CAMBRIDGE PUBLIC HEALTH COMMISSION (d/b/a CAMBRIDGE HEALTH ALLIANCE)

NOTICE OF TRANSFER OF SITE APPLICATION NUMBER CHA-21062311-TS

TRANSFER OF SITE OF CT SCANNER FROM CHA SOMERVILLE CAMPUS

TO CHA EVERETT HOSPITAL CAMPUS

December 13, 2021

BY

CAMBRIDGE PUBLIC HEALTH COMMISSION

1493 Cambridge Street

Cambridge, MA 02139

##### CAMBRIDGE PUBLIC HEALTH COMMISSION (d/b/a CAMBRIDGE HEALTH ALLIANCE)

**APPLICATION NUMBER CHA-21062311-TS**

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# DoN Application Form

## Commonwealth of Massachusetts sealMassachusetts Department of Public Health Determination of Need

**Application Form**

Version: 11-8-17

Application Type: Transfer of Site/Change in Designated Location Application Date: 12/13/2021 5:06 pm

Applicant Name: Cambridge Public Health Commission, d/b/a Cambridge Health Alliance

Mailing Address: i1493 Cambridge Street

City: Cambridge I State: Massachusetts I Zip Code:: 02139

Contact Person: Andrew M. Fuqua Title: General Counsel

Mailing Address: 11493 Cambridge Street

City: Cambridge

I State: Massachusetts I Zip Code: 02139

- - - - - -

Phone : 161766 51789

Ext: I

 IE-mail: jafuqua@chall iance.org

|  |
| --- |
| **Facility Information****List each facility affected and or included in Proposed Project** |
| 1 Facility Name: C HA Somervill e I |
| Facility Address: 230 High land Avenue/ 33 Tower StreetICity: Somerville State: MassachusettsI Zip Code: 02143I |
| Facility type: Hospital Campus I CMS Number: 220011 | I |
|  | I **Add additional Facility** I I Delete this Facility I |
| 2 Facility Name: CHA Everett Hospital |
| Facility Address: I103 Garland Street, EverettICity: I*Type first letter then scroll*I State: MassachusettsI Zip Code: 02149I |
| Facility type: jHospita l Campus I CMS Number : !220011 | I |
|  | I **Add additional Facility** I I Delete this Facility I |

#### About the Applicant

* 1. Type of organi zation (of the Applicant): I public
	2. App licant' s Business Type: *('* Corporation *('* Limited Partnership *('* Partnership *('* Trust *('* LLC
	3. What is the acronym used by the Applicant's Organization ?

**(e** Other

CHA

* 1. Is App li cant a registered provider organization as the term is used in the HPC/CHIA RPO program?
	2. Is Applicant or any affiliated entity an HPC-certified ACO?

**Ce** Yes *('* No

**Ce** Yes *('* No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.5.a If yes, what is the legal name of that entity? Cambridge Public Health Commission | \_ | \_ \_ \_ \_ | \_ |  , |
| 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 |  | ***(e'*** Yes | *('* | No |
| Change to the Health Policy Commission)? |  |  |  |  |
| 1.7 Does the Proposed Project also require the filing of a MCN with the HPC? | *('* Yes | ***(e'*** No |
| 1.8 Has the Applicant or any subsidiary thereof been not ified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the hea lth care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 | *('* Yes | ***(e'*** No |

required to file a performance improvement plan with CHIA?

1.9 Com p let e the Affiliated Parties Form

#### Project Description

* 1. Provide a brief description of the scope of the project.

Transfer of site of CT scanner from Applicant's CHA Somerville campus to its CHA Everett Hospital campus as more specifically described in the attached narrative.

|  |  |
| --- | --- |
| 2.2 and 2.3 Complete the Change in Service Form |  |
| 1. **Delegated Review**
	1. Do you assert that this Application is eligible for Delegated Review?
 |  | **Ce** | Yes | *('* No |
| 3.1.a If yes, under what section? Transfer of Site or change of a designated Location |  |  |  |  |
| **4. Conservation Project** |  |  |  |  |
| 4.1 Are you submitting this Application as a Conservation Project? |  | *('* | Yes | ***(e'*** 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 | ***(e'*** No |
| **6. Transfer of Ownership** |  |  |  |  |
| 6.1 Is this an application filed pursuant to 105 CMR 100.735? |  | *('* | Yes | ***(e'*** No |
| **7. Ambulatory Surgery** |  |  |  |  |
| 7.1 Is this an application filed pursuant to 105 CMR 100.740(A) fo r Ambulatory Surgery? |  | *('* | Yes | ***(e'*** No |
| **8. Transfer of Site** |  |  |  |  |

