

# 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 Christopher Wellins, MD MaineHealth In Support of LD 1386 “Resolve, to Improve Access to Bariatric Care” Wednesday, April 14, 2021

Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Christopher Wellins, MD, Senior Medical Director of Utilization Management at Maine Medical Center and a practicing Internist, and I am here to testify in support of LD 1386, “Resolve, to Improve Access to Bariatric Care.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Every day MaineHealth’s local health systems are challenged with discharging patients to the next appropriate level of care. One such population is bariatric patients. When a bariatric patient is medically cleared for discharge, but continued non-hospital care is necessary, a skilled rehab or long-term care facility cannot accept the patient until specialized equipment has been ordered and received to ensure appropriate care can be provided. Many skilled rehab or long term care facilities in the state do not currently have this equipment. Facilities need to be sure that their staff are trained in the safe care of bariatric patients and that they are adequately compensated for the increased staffing and equipment required to care for these patients. For these reasons, a bariatric patient is often held in the hospital for weeks or even months until the special equipment has been received and adequate staffing is secured.

Since its inception in 2014, Maine Medical Center’s (MMC) Long Stay Intervention Workgroup has tracked 57 bariatric patients at MMC. Of those patients, 47 have weighed more than 350 pounds and their average length of stay was 57 days, for a combined length of stay of 2561 days. Over 1,600 of these days were avoidable. If you consider that an average stay on our Medical-Surgical Units is a bit over 6 days, then those unavoidable days translate to over 250 Maine residents who could not receive care at MMC. This statistic is particularly troublesome considering the strain on the hospital and its care team members during the pandemic.

I would like to share two stories with you. In 2019, a patient who weighed 500 pounds at admission was admitted to the hospital with a leg infection that required antibiotics and skin grafting. Long-term care was necessary at

discharge and the patient ultimately stayed in the hospital for 527 days while a long-term care bed was arranged. Ultimately, MMC was forced to pay the accepting facility to create a bariatric space for his long-term care needs.

Last year, a patient was accepted in transfer from another MaineHealth facility for management of sepsis related to sacral pressure ulcers by our Specialty Burn and Soft Tissue Service. This patient received expert multi-disciplinary care for their wounds and multiple medical comorbidities. When the patient was medically stable for discharge home, their home was condemned so they could not be safely discharged. This patient stayed in the hospital for 60 days beyond what was medically necessary before a long-term bariatric bed could be secured.

We applaud the sponsor, Rep. Anne Perry, for bringing this legislation forward which seeks to create 16 new specialized bariatric care beds coupled with an adequate reimbursement rate to help ensure that bariatric patients are able to move to the appropriate level of care more quickly and potentially reduce the length of stay in the hospital, which is incredibly costly to both hospitals and the State of Maine. These specialized beds would already have the necessary equipment, thereby avoiding the delay that comes with ordering equipment and an appropriate reimbursement rate could cover the increased staffing and specialized training required. This legislation helps to support the common hospital mantra of the right patient in the right bed at the right time.

MaineHealth would, however, ask the Committee to consider amending the bill to ensure the beds serve individuals who are eligible for skilled or long-term care and need bariatric care. At Maine Medical Center, we have many patients that could return home after receiving skilled care. Finally, it is critical that patients across the state have the ability to transition from hospital level care in a timely way, so we request that bariatric beds be distributed throughout the state to ensure patients have access to care regardless of where they reside.

For those reasons, I urge the Committee to amend the legislation to include skilled care and vote Ought to Pass on LD 1386. Thank you and I would be happy to answer any questions you may have.