

MaineHealth

MaineHealth Local Health Systems

Franklin Community
Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
Mid Coast-Parkview Health
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Waldo County General Hospital
Western Maine Health

Part of the MaineHealth Family

MaineHealth Accountable
Care Organization

MaineHealth Affiliates

MaineGeneral Health
New England Rehabilitation
Hospital of Portland
St. Mary's Health System

Testimony of Sarah Calder, MaineHealth In Support of LD 225, “An Act to Expand the Reimbursement to Hospitals for Days Awaiting Placement in Facilities” Thursday, February 16, 2023

Senator Baldacci, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to strongly support LD 225, “An Act to Expand the Reimbursement to Hospitals for Days Awaiting Placement in Facilities.

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 22,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab.

Hospitals continue to weather the long-term impacts of the pandemic, including caring for an increased volume of patients who are more acutely ill and staying longer than they ever have before. Since the pandemic began, our local health systems’ census and average length of stay have steadily increased. Until Fiscal Year 2021, Maine Medical Center’s average length of stay for patients hovered around 5 days. That figure has now spiked to almost 7.5 days.

We now find ourselves in a place where, on any given day, approximately 70 patients are stuck in MaineHealth hospitals awaiting access to an appropriate level of care. This means that our inpatient census has been at capacity nearly every day and our Emergency Departments are often forced to go on diversion – two situations that rarely occurred before the pandemic. Included in my testimony are graphs that show the increased length of stay at Maine Medical Center and Southern Maine Health Care, as well as the increased volumes in both Emergency Departments.

We often see patients who require residential care regress both physically and psychologically the longer they stay in the hospital. The hospital and, in particular, the Emergency Department can also be extremely stressful for patients and patients can become aggressive or violent the longer they stay in an

inappropriate clinical setting. Our care team members are literally bearing the brunt of the system's failings with record levels of violence and verbal abuse. I've included a chart in my testimony that shows the significant increase.

Due to the crisis impacting post-acute care facilities, Maine Medical Center's discharges to residential care, whether that be to a nursing home, skilled nursing facility, or residential facility, have been reduced by 69% since 2019. The crisis at Maine Medical Center has become so severe that the hospital announced last week that it will start a new program called "Transitional Care Communities." The program will cohort the hospital's long-stay patients and introduce an activities coordinator who will help the patient maintain cognitive, physical, and emotional well-being while awaiting appropriate placement. Maine Medical Center is the state's only Level 1 verified trauma center – it is not designed, equipped, or staffed to best deal with the needs of patients who require a long-term care setting. But in order to continue to meet the needs of our patients and maintain our commitment to providing safe, high-quality care, this is what must be done.

In addition to the long-term care crisis, the pandemic also exacerbated a pre-existing crisis in Maine's behavioral health system. Unfortunately, our Emergency Departments have become a significant part of the behavioral health continuum, though they are in no way equipped to meet the needs of this population. In fact, last year 435 children and adolescents languished in MaineHealth Emergency Departments for an average of 5.5 days awaiting appropriate services, including for services that don't exist in the state. The state-wide number is even more sobering – 861 children languished on average for 7 to 10 days in Emergency Departments across the state, depending on the level of care they needed.

Not only is keeping a patient in a hospital who no longer needs acute care not patient-centered care, it also comes with a huge financial cost to our local health systems. At Maine Medical Center, we estimate the FY 22 net impact to have resulted in a \$90 million annual loss. For most MaineCare patients, hospitals are paid a fixed payment based on the average cost to treat that diagnosis, regardless of how long their hospital stay is. Hospitals only receive the Days Awaiting Placement reimbursement for MaineCare patients awaiting placement to a skilled nursing facility (even though the statute requires reimbursement for patients awaiting placement to any nursing facility bed and for patients who are approved for MaineCare long-term care coverage in the hospital). We do not receive this reimbursement for patients awaiting residential care, including those in the Emergency Department.

