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:

The COVID-19 pandemic has had a profound impact on Steward providers and staff. It is impossible to describe the full extent of the challenges providers faced and continue to face due to the worst pandemic and public health crisis of our lifetime. Health care workers witnessed death, the destruction of families, and critical illness, at an order of magnitude never seen before, all while risking their own lives to combat the virus.

Steward operates high quality, economically efficient, hospitals in communities throughout Massachusetts and across the nation – In Massachusetts, these hospitals are located in the communities that have been disproportionately impacted by the pandemic and where underlying health disparities are most prevalent. During the first 45 days of the pandemic, Steward hospitals saw 25% of COVID cases in Eastern MA even though Steward only operates about 12.5% of the beds in that region. In May 2020, Steward opened the first COVID-19 dedicated hospital in the country, at the Carney Hospital in Dorchester. Steward made significant infrastructure investments and developed specialized care models for COVID patients in order to care for our patient population. We spared no expense to acquire ventilators, drugs, and PPE to be able to care for the sickest patients. As stated earlier, the communities we serve were disproportionately impacted. For example, the year over year death increase in MA for 2019 v 2020 was 15.6% and it was 17.3% in counties where Steward operates a hospital and 12% in counties Steward does not operate a hospital. Another unfortunate but real measure of the toll on our providers and the disproportionate impacts on our communities is demonstrated by the fact that hospital admissions from SNFs are down 23% from the period before COVID. Many of our hospitals are located in the same cities and towns that received state prioritization for vaccine outreach because of health inequities and high positive case rates.

The impact of COVID-19 on our ability to recruit and retain staff is at a crisis point. Despite the resiliency of our workforce, many are burnt out, others have moved on to different professions, and many have retired early. The emotional and psychological toll on health care workers can't be overstated. At the same time, we were already confronting a workforce shortage that began well before COVID. Steward, like many other providers in the state, have relied on out of state workers (e.g. travel nurses) who are paid at a rate that's 3x-4x more expensive. Our overtime and vacancy costs have increased significantly. We are reaching the threshold of where staffing shortages will impact access for all patients across the state if our challenges cannot be met.

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 COVID-19 pandemic has had a dramatic effect on patient care at Steward. In the early phases of the disease, patients were actively avoiding visits as they did not want to leave their homes and risk exposure. Although telemedicine gained some ground as an alternative vehicle for patient care, there was an abrupt decrease in preventive care such as annual physical examinations, annual wellness visits (AWVs) and routine screening procedures such as mammograms, colonoscopies and pap smears. The number of visits to ambulatory practices declined by approximately 60% in March 2020 through July of 2020 as patients deferred all but emergency care. The number of heart attacks treated with Percutaneous Coronary Interventions (PCI) declined dramatically in Massachusetts in the spring of 2020 as patients literally stayed home with chest pain rather than risking coming to the emergency room.

The sequelae of these actions have become more apparent over time. First, we have seen an increase in later stage cancers as patients have returned to providers with progression of their disease. The 18 to 20 month delay has allowed the progression of many tumors from small solitary malignancies to larger and often metastatic disease. Second, Steward providers are also seeing patients present with advanced stages of chronic illnesses. There is an increase in heart failure, Chronic Kidney Disease (CKD), Chronic obstructive pulmonary disease (COPD) among others with later stage disease and symptoms that are often refractory to therapy. Third, our physicians have seen a significant lapse in routine childhood immunizations with many children failing to complete the required series of vaccines by age two. This leaves them at risk individually and also increases the risk of transmission of illness among populations. Fourth, many patients have become more inactive during the pandemic and have gained 10 – 20 pounds of weight that has increased the number of patients clinically diagnosed with obesity as well as the number of patients with uncontrolled complications of weight gain such as glucose intolerance and sleep apnea. Fifth, many patients delayed non-emergent surgery such as total joint replacements, bariatric surgery, and other procedures which would have improved their mobility and overall physical and mental health. Steward estimates that there are still 10 – 20% of these procedures that have not been completed with resultant worsening of patients underlying health. Finally, Steward has seen many chronic illnesses such as diabetes mellitus and hypertension that have become "uncontrolled" as a result of lapses in care, termination of medications and inability to afford their medications.

