume and greater access.

4. How can CMS/HHS support these efforts?

Additional financial and other resources for rural communities would directly enhance access, quality and outcomes. For example, promoting and funding regional or statewide collaborative efforts such as ILPQC and I-PROMOTE-IL would allow the state to expand proven models and practices that promote collaboration and utilization of best practices and quality improvements.

In conclusion, we thank the OMH for this opportunity to work collaboratively in improving the health system our rural communities encounter.