As one example, in September 2022, an adolescent with behavioral health needs languished in Maine Medical Center's Emergency Department for over a month because his parent refused to take him home. During his stay, he threatened to kill a hospital security officer and became destructive and aggressive towards our care team members. MaineCare reimbursed the hospital just \$402.32 for his stay, or a little over 12 cents per day. I would add that the patient is now in Southern Maine Health Care's Emergency Department where he has languished since January 9,

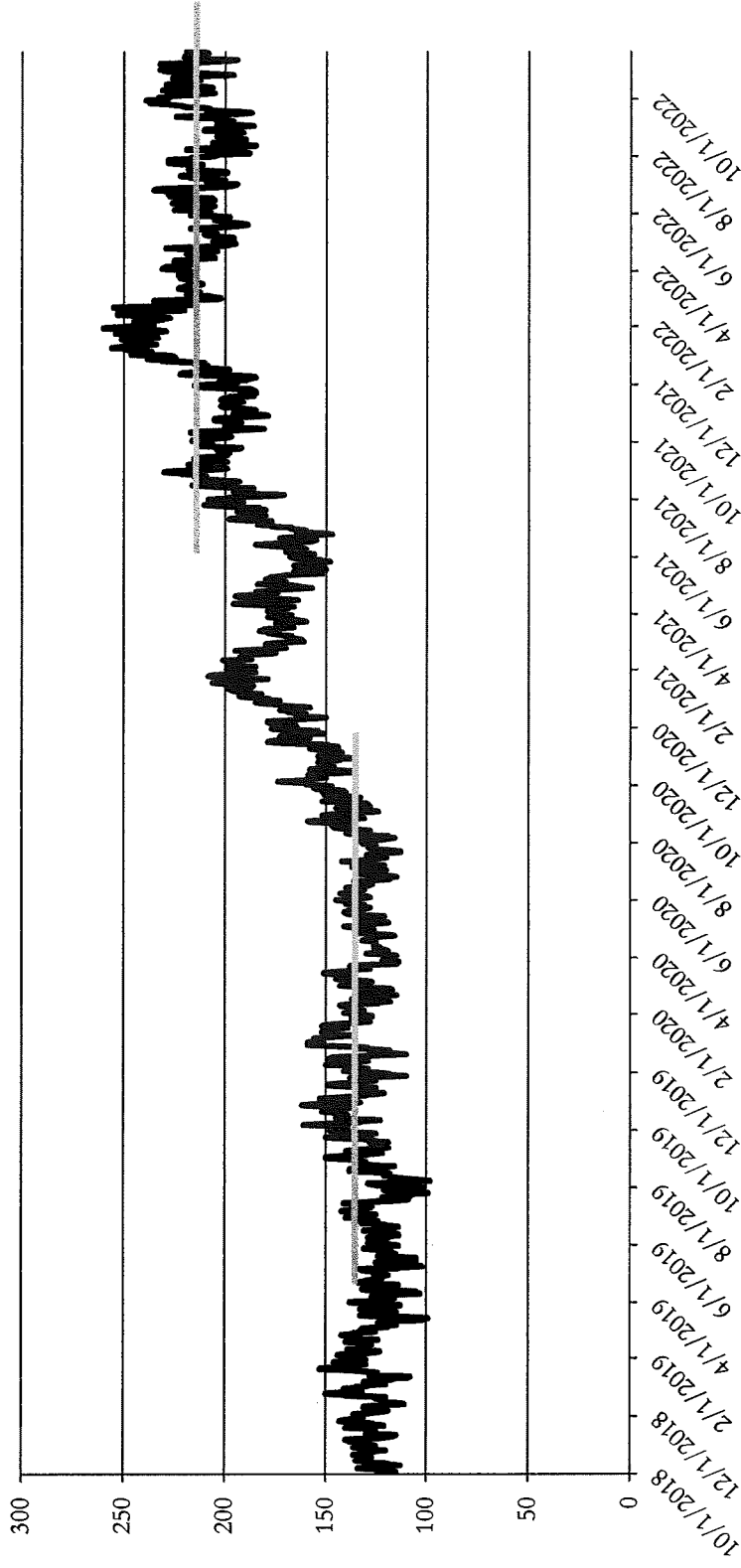
despite not meeting inpatient hospital criteria. Again, his parent refuses to allow him to return home.

