BETH ISRAEL LAHEY HEALTH, INC.

APPLICATION FOR DETERMINATION OF NEED
APPLICATION # BILH-21120709-RE
REQUIRED EQUIPMENT
BETH ISRAEL DEACONESS HOSPITAL – MILTON

JANUARY 28, 2022

BY

BETH ISRAEL LAHEY HEALTH, INC.
109 BROOKLINE AVENUE, SUITE 300
BOSTON, MA 02215

BETH ISRAEL LAHEY HEALTH

DON APPLICATION # BILH-21120709-RE

TABLE OF CONTENTS

APPENDIX 1

APPLICATION FORM

Massachusetts Department of Public Health
Determination of Need
Application Form

Version: 11-8-17

Application Type: DoN-Required Equipment

Application Date: 05/23/2022 10:31 am

Applicant Name: Beth Israel Lahey Health, Inc.

Mailing Address: 109 Brookline Avenue, Suite 300

City: Boston State: Massachusetts Zip Code: 02215

Contact Person: Angela Fenton Title: Vice President Ambulatory and Clinical Services

Mailing Address: 199 Reedsdale Road

City: Milton State: Massachusetts Zip Code: 02186

Phone: 6173131322 Ext: E-mail: Angela_Fenton@bidmilton.org

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name: Beth Israel Deaconess Hospital - Milton

Facility Address: 199 Reedsdale Road

City: Milton State: Massachusetts Zip Code: 02186

Facility type: Hospital CMS Number: 220108

Add additional Facility Delete this Facility

1. About the Applicant

1.1 Type of organization (of the Applicant): nonprofit

1.2 Applicant's Business Type: (•) Corporation ( ) Limited Partnership ( ) Partnership ( ) Trust ( ) LLC ( ) Other

1.3 What is the acronym used by the Applicant's Organization? BILH

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? (•) Yes ( ) No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? (•) Yes ( ) No

1.5.a If yes, what is the legal name of that entity? Beth Israel Lahey Health Performance Network, inclusive of Beth Israel Deaconess Physician Organization, LLC (Beth Israel Deaconess Care Organization)

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)? ( ) Yes (•) No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ○ Yes ◉ No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ○ Yes ◉ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

See attached Narrative.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ◉ Yes ○ No

3.1.a If yes, under what section? Certified ACO/DoN-Required Service or Equipment

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ○ Yes ◉ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ◉ Yes ○ No

5.2 If yes, is Applicant or any affiliated entity thereof a HPC-certified ACO? ◉ Yes ○ No

5.2.a If yes, Please provide the date of approval and attach the approval letter: 12/23/2019

5.3 **See section on DoN-Required Services and DoN-Required Equipment in the Application Instructions**

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ○ Yes ◉ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ○ Yes ◉ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ○ Yes ◉ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ○ Yes ◉ No

10. Amendment

10.1 Is this an application for a Amendment? ○ Yes ◉ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ○ Yes ◉ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: DoN-Required Equipment

12.1 Total Value of this project:	$1,589,750.00
12.2 Total CHI commitment expressed in dollars: (calculated)	$79,487.50
12.3 Filing Fee: (calculated)	$3,179.50
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	$400,271.00
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210
Some Factors will not appear depending upon the type of license you are applying for.
Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i **Patient Panel:**
Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

See attached Narrative.

F1.a.ii **Need by Patient Panel:**
Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

See attached Narrative.

F1.a.iii **Competition:**
Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

See attached Narrative.

F1.b.i **Public Health Value /Evidence-Based:**
Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

See attached Narrative.

F1.b.ii **Public Health Value /Outcome-Oriented:**
Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

See attached Narrative.

F1.b.iii **Public Health Value /Health Equity-Focused:**
For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

See attached Narrative.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

See attached Narrative.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

See attached Narrative.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

See attached Narrative.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

See attached Narrative.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

See attached Narrative.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**
Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

See attached Narrative.

F2.b **Public Health Outcomes:**
Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

See attached Narrative.

F2.c **Delivery System Transformation:**
Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

See attached Narrative.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
+ -	BILH-19092415-RE	11/12/2021	DoN-Required Equipment	Beth Israel Deaconess Medical Center (BIDMC)
+ -	CG-18051612-HE	01/09/2019	Hospital/Clinic Substantial Change in Service	BIDMC
+ -	NEWCO-17082413-TO	04/04/2018	Transfer of Ownership	Anna Jaques Hospital, BIDMC, BID-Milton, BID-Needham, BID-Plymouth, Mount Auburn Hospital, New England Baptist Hospital, Winchester Hospital, Lahey Clinic Hospital

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

F4.a.i **Capital Costs Chart:**
For each Functional Area document the square footage and costs for New Construction and/or Renovations.

		Present Square Footage		Square Footage Involved in Project				Resulting Square Footage		Total Cost		Cost/Square Footage	
				New Construction		Renovation							
Add/Del Rows	Functional Areas	Net	Gross	Net	Gross	Net	Gross	Net	Gross	New Construction	Renovation	New Construction	Renovation
+ -	Existing Control Room	120	136										
+ -	Existing Staff Lounge	245	268										
+ -	Existing Admin. Office	74	89										
+ -	Existing Dock	113	134										
+ -	Proposed CT Scan Room 2					366	382	366	382		$343,212.40		$831.57
+ -	Proposed Control Room					217	236	217	236		$199,449.40		$831.57
+ -	Proposed Staff Lounge					150	170	150	170		$134,534.40		$831.57
+ -	Proposed Reception Desk					30	33	30	33		$18,268.40		$831.57
+ -	Proposed Equipment/Storage					113	134	113	134		$98,685.40		$831.57
+ -													
+ -													
+ -													
+ -													
+ -													
+ -													
	Total: (calculated)	552	627			876	955	876	955		$794,150.00		$4,157.85

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
	Land Costs			
	Land Acquisition Cost			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development			
	Total Land Costs			
	Construction Contract (including bonding cost)			
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)		$708000.	$708000.
	Fixed Equipment Not in Contract		$795000.	$795000.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost		$86750.	$86750.
	Pre-filing Planning and Development Costs			
	Post-filing Planning and Development Costs			
Add/Del Rows	Other (specify)			
+ -				
	Net Interest Expensed During Construction			
	Major Movable Equipment			
	Total Construction Costs		$1589750.	$1589750.
	Financing Costs:			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc			
	Bond Discount			
Add/Del Rows	Other (specify			
+ -				
	Total Financing Costs			
	Estimated Total Capital Expenditure		$1589750.	$1589750.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

See attached Narrative.

Quality:

See attached Narrative.

Efficiency:

See attached Narrative.

Capital Expense:

See attached Narrative.

Operating Costs:

See attached Narrative.

List alternative options for the Proposed Project:

Alternative Proposal:

See attached Narrative.

Alternative Quality:

See attached Narrative.

Alternative Efficiency:

See attached Narrative.

Alternative Capital Expense:

See attached Narrative.

Alternative Operating Costs:

See attached Narrative.

Add additional Alternative Project | Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

See attached Narrative.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application.

Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

This document is ready to file: ☒ Date/time Stamp: 05/23/2022 10:31 am

E-mail submission to Determination of Need

Application Number: BILH-21120709-RE

Use this number on all communications regarding this application.

☒ Community Engagement-Self Assessment form

APPENDIX 2

NARRATIVE

2. Project Description

Beth Israel Lahey Health, Inc. ("BILH" or the "Applicant"), located at 109 Brookline Avenue, Boston, MA 02215, is filing a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health ("Department") for the acquisition of DoN-Required Equipment by Beth Israel Deaconess Hospital – Milton ("BID-M" or the "Hospital"). Specifically, the Proposed Project is for the acquisition of one computed tomography ("CT") unit to be used in addition to the Hospital's existing CT unit located at 199 Reedsdale Road, Milton, MA 02186.

BID-M is 100-bed acute care hospital serving the towns of Milton, Randolph, Quincy, Braintree, Canton, Dorchester, Mattapan, Hyde Park and the surrounding communities. In addition to general medical and surgical inpatient care, the Hospital provides 24-hour emergency services as well as a complete complement of outpatient services, including radiology, oncology, and rehabilitation services. The Hospital is a DPH-designated Primary Stroke Service and provides 24/7 care to patients experiencing stroke and stroke symptoms.

The Proposed Project seeks to meet the needs of the Hospital's existing and future patients by providing timely access to CT imaging through increased CT capacity. Historical data and utilization volume demonstrate the Hospital's growing patient panel and corresponding demand for CT imaging due to its speed and accuracy, allowing treatment to begin sooner. Current demand for CT is exceeding the existing unit's capacity, resulting in significant delays for emergency department ("ED") patients and inpatients, as well as outpatients who are frequently asked to wait so that the scanner can be prioritized for an urgent or critical patient. The Proposed Project seeks to improve health outcomes and patient satisfaction through timely CT imaging and improved hospital throughput.

Finally, the Proposed Project will further Massachusetts' goals for cost containment by providing timely CT imaging in the Hospital's community. First, the CT unit will reduce wait times for CT imaging as well as ED diversion, which will improve health outcomes for ED patients and in turn, reduce overall health care costs. Moreover, patients will move through the ED more efficiently, reducing ED overcrowding, further reducing health care costs. Lastly, the new CT unit will be reimbursed at the same rate as the existing scanner and will not impact costs for payers or patients. Therefore, the Proposed Project will contribute to the Commonwealth's goal of containing the rate of growth of total medical expenses ("TME") and total healthcare expenditures ("THCE").

