



**Shriners Hospitals
for Children®**
Love to the rescue.™

SHC Community Health Needs Assessment

Shriners Hospitals for Children® — Salt Lake City

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Mission and Vision

Mission:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.
- Provide for the education of physicians and other healthcare professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

Vision:

- Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

Table of Contents

3 • Commitment to the Community

4 • Process and Methods

5 • Key Findings

10 • Action Plan

14 • Acknowledgements

15 • Exhibits



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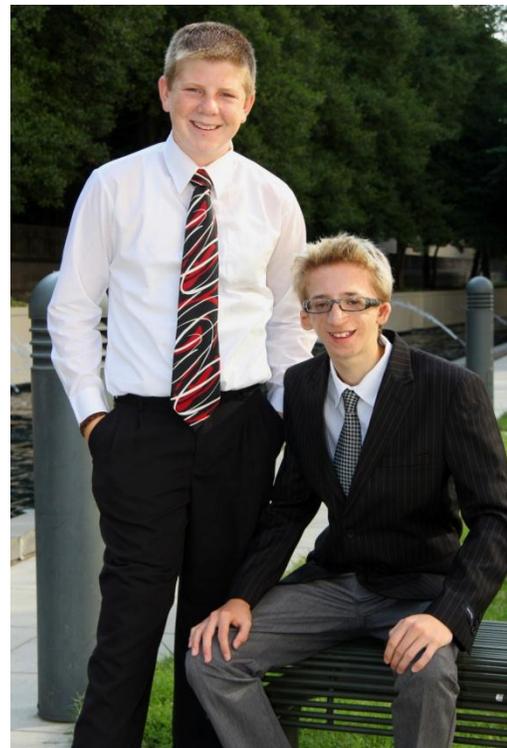
Our Commitment to the Community

Shriners Hospitals for Children® — Salt Lake City (SHC-SLC), is a charitable, Joint Commission accredited facility, dedicated to excellence in pediatric orthopaedic and reconstructive plastic care within our established scope. Our mission is to be leaders in optimizing the full potential of children by delivering state-of-the-art care for pediatric orthopaedic conditions and related needs; providing education for patients, family, and the health care team; and discovering, through research, new and updated knowledge that will improve the quality of care and life of children and families.

We render these services to patients within a compassionate, family centered, collaborative environment regardless of their ability to pay. Our catchment area includes Utah, Idaho, Colorado, Wyoming, Arizona, New Mexico, Nevada and parts of northern Mexico.

Patients may be received or transferred from other Shriners Hospitals, or states, when the patients are in need of the specialty surgeries performed at our Hospital. We have also had patients from other nations such as Argentina, Canada, Guatemala, Costa Rica, Australia, Russia, Chile, Poland, Africa, Saudi Arabia, England, Bolivia, Romania, and Greece.

We have a very generous charity policy that enables us to provide care for anyone regardless of their circumstances and in direct relationship to their specific needs. As one of only two pediatric hospitals in Utah, we exist to provide pediatric orthopaedic care for those who want to choose their provider and are seeking quality care in an atmosphere that fosters close professional relationships with care givers and what our patients refer to as a “life experience”, not just an episode of care.



Hospital Overview

SHC — Salt Lake City is part of a 22-hospital system established by the Shrine of North America. The First Shriners Hospital was opened in 1922 in Shreveport, Louisiana. There are now eighteen orthopaedic hospitals, three burn institutes, and one hospital that provides orthopaedic, burn, and spinal cord injury care in the Shrine Hospital System, located throughout the United States; Montreal, Canada; and Mexico City, Mexico. The orthopaedic Shrine Hospitals were among the first specialized pediatric orthopaedic hospitals in North America. Many of the Shriners Hospitals' first patients were treated for problems caused by polio.

Today, Shriners Hospitals (including Salt Lake City) treat other complicated, specialized orthopaedic cases, such as Osteogenesis Imperfecta, Spina Bifida, Cerebral Palsy, Scoliosis, hand problems, limb deficiencies and growth problems, club feet, dislocated hips, Legg-Perthes disease, as well as orthopedic problems resulting from other neuromuscular disorders. Because of the work accomplished by the orthopaedic Shriners Hospitals and the Burns Institutes, Shriners Hospitals for Children have become renowned in the medical field as experts in pediatric orthopaedic and burn care.

The Salt Lake City hospital started as a leased unit at St. Mark's Hospital in Salt Lake City in 1925. The Shriners Hospitals rented 25 beds from St. Mark's Hospital and began providing care to children who had been crippled with polio within the Intermountain area. In 1951, the unit was closed and the patients moved to a new building at Fairfax Road and Virginia Street in Salt Lake City. It is interesting to note that it took an Act of Congress to obtain the property on which the Salt Lake City hospital was built. Approximately eight acres of property was purchased from Fort Douglas via this Act of Congress.

