

ASSESSING EFFORTS TO REDUCE HEALTH CARE COST GROWTH, PROMOTE AFFORDABLE, HIGH-QUALITY CARE, AND ADVANCE EQUITY

1. Reflecting on the findings of the HPC's 2023 Cost Trends Report showing concerning trends of high and increasing health care costs and widening health disparities based on race, ethnicity, and income, please identify and briefly describe your organization's top 2-3 strategies for reducing health care cost growth, promoting affordability, and advancing health equity for residents of the Commonwealth.

Reducing Cost and Promoting Affordability:

- **We work to keep care local.** We have established formal clinical collaborations with our primary care groups - Atrius, Acton Medical Associates, and the Emerson Physician Hospital Organization (EPHO) - to keep care in the community at the lowest cost setting. In addition, we focus on sending patients to Emerson versus higher-cost academic centers for many specialties. We also work closely with MGB on their effort to "repatriate" patients who are transferred to them for advanced care or procedures and then sent back to the community. We continue to provide telemedicine visits and utilize advanced practice providers (nurse practitioners and physician assistants) to ensure patient access and appointment availability. In addition, we strive to reduce wait times for primary and specialty care so that patients will stay locally.
- **We keep appropriate care out of the hospital.** When appropriate, outpatient settings reduce costs and create more affordable options for the community. For example, Emerson Digestive Health Center is a newly formed ambulatory endoscopy center joint venture between Emerson and PE GI Solutions. This ASC is a low-cost setting for GI and related procedures opened in 2022, and now we are working to increase procedural room availability for greater access. Additionally, in FY23, Emerson's third Urgent Care Center opened in Maynard, providing a lower-cost alternative to the emergency room for patients who cannot access their primary care provider and whose needs are more appropriate for a non-emergency setting, giving patients access to the proper care in the right environment.

Advancing Health Equity:

- **1115 Waiver.** We are engaged in all elements of the Medicaid (MassHealth) 1115 Waiver "Hospital Quality and Equity Initiative Program" (HQEIP) from the Executive Office of Health and Human Services. We have dedicated time and resources to building data collection capacity around RELD (race, ethnicity, language, disability), SOGI (sexual orientation/gender identity), and HRSN (health-related social needs) elements and required fields in all electronic medical records. In 2023, we created an interface from the medical record registration system to the safety reporting

system that supports an equity analysis of barriers to access or issues with care delivery.

- **Care management.** We continue managing post-discharge and preventive care through our care management department and the EPHO. Appropriate discharge is challenging due to a lack of capacity in post-acute care settings like skilled nursing facilities and home care agencies. In addition, we continue to expand our newly established directory of resources for patients that address many of the social determinants of health, such as transportation to appointments and pharmacies, housing concerns, and food insecurity. In a partnership with Metro West Legal Services, we connect patients with free legal aid on many health-related legal needs, such as access to government assistance programs, eviction prevention, immigration, and elder law. In this way, we have created resources that address issues that, left unchecked, would result in higher acuity and higher cost health needs. We continually seek to add local resources to support our patients' non-clinical needs.
- **Migrant support.** Recently, with the opening of four migrant shelters in Concord and Bedford, we are proactively supporting residents with access to care. For example, we identified all pregnant women within the local shelters and provided them with access to prenatal care. In addition, we work with new parents within the migrant population to ensure a safe discharge following their delivery, providing education, resources, and tools such as clothing and car seats and access to postpartum care. We actively partner with local and state entities to support shelter residents. We also held a job fair with the primary Concord shelter to determine if the residents would be eligible for positions within the Emerson Health System.

2. Please identify and briefly describe the top state health policy changes your organization would recommend to support efforts to advance health care cost containment, affordability, and health equity.

- **Healthcare career incentives.** Addressing the healthcare labor shortage is essential to cost containment, health equity, and affordability. The state should consider incentives for people to pursue healthcare careers, such as nursing, medical assistants, radiology technicians, and other allied health positions, to mitigate the shortage. These incentives could combine loan forgiveness, tuition reimbursement, and grants.
- **Healthcare education access.** Expand and promote healthcare career education in state universities, community colleges, and vocational schools, and provide grants or scholarships for students pursuing healthcare as a career.
- **Remove insurance barriers.** We should work collaboratively with insurers for greater transparency into insurance denial and payment programs that often delay necessary

care and create unnecessary lags in claims payment. Our goal should be to reduce the administrative burden on providers by eliminating the need for prior authorizations and referrals for most diagnoses and tests.

3. Many Massachusetts health care providers continue to face serious workforce and financial challenges, resulting in the closure and reorganization of care across the Commonwealth. How are these challenges impacting your organization today? What steps is your organization taking to address these challenges?

