HPC QUESTIONS

1. UNDERSTANDING THE IMPACT OF COVID-19:

Please briefly describe how you believe the COVID-19 pandemic has impacted each of the following:

a. Your organization, including but not limited to the impact on your providers and other staff, and any impacts on your ability to recruit and retain staff:

Financial Impact:

Atrius Health had initially budgeted for a $22 million operating surplus for 2020, which we intended to re-invest in our care delivery infrastructure. As a result of the pandemic, we incurred an actual operating loss of nearly $50 million prior to the receipt of federal Cares Act funding. Remediation efforts throughout the year resulted in the temporary closure of a number of our clinic sites, and other severe and significant emergency cost-cutting measures, including furloughing over 1,000 of our employees. These choices were difficult to make, and had immediate consequences for our patients and our employees and their families.

The negative effects of the pandemic continue to be impactful financially into 2021. Atrius Health budgeted a 2021 operating loss of over $40 million, with actual operating losses through September running materially higher.

Workforce:

The COVID-19 pandemic has caused exceptional and prolonged stress on the entire health care community, including Atrius Health. Initial stresses related to lack of information about the etiology of COVID-19 and concerns about how we could adequately protect the safety of our workforce. Some of these have subsided to some extent, but they have not vanished. Anxiety over the transmissibility of variants, vaccine hesitancy, and ongoing supply chain issues continue to affect the healthcare workforce's willingness and ability to provide care at the levels needed to meet patient demand.

Atrius Health has experienced – and continues to experience - steady attrition across the entire clinical workforce. This loss of staff includes: employees opting not to return to work after being furloughed in 2020; early retirements of some of clinicians and staff at higher risk for COVID-19 complications; resignations due to inability to find and/or afford dependable child care and concerns about using public transportation and more recently, vaccine resistors. The attrition has been accompanied by demands for additional staff to fulfill new COVID-19 related functions (e.g., greeters, testing and vaccine administration) and concurrent increased demand for health care. Recruitment has been complicated by fierce competition among health care providers in Massachusetts for what is now a more limited supply of available workers across all positions. The chronic shortage of primary care providers had already been - and continues to be - an obstacle in providing access to care and also in meeting demands to control the total cost of care. Our overall turnover rate has never been as high as it has been in the past two years. With so many vacant positions, the stress on our remaining workers has intensified; we are very concerned about burnout at all levels.

b. Your patients, including but not limited to the direct health effects of COVID-19 as well as indirect health effects, such as the effects of deferred or cancelled care, exacerbation of behavioral health and substance use conditions, and effects from economic disruption and social distancing (e.g., evictions, food security):

Atrius Health has observed that patients returning to in-person care have greater needs, likely due to patients deferring regular medical care for months. We are now seeing patients who had deferred appropriate labs to monitor their diabetes. In addition, we have noted a decrease in appropriate screenings for breast cancer, colon cancer, and cervical cancer. We have also seen a decline in our rates of monitored blood pressure control in patients with hypertension. We have seen increases in depression symptoms and a greater need for behavioral health services. Pre-pandemic, our practice - and the Commonwealth as a whole - were already woefully under-resourced for behavioral health providers. There is increased demand for these services particularly among our pediatric patients who are experiencing – and seeking care for - depression, anxiety, and more complex behavioral health issues in unprecedented numbers.

Acute staffing shortages in certain specialty areas such as mammography, laboratory and endoscopy have compounded delays in patient screening and preventive care – services that would otherwise help stave off future morbidities. Access to these services was already limited as a result of insufficient staffing before the pandemic; as the staffing shortages have deepened, and as patients seek care they had postponed, patients are increasingly frustrated by delays in scheduling and obtaining care when they want and/or need it.

Not surprisingly, we have experienced an increase in patient concerns about upper respiratory symptoms since the pandemic began as well as increased outreach from patients anxious and confused by the ongoing and sometimes shifting COVID-19 messaging from the government, social media, and their communities. Patients seem to want guidance and reassurance from their trusted healthcare providers.

c. The health care system as a whole, including but not limited to how you think the health care system will change going forward, and any policies or innovations undertaken during the pandemic that you hope will continue (e.g., telehealth policies, licensure and scope of practice changes):

Perhaps one of the greatest impacts on the health care system as a whole as the result of the pandemic has been the lens it has placed on health disparities and equity for a large segment of the population and the need for providers to focus significant efforts directed towards patients who often have unique needs. Providers can no longer use a "one size fits all" approach to all patients but instead must identify how to reach patients who have socio-economic needs, language and cultural barriers that may impact a patient's overall health. This is an area that will command greater attention and resources from all sectors of our society including health care providers and one that Atrius Health is committed to in the years to come.