In conclusion, the Proposed Project will improve CT capacity needed to provide timely access to CT imaging, and as a result, will improve health outcomes. In addition to reducing wait times for inpatients and ED patients, additional capacity will allow the Hospital to grow its low-dose lung cancer screening program and improve lung cancer screening rates in the Commonwealth. Through improved health outcomes and hospital throughput, the Proposed Project will contribute to reducing TME. Accordingly, the Proposed Project meets the factors of review for Determination of Need approval.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i **Patient Panel:**
Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

A. Beth Israel Lahey Health

BILH is an integrated health care delivery system of teaching and community hospitals, physician groups, behavioral health providers, post-acute care providers and other caregivers serving patients in Greater Boston[1] and the surrounding communities in Eastern Massachusetts and Southeastern New Hampshire. Its member hospitals include Addison Gilbert Hospital; Anna Jaques Hospital; Beth Israel Deaconess Medical Center; Beth Israel Deaconess Hospital-Milton; Beth Israel Deaconess Hospital-Needham, Beth Israel Deaconess Hospital-Plymouth; Beverly Hospital; Lahey Hospital & Medical Center; Lahey Medical Center, Peabody; Mount Auburn Hospital; New England Baptist Hospital; and Winchester Hospital (collectively known as "BILH Hospitals"). BILH's vision is to have a broader impact on the health care industry and patient populations in Massachusetts by sharing best practices, investing in foundational infrastructure to support population health management, and encouraging true market competition based on value.

BILH also operates Beth Israel Lahey Health Performance Network, LLC ("BILHPN"), a clinically integrated network of physicians, clinicians and hospitals. BILHHPN is a Health Policy Commission ("HPC") certified Accountable Care Organization ("ACO") committed to providing high-quality, cost-effective care to the patients and communities they serve, while effectively managing medical expense. By leveraging best practices in population health management and data analytics, BILHPN seeks to improve care quality and patient health outcomes across the system through population health initiatives.

Patient Panel

An estimated five million people reside in the BILH service area.[2] This area has experienced 6.4% population growth since 2010 and is projected to increase at a faster rate (4.5%) than the state (3.5%) from 2017 to 2022.[3] BILH served approximately 1.4 Million patients in 2021, an increase of 11.5% from 2019.

[1] Greater Boston includes the following cities/towns: Acton, Arlington, Ashland, Bedford, Belmont, Boston, Boxborough, Braintree, Brighton, Brookline, Burlington, Cambridge, Canton, Carlisle, Chelsea, Cohasset, Concord, Dedham, Dorchester, Dover, Foxboro, Framingham, Hingham, Holbrook, Holliston, Hopkinton, Hudson, Hull, Lexington, Lincoln, Littleton, Marlborough, Maynard, Medfield, Millis, Milton, Natick, Needham, Newton, Norfolk, Northborough, Norwell, Norwood, Quincy, Randolph, Revere, Roslindale, Scituate, Sharon, Sherborn, Somerville, Southborough, Stow, Sudbury, Walpole, Waltham, Watertown, Wayland, Wellesley, Westborough, Weston, Westwood, Weymouth, Wilmington, Winchester, Winthrop, Woburn, and Wrentham.
[2] Census Reporter, Boston-Cambridge-Newton, MA-NH Metro Area. https://censusreporter.org/profiles/31000US14460-boston-cambridge-newton-ma-nh-metro-area/
[3] UMass Donahue Institute, *Long-term Population Projections for Massachusetts Regions and Municipalities*, March 2015.

Table 1: BILH Patient Panel[4]

Demographic Measure	FY19		FY20		FY21	
	Count	Percent	Count	Percent	Count	Percent
Age						
0 to 17	93,732	7.32%	82,569	6.77%	93,835	6.57%
18 to 64	827,022	64.58%	784,319	64.30%	924,797	64.77%
65+	359,945	28.11%	352,830	28.93%	409,080	28.65%
Total	1,280,699	100.00%	1,219,718	100.00%	1,427,711	100.00%
Gender						
Male	563,250	43.98%	541,252	44.38%	630,371	44.15%
Female	716,882	55.98%	677,915	55.58%	796,777	55.81%
Other[5]	567	0.04%	551	0.05%	563	0.04%
Total	1,280,699	100.00%	1,219,718	100.00%	1,427,711	100.00%
Race						
White	945,173	73.80%	908,726	74.50%	1,022,257	71.60%
Black or African American	60,675	4.74%	58,869	4.83%	69,537	4.87%
American Indian or Alaska Native	1,492	0.12%	1,404	0.12%	1,610	0.11%
Asian	73,817	5.76%	71,333	5.85%	79,440	5.56%
Native Hawaiian or Other Pacific Islander	834	0.07%	778	0.06%	985	0.07%
Other[6]	132,287	10.33%	110,929	9.09%	127,248	8.91%
Unknown	57,635	4.50%	59,190	4.85%	106,325	7.45%
Patient Declined	8,786	0.69%	8,489	0.70%	20,309	1.42%
Total	1,280,699	100.00%	1,219,718	100.00%	1,427,711	100.00%
Ethnicity						
Hispanic/Latino	50,888	4.72%	51,758	5.05%	70,402	6.00%
Not Hispanic/Latino	916,921	84.99%	875,383	85.43%	959,434	81.75%
Patient Declined	29,147	2.70%	28,549	2.79%	41,950	3.57%
Unknown	65,334	6.06%	54,010	5.27%	70,531	6.01%
Other	16,528	1.53%	14,974	1.46%	31,372	2.67%
Total[7]	1,078,818	100.00%	1,024,674	100.00%	1,173,689	100.00%
Payer						
Commercial	648,487	50.64%	610,845	50.08%	687,224	48.13%
Medicare	328,993	25.69%	320,062	26.24%	363,058	25.43%
Medicaid	149,288	11.66%	143,168	11.74%	173,940	12.18%
Multiple Payers[8]	82,715	6.46%	79,086	6.48%	85,629	6.00%
Other[9]	62,755	4.90%	57,565	4.72%	109,545	7.67%
Unknown[10]	8,461	0.66%	8,992	0.74%	8,315	0.58%
Total	1,280,699	100.00%	1,219,718	100.00%	1,427,711	100.00%

[4] For purposes of the Applicant's and the Hospital's patient panel, the fiscal year is defined as July 1 through June 30.
[5] Patients for whom a gender is not specified or whose gender varies across visits over the time period are included in "Other."
[6] As a newly merged health system, BILH has not yet fully implemented a standardized data collection methodology for BILH Hospitals. As a result, "Other" may include patients whose race and/or ethnicity varied over time, as well as patients who did not report their race and/or ethnicity. Furthermore, patients who declined to report their race and/or ethnicity might also be captured in "Unknown" or "Patient Declined".
[7] Ethnicity information is not available at the system-level for three hospitals: BID-Milton, BID-Needham, and BID-Plymouth.
[8] Patients whose primary payors within a given fiscal year fall into more than one payor category are included in "Multiple Payors."
[9] "Other" includes the following payor categories: self-pay, worker's compensation, other government payment, free care, health safety net, auto insurance, Commonwealth Care/ConnectorCare plans, and dental plans.
[10] Patients whose primary payor is missing in the data are included in "Unknown."

Age: The age of BILH's patient panel remained relatively consistent between 2019 and 2021. There was a small decline in the percentage of patients ages 0-17 and a corresponding increase in the percentage of patients ages 18-64 and 65+.

Gender: BILH's patient panel is approximately 44.15% male, 55.81% female, and .04% other. These percentages are largely unchanged between 2019 and 2021.

Race and Ethnicity: The majority of BILH's patients self-identified as White (71.6%) and Non-Hispanic/Latino (81.75%). Patients also self-identified as Asian (5.56%); Black/African American (4.87%); American Indian or Alaska Native (0.11%); Other (8.91%); or declined to respond (1.42%).

Payer Mix: Approximately 50% of all BILH patients have commercial insurance, followed by approximately 25% who are covered by Medicare. From FY19 to FY21, there was a slight increase in patients whose payor status included self-pay, worker's compensation, auto insurance, free care and Commonwealth Care/ConnectorCare plans.

B. Beth Israel Deaconess Hospital - Milton

BID-M is a 100-bed acute care hospital providing inpatient and outpatient health services, 24-hour emergency services, and more than 450 physicians on staff. In 2019, BID-Milton became part of BILH as a result of the merger between Lahey Health and Beth Israel Deaconess Medical Center. BID-M is contracted to participate in BILHPN and currently participates in its subsidiary ACO, Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization ("BIDCO").

As illustrated below, BID-M's patient panel is fairly similar to the overall BILH patient panel with some notable differences. Consistent with the BILH panel, approximately 56% of the patients served by BID-M are female and approximately 44% are male. BID-M's patients are roughly the same age as BILH's panel but the Hospital has a higher portion of patients 65 and older (35% compared to 28.6%). Additionally, only 2% of BID-M's patient are aged 0-17 while a majority of patients are represented in the 18-64 cohort (63%). The Hospital's panel is also different from BILH with respect to race and ethnicity: While the predominant self-reported race of patients at BILH and BID-M is white (71% and 59%), a significantly higher percentage of BID-M's patients identify as Black/African American (14% compared to 5%). Additionally, the BID-M patient panel identified as 5% Asian and 2% Hispanic/Latino. Lastly, race and ethnicity information has not been collected for approximately 18% of patients.

