MASSACHUSETTS
HEALTH POLICY COMMISSION

2021 Pre-Filed Testimony

HOSPITALS AND PROVIDER ORGANIZATIONS

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

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

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. 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.

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.

HPC Contact Information

For any inquiries regarding HPC questions, please contact:
General Counsel Lois Johnson at HPC-Testimony@mass.gov or 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 or (617) 963-2021.

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:

Our staff has shown great resiliency and adaptability throughout the crisis. In spring and summer of 2020, we operated a walk-up testing operation in our parking lot and also provided pop up testing throughout the summer months. Many of our providers had to take on unaccustomed roles taking on testing and responding to medical emergencies. We opened a store-front testing site at the Russell Auditorium near Franklin Field at the end of 2020 and quickly converted it to a vaccination site when vaccines were approved in early 2021. We performed over 14,500 COVID tests and have given more than 50,000 COVID vaccines.

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):

In 2019, CSHC welcomed patients to 114,401 in-clinic visits across all services: Medical care (78,014), Dental (12,187), Mental Health (10,435), Substance Use Disorder (2,033), Other Professional Services, i.e., Nutrition and Podiatry (3,144), Vision (5,930) and Enabling Services (2,658). Throughout the entirety of 2019, CSHC conducted 47 virtual visits, all under the Mental Health Services category. Virtual visits therefore comprised 0.04% of all visits in 2019. In 2020, under the same categories, CSHC conducted 63,518 in-person visits and 40,562 virtual visits; virtual visits therefore consisted of 38.97% of all visits in 2020. 61% of all virtual visits were medical care visits; 29% were mental health services visits; Vision, Substance Use Disorder and Other Services (Nutrition and Podiatry) each comprised 3% of the total virtual visits, with the balance comprised of Dental and Enabling Services. Currently we are providing virtual visits where appropriate in primary care, behavioral health, nutrition, chronic care management, nurse and community health worker visits, optometry and initial pre-natal nurse visits. By far the most numerous and successful visits are in behavioral health and nutrition. Currently 75% to 80% of behavioral health visits continue to be telehealth visits. As for effects on patient health, our UDS shows a large number of children had not received their childhood vaccines by age 2; 60% of eligible female patients completed breast and cervical cancer screenings; 47% or patients ages 50-74 completed colorectal cancer screening; approximately 50% of patients with hypertension diagnosis had controlled

hypertension; 43% of patients with type 2 diabetes either had no A1c test or uncontrolled A1c.

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):

Prior to the COVID emergency shut down, few providers utilized telehealth because of lower reimbursement rates. The abrupt shift in March 2020 forced us to cobble together technologies and processes and engage both providers and patients with widely varying degrees of technological proficiency. Among our patient population, the digital divide became quite apparent. While our patients have access to MyChart, not every patient has the devices, internet access or technical abilities to use it. Significant numbers of patients lack the equipment or technical know-how for a virtual visit. Some have no internet access aside from their smart phone. Many have data limits making it both difficult and costly to engage in a virtual visit. Others have limited technical familiarity. We know that many of our patients, particularly those with chronic health conditions, can greatly benefit from more frequent visits using telehealth but many need help and support to use telehealth effectively.

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.

As a community health center, we are required to collect data and report to the Health Resource Services Administration using HRSA's Uniform Data System (UDS). The UDS is a standardized reporting system that provides consistent information about health centers and look-alikes across the country.

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	Aggregate Number of Inquiries via Telephone or In-Person
CY2019	**Q1**		
	Q2		
	Q3		
	Q4		
CY2020	**Q1**		
	Q2		
	Q3		
	Q4		
CY2021	**Q1**		
	Q2		
	TOTAL:	0 – none known	0 – none known