There has finally been a significant epidemic of behavioral health conditions during the pandemic. There has been a significant increase in anxiety and depression as patients coped with isolation, job loss, economic insecurity, potential loss of their homes and even food insecurity. The fact that almost 750,000 patients have died of COVID translates into the reality that everyone can speak to someone that they know who has died from this disease, and many have lost close family members, compounding the sadness and depression that has affected all of us. Many patients were temporarily or permanently laid off and dealt with the loss of their health insurance which further compounded their ability to seek medical care. There has been a huge increase in alcohol and substance abuse disorder as patients stayed home. Patients with previously diagnosed behavioral illnesses often stopped their medications and were unable to

see their providers for care. The legacy of this epidemic in behavioral health conditions will require care for years to come as patients and families return to a sense of normalcy in their jobs, their homes and their interpersonal relationships.

Steward and the providers in our system remain committed to caring for our patients with all of these issues and maintaining patient wellbeing in the face of all of these obstacles.

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 health care system as a whole will change significantly moving forward, in ways that we can anticipate and ways that we cannot anticipate. Most fundamentally, we hope that the disproportionate impact of COVID-19 on disadvantaged communities will cause systemic change in how health care resources are allocated. Hospital in underserved communities need to remain viable and their resource disadvantage must be rebalanced in ways that effectuate true change – policies that resolve unwarranted price variation and place greater regulatory scrutiny of high priced provider expansions. Steward is strongly supportive of many of the recommendations in the most recent Cost Trends Report because while bold, they will make a meaningful difference in establishing an equitable health care system – one that does not discriminate against our most vulnerable patients and disadvantage the health care providers who care for these patients.

The most significant policies undertaken during the pandemic that we hope continue relate to workforce efficiencies. Scope of practice changes were necessary to manage through the pandemic and demonstrated that certain changes should be made permanent. We strongly support emergency temporary licenses until the workforce shortage abates. We support MA adoption of the nurse licensure compact so that we can leverage the access advantage of telemedicine and eliminate antiquated licensure barriers. We support timely and fixed application review periods for initial licensure. We also need to broaden our workforce pipeline – this can be achieved through loan assistance programs for undersupplied professions like behavioral health and through strong training and education pipelines at our community colleges for students pursuing careers in health care.

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.

Steward has developed a comprehensive patient registration process to advance health equity for all patients. As part of our patient registration process, all Steward representatives are instructed to review all demographic information with each patient. This information includes questions regarding the patient's marital status, religion, ethnicity, race, education level, current employment, place of birth, country of origin, and detailed information relating to spoken and written language. In order to ensure that all patients are able to understand the care or treatment that they receive, each patient is asked what language they would prefer to discuss health care issues in, what their primary language is, and what their preferred language for reading is. Interpreter services are offered to all patients and Steward also offers forms in a number of different languages.

Steward recently updated its patient registration to include information relating to gender identity and sexual orientation. As part of the registration process, all patients are asked to provide their birth sex, current sex, gender identity, and their preferred pronouns. In an effort to ensure representatives were fully prepared to discuss this information with patients, all staff were required to participate in a SOGI (Sexual Identity/Gender Identity) training. Steward also updated its hospital systems and paperwork to readily display the patient's preferred name and pronouns to ensure the patient is referred to respectfully and appropriately at every step of their treatment.

Steward continues to enhance its comprehensive data collection processes. All of the demographic questions available in the patient registration are reportable and allow for the organization to monitor each hospital's compliance. The largest barrier in collecting data relates to patient's willingness to provide personal information. Steward always encourages patients to provide all demographic information requested and representatives are trained to request the information from all patients. However, patients may decline to provide such information and Steward does not compel patients to provide it. Steward continues to educate staff and the patient population about the benefits and importance of providing detailed demographic information in order to provide culturally competent, high quality care, and to advance health equity.

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**	100	350
	Q2	100	350
	Q3	100	350
	Q4	100	300
CY2020	**Q1**	100	300
	Q2	60	180
	Q3	60	180
	Q4	60	225
CY2021	**Q1**	100	339
	Q2	100	303
	TOTAL:	880	2877