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*Massachusetts Healthcare:*  
**A System at a Crossroads**

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MASSACHUSETTS  
**Health & Hospital**  
ASSOCIATION

**Steve Walsh, President & CEO**

March 23, 2023

# About MHA

The Massachusetts Health & Hospital Association (MHA) serves as the unified voice for Massachusetts hospitals and health systems.



Advocacy & Policy



Clinical Affairs



Cross-Continuum  
Collaboration



Data & Analytics



Education

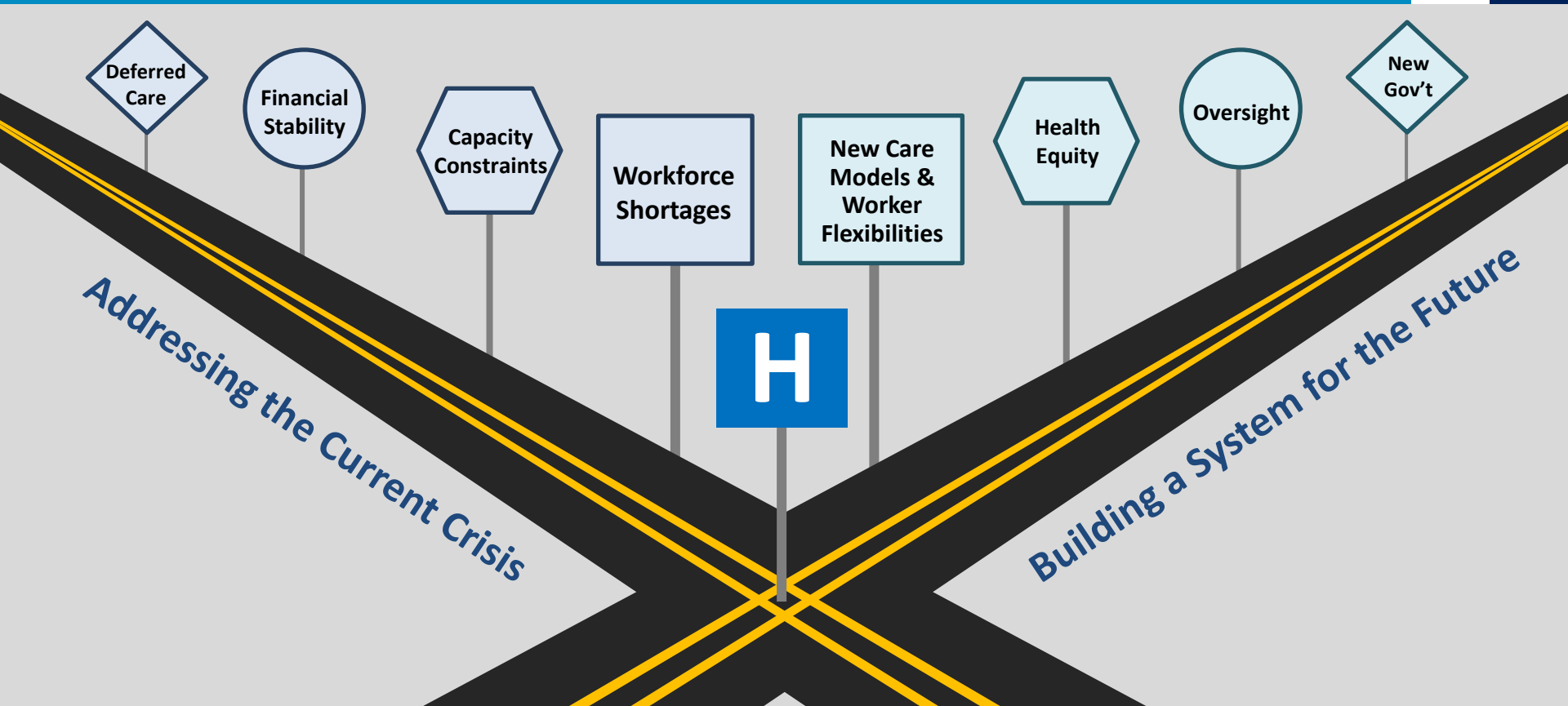


Communications

## We Represent:

- ✓ 71 licensed hospitals
- ✓ 50 physician organizations
- ✓ Over 30 other healthcare-centric organizations
  - ✓ Non-hospital providers
  - ✓ Professional organizations
  - ✓ Service providers