Emerging as a necessity during the pandemic, telehealth is an example of care transformation for patients and clinicians that we expect to be a long-term part of our care model going forward. Prior to the pandemic, Atrius Health's telehealth usage was negligible, with less than 500 visits over 5 years. At the outset of the pandemic, state and federal actions to reduce the barriers to telehealth – including waivers of regulations and reimbursement enhancements – facilitated our rapid expansion of telehealth services to patients who needed care: we completed over 500,000 visits in 2020.

The widespread availability of telehealth had some predictable benefits—-for example, preventing unnecessary transmission of COVID-19 by allowing providers to treat mild COVID virtually, and substantially reducing no-shows for behavioral health visits. Other unanticipated benefits that have emerged include improving access and engagement for patients with chronic illness and for those who have traditionally found it difficult to come in for appointments due to work obligations, lack of access to transportation, or physical disabilities. Telehealth has also been key to managing homebound patients often in conjunction with family members or home care assistants. We fully expect more telehealth insights to emerge as health care organizations synthesize their experience with telehealth during the pandemic.

We believe the health care system will no longer be exclusively in-person and that the patients now expect to have an option of virtual care, when clinically appropriate. It is vital that the federal and state policies implemented during the pandemic to facilitate telehealth remain in effect. Critical elements to the future of telehealth include preserving reimbursement of audio-only visits; reimbursement parity; addressing the

barriers to interstate practice by licensed providers; addressing the digital divide; and offering culturally and linguistically competent digital literacy education.

Other policies and innovations that we would like to see continue or expanded include statutory and regulatory changes that permit and encourage all members of the ambulatory care team to practice at the top of their licenses. Our advanced practice clinicians, clinical pharmacists and medical assistants have been critical in assuring our patients receive quality care since the pandemic began and we hope to maintain this level of engagement.

Finally, it has been our experience that over the past two years, many state agencies have been incredibly responsive and flexible in adjusting their policies and/practices. Allowing for continued regulatory flexibility and innovations in policies, permitting electronic signatures, electronic submission of reports versus hard copy submissions, are all innovations that should continue in all sectors of government to meet the needs of health care providers and others in the future.

2. EFFORTS TO COLLECT DATA TO ADVANCE HEALTH EQUITY:

a. **Comprehensive data capturing race, ethnicity, language, disability status, and sexual orientation/gender identity is foundational to advancing health equity in the Commonwealth. Please describe your current efforts to collect these data on your patients. Please also describe specific barriers your organization faces in collecting such data and what policy changes or support has your organization identified as necessary to overcome such barriers.**

Atrius Health adopted a practice-wide framework for advancing health equity in 2020 with Diversity, Equity, and Inclusion cornerstones across four specific domains – Clinical Outcome Equity, Workforce Diversification, Workplace Inclusion and Community Engagement. Our practice has historically collected patient reported race and ethnicity data as well as sexual-orientation/gender identity data through routine primary care ambulatory workflows and documentation in dedicated fields captured in our electronic health record. Efforts are currently underway to improve this data collection as we deploy additional data collection instruments around health related social needs.

A significant barrier to improving our data collection is the lack of detailed demographic fields within our EMR. Expanding these fields and our ability to gather information that is relevant to assessing and addressing health equity issues requires both IT (to build out the EMR capability) and patient outreach resources which are currently in short supply.

AGO Question

Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. In the table below, please provide available data regarding the number of individuals that sought this information.

Health Care Service Price Inquiries Calendar Years (CY) 2019-2021			
Year		Aggregate Number of Written Inquiries ** N/A	Aggregate Number of Inquiries via Telephone or In-Person
CY2019	**Q1**		467
	Q2		436
	Q3		356
	Q4		595
CY2020	**Q1**		533
	Q2		228
	Q3		434
	Q4		450
CY2021	**Q1**		467
	Q2		472
	TOTAL:		4438