We have 4500+ active patients, our length of stay varies from 0 to 30+ days, depending on the particular procedure being done, the distance the family lives from the hospital, and the ability of local physicians and the family to follow through on the home care program needed for recovery. A significant percentage of our patients are now seen on an outpatient basis with 70+% of our patients coming from Utah. Many other patients come from 200-800 miles away. This has led to the creation of Outreach Clinics, in order to try and take Shriners Hospitals for Children resources to the needy people in Mexico (via El Paso, Texas); Phoenix, Arizona; Denver, Colorado; and Boise, Idaho.

Process and Methods

Establishing the Infrastructure for the Assessment

This is the first Community Health Needs Assessment of this magnitude performed by our hospital. To be upfront and very familiar with the assessment, as well as the scope of the project, it was determined by the hospital administrator to have this project come directly from administration in concert with the public relations and marketing department.

We also chose to take an individual approach to the assessment vs. a community partner approach because we are one of only two pediatric hospitals in the state of Utah and the other hospital is part of a large corporation that has just completed a community health needs assessment, which is ready to be released. Therefore, they were not in a position of interest to partner with us.

Another major consideration was whether to have an assessment advisory committee. We decided against that for two primary reasons: 1) Two significant community health needs assessments have already been completed by the Utah Department of Health and the Salt Lake County Health Department (which represents almost half of the population of Utah). 2) We have a database of 100 primary care physicians who have referred patients to us and we developed a survey which was mailed to them for their feedback. We also distributed the survey at a

school nurse convention and asked for feedback to the survey from the Children with Special Healthcare Needs agency in Utah. A copy of the survey is included in the Exhibits section of this report.

Stakeholders and Target Populations

Because we are a pediatric orthopaedic specialty hospital our physician stakeholders include our pediatric orthopedic surgeons, anesthesiologists, pediatricians, nurse practitioners, and physician assistants, who work at the hospital along with the network of primary care physicians that refer patients to us. Certainly our owners, the Shriners, who send patients to our facility, are also stakeholders, as well as the rest of our hospital staff who either deliver care or are involved in supportive roles.

Over the past several years, our patient referrals from Utah have increased from 35% - 45% to over 70% based on the implementation of a physician liaison program that we developed. Hence our primary target population is the citizens of Utah and our secondary target population is the remainder of our catchment area, which includes the citizens of Idaho, Colorado, Wyoming, New Mexico, Arizona, and Nevada. Our primary and secondary populations are naturally a subset of the Shriners Hospitals for Children community, which, for the purposes of this assessment, includes the entire United States of America, Mexico and Canada.

Data Collection

Data collection came from the following sources:

1. The Utah Department of Health, 2012 Utah Statewide Health Status Report
2. The Salt Lake County Health Department Community Health Assessment 2013
3. An interview with two representatives in charge of a community health needs assessment, representing Intermountain Healthcare (the largest healthcare company in Utah)
4. A survey sent out to 100 primary care providers
5. A survey distributed to 50 school nurses
6. A survey/interview with representatives from the local Children with Special Healthcare Needs agency

Key Findings

Area demographics speak strongly to future demand for our services when looking at **How Utah Compares to the U.S. (*According to the Utah Department of Health 2012 Utah Statewide Health Status Report, January 2013*)**. Compared to the U.S., Utah is characterized by:

Socio-Demographic Context

- the highest birth rate in the U.S. (**18.3 per 1,000 Utahns**)
- the youngest population in the nation (**median age 29.2 years vs. 37.2 nationally in 2010**)
- a higher percentage of households with married adults and with children

- a lower percentage of households with children headed by a single female
- a higher high school graduation rate
- a higher median annual household income
- a lower percentage of all persons in poverty that has increased dramatically since 2008 and is approaching the U.S. rate
- a lower percentage of children in poverty that has increased substantially since 2008 and appears to be approaching the U.S. rate
- a lower percentage of people in racial and ethnic minority groups

Healthy Beginnings

- a lower percentage of pregnant women who receive prenatal care in the first trimester
- a lower infant mortality rate
- a lower percentage of low birth weight infants

Healthy Behaviors and Risk Factors

- a higher rate of recommended physical activity among adolescents
- lower adult and adolescent obesity rates, but similar upward trends

Access to and Utilization of Care

- a lower percentage of adults reporting cost as a barrier to care but increasing trend since 2008
- a similar percentage of persons without health insurance coverage according to a nationally comparable survey
- fewer physicians per 10,000 civilian population