# A System at a Crossroads



# *Inextricably Linked: Most Pressing Issues*



# Workforce



## Hospitals and health systems continue to struggle with severe workforce shortages.

### WHAT WE KNOW

- › An estimated 19,000 full-time openings at acute care hospitals, including 5,100+ RNs
- › No position is immune
- › Both recruitment and retainment are challenges
- › Massachusetts hospitals spent more than \$1.5 billion on temporary labor in FY2022.

#### AN ACUTE CRISIS:

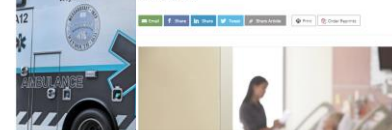
#### How Workforce Shortages are Affecting Access & Costs

MHA MASSACHUSETTS Health & Hospital ASSOCIATION October 2022

#### Hospitals are short of workers and crowded ERs are a symptom of the crisis

Shortages of health care personnel keep patients 'stuck' at every turn in the system.  
By The Editorial Board | Updated November 14, 2022, 4:02 a.m.

#### Mass. hospital lobbying group sounds alarm over 19K job vacancies



#### Patients face delays as hospitals struggle to fill 19,000 jobs, report finds



#### Nearly 20,000 Acute Care Hospital Positions Unfilled in Mass., Study Estimates

Industry experts are raising concern over care delays and reduced access to services



#### Report says there are 19,000 unfilled hospital positions in Mass.

MHA survey finds biggest need in nursing

#### 2. Hospitals have 19K vacant jobs

#### Hospital wait times soar with 19K unfilled positions in Mass., report says

Published: Nov. 03, 2022, 8:55 a.m.

# Workforce Initiative

**Communications,  
Data & Solutions**

**Advocacy:**  
Legislation, Regulations,  
Licensing Requirements, Scope  
of Practice, Reimbursement

**Education:**  
Sharing Best Practices

**Recruiting/PR  
Campaign**

**Massachusetts  
“AmeriCorps for  
Healthcare”**

**Partnerships with  
Higher Ed Institutions**

**Innovative Care  
Models**

*Growing the Pipeline*

*Transforming Care*

# Retention Efforts

## CARING FOR THE CAREGIVER



Task Force Report

Key areas of focus:



**SAFETY**



**ENGAGEMENT**



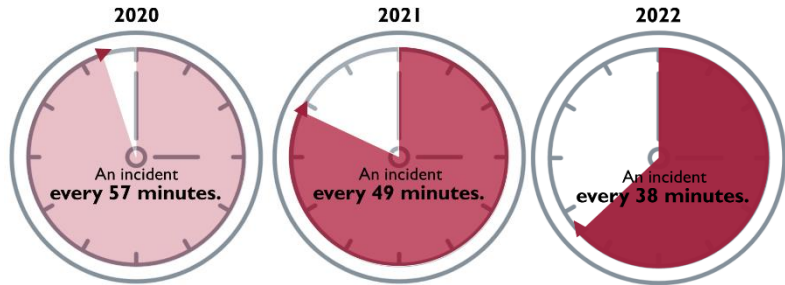
**WELLBEING**



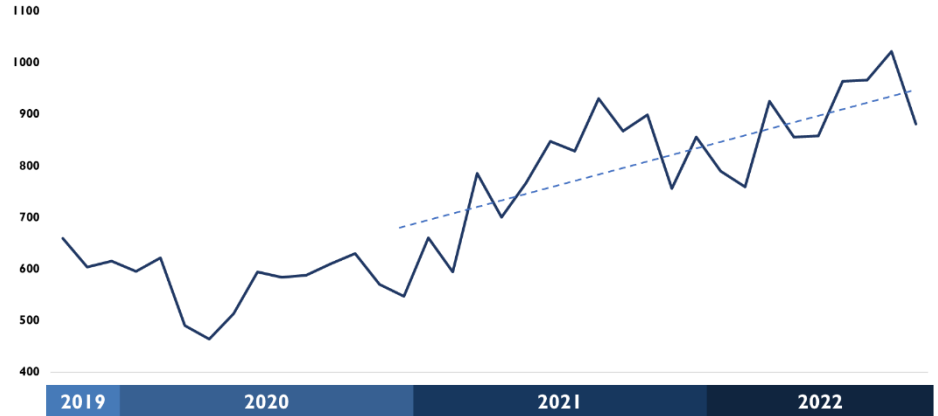
**WORKFORCE**

# Incidents of Violence at Massachusetts Hospitals 2020-2022

## Frequency



## Total Incidents: Trending Data



This data is from a consistent cohort of responding hospitals



# MHA Violence Report & United Code of Conduct: Published January 2023

## WORKPLACE VIOLENCE AT MASSACHUSETTS HEALTHCARE FACILITIES:

### An Untenable Situation & A Call to Protect the Workforce

#### IN THIS REPORT:

- > An Untenable Situation 1
- > The Numbers Behind the Crisis 2
- > A Comprehensive Approach 5
- > A Call to Action 6
- > Advocating for Legislative Change 7



January 2023



*FOR BOARD VOTE:*  
Proposed MHA Member United  
Code of Conduct Principles

With incidents of violence and disrespect toward healthcare workers continuing to rise, MHA members have come together in their response to continue to foster safe, respectful workplaces for staff and healing environments for patients.

The MHA Board of Trustees is presented with a **united set of common principles that MHA member organizations are asked to adopt as part of their Patient and Visitor Code of Conduct.** Organizations may alter the language and include additional items as appropriate for their individual organizations, but agree to uphold the principles below as a united, baseline standard.

#### Promotion of a Safe and Respectful Environment

- I. Healthcare organizations are committed to uphold a Code of Conduct to maintain a safe, inclusive, equitable, and respectful environment for patients, staff, and visitors.
- II. Healthcare organizations commit to the creation of policies and practices that promote the protection of staff, patients, and visitors.
- III. A safe environment promotes patient, visitor, and staff safety.
- IV. Offensive, abusive, or discriminatory language or behavior undermines the safety of patients and staff.

#### Code of Conduct Violations Could Include, but Are Not Limited to:

- I. Disrespectful, aggressive, abusive, or violent behaviors or actions towards staff, patients, and visitors.
- II. Threatening, discriminatory, bullying, disrespectful, or offensive language towards staff, patients, and visitors.
- III. Possession of weapons or firearms.
- IV. Disruption of other patients' care or experience.
- V. Taking photos or videos of patients, visitors, and/or staff without permission.

#### Potential Consequences

All violations will be addressed by hospital staff per the organization's policies and procedures.

- I. Patients violating the code of conduct may be asked to continue their care plan elsewhere and their future ability to obtain non-emergent care at the facility may require further review.
- II. Anyone found violating the code of conduct may be asked to leave and future visits may be restricted.
- III. The hospital may report violations of personal conduct to appropriate authorities.

#### Maintenance of Code of Conduct

- I. Alert members of your care team if you witness or are a
- II. Retaliation for reporting a violation is prohibited.
- III. Staff will report all observed or experienced violations of offices per the organization's violence prevention policy.



Mass. industry group says hospitals can remove, ban violent patients

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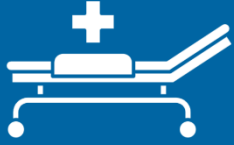
Growing violence against health care workers prompts Mass. hospitals to adopt new codes of conduct



Massachusetts hospitals set new expectations for unruly patients

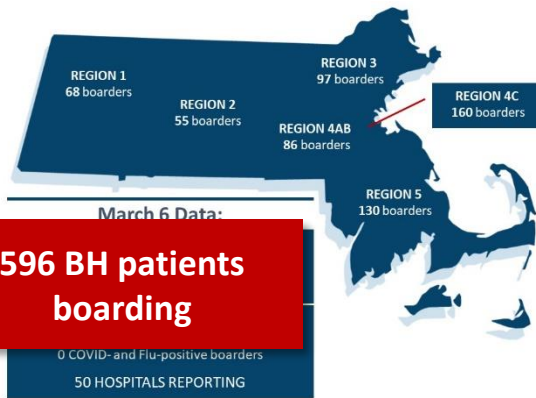
"It's never OK to assault anyone in a health care facility."

