

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
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AGO Contact Information

For any inquiries regarding AGO questions, please contact:
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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:

The COVID-19 pandemic has created unprecedented challenges for South Shore Health, including its providers and staff. While South Shore Health has experienced a wide array of challenges, one of the most significant is the high volume of patients seeking care. Currently, the South Shore Hospital (Hospital) Emergency Department (ED) is averaging 108,000 visits per year, an increase of approximately 8,000 visits over previous years. The capacity of the ED is 78; we are regularly experiencing a census of 140-150. The Hospital has 374 licensed medical/surgical Hospital beds, but regularly has a total Hospital census of 425-450 per day.

The toll of the pandemic, along with impact from the high-volume of patients, is evident across our workforce as critical front line workers, such as nurses, emergency medical technicians (EMT) and paramedics have retired, resigned, transitioned to new positions, or have taken a leave of absence for diverse reasons.

With many clinical staff leaving the workforce, it has been a challenge to recruit qualified staff to replace them in Massachusetts. There is a decidedly negative impact from these staffing challenges. In Fiscal Year (FY) 2021, the Hospital lost 225 nurses and it was only able to hire 172 new nurses, forcing the Hospital to use temporary or traveling nurses to address gaps in staffing.

As there is a limited supply of nurses across the country, we have ended up in a nationwide competition to hire qualified staff. All health care organizations are targeting the same, in-demand workers, with the highest bidders being able to hire. This has created unanticipated staffing costs that are not sustainable in this market.

Delays in our state licensure process have created significant barriers to efficiently onboard key positions, especially nurses. Although emergency measures to lift or streamline licensure processes were helpful, the delays returned once the measures were rescinded. It is not uncommon for a nurse to wait 6 to 8 weeks for state licensure and considering the nationwide competition for qualified staff, traveling nurses often grow impatient and leave for assignments in other states.

Additionally, other health care facilities, such as Skilled Nursing Facilities (SNF) and inpatient psychiatric hospitals have experienced reduced bed capacity due to staffing constraints and other COVID-19 impacts. Reductions in other health care settings have a domino effect on the

Hospital as it results in patients being unable to quickly transition to a new setting, thereby unnecessarily staying longer and delaying a new patient from going into the acute care bed.

The mental health of our caregivers has also been significantly impacted by COVID-19 and all of these related operational challenges. At the beginning of the pandemic, our staff were faced with the daily fear of exposing their loved ones to COVID-19. They faced moral distress from not only using their clinical expertise to treat their extremely ill, dying patients but also acting as surrogate family members, serving as the connection for loved ones that were unable to be as the bedside.

The mental health and wellness of all of our colleagues is a top priority for our organization and to support our staff as we navigate through these challenging times, South Shore Health has proactively implemented a number of strategies including:

- **Employee Assistance Program (EAP):** In collaboration with Aspire Health Alliance, we developed a new EAP for all employees. Unlike other EAPs, the new program has a dedicated team of Aspire clinicians focused on serving South Shore Health staff. Employees can go online to schedule a timely appointment that is convenient for their schedule, in addition to walk-in hours. We are proud of the exceptional access that this program provides for our employees.
- **Support for Leaders:** For organization leaders that may not feel comfortable going to the EAP, we offer individual appointments that are held within 24 hours of the request. We also conduct leader well-being rounds on topics such as how to support well-being across their teams; how to respond to an employee that has expressed needing help; and how to talk to employees when you can't make their requests.
- **Peer Support:** During COVID-19, we developed a peer support training program to establish embedded peer support throughout the organization. This has been a valuable tool for employees to support each other during the pandemic. Our peer support colleagues have also staffed a "Colleague Cart", which goes throughout the Hospital to offer snacks and beverages to our staff while also promoting peer support and EAP services.
- **Listening Sessions:** In working with nurse managers, we set up listening sessions to understand how staff were doing and how we could support front-line staff and managers. Starting in May 2020, over 100 sessions were held and have since transitioned to be focused on topics of staff interest.

While it is difficult to measure if these strategies have resulted in increased staff retention, we believe that it has been critical to develop a sense of connectedness for individuals that may have otherwise considered leaving the organization.

In addition to these wellness initiatives, South Shore Health has taken a multi-layered approach to recruitment and retention as it is clear from our current staffing challenges that we need to do all that we can to build out our workforce. As part of that strategy, we have focused on streamlining operations to reduce unnecessary administrative burdens, improving patient flow and allow our team to focus on what they do best—providing care to our patients.

