



May 29, 2020

**Via Email Only, Return Receipt Requested**

Stephen Davis, Licensure Unit Manager  
Division of Health Care Facility Licensure and Certification  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

RE: Essential Services Finding – Plan Submission  
Providence Behavioral Health Hospital  
Reference #: 2150-138

Dear Mr. Davis:

This letter is submitted on behalf of The Mercy Hospital, Inc. (d/b/a Mercy Medical Center) (“Mercy”), located at 271 Carew Street, Springfield, MA 01104 regarding its licensed satellite campus, Providence Behavioral Health Hospital (“Providence Hospital Campus”) located at 1233 Main Street, Holyoke, MA 01040 (the “Hospital” or “Providence”). Mercy Medical Center is a community hospital, serving the needs of Western Massachusetts for 150 years.

We appreciate your staff’s time and professionalism in conducting the Department of Public Health’s (DPH) public hearing on April 30, 2020 as a result of our March 31, 2020 written ninety (90) day service discontinuation notice (the “Notice”).

As expressed at the hearing, Mercy’s decision to discontinue inpatient psychiatric services at Providence is not one we took lightly. Our patients are our top priority. After exploring many options, sadly, we simply found that we are no longer able to provide the level of safe, quality care at Providence that is required and that patients deserve.

While licensed for 74 inpatient psychiatry beds, Providence has regularly operated at less than 60 beds—and at times closer to 40—over the past two years. This is due to a persistent shortage of psychiatrists that has now reached unprecedented, unsustainable and critically deficient levels. Despite ongoing recruitment efforts and arrangements with physician staffing agencies, we have been unable to find board-certified psychiatrists available for hire or long-term placement. This reality forced us to recognize that we simply would not be able to meet even the minimum psychiatric provider staffing standards at Providence in order to continue care.

As of July 1, 2020, Providence Behavioral Health Hospital will have no Medical Director of the facility and a total of six psychiatric provider vacancies. In addition to this staffing challenge, the psychiatric services at Providence Hospital have faced additional challenges over many years, including: an aging infrastructure that no longer meets patients’ needs; new patient safety and environment-of-care regulations; and reimbursement levels that do not adequately cover the cost of care.

As detailed in Mercy’s Notice on March 31, 2020, Mercy plans to discontinue operation of its licensed 50-bed inpatient Psychiatric Service and 24-bed inpatient Pediatric Service at Providence as of June 30, 2020. Substance use disorder services will continue at Providence; these include the 57-bed Acute Treatment Service (detoxification), Clinical Stabilization Service (post-detoxification), and outpatient substance use disorder services including opioid treatment. Collaborative planning is ongoing to help patients affected by discontinuation of the inpatient psychiatric services access timely psychiatric care.

In response to your letter dated May 15, 2020 and pursuant to 105 CMR 130.122(F), Mercy hereby provides the elements of its plan, along with the additional information requested by the Massachusetts Department of Public Health (DPH).

**Information on Utilization Prior to Proposed Discontinuation**

The following represents the average daily census of the services for fiscal years FY2017 through FY2020 (YTD):

<b>Service</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020 (YTD through 5/26/20)</b>
50-bed inpatient Psychiatric Service	43.3 (86.6%)	37.6 (75.2%)	45.0 (90%)	35.0 (70%)
24-bed inpatient Pediatric Service	15.1 (62.9%)	12.3 (51.2%)	6.4 (26.6%)	6.1 (25.4%)

Since FY2017, Providence’s annual average daily census for Inpatient Pediatric Services ranged from a high of only 15.1 (62.9%) in FY17 to a low of 6.1 (25.4%) in FY20. Over the same period, the Hospital’s Inpatient Psychiatric Service’s average daily census ranged from a high of 45.0 (90%) in FY19 to a low of 35 (70%) in FY20.