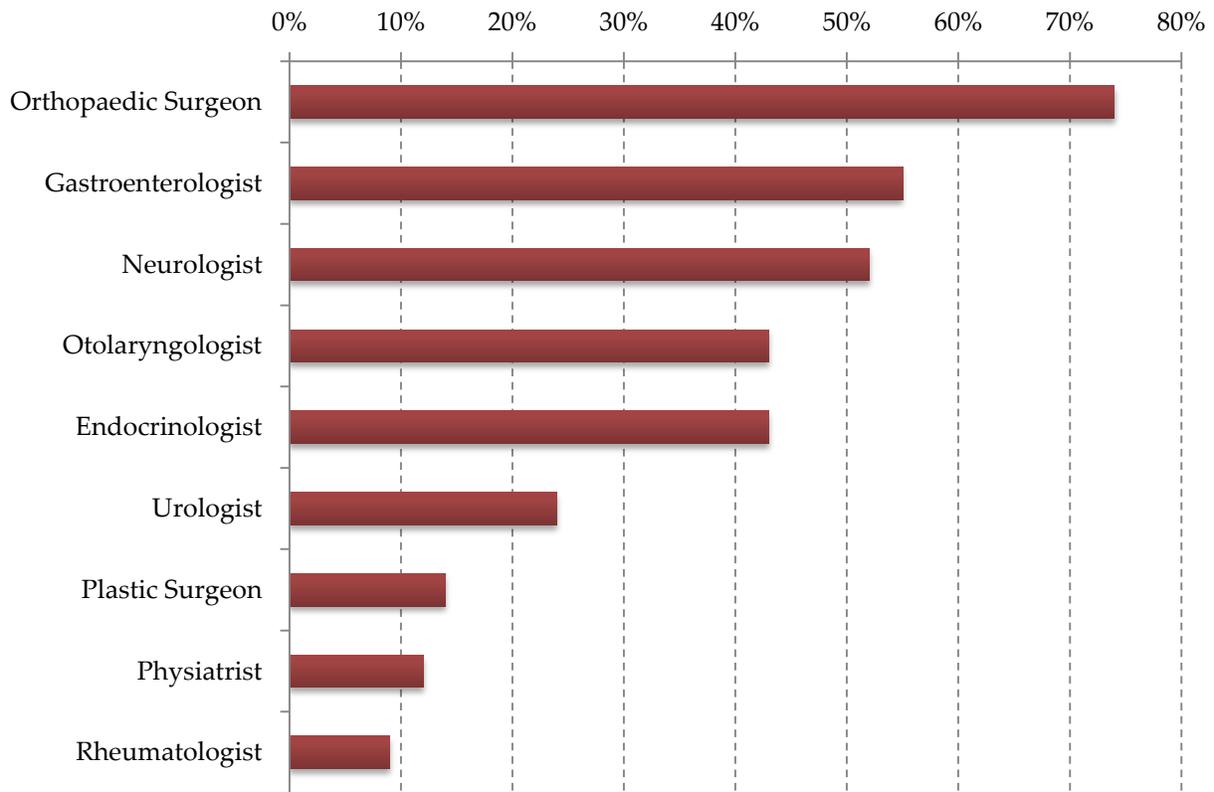
Utah in general has a much younger population, lower poverty levels, more education, lower obesity rates, a higher rate of physical activity and more likely to have some kind of health insurance.

A hospital survey response rate of 32% primary care physicians and 20% school nurses from around the state of Utah indicated:

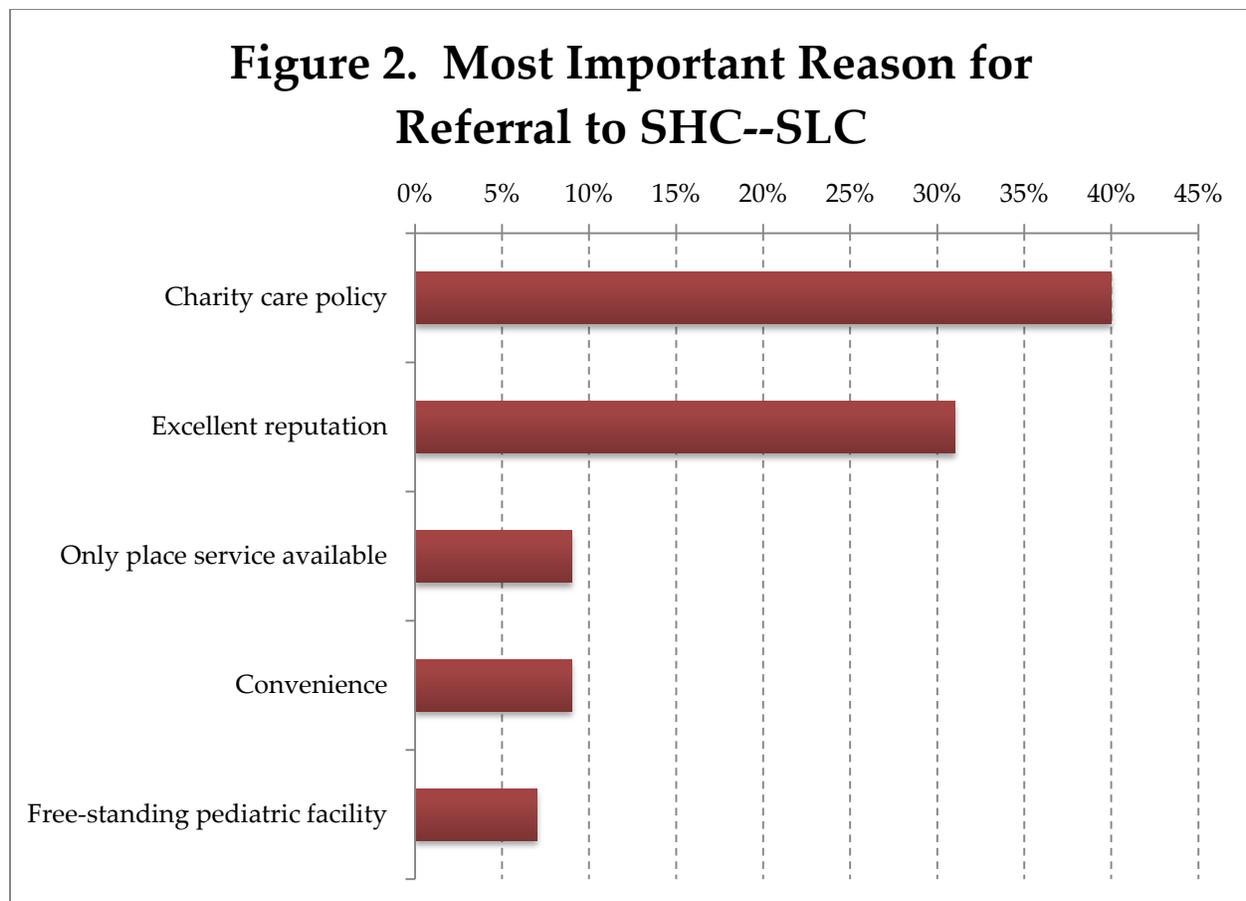
- ❖ 74% of the respondents refer patients for orthopaedic care
- ❖ 55% of the respondents refer patients for gastroenterology care
- ❖ 52% of the respondents refer patients for neurology care
- ❖ 43% of the respondents refer patients for otolaryngology care
- ❖ 43% of the respondents refer patients for endocrinology care