Another part of our strategy is to develop career development opportunities across the organization to support our colleagues. The “Growing our Own” program supports Licensed Practical Nurses (LPN) to move to the next stage of their career to become Registered Nurses (RN). We are also working with MassHire and Jewish Vocational Services (JVS) to connect our underemployed colleagues to new South Shore Health job opportunities and to fill Nursing Assistant (NA) vacancies as part of an overall career pathway within South Shore Health. We also have created career advancement opportunities for our current nursing staff to expand their experience and bridge to new specialties such as the ED, critical care, labor and delivery and surgery.

Most recently, South Shore Health developed a new senior nursing leadership position focused on workforce development. It is clear that the healthcare workforce is changing and we want to proactively implement partnerships and solutions aimed at developing our future clinical talent. As a mission-driven organization, we want to invest in new and current talent, providing ongoing advancement throughout the organization. We are excited that this work is underway and while initially focused on nursing, this position will also address other key areas including EMTs, paramedics and transporters in the future.

- 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 impact of COVID-19 has been, and continues to be, felt across all settings of care and throughout our patient population. At the start of the pandemic in March 2020, hospitals were required to suspend elective procedures and the majority of primary and specialty care was done via telehealth. While these steps were necessary to reduce potential exposure to COVID-19 and preserve critical PPE and clinical resources, there has been an impact on patients’ health. Throughout the pandemic, patients have delayed care, missed annual primary care visits and routine screenings and in some cases, did not seek treatment for ongoing symptoms. Unfortunately, the impacts of these delays have resulted in patients presenting with more extreme conditions, including more advanced cancers and co-morbidities that require more invasive and complex treatments.

Throughout the pandemic, it has been challenging for some patients to maintain their care plans and regularly attend necessary in-person appointments, with transportation being an ongoing barrier to care. While South Shore Health has attempted to mitigate these issues by expanding programs that bring care directly to our patients, we have seen patients requiring greater interventions. We believe that our patients have also been affected by the economic disruptions caused by COVID-19 as evidenced by the significant increase in our MassHealth ACO patient population. In May 2020, South Shore Health was serving approximately 7,000 MassHealth ACO patients; today, we are serving over 9,000 patients.

The pandemic has also exacerbated the behavioral health crisis in Massachusetts. While the Commonwealth’s behavioral health resources were strained before the pandemic, the impacts of COVID-19 have only further limited access for adults and children. Due to the loss of inpatient

bed capacity and clinical staff throughout the behavioral health system, it is even harder for those in crisis to get the services that they need. To get help, many patients turn to the ED but it can often lead to days, weeks or months of “boarding” before the right placement is secured.

The boarding of behavioral health patients can often extend outside of the ED to a hospital’s medical beds, which are not designed to provide the right behavioral health services or supports. This has also challenged the hospital’s capacity to take care of other patients with COVID-19, strokes, heart failure and other critical physical health needs. At South Shore Hospital, we may have over 40 behavioral health boarders on any given day in our ED and medical beds. For a hospital that has 374 total medical/surgical licensed beds, this is a significant impact on our overall capacity.

It is apparent that payers and providers across the health care continuum, along with our government partners, need to work together to address the behavioral health crisis. South Shore Health has partnered with Aspire Health Alliance to develop a clinical affiliation to collaborate on pathways for behavioral health services for our shared patients. Additionally, we have seen a significant increase in the utilization of South Shore Health’s Bridge Program, which serves as a “community door” for patients that are looking to start substance use disorder treatment, and the Perinatal Behavioral Health/SHORE Program, which provides mental health and substance use disorder services to pregnant and parenting mothers. Despite these efforts, we know that there is more to do and we look forward to continuing to build collaborations in the future.

- 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 COVID-19 pandemic has changed the way that health care providers think about the delivery of care in Massachusetts. When the pandemic began, we could no longer depend on traditional access points and instead, health care providers had to quickly implement new methods of providing care with the lowest risk of potential COVID-19 exposure and transmission.

One of the ways that this was accomplished was through the use of telehealth. Under the state of emergency, South Shore Health quickly expanded its telehealth capabilities, which were used minimally prior to COVID-19. The flexibilities and enhancements granted during the state of emergency allowed providers across primary care, behavioral health, urgent care and specialty care to provide timely access to care without unnecessarily exposing patients outside of the home.

Telehealth has also been a valuable tool for patients in reducing the stress and burden of traveling to appointments, especially for those with who cannot take time off from work and/or have limited access to transportation. Our patients and providers have seen significant benefits and opportunity from the expansion of telehealth, especially with patient compliance with appointments and non-show rates. Within our Perinatal Behavioral Health/SHORE Program, the

no-show rate is only 10% with over 260 pregnant and parenting mothers receiving critical mental health and substance use disorder services right from home in September 2021.