Providence has generally operated with an average of 6 full-time psychiatrists (“MD”) for the past two years: 1 MD for Child/Adolescent, 3 MDs for Adult, 1 MD for Older Adult and 1 MD as a Medical Director of the facility. Minimum staffing standards for these services also require the provision of 3 additional psychiatric providers, specifically 1 APRN for Child/Adolescent, 1 APRN for adult, and 1 APRN for older adults. Providence has been unable to meet these

standards. Massachusetts’—and the nation’s—provider shortage has reached a critical point where it has prevented our ability to provide safe, quality care to patients.

### **Steps Taken to Recruit Psychiatrists**

Since 2018, we have used the following efforts to attempt to address the psychiatrist shortage at Providence Hospital:

- Use of dedicated physician recruiters through Trinity Health Of New England to source potential candidates
- Provider compensation teams use market rate data to ensure salary offers are competitive in the region and consider sign-on and retention bonuses
- Advertising for psychiatrist positions outlining the opportunities
- Internal and external posting of advertisements on [mercycares.org](https://www.mercycares.org), [jointrinityne.org](https://www.jointrinityne.org) and the New England Journal of Medicine online career center
- Direct outreach to current and previous psychiatrists employed by Trinity Health Of New England
- Active and ongoing use of multiple locum agencies (LocumTenens and Medicus, among others) to source temporary psychiatrists who may be interested in long-term placement or permanent hire
- In 2020, Trinity Health Of New England engaged a nationally known third-party recruitment agency, Merritt Hawkins, to assist with a search for psychiatrists

It is important to note that staffing inpatient psychiatric units at a free-standing hospital, like Providence, poses a different set of challenges when compared to units that are embedded in a medical hospital setting. Physicians must be on-site 24/7, 365 days a year, to complete psychiatric admissions, sign legal paperwork, and conduct evaluations and orders for patients who need restraint or seclusion. At hospitals with psychiatric units in the general hospital, some of those responsibilities can be managed by emergency medicine or hospitalist physicians who are already caring for patients within the facility. That is not possible at Providence Hospital—making the gap that we have to close to ensure consistent, stable staffing even more challenging.

According to HRSA.gov, Hampden County, and specifically Springfield and Holyoke, have maintained a mental health professional shortage of 5.1 providers for several years. [data.hrsa.gov/tools/shortage-area](https://data.hrsa.gov/tools/shortage-area). Additionally, there is a nationwide shortage, to which Massachusetts is subject, for attracting and retaining providers.

The Kaiser Family Foundation reports that in Massachusetts, only 32% of the need is met. [kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas](https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas) Further 77% of counties in the United States are underserved, and 55% of states have a “serious shortage” of child and adolescent psychiatry.

Even in urban and suburban geographic areas with adequate ratios of psychiatrists, the supply of psychiatrists who work in inpatient and outpatient psychiatric facilities has been reduced by

psychiatrists who practice exclusively in cash-only private practices. These practitioners now make up 40% of the psychiatric workforce, the second highest among medical specialties after dermatologists. [thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage National-Council-.pdf](http://thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage-National-Council-.pdf)

**Information on the Location & Service Capacity of Alternate Delivery Sites**

According to analysis of the most recent inpatient utilization data available, there remains a sufficient number of adult and geriatric inpatient psychiatric beds available in the region upon closure of the beds at Providence.

Mercy, through its affiliation with Trinity Health Of New England, is committed to ensuring that our region’s patients continue to receive necessary inpatient psychiatric care. Trinity Health Of New England hospitals—Mt. Sinai in Hartford, CT and Johnson Memorial in Stafford Springs, CT—have significant inpatient psychiatric capacity. Mt. Sinai Hospital and Johnson Memorial Hospital operated at 61% and 64% of capacity in 2019, respectively (combined bed availability of forty (40) beds). Mt. Sinai Hospital is also expanding its pediatric capacity with the addition six (6) beds, which is not fully reflected in the combined existing capacity of forty (40) beds. To ensure that patients in the community have access to these expanded inpatient psychiatric services, Trinity has successfully negotiated contracts with the vast majority of managed care organizations and health insurers that are used by patients in our community, including Beacon Health Strategies, which provides coverage to participants in the Mercy Health Medicaid ACO. We have also offered to include Mt. Sinai and Johnson Memorial inpatient psychiatric services in the Massachusetts Behavioral Health Partnership (MassHealth MMCO for behavioral health services) network and are engaged in discussions with the Commonwealth of Massachusetts to advance this effort.

Patients assessed in Mercy Medical Center’s Emergency Department (“ED”) as needing inpatient treatment will be stabilized and transferred via ambulance to the closest available bed, with the majority of such cases anticipated to be referred to one of the following facilities (the information below includes 2019 utilization data):

<b>Hospital</b>	<b>City</b>	<b>State</b>	<b>Service Type Diagnosis</b>	<b>Beds / Utilization</b>
Baystate Medical Center	Springfield	MA	Adult	28 / 98%
Holyoke Medical Center	Holyoke	MA	Adult	20 / 89%
Baystate Noble	Westfield	MA	Adult	20 / 60%
Johnson Memorial Hospital	Stafford Springs	CT	Adult	20 / 64%
Baystate Wing	Palmer	MA	Older Adult	28 / 81%
Mt. Sinai Hospital	Hartford	CT	Adult Pediatric	85 / 61%
Hebrew Senior Care	West Hartford	CT	Older Adult	38 / 90%
Harrington Hospital	Southbridge	MA	Adult	14 / 76%

Hospital for Behavioral Medicine	Worcester	MA	Adult Older Adult Pediatric	82 / 80%
Brattleboro Retreat	Brattleboro	VT	Adult Older Adult Pediatric	119 / 84%
TaraVista	Devens	MA	Adult Pediatric	108 / 95%

### **Travel Times to Alternative Service Delivery Sites**

The following represents the distance and approximate travel time to alternate delivery sites, using Google Maps. 12:00PM and 6:00PM were chosen as commute times to estimate travel time with non-peak and peak traffic.

<b>Hospital</b>	<b>City</b>	<b>State</b>	<b>Distance - Miles / Minutes - 12:06PM / Minutes - 6:06PM</b>
Baystate Medical Center	Springfield	MA	2.0 / 6 / 13
Holyoke Medical Center	Holyoke	MA	8.5 / 14 / 14
Baystate Noble	Westfield	MA	14.5 / 24 / 24
Johnson Memorial Hospital	Stafford Springs	CT	18.4 / 31 / 31
Baystate Wing	Palmer	MA	18.5 / 24 / 24
Mt. Sinai Hospital	Hartford	CT	26.6 / 31 / 40
Hebrew Senior Care	West Hartford	CT	29.3 / 36 / 45
Harrington Hospital	Southbridge	MA	37.6 / 44 / 44
Hospital for Behavioral Medicine	Worcester	MA	56.3 / 58 / 58
Brattleboro Retreat	Brattleboro	VT	59.7 / 59 / 59
TaraVista	Devens	MA	77.5 / 78 / 78

### **Insurance Plans Accepted**

Part of our plan to help patients in greater Springfield continue to access inpatient psychiatric care after June 30 includes the use of other hospitals within our Trinity Health Of New England system: Mt. Sinai Hospital in Hartford, CT, and Johnson Memorial Hospital in Stafford Springs, CT. Both hospitals have inpatient significant psychiatric capacity, including child and adolescent beds at Mt. Sinai.

Because these hospitals are in Connecticut, we have worked to secure payor contracts for adult, pediatric inpatient psychiatric care at Mt. Sinai Hospital and adult inpatient psychiatric care at Johnson Memorial Hospital. We have had success for the vast majority of our payer contracts, including those patients covered by Medicaid through Beacon Health Strategies. Beacon serves as the carve-out for behavioral health services for the Mercy Medicaid ACO. We have also offered to include Mt. Sinai and Johnson Memorial inpatient psychiatric services in the Massachusetts Behavioral Health Partnership (MassHealth MMCO for behavioral health

services) network and are engaged in discussions with the Commonwealth of Massachusetts to advance this effort.

