

Cambridge Public Health Commission, d/b/a Cambridge Health Alliance

DoN # CHA-22061514-RE

APPLICANT QUESTIONS

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- We accept answers on a rolling basis however, when providing the answer to the final question, submit all questions and answers in order in one final document.
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. **Whenever possible, include a table in data format (NOT pdf or picture) with the response.**

In order for us to review this project in a timely manner, please provide the responses by December 5, 2022.

Project Description

1. The narrative notes that "CHA will have a management and service agreement with Alliance to provide the PET-CT Service including but not limited to, the PET-CT equipment, radiotracers/isotopes, radiology techs and other ancillary supplies for the PET-CT Service." (Narrative p.1) In order to better understand the division of duties and financial responsibilities between CHA and Alliance, please answer the following questions:
 - a. Would CHA or Alliance staff be responsible for completing ordered PET-CT scans? **CHA will be responsible for ordering the PET-CT scans. The CHA provider orders the scan in CHA's electronic medical record.**
 - b. Who will provide supervision for the Techs and provide proper handling of the isotopes? **Techs and Nuclear Medicine Techs are trained to manage isotopes. The Techs will be supervised by Alliance management and the Nuclear Medicine Techs will be supervised by the CHA Nuclear Medicine Medical Director.**
 - c. Does an Alliance specialist or CHA specialist interpret the scans? **Board certified CHA radiologists with advance training in PET will interpret the scans.**
 - d. Please describe the terms around payment to Alliance (is payment on a per scan basis?) **The payment is on a per scan basis that covers all costs, including the isotope.**
 - e. In terms of the "Management and Service Agreement", is Alliance responsible for patient scheduling, billing and registration too? **CHA is responsible for these functions.**

Factor 1a - Patient Panel Need

2. Applicant notes that it plans to go-live with the Proposed Project one day a week in the first year (Narrative p.7) What year is the Proposed Project is targeted to begin?

Upon approval of the Proposed Project, the Applicant plans to start the construction for the parking pad and anticipates this work with take approximately four months. Based on this timeline, the first year is targeted to begin in Summer/Fall 2023.

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Factor 1b - Public Health Value/ Outcome Oriented

3. In order to best understand the Applicant's safeguards against overuse of imaging services, please answer the following questions regarding the use of American College of Radiology ("ACR") Clinical Decision Support Tool "ACR Select":
 - a. Does Alliance and/or CHA have experience working with the ACR Clinical Decision Support Tool "ACR Select" for adult PET-CT orders? **Yes, CHA has had ACR Select in place for several years. All PET-CT orders will include an appropriateness review with this tool.**
 - b. When does the Applicant anticipate implementing the tool for this project? **This tool will be implemented when the Proposed Project goes live and it will be built into the electronic medical record to be used when CHA providers order PET-CT scans.**
 - c. In the proposed Measure 2: Clinical Decision Support Measure, how were the Baseline percentages for a) and b) determined? **Both are based on metrics CHA has in place for other modalities. These are standard monthly/quarterly reports.**
 - d. What is considered a "normal" score for the CDS measures? **Highly indicated studies are green (scores 7-9), marginally indicated studies are yellow (scores 4-6), and weekly or non-indicated studies are green (scores 1-3). Scores 7-9 are considered appropriate. Scores 1-6 will generate a recommendation to the ordering provider specific to the order and the clinical indications. The system will track whether the recommendation was accepted or not.**

Factor 2 - System Delivery Transformation

4. Narrative page 18 notes a variety of different methods of interpreter services, many of which rely on technology. Given that a number of Patients may not be proficient with technology use, does the Applicant have any methods for providing assistance to those who are not comfortable using the technology if an in-person interpreter is not available?

There will always be a CHA or Alliance employee with a patient when interpreter services are needed. The CHA or Alliance staff navigate the technologies used assist the patients.

Factor 4 – CPA Report

5. The CPA report provides an overview of the overall finances for CHA. The "Capital Expenditures and Proposed Project Financing" section of the CPA report notes, "As discussed above, maximum capital expenditures [of the Proposed Project] are expected to be approximately \$480.0 thousand. The Applicant has a cash and cash equivalents balance exceeding \$240 million throughout the projection period. As such, it appears the Applicant has sufficient capital to fund the Proposed Project without requiring CHA to obtain debt financing." (CPA Report p. 13) Could the CPA please include a brief (1-2 sentence) explanation of the Proposed Project's impact on the Applicant's:
 - a. Revenues
 - b. Expenses

Page 14 of the CPA report provides the following: "Within the projected financial information, the Projections exhibit a cumulative operating EBITDA surplus of approximately 1.9 percent of cumulative projected operating revenue for the six years from FY 2022 through FY 2027. Based upon our review of the relevant documents and analysis of the Projections, we determined the anticipated EBITDA surplus is a reasonable expectation and based upon feasible financial assumptions. Accordingly, we determined that the Projections are reasonable and feasible, and not likely to have a negative impact on the patient panel or result in a liquidation of assets of CHA."

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