(Refer to Figure 1)

Figure 1. Most Often Referred Specialty Care Services



- ❖ 59% of the respondents said they very often see children who are uninsured.
- ❖ When asked why they refer children to Shriners Hospitals for Children, they responded that it is due primarily to our charity care policy and our excellent reputation.



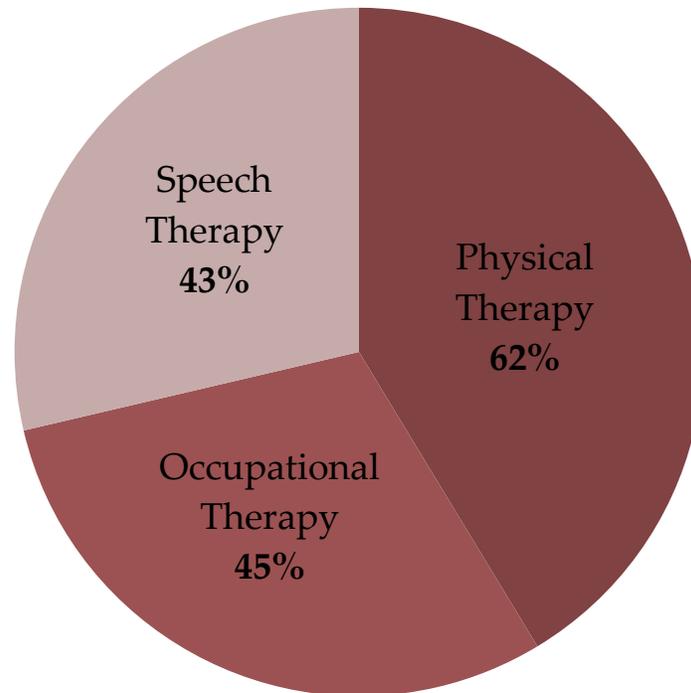
- ❖ If a child they referred out did not receive the recommended care it was due primarily to cost, insurance issues, being out of area and transportation needs.
- ❖ Orthotics and wheelchair needs are also two big reasons for referral.

When asked what concerns you most about pediatric care in Utah, responses center around access, lack of resources, need for affordable care, behavioral health, neurology, gastroenterology, high deductibles, copayments, need for competition between pediatric specialists, lack of care coordination, and doctors not willing to care for Medicaid patients.

All in all, we feel this market / environmental assessment validates the need for our services and capabilities as a Shriners Hospitals for Children in the Intermountain region and what we have to offer is very multifactorial when it comes to being dedicated to caring for and improving the lives of children.

Our criterion for evaluating the data was simple. We want to understand the general demographics of the population. We want to understand the economic and social influences that affect the utilization of healthcare, particularly in our primary population market, and get a feel for how we will continue to make a difference in a market dominated by one major player – Intermountain Healthcare – and how we fit in the overall mix of services.

Figure 4. Routine Referrals for Therapy Services



Additional Key Points *(according to the Utah Department of Health 2012 Utah Statewide Health Status Report, January 2013)*

- Over the last decade, education levels have improved in Utah and the U.S. Among Utah adults aged 25 and over in 2010, 90.6% were high school graduates or higher and 29.3% had a bachelor's or advanced degree. These findings compares with 87.7% and 26.1% in 2000. A larger percentage of Utahns had at least a high school education when compared to the U.S. (90.6% versus 85.6% respectively in 2010).
- From 2008 to 2010, the overall percentage of Utahns living in poverty increased from 9.7% to 13.2%, an increase of 36%
- From 2008 to 2010, there was a 50% increase in the percentage of Utah children aged birth–17 living in poverty, from 10.5% to 15.7%. The percentage in Utah remains lower than the U.S. (21.6% in 2010).
- The proportion of non-White race groups is still relatively small, though, making comparisons across racial and ethnic groups problematic at times. But we do know that health disparities exist and they affect the overall health status of the state.
- In 2011, 56.1% of Utahns reported getting the recommended amount of physical activity.

