

2021 Pre-Filed Testimony

HOSPITALS AND PROVIDER ORGANIZATIONS



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

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:

Reliant Medical Group has faced a number of challenges due to the pandemic. The most significant of these challenges has been the retention and recruitment of both physicians and clinical support staff. Our physicians and staff are reporting high levels of burnout due to the psychological toll of a multi-year pandemic, and the negative impact that toll has had on patient behavior in our practices. This has resulted in many late-career individuals accelerating their retirement plans, and many mid-career employees – including physicians – leaving the health care field altogether. Other factors affecting retention and staffing include child care challenges faced by our staff due to remote schooling and diminished access to child care services, and leaves of absence due to confirmed COVID infections and suspected instances of exposure that require subsequent quarantine. As these factors have hampered Reliant's ability to retain physicians and clinical staff, we also have been challenged to recruit new providers and staff due to the increasing market demand and competition for these roles. We have found that these labor market headwinds are particularly significant barriers in the recruitment of primary care physicians and medical assistants.

The challenges we have experienced recruiting and retaining staff have resulted in a significant reduction in Reliant's capacity to serve primary care patients. All of Reliant's adult medicine panels currently are closed to new patients, and our providers report that they are struggling to maintain access even for existing patients. These pressures have been compounded by accelerating growth among Reliant's Medicaid population resulting from the suspension of eligibility redeterminations by MassHealth during the Public Health Emergency.

The growth in Medicaid volume has crowded out Reliant's ability to attract and retain commercial and Medicare patients, placing added financial pressure on the organization due to the difficult economics of the Commonwealth's Medicaid ACO program. Other financial challenges faced by Reliant due to the pandemic have included upward pressure on salaries due to labor market conditions, additional costs for personal protective equipment and facility cleaning, new investments to support virtual care, and increased overtime and temporary staffing costs to backfill for vacancies and staff on COVID-related leaves of absence.

- 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):

As noted in our testimony, the psychological toll of the ongoing pandemic has been significant on providers, staff, and patients. Among our patient population, Reliant has seen an enormous increase in the prevalence of behavioral health and substance use conditions in the last two years. These conditions are driven by social isolation, fallout from COVID infections, increased stress and anxiety related to changing work and child care situations, the burden of caring for sick relatives, and related factors. As part of Reliant's efforts in recent years to implement an integrated behavioral health model of care within our primary care practices, we have significantly increased the number of behavioral health providers employed by the organization. Despite these staff increases, we still are unable to meet the vastly increased demand for care within our patient population, and the availability of behavioral health resources available outside of Reliant is similarly limited.

Reliant also is beginning to see the medical impact of many of our patients deferring care for the past 18 months. Pent-up demand for those routine health screenings that were delayed in 2020, including screening colonoscopies and mammography services, have led to significant access concerns, with wait times for screening colonoscopies now approaching 12 months. As a result of patients with chronic conditions delaying care in the last year, those patients who do require acute inpatient care are now arriving at hospitals much sicker than they typically would have been before the pandemic. Similarly, the results for diabetic quality measures for Reliant's population have eroded, likely due to delayed care and the lifestyle effects of remaining at home for the past year and a half.

- 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):

One positive outcome of the pandemic has been the increased availability and acceptance of virtual care among providers and patients. Reliant has found that telehealth is particularly effective as a care delivery strategy for homebound patients who otherwise would have limited access to primary care services. Virtual care also has been a game changer for patients seeking behavioral health care. Not only does virtual care allow busy patients to be more engaged in behavioral health treatment, it also has allowed Reliant to optimize our behavioral health capacity by pairing patients with providers who are physically located in other practices. Reliant believes that state policy and payer policies should do more to support and foster virtual care. In an increasingly interconnected world, policies such as reciprocal licensing that allow virtual care to be delivered across state lines are particularly important.