Table 2: BID-Milton Patient Panel

Demographic Measure	FY19		FY20		FY21	
	Count	Percent	Count	Percent	Count	Percent
Age						
0 to 17	2073	3%	1550	3%	1941	2%
18 to 64	35225	58%	33081	60%	52742	63%
65+	23148	38%	20910	38%	29447	35%
Total	60446	100%	55541	100%	84130	100%
Gender						
Male	25591	42%	23688	43%	36770	44%
Female	34855	58%	31853	57%	47358	56%
Other	0	0%	0	0	0	0%
Total	60446	100%	55541	100%	84130	100%
Race						
White	41065	68%	37583	68%	49878	59%
Black or African American	11316	19%	10478	19%	12096	14%
American Indian or Alaska Native	168	0%	122	0%	142	0%
Asian	3414	6%	3134	6%	4434	5%
Native Hawaiian or Other Pacific Islander	27	0%	29	0%	37	0%
Other	1523	3%	1637	3%	2229	3%
Unknown	2880	5%	2525	5%	15230	18%
Patient Declined	53	0%	33	0%	84	0%
Total	60446	100%	55541	100%	84130	100%
Ethnicity						
Hispanic/Latino	1352	2%	1515	3%	2035	2%
Not Hispanic/Latino	42431	70%	41520	75%	52992	63%
Unknown	16663	28%	12506	23%	29103	35%
Total	60446	100%	55541	100%	84130	100%
Payer						
Commercial	71,634	48.92%	59,802	48.26%	98,844	46.85%
Medicare	59,418	40.57%	50,187	40.50%	81,647	38.70%
Medicaid	11,354	7.75%	10,478	8.46%	17,209	8.16%
Multiple Payers[11]	0	0.00%	0	0.00%	0	0.00%
Other[12]	4,034	2.75%	3,459	2.79%	13,286	6.30%
Unknown[13]	0	0.00%	0	0.00%	0	0.00%
Total	146,440	100.00%	123,926	100.00%	210,986	100.00%

[11] Patients whose primary payors within a given fiscal year fall into more than one payor category are included in "Multiple Payors."
[12] "Other" includes the following payor categories: self-pay, worker's compensation, other government payment, free care, health safety net, auto insurance, Commonwealth Care/ConnectorCare plans, and dental plans.
[13] Patients whose primary payor is missing in the data are included in "Unknown."

Table 3: BID-Milton Demographics

FY19		FY20		FY21	
Milton	13.23%	Milton	13.00%	Quincy	10.34%
Randolph	11.33%	Randolph	11.18%	Milton	10.20%
Quincy	9.30%	Quincy	9.05%	Randolph	8.48%
Braintree	5.85%	Braintree	5.80%	Braintree	6.05%
Hyde Park	3.91%	Hyde Park	4.08%	Squantum	3.39%
Dorchester	3.70%	Dorchester	3.83%	Quincy	3.26%
Canton	3.13%	Canton	3.15%	Hyde Park	3.08%
Squantum	3.03%	Squantum	2.99%	Canton	3.01%
Quincy	2.66%	Quincy	2.61%	Dorchester	2.98%
Mattapan	2.15%	Mattapan	2.23%	Stoughton	1.92%
Dorchester	1.88%	Stoughton	2.00%	Mattapan	1.74%
Stoughton	1.88%	Brockton	1.86%	Brockton	1.71%
Brockton	1.73%	Dorchester	1.79%	Dorchester	1.56%
Weymouth	1.43%	Weymouth	1.43%	Weymouth	1.52%
Weymouth	1.33%	Holbrook	1.40%	Weymouth	1.46%
Holbrook	1.33%	Weymouth	1.35%	Holbrook	1.25%
Brockton	1.10%	Brockton	1.13%	East Weymouth	1.20%
East Weymouth	1.05%	East Weymouth	1.06%	Plymouth	1.11%
Hingham	0.98%	Hingham	0.96%	Brockton	1.09%
Dorchester	0.91%	Dorchester	0.93%	Hingham	1.04%
Total	71.9%		71.84%		66.4%

F1.a.ii **Need by Patient Panel:**

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

As noted in the Project Description, the Applicant seeks to add a second CT unit at BID-M to meet the needs of its patient panel by providing timely access to CT imaging close to home. As the Hospital's patient panel grows and ages, the Hospital will continue to experience increased demand for CT imaging. Moreover, the aging population will have a higher acuity and will be more likely to require advanced imaging necessary to diagnose and monitor their conditions. As reflected in the data below, BID-M has experienced a significant increase in CT utilization for inpatients, outpatients, and emergency patients. This has resulted in increased wait times, including significant delays for stroke patients. Furthermore, the Hospital is limited in its ability to provide low-dose CT lung cancer screening due to capacity constraints. Lastly, the current demand combined with the age of the Hospital's existing CT unit has contributed to the amount of downtime the unit experiences each year. With only one CT unit, access is impacted every time the unit is taken offline for maintenance and repair. Therefore, a second CT unit is needed to improve timely access for the patient panel to high-quality imaging in the community.

Historic Utilization

As demonstrated in F1.a.i, the BID-M patient panel increased by almost 40% between FY19 and FY21. The increase was in part driven by increased ED utilization. From October 2019 to October 2021, the ED experienced a 16.8% increase in utilization. Over a similar period of time, the length of stay for ED patients increased from 4 hours 29 minutes to six hours 17 minutes.[14] One reason for increased ED length of stay is wait times associated with CT scanning, an indicator that inadequate CT capacity negatively impacts ED throughput for all patients.

With respect to CT utilization, from FY19 to FY21, BID-M experienced a 12.4% overall increase in CT volume, including an 16.8% increase in outpatient volume. The number of CT scans decreased slightly in FY20, likely due to patient avoidance during the COVID-19 pandemic but demand significantly increased in FY21 when compared to not only FY20, but to pre-pandemic levels as well.

Table 4: BID-Milton Historical Volume

	FY19	FY20	FY21
Inpatient	4,399	4,536	4,805
Outpatient	4,970	4,308	5,806
Emergency	7,339	6,993	8,163
Total	**16,708**	**15,837**	**18,774**

Impact of High Utilization on Access as Evidenced by Wait Times

The current rate of utilization at 18,774 scans for FY21 is well-above the CT unit's annual capacity of 17,520 based on an average scan time of 30 minutes and 24/7 operation. As the Hospital cannot extend hours of operation to accommodate demand, patients are waiting significantly longer for CT imaging. Moreover, the Hospital must frequently delay inpatients and outpatients in order to accommodate emergency patients, which not only disrupts scheduling for all patients, but may add to the patient's stress during the procedure. Currently, the wait time for outpatients is five days based on third available appointment. However, the Hospital understands that a significant number of patients are being referred outside of BILH due to the long wait times for outpatient CT imaging, as well as the frequency with which outpatients are shifted in order to prioritize emergent patients. As illustrated below, CT capacity constraints has resulted in increased wait times for ED patients and inpatients to receive CT imaging.

Table 5: Length of Time from Order to Exam

	FY19	FY20	FY21
Emergency Department Patients	85 minutes	78 minutes	91 minutes
Inpatients	216 minutes	228 minutes	298 minutes

Impact of High Utilization on Timely CT Scanning for Stroke

As previously discussed, the Hospital's current practice is to triage emergent patients requiring CT, including those who may be experiencing a stroke, by delaying other patients regardless of where they are in the process of being scanned. BID-M is designated by DPH as a Primary Stroke Service ("PSS")

[14] January 2020 – August 2021

hospital[15] and accordingly the Emergency Medical Services system sends patients experiencing symptoms of a stroke to the BID-M ED. Pursuant to clinical guidelines, patients should receive CT imaging within 25 minutes of arrival at the ED.[16] In the last twelve months, Over the last twelve months, 21% of patients were scanned within 25 minutes of arriving at the BID-M ED. The average door-to-CT time for September 2021 was 62 minutes. Due to the existing high utilization coupled with the fact the Hospital only has one CT unit, it is difficult for the Hospital to meet the guidelines for stroke CT imaging. Therefore, the addition of a second CT unit will assist the Hospital in improving its door-to-CT wait times for emergent stroke patients.

Impact of Downtime and Need for Redundancy

A second CT unit is necessary to provide timely access to CT imaging due to concerns that the existing scanner will increasingly require routine and unanticipated downtime as it ages. When the scanner experiences downtime, patients must be rescheduled, wait, or be directed to another facility. The following table details the increasing incidence of downtime on the Hospital's existing unit.

Table 6: Historical CT Scanner Downtime

	FY19	FY20	FY21	FY22[17]
Scanner in use (%)	99.9	99.5	99.4	97.8%
Downtime events (#)	1	5	3	1
Total downtime hours	11	46	46	48

As the aging unit is taxed by higher utilization, it is expected the amount of downtime will increase each year. A second CT unit is necessary to ensure undisrupted access to CT imaging and mitigate downtime on the existing unit by shifting scans to a second unit,

Need for Improved Access for Low-Dose Lung Cancer Center

Beginning in 2019, BID-M began offering low-dose CT ("LDCT") lung cancer screening in partnership with Beth Israel Deaconess Medical Center. As further discussed in Section F1.b.1, early screening rates remain low in Massachusetts, in part due to the availability of CT in the community setting. As demonstrated in the following table, the number of patients who participate in BID-M's LDCT screening program continues to increase every year as patients are encouraged to return year over year for ongoing annual screening and new patients are referred to the program.

Table 7: Historical Lung Cancer Screening Volume

	FY19[18]	FY20	FY21
Annual Screening and Follow-up	167	311	508

Through the Proposed Project, BID-M will be able to expand its screening program, leading to improved screening rates and health outcomes.

[15] As part of its PSS designation, a hospital must provide emergency diagnostic and therapeutic services 24 hours-a-day, seven days-a-week to patients presenting with symptoms of acute stroke. https://www.mass.gov/info-details/primary-stroke-service-pss-validation

[16] https://www.mass.gov/doc/pss-time-target-recommendations-0/download; Get With the Guidelines – Stroke Fact Sheet. https://www.heart.org/-/media/files/professional/quality-improvement/get-with-the-guidelines/get-with-the-guidelines-stroke/stroke-fact-sheet_-final_ucm_501842.pdf?la=en&hash=7FA33C71D753DF7AB1D4850451C95BBE25BEA622

[17] Includes dates of service 10/1/2021 – 12/31/2021.

[18] First year of implementation.

