

Addendum to Staff Report 19102312-TO

On February 11, 2020 and pursuant to 105 CMR 100.510, the DoN Program staff forwarded to all Parties of Record its written Staff Report relative to the above DoN application. In accordance with the regulation, Parties of Record were authorized to submit written comments related to the staff's recommendation and any other conditions recommended in the Staff Report. In a letter received on February 20, 2020 the Applicant requested minor changes to the original conditions based on their capacity to report.

We copy the appropriate pages below from the Staff Report, and we agree to make changes to 2 conditions and 5 measures in Attachment I, as outlined in red on the pages that follow.

Conditions as revised

In order to demonstrate that the Proposed Transfer of Ownership will add measurable public health value in terms of improved health outcomes, quality of life, to further demonstrate the need of the Applicant's Patient Panel, and to meet **delivery system transformation related to meeting the needs of ACO patients**, the Holder shall, on a yearly basis:

Unless otherwise noted, "surgical procedures" means the 5 top CPT codes for each (GI, ENT, and hand surgery) performed that reporting year. Such CPT codes shall be provided each reporting year.

1. Report on the shift in scheduling surgical procedures at BMC to PVSC and any resulting reduction of such procedures at BMC, **using the number of surgical procedures at BMC and PVSC.**

Holder is expected to show trends of increases in utilization at PVSC and decreases in utilization at BMC for appropriate surgeries.

2. Report on progress in reduction of wait times for surgical procedures at ~~both PVSC and BMC~~. Holder shall Report on the time interval (in days) from when the case was initiated for scheduling in EPIC, to the next available outpatient surgery appointment, ~~across both sites~~. Holder shall Report on the following:

- a) Median number of days between ordering and receipt of surgery
- b) Any policy changes instituted as a result of Holder's evaluation of increasing days

3. Track and provide evidence of timely communications with patients' ~~primary care providers~~ referring physician before and after **PVSC surgical procedures, surgery**, including

- a) how information was communicated
- b) the timeframes within which such communications took place before or after interactions with patients under the ~~primary care provider's~~ **referring provider's** care.

Reporting shall include reporting on PVSC current procedures to share patient data ~~across electronic health records systems, including through its membership in PVIX.~~ **, including across electronic health systems, and, as it may become applicable, through its membership in PVIX.**

4. Report on improvement of measures outlined in Attachment 1.

Attachment 1: Required Measures for Annual Reporting and Related Conditions

The Holder shall provide, in its annual report to the Department, reporting on the following measures. These metrics will become part of the annual reporting on the approved DoN, required pursuant to 105 CMR 100.310(A)(12).

Unless otherwise noted, “surgical procedures” means the 5 top CPT codes for each (GI, ENT, and hand surgery) performed that reporting year. Such CPT codes shall be provided each reporting year.

~~1. Validated patient reported outcome measures (PROMs) related to surgical procedures, which must include, at minimum, NEFF 0427: Functional Status Change for Patients with Elbow, Wrist or Hand Impairments — National Quality Strategy Domain: Communication and Care Coordination~~

2. ~~Unplanned Hospital Visits~~ All Cause Transfers/Admissions upon discharge for all surgical procedures at PVSC, using Centers for Medicare and Medicaid Services (CMS) Hospital Outpatient Quality Reporting Program measure on outpatient surgery (OP-36: Hospital Visits after Hospital Outpatient Surgery) ~~ASC-4 All Cause Hospitalization Transfer/Admission.~~ This shall be reported by age cohorts 0-21 years, 21-64 years and 65+

~~3. Outpatient and Ambulatory Surgery Community Assessment of Healthcare Providers and Systems (“OAS-CAHPS”) Survey Measures~~
Holder shall report on the following:

- ~~a) Any category receiving a “Bottom Box” rating~~
- ~~b) Overall patient response rate and a breakdown of respondent rate by race~~
- ~~c) Policy changes instituted as a result of Holder’s evaluation of lower ratings~~

3. Patient Experience/Satisfaction Survey Measures (Press Ganey)

Collapsed responses (collapse responses Fair, Poor and Very Poor). Holder shall report on the following for all surgical procedures at PVSC:

- a) Any category receiving a “Fair” or less rating
- b) Overall patient response rate and a breakdown of respondent rate by race, as possible
- c) Policy changes instituted as a result of Holder’s evaluation of lower ratings

~~4. All cause Hospital ED visit or admission in the 30 days post procedure~~

~~a) Holder shall report on rate, using~~

~~a. Numerator: Number of patients who had an ED visit or hospital admission within 30 days of procedure date in the preceding year;~~

~~b. Denominator: The number of patients who had any surgical procedure.~~

~~b) Any policy changes instituted as a result of Holder’s evaluation around trends in hospital ED visit or admissions~~

4. Unplanned Hospital Visits from all surgical procedures performed at PVSC within 30 days post discharge from PVSC.

Holder shall report on variance from intended outcome for the following indications of all surgical procedures within 30 days post-discharge from PVSC to the extent that such variance is reported to PVSC within 30 days post-discharge:

- (a) Surgery and anesthesia-related complications
- (b) Serious medical event following anesthesia (i.e., CVA, ML coma)
- (c) Cardiac and/or pulmonary arrest or distress
- (d) Death/loss of limb or function
- (e) Complications requiring additional treatment or surgical intervention
- (f) Accidental punctures/perforations; colon perforations
- (g) DVT/pulmonary emboli
- (h) Infections (including deep tissue, organ/systemic involvement, TASS, and endophthalmitis)

Holder shall report on rate*, using:

- a) Numerator: Number of patients who experienced a-h above;
- b) Denominator: The number of patients who had any surgical procedure.
- c) Any policy changes instituted as a result of Holder's evaluation around trends in hospital ED visit or admissions

5. ~~Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (NQF measure 0658)~~; using Centers for Medicare and Medicaid Services (CMS) ASC-9

Holder shall report the total number of patients at PVSC receiving screening colonoscopy and the percentage with the appropriate follow up interval as specified in ASC 9, by age and as possible, race/ethnicity

Rates shall not decrease* from baseline on, for any year

***If rates do not improve, Holder shall report on reasons why and outline plans for improvement.**