### **Assessment of Transportation Needs Post Discontinuation and Plan for Meeting Needs**

Based on an analysis of patients served, patients are primarily transferred by ambulance to an inpatient facility. We recognize that visitors and families may experience additional drive times, which can add stress to an already stressful situation. To provide a better experience for patients and families, we are working with public transportation entities to provide no-cost transportation during the transition for immediate family members, to assure they can visit their loved one if they are hospitalized at a distance. To date, options include:

- Rideshare services Uber or Lyft
- Taxi services
- CT Transit (train)
- Greyhound Bus
- Livery Service
- Trinity Health Of New England Courier Service

Mercy has successfully employed rideshare and taxi services for patients from other services who face transportation challenges. We are also continuing to explore other options, such as through the Pioneer Valley Transit Authority (PVTA) and Peter Pan Bus Lines, which are currently offering reduced services due to the coronavirus outbreak.

Mercy Medical Center has also partnered with the Pioneer Valley Transit Authority (PVTA) on a grant proposal to the Metropolitan Authority Commission, in partnership with MassDevelopment. The grant program would provide emergency funding to PVTA to contract with taxicab, livery, or hackney businesses for transportation and delivery needs for the Commonwealth's vulnerable populations and others in need during the current COVID-19 emergency. Services will include cab fares for patients, families and frontline employees who need transportation services during the period of 7/1–12/31/2020.

After a psychiatric stay, inpatient facilities will arrange transportation for discharged patients. Patients referred from Mercy Medical Center to other hospitals for inpatient psychiatric services will have their transportation arranged by those facilities at discharge.

### **Cultural and Linguistic Needs**

The most recent data regarding patients served at Providence Hospital are that the majority of patients identify as White—not Hispanic (70%), followed by Hispanic (21.5%), and African-American/Black (5%). This is reflective of the demographics of Hampden County: White—not Hispanic (61.7%); Hispanic (26.1%); African-American/Black (10.8%). Monolingual Spanish-speaking or patients who prefer a language other than English is between 5–10%.

Throughout our Trinity Health Of New England facilities, we use multiple strategies to ensure culturally competent and linguistically appropriate services that begin with recruitment of staff

and end with the way we approach and provide direct patient care. Our department directors work closely with our Human Resources department to recruit and retain employees who reflect the diversity and language preferences of the patients we serve and are responsive to the expressed needs of the clients. In addition to recruitment strategies, Trinity Health Of New England also offers additional compensation for employees who are certified to provide services with additional Spanish language competency.

We ask all of our patients their preferred language (as well as preferred name and identified gender) upon admission, and we ensure that a significant percentage of staff employed are bicultural and able to provide treatment in the common preferred languages. Staff at each position level (RN, clinician/counselor, nurse assistants/recovery specialists) are able to provide treatment in Spanish, and all staff are educated and trained on an annual basis to deliver culturally and linguistically appropriate care. All clinical treatment is designed to incorporate these elements into treatment at both an individual and group level, throughout Trinity Health Of New England hospitals.

Our Patient Satisfaction Surveys also include an assessment of how well the program provides services that are sensitive to language and culture, with a goal of providing care that achieves “Very Good” to “Excellent.” When specific feedback is given, leadership incorporates it into improvement plans.

Trinity Health Of New England also employs an interpreter coordinator/Human Rights Officer who assists in obtaining interpreters for several other languages, including Russian, Polish, Portuguese, Vietnamese, Greek, or American Sign Language. If other languages are identified, all staff members can access a telephone interpretation line 24/7/365 at no-cost to staff or patients. These services are and will continue to be available across our health system, including Mount Sinai Hospital and Johnson Memorial Hospital.

