

**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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1. DoN Application Form



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type: Application Date: 12/13/2021 5:06 pm

Applicant Name:

Mailing Address:

City: State: Zip Code:

Contact Person: Title:

Mailing Address:

City: State: Zip Code:

Phone: Ext: E-mail:

Facility Information

List each facility affected and or included in Proposed Project

| | | | | |
|---|-------------------|---|---|--|
| 1 | Facility Name: | <input type="text" value="CHA Somerville"/> | | |
| | Facility Address: | <input type="text" value="230 Highland Avenue/ 33 Tower Street"/> | | |
| | City: | <input type="text" value="Somerville"/> | State: | <input type="text" value="Massachusetts"/> |
| | | | Zip Code: | <input type="text" value="02143"/> |
| | Facility type: | <input type="text" value="Hospital Campus"/> | CMS Number: | <input type="text" value="220011"/> |
| | | <input type="button" value="Add additional Facility"/> | <input type="button" value="Delete this Facility"/> | |
| 2 | Facility Name: | <input type="text" value="CHA Everett Hospital"/> | | |
| | Facility Address: | <input type="text" value="103 Garland Street, Everett"/> | | |
| | City: | <input type="text" value="Type first letter then scroll"/> | State: | <input type="text" value="Massachusetts"/> |
| | | | Zip Code: | <input type="text" value="02149"/> |
| | Facility type: | <input type="text" value="Hospital Campus"/> | CMS Number: | <input type="text" value="220011"/> |
| | | <input type="button" value="Add additional Facility"/> | <input type="button" value="Delete this Facility"/> | |

1. About the Applicant

1.1 Type of organization (of the Applicant):

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?

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?

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.

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?

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

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

8.2 Current location of Site

Facility Name:

Physical Address:

| | | | | | |
|-------------------------------|-------------------------------|--------|---------------|-----------|-------|
| City: | Somerville | State: | Massachusetts | Zip Code: | 02143 |
| Facility type: | Hospital campus | | | | |
| 8.3 Location of Proposed Site | | | | | |
| Facility Name: | CHA Everett Hospital | | | | |
| Physical Address: | 103 Garland Street, Everett | | | | |
| City: | Type first letter then scroll | State: | Massachusetts | Zip Code: | 02149 |
| Facility type: | Hospital campus | | | | |

8.4 Compare 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 Service Area Towns served | Please see attached narrative. | Please see attached narrative. |
| Patient Population (Demographics) | Please 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 Expenditure | 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 Capital Expenditures to be incurred as a result of the proposed Transfer of Site.

| Add Del Row | Anticipated Capital Expenditure | Cost |
|---|---|----------------|
| <input type="checkbox"/> <input type="checkbox"/> | Construction costs for renovations of space to accommodate second CT at CHA Everett | \$1,275,500.00 |
| <input type="checkbox"/> <input type="checkbox"/> | Architectural and engineering costs associated with renovations | \$124,500.00 |
| <input type="checkbox"/> <input type="checkbox"/> | Equipment cost of CT scanner | \$1,050,000.00 |
| <input type="checkbox"/> <input type="checkbox"/> | | |
| | Total Cost | \$2,450,000.00 |

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: Transfer of Site/Change in Designated Location

12.1 Total Value of this project:

\$2,300,000.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$0.00

12.3 Filing Fee: (calculated)

\$0.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

\$0.00

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.

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

- ☒ Affidavit of Truthfulness Form
- ☐ 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: 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.

☐ Community Engagement-Self 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 Project 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”).

8.4 Transfer of Site: Project 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 | 1,388 | 11,309 |
| FY 2021 | Out of Service | 12,124 |
| FY 2022* | Out of Service | 5,489** |

* Five months 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.

2. **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.
3. **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.
4. **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.

a. 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.

b. Demographic Profiles.

As shown by the table below, the C/S communities are generally significantly more affluent than the MCRE communities¹. The MCRE communities are more ethnically and racially diverse with a higher proportion of immigrants.

| | Cambridge | Somerville | Malden | Chelsea | Revere | Everett |
|--------------------------------------|-----------|------------|----------|----------|----------|----------|
| # Population | 115,665 | 80,434 | 61,094 | 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 | 10% | 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 | \$64,178 | \$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% |

5. 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 economically and socially disadvantaged with healthcare needs to be met and social determinants 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 its 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.

6. **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.
7. **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.
8. **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.
9. **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



Massachusetts Department of Public Health
Determination of Need
Affidavit of Truthfulness and Compliance
with Law and Disclosure Form 100.405(B)

Version: 7-6-17

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number: Original Application Date:

Applicant Name:

Application Type:

Applicant's Business Type: ☐ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☐ LLC ☒ Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility(ies) that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
6. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein;
7. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
8. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
9. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
 - a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
 - b. The Proposed Project is exempt from zoning by-laws or ordinances.

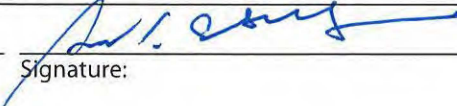
Other Business Type:

Define Business Type:

All parties must sign. Add additional names as needed.

Assaad Sayah, MD, Chief Executive Officer

Name:

Signature: 

Date:

This document is ready to print: ☐

Date/time Stamp: