

November 5, 2021

Mr. David Seltz, Executive Director  
Commonwealth of Massachusetts  
Health Policy Commission  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA 02109

Submitted electronically to [HPC\\_Testimony@state.ma.us](mailto:HPC_Testimony@state.ma.us)

Dear Mr. Seltz,

Pursuant to your letter dated October 6, 2021, and in accordance with Massachusetts General Laws chapter, 6D, § 8, please find included herein Cape Cod Hospital's responses to the questions outlined in HPC pre-filed testimony questions. I am legally authorized and empowered to represent Cape Cod Hospital for the purposes of this testimony, and hereby sign the enclosed testimony under the pains and penalties of perjury.

Please feel free to call me at 508-862-5893 should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Michael K Lauf". The signature is written in a cursive, slightly slanted style.

Michael K. Lauf  
President and CEO

# 2021 Pre-Filed Testimony

## HOSPITALS AND PROVIDER ORGANIZATIONS



**As part of the  
*Annual Health Care  
Cost Trends Hearing***

## Instructions for Written Testimony

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the [2021 Annual Health Care Cost Trends Hearing](#).

On or before the close of business on **Friday, November 5, 2021**, please electronically submit testimony to: [HPC-Testimony@mass.gov](mailto:HPC-Testimony@mass.gov). Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2019, if applicable. If a question is not applicable to your organization, please indicate that in your response.

The testimony must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission.

### **HPC Contact Information**

For any inquiries regarding HPC questions,  
please contact:

General Counsel Lois Johnson at

[HPC-Testimony@mass.gov](mailto:HPC-Testimony@mass.gov) or  
[lois.johnson@mass.gov](mailto:lois.johnson@mass.gov).

### **AGO Contact Information**

For any inquiries regarding AGO  
questions, please contact:

Assistant Attorney General Sandra  
Wolitzky at [sandra.wolitzky@mass.gov](mailto:sandra.wolitzky@mass.gov) or  
(617) 963-2021.

You are receiving questions from both the HPC and the Attorney General's Office (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact either HPC or AGO staff at the information below.

## 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:**

COVID-19 has tested the resiliency of the healthcare system, clinicians, staff, and support personnel. By nature, those working in healthcare are used to dealing with life at its most fragile moments, but the onslaught of the pandemic with its multiple surges has tested the metal of even the most resilient.

If there is one thing we have learned from COVID-19 it's that there are new ways to do things each and every day, and as we come through this pandemic, Cape Cod Healthcare is prepared to take this lesson into the future. We will continue to look at innovative ways to operate and will meet the new landscape of healthcare head-on.

### Provider and Staff Impact:

- Cape Cod Healthcare has seen increased demands from candidates for both higher wages and remote work which will change how we operate for the next several years. We have seen this change particularly in our internal non-patient care areas, where our labor pool has expanded beyond Cape Cod and the south coast of Massachusetts.
- Providers have been impacted by the lack of staffing, both supporting them and their counterparts. There was already a shortage of PCP's in our area, partly attributable to the location and cost of living on Cape Cod, and COVID-19 has only increased the demand for that position across the nation making recruitment extremely challenging.
- The number of new incoming nurses has fallen partly due to a shortage of nursing school instructors, and the fact that hospitals shut down their clinical training programs. Specialty areas in particular are difficult to fill due to qualification restrictions. For example, operating room nurses require at least 6-8 months of intense training before they can be placed in the operating room, making it difficult to quickly fill needed positions. Successfully obtaining new talent requires increased wages while using out dated staffing models that we struggle to maintain.
- Many clinicians have accelerated their retirement plans. In particular, our Behavioral Health Department saw 17% of providers, nurses, and staff retire in the first 6 months, after years of

working on the front line. An additional 19% went on to do something else within the following 12 months (18 months total).

**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):**

The direct effects of COVID-19 experienced at Cape Cod Healthcare were not as dire as in other parts of the Country. In part this was due to high compliance with quarantine, masking, and social distancing early in the pandemic. Additional benefit was realized by high rates of vaccination.