It is important for health care organizations and providers to continue to offer telehealth as an option for patients to receive care. We appreciate the leadership of our state Legislature and Governor Baker for the advocacy and adoption of Chapter 260 of the Acts of 2020, which provides important provisions to ensure reimbursement parity for behavioral health telehealth services in perpetuity and reimbursement for chronic disease management and primary care telehealth services until January 1, 2023. While Chapter 260 supports the continuation of telehealth in Massachusetts, we believe that there are opportunities for us to work together to ensure that telehealth continues to be a critical access point to care for individuals and families across the state. It is important for us to collaborate to address key issues such as prior authorization requirements and the possibility of interstate licensure of physicians and nurses to allow providers to deliver telehealth services to their patients when outside of Massachusetts.

During the pandemic, South Shore Health has also enhanced its programs that provide services right in the patient's home, without needing to go into the acute care environment. It is our goal to provide the right care at the right time at the right location for our patients, which often does not need to be the hospital. In March 2020, South Shore Health launched its Mobile Integrated Health (MIH) and has since added several successful population health programs to redesign care delivery such as a Skilled Nursing Facility (SNF) at Home Model, and an Acute Care at Home Model, and continued to utilize its South Shore Home Care/VNA and remote patient monitoring services. These programs are designed to provide care directly to individuals in their homes or other community settings with the goal of improving service delivery and preventing unnecessary ED visits and hospitalizations. These programs also improve care coordination and leverage South Shore Health's primary care, cardiovascular care, wound care, urgent care, and behavioral health care in treating patients.

These programs are essential to our efforts to serve COVID and non-COVID patients outside of the hospital, which is critical considering the significant need to improve patient flow and increase bed capacity across our system of care. To ensure that patients are seeking the right care at the right time, South Shore Health has also enhanced our communication and education of non-emergent patients about less costly, alternative care sites to the ED, including South Shore Health Express which provides urgent care across the region and South Shore Medical Center, which provides primary care and other ambulatory services.

It is clear that the COVID-19 pandemic has forced us to rethink how we deliver care to our most vulnerable populations. As South Shore Health has enhanced its programs that provide services outside of the hospital, using telehealth and other technology to improve our connection with patients, bringing care right to patient's homes and expanding the use of care sites outside of the hospital, many of these innovative programs continue to have limited or no reimbursement. As we think about the "healthcare of tomorrow", the entire health care system needs to fully embrace these alternative care models and support reimbursement of these efforts.

While initiatives aimed at improving access and care delivery are critical, we also need to address the workforce challenges faced by health care organizations across the Commonwealth.

These challenges are often exacerbated by the delays in the state licensure process, including that for nurses in the Commonwealth. One way to alleviate these issues is for Massachusetts to join the Nurse Licensure Compact (NLC), which will assist qualified nurses to begin practicing in the Commonwealth in a more timely manner. Nurses are the foundation to the delivery of high-quality care to our patients across the Commonwealth and participation in the NLC will make the nurse licensure process more standardized and efficient, without compromising the quality of the licensure process. This will enable nurses to more quickly fill vacancies at Massachusetts hospitals and other health care facilities. We understand that joining the NLC will not solve all of our staffing challenges but we believe it will make a positive impact.

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.

Supporting health equity and advancing Diversity, Equity and Inclusion (DEI) continues to play an important role at South Shore Health. At the time of registration, data is collected on the patient's race, ethnicity and language. This information is self-reported by the patient and we continue to provide training and support to staff on this process. The self-reporting by the patient can be challenging, with some patients not wanting to answer the questions or engage with our staff, but it is important for our staff to not make assumptions about patients. All of the collected patient data on race, ethnicity and language is included in an annual report to the Department of Public Health.

South Shore Health collects information on disability status as part of the clinician's assessment of the patient. We are continuing to review ways to update our data collection efforts related to sexual orientation/gender identity.

Related to our colleagues, as we continue to face recruitment and retention challenges, South Shore Health's work together in this area plays an important role toward attracting and retaining diverse talent that matches the needs of the communities we serve. Each of our colleagues is vital in shaping an inclusive culture and we continue to identify ways to expand the diversity of our workforce.

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		
	Q2		
	Q3		
	Q4		
CY2020	Q1		
	Q2		
	Q3		
	Q4		304
CY2021	Q1		376
	Q2		286
	TOTAL:		966

The information included in the above table is related to the hospital-based price inquiries and not all fields are available.