

## COMMUNITY HEALTH CENTERS & HOSPITALS

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***During a recent regional Community Benefit meeting our strategy team said that it would be good for CVS to offer primary care because Baystate Health can no longer manage the demand for Primary Care. Is this true and is Baystate Health doing anything to meet the primary care needs and demands in the Baystate Health service areas to keep our patients loyal to our hospitals?***

**Andrew Artenstein:** Actually quite the contrary. Primary care is working tirelessly, as is the rest of the organization, to recruit and retain primary care talent. This is a national, chronic phenomenon with primary care. We've been understaffed nationally for years. That has been exacerbated exponentially over the last two and a half pandemic years. The same forces that are causing labor challenges in every industry, in every walk of life, in every family, are causing health care challenges in primary care.

Primary care has led the way among the provider enterprise in offering flexible work solutions and multiple job options; in the type of job people do, the hours and days of the week. We offer choices to our candidates, and it's paying off. We're recruiting successfully in the provider ranks, but we're also coming from a deficit which everyone else is experiencing. Keep in mind, we're competing with everybody else in the industry, many of whom are our local competition, who are trying to do the same thing.

These health and wellness centers are just but one example of the wheels that have been in motion for some time to grow our primary care and specialty enterprise. Another driver of the future primary care growth in our community that Baystate Health has spearheaded is the Family Medicine program, health center, and residency in Greenfield.

***With the increase in census in the emergency rooms, have we considered extending our Urgent Care hours to assist decompress to the patients coming to the ER?***

**Elizabeth Boyle:** We are trying to expand our convenient care model, which is really an extended primary care model. This is different from an urgent care retail model out there which you've probably seen at Walgreens and CVS. We're really looking to take care of our patients in a holistic way, with extended access for urgent complaints evenings and weekends. That kind of access can prevent some ER visits for sure. The provider job market is challenging, and there is a shortage for urgent care and convenient care providers similar to primary care. We have been working to expand our Convenient Care sites. We have added a site at Palmer which has been wildly successful.

***How will Ron Bryant manage adding the Baystate Health Eastern Region to the work he does, especially considering all the changes underway at Baystate Mary Lane Outpatient Center and Baystate Wing Hospital?***

**Ronald Bryant:** That's an excellent question. I think the transition to regional president, as we did with Baystate Franklin Medical center five years ago, will follow the same path as with most health systems nationally. The focus is on maximizing the direct patient care and leveraging the system content experts that we have. This allows us the highest degree of safety and quality care that we can provide. I think examples of this would be the hospital medicine program led by the chief of medicine in collaboration with the chiefs of medicine at our local hospitals. Pharmacy and radiology are additional examples of this.

These services are all led by either by chairs or chiefs of the system in collaboration with local administration, which is the chief of nursing and administrative officers.

As far as the Baystate Mary Lane Outpatient Center transition is going and the planning, that is well on the way in the process.

***Can we expect to get an update on the new ED at Baystate Noble Hospital?***

**Ronald Bryant:** The initial phase of planning for the BNH ED was initiated in FY2022. This included input from staff, providers and architectural drawings for the best use of space. Unfortunately, like so many other organizations in Healthcare, the costs associated with the pandemic has hampered our ability to generate a bottom line that supports large capital projects such as the BNH ED. It is our desire to revisit the project in FY2024, the project is a priority for the BH Foundation as well as BH.

***Is there a plan for phase two of Baystate Wing Hospital's radiology expansion and when will that be?***

**Ronald Bryant:** Yes, there is a plan for a Radiology phase 2.

- Phase 1 – move woman's imaging from Baystate Mary Lane Outpatient Center to Baystate Wing Hospital. This is the new construction underway now and we anticipate it to completed in the spring of 2023. This will also include merging the remaining radiology procedures in with Baystate Wing Hospital radiology and creating a registration area dedicated to radiology patients within the radiology suite. At this point, there will be no more imaging performed at Baystate Mary Lane Outpatient Center.
- Phase 2 is anticipated to be funded in FY2024 and that will include the relocation of the radiology exam rooms along the "Main Street Corridor" and into the radiology suite.

