

Dana-Farber Cancer Institute, Inc.
DoN # DFCI-23040915-HE

APPLICANT QUESTIONS #6

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
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen
- **Whenever possible, include a table with the response**
- **For HIPAA compliance Do not include numbers <11.**
- **When providing data, includes dates, and indicate whether it is Calendar (CY) or Fiscal Year (FY).**

Factor 1a: Patient Panel Need

1. Responses to DoN Questions #2 states that the specialized workforce for the New Cancer Hospital must be built. It does not currently exist in the market. The responses state further that Dana-Farber is committed to building a diverse and representative clinical staff with specialized oncology expertise through new and existing pipeline programs, and that Dana-Farber does not anticipate recruiting staff away from community hospitals (pg.15).
 - a. Given the Applicant estimates that the proposed cancer Hospital, when fully operational, will yield approximately 2,400 new FTEs, does the Applicant expect to meet its staffing needs from new and existing pipeline programs? If not, from what other sources will the Applicant staff the proposed hospital?

Dana-Farber anticipates meeting staffing needs through new and existing pipeline programs. Such existing programs include residency programs, fellowships, internships, and other collaborations with colleges and universities, community colleges, and secondary schools to equip young people and adults with the necessary skills to successfully pursue an education, careers, and career advancement in healthcare, and to train the next generation of health professionals with a singular focus on cancer. As one example, Dana-Farber has established a newly licensed nurse residency program in partnership with UMass Boston and other local undergraduate nursing programs, one aim of which is to increase the diversity of Dana-Farber's nursing staff. Additionally, Dana-Farber provides full tuition scholarships to its employed clinical assistants who are pursuing nursing education. Similarly, Dana-Farber has partnered with Boston Public Schools to provide summer and academic year internships across Dana-Farber departments to students from backgrounds underrepresented in medicine and from historically marginalized communities. At the same time, Dana-Farber anticipates expanding its pipeline programs, including by building a new simulation training center, growing existing collaborations, and seeking new pipeline partnerships. Finally, Dana-Farber—with its mission, programs, research enterprise and the prospect of the New Cancer Hospital dedicated to inpatient cancer care—is uniquely situated to attract and retain extraordinary talent from around the world.

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2. Responses to DoN Questions #1 states that the Applicant anticipates that all of its oncologists will migrate to the new facility and will continue to be employed by the Applicant (pg.6)
 - a. What assurances does the Applicant have that all of its current oncologists will migrate to the proposed hospital?

Dana-Farber is committed to providing its staff with an extraordinary clinical and academic environment. The New Cancer Hospital will provide the opportunity to practice in a state-of-the-art facility focused exclusively on innovative and groundbreaking cancer treatment and research. In the coming years, oncologists will continue to join Dana-Farber. Inevitably, some will leave for any number of reasons. Historically, this largely has been to take leadership positions at other cancer centers, in industry, or at other cancer organizations (e.g., NIH/NCI, etc.). Based on the dozens of town halls, faculty meetings, and faculty retreats conducted to date, and the widespread engagement in planning activities for the New Cancer Hospital, the Dana-Farber physician faculty is enthusiastic about the availability of the New Cancer Hospital and Dana-Farber believes this will only serve to aid in the recruitment and retention of oncologists aligned with its mission.

Further, Dana-Farber's positive working environment has been recognized nationally as consistently ranking among the best places to work in health care (e.g., Dana-Farber was recently named a top health system employer in Massachusetts by *Forbes* and an American Association of Physician Assistants "Employer of Excellence," and, in 2023, it received the Oncology Nursing Society's "Outstanding Employer Award"). The New Cancer Hospital provides Dana-Farber with even more opportunities to sustain the positive working environment it has so successfully developed to date.

3. The application states one example of innovation in better coordinated cancer care, the Applicant piloted an oncology-specific acute care clinic to serve the urgent medical needs of cancer patients that has shown significantly reduced emergency department visits and hospitalizations (pg.2)
 - a. When did the oncology-specific acute care clinic open and where is it located?

Dana-Farber's first oncology-specific acute care clinic opened on September 17, 2018, at the Yawkey Center for Cancer Care in the Longwood Medical area. Dana-Farber's second oncology-specific acute care clinic located at the adult practice site at Chestnut Hill opened in January 2021. These clinics operate Monday through Friday during regular business hours.

- b. How many patients are seen annually?

From October 1, 2023 through September 30, 2024, there were 1,293 visits total in the two acute care clinics—734 at the Longwood clinic and 559 at the Chestnut Hill clinic.

- c. How will the Proposed Project impact the Applicant's operation of the oncology-specific acute care clinic?

The observation unit in the New Cancer Hospital will complement the existing oncology-specific acute care clinics. The New Cancer Hospital, including the proposed observation beds, will provide a space and opportunity to expand the model of providing oncology-focused urgent treatment, creating greater access and furthering the potential to prevent unnecessary hospital

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admissions. As noted, the acute care clinics are only open during business hours. Referrals to the clinic cannot be taken beyond 5pm, as the clinic closes at 8:30pm. As the end of the clinic operating hours nears, patients being seen in the acute care clinic who have not had their workup completed or are not yet ready to be sent home must be sent to the Emergency Room, which interrupts the continuity of their care, transfers it to non-oncology providers, and increases the likelihood of their being admitted to the hospital. Having the observation beds available in the New Cancer Hospital will allow patients to have their care continued and completed by members of the oncology team without the need for unnecessary hospital admission, thus permitting the acute care clinics to continue seeing patients later into the day without concern for any interruption in the level of care provided or its continuity.

4. Explain the difference between a medical interpreter and an ambassador? (DoN Application pg.38)

The two terms refer to Dana-Farber's qualified medical interpreters. The Interpreter Ambassador role was established as a quality improvement pilot to increase the level of support provided to patients and their caregivers who prefer to speak a language other than English. Interpreter Ambassadors not only provide interpretation during medical encounters (consent forms, diagnoses, discharge plans and any other type of patient-related information) but also collaborate with providers and staff across Dana-Farber to ensure patient's continuum of care. In addition, the Interpreter Ambassadors guide patients to appointments and provide information about available and relevant resources. Patient feedback following the pilot was so favorable that the role is being scaled up to eventually become the standard of service for Dana-Farber's Interpreter Services department.

This innovative program is one reason why The Joint Commission praised Dana-Farber as a "pioneer" and noted that it has made health equity a central focus in its core values, strategic plan, and day-to-day operations. After undergoing a one-day health equity focused survey by The Joint Commission on December 16, 2024, Dana-Farber was named fully compliant in 36 elements of performance and received its inaugural health care equity certification.

5. Provide a definition for the categories Unknown and Other under Race and Ethnicity

In Table 1 (Total Unique Patients, Demographics, and Geography), Table 2 (Total Unique Inpatient Patients, Demographics, and Geography), and Table 3 (Total Unique Outpatient Patients, Demographics, Geography) in the Application:

- the "Unknown" category includes those patients for whom gender, race, or ethnicity cannot be determined with certainty, typically because the information was not provided; and
- the "Other" category includes patients whose gender, race, or ethnicity did not fall within the major categories specified in the table.