- **Impact of challenges:** Workforce challenges, inflationary pressures, and vigorous payer reimbursement programs have significantly impacted our health system and ability to grow at the appropriate pace to meet the needs of our community. The cost of care is rising, from labor to supplies to drug costs; however, we cannot increase our reimbursement rates to match the increased expenses like most other industries. These financial constraints prevent us from moving strategic initiatives forward and impact access to care when patients cannot see a provider or get critical tests done due to staffing shortages.
- **Steps to address challenges:** We have completed a top-down assessment of our organization to identify all opportunities and creative methods to restructure and expand access to care where it is needed most. This year, we formally closed our hospital-based skilled nursing facility, the Transitional Care Unit (TCU), to reduce costs and open opportunities to expand medical/surgical capacity. The TCU was closed during the pandemic to increase inpatient capacity through COVID, and post-pandemic, we struggled to recruit staff and had to rely on high-cost travelers to support a limited number of patients.

We also have many initiatives underway to address our labor shortage and recruitment challenges. We have developed a comprehensive "pipeline" strategy that includes new and existing formal relationships with various area high schools, vocational schools, colleges, and nursing schools, such as Northeastern University, Boston College, UMASS, Regis, Middlesex Community College, and Shawsheen Valley Technical School, to name a few.

We developed an on-site training program for high school students interested in pursuing careers in healthcare. The structure of this program includes a paid opportunity while providing training and support to ensure their success and opportunity for a full-time position after graduation. We have incorporated LPNs as a critical element of the nursing skill mix and patient care team. As part of the LPN program, we support their growth through professional practice and degree advancement. These two programs offer our staff and students a new perspective to bolster staff satisfaction and deliver new growth opportunities for the students and nursing staff.

We have further broadened the scope of our "Grow-Your-Own" program, which offers our competent acute care nurses the opportunity to grow their professional practice in a sub-specialty of choice while continuing to work at Emerson. This program partners our newer nurses with skilled RNs over an extended period to develop their skills and clinical acumen through real-time experience and didactic learning.

We are also working with the Girl Scouts organization to feature Careers in Health Care in their upcoming Career Day.

4. Please identify and briefly describe the policy changes your organization recommends to promote the stability and equitable accessibility of health care resources in Massachusetts?

- **Medicaid acceptance.** Require all private practices to accept Medicaid.
- **Behavioral health capacity.** Creating additional inpatient behavioral health capacity state-wide is critical. An added focus on building this capacity for children and adolescents is essential. Emerson's inpatient unit is for adults only, yet we receive many children and adolescents in our emergency department with complex needs. The availability of providers and beds is an ongoing and urgent issue. In addition, the state should actively seek to expand skilled nursing facilities and home care agencies and support any effort to recruit qualified staff for these facilities.
- **Behavioral health payment.** Payment equity for mental health services should also be a priority, and the state should insist that the payors change their reimbursement models. The state should also pressure payors to reduce the administrative burden on providers by reducing the need for prior authorizations and referrals, etc.
- **Workplace violence prevention, equitable planning and gap remediation regarding forensic treatment facilities.** H.2381/S.1538 is a bill developed by MHA, "An Act Requiring Healthcare Facilities to Develop and Implement Programs to Prevent Workplace Violence." This bill introduces legal frameworks to address gaps in the current judicial process, including the provision to felonize the assault of a healthcare worker. Assaulting a healthcare worker is currently a misdemeanor, so law enforcement cannot act unless they are physically present and see the assault directly. The Act also creates joint accountability for safety program oversight to DPH and The Office of Health Equity, supporting equitable planning and stressing more considerable gap remediation regarding forensic treatment facilities.
- **Continue equitable telehealth payments from insurers.** The use of telehealth services has made it easier to access care, especially for older adults, home-bound, and patients with chronic diseases or mental health conditions. Continuation of insurance coverage of these visits at the same rate as in-person visits is critical to the continuity of patient care.

- **More centralized effort to support migrant communities.** Specifically, in a community hospital setting, primary support and state resources are essential. For example, transportation is challenging without local infrastructure (no public transit). Healthcare providers cannot meet the social needs and address the practical barriers facing patients they see from the shelters. Intentional state design of resources and support for access is essential to caring for these vulnerable persons.

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) 2021-2023			
Year		Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
CY2021	Q1	77	3
	Q2	115	1
	Q3	103	
	Q4	55	
CY2022	Q1	59	
	Q2	46	
	Q3	87	
	Q4	89	
CY2023	Q1	132	
	Q2	98	
	TOTAL:	861	4