Projected Growth and Future Demand

In addition to historical trends of incremental increases in CT volume, BID-M expects that outpatient volume will continue to grow as the Hospital's primary services area experiences sustained growth over the coming years.[19] Moreover, as the patient panel ages, BID-M anticipates that patients will present with higher acuity conditions and more frequently require advanced diagnostic imaging, including CT. Additional outpatient volume will also stem from the Hospital's efforts to promote its lung cancer screening program. Lastly, the Hospital anticipates outpatient CT volume will be driven by BILH patients who are currently receiving CT imaging outside of BID-M due to capacity limitations. The following table details CT volume projections following implementation of the Proposed Project.

Table 8: Projected CT Volume

	Year 1	Year 2	Year 3	Year 4	Year 5
Inpatient	4,800	4,944	5,092	5,245	5,402
Emergency	9,052	9,052	9,052	9,052	9,052
Outpatient	8,723	9,023	9,387	9,625	9,899
Total CT Service Volume	22,575	23,019	23,531	23,922	24,353

In conclusion, the Proposed Project primarily stems from the need to shift a portion of historical CT demand to an additional unit. The benefit of this shift is two-fold. First, an additional unit will provide capacity to accommodate emergent patients without significant delay to inpatients and outpatients. Second, providing CT imaging across two units will decrease the amount of downtime on the existing unit, in turn prolonging the useful life of both units. In addition to these benefits, the Proposed Project will also allow the Hospital to accommodate additional demand for outpatient CT services including annual lung cancer screening for high-risk patients. To that end, the Proposed Project will improve timely access to CT imaging within the community for the patient panel.

F1.a.iii **Competition:**

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending because the Proposed Project seeks to improve timely access to CT services. As discussed in the previous section, the Hospital's existing CT unit is running over capacity operating 24 hours a day, 7 days a week. In order to meet the need of BID-M's overall patient panel and its increased demand for CT imaging, an additional CT unit is needed in order to meet the current and future needs of the community.

Hospitals must be equipped to provide timely access to necessary diagnostic and interventional procedures in the community in order to deliver quality care, improve health outcomes, meet patient expectations, and contain overall medical costs. Without sufficient CT capacity on BID-M's campus, emergency patients and inpatients will continue to experience long wait times. Long wait times contribute to delayed diagnosis and treatment, which can lead to longer lengths of stay in the ED and inpatient units and poor patient experience. Additionally, outpatients will experience longer wait times or rescheduled appointments, increasing the likelihood that the patient will forego both initial CT for diagnosis and for regular screening, such as for lung cancer.

[19] "The Bureau estimates that the Greater Boston region has been growing by about 20,000 persons per year since the 2010 Census and our model assumes that this level of growth is sustained through 2020 and beyond. By 2035, the region is expected to have a population of 2,418,770; this is 443,615 more than the 1,975,155 counted in Census 2010."

To maximize the second CT unit's efficiency, the proposed unit will be co-located with the Hospital's existing unit. Furthermore, the proposed unit will be the same make as the existing unit. As a result, BID-M will be able to leverage its existing radiology staff to operate both CT units. The Hospital anticipates it will need to hire less than two (2) additional full-time employees for the additional unit.

Based on these considerations, the Proposed Project will accommodate the existing patient panel and its future growth. Without the addition of a second CT unit, long wait times, scheduling delays, and operational inefficiencies will continue to increase overall health care expenses. Therefore, the Proposed Project is necessary to improve access and provide timely diagnosis and treatment, thus containing health care costs.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

The Applicant relies on extensive evidence-based literature that supports the use of routine and emergency CT imaging as an essential component of hospital care. In addition to CT's utility for diagnosing many conditions, the Proposed Project will specifically advance the Hospital's ability to timely diagnose stroke and begin treatment and improve low-dose cancer screening rates.

A. Computed Tomography Technology

CT is an imaging modality that utilizes x-ray beams to generate cross-sectional images—or "slices"—of the body.[20] Because of CT's exceptional ability to produce more detailed images than conventional x-rays, CT is useful in detecting possible tumors or lesions within the abdomen and lungs; heart disease or abnormalities of the heart; head injuries; and blood clots and embolisms.[21] Moreover, CT scans typically can be performed in minutes, allowing providers to quickly diagnosis conditions such as stroke and begin treatment when patients are most likely to make a full recovery.[22]

B. Clinical Application

CT is an essential tool in diagnosis and treatment and must be readily available for emergency and routine screening needs alike. Specifically, CT is the preferred diagnostic tool for patients presenting with stroke symptoms as well as patients at high-risk for lung cancer.

1. Stroke

A stroke occurs when the blood supply to the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients.[23] Damage can be immediate and therefore prompt treatment is crucial to preventing brain damage and other complications.[24] CT imaging is frequently used to diagnosis a stroke and determine what kind of stroke a patient is experiencing because the CT scan can quickly and precisely identify clots and hemorrhages, ensuring the right treatment is provided.[25] Additionally, the detailed images produced by the CT scan can rule out other brain abnormalities.[26] Per the Massachusetts Department of Health's Time Target Recommendations and the American Heart Association/American Stroke Association's "Get With the Guidelines – Stroke", CT imaging should be completed within 25 minutes of arrival to the hospital, with IV thrombolytic ("tPA") treatment beginning within one hour of patient arrival.[27]

---

[20] https://www.nibib.nih.gov/science-education/science-topics/computed-tomography-ct
[21] https://www.medicalnewstoday.com/articles/153201#procedure
[22] https://www.envrad.com/how-ct-scans-mris-used-to-diagnose-strokes/
[23] https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113
[24] *Id.*
[25] https://www.envrad.com/how-ct-scans-mris-used-to-diagnose-strokes/
[26] *Id.*
[27] https://www.mass.gov/doc/pss-time-target-recommendations-0/download; Get With the Guidelines – Stroke Fact Sheet. https://www.heart.org/-/media/files/professional/quality-improvement/get-with-the-guidelines/get-with-the-guidelines-stroke/stroke-fact-sheet_-final_ucm_501842.pdf?la=en&hash=7FA33C71D753DF7AB1D4850451C95BBE25BEA622

Timely CT scanning ensures treatment can begin when it is most likely to be successful with the best chance for positive patient outcomes.[28]

2. Low-dose lung cancer screening

In the United States, approximately 135,720 deaths per year are the result of lung cancer, making it the leading cause of cancer-related death in the United States.[29] Despite both the prevalence of lung cancer cases and the potential for early screening to considerably decrease incidence of mortality, lung cancer remains significantly under-screened.[30] Low-dose CT ("LDCT") screening has been shown to decrease mortality by 14% to 20% but just 18% of eligible, high-risk individuals in Massachusetts were screening in 2021.[31] The U.S. Preventive Services Task Force (USPSTF) recommends yearly lung cancer screening with LDCT for people who:

- Have a 20 pack-year[32] or more smoking history, *and*
- Smoke now or have quit within the past 15 years, *and*
- Are between 50 and 80 years old[33].

Eligible patients should continue to be screened each year they meet each of these criteria. Screening should stop once the patient turns 81, has not smoked in 15 years, or develops a health problem that makes him or her unwilling or unable to have surgery if lung cancer is found.[34] Improving access to LDCT will reduce barriers for eligible individuals to receive screening, in turn improving screening rates and the number of lung cancer cases that are detected early.

F.1.b.ii **Public Health Value /Outcome-Oriented:**
Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

A. Improving Health Outcomes and Quality of Life

Through the Proposed Project, BID-M will be able to significantly improve timely access to CT for all patient populations. As discussed in F1.a.ii, emergency department patients and inpatients are experiencing long wait times. The addition of a second scanner will not only facilitate shorter wait times by ensuring a scanner is always available for emergency patients without significant disruption to the Hospital's inpatients and scheduled outpatients, but it will also allow the Hospital to expand capacity for outpatient services, including the Hospital's low-dose lung cancer screening program.

B. Assessing the Impact of the Proposed Project

To assess the impact of the Proposed Project, the Applicant developed the following quality metrics, including projections. All measures will be reported on an annual basis following the first year of the Proposed Project's implementation. The measures are discussed below:

[28] "In a registry representing US clinical practice, earlier thrombolytic treatment was associated with reduced mortality and symptomatic intracranial hemorrhage, and higher rates of independent ambulation at discharge and discharge to home following acute ischemic stroke." https://jamanetwork.com/journals/jama/fullarticle/1697967
[29] http://pressroom.cancer.org/LDCTScanLCS
[30] https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/resource-library/lung-cancer-fact-sheet
[31] https://www.lung.org/research/state-of-lung-cancer/states/massachusetts#:~:text=20%20Massachusetts%20%3A%2017.8%25-,End%20of%20interactive%20chart.,it%20in%20the%20top%20tier.
[32] A pack-year is defined as 20 cigarettes smoked every day for one year, or 40 cigarettes smoked every day for 6-months.
[33] *www.cdc.gov/cancer/lung/basic_info/screening.htm ; https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening*
[34] *Id*.

1. **Access - Wait Times**: The Proposed Project seeks to ensure timely access to CT services for ED and inpatients. Accordingly, BID-M will track the median time from order placement to scan completion.
    a. *Measure*: Average (median) time interval from when the CT was order to when the scan was completed.
        i. *Emergency Baseline*: 91 minutes
        ii. *Projections*[35]: Year 1: 87 minutes; Year 2: 82 minutes; Year 3: 78 minutes
    b. *Measure*: Average (median) time interval from when the CT was order to when the scan was completed.
        i. *Inpatient Baseline*: 298 minutes
        ii. *Projections*[36]: Year 1: 283 minutes; Year 2: 269 minutes; Year 3: 255 minutes

2. **Access – Door to CT (Stroke):** The Proposed Project seeks to improve timely access to CT services for stroke patients. BID-M will continue to monitor the length of time between when a stroke patient reaches the Hospital to when a CT scan begins (i.e., door to CT).
        i. *Baseline*: 136 minutes
        ii. *Projections*: Years 1 – 3: Within 25 minutes

3. **Access – Lung Cancer Screening:** Increased access to screening services is likely to increase the number of patients who received lung cancer screening as recommended. BID-M will be able to offer additional lung cancer screening appointments upon implementation of the Proposed Project.
    a. *Measure*: The number of low-dose CT scans provided at BID-M annually.
        i. *Baseline*: 508 scans
        ii. *Projections*: Year 1: 605 Year 2: 733; Year 3: 840

F1.b.iii **Public Health Value /Health Equity-Focused:**

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's needbase, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

BID-M continually strives to ensure health equity to all populations, including vulnerable and underserved populations. The Proposed Project will increase access to hospital-based CT services and will ensure accessibility of BID-M's services for poor, medically indigent and/or Medicaid eligible individuals or participation in the MassHealth ACO. BID-M is committed to serving the community regardless of an individual's ability to pay and does not discriminate based on ability to pay or payor source.

