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:

Providers and staff who choose to work at our safety net hospital are already drawn to serving a population that is in need and underserved. Their dedication and their commitment to serving what was at times an extraordinary number of COVID positive patients, during times when much was not known, and PPE and staffing were sought, was tremendous. The two surges impacted us in Lawrence significantly. We needed to cancel elective surgeries each time in advance of the state mandate because we needed to serve the very high local need for COVID care and preserve emergency, trauma, maternity, and pediatric capacity at the same time. We have seen a dramatic impact on all staff from transport to physicians to housekeeping and nursing. Staff retention and recruitment given our community having the highest per capita COVID impact, the hospital's financial vulnerability, and inadequate covid relief has been a challenge. Initially we had to immediately lay off and furlough staff to preserve our days cash on hand, not having the balance sheet strength and capacity to retain staff without the normal flow of patient revenue. We are still recovering from this reality. Our hospital lost $13 Million in FY21, even with $44M in COVID provider relief from the federal government. We are currently relying on Medicare advances and a Medicaid advance, as well as an advance of our safety net provider payment to meet our debt service coverage ratio and days cash on hand. In FY21 we will also have a budgeted financial loss as volume has not fully returned to normal levels. During the first surge 70% of our inpatient capacity including a doubling of our ICU capacity was provided to care for very sick COVID patients. Staff and providers who worked to recover these patients, and who are also still engaged with them have been recognized within the hospital but also by the families of patients they communicated with via Ipads. Our staff's compassion to relatives in the Dominican Republic or close by in North Andover was never more crucial. The importance of community hospital acute care staff and providers and the role they play endures today and is felt by so many grateful patients in the community. Recruitment and retention of staff is a real issue for many hospitals, but especially Lawrence General Hospital given all the other realities we face.

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 extraordinarily high rate of COVID not only in the City of Lawrence where there was in excess of 20,000 cases per 100,000 – the highest in the Commonwealth, and the surrounding cities of Methuen and Haverhill, had a high impact on Lawrence General. We are still working to schedule and reschedule routine preventive care such as mammograms, and our local pediatric practices are expanding hours to catch up on childhood immunizations and now covid immunizations. Our emergency volume is at times nearing pre-covid levels reflecting higher incidences of behavioral health patients and delayed care for underlying disease. Our region is also very tight on inpatient and ICU capacity and we are not infrequently holding patients in the emergency department awaiting a medical surgical bed, placement for inpatient behavioral health or more recently for an ICU bed elsewhere in region 3. The Hospital and the City of Lawrence have worked very collaboratively to address a variety of covid-related social issues, as well as testing and vaccine administration. The Hospital continues to operate a multi-lane drive-up covid testing center that tests hundreds a week, in collaboration with the state. This has helped employees and employers return staff to work and determine when people need to self-isolate. Housing and food insecurity, particularly getting food to self-isolating covid patients has been a focus of the social fabric of the community led by the city. Housing for the homeless and for travelling nurses during the pandemic were collaboratively addressed.

c. The healthcare 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):

Health equity, particularly a focus on the vulnerabilities of certain populations whose crowded living conditions, poverty, and color, will hopefully stay at the forefront of policy maker's minds. The pandemic had a substantially higher impact on providers who care for large numbers of low-income patients of color, whose underlying health conditions the CDC reports in the census maps as substantially poorer. Accessing health care for preventive care is not the topmost priority for populations with food, housing and employment insecurity. Through our city-wide vaccine and covid testing administration programs we have learned that we need to bring healthcare to the community and collaborate and share continually with our community and provider leaders.

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.

We have undertaken substantially more ambitious efforts to capture this information on our patients, and our systems are more sophisticated than previously, but we have more work to do. Our efforts to capture comprehensive data including race, ethnicity, language, disability status and sexual orientation is advancing. We have noted surrounding vaccine registration and covid testing that there is insufficient sophistication in the CDC collection and our local systems collection currently to capture the Latino population that identifies as white and of Hispanic origin. The vaccine data the state collected and disseminated for example had more people vaccinated identifying as white than we had white residents in Lawrence according to the census. Similar to the advanced collection of Asian ethnicity data over the past few years, we need to collect and capture better data. Many self-registering (greater than 2%) for the COVID vaccine chose "Hawaiian Islander" as their ethnicity likely because Lawrence has many residents from the Dominican Republic "Island".

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**		17
	Q2		12
	Q3		Not available
	Q4		8
CY2020	**Q1**		18
	Q2		16
	Q3		17
	Q4		13
CY2021	**Q1**		31
	Q2		32
	TOTAL:	0	164