**Deferred and Cancelled Care:**

- We have seen the significant clinical impact of deferred or cancelled care. Overall, we have received many anecdotal reports of patients presenting with greater burden of disease as a result of delayed diagnosis. Undoubtedly morbidity and mortality will have increased. The economic disruption associated with COVID-19 has only exacerbated the above as some have further delayed care secondarily to fear of financial consequence.

**Behavioral Health Effects:**

- Impact to Emergency Rooms
  - The recent release of MHA's Behavioral Health Boarding Report (October 4, 2021 Data) shows this major issue facing Massachusetts hospitals. Cape Cod Healthcare hospitals are not immune to this matter.
  - Currently, it is not uncommon at 7am to have 25- 32 behavioral health patients boarding or waiting for an evaluation. Children and teens are boarding the longest; with one teen most recently at 32 days in the emergency rooms. The behavioral health effects of the pandemic have also further strained a precarious situation on the Cape as demonstrated by a surge in children and adults presenting to both Cape Cod and Falmouth Hospital emergency departments. More patients are arriving with toxic blood alcohol levels at rates surpassing well beyond previous years.
  - Initially, the rush to the emergency rooms for mental health care was due to many of the outpatient behavioral health services on Cape Cod closing or shutting down services for months. Last summer, the CCHC behavioral health services was one of the only departments in the region available and fully operational. Many of the services have re-

opened on the Cape, but with limited capacity and irregular hours due to marked staffing shortages.

- Cape Cod Healthcare supports MHAs priority solutions to this complex issue, including the creation of a Behavioral Health Trust Fund, the creation of a Behavioral Health Rate Task Force, and reducing administrative and technical barriers to accessing behavioral health services.
- Impact on Community
  - Since the fall of 2020, teens have been noticeably affected. School shut-downs, social distancing, and home-schooling intensified isolation and feelings of self-worth. Teens that were exceptional athletes or students experienced suicidal thoughts or at times, attempts to take their own life. Parents also suffered stress as their tolerance for 24-hours a day of unrelieved coping with a dysregulated child zapped all their emotional resources.
- Workplace Violence
  - Prior to the pandemic, the Bureau of Labor Statistics incidence rates show health care and social services industries experience the highest rates of injuries from workplace violence, and workers are 5 times as likely to suffer a workplace injury than workers overall. Cape Cod Healthcare has experienced increases of these incidences since the pandemic began in 2020, adjusting for the decrease in traffic due to visitation restrictions, the rate of incidents have increased by 33% over the duration of the pandemic.
  - From patients, to visitors, to even employees, the increase in anxiety over the past 1.5 years is quite evident and stress levels are higher than ever before. We have seen a significant increase in calls to Security for assistance in our lobbies, and especially in our Emergency Departments Triage area for people that are agitated and abusive towards staff.
  - What we are seeing that can be categorized as workplace violence affects the entire system. Whether it's the angry family member that's denied visitation due to restrictions at the front door and telling folks that they must wear a mask inside the facility, or the true behavioral health patient whose anxiety has significantly increased due to societal factors, the negative ramifications of the pandemic reverberate throughout a patient's entire stay as soon as they walk through the door.
  - To attempt to mitigate this type of behavior we have provided not only a higher level of Security presence and physical safety reviews, but for the first time we have resorted to posting signage that is now the first thing people see when they walk inside the facility that states that we have Zero tolerance for abusive behavior. This is something that we never needed to consider pre-pandemic.

- De-escalation training for all staff is also going to be rolled out so that everyone has a toolbox in the hopes to mitigate the anger that people are now frequently displaying.