***What is Baystate doing to combat the boarding in the community hospitals?***

**Marion A. McGowan:** Patient boarding has been a real challenge, and what we mean by boarding is patients who are sitting in our hospital or the emergency departments, waiting to be placed into another facility. Many of these patients are waiting for behavioral health inpatient beds. This isn't unique to us. This is a national problem. It's a serious one, too, because throughout the pandemic we've seen an increased need for behavioral health services, both in our children and in adults.

What we did in the short run is to try to make sure we have an incident command led by our behavioral health experts to help manage the situation hourly. This process helps us stay on top of the number of patients and find solutions for placement as soon as possible. Over the last year, we added 12 pediatric beds at BMC (CAPTU) to help yet finding staff to support that unit has been challenging.

Our joint venture with Life Point Kindred to build a 130 to 150 bed state of the art behavioral health hospital is our most important strategy to help alleviate boarding for both pediatric and adult patients needing behavioral health inpatient care. This is scheduled to be open in the fall of 2023.

We also experience patients boarding who need to be admitted to our hospitals for medical reasons. This situation has worsened with the difficulty we experience placing patients in skill nursing facilities post hospitalization – the skilled nursing facilities are having similar problems with staff shortages and COVID placement limitations. These patients stay in our hospital longer and occupy beds that are needed by new patients who are waiting in our emergency departments to be admitted. We worked with an area skilled nursing facility to reserve beds and use those beds to support patients who need to be discharged. This helped but the need is greater than the reserved beds. We are working with area rehabilitation hospitals to expedite transfers and offer additional solutions for post discharge placement. We have opportunity to reduce the time, on average, a patient needs to be in the hospital working together between the hospitalists, nursing and the entire clinical team to reduce the length of stay for our patients and help them get home within the expected and average timeframes. Work is ongoing to help us manage admission to discharge times for our patients and it is a key focus of our daily management work.

***Are there any plans to bring Dermatology or Podiatry to the Greenfield Health and Wellness Center?***

**Betty LaRue:** At this present time, we are not looking at those specialties, but will continue to explore the needs in that community.

***I think the roadside signage is poor in Northampton. “Health and wellness” doesn’t explain what is offered here. Patients often tell us that they never knew we had cardiology here. Listing services at the roadside sign would be a great chance for locals to see while sitting at the red light.***

**Betty LaRue:** The various specialties that exist in our health and wellness centers are extensive and listing them all on exterior signage is not feasible. However, we have been working with Marketing to ensure our marketing materials (ex. our website) are updated to showcase all the specialties at each of the sites. The city ordinances for signage further limit our choices.

***What about the Urgent Care Centers extending hours?***

**Elizabeth Boyle:** Current recruitment of staff and providers for these services is a challenge in our region but we hope to expand our convenient care/urgent care offerings over time.

***Will there be any plans to hire per diem staff to cover staff who are frequently out on FMLA here in Northampton? Northampton primary care has multiple employees who use FLMA frequently. Are there any plans to hire per diem or additional staff to help with staffing coverage?***

**Elizabeth Boyle:** Beyond our current per diem pool, we are in the process of creating a flex pool including RN, MA and PSRs to cover absences and FMLAs throughout the primary care service line.

**Betty LaRue:** We have hired a number of per diem and flex team staff throughout out ambulatory sites and will continue to do so. We added 63 per diem hires throughout BMP in FY 2022.

***Are there any plans to add pharmacies to the wellness centers?***

**Elizabeth Boyle:** That's a great question, and I know there are some pharmacy services at some of our community health centers. We don't have a current plan to add retail pharmacies to our wellness centers. In Northampton, we are looking at team-based care and adding pharmacist resources to our team to help our patients. There are pharmacist-based protocols and pharmacists can be great assets as we expand the care team at each of our sites.