As detailed throughout this narrative, the Proposed Project will increase access to high quality and cost-effective care for all clinically appropriate patients in the proposed service area. A vital component of such access is through the provision of culturally and linguistically competent care to all patients. Additionally, BILH is working to reduce health inequities through the collection of demographic data. By recognizing and responding to differences in cultures, BID-M works to ensure patient understanding and promote a positive patient experience.

[35] Based on projected utilization provided in F1.a.ii.
[36] Based on projected utilization provided in F1.a.ii.

A. Ensuring Language Accessibility

BID-M is committed to ensuring doctors, nurses, and healthcare providers have the resources to be able to establish a direct relationship with their non-English or limited English-speaking patients through accurate and complete interpretation services which are available at no charge. BID-M offers multi-lingual services in person, by video, and by telephone. These services are available for 140 different languages and can be used 24-hours a day. Trained language service interpreters can assist during hospitalization and inform patients and their families about procedures, medications and other important information.

As its Patient Panel grows in both size and diversity, the Hospital's Interpreter Services Department has expanded to meet its patients' needs. The number of requested and completed encounters increased 28% for FY21. BID-M currently employs one (1) full time and three (3) per diem staff within the department. In addition, BID-M has 10 video remote interpreting ("VRI") devices (one in each unit), which helps reduce waiting time and increase effectiveness and efficiency of interpreter services. If additional resources are needed, BID-M is contracted with three vendors to meet demand: two for video and telephone, and one for in-person.

The Department is also staffed and equipped to facilitate communication for deaf and hard of hearing patients. A Certified Deaf Interpreter ("CDI") is available from 10am-10pm on Monday to Friday, 11am-11pm on the weekends. American Sign Language interpreters are available 24/7 on the VRIs. In addition, assistive devices such as Pocket Talkers, are also available to assist patients. Patients may also use the Hospital's Telecommunications Device for the Deaf ("TDD") to communicate with family or friends and is available for patient use 24 hours a day.

B. REAL Data Collection

BILH recently launched a new initiative to consistently request more detailed and complete demographic information from patients in furtherance of an organizational culture that embraces diversity, equity, and inclusion. Capturing patient diversity demographics, including gender and race, ethnicity, and language ("REAL Data") is foundational to understanding and addressing health disparities in the community.

To that end, BILH created a multidisciplinary team of representatives from across the System including staff from patient access services, information services, nursing, social work, community benefits and community relations teams. Working with patient representatives, the multidisciplinary team established a standard set of data along with best practices and processes in order to more consistent capture the data in the electronic medical record ("EMR").

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

As described throughout this Application, including the above section, the Proposed Project will improve health outcomes and quality of life for BID-M's patient panel by expanding access to essential hospital-based imaging services and continuing to ensure those services are accessible to all members of the community it serves. BID-M is committed to promoting health equity and to that end, will ensure patients can access the Hospital's services, can effectively communicate with their providers, and will be connected to services outside of the Hospital as required. As a result, the Applicant anticipates that the Proposed Project will result in improved patient care experiences and quality outcomes while promoting health equity.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

A. Coordination of Care and Linkages

As a community hospital affiliated with primary care offices, specialists, and urgent care centers, integrated medical records are central to promoting quality of care and public health outcomes through effective coordination of care. With respect to the Proposed Project, BID-M's EMR serves as the primary linkage between Radiology, BID-M's specialists, and community primary care providers. In the first instance, the EMR allows BID-M's radiologists real-time access to a patient's comprehensive medical information, including medical history, lab results, and clinical notes while they are protocoling or reading 0a study. Once the radiologist's report is complete, the EMR enables imaging results and information to be available to primary care and specialty physicians across the system and integrated into the patient's EMR. The EMR also allows authorized providers outside of the Applicant to view their patients' records and send progress notes back for improved continuity of care. This integration ensures that the BID-M patient panel benefits from care coordination through better outcomes and improved quality of life as discussed in F1.b.i and ii.

Furthermore, BID-M participates in the MassHealth ACO Program through BIDCO, part of BILHPN and its clinically integrated network. In furtherance of the goals of the Program, BIDCO strives to increase access to high quality care for members who are more likely to have unmet Social Determinant of Health ("SDoH") needs than the commercially insured population. A significant portion of BIDCO's efforts to improve health care are accomplished through care coordination. Specifically, BIDCO's data analysis and risk management tools are provided to BID-M providers, including a Population Health Management Tool that helps primary care physicians monitor patients' health and manage chronic conditions. BID-M's links to primary care providers are vital to providing high-quality care and promoting coordination of care. These primary care linkages will continue to enhance care for BID-M patients, including timely access to radiology services that will be achieved through the Proposed Project.

F1.d **Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.**

As a broad range of input is valuable in the planning of a project, the Applicant carried out a diverse consultative process with individuals at various regulatory agencies regarding the Proposed Projects. The following individuals are some of those consulted regarding this Project:

- Rebecca Rodman, Esq., Deputy General Counsel, Department of Public Health
- Lara Szent-Gyorgyi, Director, Determination of Need Program, Department of Public Health
- Jennica Allen, Office of Community Health Planning and Engagement, Department of Public Health
- Elizabeth Maffei, Office of Community Health Planning and Engagement, Department of Public Health
- Massachusetts Executive Office of Health and Human Services
- Health Policy Commission
- Center for Health Information and Analysis
- The Centers for Medicare & Medicaid Services

F1.e.i **Process for Determining Need/Evidence of Community Engagement:**
For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline.* With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

In addition to the data demonstrating the need for the Proposed Project, the Applicant also sought to engage the community in order to more fully involve patients and families regarding the Proposed Project.

To that end, the Proposed Project was presented at BID-M's Patient Family Advisory Committee ("PFAC") on December 8, 2021 with nine (9) individuals in attendance, including three (3) community members. The PFAC is comprised of patients of the Hospital and their family members as well as staff of the Hospital. The presentation sought to inform PFAC members about the purpose of the Proposed Project and what it would mean for patients. The presentation to the PFAC offered members an overview of the Proposed Project and how it will benefit current and future BID-M patients. The PFAC members generally had positive reactions regarding the Proposed Project and did not voice any concerns with the Proposed Project.

Additionally, the Proposed Project was presented to the Hospital's Community Benefits Advisory Committee ("CBAC") on December 10, 2021 with 16 individuals in attendance, including 11 members of the community and five (5) representatives from BILH. As with the PFAC presentation, Hospital representatives spoke about the purpose of the Proposed Project and what it would mean for patients and the community.

F1.e.ii **Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".**

To ensure sound community engagement throughout the development of the Proposed Project, the Applicant took the following actions:

- Presentation to BID-M's PFAC on December 8, 2021; and
- Presentation to BID-M's CBAC on December 10, 2021.

For detailed information on these activities, see Appendix 3.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a. **<u>Cost Containment:</u>**
Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The Proposed Project will meaningfully contribute to and further the Commonwealth's goals for cost containment by ensuring high-quality CT imaging services are accessible and equitably available to every person at the lowest reasonable aggregate cost. As discussed throughout the Application, the Proposed Project seeks to improve access to an essential component of hospital care. As discussed previously, timely access to CT imaging increases a patient's chance of receiving life-saving treatment, resulting in improved health outcomes and in turn reducing overall health care costs. Furthermore, BID-M is in the process of implementing a clinical decision support tool in compliance with Medicare's Appropriate Use Criteria mandate. Moreover, there will be no impact on BID-Milton's contracted rates for CT services. To that end, the Proposed Project will meaningfully contribute to the Commonwealth's goals of cost containment by lowering costs as well as overall TME.

F2.b. **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

The Proposed Project will improve public health outcomes by providing patients timely access to CT services in the community, thereby reducing travel time as well as delays in diagnosis and treatment. As discussed in Factor F1.a.ii, BID-Milton has experienced a 12.4% increase in CT volume since FY19 and is operating above the existing CT unit's capacity resulting in significant delays in CT imaging for stroke patients and suboptimal access for all patient types. Historical utilization demonstrates a growing need for CT services which is likely to increase given aging and acuity trends. Increased capacity and access to CT services is required to not only meet current and future demands, but to provide timely access within the community. Improved access to CT will also further the patient care experience and patient satisfaction.

F2.c. **Delivery System Transformation:**

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

The Applicant will continue to work with patients and primary care providers to ensure patients are connected to services as needed. First, the Applicant's Beth Israel Deaconess Healthcare ("BIDHC") primary care practices in Milton, Quincy and Randolph screen all patients for Social Determinants of Health as part of their annual wellness exam. The screener form is modified from the Protocols for Responding to and Assessing Patients' Assets, Risks, and Experiences ("PRAPARE"). The screener is filled out before the patient's visit on a tablet or paper. If a need is identified through the screener or during the visit, the patient is referred to a community health worker at the Hospital who will reach out directly to the patient. If a safety concern is flagged through the screener, the provider is notified immediately in order to address the issue during the visit.