- In 2011, 40.7% of girls and 55.7% of boys in Utah high schools reported getting at least 60 minutes of physical activity at least 5 days per week, which is one measure of an adequate amount of physical activity for this age group.
- The percentage of obese elementary school students in Utah has increased dramatically over the past 16 years. Overall, 9.7% of elementary school students were obese and 20.4% were at an unhealthy weight in 2010. Data from a 2011 high school survey show that approximately 8.6% of Utah high school students are obese and 20.1% are at an unhealthy weight. The high school obesity rate rose from 5.4% in 1999.
- An estimated 13.3% of all Utah residents did not have health insurance coverage in 2011.
- In 2011, approximately 8.1% of Utah children aged 0–18 years had no health insurance coverage. This represents an increase from 7.0% in 2010, but this increase may be partly due to the change in BRFSS methodology.
- The 2011 Behavioral Risk Factor Surveillance System (BRFSS) estimated that approximately 70% of uninsured children in Utah were income eligible for health care services through Children's Health Insurance Program (CHIP) or Medicaid programs. It must be kept in mind, though, that eligibility determination requires a review of circumstances in addition to income.
- The physician supply has more than kept up with growth in the population; however, access is also influenced by the availability of doctors by specialty area and by geographic area. The number of active physicians per 10,000 civilian population in Utah is lower than the U.S. as a whole. The optimal ratio of physicians to population depends on many factors, including population density and the health status and health care utilization patterns of the population. Utah predicts that about 1,100 physicians will retire in the next ten years, which may cause shortages in provision of specialty care.

Action Plan

Current Demand

SHC — Salt Lake City has experienced a steady increase in new patient referrals over the past two years. There are multiple reasons for this upward trend. In 2011, we initiated a major referral development effort that included increased screening clinics, new outreach programs, new community awareness campaigns, and personal visits to primary care providers. The results have been impressive. New screening clinics have been developed in 6 regions throughout the state of Utah. Also, we reached out to the Indian Health Service to provide orthopaedic care to the Navajo Nation and we have been successful in reintegrating patients from Mexico through a clinic in El Paso, Texas. The referral development campaign to primary care providers has not only increased applications, but also the quality of those applications. All this has increased waiting times, and as they continue to lengthen, we worry that our newly

recruited patients; especially those with insurance and better access to resources, will opt out of the Shriners system to seek care elsewhere unless we can maintain reasonable access.

Furthermore, long appointment times will undermine our newly established relationships with referring physicians. As a result, we have added New Patient Clinics on Fridays; however, the wait list continues to grow. We do not believe these wait times are acceptable in today's health care climate, where patients and their referring providers will seek service elsewhere if we cannot accommodate their needs in a more responsive fashion.

The key is finding a way to maximize through put of patients in the outpatient clinic. We are trying to accomplish this by adding more physician assistant presence to aid surgeons in seeing new patients and the several new patient clinics. This has been very successful and has actually helped us catch up a bit on our back log. Year-to-date we are averaging 123 new referrals per month and have been able to schedule an average of 127 new patient appointments per month.

In June of 2012, our wait times for surgical procedures had increased significantly. We had 145 non-spine and 15 spine patients on our wait list. Our surgical wait times were 3 – 6 months out depending on the procedure with some specialty surgeries close to a year out. Spine cases, which represent a significant revenue stream, were a particular concern. To address this issue some cases were sent to Primary Children's Medical Center (PCMC). This, unfortunately, resulted in a reduced caseload at Shriners, less predictable staffing levels, and a loss of revenue. Some patients even referred themselves to (Please consider stating what PCMC stands for prior to providing abbreviation) PCMC, due to a lack of ability to schedule these cases at our hospital.

We took action and added additional spine days to the schedule, such as scheduling spine surgeries every Monday and Tuesday where possible. SHC — Salt Lake City has also started to perform Friday surgeries, as staffing permits. The effect on the waiting lists has been significant and as of May 2013, we do not have any patients on the wait list. Routine surgical slots are out 30 to 60 days depending on the physician, but there are enough open slots scattered throughout the month that if anyone wants to add an operating room day to accommodate an urgent need, they are able to do so. Of course, these actions have the potential of exacerbating workload issues on the physicians. While this is an issue, we also have the capacity to open up a fifth operating room day every week on Friday and see the potential of increasing utilization of the current four day schedule by approximately 10%, but this too requires additional medical staff.

Future Demand

There is every reason to believe the increases we are experiencing in demand will continue well into the future. First, our referral development program is only beginning, and future enhancements are planned. Second, as more payer contracts are negotiated under the revenue cycle umbrella, we will have much greater access to patients that are part of their networks. Third, health care reform is greatly expanding Medicaid enrollment which will bring many more families into the health care system that would otherwise simply do without.