#### **Protocol that Details Mechanisms to Maintain Continuity of Care for Current Patients of the Discontinued Service**

Until June 30, 2020, all patients will continue to be cared for at Providence Hospital. As of June 30 and the discontinuation of inpatient psychiatric services at Providence Hospital, patients will be stabilized and discharged to appropriate services for continued care. Pediatric inpatient psychiatric beds will be available if needed at Mt. Sinai Hospital in Hartford. Through collaboration with our community and regional partners, the Providence Clinical Assessment Center will outreach to facilities, present the clinical information, and arrange for discharge or transfers to match what a patient needs with the available resources, both inpatient and outpatient. Please see below for process after June 30, 2020.

#### **Protocol that Describes how Patients in the Hospital’s Service Area Will Access the Services at Alternative Delivery Sites**

After the discontinuation of inpatient psychiatric services at Providence Hospital, when patients who come to the Mercy Emergency Department are found to need inpatient psychiatric care, we will stabilize them and arrange for transfer to another provider with an

available bed. This process will include a focus on finding the appropriate placement to meet the psychiatric and medical needs of the patient. We will continue to engage with patients during their inpatient admission, individualizing their treatment and collaborating with their established community providers and support system to best meet their needs. During admission, a review of an individual's current and past ambulatory care occurs to help ensure there is a comprehensive understanding of what services have been used and how successful the patient feels they have been. If a patient is already established with a provider, and chooses to remain with that individual/agency, they are referred back because the continuity of care of this therapeutic relationship is essential to patient's success. When a patient does not have any identified outpatient behavioral health services, a referral is determined in collaboration with the patient. It is very important that the patient is engaged in the discharge process and that they have input as to where they would like to receive their care.

Behavioral Health Network (BHN) continues to facilitate our emergency department crisis assessments. Upon completion of the medical and crisis psychiatric assessment, and if it is determined that an inpatient behavioral health hospitalization is needed, appropriate hospitals are contacted. Patients are asked if they prefer a particular hospital or if they have been recently discharged from a certain hospital and those facilities are contacted. A bed search may also occur throughout the state if additional hospitals are needed to be contacted. It is important to secure an inpatient bed within a facility that is best able to meet the patient's needs.

With regard to the impact that this may have on the current occupancy rates at alternate delivery sites and the ability of these sites to meet the needs of patients, we refer to you the previous chart that shows the number of beds and average occupancy at each site. Utilization rates range from between 60% to 98%, based on 2019 data. As noted above, Mt. Sinai in Hartford and Johnson Memorial in Stafford Springs have significant inpatient psychiatric capacity—based on 2019 data, these hospitals have a combined bed availability of forty (40) beds. Additionally, Mt. Sinai Hospital is expanding its pediatric capacity with the addition six (6) beds, which is not fully reflected in the combined existing capacity.

Wait times to secure available beds vary across providers and Mercy remains committed to ensuring equitable access to needed psychiatric care. To reduce wait times, Mercy has engaged in several initiatives, including expanding the behavioral health area within our emergency department to better accommodate patients, and implementing a new, streamlined process with Behavioral Health Network to provide medical clearance in the community. This initiative is focused on stabilizing and coordinating care for patients in crisis in the community, rather than the Emergency Department.

We will communicate daily and arrange for transfers by ambulance from our Emergency Department to other hospitals in the region. Since most of Providence Hospital's psychiatric patients live in the greater Springfield and Holyoke area, we will make every effort to refer them to other providers as close to home as possible.



We will notify regular referral sources in advance of the discontinuation of inpatient psychiatric services at Providence Hospital. Our staff within the Clinical Assessment Center will continue to work closely with other hospitals and the Behavioral Health Network to understand bed availability and to ensure that callers are connected to the appropriate resources. Until new referral patterns are established, and to ease the transition, we will maintain a daily inventory of available beds in the region to assist with bed placement. This will allow us to provide other options for patients referred by phone and for inquiries from other hospitals seeking inpatient psychiatric placement.

Thank you for your attention to this matter. If you have any questions, or require any additional information, please do not hesitate to contact me.

Sincerely,



Deborah Bitsoli, President  
Mercy Medical Center and its affiliates

Sincerely,



Dr. Robert Roose, Chief Medical Officer  
Mercy Medical Center

cc: J. Mikula, DMH  
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