Hospitals are being asked to shoulder the burden of a failing system without any consideration for the financial cost. It is for that reason that we are incredibly grateful for Rep. Anne Perry for introducing this legislation, and to the Violence Against Health Care Workers Task Force for raising awareness of the crisis. I urge you to vote "Ought to Pass" on LD 225, and, just as importantly, I look forward to working with you this Session to address the challenges preventing our patients from accessing the residential care they so desperately need.

Thank you and I would be happy to answer any questions you may have.

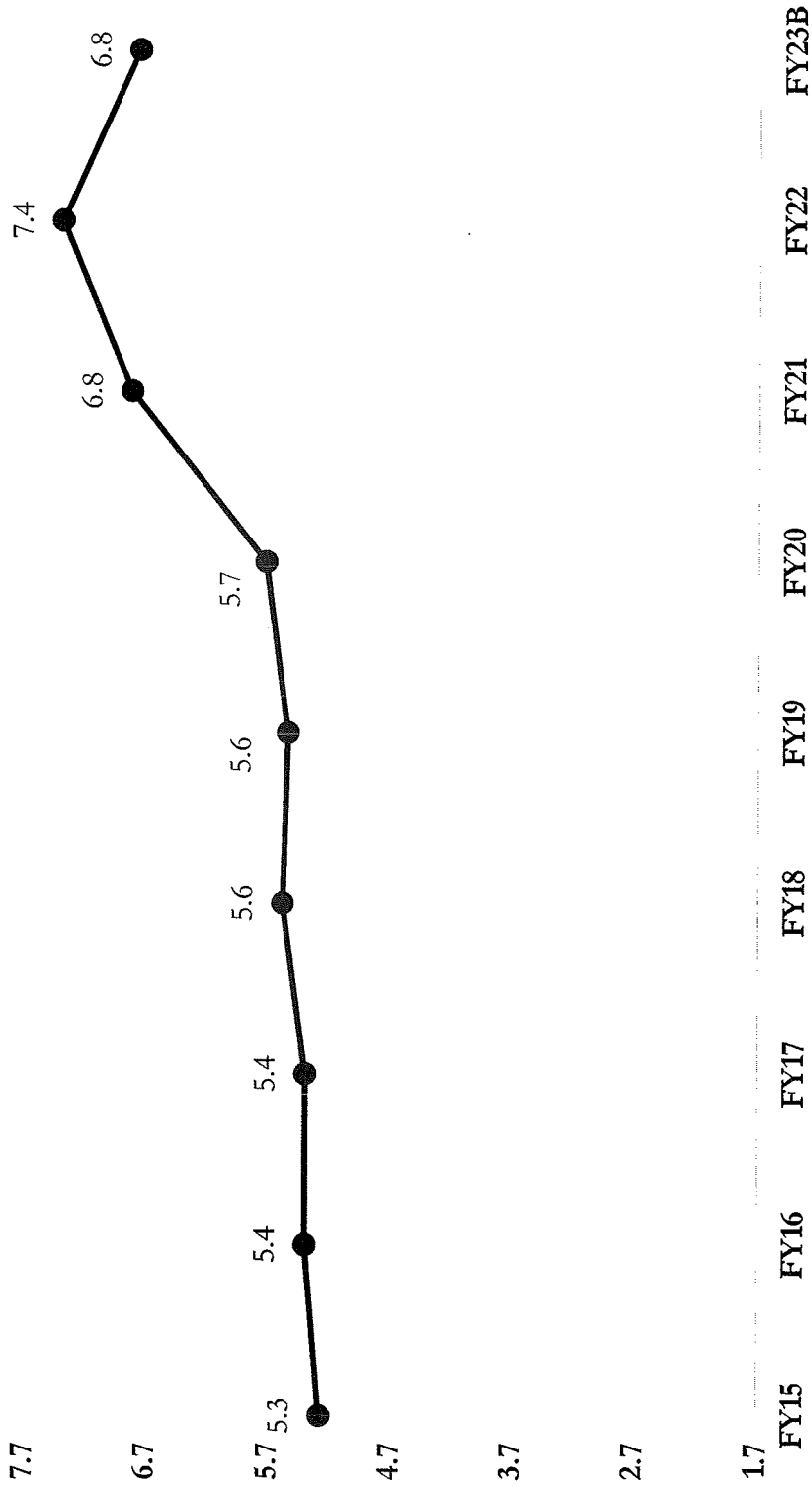
Maine Medical Center Length of Stay – 10+ Days