**a. 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):**

As a result of the pandemic there have been significant changes in the healthcare system, a lot of which will persist. The pandemic lay bare many of the inadequacies and failings of not only the healthcare system but our public health infrastructure as well. Hopefully we will emerge from this experience poised to better handle any future public health crisis. Specifically, some of the changes most impactful to the healthcare system because of the pandemic include:

**Telehealth:**

- Rapid acceleration in the use and acceptance of telehealth by clinicians and patients.
- Decidedly changed the practice of behavioral health. With telehealth, the no-show rate for patients that experience persistent mental illness has dropped by an average of 72%.
- Serves to augment access in appropriate patients.
- Will allow further improvements in care delivery as more members of the healthcare team participate.
- Reimbursement for these services recognizes the validity, worth, and work needed to provide these services. Appropriate reimbursement for these services must persist to assure continued participation and realization of benefits.
- Issues surrounding place of service and licensure need to be addressed and refined.

**Licensure/Scope of Practice:**

- Early in the pandemic more rapid licensure via emergency licensing allowed for placing clinicians into practice quickly to augment resources.
- While licensing must assure quality and safety for the citizens of the Commonwealth the benefits of expedited review in terms of hospital and payer credentialing were profound.
- On the physician front the Interstate Medical Licensing Compact (IMLC) may provide a vehicle to address some of the issues present in telehealth delivery and mobilization of resources needed to be employed in a public health emergency; however, there are inherent limitations that need to be addressed. The provision that requires payment of

full licensure fees to the States in which one is seeking reciprocity may not best address the needs of clinicians who only see a few patients in those States. Perhaps a tiered approach to fees or a regional initiative for the New England States and additional States in which patients have dual residency could be explored.

- The Nurse Licensure Compact (NLC) is currently undergoing evaluation in the Commonwealth and is the subject of both House and Senate Bills. In 2021 the HPC recommended joining the NLC and this recommendation is especially well founded given ongoing nurse staffing challenges. The mechanisms, costs and provision in the NLC are somewhat simpler than those offered in the IMLC and may be worthy of emulation.
- Liberalization in the scope of practice for nurse practitioners (NPs) was put into place essentially allowing for independent practice of NPs following two years of supervised experience. This was designed to primarily increase access to care. The metrics of access, cost, quality, and patient satisfaction should be studied so demonstration of the intended benefits is realized and perhaps more importantly so recommendations for improvement or amendment can be made.

#### Travel Staffing Rate Relief:

- As staffing shortages persist across the country, Cape Cod Healthcare supports efforts to control staffing cost by limiting rates that travel staffing agencies can charge. While the effort in Massachusetts through the temporary EOHHS regulation is step forward, we believe the relief needs to be brought to national attention.

#### Regulatory Relief:

- During the pandemic there was a period of multi-focal regulatory relief, and this facilitated the delivery of care. The healthcare industry is heavily regulated, and the pandemic has provided us a prism through which we should consider a thorough re-evaluation of regulatory burden in the delivery of health care. Quality and safety are paramount, but regulations that impede or unduly burden clinicians should be examined and altered where possible to improve overall healthcare delivery.

## **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.**

Data Collection Process:

- At Cape Cod Healthcare we collect race, ethnicity, language, disability status and sexual orientation/gender identity. We currently use EPIC to gather the patient's data. We have ethnicity, race, and language data flagged as recommended fields in an order to remind registration or scheduling staff to complete. We ask the patient the information when registered in system. Once in the system it remains in the patients record unless patient requests something to be changed. This data also provides alerts to certain departments letting them know the patient requires other services (for example, interpreters). We have policies and processes in place when gathering the data.

Barriers:

- Some patients refuse to answer and that makes collecting the data challenging because it is missing important information. At the point of registration, the goal is to try to make patients feel comfortable answering by letting them know that this data helps us improve health disparities. A patient non-discrimination policy is in place across the organization.

## 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.

<b>Health Care Service Price Inquiries Calendar Years (CY) 2019-2021</b>			
Year		Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
<b>CY2019</b>	<b>Q1</b>	0	44
	<b>Q2</b>	1	121
	<b>Q3</b>	2	178
	<b>Q4</b>	0	119
<b>CY2020</b>	<b>Q1</b>	0	141
	<b>Q2</b>	0	62
	<b>Q3</b>	0	158
	<b>Q4</b>	0	72
<b>CY2021</b>	<b>Q1</b>	0	86
	<b>Q2</b>	1	60
<b>TOTAL:</b>		4	1,041