# CAPACITY

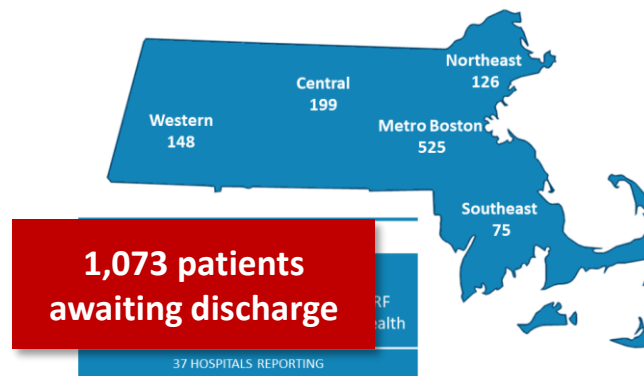


Extreme capacity pressures are delaying admissions and discharges, with the impacts apparent to patients.

## CAPTURING A CRISIS MASSACHUSETTS BEHAVIORAL HEALTH BOARDING METRICS



## THROUGHPUT SURVEY REPORT



As of August of 2022, 20% of licensed behavioral health beds in Massachusetts were offline solely due to workforce shortages.

That's up from 9% in February 2022 and 14% in October 2021.

# Addressing Care Transitions

## Solutions already in place

- ✓ Voluntary flexibility agreement between hospitals, nursing facilities, and health plans
- ✓ Skilled Nursing Facility Short-Term Rehab Capacity Program
- ✓ Post-Acute Care Transitions Collaborative

## Additional solutions being championed by MHA members:

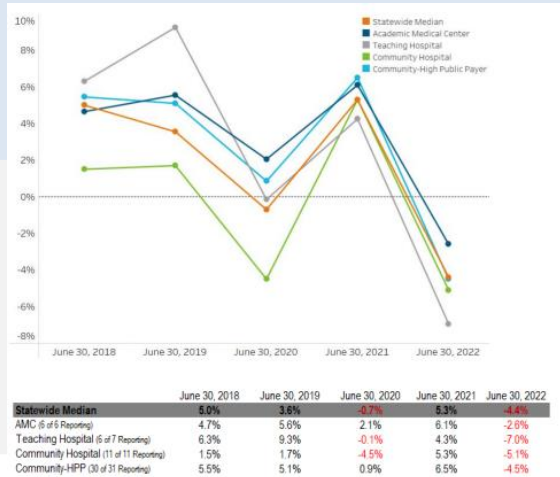
- ✓ Enhancing the Complex Care Ombudsman Program
- ✓ Establishing a program to increase access to long-term care, dementia, and & geri-psych beds
- ✓ Expanding the Hospital to Home Partnership Program
- ✓ Improving processes to expedite guardianship, conservatorships, and healthcare proxy cases through the courts
- ✓ Increasing information, education and communication with all post-acute care services
- ✓ Enhancing education around new services being introduced to reduce transportation burdens
- ✓ Enhanced oversight of Medicare Advantage plans

# Finances

Providers are shouldering unsustainable financial losses, with little end in sight.

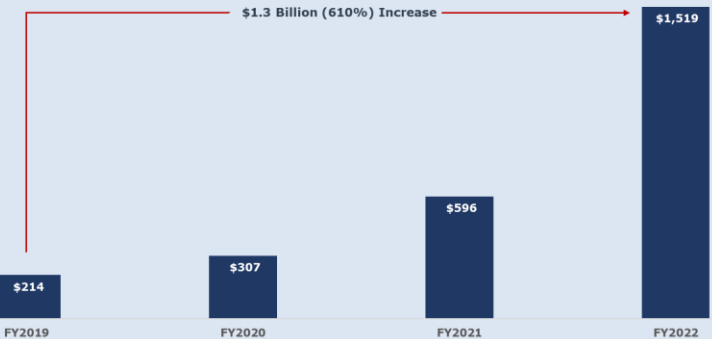


The latest statewide median operating margin for hospitals stood at -1.4%, a decrease of 3% from the previous year.



