

# MOBILITY MATTERS

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Ensuring Power Mobility is Available for People Living with Disabilities

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## **PATIENT ADVOCATE CITES BENEFITS OF POWER MOBILITY**

*For decades, Lucy Spruill has been an advocate for people living with disabilities. She has been employed at United Cerebral Palsy of Pittsburgh for eleven years as Director of the CLASS Attendant Care Program and, more recently, as the Director of Public Policy and Community Relations. She served on the Board of Directors for eight years and during that time was Chair of the former Governmental Activities Committee. Ms. Spruill also served as the first ADA Coordinator for the City of Pittsburgh and has held several positions in community maternal and child health programs. Ms. Spruill, 65, has spina bifida and has needed mobility assistance for most of her life. She recently answered some questions about the challenges she has faced and those faced by Medicare beneficiaries in need of power mobility.*

### **Q) How has a power wheelchair benefited you?**

I walked with the aid of crutches for 18 years and used a manual wheelchair for 30 years before changing to power mobility. I did so because I had overuse in my shoulder muscles (rotator cuff) which caused me extreme pain when I pushed the manual chair or transferred. Once I switched to power mobility 15 years ago the pain subsided and I have had 15 more years of active life (a full time job, family and community activities, etc.) including a trip to Europe with my grown children.

### **Q) How important is more freedom and independence for patients once they get power mobility?**

Most people who use power mobility (including myself at the time I switched) would be limited to moving about painfully and slowly in a room or two in their homes, if that. Many would be confined to bed. This would cause major health issues—respiratory decline, pressure sores, dementia or cognitive decline, depression, contractures, pain—and would probably shorten the individual's life in addition to greatly diminishing their quality of life.

### **Q) What is the biggest hurdle that Medicare beneficiaries face when trying to obtain a power wheelchair?**

Meeting all of the technical requirements Medicare has created to qualify for a power chair; finding funds to pay the 20% that Medicare does not pay; finding funds to pay for a backup chair or rental chair during inevitable times when the individual's primary power chair is down for repairs.

### **Q) What could Medicare do to make the process easier for beneficiaries?**

Medicare should be using the substantial body of medical literature which has demonstrated the usefulness of an active lifestyle in maintaining health and well-being for a longer portion of an individual's life. Wheelchair users are like everyone else—if they are active,

maintain relationships, are able to leave their homes to work, play, obtain health care, etc., they will be healthier for a longer part of their lives. Allowing the use of whatever mobility devices are needed to facilitate a healthy lifestyle would, in the long run, save Medicare money by keeping their recipients healthier.

### **Q) Shouldn't the government be taking steps to increase use of power mobility since it saves taxpayer money from fewer hospital visits from falls and delays in nursing home placements?**

Yes. Medicare should be supporting anything that increases a beneficiary's independence and healthy years of life because it saves money. Restricting an individual's mobility so that they need more paid help from others or need to be in a restricted environment such as a nursing home, rehabilitation center, or hospital, causes Medicare to pay more money for an undesirable rather than desirable outcome.

### **Q) Have you come in contact with Medicare beneficiaries who need power mobility, but have not been unable to obtain it?**

Yes, through friends with disabilities and in connection with my work for 10 years as the Director of a Home and Community Based Service program funded primarily by Medical Assistance and serving over 1000 persons with physical disabilities living in their own homes and needing personal assistance to remain independent in their homes.

### **Q) Will competitive bidding make it easier or harder for Medicare beneficiaries to obtain power mobility?**

It will make it harder.

### **Q) Are you worried about the impact of competitive bidding?**

I am worried about the impact of competitive bidding. It will reduce the number of DME providers, which is already insufficient to meet the demands of power mobility (wait times for purchase and repairs are extremely long). It will increase the likelihood that patients will get the cheapest rather than most appropriate mobility device, which will lead to difficulty using the equipment, health problems, decreased activity, safety issues, etc. By forcing patients to deal with providers who do not know them (and who may be located in another city or state), the likelihood of the patient experiencing errors in the supplying of equipment will be increased. Patients who need multiple types of equipment (respiratory equipment, mobility equipment, hospital bed, diabetic supplies, etc.) may have to deal with multiple providers. This will cause confusion on the part of the patient, lack of appropriate continuity and coordination of services, unnecessary administrative costs due to Medicare dealing with multiple providers for a single patient instead of one provider.