Additionally, the feedback that we received from our survey shows some interesting areas of demand:

- Psychiatry and behavioral counseling
- Neurology and developmental evaluation especially for kids with other orthopaedic problems
- Access to care for the uninsured
- Lack of services due to high deductibles and copayments
- Lack of specialists in rural areas
- Need for more evaluative and treatment services in rural areas
- Physical, Occupational and Speech Therapy services for the uninsured
- Access to genetics
- Population growth remains high in the urban areas of Salt Lake County and is moving south and westward from our hospital location. There is also considerable growth into the northwest part of the state

“Population characteristics can often impact health. These characteristics are referred to as social determinants of health. *Healthy People 2020* defines these as “the social and physical environments that promote good health for all.”¹¹ The conditions in which we live, including the opportunities and limitations placed upon us by these conditions, impact the quality of our lives. Sometimes choices are dictated by what is available in the community, not what is best for the person. Social determinants of health bear the major responsibility for inequities that affect health.”(11 *Healthy People 2020*. 2020 Topics and Objectives. Social Determinants of Health. Obtained 4 Sept 2012 from:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>)

“Population growth has shifted over the past decade to the south and southwest portions of the county. Table 2 shows the population growth in Salt Lake County by city and municipality between 2000 and 2010, and the projected population growth for 2050. The largest city in Salt Lake County is Salt Lake City. Sandy City was the only city with a negative population growth. The population of Herriman is fastest growing city in Salt Lake County and second fastest in Utah. The growth in the county has been, and will continue to be, primarily in the south and southwest communities of Herriman, Bluffdale, Draper, Riverton, West Jordan, and South Jordan. Although Holladay and Murray showed substantial growth during the last decade, the growth was primarily related to annexation of part of unincorporated Salt Lake County, which also accounts for the negative growth in the unincorporated county population.” (*Salt Lake County Health Department – Community Health Assessment 2013*)

Plans to Address Identified Needs

As we consider the areas identified by the data reviewed and collected, the following plans are being put in place over the next two years or will continue as presently constituted.

1. To address the issues of access and affordability we have a very generous charity policy where individuals can take a “means” test and qualify for assistance up to 400% of poverty level.
2. Expand our physician referral program into our secondary population markets outside of Utah in an effort to educate primary care providers about the resources available at Shriners Hospitals for Children.

3. Psychiatry, genetics and behavioral counseling are simply too far outside our scope of service and thus will not be addressed by our facility in terms of providing that service. We will continue to refer patients for these services as needed.
4. Evaluate the possibility of providing gastroenterology services to help fill a need in an area that was identified in our survey as the second largest group that primary care providers refer patients.
5. We will continue to have part time neurology and developmental pediatrics available to our patients as needed on a part time basis.
6. An orthopaedic merger between Shriners Hospitals for Children — Salt Lake City and the University of Utah Orthopaedic Division will create a joint chief of staff position and a large pediatric orthopaedic specialty group of 10 to 12 surgeons who will work together to utilize all current facilities while covering the needs of three organizations: Shriners Hospital, Primary Children's Medical Center and the University of Utah Orthopaedic Center.
7. With this merger/partnership between the only two pediatric facilities in Utah will also come an opportunity to work together to address pediatric orthopaedic needs synergistically.
8. With the new chief of staff will come additional expertise in the area of tumor care along with two other specialists. We will be working to establish Shriners Hospitals for Children — Salt Lake City as a primary referral source for pediatric tumor care.
9. We will continue to strive to be a one stop shop with therapy/rehabilitative services, the motion analysis laboratory, prosthetics and orthotics, a wheelchair and seating department, outpatient clinics, surgical services and inpatient services.
10. Work to allow patients to be referred for physical, occupational and speech therapy; radiology studies and the movement analysis laboratory without having to see a Shrine physician first – as long as the patient has a referral from a licensed independent practitioner.
11. Increase our involvement in local outreach clinics. The Children with Special Healthcare Needs agency in Utah would like to invite us to help them provide evaluative or treatment services in rural and frontier areas of Utah.
12. Create more outpatient clinic space to increase access for clinic appointments.
13. Convert the special procedures room in surgical services into a third operating room.

14. Evaluate the need to have a physical presence on the west side and southwest end of the Salt Lake Valley to address access for the underinsured and those with transportation needs.
15. We have physician based care coordination teams that manage the patient experience across the continuum of care from outpatient to inpatient services and back again. This is unique to our market.

Acknowledgements

Data collection came from the following sources:

1. **The Utah Department of Health, 2012 Utah Statewide Health Status Report**
2. **The Salt Lake County Health Department Community Health Assessment 2013**
3. **An interview with two representatives in charge of a community health needs assessment, representing Intermountain Healthcare (the largest healthcare company in Utah)**
4. **A survey sent out to 100 primary care providers**
5. **A survey distributed to 50 school nurses**
6. **A survey/interview with representatives from the local Children with Special Healthcare Needs agency**
7. **Graphs by Mike Babcock, Director of Public Relations and Marketing**

Exhibits

Community Survey



Shriners Hospitals
for Children™
Salt Lake City

As one of our valued community health partners, we are asking you to complete this brief 10-question survey. We want to identify the concerns of pediatric health care providers. Your answers will help us better respond to identified needs in our community.