BID-M screens patients for the following needs during each encounter: Housing, Interpersonal Safety, Social Support (e.g., do you live alone), Health Behaviors (e.g., alcohol consumption, smoking, drug use, etc.), and Financial Stability. Employment and Transportation are also screened on a case-by-case basis as determined by the patient's care team. Additionally, certain patient characteristics, such as specific diseases (e.g., diabetes) and high intensity resource utilization may also prompt a needs screening. If a need is identified, a referral is made by case management or social work to a community-based organization or to a resource within the Hospital and/or BILH. Within the emergency department, direct referrals are made for behavioral health and substance use to embedded community partners, such as Gosnold Recovery Coaches and Aspire Health Alliance. Through the approaches described above, the Applicant has implemented a robust screening and linkages process to identify and address the SDoH impacting its patients.

Factor 5: Relative Merit

F5.a.i **Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.**

This Proposal: The Proposed Project is for the acquisition of a 128-slice CT unit.

Quality: The Proposed Project is a superior option because of the significant impact it will have on patient outcomes, quality of life, and patient satisfaction. With expanded access to CT, BID-M will improve its door-to-CT times for stroke, increase the number of patients routinely screened for lung cancer, and reduce wait times for inpatients, outpatients, and emergency patients.

Efficiency: Because the unit BID-M seeks to acquire is the same model type as the existing scanner, the Hospital will be able to use existing staff to operate both machines concurrently without additional training and significant new staff[37]. Furthermore, the acquisition of a second scanner promotes redundancy which will minimize delays currently caused by unit downtimes.

Capital Expense: The total capital expenditure for the CT unit and required construction is $1,589,750.

Operating Costs: The first-year operating expenses to operate the new CT unit are anticipated to be $274,478.

Alternative Proposal: Do not acquire a second CT unit and continue to serve patients through the use of a single scanner.

Alternative Quality: This alternative does not address the need of BID-M's patient population to have timely access to CT imaging. This option would further exacerbate wait times for inpatients, outpatients, and emergency patients, including those experiencing strokes. Delays in diagnosis result in delayed treatment, which can adversely impact patient outcomes, quality of life, and patient satisfaction.

Alternative Efficiency: Hospital and BILH resources will continue to be strained under this alternative. When BID-M experiences CT downtime, emergency patients must wait or receive lesser imaging. Such delays will also impact CT imaging needed by inpatients and outpatients.

Alternative Capital Expenses: There are no capital expenses under this alternative.

Alternative Operating Costs: The Applicant asserts operating expenses will increase over time under this alternative as a result of longer lengths of stay for emergency department patients and delayed diagnosis and treatment.

[37] The Hospital anticipates the second scanner will require 1.65 full-time employees.

APPENDIX 3

FACTOR 1 EXHIBITS – COMMUNITY ENGAGEMENT PRESENTATIONS

Beth Israel Deaconess Hospital-Milton Community Benefits Advisory Committee Meeting

December 10, 2021

Beth Israel Lahey Health

Beth Israel Lahey Health

Determination of Need

Debra Clements, Director of Radiology
BID Milton

Determination of Need (DoN)
Additional CT Scan

Beth Israel Lahey Health

Definition:

- Regulations delineating how health care organizations may gain authorization to make significant expenditures, changes in services, and certain acquisitions

Community Health Initiatives (CHI):

- Fund amount greater than or equal to 5% of the Total Capital Expenditure of the Proposed Project
- Required as a condition of the DoN
- Fund projects which address one or more of the Health Priorities
- Will identify CHI as process moves forward
- CBAC will vote on what priority/project is funded
- DPH seeks input from community stakeholders (CBAC)
- All community funded projects contingent upon DPH Approval

Current CT Scanner Challenges

Beth Israel Lahey Health

- **Currently have one CT scanner**
  - Approximately 1,600 exams monthly
  - Needs to be immediately available for Code Stroke
- **Scanner is at full capacity**
  - Cannot assist with overflow inpatient or outpatient scans
  - Wait times are long, additional scanner is needed to decrease wait time for ED patients
  - If the scanner goes down, we have to suspend services

CT Scanners at capacity

Disruption to patient care

No back-up capabilities

Why a new scanner?

Beth Israel Lahey Health

- **Benefits of additional scanner:**
  - Updated technology
  - Less wait time for inpatients
  - More availability for outpatients
  - Equipment issues would not require suspension of services
  - Reduction in wait times for CT-guided procedures
    - Faster diagnosis of cancer
    - Faster cancer treatment

Additional scanner will solve problem of access

Questions or Comments?

Due January 7th: DPH Stakeholder Assessment Form

Community-based Health Initiative

Beth Israel Lahey Health

Required by the Massachusetts Department of Public Health (DPH); completed by stakeholders (CBAC) engaged by the hospital as part of the Determination of Need (DoN) Community-based Health Initiative (CHI) application process

What does the electronic form entail?

- Sections 1 and 2: Background (info will be provided to you) and Demographics
- Section 3: Motivation
- Section 4: Community At-Large Engagement Levels
- Section 5 & 6: Your Engagement Levels & Your Engagement Experience
- Sections 7: Role in Partnership
- Section 8 & 9: Representative of Community Health Planning in Community & Other Community Health Planning Work
- Section 10: Form Submission

Beth Israel Deaconess Hospital-Milton

Patient Family Advisory Committee Meeting

Wednesday, December 8th

Beth Israel Lahey Health

Beth Israel Lahey Health

Determination of Need

Laureane Marquez, Manager, Community Benefits
Deb Clements, Director of Radiology, BID Milton

Determination of Need (DoN)

Beth Israel Lahey Health

Definition:

- Regulations delineating how health care organizations may gain authorization to make significant expenditures, changes in services, and certain acquisitions

Community Health Initiatives (CHI):

- Fund projects which address one or more of the Health Priorities
- Required as a condition of the DoN
- Fund amount greater than or equal to 5% of the Total Capital Expenditure of the Proposed Project
- Will identify CHI as process moves forward
- CBAC will vote on what priority/project is funded
- All community funded projects contingent upon DPH Approval

Current CT Scanner Challenges

Beth Israel Lahey Health

- **Currently have one CT scanner**
  - Approximately 1,600 exams monthly
  - Needs to be immediately available for code stroke
- **Scanner is at full capacity**
  - Cannot assist with overflow inpatient or outpatient scans
  - Wait times are long, additional scanner is needed to decrease wait time for ED patients
  - If the scanner goes down, we have to suspend services

CT Scanners at capacity

Disruption to patient care

No back-up capabilities

Why a new scanner?

Beth Israel Lahey Health

- **Benefits of additional scanner:**
  - Updated technology
  - Less wait time for inpatients
  - More availability for outpatients
  - Equipment issues would not require suspension of services
  - Reduction in wait times for CT-guided procedures
    - Faster diagnosis of cancer
    - Faster cancer treatment

Additional scanner will solve problem of access

APPENDIX 7

NOTICE OF INTENT

Classifieds

wickedlocalsearch.com

To Place an Advertisement Call 617-786-7100 • Mon-Fri 9am-5pm

JOBS | SERVICES | STUFF | HOMES | WHEELS

new today

Wanted to Buy

CASH FOR TOOLS:
Hand/Pwr, Carpenters, Machinists, Mechanics, Plumbers, Rollaways.
1-800-745-8665

NOTICES

Legals

ZBA/631 WASHIINGTON ST.

LEGAL NOTICE OF PUBLIC HEARING TOWN OF PEMBROKE ZONING BOARD OF APPEALS

Notice is hereby given that the Pembroke Zoning Board of Appeals will hold a public hearing on Monday, January 10, 2021, at 7:00 pm on the application of Nike Construction Services, LLC, 632 Summer Street, Marshfield, MA 02050, requesting variances in accordance with the Zoning Bylaws of the Town of Pembroke, Sec. IV.2.D.1 Lot Area, Sec. IV.2.D.2 Lot Frontage, and Sec. IV.2.D.5 Side Yard Setback, to construct a multifamily residential project consisting of two buildings containing a total of nine (9) two-bedroom units in townhouse-style design, along with an access drive, parking area, and infiltration basin. The property is located at **631 Washington Street, Pembroke, MA 02359**, in the Residential-Commercial District, as shown on Assessors' Map E10, Lot 10, but access to the proposed project would be from Old Washington Street. A copy of the application is available in the Office of the Planning Board at Pembroke Town Hall. Pursuant to Governor Baker's March 12, 2020, Order Suspending Certain Provisions of the Open Meeting Law, G.L. c. 30A, s. 18, as amended June 16, 2021, and extended to April 1, 2022, this public hearing is being conducted via remote participation. No in-person attendance of members of the public will be permitted, but the public can view this meeting while in progress on Comcast Government Access Channel 15 or by livestream with the link accessible at https://www.pactv.org/pactv/towns/pembroke or www.pactv.org/pactv/watch/meetings-streamed-live-youtube. Members of the public attending this meeting virtually will be allowed to make comments if they wish to do so, during the portion of the meeting designated for public comment, by emailing mheins@townofpembrokemass.org or telephoning 781-709-1433. The public also has the option to participate interactively through the Zoom software application, if technically feasible; for details about how to participate through Zoom, please email mheins@townofpembrokemass.org before the meeting.

Frederick Casavant, Chairman

AD#14001106
PL 12/23, 12/30/21

Legals

ZBA/183 WAMPATUCK ST.

