

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

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Responses must be available in PDF and source document (excel preferred for data and word for narrative)

ADDITIONAL APPLICANT RESPONSES
Includes Questions 2, 3, 4, 7, 11, 12, 13, 14

Project Description

1. **The Application states that the “OB/GYN department will be relocated to accommodate the new facility.” Where will the department be relocated to? (pg. 1)**

The OB/GYN department will be relocated because the new facility will be built on the site of the existing OB/GYN building located at 40 Quinlan Way, Hyannis MA. Cape Cod Hospital will relocate the OB/GYN department to 43 Lewis Bay Road, Hyannis MA. The new location is a standalone building adjacent to the Hospital Campus and allows the department to expand its services, provide better accessibility to its patients, and come into compliance with the current FGI Guidelines for Construction of Outpatient Facilities.

Factor 1: Patient Panel

2. **What information is captured by “other” in the other/unknown category for gender in Tables 1 & 4? (pg. 3 & 5)**

In FY21, “other” was added as an option available to nonbinary and gender-neutral (“X”) patients. Prior to that, the only options were “male”, “female”, and “unknown”.

3. **What information is captured by “other” in the other/unknown category for race/ethnicity in Tables 1 & 4? (pg. 3 & 5)**

“Other” represents races and ethnicities not specifically listed for selection.

Factor 1: Patient Panel Need

4. **Tables 7, 8, & 11 show data on outpatient oncology volume, radiation therapy volume, and inpatient cardiac volume, respectively. Provide volumes by age categories (0-17; 18-64; and 65+). (pgs. 8 & 9)**

Please see attached excel file.

5. **Why are there anticipated increased cardiac patient days and discharges? (pg. 9)**
 - a. **What methodology was used to come up with estimate of a 4% increase in cardiac patient days and discharges?**

Cape Cod Healthcare contracts with SG2 to provide market demand forecasts for our service area. Per Sg2's proprietary forecast, inpatient cardiac volume is expected to grow 4.0% through FY27.

- 6. How was it determined that to meet the project demand, the number of:**
- exam rooms will be increased from 12 to 16, and**
 - infusion bays from 19 to 26? (pg. 10)**

As more outpatient options in oncology become available with equivalent efficacy and increased convenience, demand for inpatient oncology care is decreasing. Additional demand for outpatient oncology services is driven by new screening recommendations, as well as increasing survivorship. This is evidenced by the Hospital's Cancer Center's year over year growth in infusion volumes:

- FY21 vs FY19 = 2.8% Growth
- FY21 vs. FY20 = 4.9% Growth
- Nov and Dec CY21 vs. Nov and Dec CY20 = 6.8% Increase

As a result of increased demand for outpatient cancer care at Cape Cod Hospital, and further supported by Sg2's forecast for outpatient oncology (12% growth through FY27), the Hospital determined 4 additional exam rooms and 17¹ additional infusion chairs are needed to support its Patient Population. With respect to infusion chairs, Sg2 benchmarking recommends an average of 2.5 patients per chair per day. The Hospital is currently seeing 3.1 patients per day and is projected volume in FY25 to require 30 infusion bays. The Hospital's plans for 36 bays ensures the Cancer Center will be able to meet demand long-term.

Factor 1: Competition

- 7. It is stated in the Application that "Additional oncology exam rooms, as well as additional oncologists, will reduce wait times for appointments thereby reducing treatment wait times." (pg. 12)**

- a. Will additional oncologists be hired as a result of this Proposed Project? If so, how many will be hired? How was this number determined?**

Cape Cod Hospital is in the process of hiring one oncologist to address current volume. As the new facility will not be open until Fall 2024, the hospital will continue to evaluate the need for additional hires as demand increases in the future.

- b. What are the historical and current wait times for appointments? What is the reduced appointment wait time goal after the completion of the Proposed Project?**

Current wait times in FY21 averaged 8-10 business days. The goal after completion of the Proposed Project is 5 business days.