Center for Health Information and Analysis

## 2019-2022 Temporary RN Staffing Costs (dollars in millions)



Massachusetts hospitals spent more than \$1.5 billion on travel labor in FY2022.

# Policy



**Major policy victories are expected to make a foundational difference in how our system operates over time.**

## KEY AREAS

- › Extending flexibilities and waivers
- › Advancing new care models
- › Expanding the workforce pipeline
- › Training and educational advancement
- › Protecting worker safety
- › Financial support



- › Passage of a historic 1115 Medicaid waiver, with unprecedented investments in clinical quality and health equity



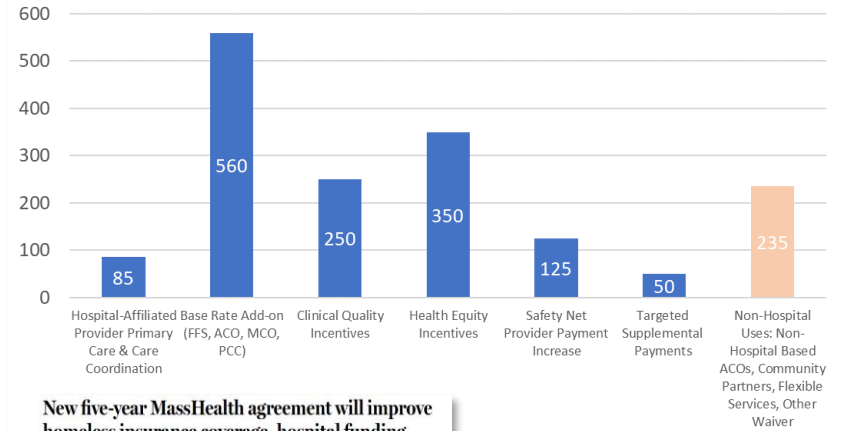
- › Passage of Mental Health ABC Act, which targets behavioral health boarding and mental health supports

# The 1115 Medicaid Waiver



- Dictates how Medicaid will be uniquely administered in Massachusetts for the next 5 years
- MHA and EOHHS have spent more than a year developing the plan, which will:
  - Include **\$1.65 million in annual spending**, supported by a \$710 million hospital assessment
  - Yield more than **\$600 million in annual net gains** across acute care hospitals, or \$3 billion over 5 years
  - Hard-wire **health equity and clinical quality** into hospital planning and financing
- **CMS approved the plan in September 2022**

Payments Funded by Acute Hospital Assessment & Federal Revenue  
Dollars in Millions per Year



## New five-year MassHealth agreement will improve homeless insurance coverage, hospital funding

By Jessica Bartlett, Globe Staff, Updated September 28, 2022, 7:56 p.m.

### MHA Applauds Approval of Historic 1115 Medicaid Waiver

Takes unprecedented steps to support health equity, clinical quality, safety net providers