Inhouse IP Encounters LOS 10 or More Days



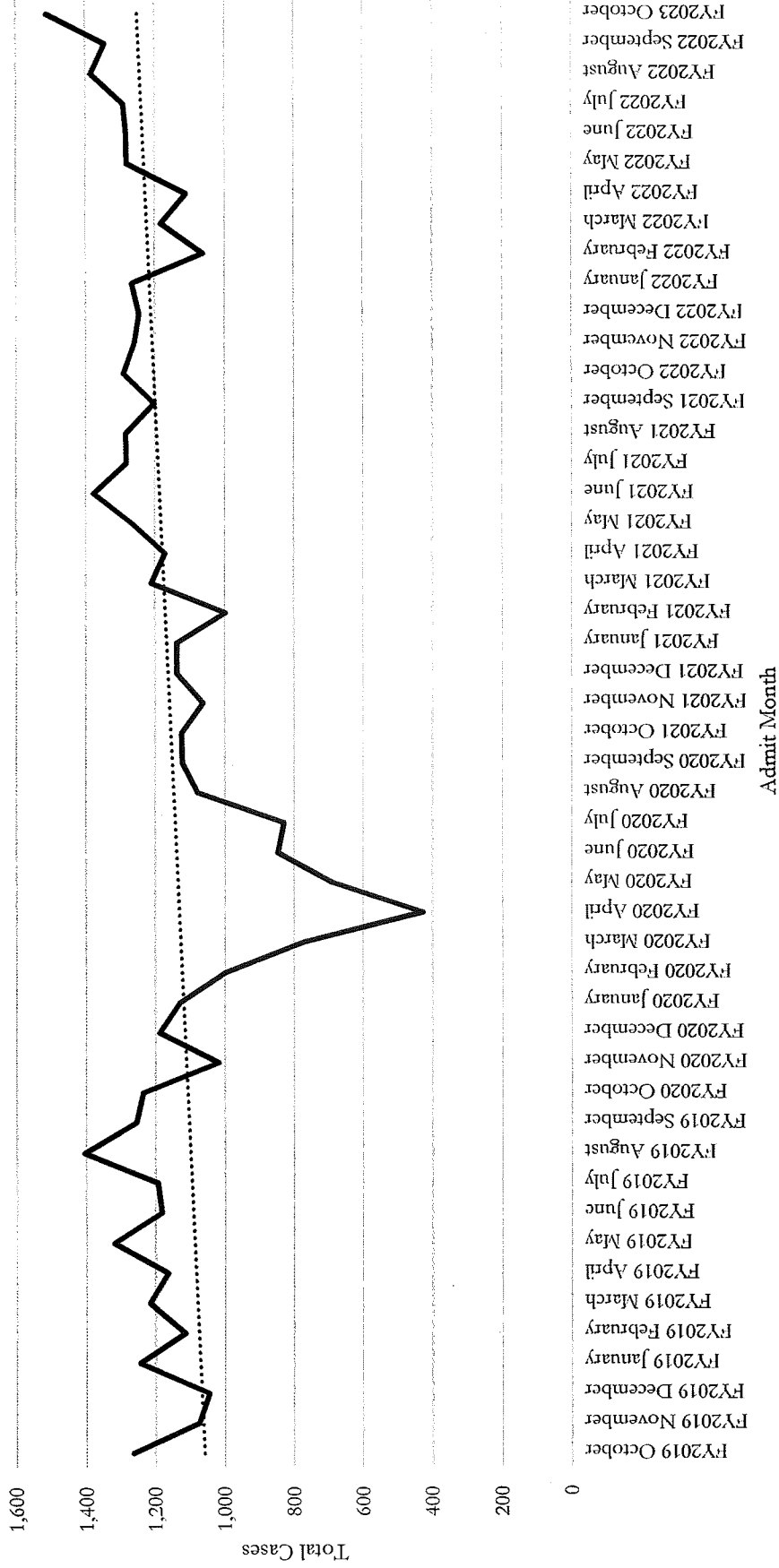
Maine Medical Center Average Length of Stay