Please return this survey in the enclosed postage-paid envelope by May 10, 2013.

1. For which specialty care services do you most often refer your patients to other providers? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Plastic surgeon |
| <input type="checkbox"/> Geneticist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Orthopedic surgeon | <input type="checkbox"/> Thoracic or pediatric surgeon |
| <input type="checkbox"/> Otolaryngologist | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Neurosurgeon | |

2. During the past 12 months, did your patients have difficulties or delays getting the services listed above because there were **waiting lists, backlogs, services unavailable, or other problems getting appointments?**

- Yes No

If Yes, with which specialists did your patients have difficulties or delays getting services? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Plastic surgeon |
| <input type="checkbox"/> Geneticist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Orthopedic surgeon | <input type="checkbox"/> Thoracic or pediatric surgeon |
| <input type="checkbox"/> Otolaryngologist | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Neurosurgeon | |

3. How often do you see children who are uninsured?

- Very often Sometimes Never

4. What is the **most important** reason you refer children to Shriners Hospitals for Children – Salt Lake City?

- charity care policy free-standing pediatric facility in network
 only place service was available excellent reputation
 convenience other: _____

5. Do you routinely refer your patients for the following services? (Check all that apply.)

- Physical Therapy Occupational Therapy Speech Therapy

6. If they did not receive all the therapy services they needed, what were the reasons? (Check all that apply.)

- Cost was too much Did not know where to go
 No insurance Child refused to go
 Health Plan Problem Treatment is ongoing
 Didn't accept child's insurance No referral
 Not available in area Lack of resources at school
 Transportation problems Forgot appointment
 Could not get appointment Didn't go to appointment
 Therapist did not know how to treat Other: _____
 Dissatisfaction with therapist

7. Do you routinely refer patients for the following durable medical equipment (DME) services? (Check all that apply.)

- Mobility Aids Prosthetics Orthotics Wheelchairs

8. If they did not receive all the DME services they needed, what were the reasons? (Check all that apply.)

- Cost was too much Did not know where to go
 No insurance Child refused to go
 Health Plan Problem Treatment is ongoing
 Didn't accepts child's insurance No referral
 Not available in area Lack of resources at school
 Transportation problems Forgot appointment
 Could not get appointment Didn't go to appointment
 Therapists did not know how to treat Other: _____
 Dissatisfaction with therapist

9. What concerns you most about pediatric health care in Utah?

- 10. Are there pediatric health care services you would like Shriners Hospitals for Children – Salt Lake City to offer that we currently do not?

Please return the completed survey in the enclosed postage-paid envelope by May 10. Thank you for your time.

Figure 2. Specialists with Longest Delays/Difficulties Getting Services

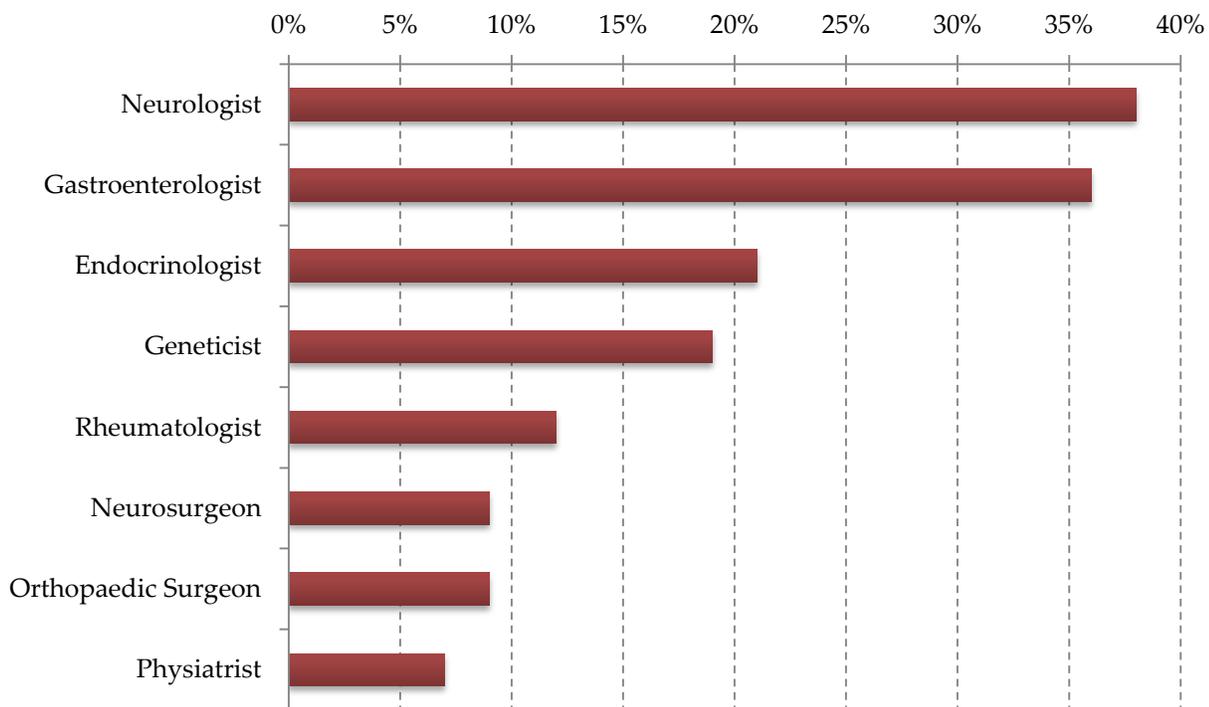


Figure 5. Reason Patient Did Not Receiving Therapy Services

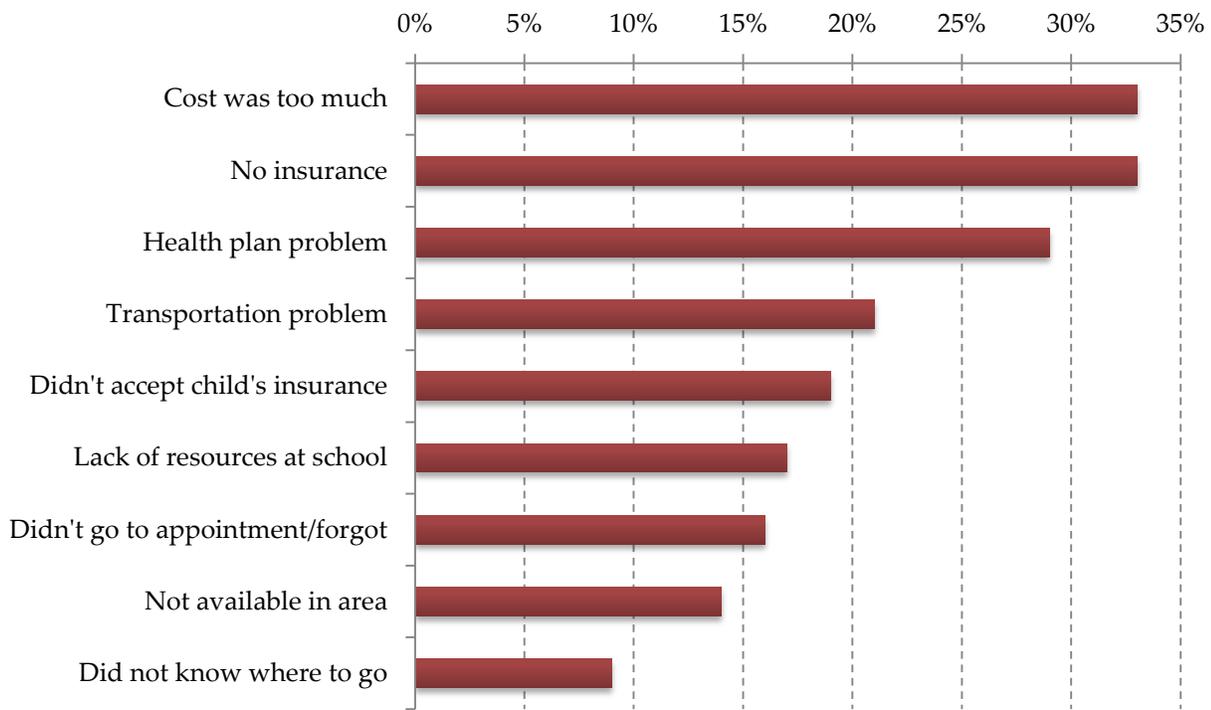


Figure 6. Routine Referrals for DME Services

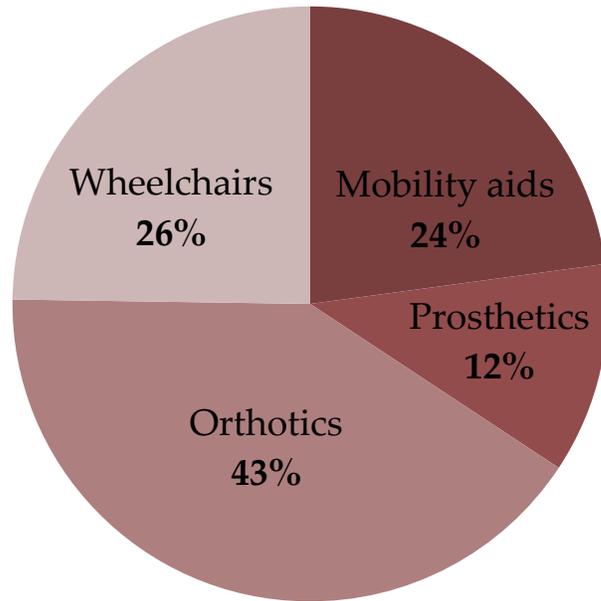


Figure 7. Reason Patient Did Not Receive Durable Medical Equipment Services