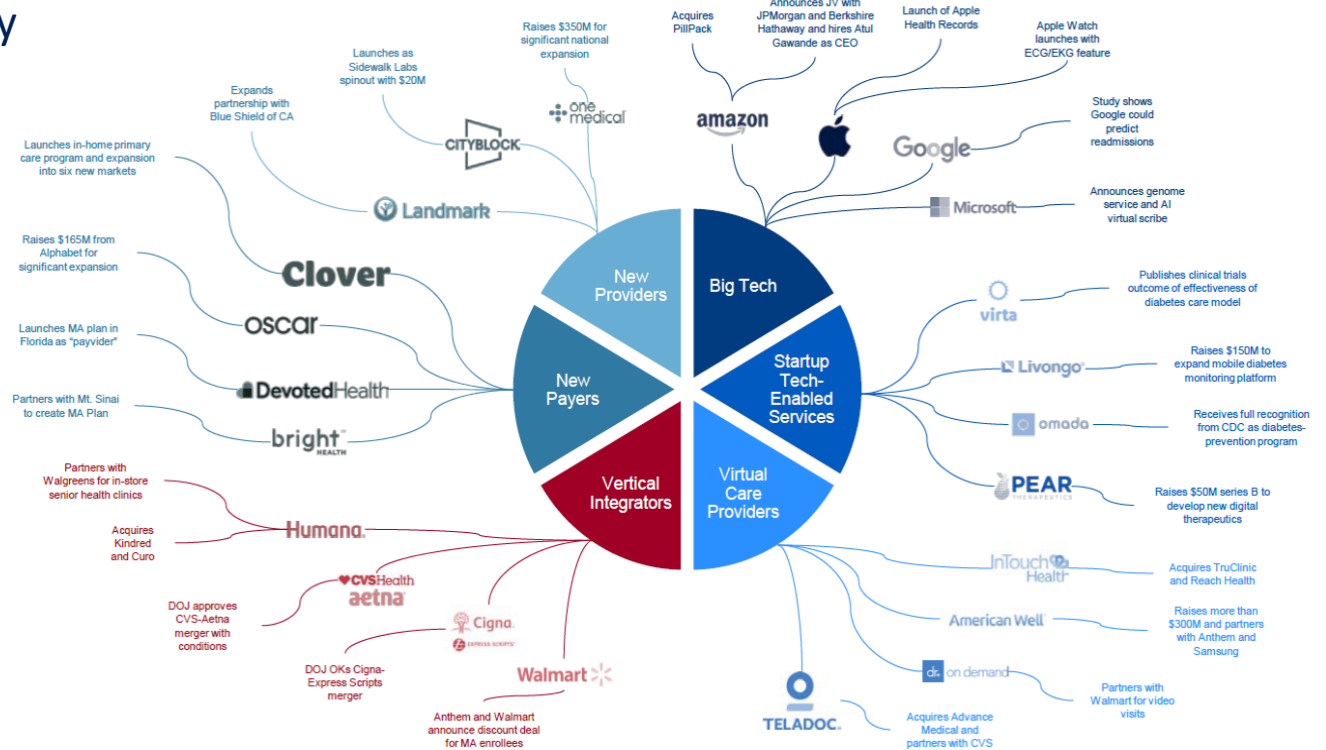
**BURLINGTON, MA – September 28, 2022** – The Massachusetts Health & Hospital Association (MHA) is applauding the approval of a historic 1115 Medicaid waiver, as announced today by the Center for Medicare & Medicaid Services (CMS) and the state's Executive Office of Health and Human Services (EOHHS).

The waiver is the main agreement between Massachusetts and the federal government, outlining how the Medicaid program will be uniquely administered in the commonwealth over the next five years. The new agreement will leverage the program to funnel new and significant investments into health equity initiatives, primary care, behavioral health, and safety net providers.

Key aspects of the 1115 waiver, including health equity and support for safety net providers, are connected to a new hospital Medicaid plan that EOHHS and MHA worked in close collaboration to devise for the more than a year. These new investments are partially funded by a new hospital assessment that will support these priorities, as well as clinical quality outcomes, delivery system reforms, and addressing chronic underpayment of hospital Medicaid services. They will also power key Medicaid waiver priorities related to health-related housing needs, nutrition, and care coordination in the community. The plan received unanimous endorsement from the association's Board of Trustees.

# Disruption

## Sampling of major activity *pre-pandemic*



# Disruption: It's Our Time



## Innovative Care Models



### Staffing Models

- EDs, ORs, ambulatory etc.
- Practicing at top of license
- LPNs
- Flexible scheduling



### Telehealth

- Tele-visits
- Tele-ICU
- Tele-sitting



### Care at Home

- Hospital at Home
- EMTs treatment at home
- Mobile Integrated Health
- Remote monitoring