- c. What are the historical and current treatment wait times? What is the reduced treatment wait time goal after the completion of the Proposed Project?**

In FY21 time to treatment within 15 minutes was 38%. Goal with the expanded space is 90% within 15 minutes and 95% within 30 minutes.

Factor 1: Public Health Value /Outcome-Oriented:

- 8. For each of the quality measures, define the numerator and denominator. (pgs. 15-16)**

¹ Please note the Proposed Project includes a total of 36 infusion bays. The reference to 26 infusion bays on page 10 was made in error and should have stated 36 infusion bays.

OUTPATIENT MEDICAL ONCOLOGY QUALITY MEASURES

1. **Patient Satisfaction:** Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems related to overall patient satisfaction
 - a. Numerator: # of responses with highest score
 - b. Denominator: Total # of responses
2. **Hospital Readmissions:** This measure will monitor the rate of patients who receive non-routine inpatient care at the Hospital within 30 days of chemotherapy.
 - a. Numerator: # of patient admitted within 30 days of receiving chemotherapy
 - b. Denominator: # of patient receiving chemotherapy

RADIATION ONCOLOGY QUALITY MEASURES

3. **Patient Satisfaction:** Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems related to overall patient satisfaction.
 - a. Numerator: # of responses with highest score
 - b. Denominator: Total # of responses

INPATIENT CARDIAC MEDICAL-SURGICAL QUALITY MEASURES²

4. **Patient Satisfaction:** Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems specific to the hospital environment.
 - a. Numerator: # of responses with highest score
 - b. Denominator: Total # of responses
5. **Fall Prevention:** This measure will monitor the rate of patient falls resulting in injury.
 - a. Numerator: # of patient falls with injury
 - b. Denominator: patient days/1000
6. **Hospital Readmissions:** This measure will monitor the rate of patients who are re-admitted to the Hospital within 30 days of discharge.
 - a. Numerator: # of patient admitted within 30 days
 - b. Denominator: # of patient discharges

Factor 1: Public Health Value /Health Equity-Focused:

9. **Provide additional information on language services; is there a company that provides language services in-person, by phone, and by video? (pg. 17)**

Cape Cod Hospital provides in-house interpreter services for Spanish and Portuguese speakers. For all other languages, the Hospital contracts with both Stratus Video/AMN and CryaCom. The Hospital also utilizes the services of the Massachusetts Commission for the Deaf and Hard of Hearing.

² These projections are limited to the care to be provided in the proposed cardiac medical-surgical inpatient unit.

Factor 2: Cost Containment

10. The Applicant "anticipates [the Proposed Project] will reduce emergency room utilization and inpatient admissions." Is there data that presents evidence of preventable emergency room and inpatient admissions related to cancer-related illnesses? (pg. 19)

Yes. As further described on pg. 13, a growing body of evidence supports access to same-day, acute care appointments for cancer patients as a way to decrease preventable emergency room utilization. Please see:

- THE JOURNAL OF URGENT CARE MEDICINE. *New Urgent Care Models Help Cancer Patients*. [Link to article New Urgent Care Models Help Cancer Patients](#)
- HEALTH LEADERS. *Urgent Care Clinics Slow Growth of ER Utilization*. [Link to article Urgent Care Clinics Slow Growth of ER Utilization](#)

Factor 2: Public Health Outcomes

11. Public education campaigns are critical to community screening uptake, and thus early diagnosis and treatment. This is mentioned by the Applicant as one of the health promotion efforts that will take place with the Proposed Project. Provide examples of current community education programs and any future programs associated with the Proposed Project? (pg. 20)

CCHC currently hosts a number of public education campaigns, including screening recommendations and free online health risk assessments ("HRA") (links included below). As a result of the pandemic, and the need to reach individuals outside of traditional in-person events, CCHC has largely shifted to online media campaigns. CCHC will continue to evaluate the needs of the community and determine to most appropriately provide education.

