

*Massachusetts
Association of
Behavioral
Health Systems*

115 Mill Street
Belmont, MA 02478
Phone: 617-855-3520

Michele Gougeon, MSS, MSC
Chairman

David Matteodo
Executive Director

Members:

AdCare Hospital
Arbour Hospital
Bournewood Hospital
Fuller Hospital
HRI Hospital
McLean Hospital
Southcoast Behavioral Health
Steward Health Care System
Pembroke Hospital

Associate Members:

Anna Jaques Hospital
Austen Riggs Center
Bayridge Hospital
Baystate Health System
Berkshire Health Systems
Beth Israel Deaconess
B.I. Deaconess Plymouth
Brigham and Faulkner Hospital
Brockton Hospital
Cambridge Health Alliance
Cape Cod Hospital
Children's Hospital
Cooley Dickinson Hospital
Emerson Hospital
Franciscan Children's
Gosnold Treatment Center
Hallmark Health System
Harrington Memorial Hospital
Henry Heywood Hospital
High Point Hospital
Holyoke Medical Center
Marlboro Hospital
Mass General Hospital
Metro West Medical Center
Mount Auburn Hospital
Newton Wellesley Hospital
Noble Hospital
North Shore Medical Center
Providence Behavioral Health
Southcoast Behavioral Health
St. Vincent Hospital
TaraVista Behavioral Health
Tufts Medical Center
U Mass Memorial Health Care
Walden Behavioral Care
Westborough Behavioral Hospital
Whittier Pavilion

**Testimony to the Health Policy Commission
Re: Health Care Cost Growth Benchmark
Presented by: David Matteodo, Executive Director
Massachusetts Association of Behavioral Health Systems
March 29, 2018**

On behalf of the Massachusetts Association of Behavioral Health Systems (MABHS), I appreciate the opportunity to offer this testimony to the Health Policy Commission regarding the Health Care Cost Growth Benchmark. The MABHS represents 44 inpatient mental health and substance abuse facilities in the Commonwealth, which collectively admit over 60,000 patients annually. Our hospitals provide the overwhelming majority of acute inpatient mental health and substance abuse services in the Commonwealth.

Current Status for Inpatient Behavioral Health: There has been a great deal of activity regarding new initiatives in Behavioral Health over the past few years. Including:

Beginning in June, 2015 there have been four new freestanding psychiatric hospitals which opened in Massachusetts. The private sector licensed beds have increased by 419 beds during this period, from 2,433 beds to 2,852 (this figure does not include the 671 state hospital beds operated by the Department of Mental Health). Each of these hospitals, located in various parts of the state, are seeking to help address Emergency Department Boarding and provide better access to mentally ill and substance use patients. The four new hospitals as well as the expansion of several current facilities, represent unprecedented developments for inpatient behavioral health in Massachusetts.

The MABHS and our member hospitals are currently engaged in implementing an Expedited Admissions process in cooperation with the Department of Mental Health; MassHealth, and the Division of Insurance. This process has resulted in new DMH regulations and the development of a process between providers and payers which will hopefully reduce or eliminate Emergency Department Boarding.

We have worked with MassHealth closely to ensure an orderly transition to the ACO models of care and the transfer of eligibility for thousands of MassHealth patients to new programs. To date, the implementation of this important project seems to have gone well for our patients and hospitals.

Altogether, this is a time of significant change to the inpatient behavioral health system in Massachusetts. We hope the Health Policy Commission will work closely with us to ensure successful implementation of the many new developments in our sector.

Future Issues for HPC Attention: There are several major issues which we would call special attention to for the Health Policy Commission including:

Workforce Shortages: Our hospitals continue to struggle to find adequate numbers of psychiatrists to meet our needs. Beds can remain unavailable for months as hospitals are unable to find psychiatrists who are willing to work on inpatient units. The Board of Registration in Medicine can take six months or longer to approve transfers from other states, causing our hospitals to lose recruited psychiatrists. Anything the HPC can do to help facilitate the BORIM process would be very helpful.

Role of Nurses: We have suggested to the Baker Administration that nurses should be allowed to provide more services. Especially regarding Advanced Practice Nurses, there are opportunities for savings by better utilizing their skills by allowing them to certify restraints and the ability to admit patients to the hospital in consultation with the physician. Again, anything the HPC can do to help with these efforts would be beneficial for access and savings.

Patient Flow: Our hospitals continue to have many patients unable to be discharged to DMH facilities due to a lack of capacity for DMH. We have long Wait List periods for chronically mentally ill who no longer require acute care but need Continuing Care in the DMH State Hospitals. However, the DMH beds are regularly full and our patients can wait for months before they are able to be discharged. And, to make matters worse, the MassHealth MCOs will routinely cut the payment to our hospitals by imposing an Administrative Necessary Day reduced rate for these patients, saying they no longer need acute care. Our hospitals are unfairly penalized in this regard, and again, we urge the HPC to help address this issue.

Nurse Staff Ratio Ballot Question: The potential Ballot Question that addresses nurse staffing levels would have a devastating impact on our hospitals through the imposition of staffing ratios that would be difficult, if not impossible for our facilities to meet. We believe the cost of the proposed ratios would be in excess of \$80 million per year and require hiring over 800 new nurses. And, given the likelihood that it would not be possible to find the requisite numbers of new nurses to meet the mandated ratios, our hospitals would have to close hundreds of beds. This Ballot Question is costly, unnecessary (our hospitals already have to meet DMH staffing requirements for licensure) and could have a profoundly negative impact on access. We urge the HPC to fully review the potential impact on the health care system of this misguided Ballot Question. It could have a devastating impact on inpatient behavioral health in Massachusetts.

Integrated Care: The HPC should continue to encourage the movement towards integrated care for behavioral health. The slow, but steady reduction of stigma and inclusion of treatment of the mind as well as the body bodes well for the future of behavioral health services for consumers. We urge the HPC to continue to encourage initiatives in this area, as it can often result in better services at reduced overall costs.

In conclusion, the future of the inpatient behavioral health system is promising; notwithstanding the issues that confront our hospitals. We are optimistic that society is increasingly recognizing the value of the services we provide, and we look forward to continuing to address the issues before our members.

Thank you for the opportunity to offer these comments. Please do not hesitate to contact me with any questions or further information.