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:

Workforce challenges, as a result of this pandemic, are like none our healthcare system have ever encountered. While we were already experiencing workforce shortages, the pandemic has exacerbated these shortages. Currently, vacancy rates exceed 29% for our entire system and our nurse turnover rate has increased from 22% to 29%, with Mercy having 82 nursing position vacancies. We have seen the most significant turnover among our younger workers and the pipeline for new health care workers is not strong. In order to retain and recruit workers, we have offered flexibility in scheduling. Many younger nurses prefer to work weekends only and we have a developed a program called WOW, Working Only Weekends, which has been embraced. A hospital within our system that serves a rural area has developed a virtual nursing program. These nurses are usually experienced nurses, some who were retired, who oversee patients via a monitor in the patient's room 24 hours a day. It appears to a successful in helping to address staffing shortages. We support incentivizing investments in accessible technology that would support this type of monitoring. Recruitment and retention are a top priority and we continue to advocate for and support numerous initiatives that recognize the toll this pandemic has taken on our healthcare workers. Loan forgiveness, bonus pay and wellness programs that address the trauma experienced by front line workers can have a positive impact. We have also used contract labor to provide time off for our existing workers. Unfortunately, the cost for this contract labor has increased by 60% this year alone. Many best practices have been employed, from retention bonuses, to use of nursing students, to help enhance our existing workforce and relieve those working every day from this added burden of the impact of workforce shortages.

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):

Patients admitted to our hospitals are much sicker than those admitted in the past. Much of this is due to the delay in patients receiving care during the COVID pandemic an includes patients suffering from serious health issues. Workforce challenges have also affected Long Term Care facilities, forcing them to reduce bed capacity. This has led to patients experiencing delays, sometimes up to several days awaiting transport between a hospital, and a nursing home, in-patient psychiatric or rehabilitation facility. We have also experienced an increase in demand for behavioral health services. Much of this increase is due to the isolation caused by the pandemic and resulting in an increase in substance use disorders, gun violence and domestic violence. The volume of patients needing inpatient psychiatric treatment presenting to our ED has increased by over 100% from January 2021 to August 2021.The impact of the economy during the

pandemic has also had an impact on demand for many of our social services offered in partnership with community-based organizations. These services are being stretched to the limit. These services include supporting community members to help access affordable and nutritious food, transportation and housing. Our Community Health Workers continue to work with families, many new to new to the challenge of food insecurity, in applying for SNAP, HIP and other services.

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):

The pandemic has required the health care system to re-evaluate the most effective way to deliver care. The use of telehealth and other virtual modalities was accelerated and has become a critical component of our delivery system. We quickly pivoted to using telehealth during the height of the pandemic. This required flexibility and nimbleness on the part of hospitals and our physicians. In addition, the state also had to address obstacles that prevented the delivery of care in this manner. Patients had to embrace this new practice. Fortunately, it has worked. Telehealth is now an important part of our service offered and many of our patients prefer this method of delivery of care. One challenge that continues is the access to broadband which does plague parts of our state and will need to be addressed. Another continuing challenge is provider licensure. The COVID highlighted the positive impact that expedited provider licensure can have on access to care, especially in underserved communities. Under the historical regulatory framework our providers experience extremely long wait times for final licensure, with some physician license applications taking as long as one year. This is an area of great opportunity for improvement. A positive outcome as a result of the pandemic were new and stronger partnerships. Hospitals quickly engaged with community-based organizations throughout the pandemic and built even stronger partnerships. Many of these efforts were related to outreach in the community on the importance of education about COVID 19 and the importance of receiving vaccines. These trusting relationships were forged on a shared mission to ensure that we were serving all communities and will remain in place into the future At the same time, we saw many of our public health departments struggling to meet all of the needs in their communities. We were partner with them and developed improved collaboration with these public health departments. It is our hope that more investment will be made to rebuild the public health infrastructure throughout our state and our nation before another public health emergency occurs. We also hope that there is renewed appreciation for the work that hospitals and health systems do outside the walls of the hospital to address the health of the community.

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.

In order to collect data to advance health equity and collect appropriate data, Mercy has modified our systems and trained our patient access and clinicians to capture this data. In furtherance of our diversity, equity, and inclusion work we collect REaL (race, ethnicity and language) data to ensure that our patients have access to information and are able to communicate with their care team in the language they are most comfortable speaking. This is managed through live onsite interpreters as well as computer or tablet-based services where remote interpreters assist in translation including American Sign Language. Individuals who present with a need for physical assist devices are accommodated to ensure compliance with the Americans with Disabilities Act.

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**	Do not have data for this period	Do not have data for this period
	Q2	Do not have data for this period	Do not have data for this period
	Q3	Do not have data for this period	Do not have data for this period
	Q4	1	1,026
CY2020	**Q1**	1	3,273
	Q2	1	3,706
	Q3	1	4,301
	Q4	1	4,323
CY2021	**Q1**	1	5,437
	Q2	1	5,515
	TOTAL:	1	27,581

1. Tracking system does not distinguish written inquires from telephone or in-person.