

**ADDENDUM TO STAFF SUMMARY FOR DETERMINATION OF NEED  
BY THE PUBLIC HEALTH COUNCIL  
March 6, 2018**

**Introduction**

On February 5, 2018, and pursuant to 105 CMR 100.510, the Massachusetts Department of Public Health (DPH or Department) Staff for the Determination of Need (DoN) Program (Staff) forwarded to all Parties of Record its written Staff Report relative to DoN application #17111513-HE filed by Partners HealthCare System, Inc.

In accordance with the regulation, Parties of Record were authorized to submit written comments related to the Staff's recommendation and any other conditions recommended in the Staff report.

A timely response from the Applicant was received which requested clarification of the terms several of the Conditions. The request was reviewed and, as appropriate, incorporated in the staff report that is presented to the Public Health Council (PHC) for review at its March 6, 2018 meeting.

New language *in italics*, language removed ~~in strikethrough~~.

**Other Conditions**

1. The evaluation metrics set out in Attachment 1 shall be reported upon and the benchmarks set forth shall be considered in assessment of continuing compliance with the DoN.
2. The annual reporting required under 105CMR 100.310(J) *the Holder* shall track the impact of the ED expansion upon *the following at BWH*:
  - a. ED boarding (as that term is defined by DPH);
  - b. wait times and through-put times at all stages of care as reported to CMS, and walk-out rates;
  - c. acuity appropriate usage of the ED (effectiveness of overall care coordination directing patients to appropriate levels of care including primary and urgent care)
  - d. ~~outcomes improvements and~~ *rate of medical error, which is defined as the number of DPH serious reportable events that occur in the ED (related to the expansion project) divided by total ED visits;*
  - e. utilization of the BH and cancer spaces;
  - f. ~~The Holder Partners~~ shall report on the results of the program that follows frequent ED users. In addition, it shall report on the results of the program's extension to the Partners ACO. Specifically, for those tracked frequent users the reporting shall include the reduction in: ED visits, in unnecessary admissions and in medical expenses.
3. Using DPH guidelines for ED reporting, ~~the Holder Partners~~ shall report monthly ED utilization (*registered visits*) to the Department as requested, and annually to the DoN program.
4. ~~The Holder Partners~~ shall document the cost savings and avoided costs generated by the new equipment and commits that any additional costs (capital or operating) shall not be passed on to consumers or payers in higher rates, unnecessary utilization, or cost sharing.

**Presented for PHC Vote:**

**Finding – ED Project**

The DoN program is designed to “ensure that resources will be made reasonably and equitably available to every person within the Commonwealth at the lowest reasonable aggregate cost” 105 CMR 100.001. As required by factor 1, any DoN applicant must show that the project will add measurable public health value in terms of outcomes, quality of life, with a focus on health equity. 105 CMR 100.210(A)(1)(b).

Partners highlighted the need to address increasing demands on the aging BWH ED facility and to more effectively address ED volume, increasing case-mix acuity, and the requirements of the BH and cancer populations. Renovation is required to implement the team based model of care which will, in turn, decrease wait time, improve throughput, improve access to care, and more effectively support clinical and psycho-social needs of patients presenting in the ED.

Partners includes outcomes metrics to evaluate the impact of the ED expansion that relate to patient satisfaction and quality of life, access, process and quality, and which are detailed in Attachment 1 and will be reported on in the context of the annual reporting required of all DoN holders. These metrics include baselines and annual achievement targets that build on each previous year’s progress. The ED leadership team will monitor and review the progress towards these goals quarterly.

Partners described its process of working with the community over time to address the issues and the options for addressing the wait times and overcrowding as well as implementing a proven strategy of team-based care and the implications of the project on competitiveness and with respect to costs and other recognized measures of spending. The CPA analysis supports a finding that the project is financially feasible and that operating and capital costs can be met without negative implications on the Partners patient panel. Finally, in planning for its CHI funding, Partners evidences an ability to implement plans which will become conditions to this DoN and will support and fund programs tied to the state health priorities.

**Finding – Equipment**

Partners addition of three units of DoN Required equipment will avoid unnecessary testing, harmful side-effects and additional hospitalization and have the capacity to offer superior clinical results. The use of the MRI enabled radiation therapy simulator and the MRI-guided LINAC will offer superior visualization of and more accurate targeting of certain tumors. Where the Applicant in this DoN is the Partners HealthCare, Inc. system, the Department is hopeful that these costly and specialized pieces of equipment will be utilized for the appropriate patients from other Partners facilities and that their acquisition and implementation at BWH will meet the need of the broader patient panel.

**Recommendation**

Based upon a review of the materials submitted, Staff finds that Partners has met each DoN factor and recommends that the Department approve this Determination of Need application for the ED Project and addition of DoN Required Equipment subject to all standard conditions (105 CMR 100.310), to the CHI Condition and Timeline, and subject to the other conditions set out below, pursuant to 105 CMR 100.360.

**Other Conditions**

1. The evaluation metrics set out in Attachment 1 shall be reported upon and the benchmarks set forth shall be considered in assessment of continuing compliance with the DoN.
2. The annual reporting required under 105CMR 100.310(J) the Holder shall track the impact of the ED expansion upon the following at BWH:
  - a. ED boarding (as that term is defined by DPH);
  - b. wait times and through-put times at all stages of care as reported to CMS, and walk-out rates;
  - c. acuity appropriate usage of the ED (effectiveness of overall care coordination directing patients to appropriate levels of care including primary and urgent care)
  - d. rate of medical error, which is defined as the number of DPH serious reportable events that occur in the ED (related to the expansion project) divided by total ED visits;
  - e. utilization of the BH and cancer spaces;
  - f. The Holder shall report on the results of the program that follows frequent ED users. In addition, it shall report on the results of the program's extension to the Partners ACO. Specifically, for those tracked frequent users the reporting shall include the reduction in: ED visits, in unnecessary admissions and in medical expenses.
3. Using DPH guidelines for ED reporting, the Holder shall report monthly ED utilization (registered visits) to the Department as requested, and annually to the DoN program.
4. The Holder shall document the cost savings and avoided costs generated by the new equipment and commits that any additional costs (capital or operating) shall not be passed on to consumers or payers in higher rates, unnecessary utilization, or cost sharing.

DoN # 17111513-HE  
Partners HealthCare System, Inc.  
BWH Capital Expenditure