

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:

COVID-19 has had a system wide impact on our providers and staff; as well as our ability to maintain staffing levels, and continues to do so. For our Providers:

- The emotional impact of personal risk to their health by working through the pandemic
- Anxiety of change in roles (i.e., hospitalists working in the ED and ICU, PCP's working as hospitalists)
- Multiple O.R. shutdowns which impacted surgeons' compensation
- Delays in screening and testing caused delays in care that impacted patients and their providers
- Telehealth was used more than in the past but not by all specialties can use Telehealth effectively
- Decreases in compensation due to lower volumes
- Wearing masks impacts communication between team and patients
- Shortage of staffing in hospital and practices increased during the pandemic and has not eased.

For non-provider staff:

- Emotional impact of personal risk to their health by working through pandemic
- Family issues such as closed schools, shortage of day care
- We furloughed a number of staff causing economic issues for those employees; and most returned but not all

Recruitment became more challenging and continues to be so. SHC has about 40% more unfilled jobs than is typical. Many organizations have raised wages to attract and retain employees putting more pressure on organizations such as ours to compete.

- 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 direct health effects of the novel coronavirus is and was evident, especially during the initial surge in the spring of 2020. The mortality and morbidity from Covid-19 was

significant. However, we think just as important are the unintended consequences of the complete lockdown of normal operations in both the healthcare and non-healthcare areas. Many people lost their jobs creating even more undue stress as they could not earn a living and pay bills.

Adding that on top of a worldwide pandemic certainly increased the mental health burden. It was clear that chronic mental health conditions such as depression and anxiety deteriorated. The deterioration displayed itself when patients started returning to healthcare to seek care, and providers noticed that their conditions had become much more severe due to lack of continuous care. Likewise, the same was occurring with medical conditions.

Due to patients not seeking care both out of fear and closed offices, the quality data now shows that weight gain, blood pressures, and hemoglobin A1c were worse than before the pandemic. Patients who had to deal with joint pain from degenerative disorders could not have surgeries to alleviate their symptoms, which led many to self-medicate with narcotics and alcohol.

Unfortunately, only time will tell what the negative consequences from the shut down due to Covid-19 will be. It will take many years to see the psychological damage from children missing an entire year of social development. It will also take years to see the repercussions of delays in cancer screenings and worsening cardiovascular risk factors such as blood pressure, weight, and hemoglobin A1c.

- 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):

Signature Healthcare's Ambulatory Practice strategy is to encourage in person visits as much as possible at this time. Signature Healthcare provides access to Telehealth for clinically appropriate visits in both Primary & Specialty care. Telehealth is a new service line for Signature Healthcare. We executed Telehealth during the pandemic. Post pandemic we have developed a Telehealth Charter Team comprised of Providers and Leadership across many domains. This Team will ensure we have strong Telehealth governance and serves to advance our Telehealth program. Our future Telehealth strategy will be a virtual platform incorporated into our new EMR and will require our membership to enroll in our patient portal. Our target to launch this platform is February 1, 2022. We have a robust campaign to ensure all members have access to the patient portal by February 2022. Currently our Providers continue to offer Telehealth to our members via telephonic and some virtual visits in both primary & specialty care.

Patients with Tuberculosis, Measles and Chicken Pox are placed in rooms with negative pressure while in the hospital. This is because these illnesses can be spread through the air. Placing these patients in a negative pressure room allows staff to enter and exit the

room (open the door) without allowing any contaminated air to enter the hallway or adjacent spaces. COVID-19 can sometimes spread through the air if the patient is undergoing an aerosol generating procedure. The hospital began placing COVID-19 patients in negative pressure rooms if generating aerosols was a risk. Because the hospital had only a limited number of rooms engineered to create a negative pressure environment, the hospital acquired portable negative pressure units during the COVID-19 surge. These portable units can be installed in any room with a window by Facilities. The hospital decided to continue utilizing the portable units after the surge and now converts all rooms with COVID-19 patients to negative pressure.

Due to the national shortage of N95 masks during the pandemic, the hospital acquired a large supply of CAPRs (Controlled Air Purifying Respirators). These respirators were used in place of traditional N95 masks by staff working for extended periods of time with COVID-19 patients. This respirator system filters the air being breathed in by staff providing protection against aerosolized and airborne particulates. Because the CAPRs can be disinfected and re-used, the hospital was able to keep its N95 inventory stable throughout the pandemic. The hospital decided to continue to utilize the CAPR system after the national N95 mask inventory stabilized, and still offers this as an option for respiratory protection.

During the Surge of the COVID-19 pandemic, the Massachusetts Department of Public Health was recommending that health care providers wear protective eyewear when providing care for all patients (regardless of COVID-19 status). Signature Healthcare instituted this recommendation. Once the number of COVID-19 cases in Massachusetts began to decrease, the Department of Public Health modified their guidance, and recommended healthcare providers wear eye protection when providing care to known COVID-19 patients. Signature Healthcare decided not to modify its eye protection protocol, and continued to recommend eye protection for all health care providers entering patient rooms or providing bedside care in both its inpatient and outpatient settings. Signature Healthcare saw the value of wearing protective eyewear beyond COVID-19 care. Protective eyewear not only protects the eyes from respiratory viruses, but also from body fluid and chemical splashes. This recommendation will remain in place.

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 collect data that captures race, ethnicity, language, and disability status. However, we do not currently collect data for sexual orientation/gender identity. We have a Gender

Identity Committee which is working towards the goal of collecting Gender Identity/Sexual Orientation in the future. The major barrier to moving this data collection to a LIVE environment is staff training which is what the committee is working through now. The committee understands this data must be collected/shared prior to October 2022, when it becomes part of the USCDI requirement for interoperability.

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	34	34
	Q2	24	24
	Q3	15	16
	Q4	22	24
CY2020	Q1	13	15
	Q2	5	13
	Q3	16	23
	Q4	14	18
CY2021	Q1	15	23
	Q2	4	8
TOTAL:		162	198