Adult & Pediatric Length of Stay

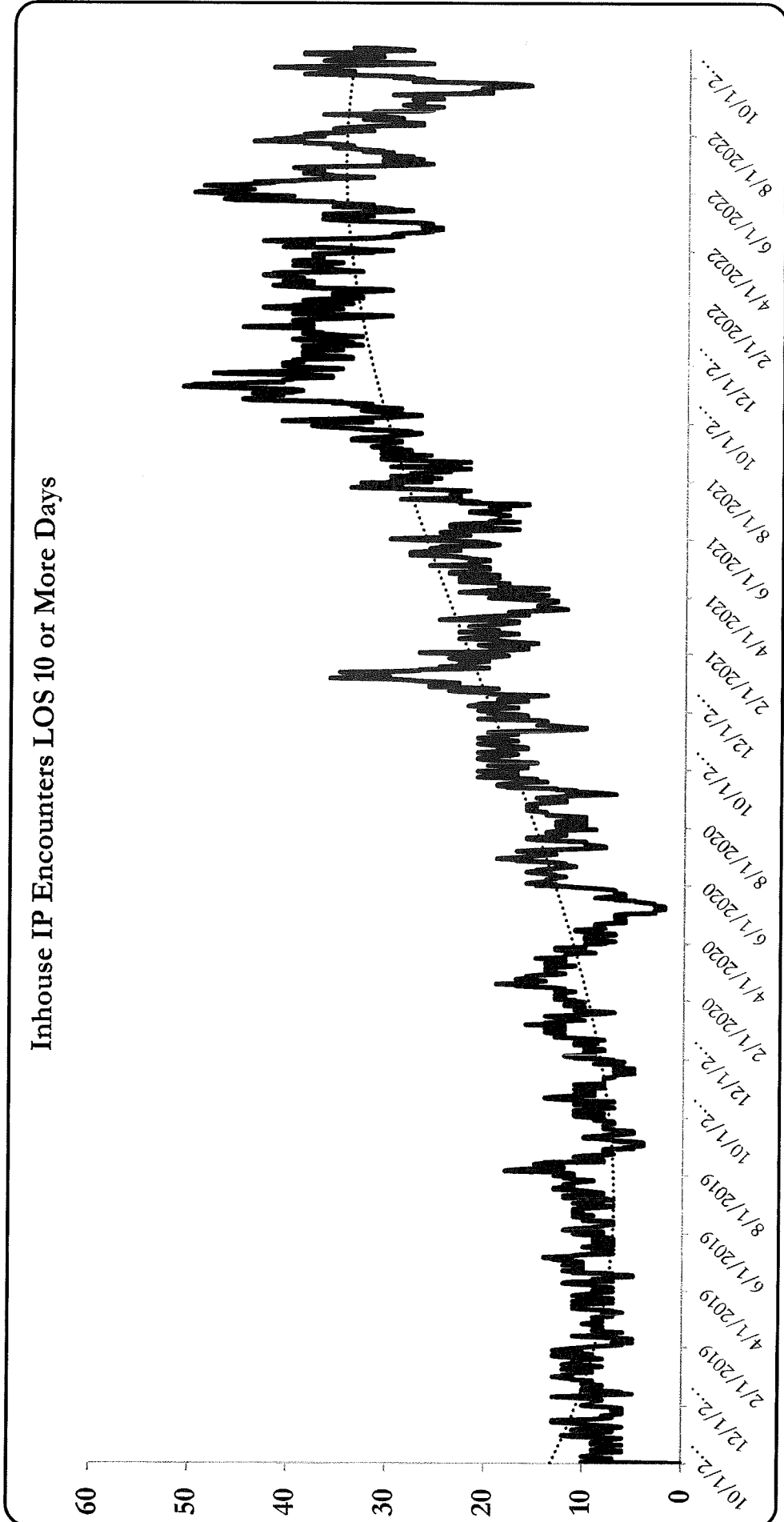


Maine Medical Center Emergency Department Volume

ED Boarders Encounter Volume



Southern Maine Health Care Length of Stay – 10+ Days



Time to an Inpatient Bed from Southern Maine Health Care ED

Distribution of daily median door-floor times (minutes) for inpatient & observation patients admitted from SMHC emergency departments to MedSurg & Critical Care units.