8.1 Is this an application filed pursuant to 105 CMR 100.745? **Ce**Yes *('* No

8.2 Current location of Site Facility Name: CHA Somerville

Physical Address: 230 Highland Avenue/ 33 Tower Street

|  |  |  |
| --- | --- | --- |
| City: SomervilleFacility type: Hospital campus | State: Massachusetts I Zip Code: ..0.2143  | \_J |
| 8.3 Location of Proposed SiteFacility Name: CHA Everett Hospital Physical Address: 103 Garland Street, EverettCity: I*Type first letterthen scroll*Facility type: Hospital campus | I | State: | Massachusetts | I | Zip | Code: 02149  |  |

|  |
| --- |
| 8.4 Com pa re the scope of the project for each element below: |
|  | Current Site | Proposed Site |
| Gross Square Feet | Please see attached narrative. | Please see attached narrative. |
| Primary ServiceArea Towns served | Please see attached narrative. | Please see attached narrative. |
| Patient Population(Demographics) | Plea se see attached narrative. | Please see attached narrative. |
| Patient Access | Please see attached narrative. | Please see attached narrative. |
| Impact on Price | Please see attached narrative. | Please see attached narrative. |
| Total Medical Expendit u re | Please see attached narrative. | Please see attached narrative. |
| Provider Costs | Please see attached narrative. | Please see attached narrative. |
| Description | Please see attached narrative. | Please see attached narrative. |

|  |
| --- |
| 8.5 Detail all Anticipated Ca p it a l Expenditures to be incurred as a result of the proposed Transfer of Sit e. |
| Add Del Row | Ant ic ipated Capita l Expenditure | Cost |
| [±][] | Construction costs for renovations of space to accommodate second CT at CHA Everett | $1,275,500.00 |
| [±][] | Architectural and engineering costs associated wit h renovations | $124,500.00 |
| [±][] | Equipment cost of CT scanner | $1,050,000.00 |
| [±][] |  |  |
|  | Total Cost | $2,450,000.00 |

|  |  |
| --- | --- |
| **9. Research Exemption** |  |
| 9.1 Is this an application for a Research Exemption? | *('* | Yes | ***(i'*** No |
| 1. **Amendment**
	1. Is t h is an application for a Amend ment?
 | *('* | Yes | ***(i'*** No |
| **11. Emergency Application**11. 1 Is this an application filed pursuant to 105 CMR 100.740 (8)? | *('* | Yes | ***(i'*** No |
|  |  |  |  |

#### Total Value and Filing Fee

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

**Your project application is for:** Transfer of Site /Chang e in Designated Location

* 1. Total Value of this project: $2,300,000.00

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12.2 Total CHI commitment | expressed | in | dollars: (calculated) | $0.00 |
| 12.3 | Filin g | Fee: (calcul ated) | $0.00 |

* 1. Maximum Incremental Operating Expense resulting from the Proposed Project:
	2. Total proposed Construction costs, spec ifically 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.

$0.00

##### 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.

**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.D0 N@state.ma .us

IZ] Affidavit of Truthfulness Form

D Notification of Material Change

#### 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: ~~i~~12 / 13/2021 5:06 pm E-mail submission to

Determination of Need

**Application Number: CHA-21062311-TS**

**Use this number on all communications regarding this application.**

O Community Engagement-Se lf Assessment form

# 2. DoN Narrative Responses

##### APPLICATION NARRATIVE

Pursuant to and in compliance with the requirements set forth at 105 CMR 100.745, Applicant Cambridge Public Health Commission, d/b/a Cambridge Health Alliance ("CHA"), is filing this Notice of Determination of Need (this "Application") with the Massachusetts Department of Public Health (the "Department") for CHA's proposed transfer of site of a CT scanner from CHA's CHA Somerville campus to its CHA Everett Hospital campus as described below (the "Proposed Transfer").

##### 2.1 Proiect Description.

The Proposed Transfer entails replacing an existing end-of-life CT scanner at CHA's CHA Somerville campus and relocating its replacement scanner to CHA's CHA Everett campus with the goals of improving quality of care, safety and access to health care services for the patients and communities CHA serves. CHA currently has a 16 slice CT scanner that is over 12 years old located at its CHA Somerville campus at 230 Highland Avenue/ 33 Tower Street, Somerville, MA 02143 ("CHA Somerville"). CHA is proposing to upgrade and replace this aging CT scanner with a new 64 slice CT scanner that CHA would install at its CHA Everett Hospital campus located at 103 Garland Street, Everett, MA 02149 ("CHA Everett").