In addition to virtual care, Reliant believes that state policy should support other innovations that promote the use of alternative care settings. To preserve hospital capacity and avoid taxing skilled nursing facilities during the pandemic, Reliant made a concerted effort to deliver care to patients in their homes, through the delivery of traditional home care services as well as home-based primary care and hospital-at-home programs. Leveraging space at our ReadyMed Plus urgent care facility in Worcester, we opened a temporary observation unit outside of an acute hospital setting. All of these innovations allowed us to deliver care safely at a reduced cost and a reduced risk of patient infection. Such innovations should be permitted to continue even as we hope the Commonwealth is emerging from the worst of the COVID-19 pandemic.

We note in our testimony the access challenges that exist in primary care, and the challenges Reliant has experienced in recruiting primary care physicians due to labor market conditions. While these circumstances have been exacerbated by the pandemic, they reflect long term trends that present significant risk to the health and well-being of the Commonwealth's residents in the coming decades. Due to an aging population, and the smaller number of physicians choosing primary care careers, access to primary care will remain a challenge for the foreseeable future. We believe that addressing this challenge will require fundamental changes to the primary care workforce, including expansion of the scope of practice for advanced practitioners.

While Massachusetts boasts one of the highest COVID-19 vaccination rates in the country, it is clear that more work needs to be done to improve the Commonwealth's ability to deliver vaccines to our residents in an efficient and expeditious manner. In the near term, vaccine hesitancy fostered by misinformation remains a significant barrier to further increasing the vaccination rate among our patients. Over the long-term, Reliant encourages the Commonwealth to do more to develop a comprehensive vaccination strategy for the next pandemic – or the next variant of COVID-19. Earlier this year, Reliant was ready to stand up two mass vaccination sites for our patients, but unfortunately never received the guaranteed vaccine supply from the Commonwealth that would have allowed us to operate those sites. As a result, these sites could not open, creating patient confusion and delays for some of our patients seeking to be vaccinated. We urge the Commonwealth to do more to partner with health care delivery organizations to better match vaccine supply and demand in a more thoughtful way to address these shortfalls when we are faced with a future pandemic. Such planning would be one positive outcome of this pandemic, to use our lessons learned in order to develop enhanced public health readiness for our next healthcare urgency/emergency.

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.

Reliant has captured race, ethnicity, and language data for approximately 80% of our patient population. While our patient records often reflect disability status and sexual orientation/gender identity given the impact of these factors on patient care, at this point, this information is not necessarily captured in a reportable field in our electronic medical record. Our Diversity, Equity, and Inclusion Strategic Plan for 2022 is focused on improving the workflows and data prompts in place in our electronic medical record to capture these data. In addition, Reliant does routinely screen for social determinants of health, including housing insecurity and food insecurity, and documents these factors in our patient records. Given that such social determinants of health disproportionately affect communities of color, non-English speaking populations, individuals with disabilities, and the LGBTQIA community, understanding the impact of these factors is a critical part of Reliant's strategy to advance health equity.

Reliant's providers point to a number of barriers to the comprehensive collection of race, ethnicity, language, disability, and gender identity information for our patient population. One significant barrier is patient reluctance, driven by concerns about confidentiality and questions about how the data collected will be used. The limited time available during patient encounters is another barrier, given all of the clinical needs that often need to be addressed during a short office visit – especially at a time when primary care access is so strained. Finally, provider and staff behavior can be a barrier, particularly for individuals that are uncomfortable asking about such information, or unsure what to do with the answers they receive. To address this final barrier, Reliant is focusing on training and professional development initiatives designed to enhance the cultural competency of our providers and staff, and to impress upon our care teams why the collection of such data is an important part of our moral imperative to reduce health disparities.

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	0	31
	Q2	0	13
	Q3	0	47
	Q4	0	57
CY2020	Q1	0	55
	Q2	0	21
	Q3	0	42
	Q4	0	29
CY2021	Q1	0	23
	Q2	0	24
TOTAL:		0	342