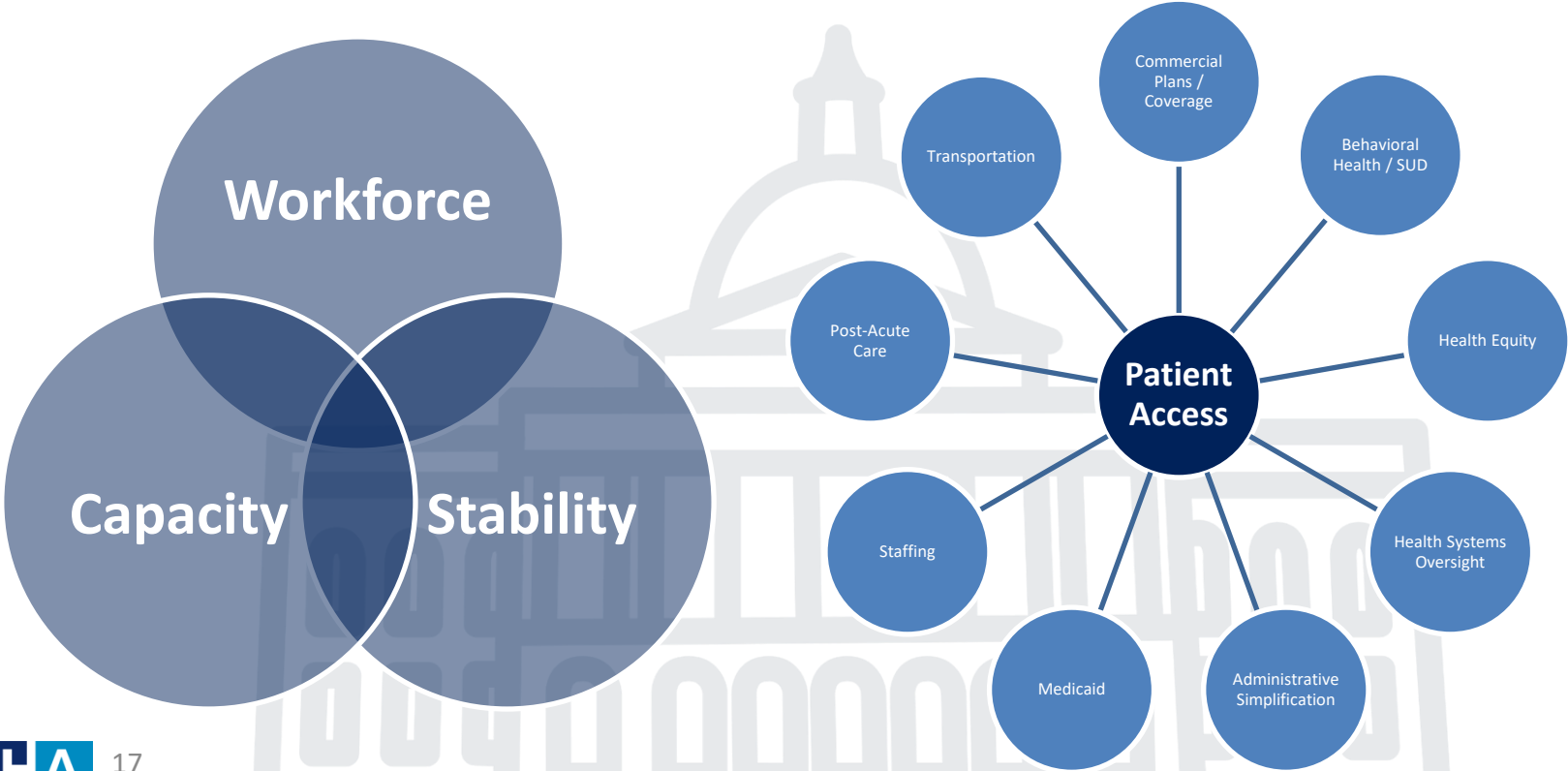


### Digital / Technology Transformation

- Artificial Intelligence / Machine Learning
- Automation
- Robotics
- Natural Language Processing



# 2023 - 2024 State Legislative Priorities



# MHA Leading on DHE&I



Board Development



Leadership & Workforce Development



Advocacy



Health Equity



Best Practices



MHA Internal



**'Is it reflecting who we're taking care of?'**  
Massachusetts Hospital Association urges members to increase board diversity

By Priyanka Dayal McCluskey Globe Staff, Updated December 15, 2021, 9:30 a.m.



## The Role of Governance in Advancing Health and Racial Equity

*Training for Massachusetts Health & Hospital Association Member Governing Boards*

The Massachusetts Health & Hospital Association (MHA), in partnership with Health Resources in Action, is pleased to offer our members' governing boards the opportunity to Journey. Through a series of customized, time-efficient train your board members will be equipped to advance their explore their role in advancing institutional practices to



**LEADING THE CONVERSATION**  
MHA Diversity, Equity & Inclusion in Healthcare Conference



**Thank you!**



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