##### Transfer of Site: Proiect Scope, Elements.

* + 1. **Description of Reasons for Requested Transfer of Site.** The Proposed Transfer will enable CHA to better allocate its resources to meet the needs of its patients and communities by ensuring that high quality and convenient patient-centered access to an essential service is available to its most vulnerable communities and patients. Today, CHA operates a total of four CT scanners, with three in its Cambridge/ Somerville facilities and one at CHA Everett. By reallocating the CHA Somerville scanner to CHA Everett, the Proposed Transfer will right this imbalance and enable CHA to better meet the needs of the historically underserved communities of Malden, Chelsea, Revere and Everett. The Proposed Transfer will enable uninterrupted availability of on-site CT services for emergent patients at the high volume CHA Everett Emergency Department, thereby improving quality of care and access to inpatient and outpatient CT services, including interventional radiology services, at CHA Everett.

The current 16 slice CT scanner at CHA Somerville is currently out of service. When operational, it is available only for outpatient services and is not needed to support inpatient or emergency services. Having discontinued inpatient medical/ surgical services at CHA Somerville in 2009 and emergency services there in April, 2020, CHA currently provides only ambulatory care, urgent care and inpatient psychiatry services at CHA Somerville. After the Proposed Transfer CHA will continue to meet patient need for outpatient CT services at its nearby CHA Cambridge Hospital campus, located on the Somerville-Cambridge city line and less than two miles from CHA Somerville.

At CHA Everett CHA currently has just a single 64 slice CT Scanner to cover the urgent and emergent CT service needs of the emergency department and inpatient services there. This lone CT Scanner must also meet the outpatient diagnostic imaging needs of patients. These competing demands on a single machine coupled with downtime for ordinary course and unexpected maintenance significantly limit the availability of this core diagnostic service to CHA's patient panel and inhibit access to care. As the table below illustrates, the demand and need for CT imaging services at CHA Everett is growing in recent years and, even while the Somerville Emergency Department was open, far exceeded the demand and need for CT services at CHA Somerville.

**CT Scanner Visit Volumes**

|  |  |  |
| --- | --- | --- |
|  | **CHA Somerville** | **CHA Everett Hospital** |
| FY 2016 | 2,581 | 10,917 |
| FY 2017 | 2,301 | 11,832 |
| FY 2018 | 2,172 | 11,350 |
| FY 2019 | 1.987 | 11,726 |
| FY 2020 | 1388 | 11,309 |
| FY 2021 | Out of Service | 12,124 |
| FY 2022\* | Out of Service | 5,489\*\* |

\* Five month s through 11/30/2021.

\*\* Annualized volume is 13,173

A second CT at CHA Everett will improve safety and quality of care at CHA Everett. The CHA Everett Emergency Department is averaging over 4,000 visits per month in the first four months of FY 2022. The second CT will provide necessary back-up capacity so that emergent patients, including potential stroke patients, at CHA Everett requiring CT services will reliably have timely on-site access to these services and will not need to be transported to other facilities for a necessary scan. When the CHA Everett CT scanner is down or otherwise unavailable, patients needing an urgent or emergent CT scan are either transported to CHA's CHA Cambridge Hospital campus ("CHA Cambridge") for the scan or are transferred to another facility. Critically ill patients face additional risks being transported between facilities whether internally to CHA Cambridge or externally as a transfer. Transferring patients disrupts the continuity of care for patients and Relocating patients from CHA Everett to CHA Cambridge or transferring them to a non-CHA facility negatively impact the patient experience for patients and places additional burdens on their families or loved ones.

In addition, a second CT at CHA Everett will improve access for patients needing diagnostic tests and other outpatient treatments. It will reduce the bumping of outpatient patients by urgent or emergent patients and will afford for more predictable, timely, and reliable scheduling of patients. Reducing delays and

rescheduling will improve the care experience for patients and, crucially for so many of CHA's patients and their caregivers, mitigate the burdens of having to reschedule appointments and/ or take more time off from work than expected or may otherwise be necessary.

* + 1. **Gross Square Feet ("GSF").** The existing CT scanner at CHA Somerville occupies approximately 570 GSF. Following the transfer of site, the replacement CT scanner will be located in an existing space in the CHA Everett imaging suite that is approximately 420 GSF.
		2. **Primary Service Area Cities/ Towns Served.** The primary service area of CHA Somerville is the cities of Somerville and Cambridge and a portion of Medford. The primary service area of Everett campus is the cities of Malden, Chelsea, Revere and Everett.

##### Patient Populations Served.

Basic demographic information regarding the respective patient populations served by CHA Somerville and CHA Everett is summarized and set forth in subsection b below. Full community profiles detailing the demographics and health profiles of the communities served by CHA Somerville and CHA Everett Hospital are submitted as part of this Application.

