Durable **M**edical **E**quipment

for Children with Special Health Care Needs:

A Family Perspective

Erin Ward, MsEd/CAS
Mother of a Child with Special Health Care Needs
Family Initiatives Coordinator
Center for Families, Children's Hospital Boston

Basic Needs & Basic Survival

- Basic Needs
- To Breathe
- To Walk
- To Move
- To Eat
  To Sit
- To Stand
- To Survive

"Survival of the Fittest"

Persistent

Relentless

Determined

Real Affects on Family

Family Distress

Stress & Anxiety

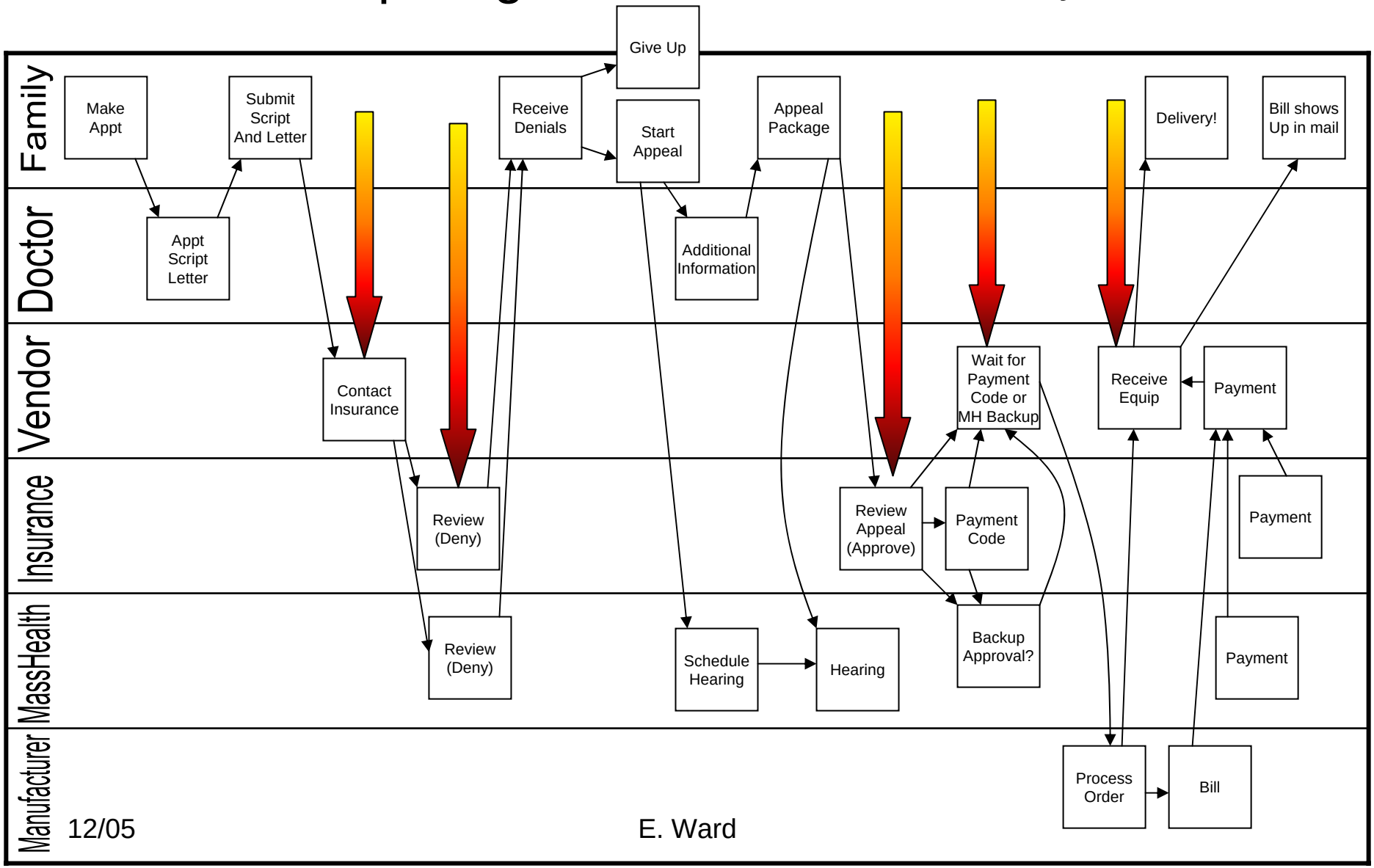
Physical & Mental Health

Parental Guilt & Failure

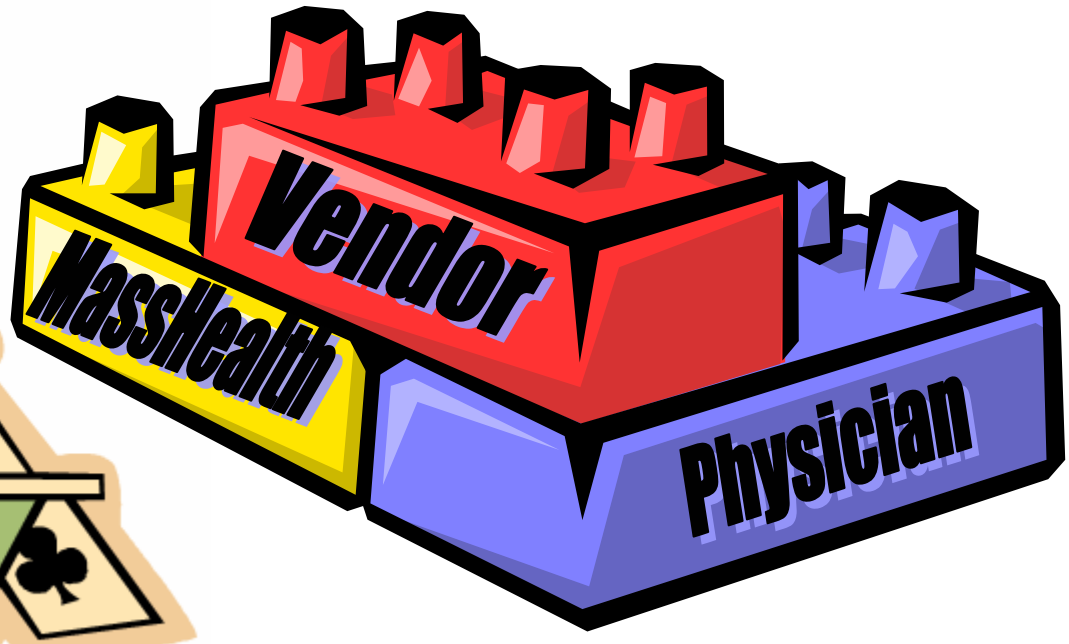
DME: Myth or Fact?...

- “You don’t need to know that”
- “The process takes about three months”
- “You must be missing a part of the picture”
- “Who gave you this number? I am not allowed talk to parents”
- “You are seeking this item for convenience”
- “You will never win that appeal”

Acquiring DME: The Process in Reality



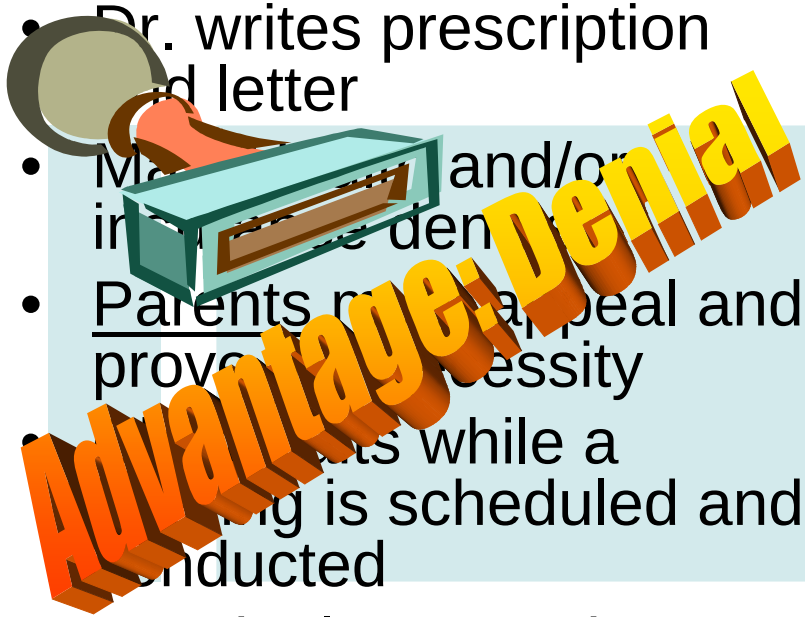
“Assembling” the Equipment



Burden of Proof

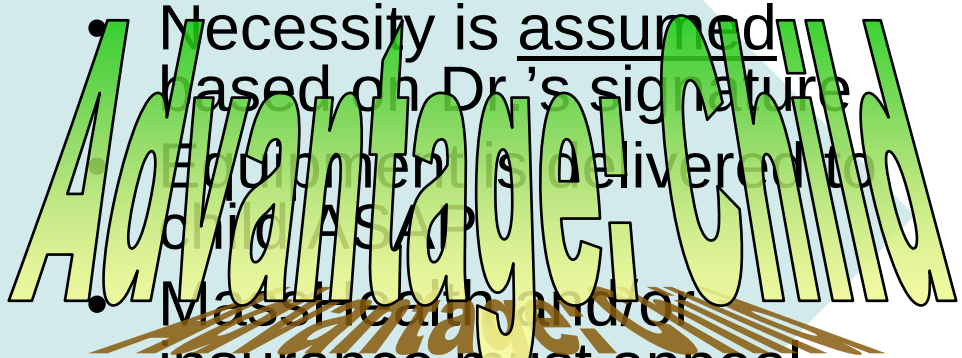
Current State

- Dr. writes prescription and letter
- Ma[illegible] and/or insurance denies
- Parents must appeal and prove necessity
- [illegible]its while a hearing is scheduled and conducted
- Months later, equipment arrives (maybe!)



Better System

- Dr. writes prescription and letter
- Necessity is assumed based on Dr.'s signature
- Equipment is delivered to child ASAP
- Mass Health and/or insurance must appeal within 30 days of receiving script (equipment returned if necessary)



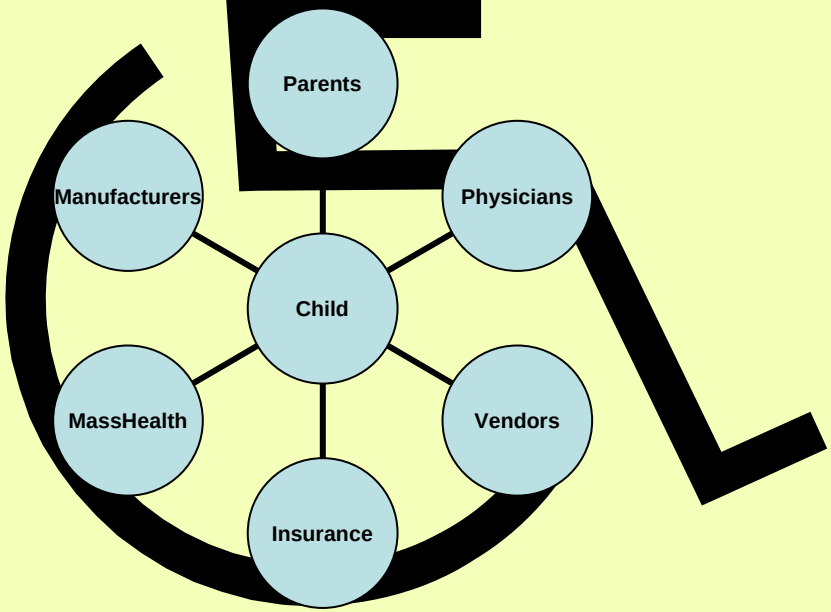
"We live in a time when the words impossible and unsolvable are no longer part of the scientific community's vocabulary"

Christopher Reeve's Testimonial to US House of Representatives 1999

Key Areas to Address

- Accountability
- Access
- Asking Questions
- Actively Seeking Solutions

Moving Forward Together



To Be Hopeful…

"Ascent"

Let's take the

Bouldering mistakes of the past,

And the

Road blocking Challenges of the present,

And build them into

Stairs that support our climb into the future.

Mattie J.T. Stepanek- Feb. 2002