LEGAL NOTICE OF PUBLIC HEARING TOWN OF PEMBROKE ZONING BOARD OF APPEALS

Notice is hereby given that the Pembroke Zoning Board of Appeals will hold a public hearing on Monday, January 10, 2021, at 7:20 pm on the application of Lilia Stypulkowski, **99 Hollis Street, Weymouth, MA 02190**, requesting variances and a special permit in accordance with the Zoning Bylaws of the Town of Pembroke, Sec. IV.1.D.2 Front Yard Setback, Sec. IV.1.D.3 Side and Rear Yard Setback, and Sec. V.5 Nonconforming Uses, to expand an existing single-family house. The property is located at **183 Wampatuck Street, Pembroke, MA 02359**, in Residence District A and the Water Resource and Groundwater Protection Overlay District, as shown on Assessors' Map B8, Lot 144 and Lot 217. A copy of the application is available in the Office of the Planning Board at Pembroke Town Hall. Pursuant to Governor Baker's March 12, 2020, Order Suspending Certain Provisions of the Open Meeting Law, G.L. c. 30A, s. 18, as amended June 16, 2021, and extended to April 1, 2022, this public hearing is being conducted via remote participation. No in-person attendance of members of the public will be permitted, but the public can view this meeting while in progress on Comcast Government Access Channel 15 or by livestream with the link accessible at https://www.pactv.org/pactv/towns/pembroke or www.pactv.org/pactv/watch/meetings-streamed-live-youtube. Members of the public attending this meeting virtually will be allowed to make comments if they wish to do so, during the portion of the meeting designated for public comment, by emailing mheins@townofpembrokemass.org or telephoning 781-709-1433. The public also has the option to participate interactively through the Zoom software application, if technically feasible; for details about how to participate through Zoom, please email mheins@townofpembrokemass.org before the meeting.

Frederick Casavant, Chairman

AD#14001113
PL 12/23, 12/30/21

PB/20 SHOESTRING ROAD, CARVER

LEGAL NOTICE
Public Hearing Notice

In accordance with the provisions of the Town of Carver Zoning Bylaw, the Carver Planning Board will hold a public hearing on:

January 11, 2022
at 7:00 PM
In the Carver Town Hall, Meeting Room #1

On the application of Richard DeBenedictis, P.E. requesting a Special Permit and Site Plan Review pursuant to sections 2230, 5300, and 3100 of the Carver Zoning Bylaw, located at 20 Shoestring Road (Assessor's Map 124 Lot 13-0-R) in Carver, MA. The project is the improvements to Jellystone Park which includes centralized wastewater treatment facility (WWTF) a new set of water supply wells and improved roadway access located in a Residential/Agricultural District.

Any persons interested and wishing to be heard should appear at the time and place designated. A copy of the plan is on file at the Planning Department and may be reviewed during normal business hours.

Carver Planning Board
Bruce Maki, Chair

AD#14001980 12/23, 12/30/21

Legals **Legals**

21 OWLS HEAD BLUFF ROAD, PEMBROKE

LEGAL NOTICE
NOTICE OF MORTGAGEE'S SALE OF REAL ESTATE

Premises: 21 Owls Head Bluff Road, Pembroke, Massachusetts

By virtue and in execution of the Power of Sale contained in a certain mortgage given by Jon M. Rydings to Mortgage Electronic Registration Systems, Inc. as nominee for Mortgage Corp. of East III and now held by Lakeview Loan Servicing, LLC, said mortgage dated May 31, 2013, and recorded in the Plymouth County Registry of Deeds, in Book 43143 at Page 141, as affected by an Assignment of Mortgage dated June 6, 2018, and recorded with said Deeds in Book 50007 at Page 236, of which mortgage the undersigned is the present holder, for breach of the conditions in said mortgage and for the purpose of foreclosing the same will be sold at Public Auction on January 13, 2022 at 1:00 PM Local Time upon the premises, all and singular the premises described in said mortgage, to wit:

A certain parcel of land shown as Lot #6 on a Plan entitled "Owl's Head Bluff Subdivision Definitive Plan of Land in Pembroke, Halifax Country Club, Inc., Owner-Applicant, Plymouth Street, Route 106, Halifax, Mass., Scale 40' to an inch, August 26, 1970, Revised January 28, 1972, January 23, 1973, March 20, 1973, Pilgrim Land Survey, Inc., 216 Washington St., No. Pembroke, Mass.", which Plan is recorded at Plymouth County Registry of Deeds as Plan 539 of 1973, in Plan Book 17, Page 276. Said Lot #6 bounded and described all according to above mentioned Plan as follows:

NORTHERLY by Owl's Head Bluff Road, 29.12' and an arc distance of 170.00;

WESTERLY by Lot #7 on said Plan, 332.11`;

SOUTHEASTERLY by land N/F City of Brockton, 468.28;

Said Lot #6 containing 25,165 square feet more or less, according to said Plan.

Being the same premises conveyed to the herein named mortgagor(s) by deed recorded with Plymouth County Registry of Deeds herewith.

The description of the property contained in the mortgage shall control in the event of a typographical error in this publication.

For Mortgagor's Title see deed dated May 24, 2013, and recorded in Book 43143 at Page 139 with the Plymouth County Registry of Deeds.

TERMS OF SALE: Said premises will be sold and conveyed subject to all liens, encumbrances, unpaid taxes, tax titles, municipal liens and assessments, if any, which take precedence over the said mortgage above described.

TEN THOUSAND ($10,000.00) Dollars of the purchase price must be paid by a certified check, bank treasurer's or cashier's check at the time and place of the sale by the purchaser. The balance of the purchase price shall be paid by a certified check, bank treasurer's or cashier's check within forty-five (45) days after the date of sale.

Other terms to be announced at the sale.

Marinosci Law Group, P.C.
275 West Natick Road, Suite 500
Warwick, RI 02886
Attorney for Lakeview Loan Servicing, LLC
Present Holder of the Mortgage
Telephone: (401) 234-9200
MLG File No.: 19-00632

AD#14001230 12/23, 12/30/21, 1/6/22

BETH ISRAEL DEACONESS HOSPITAL - MILTON

LEGAL NOTICE
Public Announcement Concerning a Proposed Health Care Project

Beth Israel Lahey Health, Inc. (the "Applicant"), with a principal place of business at 109 Brookline Avenue, Suite 300, Boston, MA 02215, intends to file a Notice of Determination of Need ("DoN") with the Massachusetts Department of Public Health for DoN-Required Equipment by Beth Israel Deaconess Hospital – Milton ("BID-M"). The project is for the acquisition of one (1) computed tomography ("CT") unit to be located on BID-M's main campus located at 199 Reedsdale Road, Milton, MA 02186 (the "Project"). The total value of the Project based on the maximum capital expenditure is $1,589,750. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application by no later than January 30, 2022 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health, Determination of Need Program, 250 Washington Street, 6th Floor, Boston, MA 02108.
AD#14001841 12/23/21

Legals

Nantasket Avenue Seawall Repairs

LEGAL NOTICE PUBLIC NOTICE OF ENVIRONMENTAL REVIEW

PROJECT: Nantasket Avenue Seawall Repairs

LOCATION: Nantasket Ave, Hull, MA 02045

PROPONENT: Town of Hull

The undersigned is submitting an Environmental Notification Form ("ENF") to the Secretary of Energy & Environmental Affairs on or before December 15, 2021

This will initiate review of the above project pursuant to the Massachusetts Environmental Policy Act ("MEPA", M.G.L. c. 30, s.s. 61-62I). Copies of the ENF may be obtained from:

Russell J. Titmuss, P.E. GEI Consultants, Inc
124 Grove Street, Suite 300, Franklin, MA 02038-3156
774.277.6003
rtitmuss@geiconsultants.com

Electronic copies of the ENF are also being sent to the Conservation Commission and Planning Board of Hull.

The Secretary of Energy & Environmental Affairs will publish notice of the ENF in the Environmental Monitor, will receive public comments on the project for 20 days, and will then decide, within ten days, if an Environmental Impact Report is needed. A site visit and/or remote consultation session on the project may also be scheduled. All persons wishing to comment on the project, or to be notified of a site visit and/or remote consultation session, should email MEPA@mass.gov. Mail correspondence will continue to be accepted, though responses may be delayed. Mail correspondence should be direct to the Secretary of Energy & Environmental Affairs, 100 Cambridge St., Suite 900, Boston, Massachusetts 02114, Attention: MEPA Office, referencing the above project.

By GEI Consultants, Inc.

AD#14002049
PL 12/23/21

VEHICLE AUCTION
To be auctioned off on 01/07/22.
One 2012 Chevy Equinox
V.I.N.
2GNFLee59C6291930
Pursuant to MGL C.255, S.39A.
at BLUE HILL TOWING
(617) 696-6450
AD#14001832 12/23, 12/30/21, 1/6/22

Legals

Summons

LEGAL NOTICE
SUMMONS
Commonwealth of Massachusetts
The Trial Court
Norfolk Probate and Family Court
35 Shawmut Road
Canton, MA 02021
781-830-1200
Docket No. NO21E0026QC
Romer Jose Valdiviezo Rojas, Plaintiff
vs.
Registry of Vital Statistics, Defendant
To the Defendant:
Interested Party: **Romel Alberto Rojas**. You are hereby summoned and required to serve upon:
Jacob Geller, Esquire
Law Offices of Jacob D. Geller LLC
90 Canal St.
Floor Four
Boston, MA 02114
your answer, if any, within 20 days after service of this upon you. If you fail to do so judgement by default will be taken against you exclusive of the day of service. You are also required to file a copy of your answer, if any, in the office of the Register of this Court.
Unless otherwise provided by Mass. R. Civ. P Rule 13(a) your answer must state as a counterclaim which you may have against the Plaintiff which arises out of the transaction occurrence that is subject matter of plaintiff's claim or you will thereafter be barred from making such claim in any other actions.
Witness,
Hon. Patricia Gorman
First Justice of this Court.
Date: November 23, 2021
Colleen M. Brierley
Register of Probate
14001862 PL 12/23/2021

BUSINESS SERVICES

Roofing & Gutters

WEATHERTITE ROOFING
Many roof repairs under $200. 30 year New Roofs.
Free roof/gutter inspection, no direct contact needed.
Porches. All rotted wood replaced. Ins'd. Reg# is 168929.
508-942-4200
weathertiteroofingma.com

MERCHANDISE

Home Furnishings

QUEEN SIZE SLEIGH BED gray wood, platform w/storage, 2yrs old. $600. 781-299-2850 before 9pm.

Miscellaneous for Sale

4 PIECE DRUM SET Cymbals & accessories. $600. 781-356-5436, lve msg.

Miscellaneous for Sale

7 OLD ELVIS ORNAMENTS on 4' high green tinsel tree w/red wooden stand. $75. 617-471-5103

CHRISTMAS TREE TRAIN SET & 4' Flexible Flyer sled. $25ea. 617-328-8938

GUESS BOOTS Misses size 7, lug sole, 2" heel, like new. $30. **617-774-7172.**

VINTAGE WONDER RANGER ROCKING HORSE Very good cond. $50. 617-471-5103

Wanted to Buy

CASH FOR RECORD ALBUMS
33LP's & 45's wanted. Call George 617-633-2682

CASH FOR TOOLS:
Hand/Pwr, Carpenters, Machinists, Mechanics, Plumbers, Rollaways.
1-800-745-8665

Little Richie's Antiques
Records, musical instr., cameras, toys, silver, gold, paintings, tools, furn, jewelry, coins, military, swords.
CASH PAID.
50 Hancock St. Braintree.
781-380-8165
littlerichiesantiques.com

Christmas offers us comfort amid the chaos

In Good Faith
The Rev. Tim Schenck
Guest columnist

Christmas lights on the Hancock-Adams Common in Quincy Square attract visitors on Dec. 3.
GREG DERR/THE PATRIOT LEDGER

I have nothing against dainty, hand-painted porcelain Nativity sets that sit atop mantelpieces in well-appointed homes. Many of them are quite beautiful, especially when accompanied by stockings hung by the chimney with care. And if they draw us into contemplation of the story of Jesus' birth, I'm definitely on Team Porcelain Nativity Set.

The only problem with them is when they lead us into the temptation of sentimentalizing Christmas. In other words, this time of year should be full of precious moments, but it shouldn't be all about Precious Moments.

This year, in particular, feels less than precious. COVID is again running rampant, there's great uncertainty as to how to safely gather at home and in churches, supply chain issues are disrupting our best-laid plans, and everyone is exhausted by the prospect of a third straight year of pandemic living.

The good news is that our current state of chaos has a lot more in common with the first Christmas than any hand-crafted Nativity set. After all, giving birth is messy business! And it must have been particularly stressful to go into labor in a place so far away from family and friends. Not to mention the conditions: cows and sheep are dirty and wander all over the place; shepherds generally need a shower; and angels are terrifying.

And yet, despite all the messiness, despite everything not going according to plan, despite all the expectations not met, Christ our Savior was born. God entered the world in human form not into a state of perfection, but in the midst of a mess. I actually take great comfort in this. Because if Jesus himself arrived into a state of disarray, there's hope for his entrance into our own often disordered lives.

Of course, much of the messiness into which Jesus was born had more to do with the human condition than with the maelstrom around the manger. Because unlike that porcelain Nativity set, we're not shiny and perfect and set apart. Rather, we're flawed and dented and set within the context of our broken humanity. The miracle of Christmas is that, despite our imperfections and the mess we make of things, Jesus still shows up to walk with us, to live with us, to love us.

Which means a more accurate Nativity scene might be the PlayMobil version my kids had when they were young. The sheep were strewn all over the place, the Magi were replaced with Power Rangers, dinosaurs were involved, and this all took place not on a distant mantelpiece, but on the family room floor. Which feels like a more authentic version of how things unfolded on that long-ago night in Bethlehem – accessible, authentic and messy.

Whatever we do or fail to get done this Christmas, remember that God will love us anyway. Whatever mess Jesus encounters when he arrives or whatever state of chaos we find ourselves in on Dec. 25, he will love us anyway.

Hold on to that love, friends. And know that whatever mess we've made of things, and no matter how messy our world feels right now, God is right in the midst of it all.

The Rev. Tim Schenck's In Good Faith column appears monthly in The Patriot Ledger. He serves as rector of the Episcopal Parish of St. John the Evangelist in Hingham and he is the author of five books full of faith and humor. Follow him on Twitter @FatherTim.

IN BRIEF

Housing authority faces discrimination lawsuit

BOSTON – Federal authorities have filed an amended lawsuit that alleges a Massachusetts city's housing authority and its executive director violated federal housing laws by discriminating against Black and Hispanic tenants and potential tenants as well as tenants with disabilities.

The original lawsuit against the Chicopee Housing Authority and Executive Director Monica Blazie filed in April alleged that the authority failed to make reasonable accommodations and discriminated against a second-floor tenant with kidney disease who wanted to move to a first-floor unit so she could receive dialysis at home.

The amended complaint filed Tuesday by the U.S. attorney for Massachusetts and the Justice Department's Civil Rights Division alleges that the defendants discriminated against Black and Hispanic tenants and potential tenants, including through the use of discrimintory statements and racial slurs.

The defendants denied the allegations.

Body of missing Massachusetts woman found

SAUGUS, Mass. – The body of a Massachusetts woman who had been missing since last weekend has been found in a marsh in Saugus, authorities said.

Sherell Pringle, 40, of Woburn, who was last seen on Saturday, was found in Saugus on Tuesday and foul play is suspected in her death, according to a statement from the office of Essex District Attorney Jonathan Blodgett.

She was reported missing by her son after she did not return home on Saturday night, prosecutors said.

No arrests have been made.

LEGAL NOTICE

Public Announcement Concerning a Proposed Health Care Project

Beth Israel Lahey Health, Inc. (the "Applicant"), with a principal place of business at 109 Brookline Avenue, Suite 300, Boston, MA 02215, intends to file a Notice of Determination of Need ("DoN") with the Massachusetts Department of Public Health for DoN-Required Equipment by Beth Israel Deaconess Hospital – Milton ("BID-M"). The project is for the acquisition of one (1) computed tomography ("CT") unit to be located on BID-M's main campus located at 199 Reedsdale Road, Milton, MA 02186 (the "Project"). The total value of the Project based on the maximum capital expenditure is $1,589,750. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Project. Any tax Taxpayers of Massachusetts may register in connection with the intended Application by no later than January 30, 2022 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health, Determination of Need Program, 250 Washington Street, 6th Floor, Boston, MA 02108.

APPENDIX 8

ACO LETTER

The Commonwealth of Massachusetts
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MASSACHUSETTS 02109
(617) 979-1400

STUART H. ALTMAN
CHAIR

DAVID M. SELTZ
EXECUTIVE DIRECTOR

December 23, 2019

Eryn Gallagher
Beth Israel Lahey Performance Network
109 Brookline Avenue Suite 300
Boston, MA 02215

RE: ACO Certification

Dear Ms. Gallagher:

Congratulations! The Health Policy Commission (HPC) is pleased to inform you that Beth Israel Lahey Performance Network meets the requirements for ACO Certification. This certification is effective from the date of this letter through December 31, 2021.

The ACO Certification program, in alignment with other state agencies including MassHealth, is designed to accelerate care delivery transformation in Massachusetts and promote a high quality, efficient health system. ACOs participating in the program have met a set of objective criteria focused on core ACO capabilities including supporting patient-centered care and governance, using data to drive quality improvement, and investing in population health. Beth Israel Lahey Performance Network meets those criteria.

The HPC will promote Beth Israel Lahey Performance Network as a Certified ACO on our website and in our marketing and public materials. In addition, a logo is enclosed for your use in accordance with the attached Terms of Use. We hope you will use the logo to highlight the ACO Certification to your patients, payers, and others.

The HPC looks forward to your continued engagement in the ACO Certification program over the next two years.

Thank you for your dedication to providing accountable, coordinated health care to your patients. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Mike Stanek, Manager, at HPC-Certification@mass.gov or (617) 757-1649.

Best wishes,

David Seltz
Executive Director

APPENDIX 11

FILING FEE

Beth Israel Lahey Health
Beth Israel Deaconess Milton

January 24, 2022

Lara Szent-Gyorgyi
Determination of Need Program
Department of Public Health
67 Forest Street
Marlborough, MA 01752

Dear Lara Szent-Gyorgyi,

The check attached is for a Determination of Need filing to be submitted by Beth Israel Lahey Health, Inc. The DoN Application number is **BILH – 21120709-RE**.

Sincerely,

Angela Fenton
VP Ambulatory / Clinical Services
Beth Israel Lahey Health
Beth Israel Deaconess Milton
617-313-1322
Angela_fenton@bidmilton.org

THE SECURITY FEATURES ON THIS CHECK INCLUDE PADLOCK ICON, ULTRAVIOLET FIBERS, A BROWN BLEACH STAIN FEATURE AND A SIMULATED WATERMARK ON THE BACK.

Century Bank

53-139/113

CHECK NO: 0238491

Beth Israel Deaconess Hospital
Milton
199 REEDSDALE ROAD
MILTON, MA 02186-9986

DATE
01/20/22

VENDOR NO:
B000004030
****$3179.50

PAY THREE THOUSAND ONE HUNDRED SEVENTY-NINE 50/100

TO THE ORDER OF
COMMONWEALTH OF MASSACHUSETTS
DP PUBLIC HEALTH-LARA SZENT-GYORGYI
DETERMINATION OF NEED PROGRAM
67 FOREST STREET
MARLBOROUGH, MA 01752

AUTHORIZED SIGNATURE

SECOND SIGNATURE REQUIRED IF OVER $5,000

N 1241 (12/19)

[redacted]

DETACH BEFORE DEPOSITING

VENDOR NO: B000004030

CHECK DATE: 01/20/22
CHECK NO: 0238491

INVOICE NUMBER	DATE	DESCRIPTON	GROSS AMOUNT	DISCOUNT	NET PAID
011422	01/14/22	BILH-21120709-RE	3179.50	0.00	3179.50