##### Health Disparities.

More striking and concerning than the demographic profiles, however, are the disparities in health outcomes between the Cambridge/ Somerville ("C/S") communities (currently served by three CHA CT scanners) and the Malden, Chelsea, Revere and Everett ("MCRE" ) communities (currently served by one CHA CT scanner) as shown in the table on the next page.

The Proposed Transfer is part of CHA's broader effort to address these disparities and ensure that the MCRE communities have access to the necessary healthcare resources to improve health outcomes and the health outlook for those communities.

**Health Outcomes**

**(Age-adjusted rate per 100,000)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Cambridge** | **Somerville** | **Malden** | **Chelsea** | **Revere** | **Everett** | **State** |
| Mental Disorder-related Mortality | **52.5** | 60.3 | 64.5 | **115.8** | 59.1 | 57.1 | 60 |
| Total Substance-related Mortality | **19.5** | 28 | **34.3** | **43.3** | **50.2** | **49.4** | 30.7 |
| Suicide Mortality | 8.7 | **10.5** | 6.4 | 7 | 7.2 | 6.7 | 8.7 |
| All- Cancer Mortality | **142.7** | **181.4** | **177** | **174.1** | **175** | **178.6** | 156 |
| Major Cardiovascular Disease Mortality | **143.5** | 176.8 | **165.4** | **223.5** | 175.1 | **195.9** | 179. 7 |
| Diabetes Mortality | 16 | **22.5** | **22.9** | **27.3** | **18.8** | **22.1** | 14.8 |
| Asthma Emergency Dept. Visits | **72.6** | **58.5** | **57.1** | **120.9** | 65.8 | **92.9** | 66.5 |
| COPD-related Hospitalizations | **11.7** | 22.7 | 24.3 | **50** | 24.7 | **34.7** | 26.3 |



Better than state average Similar to state average Worse than state average

\* Please see appended community health profiles for source citations.

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##### Demographic Profiles.

As shown by the table below, the C/S communities are generally significantly

more affluent than the MCRE communities 1 The MCRE communities are more

•

ethnically and racially diverse with a higher proportion of immigrants.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Cambridge** | **Somervllle** | **Malden** | **Chelsea** | **Revere** | **Everett** |
| # **Population** | 115 ,665 | 80,434 | 6 1,094 | 39 ,852 | 53 ,966 | 45,856 |
| % **White** | 61% | 70 % | 47% | 22% | 55% | 45% |
| % **Asian** | 16 % | 10% | 23% | 3% | 5% | 7% |
| % **Latinx** | 9% | 11% | 9% | 67% | 33% | 27% |
| % **Black** | JO% | 6% | 16% | 6% | 5% | 18% |
| % **Foreign born** | 29% | 24% | 44% | 46% | 39% | 40% |
| % **English only** | 67 % | 71% | 48% | 30% | 49% | 44% |
| **Median household income** | $95,404 | $91, 168 | $64, 1 78 | $53,280 | $55,020 | $60,482 |
| % **children living below poverty line** | 13% | 19% | 20% | 26% | 21% | 21% |
| % **unemployment** | 1.8% | 1.9% | 2.5% | 3.4% | 3.1% | 2.4 % |

##### Patient Access.

The Proposed Transfer will improve overall access to CT imaging services for CHA's patients and communities. If CHA were to maintain the replacement CT at CHA Somerville, it would be available for only outpatient services that are duplicative of those provided at nearby CHA Cambridge. CHA will better meet patient needs in the underserved MCRE communities served by relocating the replacement CT scanner to CHA Everett where there currently is only a single CT scanner to serve outpatients, hospital inpatients, and emergency department patients.

The CT service at CHA Everett does not presently meet patient need and perpetuates health inequity. During necessary scheduled downtime or unexpected downtime, CT services are not available to any patients, including emergent patients. Use of the CT scanner for urgent or emergent inpatient or emergency department cases which do not arise on a predictable schedule disrupts and delays outpatient care, often resulting in rescheduled appointments. Conversely, using

1 Notwithstanding the general community profiles, many people and communities within Cambridge and Somerville are ecom mically and socia lly disadvantaged with healthcare needs to be met and social

dete rminants of health to be addressed. CHA remains committed to serving these people and communities.

the scanner for an outpatient study renders it unavailable for urgent or emergent cases, such as stroke patients. The necessity of having the CT Scanner available for urgent and emergent cases therefore further limits the availability of outpatient diagnostic and interventional radiology services to patients and the ability to reliably schedule them.

Ensuring CT availability will enable CHA to timely meet the diagnostic needs of it patients and promptly schedule them. On a broad level, CHA anticipates that more CHA patients will be able to receive CT-related services at CHA instead of being referred to other facilities. This will preserve integration of imaging services and the patient's primary care or specialty care teams through, among other things, CHA's electronic medical record. It will also enable more patients to benefit from minimally invasive interventional radiology services in a local setting that is co-located with their other providers instead having to travel to other institutions or CHA Cambridge for these services.

* + 1. **Impact on Price.** The Proposed Transfer will have no impact on price. CHA currently provides CT services at its inpatient hospital facilities, and all pricing will remain consistent with current charges upon approval.
		2. **Total Medical Expenditure.** The Proposed Transfer is expected to reduce or be neutral as to total medical expenditure. CHA expects the Proposed Transfer will effect this reduction directly by ensuring that patients needing CT scans at CHA Everett are able to receive them at CHA instead of at a higher cost provider.

CHA expects the Proposed Transfer will effect this reduction indirectly by facilitating the coordination of care by CHA providers through a shared electronic medical record and care management program that will help ensure that patients receive the right care at the right time and thus help reduce total medical expense.

* + 1. **Provider Costs.** Because CHA already operates a CT scanner at CHA Everett, the Proposed Transfer is expected to result in greater operating efficiencies and reduced transportation costs.
		2. **Documentation of Sufficient Interest in the Proposed Site.** CHA owns a portion of CHA Everett and leases the remaining portion from the City of Everett pursuant to a 99-year lease expiring in 2095. CHA Everett is appropriately zoned to provide healthcare services, including CT imaging services.

# 3. Affidavit of Truthfulness and Compliance

# Commonwealth of Massachusetts sealMassachusetts Department of Public Health Determination of Need

**Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.4os(B)**

Version: 7-6-17

**Instructions:** Complete Information below. When complete check the box 'This document is ready to print:". This w ill date stamp and

lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan t he document and e-mail to: **dph.don@st ate .ma.us** Include all attachments as requested .

App licat ion Number: jc HA-21062311-TS Original Application Date: '

App licant Name: Cambridge Publi c Health Commission , d/b/a Cambridge Health Alliance

Appli cation Type: Transfer of Site /Chang e in Designated Locat ion

App li cant's Business Type: *("* Corporation *("* Limited Partnership *("* Partnership *("* Trust *("* LLC **(i'** Other

Is the Applicant the sole member or sole sh areh older of the Health Facilit y(ies) th at are the subject of this Application? **(i'** Yes *("* No

|  |
| --- |
| The undersigned certifi es und er the pains and penalties of perjury:1. The App li cant is the sole corporate member or sole shareholder of the Health Faci lity[ ie s] that are the subject of this Application;
2. I have r ead 105 CMR 100.000, the Massachu sett s Determination of Need Regul at ion;
3. I und ersta nd and agree to the expected and approp riate conduct of the App licant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need includin g all exhibit s and attachments, and certify that all of the information contained herein is accurate and true;
5. If subj ect to M.G.L.c. 6D, § 13 and 958 CMR 7.00, I have subm itt ed such Notice of Material Change to the HPC- in accordance wit h 105 CMR 100.40S(G);
6. Pursuant to 1OS CMR 100.210(A)(3), I certify that both theApp licant and the Proposed Project are in material and substantial comp lian ce and good st andi ng wit h relevant federal, state, and local laws and regulations , as we ll as with all previou sly issued Not ic es of Determination of Need and the terms and Condition s atta ched therein;
7. I have read and understan d the limitation s on solicitat ion of fund in g from the general public prior to receiving a Notice of Determination of Need as estab lished in 105 CMR 100.415;
8. Pursuant to 1OS CMR 100.705(A), I certify that the App li cant has Suffi cient Interest in the Site or facilit y; and
9. Pursuant to 1OS CMR 100.70S(A), I certify that the Proposed Project is aut horized under applicable zoning by-lawsor ordin ances,w het her or not a special permit is requ ired; or,
	1. If the Proposed Project is not aut h orized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
	2. The Propo sed Project is exempt from zoning by-laws or ordinances.
 |
| **Other Business Type :** |
| De fin e Business Type: !Publi c Instrum entality |
| All parties must sign. | Add additional names as needed. - |  .-. ,  |  |
| Assaad Sayah, MD, Chief Execu tive Officer <signature on file> <12/13/21>  |
| Name: | / gnature: |  | Date |
|  |  |  |  |

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**This document is ready to print:** D Date/time Stamp:I I

Affidavit of Truthfulness Cambridge Public He alth Commission, d /b/ a Cam CHA-21062311-TS Page 1 of 1