Below are the health concerns and conditions CCHC is currently focused on for education and awareness campaigns:

- **Breast Health** - [Link to Breast Cancer Awareness Risk Assessment](#)
- **Lung Cancer** - [Link to Lung Cancer Awareness Risk Assessment](#)
- **Orthopedics** – Coming soon.
- **Stroke** - Currently running a F.A.S.T graphic on various digital channels to help promote stroke awareness education.
- **Cardiovascular Health** - [Prevention, Screening & Diagnosis - Cape Cod Healthcare](#)
 - o Healthy Parks, Healthy People – now in its eighth year, this collaboration between CCHC and National Park Service focuses on the health benefits of park recreation. A new educational series for the public will be added this year, teaming up a CCHC cardiologist and a park ranger for a three-part series of talks in May/July/Sept, followed by a ranger-led trail walk. Dr. Elissa Thompson will be speaking at these three events that will focus on cardiovascular benefits/exercise, nutrition and mindfulness.

Planning upcoming projects include:

- HRAs are currently being built for Prostate Cancer and Vascular Health. They are expected to launch in May.
- Educational physician seminars for the public are being planned for venous disease and neurosurgery (managing back pain) in the coming months.

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- October Breast Cancer Awareness Month 2022 will be a virtual educational campaign that focuses on early detection through risk screening and routine mammography per recommended guidelines. This will also include a virtual educational event for the public.
- Falmouth Hospital is planning to re-run an educational program they filmed for community TV on stroke awareness during May. CCHC is planning a Cape Cod Health News piece to provide education on the multidisciplinary approach to stroke care at CCH and FH from a patient journey perspective.

Factor 2: Delivery System Transformation

- 12. The Applicant states, "the new center will include a larger footprint for integrative wellness services. The Hospital anticipates that it will be able to provide additional services as a result of this space." What are some concrete examples of programs related to integrative wellness that the Applicant may initiate as a result of the Proposed Project? For each of the proposed programs, please provide the current demand of these services and how the programs may respond to current needs that are not being met. (pg. 20)**

Cape Cod Hospital will evaluate the needs of its patient panel closer to implementation of the Proposed Project to determine what integrative wellness services would best meet the needs of its patients at that time. Services that may be considered include acupuncture, message therapy, and meditation.

- 13. Describe the screening process to identify needs associated with the social determinants of health (SDoH)? (pg. 20)**

CCHC's ACO Navigators assesses the patient's SDOH needs either by phone during the discharge process or in person in the ED. This is done for all ACO ED patients, as well as ACO inpatients. Based on the results of the screening, the team will assist with connecting the patient/family to the right resources and/or provide them information on how to connect with the right resources. Cape Cod Hospital's SDoH screen includes the following questions:

Screening Questions:

1. I am worried about my/my child's housing
2. I cannot always pay for utilities like gas or electricity for myself/my child
3. I have a hard time finding rides to my/my child's healthcare appointments
4. Sometimes I do not/my child does not have enough food
5. I/my child could use support for clothes or other household costs
6. I/my child need(s) support with employment/education
7. I/my child do not have enough support from family, friends, and/or community
8. Other areas I/my child could use help with are:

- 14. Is there a workflow model proposed for the "collaboration between the inpatient care team, the ambulatory care team, and the ACO case management team"? If available, please attach the proposed workflow to your response. (pg. 20)**

While no formal workflow model has been created, the space will facilitate collaboration through physical proximity of the care teams and dedicated space for in-person meetings. Moreover, the building will include the necessary technology infrastructure for discharge planning and care

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coordination which will facilitate effective collaboration between the inpatient care team, the ambulatory care team, and the CCHC ACO case management team. This ensures continuity of care along with the essential follow up support and education for the first 30 days post hospital discharge.

In addition, the dedicated space will enhance the healthcare system's efforts toward health equity by increasing the capacity of CCHC ACO Navigators to work with patients to address SDoH needs prior to discharge, such as transportation, food security, and housing. The meeting space will be dedicated to use by case managers, social workers, patient navigators, and the clinical care team.