EMERSON ENDOSCOPY AND DIGESTIVE HEALTH CENTER, LLC
DON APPLICATION # 20090210-AS

APPLICATION FOR DETERMINATION OF NEED
AMBULATORY SURGERY CENTER

SEPTEMBER 8, 2020

BY

EMERSON ENDOSCOPY AND DIGESTIVE HEALTH CENTER, LLC
310 BAKER AVENUE
CONCORD, MA 01742

EMERSON ENDOSCOPY AND DIGESTIVE HEALTH CENTER, LLC

DON APPLICATION # 20090210-AS

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ATTACHMENT 1

APPLICATION FORM

Massachusetts Department of Public Health
Determination of Need
Application Form

Version: 11-8-17

Application Type: Ambulatory Surgery

Application Date: 09/02/2020 10:50 am

Applicant Name: Emerson Endoscopy and Digestive Health Center, LLC

Mailing Address: 310 Baker Avenue

City: Concord State: Massachusetts Zip Code: 01742

Contact Person: Andrew Levine Title: Attorney

Mailing Address: One Beacon Street, Suite 1320

City: Boston State: Massachusetts Zip Code: 02108

Phone: 6175986700 Ext: E-mail: alevine@barrettsingal.com

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name: Emerson Endoscopy and Digestive Health Center, LLC

Facility Address: 310 Baker Avenue

City: Concord State: Massachusetts Zip Code: 01742

Facility type: Freestanding Ambulatory Surgery Facility CMS Number:

Add additional Facility Delete this Facility

1. About the Applicant

1.1 Type of organization (of the Applicant): for profit

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? Partners HealthCare ACO

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

1.7.a If Yes, has Material Change Notice been filed? ◉ Yes ○ No

1.7.b If yes, provide the date of filing. 06/01/2020

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.

See Attached Narrative

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

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

7.2 If yes, is Applicant or any affiliate thereof a HPC-certified ACO OR in the process of becoming a Certified ACO? ◉ Yes ○ No

7.2.a If yes, Please provide the date of approval and attach the approval letter: 12/23/2019

7.3 Does the Proposed Project constitute: (Check all that apply)

☐ Ambulatory Surgery capacity located on the main campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(i)**;

☐ An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for Ambulatory Surgery capacity located on a satellite campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(ii)**;

☒ A Freestanding Ambulatory Surgery Center within the Primary Service Area of an independent community hospital (Refer to a list that we update regularly with support from HPC) **105 CMR 100.740(A)(1)(a)(iii)**; or

☐ An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for a Freestanding Ambulatory Surgery Center that received an Original License as a Clinic on or before January 1, 2017 **105 CMR 100.740(A)(1)(a)(iv)**.

7.4 **See section on Ambulatory Surgery in the Application Instructions**

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ○ Yes ◉ No

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: Ambulatory Surgery

12.1 Total Value of this project:	$4,636,588.00
12.2 Total CHI commitment expressed in dollars: (calculated)	$231,829.40
12.3 Filing Fee: (calculated)	$9,273.18
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	$2,544,334.00
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.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i **Patient Panel:**

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

See Attached Narrative.

F1.a.ii **Need by Patient Panel:**

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

See Attached Narrative.

F1.a.iii **Competition:**

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

See Attached Narrative.

F1.b.i **Public Health Value /Evidence-Based:**

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

See Attached Narrative.

F1.b.ii **Public Health Value /Outcome-Oriented:**

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

See Attached Narrative.

F1.b.iii **Public Health Value /Health Equity-Focused:**

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

See Attached Narrative.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

See Attached Narrative.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

See Attached Narrative.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

See Attached Narrative.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

See Attached Narrative.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

See Attached Narrative.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**
Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

See Attached Narrative.

F2.b **Public Health Outcomes:**
Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

See Attached Narrative.

F2.c **Delivery System Transformation:**
Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

See Attached Narrative.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
+ -				

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

F4.a.i **Capital Costs Chart:**

For each Functional Area document the square footage and costs for New Construction and/or Renovations.

		Present Square Footage		Square Footage Involved in Project				Resulting Square Footage		Total Cost		Cost/Square Footage	
				New Construction		Renovation							
Add/Del Rows	Functional Areas	Net	Gross	Net	Gross	Net	Gross	Net	Gross	New Construction	Renovation	New Construction	Renovation
+ -		0	0	0	0	7,305	8,185	7,305	8,185	$0.00	$2,772,020.00	$0.00	$339.00
+ -													
+ -													
+ -													
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+ -													
+ -													
+ -													
+ -													
+ -													
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+ -													
+ -													
+ -													
+ -													
	Total: (calculated)	0	0	0	0	7,305	8,185	7,305	8,185	$0.00	$2,772,020.00	$0.00	$339.00

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
	Land Costs			
	Land Acquisition Cost			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development			
	Total Land Costs			
	Construction Contract (including bonding cost)			
	Depreciable Land Development Cost			
	Building Acquisition Cost		$1432375.	$1432375.
	Construction Contract (including bonding cost)		$2455800.	$2455800.
	Fixed Equipment Not in Contract		$96300.	$96300.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost		$219920.	$219920.
	Pre-filing Planning and Development Costs		$130000.	$130000.
	Post-filing Planning and Development Costs			
Add/Del Rows	Other (specify)			
+ -				
	Net Interest Expensed During Construction			
	Major Movable Equipment		$277193.	$277193.
	Total Construction Costs		$4611588.	$4611588.
	Financing Costs:			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc		$25000.	$25000.
	Bond Discount			
Add/Del Rows	Other (specify			
+ -				
	Total Financing Costs		$25000.	$25000.
	Estimated Total Capital Expenditure		$4636588.	$4636588.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

See Attached Narrative.

Quality:

See Attached Narrative.

Efficiency:

See Attached Narrative.

Capital Expense:

See Attached Narrative.

Operating Costs:

See Attached Narrative.

List alternative options for the Proposed Project:

Alternative Proposal:

See Attached Narrative.

Alternative Quality:

See Attached Narrative.

Alternative Efficiency:

See Attached Narrative.

Alternative Capital Expense:

See Attached Narrative.

Alternative Operating Costs:

See Attached Narrative.

Add additional Alternative Project | Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

See Attached Narrative.

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

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Notification of Material Change
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

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: 09/02/2020 10:50 am

E-mail submission to Determination of Need

Application Number: -20090210-AS

Use this number on all communications regarding this application.

☒ Community Engagement-Self Assessment form

ATTACHMENT 2

NARRATIVE

2. Project Description

Emerson Endoscopy and Digestive Health Center, LLC (the "Applicant") located at 310 Baker Avenue, Concord, Massachusetts 01742 is filing a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health ("Department") for the construction of a freestanding ambulatory surgery center ("ASC") to be located at the same address ("Proposed Project"). The Applicant is a newly formed joint venture created for the purpose of establishing the ASC. Its members are Emerson Hospital ("Emerson" or "the Hospital") and Physicians Endoscopy, LLC ("PE").

Emerson is a not-for-profit acute care hospital which serves Concord, Acton, Lincoln, Sudbury and several other surrounding towns. The Hospital provides inpatient, outpatient and physician services, as well as wellness, home health, inpatient psychiatric and transitional care unit services to its patient community. It continues to grow its robust clinical services through investments in physicians, employees, technology, locations, and services. PE is a national development and management company for gastroenterology medicine ASCs. Currently, PE is in partnership with 60 ASCs specializing in endoscopy. Through the joint venture, the Applicant seeks to leverage Emerson's clinical excellence and PE's expertise managing endoscopic ASCs in order to create a patient-centered, free-standing endoscopic ASC to serve Emerson's patients and community.

The Proposed Project is based on the need to provide existing and future patients with routine endoscopy in a clinically appropriate and cost-effective setting. To that end, the Applicant seeks to construct a free-standing ASC with two (2) outpatient procedure rooms in order to provide routine endoscopy. Presently, routine endoscopy is provided to Emerson patients in the Hospital's endoscopy department. Therefore, following the opening of the Proposed ASC, Emerson will close two (2) operating rooms in its endoscopy unit, leaving two (2) in operation for clinically complex, emergent, and inpatient endoscopy. This will allow Emerson to ensure all endoscopy patients are treated in a clinically appropriate setting. By shifting low-acuity services to the proposed ASC, the Applicant anticipates it will create a more patient-centered experience in a cost-effective setting.

In terms of quality and access, the Applicant anticipates that the Proposed Project will facilitate the provision of high-quality routine endoscopy for a subset of patients within Emerson's panel. Compared with hospital-based outpatient departments ("HOPD"), ASCs are able to provide patients with equivalent or better clinical outcomes, as well as a more convenient experience. Moreover, the Applicant seeks to improve health outcomes through increased access to affordable, community-based colorectal cancer screenings. As a result, the Applicant anticipates that patients may be more likely to comply with screening recommendations, contributing to improved health outcomes and quality of life.

Finally, the Proposed Project will meaningfully contribute to Massachusetts' goals for cost containment by providing cost-effective, high-quality routine endoscopy and creating care efficiencies for patients. As a single-specialty ASC, the Proposed Project will achieve clinical and operational efficiencies compared to traditional HOPDs. This will drive cost-effectiveness because the ASC will be designed around the needs of its providers and patients, enabling it to maximize the use of space and staff which leads to a more efficient use of time and cost-savings to both payors and patients. Moreover, the ASC will be reimbursed at a lower rate than HOPD, and therefore will positively impact the cost growth benchmark set for the Commonwealth. Therefore, the Proposed Project will contribute positively to the Commonwealth's goals of containing the rate of growth of total medical expenses ("TME") and total healthcare expenditures ("THCE").

In sum, the proposed ASC will provide patients with high-quality, routine endoscopy in a non-hospital setting. This migration of services from the Hospital will provide patients with convenient access to affordable services without negatively impacting the state's cost growth benchmark, and therefore will improve access to care, patient experience, and public health outcomes. Accordingly, the Proposed Project meets the factors of review for Determination of Need approval.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i **Patient Panel:**

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

A. Overview of Patient Panel Selection

The Applicant is a newly formed joint venture between Emerson Hospital and Physicians Endoscopy. As the Applicant is newly formed and does not have its own patient panel, the Applicant relied on patient panel data from Emerson Hospital to determine the need for the Proposed Project. Specifically, the Applicant provides below the demographic and historical utilization data of both Emerson Hospital and its endoscopy department.

B. Emerson Hospital Patient Panel

Overall Patient Panel

Emerson serves a large patient panel as demonstrated by the utilization data for the 36-month period covering Fiscal Year ("FY") 17-19 and the preliminary data available for FY20.[1] The number of patients utilizing Emerson's services has increased since FY17, with 96,786 unique patients in FY17, 97,153 unique patients in FY18 and 100,707 unique patients in FY19. Preliminary data for FY20 indicate that from October 1, 2019 – March 30, 2020, Emerson Hospital had 65,072 unique patients, or 130,144 patients annualized. This data also shows that Emerson's patient mix consists of approximately 62% females and 38% males.

In terms of geographic origin, Emerson Hospital provides care primarily to patients in Middlesex County. Almost 70% of Emerson's patients are from 20 communities. The following chart provides a further breakdown of the FY17-19 dependence from each of the 20 cities and towns in Emerson's service area. Preliminary data for FY20 shows similar trends.

Table 1: Emerson Patient Panel by City/Town

City/Town	FY17	FY18	FY19
Acton	8,491	8,766	8,882
Westford	8,387	8,319	8,381

[1] Fiscal year October 1 – September 30. While preliminary data is available for FY20, annual comparisons are calculated using data for FY17-19 as the FY20 data is only for October 1, 2019 – March 30, 2020 and is subject to change over time.

Concord	7,020	7,172	7,483
Sudbury	4,388	4,750	5,064
Maynard	4,375	4,366	4,573
Littleton	4,274	4,347	4,374
Groton	4,251	4,083	4,175
Chelmsford	3,167	3,171	3,321
Stow	2,512	2,697	2,807
Bedford	2,398	2,434	2,509
Pepperell	2,218	2,073	2,231
Ayer	2,185	2,204	2,247
Hudson	1,991	2,131	2,294
Boxborough	1,839	1,972	2,020
Harvard	1,603	1,687	1,824
Carlisle	1,597	1,609	1,628
Leominster	1,561	1,716	1,877
Townsend	1,507	1,428	1,443
Lincoln	1,386	1,462	1,416
Shirley	1,384	1,410	1,414

The majority of Emerson Hospital's patient panel is between the ages of 30-69 (58.9% in FY19). However, there also are a significant number of patients that are 0-18 years of age (17.0% in FY19) and 70+ (16.4% in FY19). Moreover, data indicates that from patients in the 60-69 age cohort increased 7.28% from FY18 to FY19. Additionally, patients in the 70-79 age cohort increased 8.52% from FY18 to FY19. Based on these data, as well as preliminary data for FY20 and population projections provided by the University of Massachusetts Donahue Institute ("UMDI") which predict that the principal cities and towns where the majority of Emerson's patients reside will experience increases in their aging populations in coming years, it is anticipated that Emerson will see continued increases in the number of older adults requiring services into the future.[2]

The Applicant also reviewed ethnicity data based on patient self-reporting. In FY19, 56.5% of the total patient population identified as White; 2.17% identified as Asian; 0.6% identified as African American, 0.5% identified as Hispanic/Latino; and 1.6% identified as another ethnicity. There also is a portion of the patient population (46% in FY19) that chose not to report their ethnicity. Preliminary data for FY20 shows similar trends.

Finally, in FY19, Emerson's public payer mix included 25.2% of all patients. Commercial payers represented 76.1% of Emerson's patient panel and an additional 5.5% of patients used another source of payment. Preliminary data for FY20 shows similar trends.

[2] UNIVERSITY OF MASSACHUSETTS DONAHUE INSTITUTE, LONG-TERM POPULATION PROJECTIONS FOR MASSACHUSETTS REGIONS AND MUNICIPALITIES (Mar. 2015), *available at* http://pep.donahue-institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_2015%2004%20_29.pdf. The Massachusetts Secretary of the Commonwealth contracted with the University of Massachusetts Donahue Institute ("UMDI") to produce population projections by age and sex for all 351 municipalities. *Id.* at 7. With regard to Middlesex County, which covers both the MetroWest and Northeast regions, the area is expected to significantly increase the percentage of older residents by 2035: The MetroWest region is expected to double its share of residents ages 65+ from 13% to 26%. *Id*. at 51. The Northeast region is similarly expected to grow from 14% to 25%. *Id*. at 55.

Table 2: Emerson Patient Panel by Risk Contract

	FY17	FY18	FY19
ACO and Advanced Payment Model ("APM")	4.2%	5.0%	5.1%
Non-ACO and Non-APM	95.8%	95.0%	94.9%

Table 3: Emerson Patient Panel by Payer Mix[3]

	FY17	FY18	FY19
Commercial	75.6%	74.7%	76.1%
Medicare	15.9%	16.4%	16.9%
Medicaid	9.3%	9.3%	8.3%
Other[4]	6.0%	6.0%	5.6%

Endoscopy Patient Panel

Emerson currently provides endoscopy procedures in its on-campus endoscopy unit. The Proposed Project will allow Emerson to offer its low-acuity patients access to a convenient, low-cost alternative for outpatient surgery. Accordingly, in addition to reviewing the demographic and utilization data for all Emerson patients, the Applicant also conducted a focused review of Emerson's patient panel's historical endoscopy service use rates and demographic profile to determine the need for the Proposed Project.

Regarding age, the data from FY19 indicates that the majority of Emerson's endoscopy patients are between the ages of 50-69 (56.39%), followed by patients 70+ (26.23%) and patients between the ages of 0-49 (17.37%). Emerson's endoscopy patient mix consists of approximately 55.2% females and 44.8% males based on FY19 data.

Data indicates that the majority of Emerson's endoscopy patients originate from Middlesex County. Specifically, in FY19, approximately 78.4% of Emerson's endoscopy patients originated from the following 20 communities:

Table 4: Emerson's Endoscopy Patient Panel by City/Town

City	FY 2017	FY 2018	FY 2019
Concord	421	358	293
Acton	415	348	284
Westford	396	332	277

[3] Emerson's patient payer mix data is compiled using unique patient visits. Therefore, patients who switch plan or payment type during the Hospital's fiscal year would be counted twice for purposes of payer mix data. This results in a payer mix total greater than 100% for all fiscal years presented.

[4] "Other" represents self-pay and Workers' Compensation.

Sudbury	235	209	201
Maynard	207	174	194
Groton	201	199	113
Littleton	192	174	132
Chelmsford	154	133	113
Stow	146	134	106
Bedford	134	119	123
Ayer	95	96	72
Hudson	93	83	87
Pepperell	88	91	74
Harvard	88	96	61
Carlisle	87	77	74
Lincoln	80	82	59
Leominster	79	65	64
Shirley	74	81	45
Marlborough	64	54	72
Bolton	59	50	42

The data also demonstrates that Emerson's endoscopy patient population composition is analogous to the larger Emerson patient panel in terms of race and payer mix. Race data collected in FY19 based on patient self-reporting demonstrates that 59.4% of Emerson's endoscopy patient population identified as While; 1.6% identified as Asian, 0.5% identified as Hispanic/Latino; 0.2% identified as African American; 1.3% identified as an ethnicity not listed here; and 37.4% did not report.

In regard to payer mix, the breakdown for Emerson's endoscopy patients was as follows in FY19: 34.6% covered by a public payer, 73.3% covered by a commercial insurer; and 2.8% covered by some other form of insurance or designated as self-pay. Preliminary data for FY20 shows similar trends.

Table 5: Emerson Endoscopy Patient Panel by Risk Contract

	FY17	**FY18**	**FY19**
ACO and APM	3.1%	3.2%	3.8%
Non-ACO and Non-APM	96.9%	96.8%	96.2%

Table 6: Emerson Endoscopy Patient Panel by Payer Mix

	FY17	**FY18**	**FY19**
Commercial	75.7%	73.4%	73.3%
Medicare	24.0%	25.7%	27.7%
Medicaid	9.2%	9.3%	7.4%
Other	2.5%	2.6%	2.8%

F1.a.ii **Need by Patient Panel:**

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

The goal of the Proposed Project is to meet the existing and future needs of Emerson's patient panel in a clinically appropriate and cost-effective setting. In developing the Proposed Project, the Applicant determined that patients receiving routine endoscopy at Emerson would benefit from having access to services in a freestanding setting. This determination was made after evaluating Emerson's patient panel composition and historical utilization and projected demand for routine endoscopy, as well as patient preference for accessing services outside of a hospital.

To that end, the Applicant seeks to provide high-quality endoscopy services in an outpatient setting. The Proposed Project would establish a freestanding ASC at 310 Baker Avenue in Concord, Massachusetts located near the Emerson campus. The Proposed Project will have two (2) procedure rooms and focus exclusively on routine endoscopy. The creation of a freestanding ASC will allow Emerson to shift clinically appropriate patients from the Hospital to the proposed ASC. In turn, Emerson will close two (2) existing endoscopy rooms once the ASC is operational. The remaining two (2) endoscopy rooms at Emerson will be used to continue providing endoscopy to ED patients, inpatients and also for advanced and complex endoscopy that is not available at the ASC.

A. Need for Dedicated Routine Endoscopy Space Outside a Hospital

As discussed previously, Emerson is part of a full-service, regional health system composed of an acute care hospital, multiple outpatient satellites and urgent care centers, and more than 300 primary care doctors and specialists. It provides services across the care spectrum from annual wellness visits to advanced surgery. This allows Emerson to refer patients for follow-up care within the system, maximizing clinical integration. Accordingly, providing routine endoscopy in a freestanding ASC will allow Emerson to provide an additional access point for patients in need of this service.

Importantly, the Applicant does not seek to address current capacity constraints at Emerson Hospital. Rather, the Proposed Project is designed to shift care of appropriate patients to a more clinically appropriate setting while also ensuring it can accommodate future volume based on projected demand in the service area for routine endoscopy. Additionally, the creation of a freestanding ASC will maintain dedicated space at Emerson for advanced endoscopy. As a result, Emerson anticipates that the proposed ASC will allow it to maximize existing clinical space and redesign patient throughput, leading to greater efficiencies in care processes and a patient-centered experience.

Historic Utilization

Emerson Hospital has a dedicated outpatient endoscopy department with four (4) licensed operating and procedure rooms. The Hospital's endoscopy service provides routine, advanced, and urgent endoscopy, accommodating both inpatient and outpatient procedures. This means simple procedures, such as colonoscopy, are performed in the same rooms as advanced endoscopy which require more time, more space, and more staff. Emerson's historical endoscopy volume is detailed in the following chart.

Table 7: Emerson Historical Endoscopy Procedures

	FY2017	FY2018	FY2019	FY20 (H1)
Unique Patients	4,604	4,043	3,474	1,465
Total Cases	4,929	4,346	3,868	1,563

In FY19, the number of patients and procedures declined due to physician attrition in the department. The Hospital has since recruited new physicians and as such anticipates that demand will increase back to historical utilization around 4,500 procedures.

Projected Growth and Future Needs

The Applicant anticipates that volume at the Proposed ASC will remain consistent with Emerson's historical utilization rates for routine endoscopy. Instead of receiving services at the Hospital, clinically appropriate patients will be referred to the Proposed ASC. Patients will be considered clinically appropriate for treatment at the ASC based on the type of service to be performed and the patient's medical history. Because the ASC will only perform routine endoscopy, services will be limited to a narrow range of procedures including colonoscopy, upper gastrointestinal endoscopy or esophagogastroduodenoscopy ("EGD"), and sigmoidoscopy. Additionally, patients with certain comorbidities may instead receive endoscopy services at the Hospital if the patient's condition requires care on-campus.

Additionally, routine endoscopy demand is projected to increase commensurate with a growing and aging population in the Proposed Project's service area. Specifically, the cities and towns that comprise the ASC's proposed service area are expected to grow between 8.4% and 12.2% by 2035.[5] Moreover, over the same period of time, the share of the population aged 65 and over will reach nearly a quarter of the regional total.[6] Given these projections, the Applicant anticipates a steady increase in routine endoscopy associated with cancer screening needs. In particular, colorectal cancer ("CRC") is the fourth most prevalent cancer type in the service area, but has

[5] UNIVERSITY OF MASSACHUSETTS DONAHUE INSTITUTE, LONG-TERM POPULATION PROJECTIONS FOR MASSACHUSETTS REGIONS AND MUNICIPALITIES 11 (Mar. 2015), *available at* http://pep.donahue-institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_2015%2004%20_29.pdf. *Id.* at 7. Within the past five years, Massachusetts has been experiencing an increase in the population growth rate per year due to high immigration and low domestic outflow, which is expected to slow down in 2030. *Id.* at 12. Moreover, the Metrowest region is expected to increase 12.2% by 2035 and the Northeast by 8.4%. *Id* at 15.

[6] *Id*.

screening rates below the state average.[7] The Applicant also hopes to improve CRC screening rates in the region due to the convenience afforded by a freestanding ASC.

Because routine endoscopy volume will shift from on-campus to the ASC, Emerson will close two (2) operating rooms it its endoscopy unit. This will result in two (2) remaining operating rooms that will be used for advanced endoscopy and patients that require on-campus treatment. As noted earlier, the Applicant does not anticipate significant growth requiring additional operating rooms, but it does seek to address the need for a freestanding outpatient access point for care. To that end, the Proposed Project will provide high-quality, cost-effective care in a convenient outpatient setting.

The following chart details the number of procedures that are projected to be performed at the ASC versus the Hospital. These projections are based on historical demand with modest growth over time.

Table 8: Projected Endoscopy Procedures by Site

	FY2022	FY2023	FY2024	FY2025	FY2026
Cases at ASC	3,461	4,290	4,719	4,813	4,910
Cases at Hospital	816	819	822	825	828

B. Benefits of Freestanding Centers

To further system-wide population health efforts, Emerson constantly works to improve access to healthcare throughout its service area. The clinical equivalence, affordability, and convenience offered in the freestanding setting has largely shifted routine endoscopy away from hospital-based outpatient departments ("HOPD"). First, ASCs have demonstrated clinical outcomes that are equal to or better than those following procedures performed in HOPD.[8] However, ASCs typically are more cost effective than procedures performed in HOPDs. For patients with out-of-pocket costs, such as co-insurance, an ASC offers a lower cost alternative without compromising quality or clinical outcomes. Lastly, patients benefit from the convenience of accessing low acuity services in a freestanding setting.

Based on historical data, the Applicant determined that there is a need for a freestanding endoscopy center for its patients. Specifically, a significant portion of the endoscopy services currently performed at Emerson could be shifted to a freestanding setting. This shift also will allow the Hospital's endoscopy department to focus on ensuring timely access to endoscopy for patients requiring emergent or advanced and complex procedures.

[7] Emerson Hospital Community Health Needs Assessment (2018), *available at* https://www.emersonhospital.org/EmersonHospital/media/PDF-files/2018-Community-Health-Needs-Assessment.pdf

[8] David Cook et al., *From 'Solution Shop' Model to 'Focused Factor' In Hospital Surgery: Increasing Care Value and Predictability*, 33 HEALTH AFFAIRS 746 (2014), *available at* https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2013.1266

F1.a.iii **Competition:**

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The Proposed Project will provide the Applicant's patients with high-quality routine endoscopy at a lower cost. By offering outpatient endoscopy to clinically appropriate patients in an ASC, both patients and payers will realize cost savings. As a result, the Proposed Project will not have an adverse effect on competition in the Massachusetts healthcare market based on price, total medical expenses ("TME"), provider costs or other recognized measures of health care spending.

ASCs that specialize in endoscopy are able to compete with hospital outpatient departments ("HOPDs") by providing equivalent or better clinical outcomes at a reduced cost. ASCs are able to do this by keeping overhead costs low and maximizing operational efficiencies. Compared to units that provide a wide range of services, single-focus ASCs can limit the staff, equipment and supplies needed to provide care. Similarly, low acuity procedures have lower laboratory, medication, and imaging costs.[9] ASCs do not need to maintain equipment or supplies outside of what is required for the procedure offered, adding to the cost-saving efforts of ASCs.

Additionally, Medicare reimbursement rates for ASCs are, on average, just 58% of the amount paid to HOPDs for all eligible procedures, including endoscopy.[10] Annually, this translates into more than $2.3 billion in savings for the Medicare program and its beneficiaries.[11] Studies demonstrate that if the ASC share of procedures increased by as little as 2% annually, the savings to the Medicare program could be as high as $5.2 billion.[12] Similarly, the Medicaid program, Commercial payers and other insurers realize significant savings by shifting clinically appropriate patients and procedures to ASCs.[13] Lastly, the reduced costs and rates of endoscopy performed in an ASC accounts for lower out-of-pocket costs for patients compared to endoscopy performed in an HOPD.[14]

The growing availability of ASCs as a high-quality care option for routine endoscopy has increased their utilization and led to a reduction of costs. This trend will continue to create savings for payors, patients, and providers, directly impacting TME. Therefore, the Proposed Project will compete on the basis of price, TME and provider costs. By shifting the majority of Emerson Hospital's routine endoscopy cases to the Applicant's proposed ASC, recognized measures of health care spending will be positively impacted.

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[9] Dennis C. Crawford et al., *Clinical and Cost Implications of Inpatient Versus Outpatient Orthopedic Surgeries: A Systematic Review of the Published Literature*, 7 ORTHOPEDIC REVIEW 116 (2015), *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4703913/pdf/or-2015-4-6177.pdf*See also* Cook et al., *supra* note 6.

[10] Ambulatory Surgical Centers Association. (2013). *Medicare Cost Savings Tied to Ambulatory Surgery Centers, available at* https://www.ascaconnect.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=7b33b916-f3f1-42e5-a646-35cc2f38fe4d&forceDialog=0

[11] *Id*. Based on a review of Medicare claims from 2008-2011, the utilization of ASCs resulted in savings of $2.3 billion in 2011 alone.

[12] *Id*.

[13] *Id. See also* Commercial Insurance Cost Savings in Ambulatory Surgery Centers (2016), *available at* https://www.ascassociation.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=829b1dd6-0b5d-9686-e57c-3e2ed4ab42ca&forceDialog=0.

[14] *Id.*

F1.b.i **Public Health Value /Evidence-Based:**
Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

The Applicant's Proposed Project seeks to shift clinically appropriate routine endoscopy procedures to the proposed ASC in order to meet patient panel needs by enhancing the patient experience in a cost-effective setting. This proposal is supported by extensive literature related to evidence-based clinical strategies of the use of endoscopy to diagnose and treat digestive health diseases and conditions and promoting patient safety and satisfaction through optimized access to medical care in a freestanding setting.

As ASCs continue to become more common-place, patients have more options for where to have their elective surgeries. ASCs offer patients a more convenient, less stressful environment with shorter wait times and easier scheduling.[15] As previously noted, growth in minimally invasive or non-invasive procedures has led to an increase in the ability to perform surgery on an outpatient basis.[16] These surgeries are comparatively lower acuity and have less complexities than procedures requiring hospital admission, such as minimal incisions and blood loss.[17] Anesthesia needs for these low acuity procedures can be met in an ASC due to ongoing developments in the delivery of anesthetics.[18] As more low acuity procedures are deemed appropriate in the ASC setting, patients are able to select outpatient centers that will meet their individual needs.

A. Clinical Applications of Routine Endoscopy

Endoscopy is a non-invasive procedure that examines a patient's digestive tract utilizing a flexible tube with a light and camera called an endoscope.[19] This method allows physicians to view and operate on the internal organs while avoiding conventional surgery and large incisions. Routine endoscopy is used for screening, diagnostic and treatment purposes. When used as a screening tool, such as colonoscopy, clinicians are able to routinely monitor patients and identify disease early on, thereby delaying or preventing further disease progression.[20] As opposed to diagnostic tests, screening endoscopy evaluates individuals that have a low pretest probability of a particular disease. These individuals are either asymptomatic or are at preclinical stages of their disease.[21] Endoscopy also is frequently used as a diagnostic tool to evaluate stomach pain, ulcers, gastritis, digestive tract bleeding, changes in bowel habits, and polyps or growths in the colon.[22] Studies have shown that upper endoscopy is more accurate than x-rays in detecting abnormal growths,

[15] Hollenbeck, B. K., Dunn, R. L., Suskind, A. M., Strope, S. A., Zhang, Y., & Hollingsworth, J. M. (2015). Ambulatory Surgery Centers and Their Intended Effects on Outpatient Surgery. Health services research; *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780082/. *See also* Report to the Congress: Medicare Payment Policy (March 2018). Chapter 5: Ambulatory Surgical Center Services, *available at* http://medpac.gov/docs/default-source/reports/mar18_medpac_ch5_sec.pdf?sfvrsn=0.

[16] *Outpatient Surgeries Show Dramatic Increase*, Health Capital Topics (2010), *available at* https://www.healthcapital.com/hcc/newsletter/05_10/Outpatient.pdf.

[17] *Id*.

[18] *Id*.

[19] *Endoscopy,* HEALTHLINE, https://www.healthline.com/health/endoscopy (last visited June 26, 2020).

[20] T.H. Ro et al, *Value of screening endoscopy in evaluation of esophageal, gastric and colon cancers*. 21 WORLD J. OF GASTROENTEROLOGY, 33, 9693-706 (Sept. 7, 2015).

[21] *Id*.

[22] *Colorectal Cancer Screening,* AM. SOC'Y FOR GASTROINTESTINAL ENDOSCOPY, https://www.asge.org/home/about-asge/newsroom/media-backgrounders-detail/colorectal-cancer-screening (last reviewed July 2017).

such as cancer, and is more accurate for examination of the upper digestive system.[23] As a treatment method, upper endoscopy is used to identify and remove polyps, as well as to dilate strictures of the esophagus, stomach, or duodenum that result from cancer or other diseases.[24]

Routine endoscopy is most commonly used to help determine the cause of gastrointestinal ("GI") symptoms, to biopsy tissue, and/or to guide doctors during surgery.[25] Common routine endoscopic procedures include upper GI endoscopy or esophagogastroduodenoscopy ("EGD"), colonoscopy, and sigmoidoscopy.[26] A brief overview of the clinical application of each is as follows:

- **EGD** is an upper endoscopy passed through the mouth to examine the lining of the esophagus, stomach and start of the small intestine. The procedure is frequently used when patients present with epigastric symptoms such as heartburn, regurgitation, upper abdominal pain, unexplained anemia, unexplained weight loss, or pain or difficult swallowing.[27] EGD may also be utilized to monitor and treat individuals with diseases such as esophageal, stomach, or duodenum cancers, ulcers, Crohn's disease, cirrhosis, gastroesophageal reflux disease, or swollen veins in the esophagus.[28]
- **Colonoscopy** is a lower endoscopy that passes the endoscope through the rectum into the large intestine.[29] The procedure screens the entire colon and large intestine for colorectal polyps or cancer, and can serve as a diagnostic tool for patients who have bleeding from the anus, changes in bowel activity, pain in the abdomen, and unexplained weight loss. This procedure is recommended as a preventative measure for all adults 45+, as well as anyone with parents, siblings, or children with a history of colorectal cancer or polyps.[30] A colonoscopy shows irritated and swollen tissue, ulcers, polyps (which doctors may remove for biopsy during the procedure), and cancer.[31] Removal of polyps can prevent colorectal cancer ("CRC"), which is frequently not diagnosed until the disease is advanced.[32] Based on their clinical advantages, colonoscopy is considered the "gold standard" in detecting colorectal cancer.
- **Sigmoidoscopy** examines the lower part of the colon (sigmoid) to determine causes of abdominal pain, rectal bleeding, changes in bowel habits, and other intestinal issues.[33] As with colonoscopy, sigmoidoscopy is also used to screen for CRC. However, it does not provide a complete view of the colon. When clinically appropriate, this method may be

[23] *Id.*
[24] *Id*.
[25] *Id*.
[26] *Endoscopic Procedures,* AM. SOC'Y FOR GASTROINTESTINAL ENDOSCOPY, https://www.asge.org/home/about-asge/newsroom/media-backgrounders-detail/endoscopic-procedures (last visited June 26, 2020).
[27] *Upper Endoscopy*, MAYO CLINIC, https://www.mayoclinic.org/tests-procedures/endoscopy/about/pac-20395197 (last visited June 26, 2020).
[28] *Endoscopic Procedures,* AM. SOC'Y FOR GASTROINTESTINAL ENDOSCOPY, https://www.asge.org/home/about-asge/newsroom/media-backgrounders-detail/endoscopic-procedures (last visited June 26, 2020).
[29] *Endoscopic Procedures,* AM .SOC'Y FOR GASTROINTESTINAL ENDOSCOPY, https://www.asge.org/home/about-asge/newsroom/media-backgrounders-detail/endoscopic-procedures (last reviewed Aug. 2014).
[30] *Colonoscopy,* NAT'L INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES, https://www.niddk.nih.gov/health-information/diagnostic-tests/colonoscopy (last revised July 2017); https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html.
[31] *Id*.
[32] *Id*.
[33] *Flexible sigmoidoscopy,* MAYO CLINIC, https://www.mayoclinic.org/tests-procedures/flexible-sigmoidoscopy/about/pac-20394189 (last visited June 26, 2020).

preferred over colonoscopy because it is it takes less time to perform, often does not require an anesthetic, and is associated with lower risks such as perforation.[34]

B. Efficiencies Created by ASCs

ASCs achieve greater clinical and operational efficiencies compared to traditional hospital-based surgery departments because they are tailored to a limited set of medical specialties and associated low-risk procedures.[35] As a result, ASCs do not need to be staffed or stocked for a wide range of surgeries or be prepared for emergency surgeries.[36] Instead, ASCs are structured around the needs of its providers and patients, enabling ASCs to maximize the use of space and staff which leads to a more efficient use of time and cost-savings to both payors and patients.

Hospital-based surgeries are frequently subject to scheduling delays created by emergency surgeries coming from the emergency department or inpatient admissions.[37] Since ASCs are not subject to possible emergency surgeries, patients are seen as scheduled.[38] Even when compared to hospitals with dedicated outpatient units, ASCs are able to maximize time efficiencies given the limited complexity of both cases and patients.[39] Procedures scheduled in an ASC are more likely to adhere to a schedule because they do not have to accommodate emergency and inpatient needs, contributing to both reduced appointment times and shorter wait times for an appointment.

C. Cost Effectiveness

ASCs also provide a lower cost alternative to procedures performed in HOPDs. On average, procedures in ASCs are approximately 40% to 60% less expensive than a hospital.[40] By focusing on low acuity procedures, ASCs do not require the same level of overhead, such as staffing, laboratory, medication, and imaging costs, compared to hospital departments.[41] ASCs do not need to maintain equipment or supplies outside of what is required for the procedure offered, adding to the cost-saving efforts of ASCs. Overall, the ASC setting creates efficiencies that benefit patients and providers alike.

Furthermore, lower procedure costs also create significant savings for patients with some level of cost-sharing. Patients who self-pay or who have co-insurance will pay lower out-of-pocket costs for procedures performed in an ASC than if the same procedure is performed in an HOPD.[42] Savings are also realized by the Medicaid program and other insurers when services are

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[34] *Id*.
[35] POSITION STATEMENT: AMBULATORY SURGICAL CENTERS (Am. Ass'n of Orthopaedic Surgeons 2010), *available at* https://www.aaos.org/uploadedFiles/1161%20Ambulatory%20Surgical%20Centers.pdf.
[36] Elizabeth L. Munnich & Stephen T. Parente, *Procedures Take Less Time At Ambulatory Surgery Centers, Keeping Costs Down And Ability To Meet Demand Up*, 33 HEALTH AFFAIRS 764 (2014), *available at* https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2013.1281.
[37] *Id*.
[38] *Id*.
[39] Report to the Congress: Medicare Payment Policy (March 2018). Chapter 5: Ambulatory Surgical Center Services, *available at* http://medpac.gov/docs/default-source/reports/mar18_medpac_ch5_sec.pdf?sfvrsn=0 . "Beneficiaries who are sicker may require more time to treat. We have found that, on average, beneficiaries receiving surgical services in HOPDs are not as healthy as beneficiaries receiving those services in ASCs, as indicated by risk scores from the CMS hierarchical condition categories risk adjustment model."
[40] Louis Levitt. *The Benefits of Outpatient Surgical Centers*. The Centers for Advanced Orthopedics. June 2017; available at https://www.cfaortho.com/media/news/2017/06/the-benefits-of-outpatient-surgical-centers.
[41] Crawford, et al., *supra* note 7. *See also* Cook et al., *supra* note 6.
[42] *Id.*

performed in the ASC setting.[43] Moreover, ASC reimbursement rates are, on average, 58% of the amount paid to HOPDs.[44] This translates into more than $2.3 billion in savings for the Medicare program and its beneficiaries with the potential to save an average of $5.76 billion annually if a small percentage of procedures were shifted to an ASC.[45] Similarly, commercial payors could save as much as $55 billion annually by shifting eligible procedures to ASCs.[46] As a result, ASCs achieve significant costs savings to patients and the health care system.

D. The Role of an ASC in an Integrated Care Delivery System

Accountable Care Organizations ("ACO") were created as a means to improve health care delivery while also reducing health care costs.[47] Another objective of ACOs is population health; by addressing social determinants of health, the overall health of a population can be improved.[48] This shifts the focus to a community model that requires collaboration among the members of the ACO to achieve health care delivery, savings, and population health goals of an ACO.[49] Increased access to care, such as the addition of an ASC in the community, can improve access to outpatient care which is critical for improving health care delivery and population health. Additionally, as ASCs offer a lower cost alternative setting for outpatient surgery, they help ACOs achieve cost savings.[50] Furthermore, ASCs that participate in an ACO advance coordination of care by eliminating fragmented care.

ASCs help strengthen and diversify health care systems. ASCs can accommodate certain low acuity surgical procedures, such as endoscopy, that would otherwise be performed in a hospital department. As a result, the presence of an ASC results in a decrease in the number of outpatient procedures performed at a hospital.[51] This migration benefits lower acuity patients requiring routine endoscopy who can be treated in a clinically appropriate setting and hospitals which can dedicate necessary resources to the treatment of higher-risk patients.

The Applicant's ASC will facilitate quality care delivery, reducing costs, and improving population health for Emerson's ACO patients. The ASC will provide an alternative setting for ACO members in need of low acuity outpatient endoscopy. Moving these procedures to the ASC will have associated cost savings and improved clinical outcomes through operational efficiencies that result from the ASC's focus on clinically appropriate patients requiring routine endoscopy. As a result, the ASC will expand care access for ACO patients.

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[43] *Id.*
[44] *Medicare Cost Savings Tied to Ambulatory Surgery Centers*, *Supra* note 8.
[45] *Id*.
[46] *Id. See also* Commercial Insurance Cost Savings in Ambulatory Surgery Centers, *available at* https://www.ascassociation.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=829b1dd6-0b5d-9686-e57c-3e2ed4ab42ca&forceDialog=0.
[47] Department of Healthcare Policy and Research, Virginia Commonwealth University School of Medicine. *Policy Brief: Accountable Care Organizations,* January 2015, *available at* *https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/VCU_DHPR_ACO_Finalweb.pdf*
[48] Karen Hacker and Deborah Klein Walker. *Achieving Population Health in Accountable Care Organizations.* Am J Public Health. 2013 July; 103(7): 1163–1167.
[49] Department of Healthcare Policy and Research, Virginia Commonwealth University School of Medicine. *Policy Brief: Accountable Care Organizations,* January 2015, *available at* *https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/VCU_DHPR_ACO_Finalweb.pdf*
[50] *ACA will bring more patients to ASCs— but will profits follow?* OR Manager, Vol. 30 No. 2, February 2014, *available at* https://www.ormanager.com/wp-content/uploads/2014/02/ORM_0214_p.29_ASC_Health_Reform.pdf
[51] John Bian & Michael A. Morrisey, *Free-Standing Ambulatory Surgery Centers and Hospital Surgery Volume*, 44 INQUIRY 200 (2007), *available at* http://journals.sagepub.com/doi/pdf/10.5034/inquiryjrnl_44.2.200.

F.1.b.ii **Public Health Value /Outcome-Oriented:**
Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

A. Improving Health Outcomes and Quality of Life

The Applicant anticipates that the Proposed Project will provide patients with improved health outcomes and improved quality of life by creating additional access to high quality routine endoscopy in a freestanding setting. As more fully discussed in Factor F.1.b.i., shifting patients to an ASC setting allows for high-quality, lower-cost care. Moreover, the Proposed Project will offer an efficient, patient-centered experience.

Most notably, by providing access to a convenient and cost-effective location for preventative colorectal cancer ("CRC") screenings, patient outcomes and experience will be positively impacted. To stem the rising incidence, deaths, and cost of treating CRC, emphasis is placed on preventative screening which allows for the simultaneous identification and removal of precancerous polyps before they develop into cancer.[52] Colonoscopies and the removal of precancerous polyps has led to a reduction in the incidence of CRC. Additionally, research has shown that organized screenings within a community produce higher rates of screening and led to a 25.5% reduction in annual CRC incidence, and a 52.4% reduction in cancer mortality between 2000 and 2015.[53] In response to several recent studies, the American Cancer Society ("ACS") updated its guidelines for CRC screening in 2018. The ACS now recommends that people at average risk of CRC begin regular screening at age 45 and continue every 10 years through the age of 75.[54] Routine and timely preventative screenings increase the chances of identifying CRC early when treatment is typically more effective, less invasive, and the chance of recovery is high.

To that end, the Applicant seeks to improve CRC screening compliance by providing community-based services. In addition to providing access in a convenient location with better scheduling and shorter recovery times, potential out-of-pocket costs are also greatly reduced by receiving endoscopy in an ASC. As a result, the Applicant anticipates that patients may be more likely to comply with screening recommendations if such traditional barriers are mitigated.

The Proposed Project is designed to promote improved health outcomes through the use of industry-defined best practices for quality, efficiency and effectiveness. The Applicant will provide high-quality care in the following ways: 1) Ongoing process improvement initiatives – The Applicant will be a part of a national quality program through PE and will participate in a robust program reviewing quality of care outcomes, identifying best practices and implementing performance improvement initiatives; 2) Single-specialty focus – The Proposed Project will only offer GI-related endoscopy services, allowing physicians and staff to provide dedicated, expert

[52] MEDICAL ADVISORY SECRETARIAT. (2009). Screening Methods for Early Detection of CRC and Polyps, a*vailable a*t https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3377498/. Asymptomatic adenomatous polyps take approximately 10 years to become malignant therefore there is a significant window of time to remove the polyp before it becomes cancerous.
[53] T. R. Levin. (2018). Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large Community-Based Population. *Available at*: https://doi.org/10.1053/j.gastro.2018.07.017.
[54] AMERICAN CANCER SOCIETY. Guideline for Colorectal Screening (last revised May 30, 2018). https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html Average risk is defined as not having a person or family history of CRC, a personal history of inflammatory bowel disease, confirmed or suspect hereditary CRC syndrome, or personal history of abdominal radiation.

care to patients for a limited range of needs and services; and 3) Transforming the patient experience – Clinical and administrative staff can more effectively control scheduling because of the narrow range of procedures performed and decreased possibility of disruption due to the need to accommodate inpatient, emergent or urgent procedures as in a hospital setting, thereby eliminating delays, backlogs and rescheduled procedures. Additionally, the Proposed Project will be located in close proximity to Emerson Hospital, but will offer dedicated parking and direct external access to the facility, rather than requiring patients to navigate the hospital campus. Together these components create a more patient-centered experience. Accordingly, the Proposed Project will improve patients' experience, quality of life and produce high quality outcomes.

B. Assessing the Impact of the Proposed Project

To assess the impact of the proposed Project, the Applicant developed the following quality metrics and reporting schematic, as well as metric projections for quality indicators that will measure patient satisfaction and quality of care. The measures are discussed below:

1. **Withdrawal Time:** Withdrawal time is based on the average number of minutes a physician took to withdraw the scope from the cecum during a screening colonoscopy when no maneuvers were performed. Longer withdrawal times during screening colonoscopies are associated with increased adenoma (polyp) detection rates, which is essential to making safe recommendations for intervals between screening and surveillance examinations.

   Measure: Average withdrawal time in normal-result colonoscopies performed for colorectal cancer screening in average-risk patients with intact colons.

   Projections: The benchmark for this measure is 6 minutes or greater.

   Monitoring: Results will be benchmarked and reviewed quarterly by the quality committee and the Board of Managers.

2. **Adenoma Detection Rate:** The Adenoma Detection Rate (ADR) is the minimum target for adenomas detected among an individual provider's patient panel. An increased ADR is associated with a reduction in CRC incidence and a reduction of cancer mortality.[55]

   Measure: Average rate of adenoma detection among an endoscopist's patient panel ages 50 years or older.

   Projections: Overall ADR equal to or greater than 25% for the total patient panel; 30% for men and 20% for women.

   Monitoring: Results will be benchmarked and reviewed quarterly by the quality committee and the Board of Managers.

[55] AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY (2015). Quality Indicators for GI Endoscopic Procedures: Defining and measuring quality in colonoscopy, *available at* https://www.asge.org/docs/default-source/default-document-library/quality-indicators-for-gi-endoscopic-procedures.pdf?sfvrsn=e0d2ea51_0 .

3. **Post-Procedure Infection –** This measure evaluates the number of patients with post procedure infections and aims to reduce or eliminate such incidences.

   Measure: The number of patients with post-procedure infections.

   Projections: As the Proposed Project is to develop a new ASC, the Applicant will provide baseline measures and three years of projections following one full year of operation from the date of implementation of the Proposed Project.

   Monitoring: Results will be reviewed on an on-going basis and reported to the quality committee monthly. Results are benchmarked and reviewed quarterly by the Board of Managers.

4. **Patient Satisfaction:** Patients that are satisfied with their care are more likely to seek additional treatment when needed. The Applicant will review patient satisfaction levels with the ASC's surgical services.

   Measure: The Physicians Endoscopy Patient Satisfaction (PEPS) survey will be provided to all eligible patients. The PEPS survey focuses on the patient's experience in the following areas: 1) recovery; 2) discharge and follow-up; and 3) patient experience. The survey also asks for the patient's demographic information at the end.

   Projections: As the Proposed Project is to develop a new ASC, the Applicant will provide baseline measures and three years of projections following one full year of operation from the date of implementation of the Proposed Project.

   Monitoring: Results will be benchmarked and reviewed monthly by the quality committee and the Board of Managers.

F1.b.iii **<u>Public Health Value /Health Equity-Focused:</u>**

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

As detailed throughout this narrative, the Proposed Project will increase access to high quality and cost-effective care for all clinically appropriate patients in the proposed service area. The ASC will not discriminate based on ability to pay or payer source, physical ability, sensory or speech limitations, or religious, spiritual and cultural beliefs. Through the Proposed Project, the Applicant seeks to further access to cost-effective, convenient services for all patients including ACO patients. The following measures will be implemented to facilitate equitable access to the ASC's services.

A. Promoting Cultural Competence

In order to ensure a welcoming and understanding environment for patients, the ASC will require all staff to complete cultural competency training upon hire and annually thereafter. Training is provided to employees through HealthStreams and core courses include: “Background and Benefits” and “Providing Culturally Competent Care”. These courses promote understanding how clinical outcomes are associated with cultural competence, recognizing key terms, acknowledging common assumptions across cultures and best practices for improving the quality of interactions with patients and families. As a result, the Applicant will work to foster an environment of respect and understanding of patient’s cultural beliefs and practices.

B. Ensuring Language Accessibility

Emerson and PE are committed to offering care that is understandable and respectful to each patient. To this end, the ASC will provide language access services at no cost. Patients will be screened prior to the procedure to identify level of assistance needed; however, services are always immediately available if not scheduled ahead of time. Specifically, translation services will be provided through LanguageLine Solutions. Additionally, in-person interpreter services will be available for persons with hearing impairment. For patients who are visually impaired, someone will be available to read printed materials in a location that protects patient privacy. Printed or recorded material can also be provided upon request. The Applicant anticipates that these policies will alleviate language differences, promote health equity, and further equal access to the ASC’s services.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

The Proposed Project seeks to expand access to cost-effective routine endoscopy in a non-hospital setting. By providing patients with access to necessary screening and preventative services, patients will have improved health outcomes and quality of life. The Applicant anticipates improved health outcomes will be achieved through increased rates of colorectal (“CRC”) screening because of the convenience afforded by the ASC setting. Patients may be more likely to comply with screening recommendations if services are provided outside of a hospital and at a lower cost to the patient. By increasing CRC screening rates, clinicians will be able to detect cancer earlier and provide more successful treatment options, ultimately leading to improved health outcomes and quality of life.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

To provide continuity of care, improved health outcomes and enhanced quality of life through the Proposed Project, the ASC will develop and implement processes to ensure patients and their providers receive all necessary information following each procedure. Before being discharged, all patients or the adult accompanying them, will receive prescriptions for any medications needing to be filled, written instructions to promote their recovery from the procedure as well as

warning signs of complications to be alert for, and information detailing how to contact the physician who will provide follow-up care to the patient if needed. Additionally, policies will be in place requiring copies of each procedure and pathology report are shared with the referring physician. These steps are designed to ensure that patients and their primary care providers are well-informed following all procedures at the Proposed ASC.

Additionally, the ASC will have processes in place to help connect patients to appropriate resources around Social Determinants of Health ("SDoH"). Specifically, if issues or concerns are identified during the pre-procedure screening or on the day of procedure, patients will be immediately provided with referrals to local organizations. Additionally, this information will be captured in the patient's medical record and shared with their primary care or referring provider to follow up with the patient to facilitate further access to resources to address SDoH needs.

F1.d **Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.**

As a broad range of input is valuable in the planning of a project, the Applicant carried out a diverse consultative process with individuals at various regulatory agencies regarding the Proposed Projects. The following individuals are some of those consulted regarding this Project:

- Rebecca Rodman, Esq., Deputy General Counsel, Department of Public Health
- Lara Szent-Gyorgyi, Director, Determination of Need Program, Department of Public Health
- Ben Wood, Director, Office of Community Health Planning and Engagement, Department of Public Health
- Jennica Allen, Office of Community Health Planning and Engagement, Department of Public Health
- Thomas Hajj, Esq., Senior Policy Associate, Health Policy Commission
- Steven Sauter, MassHealth
- Zhao Zhang, MassHealth

F1.e.i **<u>Process for Determining Need/Evidence of Community Engagement:</u>**
For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline.* With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

The Applicant identified the need to provide high-quality, cost-effective routine endoscopy to Emerson patients in a non-hospital setting. Emerson's historical utilization data for these services demonstrates ongoing demand. Additionally, demand for routine endoscopy is likely to increase as the region's population ages. The Applicant engaged the community in order to more fully involve patients and families regarding the Proposed Project.

The Proposed Project was presented at Emerson Hospital's Patient Family Advisory Committee ("PFAC") on June 25, 2020 with seven (7) members in attendance. The PFAC is comprised of patients of the hospital and their family members as well as staff of the hospital. Because patients of the proposed service will largely continue to be Emerson patients, it was decided that the PFAC would best represent patients from the proposed service area. The presentation sought to inform PFAC members about the purpose of the Proposed Project and what it would mean for patients.

The presentation to the PFAC offered members an overview of the Proposed Project and how it will benefit current and future Emerson patients. Details included information about endoscopy, the growing need for routine endoscopy in the community, who would be involved in the Proposed Project and the impact of the Proposed Project on the community, including convenience, affordability, and high-quality health care.

The PFAC members generally had positive reactions regarding the Proposed Project and did not voice any concerns with the Proposed Project.

Additionally, Emerson sought to engage residents and resident groups through a community forum. This meeting was held on July 30, 2020 using remote technology.
The meeting was attended by 44 people, of which six (6) were Emerson staff, four (4) were members of Emerson's Board of Directors, and 34 were community members. At this forum, Emerson leadership presented an overview of the Proposed Project and the benefits of providing PET-CT services through the Applicant. Community members asked questions regarding the DoN process generally and the capacity of existing PET-CT services. Through the open meeting, the Applicant engaged patients, families and community members in thoughtful discussions regarding the Proposed Project.

F1.e.ii **Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".**

To ensure sound community engagement throughout the development of the Proposed Project, the Applicant's joint venture partners took the following actions:

- Presentation to Emerson's PFAC on June 25, 2020; and
- Community Forum for community members on July 30, 2020.

For detailed information on these activities, see Appendix 3.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a. **<u>Cost Containment:</u>**
Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The goals for cost containment in Massachusetts center around providing low-cost care alternatives without sacrificing high quality. The Massachusetts Health Policy Commission (HPC),

an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform, set the following goal for cost containment: *better health and better care – at a lower cost – across the Commonwealth*. The Proposed Project meets this goal by providing high quality surgical services in an affordable setting. More specifically, the Applicant anticipates that as a result of community-based colorectal cancer screenings ("CRC"), more patients will adhere to recommended screening guidelines leading to earlier detection rates. Once CRC is detected in the early stages of the disease, it can be treated more effectively and at a lower cost compared to when the disease is left undiagnosed for longer periods of time.

As discussed in F1.a.iii, ASC Medicare reimbursement rates are 58% of the amount paid to HOPDs.[56] Studies indicate that if even a small percentage of eligible surgical procedures were shifted from HOPDs to ASCs, Medicare would save an additional $2.4 billion annually.[57] Over a decade, projected savings range from $37.3 billion to $57.6 billion.[58] Similarly, Medicaid, other insurers and patients benefit from lower prices for services performed in the ASC setting given lower levels of reimbursement and coinsurance.[59] Moreover, the reduced costs are not reflective of the services rendered by ASCs. Patients receiving surgical services through ASCs receive high-quality care from experienced surgeons and clinical staff. Moreover, their expertise and narrow focus on endoscopy results in care and cost efficiencies, and ultimately leads to overall reduced provider price, costs and TME. Accordingly, the Proposed Project will lower prices for payors and patients, in turn leading to overall reduced TME and total healthcare expenditures.

F2.b. **Public Health Outcomes:**
Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

Providing access to high-quality routine endoscopy in a non-hospital-based setting will simultaneously improve public health outcomes and the patient experience. The Applicant anticipates routine endoscopy in an ASC setting will lead to better health outcomes through increased adherence to CRC screening recommendations because of the convenience afforded by an ASC. Patients may be more likely to comply with recommendations if services are provided outside of a hospital and at a lower cost to the patient. By increasing CRC screening rates, clinicians will be able to detect cancer earlier and provide more successful treatment options, ultimately leading to improved health outcomes and quality of life. Additionally, the Proposed ASC will improve the patient experience through convenient access to the facility, ample parking, expedited scheduling of procedures and shorter appointment times. Increased access to affordable and convenient services ultimately results in improved public health outcomes.

[56] *Supra* note 8.
[57] *Id.* Based on the share of surgeries performed in an ASC increasing 2% annually.
[58] *Id*.
[59] Ambulatory Surgery Center Association. (2016). Commercial Insurance Cost Savings in Ambulatory Surgery Centers, *available at* https://www.ascassociation.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=829b1dd6-0b5d-9686-e57c-3e2ed4ab42ca&forceDialog=0.

F2.c. **Delivery System Transformation:**
Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

The Proposed Project will work with patients and primary care providers to ensure patients are referred for services as needed. If concerns around social determinants of health are identified or suspected during pre-procedure screenings and appointments, staff will provide the patient with referral resources and update the medical record so that the patient's primary care doctor is aware of the need for follow-up.

Factor 5: Relative Merit

F5.a.i **Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.**

Proposal: To construct a freestanding ASC with two (2) endoscopy procedure rooms adjacent to the campus of Emerson Hospital.

Quality: Evidence-based research has found that the services provided in an endoscopic ASC have demonstrated quality and clinical outcomes equal to or better than when the same services are performed in the HOPD setting.

Efficiency: The Proposed ASC will be dedicated to and specialize in endoscopy services. This specialization will allow the Applicant to achieve clinical and operational efficiencies that result in shorter procedure times, shorter recovery times, better schedule adherence and ultimately cost savings for payers and patients.

Capital Expense: Establishment of the ASC will result in a one-time capital expense to convert an existing building into an energy-efficient ASC specifically for endoscopy procedures. The Maximum Capital Expenditure for the project is $4,636,588.

Operating Costs: The operating expenses for Year 1, the first full year of operation of the ASC, are expected to be $2,246,963.

List alternative options for the Proposed Project:

Option 1

Alternative Proposal: Do not establish an ASC and continue serving patients through the existing endoscopy department at Emerson Hospital.

Alternative Quality: This alternative does not address the need of Emerson's patient population to have access to equivalent quality in a freestanding setting with its accompanying benefits to patients.

Alternative Efficiency: Continuing to perform routine, low acuity endoscopy in the Hospital's endoscopy department will not address operational inefficiencies due to scheduling disruptions caused by the need to accommodate urgent or complex cases.

Alternative Capital Expenses: There are no capital expenses under this alternative.

Alternative Operating Costs: Taking no action to establish an ASC and continuing to offer low acuity endoscopy in the Hospital's endoscopy department will continue to result in higher operating costs due to the additional staff, equipment, and supplies needed in the hospital setting.

Option 2

Alternative Proposal: Construct a new endoscopy center at Emerson Hospital with other renovations that are planned to occur in the future.

Alternative Quality: The project is at least three (3) years, so new rooms would not be operational for at least five (5) years. During that time, Emerson Hospital is likely to see patients and providers chose to move their care to the ASC setting for routine endoscopy. This will result in the inability for Emerson to ensure the quality of services provided to its patient panel, particularly its ACO patients.

Alternative Efficiency: Continuing to perform routine, low acuity endoscopy in the Hospital's endoscopy department will not address operational inefficiencies due to scheduling disruptions caused by the need to accommodate urgent or complex cases.

Alternative Capital Expenses: Construction costs to build a new endoscopy unit would cost at least $5 million.

Alternative Operating Costs: Taking no action to establish an ASC and continuing to offer low acuity endoscopy in the Hospital's endoscopy department will continue to result in higher operating costs due to the additional staff, equipment, and supplies needed in the hospital setting.

ATTACHMENT 3

EVIDENCE OF COMMUNITY ENGAGEMENT FOR FACTOR 1

ATTACHMENT 3A

PATIENT AND FAMILY COUNCIL PRESENTATION

Determination of Need

Gastroenterology and Digestive Health Services

June 23, 2020

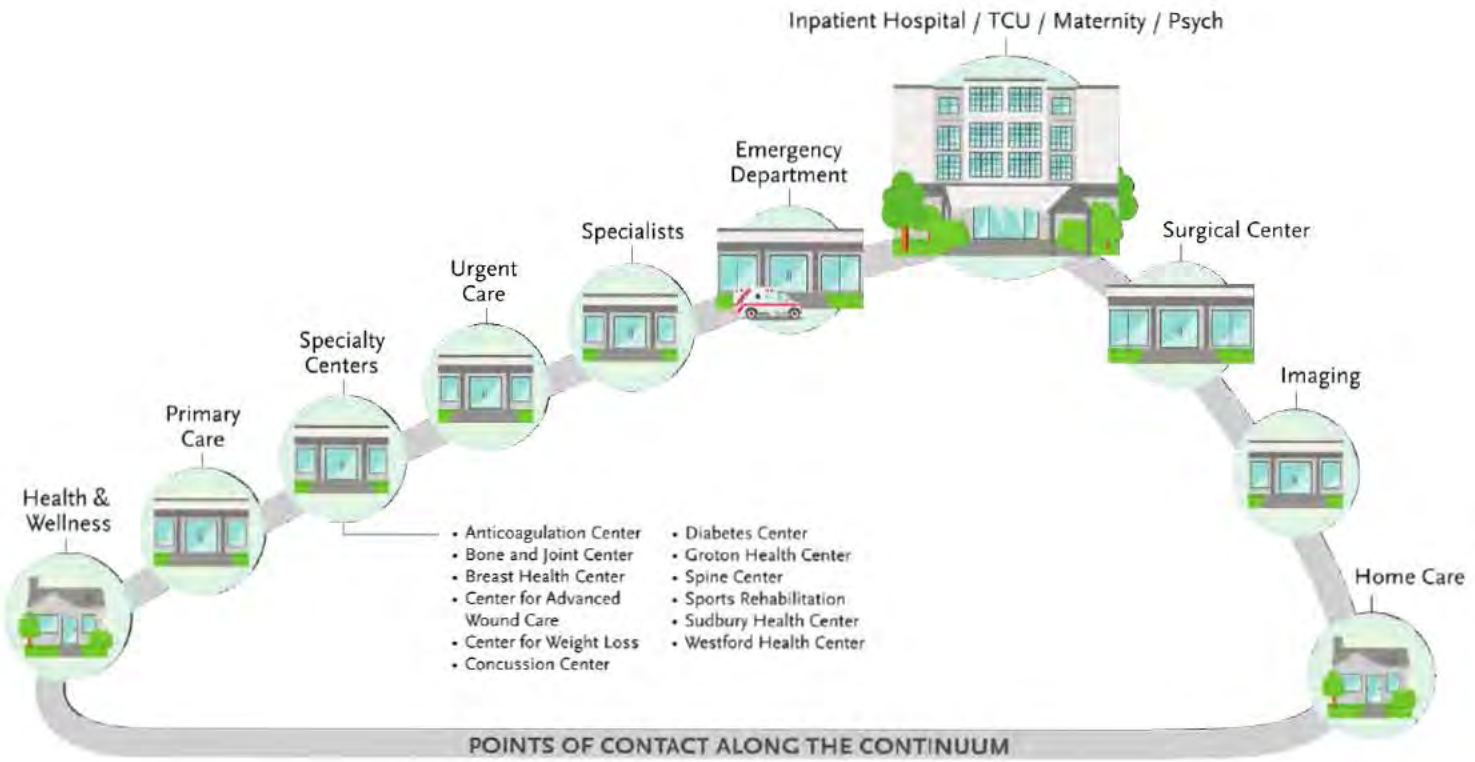
Emerson Hospital

Emerson Hospital

Our Vision

To optimize health and wellness by creating an efficient and effective coordinated system that provides a continuum of care.

Emerson's Care Continuum



Purpose and Goals of Our Discussion

- Discuss the future of Emerson's gastroenterology and digestive health services
- Emerson must receive approval from the Department of Public Health through a process called Determination of Need (DoN)
- An important step in this process is to engage with our community in a meaningful discussion about the project and get input and feedback.

Reimagining our gastroenterology and digestive health services

- GI/Digestive Health Services are a critical service offering as a community hospital committed to providing the full continuum of care. These services are integral to the effective provision of other clinical services such as oncology, pathology, general/colorectal and bariatric surgery.

- We are serving the needs of our community, particularly as it ages with the corresponding increase in the needs for GI, endoscopy and digestive health.

- We are proposing relocating our endoscopy unit to a new offsite ambulatory center that will include adjacent physician offices for existing and newly recruited GI physicians

Key Definitions

What are Gastroenterology and Digestive Health?

- Gastroenterology: A branch of medicine focused on the digestive system and its disorders, including conditions such as GI cancers, liver disease, gallstones, gastroenteritis, Crohn's, colitis and inflammatory bowel disease.

- Endoscopy: A nonsurgical procedure used to examine a person's digestive tract using an endoscope- a long flexible tube with a light and camera so that the digestive tract can be viewed on a monitor.

Key Definitions
What are Gastroenterology and Digestive Health?

- Upper endoscopy- Endoscope passed through the mouth into the esophagus to see esophagus, stomach and upper small intestine

- Colonoscopy: Endoscope passed into the large intestine through the rectum to see the large intestine and colon

- Endoscopic Retrograde Cholangio Pancreaticography (ERCP): Allows pictures of the pancreas, gallbladder and related structures

- Endoscopic Ultrasound (EUS): Combines upper endoscopy and ultrasound to obtain images and information about various parts of the digestive tract.

Emerson Service Area
Outpatient GI Projection

Outpatient GI conditions are projected to grow 20% over 10 years in the Emerson Service Area.

Care Family	2018 Volume	2023 Volume	2023 % Change	2028 Volume	2028 % Change
Esophageal Disease Including GERD	21,354	23,656	11%	25,543	18%
Inflammatory Bowel Disease	7,916	8,780	11%	9,439	18%
Diseases of the Anus/Rectum	6,834	7,557	11%	8,047	18%
Liver Disease, Noninfective	5,733	6,559	14%	7,134	24%
Gastritis and Gastroduodenal Ulcer	3,330	3,562	7%	3,741	12%
Other Gastrointestinal Diseases	20,944	23,740	13%	25,592	22%
Grand Total	66,111	73,740	12%	79,407	20%

Emerson Service Area
Outpatient Endoscopy Market Projection

Outpatient Endoscopy is projected to grow significantly over the next 10 years

	2018 Market Size	5 year	10 year
Primary Service Area	12,408	10.7%	19.6%
Secondary West	3,545	13.0%	24.4%
Secondary East	2,061	8.8%	15.6%
Emerging	6,522	10.5%	19.0%
Total	24,566	10.8%	19.8%

(Source: Sg2 Includes Colonoscopy, Screening Colonoscopy, ERCP, Upper GI Endoscopy)

Focus on Community Health Needs

Community Health Needs Assessment

- Growing and aging population
  - Based on our 2018 Community Health Needs Assessment (CHNA), the 65+ population is expected to grow over 25% over a five year period.

- Cancer rates
  - Colorectal cancer is one of the top 6 cancers occurring in the Emerson Service Area.

GI/Digestive Health Services
Moving Forward

- Relocate most endoscopic procedures to a new off site Ambulatory Endoscopy Center in a joint venture relationship with a professional management company.

- Leverage the expertise of this company in the development and investment in a new ambulatory center, as well as use the company's expertise and experience in efficient operational management.

- Maintain a hospital based center for outpatient and inpatient colonoscopy, ERCP, EUS and other specialized procedures.

Physicians Endoscopy

After research and an extensive RFP process, Emerson entered into a LOI with PE in July 2019.

- PE, formed in July 1998, specializes in the development and management of freestanding, single-specialty endoscopic ASCs in partnership with practicing physicians and hospitals.
- PE is in partnership with 60 GI ASCs and over 600 gastroenterologists who perform over 600,000 annual procedures.
- PE leverages rich industry expertise and experience in building and/or acquiring ACSs across the U.S.
- Providing flexible options as a JV partner. Allows hospital-only JVs or the ability to offer GI physicians part ownership.
- Impressive track record of building high quality single-specialty ASC from the ground up; their long-term positive relationships between hospitals and practitioners ensure quality patient care remains at the forefront.

Benefits of Ambulatory Endoscopy Center

- Lowering the costs of procedures. Ambulatory Surgery Centers have lower costs than if the procedure were performed in the hospital.
- Same quality of care, health outcomes, and physician experience level as hospital-based procedures. (Some existing, some new doctors)
- Patients may be able to choose which setting they want for their procedure.
- Bringing care to the community. Ability to expand the number of physicians and the type of sub specialized services.
- Increasing accessibility of care. Convenient location, free parking.

Endoscopy Center Location- 310 Baker Ave

- Existing Emerson location with ambulatory services.
- Large amount of parking capacity.
- Capacity within the existing building for expansion.

310 Baker Avenue - Proposed Clinical Space

Next Steps

- Gather community input through PFAC and Open Public Forum (Date TBD)
- Keeping the public informed through news articles and future meetings
- Timeline of approval and construction
  - Official filing will occur August 1, 2020
  - DPH/Health Policy Commission takes about 6 months to review and approve
  - Construction to begin Spring of 2021 (upon DPH approval)

Questions

ATTACHMENT 3B

PUBLIC MEETING PRESENTATION

Community Benefits Forum

Christine Gallery
Senior VP Planning and Chief Strategy Officer

Kelsey Magnuson
Community Benefits Coordinator

July 30, 2020

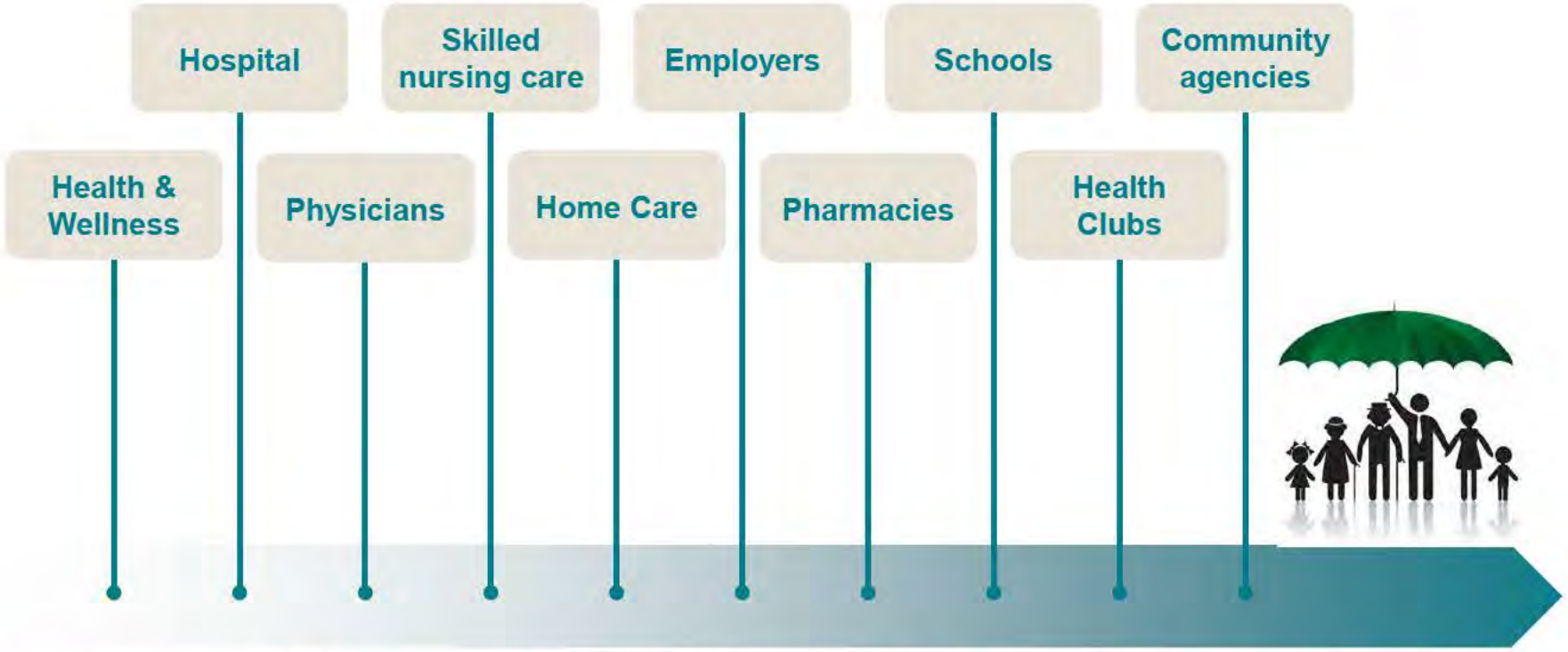
Agenda

1. Discuss the future of Emerson's gastroenterology and digestive health services
2. Community feedback

Emerson Hospital: Our Vision

To optimize health and wellness by creating an efficient and effective coordinated system that provides a continuum of care.

Caring for the community



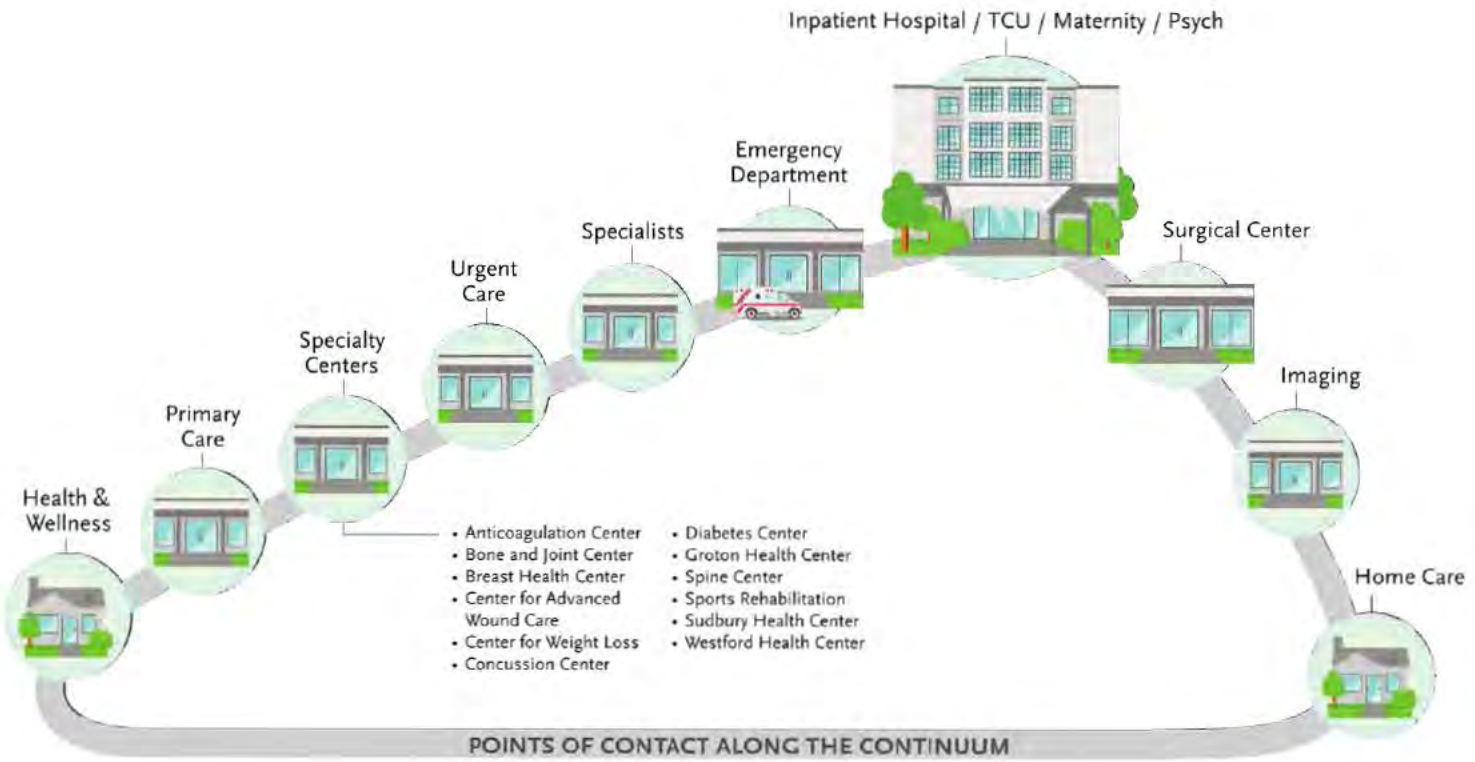
Emerson Hospital is committed to collaborating with our community partners to: improve the health status of all those it serves; address root causes of health disparities; and educate the community in prevention and self-care strategies.

Determination of Need

Gastroenterology and Digestive Health Services

PET/ CT Scan Services

Emerson's Care Continuum



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DoN Feedback

- How do you see the DoN project improving the health of our community?
- What suggestions/thoughts do you have for Emerson to make the DoN services successful?
- Do you have any concerns about the DoN project?

Thank You!

ATTACHMENT 4

FACTOR 4 INDEPENDENT CPA ANALYSIS

Emerson Endoscopy and Digestive Health Center, LLC

Analysis of the Reasonableness of Assumptions Used For and Feasibility of Projected Financials of Emerson Endoscopy and Digestive Health Center, LLC For the First Five Years of Operations

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BERNARD L. DONOHUE, III, CPA

One Pleasure Island Road
Suite 2B
Wakefield, MA 01880

(781) 569-0070
Fax (781) 569-0460

September 3, 2020

Mr. Michael R. Hachey
Senior Vice President & Chief Financial Officer
Emerson Hospital
133 Old Road to Nine Acre Corner
Concord, MA 01742

RE: **Analysis of the Reasonableness of Assumptions and Projections Used to Support the Financial Feasibility and Sustainability of the Proposed Digestive Health Center in Concord, MA by Emerson Endoscopy and Digestive Health Center, LLC**

Dear Mr. Hachey:

I have performed an analysis of the financial projections prepared by Emerson Hospital detailing the projected operations of the Emerson Endoscopy and Digestive Health Center, LLC (the "Center") in Concord, MA. This report details my analysis and findings with regards to the reasonableness of assumptions used in the preparation and feasibility of the financial forecast prepared by the management of Emerson Endoscopy and Digestive Health Center, LLC ("Management") for the operation of the Center. This report is to be used by Emerson Endoscopy and Digestive Health Center, LLC in its Determination of Need ("DoN") Application – Factor 4(a) and should not be distributed for any other purpose.

I. EXECUTIVE SUMMARY

The scope of my analysis was limited to an analysis of the five year financial projections (the "Projections") prepared for Emerson Endoscopy and Digestive Health Center, LLC for the operation of the Center, and the supporting documentation in order to render an opinion as to the reasonableness of assumptions used in the preparation and feasibility of the Projections.

Within the projected financial information, the Projections exhibit a net pre-tax profit margin ranging from -4.2% to 31.2% for years 1 through 5 of the project. Based upon my review of the relevant documents and analysis of the projected financial statements, I determined the project and continued operating surplus are reasonable expectations and are based upon feasible financial assumptions. Accordingly, I determined that the Projections are feasible and sustainable and not likely to have a negative impact on the patient panel or result in a liquidation of assets of the Center.

II. RELEVANT BACKGROUND INFORMATION

Emerson Hospital is a 179-bed acute care hospital serving a patient population primarily from Middlesex and Worcester Counties. The Hospital currently provides endoscopy services in a unit consisting of 4 procedure rooms within the Hospital. The project, a joint venture between Emerson Hospital and Physicians Endoscopy, LLC, will consist of 2 procedure rooms in an outpatient setting, while at the same time, permit the Hospital to close 2 of its current procedure rooms.

The Proposed Project will specialize in providing endoscopy and digestive health services in a non-hospital setting. Please refer to the DoN application for a further description of the proposed project and the rationale for the expenditures.

III. SCOPE OF REPORT

The scope of this report is limited to an analysis of the five-year financial projections prepared for Emerson Endoscopy and Digestive Health Center, LLC (the "Projections") and the supporting documentation in order to render an opinion as to the reasonableness of assumptions used in the preparation and feasibility of the Projections. My analysis of the Projections and conclusions contained within this report are based upon my detailed review of all relevant information (see Section IV which references the sources of information). I have gained an understanding of the Center through my review of the information provided as well as a review of Emerson Hospital's website and the DoN application.

Reasonableness is defined within the context of this report as supportable and proper, given the underlying information. Feasibility is defined as based on the assumptions used, the plan is not likely to result in insufficient "funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel" (per Determination of Need, Factor 4(a)).

This report is based upon prospective financial information provided to me by Management. If I had audited the underlying data, matters may have come to my attention that would have resulted in my using amounts that differ from those provided. Accordingly, I do not express an opinion or any other assurances on the underlying data presented or relied upon in this report. I do not provide assurance on the achievability of the results forecasted by the Center because events and circumstances frequently do not occur as expected, and the achievement of the forecasted results are dependent on the actions, plans, and assumptions of management. I reserve the right to update my analysis in the event that I am provided with additional information.

IV. PRIMARY SOURCES OF INFORMATION UTILIZED

In formulating my opinions and conclusions contained in this report, I reviewed documents produced by Management as well as other relevant information that is generally available. The documents and information upon which I relied are identified below or are otherwise referenced in this report:

1. Emerson Endoscopy and Digestive Health Center, LLC's 5-Year Projected Financial Statements, and Assumptions initially received from Management on July 2, 2020;
2. Various documentation supporting calculations included in the projected financial statements;

3. GI/Digestive Health Services rebuild, expansion and changes presented by the Emerson Hospital Finance Committee to the Emerson Hospital Board of Directors, prepared as of April 23, 2019;
4. Emerson Endoscopy and Digestive Health Center, LLC DoN Application, draft provided July 31, 2020, final provided August 31, 2020;
5. Determination of Need Application Instructions dated March 2017;
6. CMS.gov (Medicare) Ambulatory Surgical Center Payment System website;
7. Mass.gov Executive Office of Health and Human Services;
8. Becker's ASC website https://www.beckersasc.com;
9. VMG Health Intellimarker Multi-Specialty ASC Study 2017;
10. Emerson Hospital website https://emersonhospital.org;
11. Physicians Endoscopy LLC website http://www.endocenters.com.

V. REVIEW OF THE PROJECTIONS

This section of my report summarizes my review of the reasonableness of the assumptions used and feasibility of the Projections. The following table presents the key metrics, as defined below, which compares the operating results of the Projections for the first five years of operations.

Emerson Endoscopy and Digestive Health Center, LLC
Summary of Ratios - As Provided
Projected for the First Five Years of Operations

Ratio	Year 1	Year 2	Year 3	Year 4	Year 5
Liquidity Ratios					
Current Ratio	1.0	1.0	1.3	1.4	1.6
Days in Accounts Receivables	83.7	68.1	65.9	65.0	64.4
Days Cash on Hand	42.3	33.6	64.7	83.2	99.5
Operating Ratios					
EBITDA ($)	$ 481,236	$ 1,298,363	$ 1,541,568	$ 1,642,665	$ 1,756,516
EBITDA Margin	20.4%	37.3%	39.4%	40.1%	41.3%
Net Profit Margin	-4.2%	19.4%	24.3%	28.4%	31.2%
Debt Service Coverage (ratio)	1.0	1.3	1.5	1.6	1.7
Solvency Ratios					
Total Assets	$ 4,638,489	$ 4,752,222	$ 4,641,832	$ 4,461,822	$ 4,259,665
Debt to Capitalization (%)	89.2%	80.2%	64.0%	46.7%	26.8%
Members' Equity	$ 501,223	$ 938,101	$ 1,668,704	$ 2,377,125	$ 3,113,515

The Key Metrics fall into three primary categories: liquidity, operating and solvency. Liquidity metrics, such as the Current Ratio, Days in Accounts Receivable and Days Cash on Hand measure the quality and adequacy of assets to meet current obligations as they come due. Operating metrics, such as earnings before interest, taxes, depreciation and amortization ("EBITDA"), EBITDA Margin, Net Profit Margin and Debt Service Coverage are used to assist in the evaluation of management performance in how efficiently resources are utilized. Solvency metrics, such as Total Assets, Debt to Capitalization and Members' Equity, measure the company's ability to service debt obligations. Additionally, certain metrics can be applicable to multiple categories. The table below shows how each of the Key Metrics are calculated.

Ratio	Calculation
Liquidity Ratios	
Current Ratio	Current assets divided by current liabilities
Days in Accounts Receivables	Accounts receivables divided by (net patient service revenue divided by 365 days)
Days Cash on Hand	(Cash & cash equivalents) divided by ((Total operating expenses - depreciation & amortization) divided by YTD days)
Operating Ratios	
EBITDA	Earnings before interest, taxes, depreciation and amortization
EBITDA Margin	EBITDA divided by net patient service revenue
Net Profit Margin	Net profit divided by net patient service revenue
Debt Service Coverage (ratio)	(Net income (loss) + depreciation expense + amortization expense + interest expense) divided by (Principal payments + interest expense)
Solvency Ratios	
Total Assets	Total assets of the LLC
Debt to Capitalization (%)	(Current portion of long-term obligation + long-term obligations) divided by (Current portion of long-term obligations + long-term obligations + members' equity)
Members' Equity	Net equity of the LLC

1. Revenues

I analyzed the revenues identified by the Center in the Projections. Based upon my communications with Management, the projected volume was based on a ramp-up schedule developed from an analysis of projected cases for the Center's service area and based on the hiring of additional physicians to service the ASC. The ramp up schedule for years 4 and 5 included a modest 2% increase over the previous years. The payer mix was based on the current payer mix on Emerson Hospital's Endoscopy unit, from which the majority of the patient encounters will come. Reimbursement rates were based upon current Medicare ASC rates, Medicaid rates and expected Commercial Insurance contracted rates based on discussions with Commercial Insurance providers. In order to determine the reasonableness of the projected revenues, I reviewed the underlying assumptions upon which Management relied.

I first reviewed the Projections to determine the reasonableness of the projected volume. Emerson Hospital provided historical data of services in their current Endoscopy unit. It then parsed out the more complicated and intensive cases, which will be retained in the hospital setting. The remaining cases will be serviced at the outpatient setting. Emerson then created a utilization table, using conservative estimates from the volume contributions and benchmark data for the procedure room average minutes to arrive at year 1 cases and procedures. These cases and procedures were then ramped up through year 5. I compared the Center's benchmark data to an outside, independent survey of ambulatory surgery centers completed using 2017 data (the latest study) and found that the Center's benchmark data used was reasonable, and that the number of projected cases and procedures per procedure room at year 5 were within the ranges of currently operating ambulatory surgery centers as determined by the independent survey.

Next, I reviewed the Projections to determine the reasonableness of the payer mix and reimbursement rates selected for the first five years of operations, starting sometime in 2021. To determine the reasonableness of the payer mix in the projections, I compared them to the aforementioned independent survey's payer mix for the Northeast United States, and found them to be within the ranges published by the survey. The Medicare rates are standard rates, using the Medicare Outpatient Prospective Payment System (OPPS) rates as a guide, adjusted for inflation and by a wage index for the specific geographic location of the facility. Medicare also specifies which procedures are able to be performed in an ASC. I compared the Medicare rates used for Year 1 of the Projections to the Medicare rates effective January 1, 2020 as adjusted by inflation and the wage index, included in the 2020 OPPS and ASC Final Rule, published by CMS in the Federal Register on November 1, 2019. The Medicaid rates used in the projection are 72% of the Medicare rate. I tested this assumption by utilizing the cases form Emerson's projections. I then compared the Medicare payment rate, tested above, to the Medicaid rate for Massachusetts taken from the regulations published in 101 CMR 347.00, Freestanding Ambulatory Surgery Centers, which establishes the payment rates for cases and procedures in free standing ambulatory surgical facilities. I then calculated the percentage difference between the two rates. I found the average Medicaid rate to be approximately 68% of the applicable Medicare rate. The assumption of Medicaid rates being equal to 72% of the Medicare rates is reasonable, considering the relatively low rate of Medicaid patients. The Commercial Insurance rates were based on Management's estimate and experience with similar facilities. It is expected that these rates will be approved at a level of 148% to 170% of the Medicare rate. The private pay rates are set as 150% of the Medicare rate and appear reasonable when compared to the Commercial Insurance rates. All of the rates were increased by 2.0% for each of the succeeding years.

Based upon the foregoing, it is my opinion that the revenue projected by Management reflects a reasonable estimation of future revenues of the Center.

2. Expenses

I analyzed the Salary and Benefits, as well as the Other Operating Expenses for reasonableness and feasibility as related to the Projection of the Center.

Salaries and Benefits were analyzed both for wage rates used and, as related to clinical care, for the amount of clinical staff hours provided. The staffing hours were compared to the previously mentioned independent survey and were found to be consistent with the survey results. The wage rates for all clinical and administrative categories were also compared to the survey and found that the wage rates were also consistent with the survey results for the Northeast United States.

Medical Surgical Supplies included in the projections were compared to the previously mentioned independent survey and found to be consistent with the ranges included in the survey. Other expenses were also compared to the survey and found to be reasonable.

Salaries and benefits are projected to increase by 3% per year. Clinical expenses are projected to increase by 3% per year. Most other expenses are projected to increase by 3% or 4% per year after the baseline year (year 1).

It is my opinion that the operating expenses projected by Management are reasonable in nature.

3. Lease Agreement, Capital Expenditures and Cash Flows

I reviewed the lease terms, projected capital expenditures and future cash flows of the Center in order to determine whether sufficient funds would be available to support the lease of the Center, payment of the financed construction and equipment debt service and whether the cash flow would be able to support the continued operations.

Based upon my review of the Projections and my communications with Management, it is my understanding that up to 8,185 square feet of space at 310 Baker Avenue in Concord, MA will be leased by Emerson Endoscopy and Digestive Health Center, LLC. Rent expense will be approximately $35 per square foot or $286,475 per year. The lease will include a 2% increase every year.

I also compared the total occupancy costs included in the projections to the independent survey and found them to be within the range in the survey.

Accordingly, I determined that the pro-forma capital expenditures, facility lease, terms of equipment and working capital financing and the resulting impact on the cash flows of the Center are reasonable.

VI. FEASIBILITY

I analyzed the Projections and Key Metrics for the Emerson Endoscopy and Digestive Health Center, LLC. In preparing my analysis I considered multiple sources of information. It is important to note that the Projections do not account for any anticipated changes in accounting standards. These standards, which may have a material impact on individual future years, are not anticipated to have a material impact on the aggregate Projections.

Based upon my review of the relevant documents and analysis of the projected financial statements, I determined the project and continued operating surplus are reasonable and are based upon feasible financial assumptions. Accordingly, I determined that the Projections are feasible and sustainable and not likely to have a negative impact on the patient panel or result in a liquidation of assets of the Emerson Endoscopy and Digestive Health Center, LLC.

Respectively submitted,

Bernard L. Donohue, III, CPA

ATTACHMENT 5

FACTOR 6 COMMUNITY HEALTH INITIATIVE SUPPLEMENTAL INFORMATION

ATTACHMENT 5A

COMMUNITY HEALTH INITIATIVE NARRATIVE

EMERSON ENDOSCOPY AND DIGESTIVE HEALTH CENTER, LLC ("Applicant")[1]
Community Health Initiative Narrative[2]

I. Community Health Initiative Monies

The breakdown of Community Health Initiative ("CHI") monies for the proposed Determination of Need ("DoN") Project is as follows. Please note, all totals are presented in the order calculated, beginning with the Maximum Capital Expenditure ("MCE").

	Combined Total	Description
MCE	$4,929,495	
CHI Monies	$246,474.75	(5% of Maximum Capital Expenditure)
Administrative Fee	$9,858.99	(4% of the CHI Monies, retained by Emerson)
Remaining Monies	$236,615.76	(CHI Monies minus the Administrative fee)
Statewide Initiative	$23,661.58	(10% of remaining monies, paid to State-wide fund)
Local Initiative	$212,954.18	(90% of remaining monies)
Evaluation Monies	$21,295.42	(10% of Local Initiative Monies, retained by Emerson)
CHI Monies for Local Disbursement	$191,658.76	

II. Overview and Discussion of CHNA/DoN Processes

The CHI processes and community engagement for the proposed DoN projects[3] will be conducted by Emerson Hospital ("Emerson"). Emerson is a 179-bed not-for-profit hospital located in Concord, Massachusetts with more than 300 primary care doctors and specialists serving over 300,000 people from 25 towns. In 2017, Emerson Hospital began its triennial community health needs assessment ("CHNA"). In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, Emerson's CHNA process was undertaken to:

- Evaluate the community's perceptions of its unmet health needs
- Assist the community to better understand its health needs and health status
- Explore opportunities for new programs to meet unmet health needs
- Monitor progress toward improving the health of the community
- Determine how to effectively allocate Community Benefit resources to best respond to community health needs

The CHNA used primary and secondary data from diverse sources to examine the community's health. As part of this assessment, Emerson was guided and overseen by its Community Benefits Advisory Committee ("CBAC") to inform the methodology, including recommendation of

[1] The Applicant is a joint venture of Emerson Hospital ("Emerson") and Physicians Endoscopy.
[2] This is a joint CHI representing two DoN applications: (1) A clinic providing positron emission tomography ("PET")/computed tomography ("CT") diagnostic imaging services one day per week at Emerson submitted by a joint venture formed by Emerson and Shields Healthcare Group and (2) An endoscopic ambulatory surgery center submitted by the Applicant.
[3] See above.

secondary data sources, and identification of stakeholders and focus group segments. The assessment process included analyzing existing data on social, economic, and health indicators from various sources, as well as, conducting interviews to explore perceptions of the community, health and social challenges for community members, and recommendations for how to address these concerns. Additionally, the 2018 CHNA incorporated findings from the Youth Risk Behavior Survey which was conducted in nine school districts across the Emerson service area and administered to 6th and 8 h grade students as well as all high school grades. In total, approximately 25 individuals were engaged in the 2018 assessment process. Consequently, the CHNA report provides key findings of the approach and methods used, which explored a range of quantitative data sources and qualitative stakeholder interviews; social, behavioral and physical health issues and outcomes, including the social determinants of health; health care access gaps; and strengths of existing resources and services.

III. Oversight of the CHI Process

Emerson will be leveraging its existing CBAC, with modification, to oversee the CHI. For the purpose of this CHI, the CBAC will be referred to as the "Advisory Committee". In order to meet the committee standards established in the DoN guidelines, Emerson has added the following committee members since the 2018 CHNA:

- Deborah Van Walsum, Community Member
- Jeff Stephens, Westford Health Department, Community Member
- Cheryl Serpe, Eastern Bank, Community Member

IV. Advisory Committee Duties

As this is a Tier 1 CHI, the scope of work that the Advisory Committee will carry out includes:

- Ensuring appropriate engagement with residents from targeted communities and community partners around the CHI.
- Determining the Health Priorities for CHI funding based upon the needs identified in the 2018 CHNA/CHIP. The Committee will ensure that all Health Priorities are aligned with the Department of Public Health's ("DPH") Health Priorities and the Executive Office of Health and Human Services' Focus Areas.
- Providing oversight to the evaluator that is carrying out the evaluation of CHI-funded projects.
- Conducting a conflict of interest disclosure process to determine which members also will comprise the Allocation Committee.
- Reporting to the DPH on the DoN – CHI.

V. Allocation Committee Duties

The Allocation Committee is comprised of individuals from the Advisory Committee who do not have a conflict of interest with respect to funding CHI strategies. The scope of work that the Allocation Committee will carry out includes:

- Selecting Strategies for the noted Health Priorities consistent with DPH's CHI guidelines.
- Carrying out a formal request for proposal ("RFP") process (or an equivalent, transparent process) for the disbursement of CHI funds.
- Engaging resources that can support and assist applicants with their responses to the RFP.
- Disbursement of CHI funding.
- Providing oversight to a third-party vendor that is selected to carry out the evaluation of CHI-funded projects.

VI. Timeline for CHI Activities

Upon a Notice of Determination of Need being issued by the Public Health Council, the Advisory Committee will commence meeting and begin the CHI Process. The timeline for CHI activities is as follows:

- Six weeks post-approval: The Advisory Committee will begin meeting and reviewing the 2018 CHNA/CHIP to commence the process of selecting Health Priorities.
- Three post-approval: The Advisory Committee determines Health Priorities and Strategies for funding.
- Four months post-approval: The Advisory Committee conducts a Conflicts of Interest process to determine which members will form the Allocation Committee.
- Five months post-approval: The Allocation Committee develops the funding process for the selected strategies.
- Six months post-approval: The RFP for funding is released.
- Eight months post-approval: Responses are due for the RFP.
- Nine to ten months post-approval: Funding decisions are made, and the disbursement of funds begins.
- Eighteen months to two years post-approval: Ongoing evaluation efforts and reporting to DPH.

VII. Request for Additional Years of Funding

Emerson is seeking additional time to carry out the disbursement of funds for CHI. Based on Emerson's 2018 CHNA, as well as previous experience with providing grant funding, Emerson would like to offer multi-year grants with CHI funding. Consequently, Emerson is seeking to disburse these monies over a three (3) year period to ensure the greatest impact for the largest number of individuals.

VIII. Evaluation Overview

Emerson is seeking to use 10% of local CHI funding ($21,295.42) for evaluation efforts. These monies will allow Emerson to develop and implement an evaluation plan for CHI-funded projects.

IX. Administrative Monies

Applicants submitting a Tier 1 CHI are eligible for a 4 percent (4%) administrative fee. Accordingly, Emerson is requesting $9,858.99 in administrative funding. These monies are critical in developing a sound CHI process that complies with the DPH's expectations as administrative funding will potentially be used to hire additional support staff or a consultant to facilitate the process. These monies will also pay for reporting and dissemination of best practices and lessons learned, facilitation support for the Advisory Committee and Allocation Committee, costs associated with the development of communication materials and placement of procurement information in community newspapers. Finally, these monies will help to offset the costs of the development and implementation of the RFP process.

ATTACHMENT 5B

EMERSON HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

EMERSON HOSPITAL

Community Health Needs Assessment

Emerson Hospital

Premium Care. Personal Touch.

Emerson Hospital
Premium Care. Personal Touch.

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Emerson Hospital
Premium Care. Personal Touch.

EXECUTIVE SUMMARY

Background

Emerson Hospital is a 179-bed hospital with more than 300 primary care doctors and specialists, located in Concord, Massachusetts. Emerson Hospital provides advanced medical services to more than 300,000 people in 25 towns. The Hospital's core mission is to make high-quality health care more accessible to those who live and work in our community. The hospital provides over 32,000 emergency department visits per year, more than 14,000 day surgeries per year, and 100,000 physical therapy and other rehab treatments per year. The hospital cares for over 2,000 patients who receive 32,000 home care visits each year. Each year 1,250 newborns are born at Emerson Hospital.

Community Health Needs Assessment Process

Emerson Hospital undertook a Community Health Needs Assessment (CHNA) from October 2017 through September 2018 to better understand and address the health needs of the Emerson Hospital community and to meet all provisions of section 501(r) of the Affordable Care Act which requires hospitals to conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years.

The CHNA report contains secondary data from existing sources, such as the U.S. Census, the Massachusetts Department of Public Health, the CDC Behavior Risk Factor Surveillance Survey, the Emerson Hospital Youth Risk Behavior Survey, among others. This report also includes input from key informant interviews with community residents and stakeholders, particularly those with special knowledge of local and state public health departments, representatives from Councils on Aging, Housing Authorities, local schools, and representatives of medically underserved, low-income, and minority populations.

Utilizing the dominant themes gathered from the data collection and key informant interviews; Emerson Hospital prioritized the health needs identified by the community. The key focus areas identified through the process are as follows:

1) Lack of Transportation Options

2) At-Risk Adolescents

3) The Growing Aging Population

4) Cancer

5) Mental Health and Domestic Violence

The full report presents supporting data for each identified need, as well as additional indicators related to each area of focus. This report will be used by Emerson Hospital in developing implementation strategies to work towards improving the community's health over the next three years. The goals of this assessment are to:

- Evaluate the community's perceptions of its unmet health needs
- Assist the community to better understand its health needs and health status
- Explore opportunities for new programs to meet unmet health needs
- Monitor progress toward improving the health of the community
- Determine how to effectively allocate Community Benefit resources to best respond to community health needs
- Meet all provisions of section 501(r) of the Affordable Care Act which requires hospitals to conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years

The CHNA was completed using quantitative data collection and qualitative interviews. The first phase was to gather an understanding of the Emerson Hospital service area through collecting Quantitative Data from secondary sources. This secondary data includes demographics (population, age, race, education, employment and income), health behavior information, and healthcare statistics. There was an effort to use data that is regularly updated and accessible. There are some limitations to this data. Most notably, much of the data is not collected at the zip code level for towns the size of those in Emerson's community, but is instead collected at the county level or a larger regional level that may not accurately mirror Emerson's service area. When data is available at the zip code level, it is frequently suppressed in Emerson service area towns because lower population numbers lead to low occurrence figures. Low numbers of cases can also skew incidence rates.

Following the data collection, the second phase was to gather qualitative data through interviews and surveys of many community service providers throughout the Emerson Hospital community. This qualitative data, combined with the statistical data, was used to outline the health needs of the community.

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Emerson Hospital Service Area

Emerson Hospital provides advanced medical services to more than 300,000 people in 25 towns. Our core mission has always been to make high-quality health care more accessible to those who live and work in our community. To further this mission, Emerson has outpatient facilities in the towns of Westford, Groton, Sudbury and Concord, Massachusetts and Urgent Care Centers in Hudson and Littleton.

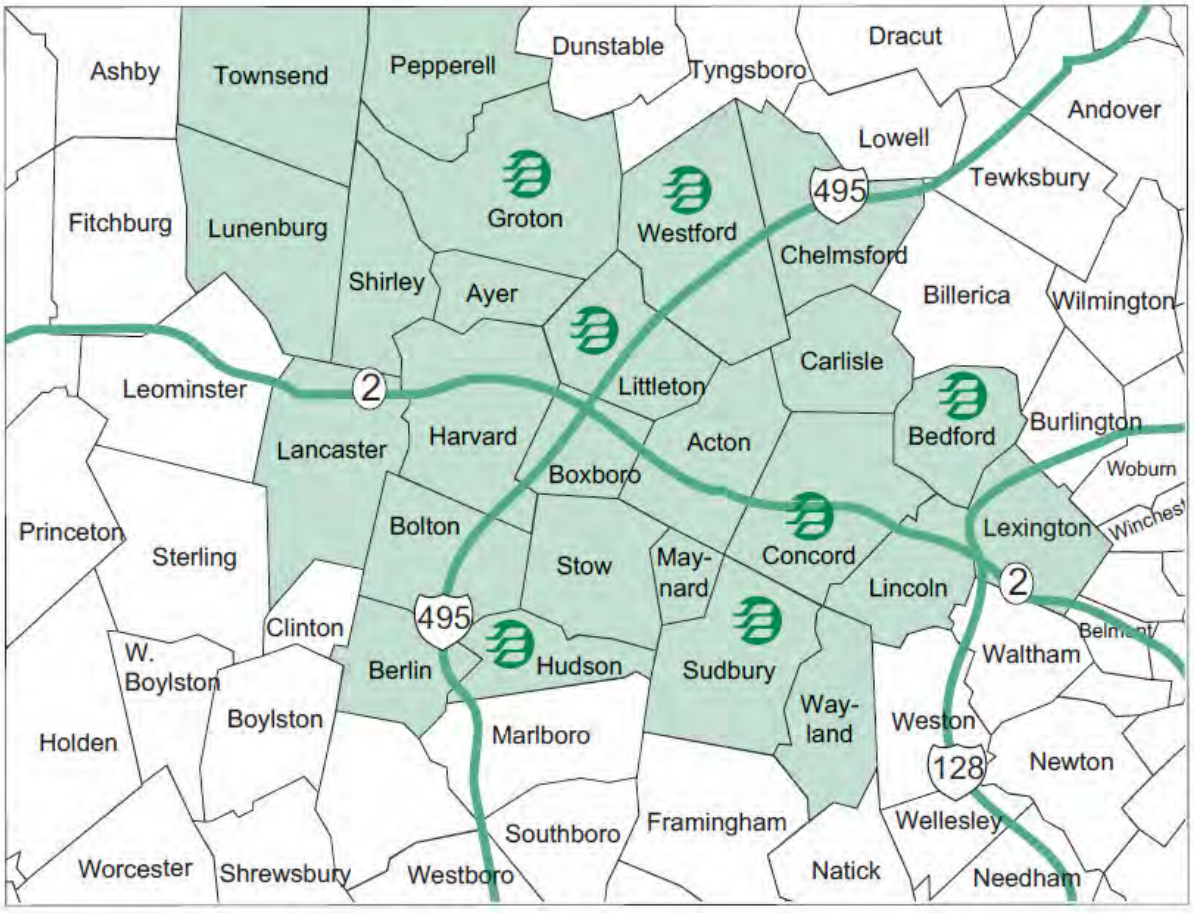


Figure 1: Emerson Hospital Service Area Map

For the purposes of this health needs assessment, the hospital is focusing primarily on 14 towns that make up the Primary Service Area (PSA), along with the secondary area to the west (Secondary West) of Emerson Hospital. In aggregate, these towns represent 70% of Emerson Hospital discharges. The PSA is made up by Acton, Bedford, Bolton, Boxborough, Carlisle, Concord, Harvard, Hudson, Lincoln, Littleton, Maynard, Stow, Sudbury and Westford. The Secondary West (SW) service are is made up by Ayer, Groton, Pepperell, Shirley, and Townsend.

Target Populations

Emerson Hospital serves a vast community of people with various needs with respect to age, race, socio-economic status and ethnicity. According to the data collected through the needs assessment process, the following populations should be targeted: the elderly, at-risk youth, low income individuals and families, and domestic violence victims.

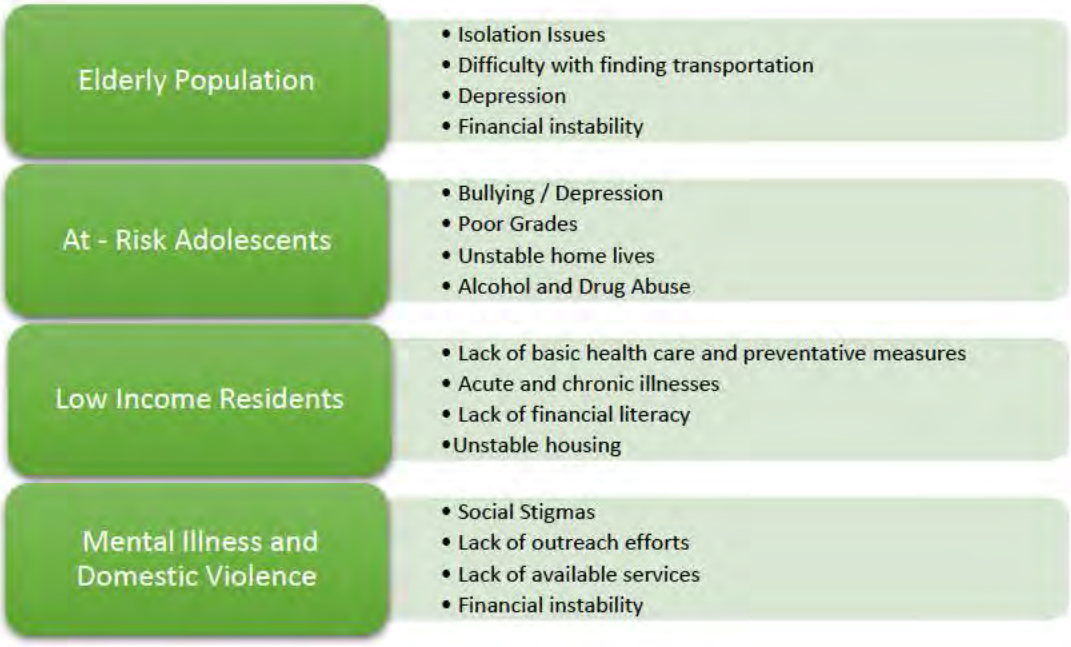


Figure 2: Target Populations of Emerson Hospital

APPROACH & METHODS

Social and Physical Determinants of Health

For the purposes of this Community Health Needs Assessment, it is important to be mindful of the social determinants of health (SDOH). These determinants are sometimes more influential in our health status than realized. Differences in health in a poor community versus an affluent community are so striking, in part, because of these determinants. Some of these social determinants of health include income status, education quality, stability of the built environment, environmental hazards, food security, etc. Understanding and grasping the relationship between these determinants and the how a population is thriving is essential to realizing the root causes of many common community issues.

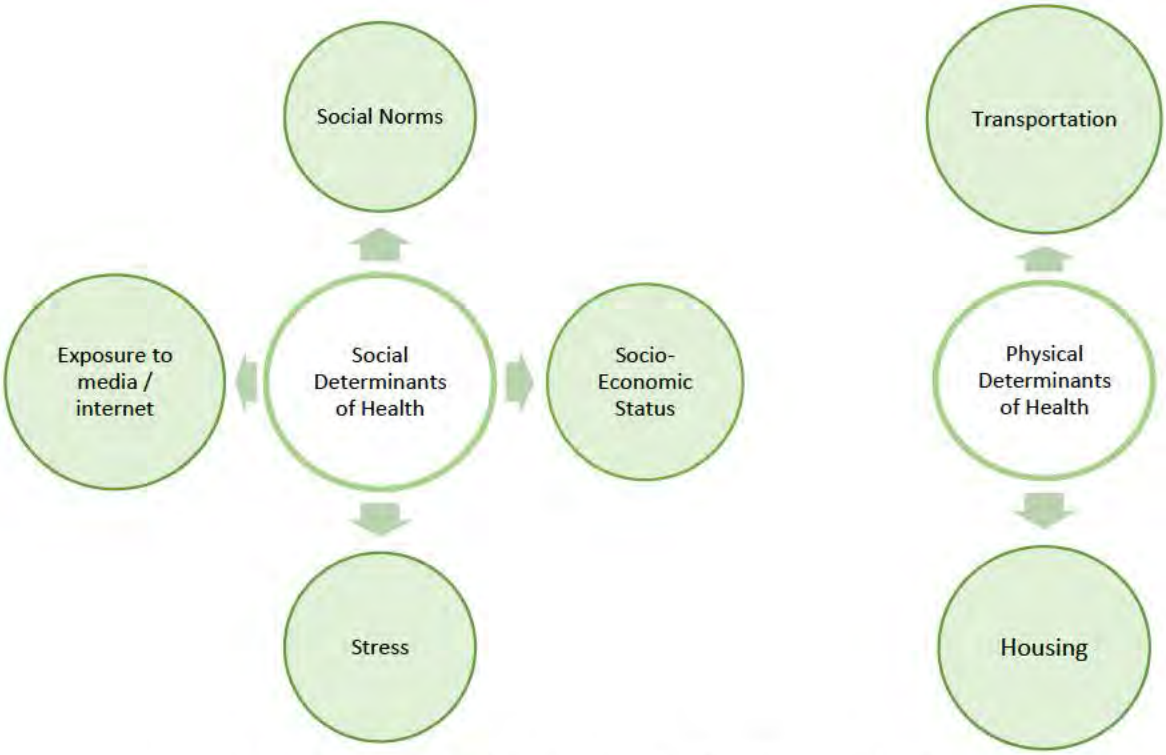


Figure 3: Social and Physical Determinants of Health of Emerson Hospital service area

In the Emerson Hospital service area, there are many determinants that have little impact due to the affluent nature of the community. However, certain populations within the community still struggle and those are the populations which we aim to reach and help with the CHNA report and subsequent programs. Figure 1 displays some of the common social and physical determinants within our area.

Community Engagement Process

Emerson Hospital used a variety of methods and sources while conducting the CHNA. First, a Youth Risk Behavior Survey (YRBS) was conducted by an outside research company, Market Street Research. The YRBS was conducted in nine school districts across the service area to students in 6th and 8th grade as well as in high school. This year, over 11,000 students participated in the YRBS. Along with the 2018 YRBS, Emerson Hospital has a Community Benefits Advisory Group (CBAG) that includes prevalent members of the various populations and communities that are served by the hospital. The committee currently has 19 members and convenes on a quarterly basis. Interviews were also conducted throughout the CHNA process with key community members, as well as some of the members of the CBAG to gauge the needs of the Emerson Hospital service area.

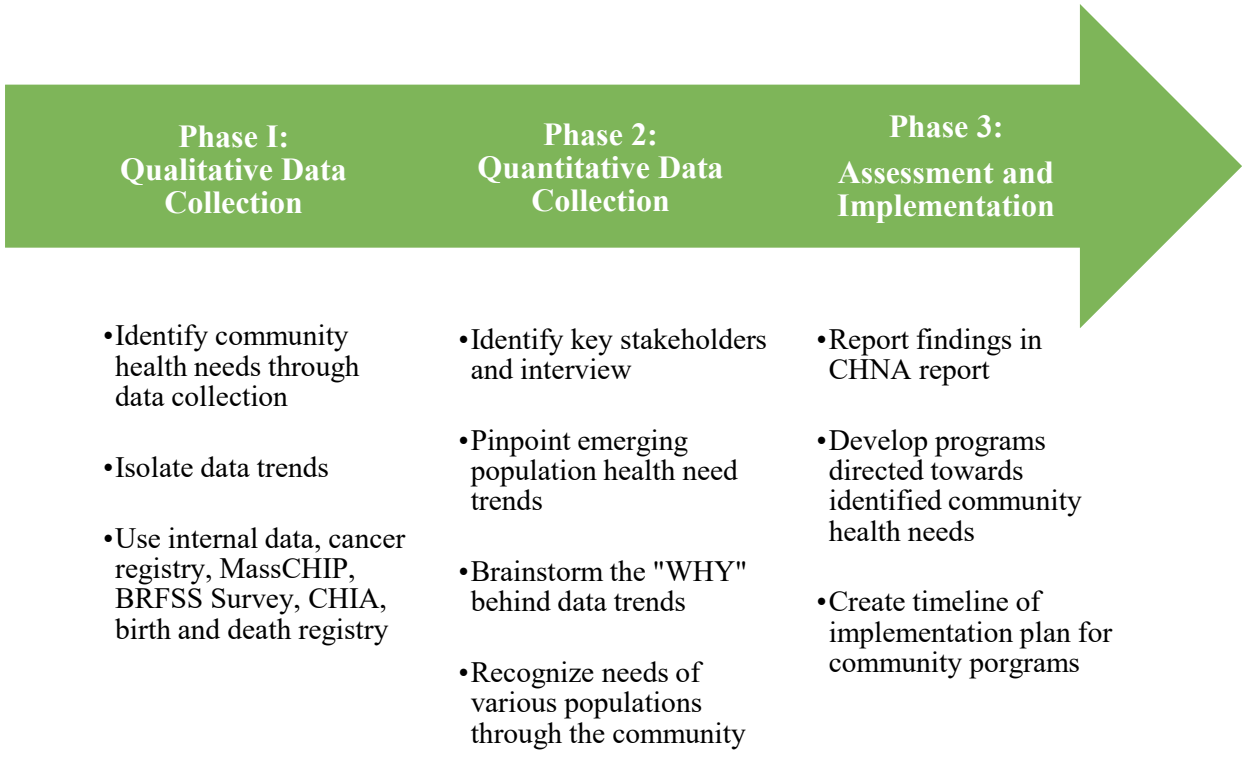


Figure 4: Phases of the Community Engagement Process for CHNA 2018

QUANTITATIVE DATA

Health Factors Data

There are approximately 179,000 people living in the Emerson Primary Service Area (PSA) as of June 2018. The Secondary West area (SW) has approximately 50,000 residents as of June 2018. The total population in the PSA is projected to grow by 4.6% or by 10,000 people from 2018-2023. The total population in the SW is projected to grow by 4.5% or by 2,000 people from 2018-2023. The growth in both these areas is primarily in the 65+ age group, followed by younger adults aged 18 - 44. Declines will be seen in the 0 - 17 age group and the 45 - 64 age group.

	2018 Estimate	2023 Projection	2018 - 2023 change	2018 - 2023 % change
0 - 17	49,782	48,991	- 791 ↓	- 1.6 % ↓
18 - 44	68,546	74,461	5,915 ↑	8.6 % ↑
45 - 64	73,144	69,156	- 3,988 ↓	- 5.5 % ↓
65 +	36,810	46,107	9,297 ↑	25.3 % ↑
Total	**228,282**	**238,715**	**10,433**	**4.6 %**

Table 1: Emerson Hospital Service Area - Age Data

Race

The population of the Emerson Hospital Service Area is 82 % White Non-Hispanic, 10 % Asian and Pacific Islanders Non-Hispanic, 4 % Hispanic, and 2 % Black Non-Hispanic.

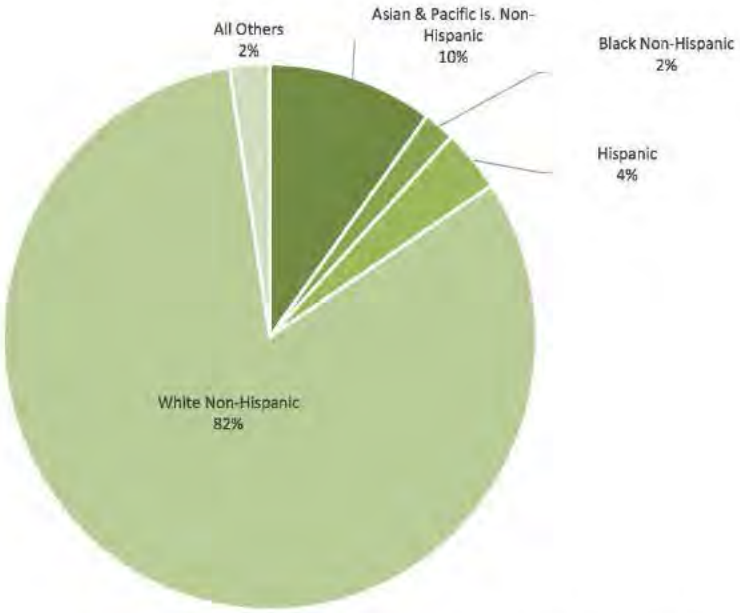


Figure 5: Emerson Hospital Service Area – Population Demographics

The Asian and Pacific Islander demographic has increased by 2% from 2015 to 2018, while the White, Non-Hispanic demographic has decreased in size by 1% during the same timeframe.

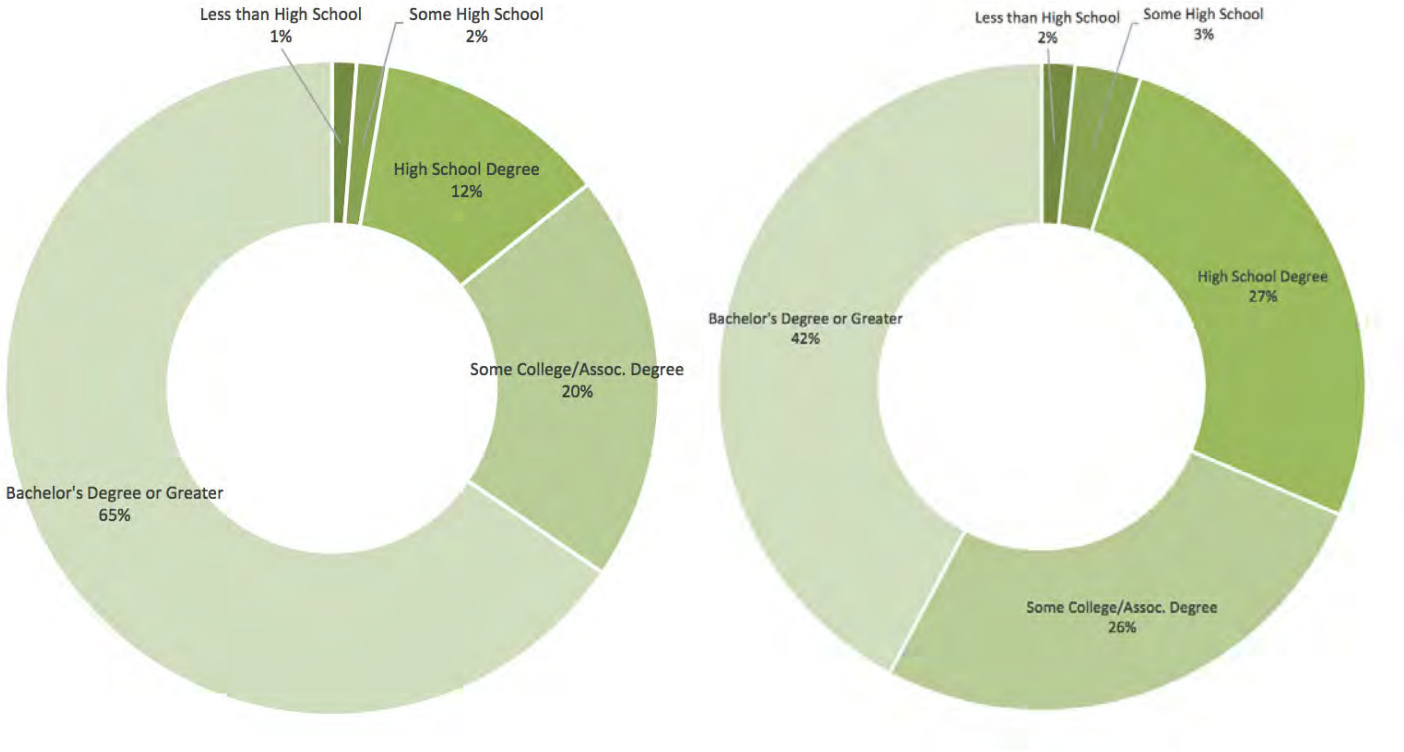
Race	2015	2018	% Change
White	**83 %**	**82 %**	**1 %** ↓
Asian	**8 %**	**10 %**	**2 %** ↑
Hispanic	**3 %**	**4 %**	**1 %** ↑
Black	**1 %**	**2 %**	**1 %** ↑

Table 2: Area Demographic Change from 2015 to 2018

Education

Education can influence health in many ways. According to the Robert Wood Johnson Foundation, "People with more education are likely to live longer, to experience better health outcomes, and to

practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care checkups and screenings. Educational attainment among adults is linked with children's health as well, beginning early in life: babies of more-educated mothers are less likely to die before their first birthdays, and children of more-educated parents experience better health." Emerson's PSA has a higher than average level of education with 65% of adults having earned a bachelor's degree or higher. The Secondary West service area has 42% of adults having attained a bachelor's degree or higher, compared to the state of Massachusetts which comes in around 41%.



Figures 6 & 7: Emerson Hospital Primary Service Area and Secondary West - Education Levels

Employment

Based on population estimates, both the PSA and the SW service areas have employment rates over 90%.

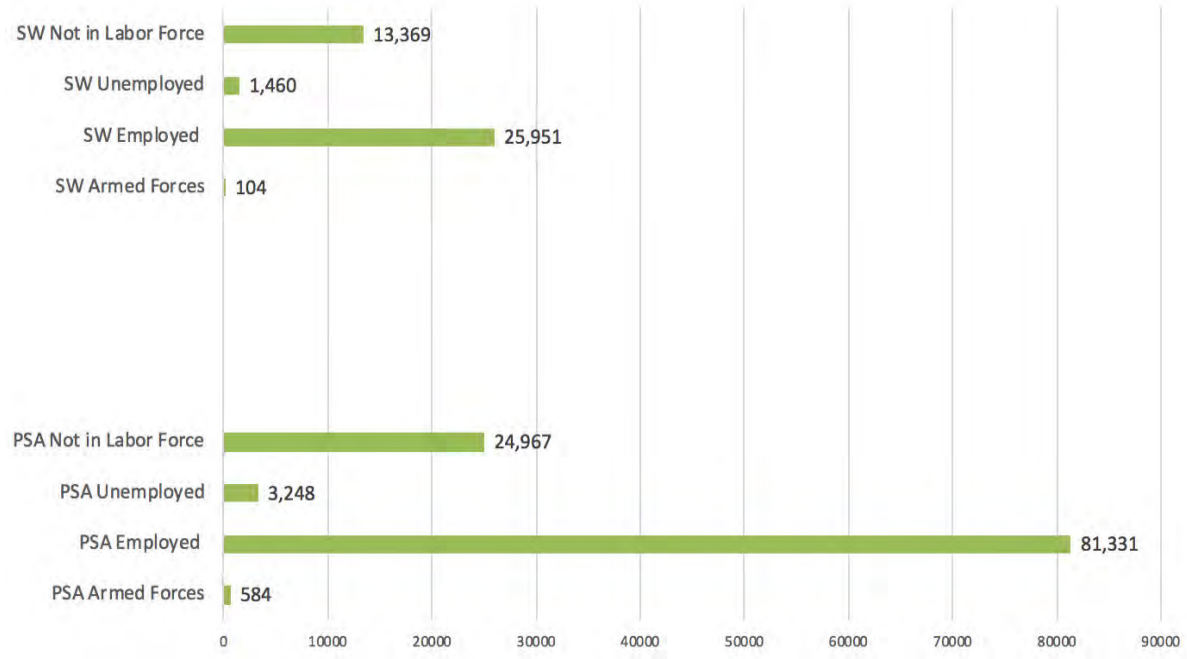


Figure 8: Emerson Hospital Service Area Population - Employment Rates

Income

Higher income is linked to better health status. With more available funds comes the assurance of living a healthier life. High socio-economic status has been linked to higher rates of exercising, including gym memberships, as well as the purchasing of healthier foods, like fresh fruits and vegetables and organic meats. The median household income of the Emerson Primary Service Area is about twice that of the Massachusetts average. However, there is a large wealth gap in the PSA. The distribution of income as seen in Figure 9 indicates that there are large income disparities in the PSA. One in five households has an income under $50,000 at the same time that one in five households have an income over $250,000.

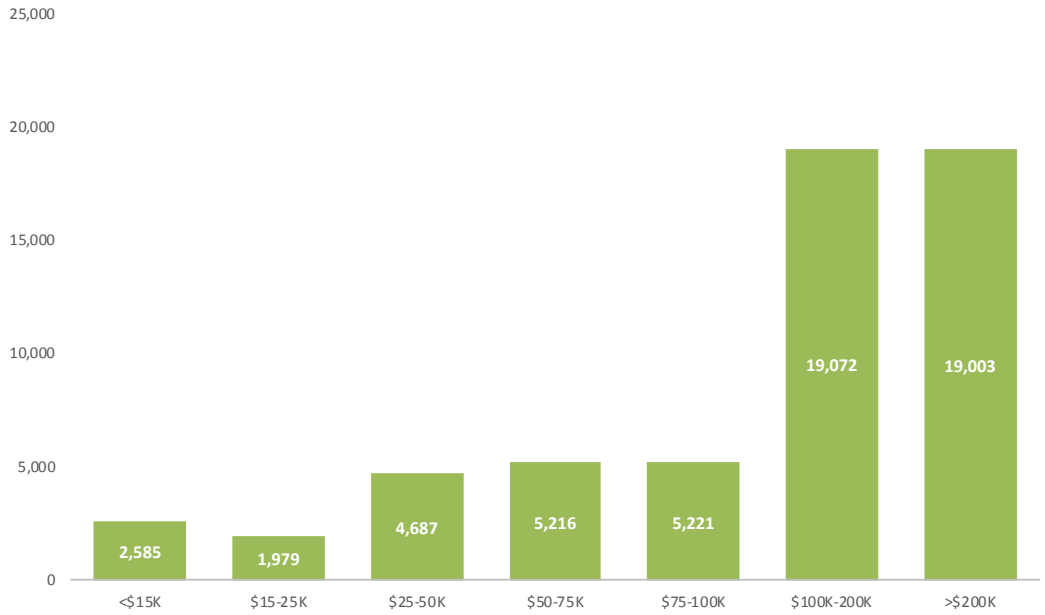


Figure 9: Emerson Hospital Primary Service Area - Household Incomes

The SW service area is less affluent than the PSA, however there are less income disparities in the SW area as compared to the PSA as seen in Figure 10. The median household income is about 1.3 times the Massachusetts average and 25% of households have incomes under $50,000 and less than 10% have an income over $250,000.

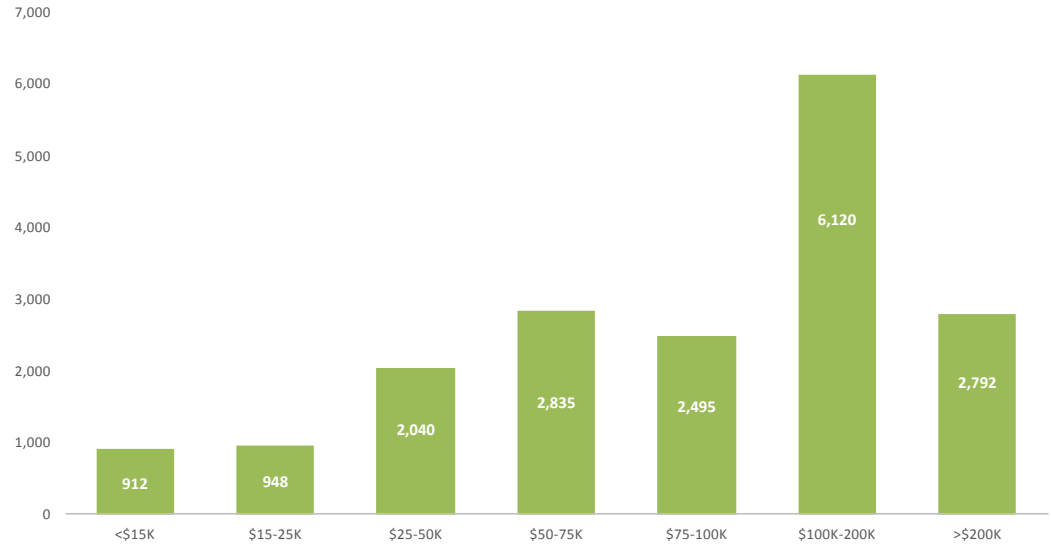


Figure 10: Emerson Hospital Secondary West Service Area - Household Incomes

Families in Poverty

Despite the overall affluence of the service area, there are over 1,700 families in the area living below poverty. Acton, Bedford, Concord, Sudbury and Westford have the highest number of families below poverty with children. Bedford, Maynard, and Westford have the highest number of families below poverty without children.

	PSA	% of Total PSA	SW	% of Total SW
2018 Families Below Poverty with Children	678	1.6 %	446	3.4 %
2018 Families Below Poverty without Children	443	1.0 %	215	1.7 %
2018 Families At/Above Poverty with Children	21,618	49.7 %	5821	44.8 %
2018 Families At/Above Poverty without Children	20,735	47.7 %	6510	50.1 %

Table 3: Area Poverty Levels

	Acton	Boxborough	Concord	Hudson	Littleton	Maynard	Stow	Westford
Adults/Families Below Poverty with Children	47	28	142	133	48	59	25	89
Adults/Families Below Poverty without Children	40	21	32	82	14	97	20	67
Adults/Families At/Above Poverty with Children	3,491	732	2,294	2,294	1,285	1,201	947	3,622
Adults/Families At/Above Poverty without Children	2,856	727	2,643	2,922	1,459	1,474	1,078	3,062

Table 4: Poverty in communities served by Emerson Hospital, 2018

Behavioral Risk Factor Surveillance System Data

The Behavioral Risk Factor Surveillance System (BRFSS) is a health-related telephone survey run by the Centers for Disease Control and Prevention. This data is not available at the town level in Emerson's service area, but is available at the Community Health Network Area (CHNA) level. The Northwest Suburban Health Alliance (CHNA 15) has been used as a proxy for the Primary Service Area. The Community Health Network of North Central Massachusetts (CHNA 9) is used as a proxy for the Secondary West area. A list of towns included in each CHNA is listed in Appendix B. BRFSS data suggests that the Emerson Hospital Service Area has favorable access to health care.

	PSA *(CHNA 15)*	**SW** *(CHNA 9)*	**Massachusetts** *(BRFSS 2016)*
Report Fair/Poor Health	7.6 %	13.5 %	14.1 %
Report 15+ Days of Poor Mental Health	5.4 %	8.9 %	11.3 %

Table 5: Overall Health Measures (https://www mass.gov/lists/brfss-statewide-reports-and-publications#2016-)

It is important to note here that in both the PSA and the SW service areas residents report overall good health and low rates of prolonged poor mental health. We believe this may be due to the financial statuses of many of the residents in the service area as well as the higher education rates that are seen here.

	PSA *(CHNA 15)*	**SW** *(CHNA 9)*	**Massachusetts** *(BRFSS 2016)*
No Health Insurance	3.7 %	6.0 %	3.8 %
Could Not See A Doctor Due To Cost	4.5 %	7.2 %	8.8 %
Have a Personal Health Care Provider	92.2 %	90.3 %	88.9 %

Table 6: Health Care Access and Utilization (https://www mass.gov/lists/brfss-statewide-reports-and-publications#2016-)

Residents in both service areas report high rates of possessing health insurance with only 3.7 % in the PSA reporting no health insurance and 6.0 % in the SW reporting no health insurance. These extremely low rates are most likely due to the high socio-economic status of many residents and, therefore, the ability to purchase health insurance. Also, the employment rate in the area is quite high and many residents may receive health insurance from their employers as well.

Again, high socio-economic status plays a role in the ability of individuals to see health care professionals. When asked about not seeing a doctor due to cost, only 4.5 % of residents in the PSA reported this being an issue and only 7.2 % of residents in the PSA reported this as an issue as well. The Massachusetts average is higher than both rates at 8.8 %.

	PSA *(CHNA 15)*	**SW** *(CHNA 9)*	**Massachusetts** ***(BRFSS 2016)***
Current Smoker	10.2 %	19.4 %	13.6 %
Binge Drinker (18 – 34 years old)	12. 6 %	29.8 %	29.9 %
Overweight (BMI ≥ 25.0)	48.1 %	61.5 %	60.2 %
Obese (BMI ≥ 30.0)	14.4 %	22.1 %	23.6 %
Physical Activity in the Past Month	86.0 %	79.2 %	80.0 %
Ever Tested for HIV	42.2 %	42.0 %	45.6 %

Table 7: Risk Factors and Preventative Behaviors (https://www.mass.gov/lists/brfss-statewide-reports-and-publications#2016-)

Risk factors that are common at high rates for Massachusetts also exist in the Emerson Hospital service area. Smoking rates for the PSA are lower than the state average at 10.2 %, but the rate of smokers in the SW service area is higher than the state average at 19.4 %. We believe this may be partly due to socio-economic differences between the two areas. Socio-economic status has been linked to smoking rates and with higher socio-economic status comes lower rates of smoking.

	PSA (*CHNA 15*)	SW (*CHNA 9*)	Massachusetts (*BRFSS 2016*)
Flu Vaccine in Past Year (18 – 49 years old)	29.6 %	20.8 %	34.6 %
Flu Vaccine in Past Year (50 – 64 years old)	42.5 %	30.7 %	45.1 %
Flu Vaccine in 3 Past Years (65+)	83.2 %	66.5 %	57.1 %

Table 8: Emerson Hospital Service Area - Immunization Trends (https://www.mass.gov/lists/brfss-statewide-reports-and-publications#2016-)

Immunization rates for individuals in the service area are mostly favorable. All PSA elementary schools report at least 90% of their kindergarten students having the recommended MMR immunizations as well as the DTaP and Polio vaccinations. Approximately 80% of PSA elementary schools have at least 90% of kindergarten students with all their recommended immunizations. Flu vaccinations for all age groups except for the 65+ group are lower than the state average.

	PSA (*CHNA 15*)	SW (*CHNA 9*)	Massachusetts (*BRFSS 2016*)
Diabetes	5.3 %	6.7 %	9.3 %
Heart Disease	6.1 %	5.9 %	5.5 %
High Blood Pressure	23.5 %	23.5 %	25.0 %
High Cholesterol	34.4 %	32.8 %	34.6 %

Table 9: Chronic Health Conditions in the Emerson Hospital Service Area (https://www mass.gov/lists/brfss-statewide-reports-and-publications#2016-)

Chronic health conditions in the Emerson service area are mostly occurring at lower rates than the state average. Again, the lack of social and physical determinants in the area may account for these lower rates. Many chronic conditions, such as diabetes and heart disease, can be preventable with healthy lifestyles. As stated before, it is much more likely for someone in an affluent area to live this type of lifestyle due to their socio-economic status. The only exception to this rule is heart disease. Although it can be lessened with a healthy lifestyle, it still has a genetic component to it and, therefore, cannot be completely prevented.

	PSA (*CHNA 15*)	**SW** (*CHNA 9*)	**Massachusetts** (*BRFSS 2016*)
Colorectal Cancer Screening Among Men (50 – 74 years old)	69.2 %	65.0 %	76.3 %
Breast Cancer Screening Among Women (50 – 74 years old)	89.6 %	89.7 %	86.3 %
Cervical Cancer Screening Among Women	88.4 %	83.6 %	84.1 %

Table 10: Cancer Screening (https://www mass.gov/lists/brfss-statewide-reports-and-publications#2016-)

Cancer screening rates in the service area are quite high. Almost 90% of women in both the PSA and the SW service area received some type of breast cancer screening. Among men in the PSA and SW service areas about 69% and 65%, respectively, received colorectal cancer screenings. The cancers commonly seen in the service area are not preventable through healthy lifestyle choices, similar to the aforementioned heart disease, and are, therefore, close to the Massachusetts average in all categories.

Health Outcomes Data

Birth Indicators

There were approximately 4,800 babies born in the PSA and SW service areas over the last five years. Almost 89 % of all mother in the PSA service area and 84 % of all mothers in the SW service area were able to receive at least adequate prenatal care. Birth rates per 1000 women are slightly lower for both the PSA and the SW as compared to the state birth rate. The rate of teen births in the PSA and SW service areas is significantly lower than the state rate of births to teen mothers. For the PSA, the percentage of preterm births and low birthweight births are lower than the state average. In the SW, these percentages are at the state average.

	Massachusetts	PSA	SW
Birth Rate per 1000 Women (15 – 44 years old)	52.0	48.6	50.3
Low Birthweights	7.5 %	5.1-6.4 %[1]	7.3-8.7%[1]
Teen Births per 1000 Women (age 15-19)	8.5	0.9-3.5[1]	1.2-4.9[1]
Preterm Births (<37 weeks gestation)	8.7 %	7.1-8.7 %[1]	8.5-9.2% [1]

Table 11: Birth Indicators (Massachusetts Department of Public Health Births Report 2016 Table 15, May 2018)

[1]When looking at birth indicators by town, the incidence rate is frequently too low to publish so the state provides a range from 1-4. Rates are provided using the high and low of that range.

Death Indicators

The top cause of death for 2016 in the United States was heart disease. In Massachusetts it was cancer. In the PSA and SW service areas, the top cause of death was also cancer.

	U.S. Deaths	Massachusetts Deaths	PSA Deaths	SW Deaths
Coronary Heart Disease	633,842	11,921	218	73
Cancer	595,930	12,717	269	84
Unintentional Injuries	146,571	3,831	5	2
Chronic Lower Respiratory Diseases	155,041	2,674	44	13
Stroke	140,323	2,468	54	18
Diabetes	79,535	1,268	20	10
Flu/Pneumonia	57,062	1,251	28	5
Suicide	44,193	1,621	14	4

Table 12: Top Causes of Death, 2015-2016 (https://www.mass.gov/lists/death-data#death-reports-)

Disease Indicators

Cancer

Cancer is the leading cause of death in Emerson's Primary and Secondary West service areas. In 2017, Emerson Hospital saw 635 cases of cancer. The top six types of cancers occurring in the service area are shown below along with their incidence rates compared to the incidence rates throughout the state of Massachusetts.

	PSA Incidence Rate	SW Incidence Rate	Massachusetts Incidence Rate
Breast (female)	158.6	130.0	134.5
Prostate (male)	166.5	152.9	163.8
Lung			
Male	68.5	86.9	83.0
Female	57.1	63.2	65.1
Colorectal			
Male	52.9	51.9	57.1
Female	40.7	41.6	42.5
Melanoma			
Male	43.6	25.8	28.9
Female	25.1	13.2	19.6
Non – Hodgkin's Lymphoma			
Male	23.0	23.2	24.7
Female	16.7	17.3	16.8

Table 13: Cancer Incidence Rates in the Emerson Hospital Service Area
(https://www.mass.gov/lists/cancer-incidence-city-town-supplement#2009-2013-)

The most common cancer for both the PSA and the SW service areas is prostate cancer. Prostate cancer is also the most common cancer in Massachusetts with breast cancer a close second. Both breast and prostate cancer are cancers that are caused mainly by genetic factors, uncontrolled by any social determinants of health. Also, there is a higher incidence rate due to the fact that in higher socio-economic status areas women and men are more likely to be screened regularly and catch malignancies if they occur.

Lung cancer incidence is lower than the Massachusetts incidence rate for the PSA. In the PSA, only 10.2% of residents are current smokers. However, more people in Emerson Hospital's service area die of lung cancer than any other type of cancer. Lung cancer deaths occur 2.5 times more often than colon cancer deaths, the second leading cause of death among the cancers common for the area. Lung cancer is also one of the most difficult cancers to treat.

Cancer Type	Number of deaths, PSA *(CHNA 15)*	Number of deaths, SW *(CHNA 9)*	Total Deaths
★ **Lung**	87	118	**205**
Colorectal	27	30	**57**
Prostate	24	20	**44**
Breast	17	24	**41**

Table 14: Deaths per Cancer Type (http://www.mass.gov/eohhs/researcher/community-health/masschip/health-category/cancer html)

Substance Abuse

When surveyed about alcohol consumption, the percentage of Emerson Service Area adults age 60+ reporting heavy drinking is higher than that of the state average, particularly in the PSA where 8% of residents 60+ report being heavy drinkers. The percentage of adults age 18 – 59 who report binge drinking on any one occasion in the past month is similar to that of the state average right around 5%. The CDC defines heavy drinking as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week. Binge drinking is defined as 5 or more drinks during a single occasion for men, 4 or more drinks for women.

	PSA *(CHNA 15)*	SW *(CHNA 9)*	Massachusetts
Heavy Drinkers (18 – 59 years old)	4.9 %	6.5 %	7.0 %
Heavy Drinkers (60+)	8.0 %	5.7 %	5.2 %
Binge Drinkers (18 – 59 years old)	21.2 %	20.4 %	21.8 %
Binge Drinkers (60+)	5.0 %	4.8 %	5.4 %

Table 15: Substance Abuse (http://www.mass.gov/eohhs/researcher/community-health/masschip/risk-factors-and-health-behaviors.html)

Poisonings, most of which are classified as drug overdoses, continue to be one of the leading causes of injury deaths in Massachusetts. Opioids, including heroin, oxycodone, morphine, and codeine, are the agents most associated with poisoning deaths.

PSA	Opioid Overdose Deaths
Acton	1
Bedford	3
Bolton	0
Boxborough	1
Carlisle	0
Concord	1
Harvard	0
Hudson	4
Lincoln	0
Littleton	1
Maynard	2
Stow	1
Sudbury	0
Westford	6
PSA rate per 100,000 population	**12.6**
MA Average (per 100,000)	**31.1**

Table 16: Opioid Overdose Deaths in the Primary Service Area, 2017 (https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20by%20City%20Town%20-%20May%202018_0.pdf)

In 2016, the Massachusetts average rate of opioid overdose deaths per 100,000 people was 31.1. In the PSA during that same year there were 20 deaths due to opioid overdoses, or 12.6 per 100,000 people. In the SW service area, there were 11 deaths rooted from the same cause, a rate of 22.2 per 100,000.

SW	Opioid Overdose Deaths
Ayer	1
Groton	1
Pepperell	2
Shirley	3
Townsend	4
SW Rate per 100,000 population	**22.2**
MA Average (per 100,000)	**31.1**

Table 17: Opioid Overdose Deaths in the Secondary West Service Area, 2017 (https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20by%20City%20Town%20-%20May%202018_0.pdf)

According to the Massachusetts Department of Public Health, "The risk of opioid-related death has increased dramatically for every population group and every type of community in the state, impacting Massachusetts residents from every age, racial, economic, and geographic group. Opioid poisoning deaths occur in poor urban areas and in affluent suburbs." This quote exemplifies the current public health crisis occurring all over the United States including within the Emerson Hospital service area.

Tick – Borne Illness

According to the Center for Disease Control and Prevention (CDC), Massachusetts has one of the highest rates of tick-borne illnesses in the country. One of the most common illnesses occurring from tick bites is Lyme disease. In 2016, there were 52 confirmed cases of Lyme disease in Middlesex County per 100,000 residents. This was an increase from the year prior which had 45 confirmed cases per 100,000 residents (WBUR). The Emerson Hospital service area comprises about 14.5% of the entire Middlesex County residents.

Youth Risk Behavior Survey (YRBS) Data

Every two years, Emerson Hospital and public school districts within Emerson Hospital's service area collaborate to conduct the Emerson Youth Risk Behavior Survey (YRBS), a comprehensive survey of youth in 6th grade and 8th grade as well as high school, regarding risk behaviors in the following general areas:

- Vehicular safety
- Social and emotional wellbeing
- Physical safety
- Sexual behavior
- Tobacco, alcohol, and drug use
- Diet, body image, and physical activity
- Sleep, school work, and screen time
- Social media

For the 2018 YRBS, 11,018 youths were surveyed. Those in 6th and 8th were administered the survey through an online platform. Those in high school received the survey through a paper questionnaire. The figures below highlight some of the areas of concern for both the hospital and the community.

Suicide

Thoughts of suicide and mental health issues in general are common among students in today's school landscape. Students were asked if they worried about peers committing suicide or were told by peers that they were planning on committing suicide. Approximately two thirds of students surveyed revealed that they were worried about peers committing suicide. About a fifth of students said that they were told by one of their peers that they were planning a suicide, but did not tell an adult about it. The commonality of this trend highlights the severity of the issue at hand.

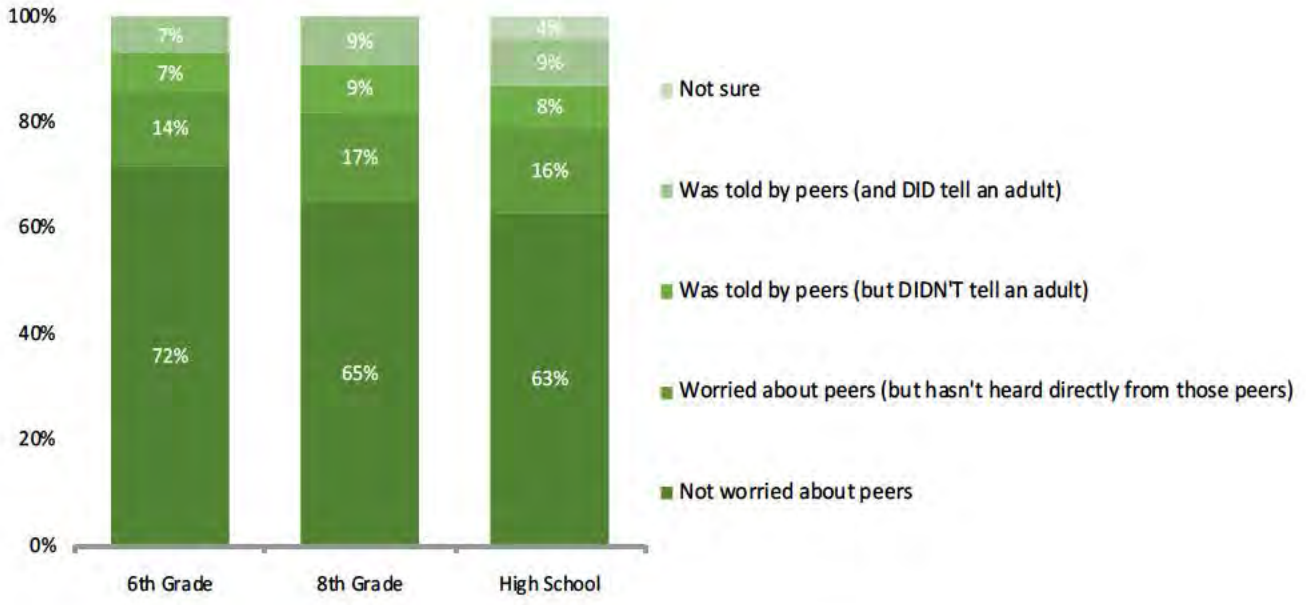


Figure 11: Suicide Data Trends from YRBS 2018

Stress

Stress is a normal component of everyday life. It is not uncommon for there to be stress in all aspects of life. However, stress for younger children and teenagers is often met with terrible outcomes, such as suicide and self-harm. It is often seen that these children are unable to cope with the common stresses of life due to the fact that they have not been taught proper coping mechanisms. Furthermore, the stress on children to succeed, especially in these highly affluent areas, is exacerbated.

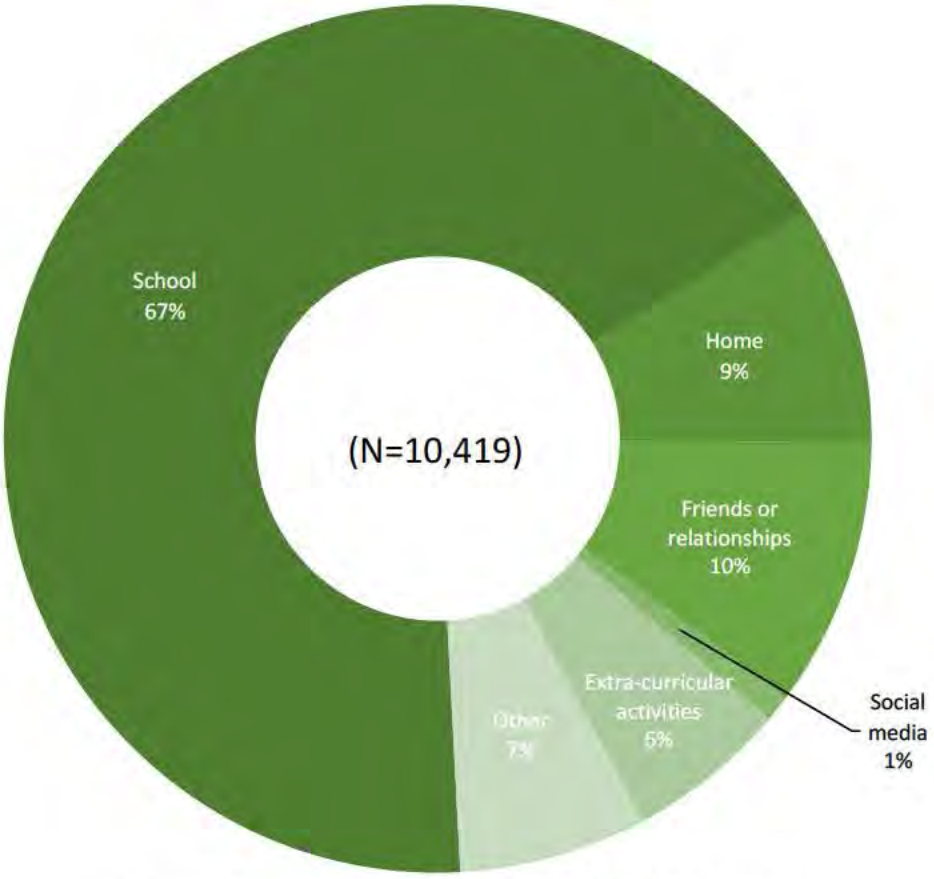


Figure 12: Greatest Sources of Stress in Life from YRBS 2018

As is seen above, 67% of students surveyed reported school as being the greatest source of stress in their lives. This stress is quite common among those in high school, especially juniors, for this is the year that the college application process begins. But, even more alarming is the rate of stress on kids as young as 6th grade. In high socio-economic status areas, such as our service area, schooling is extremely competitive and starts very early in life. It is expected that children in these areas will excel in their education path.

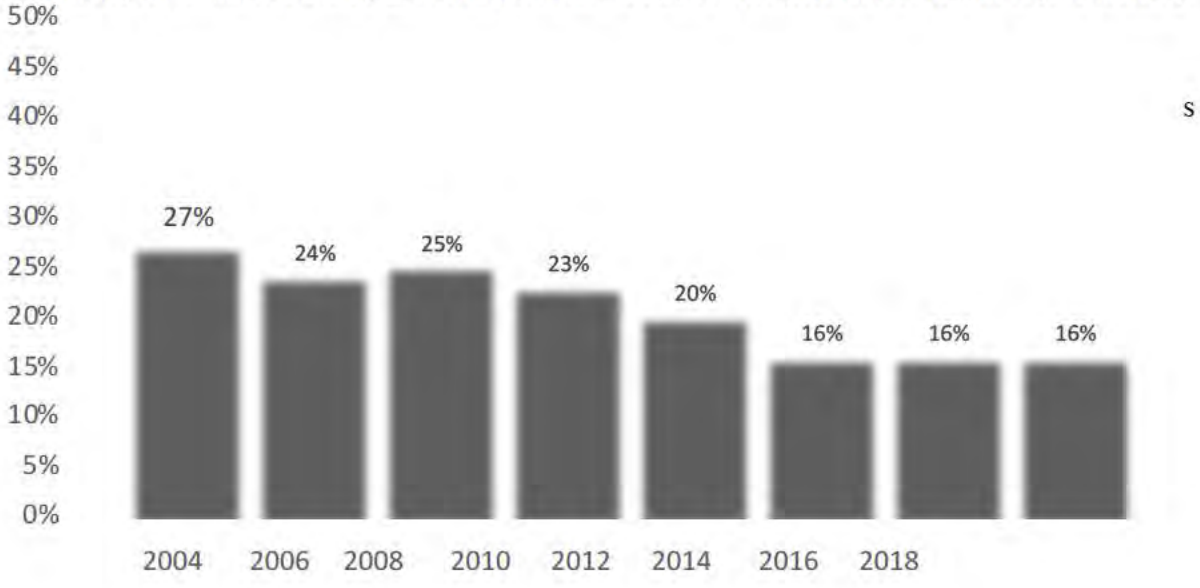
Vaping

In the state of Massachusetts, approximately 5% of the total population is using e-cigarettes, also known as vaping. However, according to the YRBS 2018 survey data, around 28% of all high-schoolers surveyed are "vaping". This vast difference is illuminating a new and upcoming trend in many communities, including the Emerson Hospital service area. Youth are more inclined to use these e-cigarettes due to the newfound trendiness of this product. Celebrities and rappers commonly endorse the product, bringing notoriety to an industry that was on the decline. The use of e-cigarettes is commonly thought to be safer and healthier than regular cigarettes, however this is untrue and unfounded.

Figure 13: Vaping Data Trends 2016 – 2018 from YRBS 2018

Binge Drinking

Binge drinking is considered having 4-5+ drinks on one occasion. Approximately 20% of high schoolers in se nu tal s



QUALITATIVE DATA

Key Informant Interviews

Emerson Hospital engaged Rebecca Hirsch, a Masters of Public Health candidate at the Boston University School of Public Health, to interview a series of individuals to gather their perceptions about the health care needs of the Emerson community. A list of individuals interviewed is in Appendix A. These individuals included local and state public health departments, representatives from Councils on Aging, Housing Authorities, local schools, and representatives of medically underserved, low-income, and minority populations as well as key representatives from Emerson itself. These individuals were asked:

- What health issues do you see in the community?
- Which issues do you think are most significant?
- Are there any health care services that are lacking in the community?
- What keeps the community from accessing the health care that they need?
- Do you think that if the services that are currently lacking were offered that they would be used by the community?

Throughout the interview process, there were many common themes and focus areas. The qualitative themes, combined with supporting health factors data have been organized by population cohort.

CHNA Findings Prioritization Process

The key community health needs identified through this process were reviewed by Emerson Hospital management. The health needs were prioritized based on the following criteria:

- The resources needed to address the finding align with Emerson Hospital's mission, infrastructure, and financial resources.
- The need has a significant prevalence in the Emerson Hospital community so that resources are used to improve the lives of many people
- The health need contributes significantly to the morbidity and mortality in the Emerson Community
- Emerson has the ability to make a lasting impact over a long period of time

- Emerson Hospital has the ability to measure the impact of its plan to show improved health of the community

Key Focus Areas Identified

Using prioritization criteria listed above to review the findings from data collection and key stakeholder interviews, Emerson Hospital plans to focus on the following five community needs:

1) Lack of Transportation Options

2) At-Risk Adolescents

3) The Growing Aging Population

4) Cancer

5) Mental Health and Domestic Violence

KEY INTERVIEW FINDINGS

Lack of Transportation Options

A common theme seen throughout the interview process was that of transportation. The Emerson Hospital service area is located in an area only accessible through the use of motor vehicle transportation. Public transportation routes do not directly run through the service area. To add to this dilemma, many individuals are separated from the hospital by highways with very few sidewalks available to walk on. There currently is an initiative between UberHealth and Emerson Hospital in which an Uber will take home a patient without transportation from either the Emergency Department or the Cancer Center. This initiative is in its infancy and its effects are still being monitored.

Doug Halley, the retired Town of Acton Health Director and current Transportation Coordinator, spoke to the issues surrounding transportation services in the Emerson Hospital service area. Emerson Hospital is the 2nd most common trip made through the CrossTown Connect transportation service, with Lahey Hospital and the VA being the other most common destinations. The CrossTown Connect covers seven communities, with Concord being a recent addition. The shuttle charges only $1 to its riders and can be used among all residents, not just the elderly population. When it comes to the issue of the aging community and its mobility issues, Halley said that the aging population is far more active than previous aging populations, however there are more and more people living to be 80 or 90. This 80+ demographic is using the transportation services more due to the occurrence of more health issues and disabilities at that age. As for the communication issue, Halley is hoping for there to be more outreach towards the Asian population as there is a growing population of younger Asian Americans bringing their parents to the U.S. who do not speak the language. Overall, in order to create a larger impact on the transportation issue, Halley says there is a main question we need to ask: Is it a critical need or an indeterminate need?

Holly Richardson, the Town of Hudson Social Service Advocate, and Janice Long, the Director of the Town of Hudson Senior Center, discussed the aging population and the need for more transportation options for them. Transportation for medical needs is the biggest barrier for the Center currently. The Hudson Senior Center only has two buses currently making shuttling residents to doctors' appointments all the more challenging. One bus is designated for taking seniors on everyday tasks, such as grocery shopping, leaving just one shuttle for medical appointments and other necessary trips. Janice Long mentioned that the Center recently received a grant that will go towards purchasing two more shuttles, hopefully one this year and one next year. Long said, "Even with the new shuttles, there is still an immense need in our community for people to be able to get to appointments not in the immediate area, such as getting to Emerson Hospital, which is hard for us to do by ourselves because of the time it takes".

Overall, there needs to be a concerted effort by all parties in order to address this enormous issue.

At-Risk Adolescents

There are almost 50,000 adolescents (0 - 17 years old) in the Emerson Hospital service area. Of those 50,000, more than 75% have experienced or witnessed some form of bullying, either physically or online.

Along with the bullying, many are anxious, stressed and/or depressed due to a multitude of factors such as: the need to be "perfect" academically, social pressure from peers to use alcohol and drugs, and underlying mental health issues, just to name a few. According to the YRBS survey, many of these "at-risk" adolescents also are more likely to get less than four hours of sleep on school nights, lack engagement out-of-school activities and participate in riskier behavior, such as not wearing a helmet or driving while impaired with others in the car.

Amy Gullotti, a nurse at the Sudbury middle school, spoke to the issue of at-risk adolescents. She mentioned that many of the students suffer from anxiety, depression and even self-harm. The Sudbury school district is just one of many schools in the area with students suffering from these mental health problems. Gullotti also mentioned cyber bullying as an expanding issue, especially on Mondays and Fridays due to the digital harassment that occurs for some of these students throughout the weekend. When asked about healthcare services currently lacking in the area, Gullotti mentioned the need for more outreach programs as well as programs that would better train staff on mental health issues commonly faced by adolescents. Overall, there is a lot of room for improvement in dealing with common issues for at-risk adolescents for not just Sudbury, but all the school districts in the Emerson Hospital service area.

Susan Rask, the Public Health Director of the Town of Concord, spoke about the issues facing the Town of Concord. She, like others interviewed, mentioned that there is an extremely high level of stress in the youth in the area. These at-risk youth are also partaking in vaping, cyber-bullying and often suffering from mental health issues. "There needs to be more outreach efforts to those parents of the at-risk kids […] we need to saturate the area with these to get our message across to everyone …" Outreach efforts to parents that educate them on the idea of "first use" is one way that Rask suggested of helping this at-risk adolescent population. "It would be a good first step…"

More outreach programs coordinated with the schools is a necessity. The effort has to be made because of the staggering increase in the number of children with mental health issues due to high stress levels, cyber-bullying and overall pressures to fit in. This pressure to fit in has also resulted in a dangerous new trend sweeping the Emerson Hospital service area, vaping.

Overall, there needs to be a concerted effort by parents, schools, and the community to reach at-risk children. The "at-risk" adolescents are still young enough to be taught different ways of coping and behaving. It is also of the utmost importance that these adolescents have properly trained therapists in the schools and out in the community. At the moment, there is a lack of outpatient mental health services and, for those services that do exist in the area, the cost is a chief deterrent for many families. Many insurances used in the Emerson Hospital service area do not have high reimbursement rates for mental health services, a common issue not just in our service area.

The Growing Aging Population

As of 2018, there are approximately 37,000 people in the Emerson Hospital service area above the age of 65. However, this cohort of individuals is expected to increase by 25% over the next five years making it the fastest growing population in the service area. With a rapidly increasing elderly population, comes a number of other issues. As individuals age, they tend to lose the ability to drive or their licenses are

revoked, making the need for transportation to do everyday tasks that much more necessary. As stated in the transportation section, there is a lack of any form of public transportation besides Uber and Lyft for the area. Unfortunately, those options can become quite expensive when used daily. On top of the transportation issue, comes the issue of isolation. Many elderly individuals do live alone and do not have family nearby. Add to this not having a car and much of their day can be spent alone in their homes.

Ginger Quarles, the Director of the Concord Council on Aging, believes that there needs to be better overall education about the geriatric community and its needs. Quarles mentioned that the mental health aspect of geriatric care is heavily needed in the area, but currently unavailable in our service area. Also, many in the aging community feel as though they are not treated with the same care/respect that younger individuals are and are quite often put off by poor experiences with physicians causing them to not access care again. Quarles also mentioned that "[…] patient navigators could be a helpful tool in reducing re-admission rates at the hospital …" Patient navigators would ensure that elderly patients understand what they have been told by their physician as it relates to accurate dosing and their health. Overall, there needs to be a push for more physicians specializing in geriatrics.

Susan Rask, the Public Health Director of the Town of Concord, spoke about the issues facing the Town of Concord. Common among some of the other interviews, Rask mentioned that the growing senior population in the area has created a lot of problems that didn't exist before. Transportation is one of these issues along with a lack of downsizing options for those senior citizens living alone in their homes that are "just too big for them at this stage".

Holly Richardson, the Town of Hudson Social Service Advocate, and Janice Long, the Director of the Town of Hudson Senior Center, also discussed the aging population and the needs of this unique population. As stated in the "Lack of Transportation" section, medical transportation is a large need for the center. Besides transportation, Richardson mentioned that the influx of elders to the Hudson area may pose a distinctive challenge to the area, especially when it comes to the lack of geriatricians as well as the programming offered by the senior center which are almost all at capacity.

As mentioned in the transportation section, the aging population is growing at a rapid pace. By 2023, the 80+ population will have increased by almost 5%, making it the fastest growing population of people in the Emerson Hospital service area. This population of people have a specific and unique medley of issues that they face daily. There are not enough geriatricians in the area and there are certainly not enough geriatric-psychologists. These specialties are needed in an area where there is such an enormous elderly population. There also needs to be better housing options for those who want to downsize as well as more transportation options so that individuals can get to the hospital and their doctor appointments much more easily.

Amy Loveless, the Director of the Maynard Council on Aging, also spoke on many of the issues that the rapidly growing aging population are facing. One of the biggest "problem areas" is centered on their caregivers. Loveless said that "… many times the caregiver is forgotten about …" The ones who are giving the care need an outlet or support group available for them. Many times the caregivers are an afterthought since they are not the ones "in need". However, they are a group very much in need. Loveless suggested that an after work support group would be greatly appreciated among these caregivers and would serve as their "safe space" where they can vent and discuss their feelings.

Cancer

Cancer is the leading cause of death in the Emerson Hospital service area. Breast and prostate cancer are the two most common cancers in the area followed by lung, colorectal, melanoma and lymphoma. More people in the service area died of lung cancer than any other type of cancer as it is one of the hardest cancers to cure overall. As a result of the 2015 CHNA report, twn sunscreen dispensers were ordered by Emerson Hospital to be placed in public areas in Concord, Sudbury, Hudson, Littleton and Westford. These initiatives have been a success. There was a drop in the incidence rate of melanoma from 2015 to 2018.

Robin Schoenthaler, MD, a Radiation Oncology specialist, spoke to the health issues and health access issues that those in the cancer community face. Like many others, she said that access to transportation was an issue for many patients. She also mentioned that she sees many patients who are at the poverty level and, therefore, rely on their insurance plans to help pay for their treatments. However, Dr. Schoenthaler pointed out that the insurance coverage that many of her patients have often are high deductible plans. As a result, November and December are the highest volume months of the year since many patients are trying to reach their deductibles come the end of the year and there is a push to finish all treatments in a limited amount of time. Another health issue Schoenthaler mentioned was access to mental health, or a psycho-oncologist. This is an important piece of the puzzle for those facing a life-threatening disease. One of the services that Dr. Schoenthaler would like to see implemented throughout the breast cancer service is a nurse navigator program. Currently, there are only two nurses on the Radiation Oncology staff. The center sees over 200 cases a year of breast cancer. The nurse navigator would act as a liaison between the patient and their families and their doctors. To have someone there immediately after a cancer diagnosis to tell the patient what the next steps they need to take are, such as making an oncologist or radiologist appointment, would be invaluable for the patient. The nurse navigator could also be a resource for the patient who will undoubtedly have many questions. The nurse navigator pilot program for the breast cancer service could become a much larger program implemented throughout the entire Cancer Center of Emerson Hospital.

Overall, Emerson Hospital wants to continue working to reduce the number of people dying from preventable cancers, such as melanoma, as well as continue to work towards screening more regularly for breast and prostate cancer. There is already a good infrastructure of outreach programs centered around the cancer community as well. One possible way of helping patients and their families with this would be through a nurse navigator pilot program.

Mental Health and Domestic Violence

Both mental health and domestic violence are growing health and social needs within the Emerson Hospital service area. Approximately 15% of residents within the service area reported 15 or more days of suffering from poor mental health. This is an increase from the numbers reported on this issue in the Community Health Needs Assessment of 2015.

Bethany Hadvab, the town social worker of Sudbury, spoke about the health issues she is seeing in the Sudbury area. She, like others, mentioned transportation as one of the main issues facing residents there. Financial literacy was another large issue facing the community. Hadvab told me that many residents live in subsidized housing or are seniors who have trouble with understanding property taxes. She wants to put together a financial literacy program that teaches the residents of Sudbury about common financial tasks, such as filling out tax forms and learning to put together a weekly budget. She also mentioned domestic violence and mental health as another huge issue plaguing the community. Hadvab said, "More and more people are coming forward and reporting abuse, whether it is financial abuse, mental abuse or physical abuse […] I think our number of DV cases are increasing because people feel safer reporting now due to our outreach efforts in the community." Along with this, Hadvab mentioned that there is a new sect of DV coming about coined "financial violence" in which one party in a relationship holds all the power over the other financially. All the property and all the bank accounts the couples have is in the abusive partner's name and, therefore, if the other partner tries to leave he/she is left with absolutely nothing. This is especially an issue in high socio-economic status areas, such as the Emerson Hospital service area.

Anthony Piro, the Director of Operations and Psychiatry at Emerson Hospital, and James Evans, MD, the Medical Director of Behavioral Health Service at Emerson Hospital, both spoke about mental health and the health access issues that arise within this population of individuals. One of the biggest issues that was revealed was that the addiction recovery unit does not offer suboxone as a treatment for opioid addiction. "We need to offer suboxone for treatment recovery […] methadone is on its way out …" Throughout the entire service area there is a lack of outpatient treatment centers for those suffering from mental health disorders. Also, there are very few geriatric psychiatrists in general although the need for them is great. Both Piro and Dr. Evans also said that many times substance abuse goes undetected in the geriatric patients. One of the most significant issues mentioned by them was that there is a "horrible shortage" of child and adolescent beds in behavioral psychiatric units.

Jacquelin Apsler, the Executive Director of the Domestic Violence Services Network, spoke to the issue of domestic violence and the understanding and compassion that needs to be better conveyed to those in abusive situations. Apsler mentioned that there is a large need in the community for better outreach efforts from doctors, nurses and police officers. However, she did mention that she understands the complexity of the issue. "In a perfect world", Apsler said, "we would be able to put together a class for nurses to teach them what DV looks like and how to interact with those who come into the hospital that are suspected to be suffering." Apsler went on to say that nurses are the first line of defense since many times they are the ones to interact with the injured party due to the abusive partner. "It would be a major step in the right direction."

IMPLEMENTATION PLAN

Issue 1: Lack of Transportation

Strategy 1

Emerson Hospital is working with both the Council on Aging (CoA) in Hudson and the CrossTown Connect (CTC) transportation group in order to form a partnership. The CTC provides transportation

services for those without any other option. A key component of a town becoming a member is that they would have access to the Central Dispatch Call Center. This call center allows for any CoA that is participating to have access to all the other buses from all the CoAs through the central dispatcher. One of the key areas of focus for Emerson, the Hudson CoA and the CTC is medical transportation. Previously, the CTC was not in service in the Hudson area.

- Partnership between CTC and Hudson CoA will allow Hudson to become a part of the service area for the CTC
- Hudson CoA will be able to transport residents to appointments at Emerson Hospital, which they previously were unable to do due to lack of buses

Strategy 2

Emerson Hospital is aiding in bringing TransLoc to the service area, along with various other partners around the community including many CoAs, the MetroWest Regional Transit Authority (MWRTA) and the CrossTown Connect. TransLoc is a microtransit approach to the transportation issue. Microtransit responds to the specific transportation challenges facing the community including car-dependence, population aging, increasing mobility problems, few affordable non-driving options, and a varied population density.

- Pilot program would include taxi, bus, livery and other transportation resources from within participating towns and the MWRTA
- The pilot would be a three-phase process: simulation, pilot and agency-run implementation

Issue 2: At – Risk Adolescents

Strategy 1

Emerson Hospital will continue with supporting local school districts as was in the implementation plan from the 2015 CHNA. The hospital will provide teach-the-teacher Extra Edge workshops which are adapted from the Benson-Henry Institute for Mind Body Medicine's Education Initiative. This research validated program brings stress-reduction and life-management skills to students.

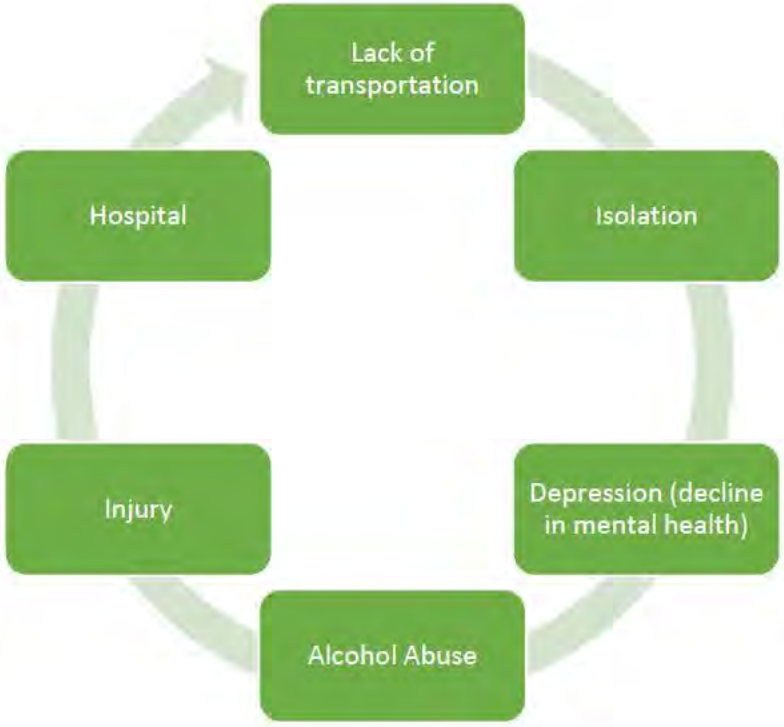
- Teach-the-Teacher will include 45 Concord teachers and 25 Westford teachers that have been trained through Emerson Hospital's sponsorship
- Emerson Hospital will sponsor 25 teachers from Acton-Boxborough and 25 teachers from Maynard as well

Strategy 2

The Youth Risk Behavior Survey (YRBS) will continue to be performed every two years by Emerson Hospital. It is an invaluable tool to the hospital and the community in order to gauge the true behaviors of adolescents and high school students. The data ascertained from the YRBS is used as a baseline for future years and as a way to track the ever-changing population of who is and who is not at risk.

Issue 3: Growing Aging Population

The rapidly growing aging population is an issue for Emerson Hospital and will only continue to grow into an even larger issue. There is not just one key issue among this population due to the vast number of problems and concerns that this population of people face. Below is an example of how the growing aging population will continue to exacerbate hospital outpatient resources unless strategies are put into place to combat issues such as lack of transportation, mental health and alcohol abuse, just to name a few.



Commonly, elderly individuals lose the ability to drive or have their cars taken away by concerned family members. This lack of transportation keeps them feeling isolated and as a result a decline in mental health is almost always seen combined with dependency on alcohol or other prescription medications. This alcohol and drug abuse can often lead to falls and broken bones which will land an elderly individual into the hospital. The cycle then begins again with the patient now having no transportation to return home.

Issue 4: Cancer

Strategy 1

Emerson Hospital will continue with the sunscreen dispenser program as was suggested in the implementation plan of the 2015 CHNA. In Phase 1 of the sunscreen dispenser program, the dispensers were targeted for Littleton, Westford, Sudbury, Concord and Hudson.

- In Phase 2, the dispensers will be placed in Groton, Bedford, Acton, Maynard and Carlisle
- Emerson will partner with the Town Public Health Directors as well as the Parks and Recreation force to ensure the dispensers are kept clean and filled with sunscreen

Strategy 2

Emerson Hospital will continue will Low-Dose CT Screenings for lung cancer as was suggested in the implementation plan of the 2015 CHNA. The low-dose CT screenings are used to help diagnose lung cancer at earlier stages. This is important for our service area as lung cancer kills more people in this community than any other type of cancer.

Strategy 3

Emerson Hospital will continue its annual Family Health and Wellness Expo. At this expo, community members can access free screening programs for cancers such as prostate, skin and oral and receive training on self-examinations for breast cancer.

Strategy 4

Emerson will work with the medical staff to present ongoing cancer prevention and education lectures for the community and our target populations.

Issue 5: Mental Health and Domestic Violence

Strategy 1A and 1B

Emerson Hospital will continue to work with local schools to sponsor the bi-annual Youth Risk Behavior Survey (YRBS) to identify at-risk adolescents. The next YRBS will be conducted in 2020. Emerson Hospital will also pilot a program that would create a baseline survey similar to the YRBS to be given to the elderly population in our service area to assess the behavioral health needs of seniors and their caregivers. The goal is that this survey would be replicated in future years to provide trend line data, similar to YRBS. The survey will be modeled after a similar survey from the Center for Disease Control and Prevention.

Strategy 2

As a part of the annual competency training that all Emerson Hospital staff receive, there will be a section added to address Domestic Violence and Financial Violence and how to deal with patients presenting with these issues.

Strategy 3

Emerson Hospital will continue working on domestic violence training with the Domestic Violence Service Network as was suggested in the implementation plan of the 2015 CHNA. In Phase 1, the training was provided to 80 Emerson patient care employees in the Emergency Department. In Phase 2, the training will be given to new staff in the Emergency Department as well as staff in Obstetrical Services and Pediatrics. Is it important to note that "financial violence" is a new term under the larger domestic violence umbrella and as such needs to be taught to all staff, even those who were previously trained.

Approval of Needs Assessment Implementation Plan

Emerson Hospital's Community Benefits Advisory Group (CBAG) met on September 25, 2018, to review the key findings, focus areas and approve the recommended priorities and implementation plan.

The Emerson Hospital Board of Directors met in October 2018 to review the findings of the 2018 Community Health Needs Assessment and approve the recommended priorities and implementation plan.

APPENDICES

Appendix A: Key Informants

Name	Position
Alice Sapienza	Member, Board of Directors, Sudbury Council on Aging
Amy Gullotti	Middle School Nurse, Sudbury
Amy Loveless	Director, Maynard Council on Aging
Anthony Piro	Director of Operations/Psychiatry, Emerson Hospital
Bethany Hadvab	Town Social Worker, Sudbury
Doug Halley	Town of Acton Health Director & Transportation Coordinator
Eva Willens	Deputy Administrator, MetroWest Regional Transit Authority
Franny Osman	Chair, Transportation Advisory Committee of Acton
Ginger Quarles	Director, Concord Council on Aging
Holly Richardson	Social Service Advocate, Town of Hudson
James Evans, MD	Medical Director of Behavioral Health Services, Emerson Hospital
Janice Long	Director, Hudson Senior Center
Jacquelin Apsler	Executive Director, Domestic Violence Services Network, Inc.
Joseph Palomba, MD	Medical Director, Emerson Urgent Care, Hudson & Littleton
Judith Labossiere	Executive Director, Home Care Services, Emerson Hospital
Margaret Hannah	Director, Freedman Center for Child and Family Development
Robin Schoenthaler, MD	Radiation Oncologist, Emerson and Massachusetts General Hospitals
Susan Rask	Public Health Director, Town of Concord

Appendix B: Community Health Network Areas (CHNA) Descriptions

CHNA 15: Northwest Suburban Health Alliance Towns (Metro West Region)

Acton, Bedford, Boxborough, Burlington, ***Carlisle, Concord***, Lexington, ***Lincoln, Littleton,*** Wilmington, Winchester, Woburn

CHNA 9: Community Health Network of North Central Massachusetts Towns (Central Region)

Ashburnham, Ashby, **Ayer**, Barre, Berlin, ***Bolton,*** Clinton, Fitchburg, Gardner, **Groton**, Hardwick, ***Harvard,*** Hubbardston, Lancaster, Leominster, Lunenburg, New Braintree, Oakham, **Pepperell,** Princeton, Rutland, **Shirley**, Sterling, Templeton, Townsend, Westminster, Winchendon

Bold Italics: Primary Service Area (PSA)

Bold: Secondary West Area (SW)

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ATTACHMENT 5C

EMERSON HOSPITAL COMMUNITY HEALTH IMPROVEMENT PLAN

The Key focus areas identified through the process are as follows:

1. Lack of Transportation Options

Population Cohort: Older adults and adults with disabilities

Assessment Findings: The Emerson Hospital service area is located in an area only accessible through the use of motor vehicle transportation. Public transportation routes do not directly run through the service area. To add to this dilemma, many individuals are separated from the hospital by highways with very few sidewalks available to walk on. The growing aging population is far more active than previous aging populations, and there are more and more people living to be 80 or 90. However, many older adults stop driving at some point and have very few transportation options. Transportation for medical needs is a large barrier for many Council on Aging sites.

Implementation Strategies:

- Emerson Hospital is working with CrossTown Connect (CTC) transportation group in close partnership. CTC provides transportation services for those without any other option. A key component of becoming a member is access to the Central Dispatch Call Center. One of the key focus areas for Emerson and CTC is to increase options for medical transportation.
- In partnership, CTC and Emerson will work on small group pilots within various departments of the hospital to reduce transportation barriers.
- Emerson Hospital is working with various communities in support of transportation efforts. Internal communication plan to staff and patients will be initiated to connect needs of patients with resources in the community.
- Emerson Hospital will continue to fund Uber rides leaving the Emergency Department, Cancer Center, and behavioral health patients.
- Provide grant funding to community agencies with the goal of improving transportation options to the community.

Goals:

- Reduce cancelled and missed appointments due to lack of transportation.
- Increase access to medical care
- Reduce transportation burden on family and friends by increasing transportation options
- Improve quality of life by promoting independence

2. At-Risk Adolescents

Population Cohort: Youth grades 6-12

Assessment Findings: The top issues found from the 2018 Youth Risk Behavior Survey include stress mostly due to school work, the increase in vaping, mental health and risk of suicide. At-Risk Adolescents are those with many risk factors in common such as lack of sleep, poor grades, has been bullied or has bullied others, has experienced sexual or physical violence and smokes, chews or uses drugs. There is a need for more outreach programs and increased staff training on mental health issues. Engaging the schools, parents, community and medical staff is key for improvements in the health of youth in the Emerson service area. Overall, there needs to be a concerted effort by parents, schools, and the community to reach at-risk children. The "at-risk" adolescents are still young enough to be taught different ways of coping and behaving. It is also of the utmost importance that these adolescents have properly trained therapists in the schools and out in the community. At the moment, there is a lack of outpatient mental health services and, for those services that do exist in the area, the cost is a chief deterrent for many families. Many insurances used in the Emerson Hospital service area do not have high reimbursement rates for mental health services, a common issue not just in our service area.

Implementation Strategies:

1. Emerson Hospital will continue its collaboration with local school districts to sponsor the biannual Emerson Hospital Youth Risk Behavior Survey (YRBS) so that mental health, substance use and other trends can continue to be understood and addressed by individual communities. In collaboration with Market Street Research and school representatives, the 2020 survey will be revised based on emerging issues. YRBS will be administered to students in March 2020.

Goals:

- Determine the prevalence of health behaviors.
- Assess whether health behaviors increase, decrease, or stay the same over time.
- Examine the co-occurrence of health behaviors.
- Provide comparable national, state, territorial, tribal, and local data.
- Provide comparable data among subpopulations of youth.
- Monitor progress toward achieving the Healthy People objectives and other program indicators.

2. Representatives from Emerson Hospital will continue participation in the West Suburban Mental Health Collaboration.

Goals:

- Strengthen partnerships between area schools and community resources.
- Launch a consistent and collaborative data-driven planning process, focused on implementing effective and sustainable strategies and interventions.

3. Address public health emergency of e-cigarette use among teens and dangers among adults.

Goals:

- Provide education to youth through schools
- Provide education to parents and communities through evening programs

- Utilize social media to promote education and resources
- Promote current cessation programming and research in person cessation options to provide through Emerson Hospital
- Support local and state policy around flavor bans and sale in 21+ shops

4. Provide grant funding to community agencies with the goal of improving youth mental health and reducing risky behavior.

3. Cancer

Population Cohort: Adults and Children

Assessment findings: Cancer is the leading cause of death in the Emerson Hospital service area. Breast and prostate cancer are the two most common cancers in the area followed by lung, colorectal, melanoma and lymphoma. More people in the service area died of lung cancer than any other type of cancer as it is one of the hardest cancers to cure overall.

Implementation Strategies:

- Emerson Hospital will continue partnership between IMPACT Melanoma and various municipalities providing sunscreen dispensers. IMPACT Melanoma will work with Emerson and communities to implement additional educational programming to spa/direct service employees and schools to support melanoma prevention.
- Emerson Hospital will continue to provide community members access to free for cancers such as prostate, skin and oral and receive training on self-examinations for breast cancer.
- Provide grant funding to community agencies with the goal of reducing cancer risks and improving cancer care.

Goals:

- Increase the awareness and knowledge of cancer prevention, care and support services within the Emerson community.
- Support community organizations in their efforts to provide programs and services to cancer patients and families.
- Reduce overall cancer incidence and increase early detection rates

4. Domestic Violence

Population Cohort: Adults

Assessment Findings: Jacquelin Apsler spoke to the issue of domestic violence and the understanding and compassion that needs to be better conveyed to those in abusive situations. Apsler mentioned that there is a large need in the community for better outreach efforts from doctors, nurses and police officers. However, she did mention that she understands the complexity of the issue. There is a new sect of Domestic Violence coming about coined “financial violence” in which one party in a relationship holds

all the power over the other financially. All the property and all the bank accounts the couples have is in the abusive partner's name and, therefore, if the other partner tries to leave he/she is left with absolutely nothing. This is especially an issue in high socio-economic status areas, such as the Emerson Hospital service area.

Implementation Strategies:

- As a part of the annual competency training that all Emerson Hospital staff receive, there will be a section added to address Domestic Violence and Financial Violence and how to deal with patients presenting with these issues.
- Emerson Hospital will work with the Domestic Violence Service Network to provide 5 trainings to hospital staff and community partners. Over 5 years ago the training was provided to 80 Emerson patient care employees in the Emergency Department. This year we will be focused on training new staff in the Emergency Department, Care Management, Maternity, Primary Care, Urgent Care and Home Care staff. Is it important to note that "financial violence" is a new term under the larger domestic violence umbrella and as such needs to be taught to all staff, even those who were previously trained.
- Provide grant funding to community agencies who aim to work with domestic violence victims, raise awareness and education.

Goals:

- Increase the awareness and knowledge of domestic violence.
- Increase care and support services for victims of domestic violence.
- Increase knowledge and community support among Emerson staff and other community partners who may come in close contact with individuals who have experienced domestic violence.

5. The growing Aging Population

Population Cohort: Older Adults

Assessment findings: As of 2018, there are approximately 37,000 people in the Emerson Hospital service area above the age of 65. However, this cohort of individuals is expected to

increase by 25% over the next five years making it the fastest growing population in the service area. With a rapidly increasing elderly population, comes a number of other issues. Transportation, housing, mental health care and caregiver stress are the top issues discussed throughout the interview process.

Implementation Strategies:

- Fund caregiver support programming
- Increase funding to COA transportation
- Increase dementia friendly efforts within the hospital
    - This is Me Tool
    - Volunteer trained Dementia Buddies
- Work with the Care Transitions Collaborative through Care Management
    - Address caregiver needs
    - Increase dementia friendly efforts in the community
    - Address SDOH of older adults through community partnerships
- Work with community partners to provide education on various health topics relative to the aging population.
- Provide grant funding to community agencies who are working with older adults to improve their overall health and well-being.

Goals:

- Increase education and support to caregiver population.
- Increase education and support for dementia population.
- Reduce overall burden and stress on caregivers
- Improve overall health of aging population through addressing SDOH

Addressing SDOH

Assessment Findings: Understanding the role of Social Determinants of Health (SDOH) in the community is key to improve overall health. Some of these social determinants of health include income status, education quality, stability of the built environment, environmental hazards, food security, etc. Understanding and grasping the relationship between these determinants and the how a population is thriving is essential to realizing the root causes of many common community issues. In the Emerson Hospital service area certain populations within the community struggle with various SDOH. Older adults and lower income residents are two key populations within the Emerson service area most affected with SDOH.

Implementation Strategies:

- Transportation (previously mentioned)
- Address Food insecurity through employee food drives to gather donations from employees and on give to local food banks, and provide nutrition education in partnership with local farms and food donation sites.

- Reduce barriers to care through homecare visits to assess need of care at home after an illness, injury or surgery; provide multidisciplinary services within the home to help patients achieve the highest possible level of independence and comfort.
- Provide support groups for various health conditions and populations to increase social network, provide educational resources and counseling.
- Reduce language barriers to care through translation services.
- Provide grant funding to community agencies who are addressing SDOH in our communities.

Goals:

- Improve food security for older adults and lower income residents
- Reduce barriers to care
- Increase social support networks

ATTACHMENT 5D

CHNA/CHIP SELF-ASSESSMENT FORM

Massachusetts Department of Public Health
Determination of Need
Community Health Initiative
CHNA / CHIP Self Assessment

Version: 8-1-17

This self-assessment form is to understand the Community Engagement process that has led/ will lead to the identification of priorities for community health planning processes. It is being used to demonstrate to DPH that an existing community health planning process adequately meets DPH standards for community engagement specific to Determination of Need, Community Health Initiative purposes.

This form will provide the basic elements that the Department will use to determine if additional community engagement activities will be required. When submitting this form to DPH, please also submit your IRS Form 990 and Schedule H CHNA/CHIP and/or current CHNA/ CHIP that was submitted to the Massachusetts Attorney General's Office. Additionally, the Applicant is responsible for ensuring that the Department receives Stakeholder-Assessments from the stakeholders involved in the CHNA / CHIP process.

All questions in the form, unless otherwise stated, must be completed.

Approximate DoN Application Date: 09/08/2020 DoN Application Type: Ambulatory Surgery

What CHI Tier is the project? (•) Tier 1 ( ) Tier 2 ( ) Tier 3

1. DoN Applicant Information

Applicant Name: Emerson Endoscopy and Digestive Health Center, LLC

Mailing Address: 133 Old Road to Nine Acre Corner

City: Concord State: Massachusetts Zip Code: 01742

2. Community Engagement Contact Person

Contact Person: Kelsey Magnuson Title: Community Benefits Coordinator

Mailing Address: 310 Baker Ave

City: Concord State: Massachusetts Zip Code: 01742

Phone: 8025581871 Ext: E-mail: kmagnuson@emersonhosp.org

3. About the Community Engagement Process

Please indicate what community engagement process (e.g. the name of the CHNA/CHIP) the following form relates to. This will be use as a point of reference for the following questions and does not need to be a fully completed CHNA or implemented CHIP.
(please limit the name to the following field length as this will be used throughout this form):

2018 Emerson CHNA

4. Associated Community Health Needs Assessments

In addition to the above engagement process, please list Community Health Needs Assessments and/or Community Health Improvement Planning Processes, if any that the Applicant been involved with in the past 5 years (i.e. CHNA/CHIP processes not led by the Applicant bur where the Applicant was involved?

(Please see page 22 of the Community-Based Health Initiative Guidelines for reference http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf)

Add/ Del Rows	Lead Organization Name / CHNA/CHIP Name	Years of Collaboration	Name of Lead Organizer	Phone Number	Email Address of Lead Organizer
+ -					

5. CHNA Analysis Coverage

Within the 2018 Emerson CHNA , please describe how the following DPH Focus Issues were analyzed DoN Health Priorities and Focus Issues (please provide summary information including types of data used and references to where in the submitted CHNA/CHIP documents these issues are discussed):

5.1 Built Environment

a) Qualitative data collected during interviews and conversations among the Community Benefits Advisory Committee looked at the built environment of the Emerson community. Specifically, transportation options were discussed heavily in multiple interviews and were reported on in the Key Interview Findings of the CHNA on page 31. The issue of transportation was brought up by public health directors and staff at council on agings. The Emerson Hospital service area is located in an area only accessible through the use of motor vehicle transportation. Public transportation routes do not directly run through the service area. To add to this dilemma, many individuals are separated from the hospital by highways with very few sidewalks available to walk on. The growing aging population is far more active than previous aging populations, and there are more and more people living to be 80 or 90. However, many older adults stop driving at some point and have very few transportation options. Transportation for medical needs is a large barrier for many Council on Aging sites. Plans to address transportation in the community can be found in the Updated 2020 CHIP on page 1. Food access was another topic discussed in interviews and is a key part of the 2020 CHIP through partnerships with local farms and food service agencies on page 5. The community has dense woods and open areas where tics are prevalent. Information from the CDC and WBUR were captured in the health outcomes data section on page 24.

5.2 Education

a) Quantitative data retrieved from Census data was captured to understand the educational attainment of the Emerson community on page 9. Data from the Youth Risk Behavior Survey is also used to understand the behaviors and perceptions of students within the education system on page 25.

5.3 Employment

a) Quantitative data retrieved from Census data was captured to understand the employment status of the Emerson community. Employment data and income levels are captured within the 2018 CHNA on page 10-13.

5.4 Housing

a) Qualitative data collected through interviews included information about housing status of residents. There are housing concerns among older adults reported in the Key Interview Findings on page 32.

5.5 Social Environment

a) Qualitative data collected through interviews provided assessment of the social environment. There are many options of social support through Council on Aging's. However, there is concern about social isolation and its effects on overall health in the aging population details found on page 32. Staff at senior centers provided insight into the concerns of older adults with transportation and isolation. Efforts to address the aging population are included in the 2020 CHIP on page 4-5. Support groups are a key part of social environment for caregivers and serious health issues. Support groups are incorporated into the 2020 CHIP on page 6.

5.6 Violence and Trauma

a) Quantitative and qualitative data of domestic violence were captured through the assessment process and detailed in the Key Interview Findings on page 33-34 . A town social worker and director of a domestic violence support agency provided further insight to why domestic violence is an issue in the Emerson service area. Bethany Hadvab, Sudbury Town Social Worker, stated, "More and more people are coming forward and reporting abuse, whether it is financial abuse, mental abuse or physical abuse [...] I think our number of DV cases are increasing because people feel safer reporting now due to our outreach efforts in the community." Along with this, Hadvab mentioned that there is a new sect of DV coming about coined "financial violence" in which one party in a relationship holds all the power over the other financially. All the property and all the bank accounts the couples have is in the abusive partner's name and, therefore, if the other partner tries to leave he/she is left with absolutely nothing. This is especially an issue in high socio-economic status areas, such as the Emerson Hospital service area. A plan to address domestic violence is included in the Updated 2020 CHIP on page 3. The Youth Risk Behavior Survey captures data on suicide ideation and attempts; sexual behavior and trauma; online and in person bullying; and weapon use. Highlights of YRBS results and additional qualitative data through interviews is captured in the 2018 CHNA on page 25. At-Risk Adolescents are those with many risk factors in common such as lack of sleep, poor grades, has been bullied or has bullied others, has experienced sexual or physical violence and smokes, chews or uses drugs. Plans to address At-Risk Youth are included in the 2020 CHIP on page 2.

5.7 The following specific focus issues

a. Substance Use Disorder

a) Quantitative data from the Behavioral Risk Factor Surveillance Survey and opioid data from Mass.gov were captured in the Health Outcomes section of the 2018 CHNA on page 21-23. Youth Risk Behavior Survey data on alcohol consumption, electronic cigarette use and other drug use were also captured in the survey on page 25. Qualitative data on substance use is captured and reported in the Key Interview Findings on page 33-34.

b. Mental Illness and Mental Health

a) Quantitative data from the Behavioral Risk Factor Surveillance Survey and qualitative data from interviews are captured in the 2018 CHNA on page 15 and 33. Poor mental health among adults and social isolation among older adults were key issues identified. Approximately 15% of residents within the service area reported 15 or more days of suffering from poor mental health. Throughout the entire service area there is a lack of outpatient treatment centers for those suffering from mental health disorders. Also, there are very few geriatric psychiatrists in general although the need for them is great. A senior center director brought up concerns for caregiver stress and overall mental health of those caring for loved ones. Strategies for addressing older adult isolation are included in the 2020 CHIP on page 4-5. Mental health data from the Youth Risk Behavior Survey was captured and reported on in the assessment on page 25. Amy Gullotti, a nurse at the Sudbury middle school, spoke to the issue of at-risk adolescents. She mentioned that many of the students suffer from anxiety, depression and even self-harm. The Sudbury school district is just one of many schools in the area with students suffering from these mental health problems. Strategies for addressing youth stress are included in the 2020 CHIP on page 2.

c. Housing Stability / Homelessness

a) Qualitative data collected through interviews included information about housing status of residents. There are housing concerns among older adults reported in the Key Interview Findings on page 32.

d. Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes

a) Quantitative data on chronic disease rates were gathered from Mass.gov is captured in the Health Outcomes section of the 2018 CHNA on pages 9-21. Cancer is the leading cause of death in the Emerson Hospital service area. Breast and prostate cancer are the two most common cancers in the area followed by lung, colorectal, melanoma and lymphoma. More people in the service area died of lung cancer than any other type of cancer as it is one of the hardest cancers to cure overall. Addressing the high Cancer rates are a priority and strategies to address this issue are found in the 2020 CHIP on page 3.

6. Community Definition

Specify the community(ies) identified in the Applicant's 2018 Emerson CHNA

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
+ -	Townsend	
+ -	Pepperell	
+ -	Lunenburg	
+ -	Shirley	
+ -	Groton	
+ -	Ayer	
+ -	Lancaster	
+ -	Harvard	
+ -	Berlin	

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
+ -	Bolton	
+ -	Littleton	
+ -	Westford	
+ -	Chelmsford	
+ -	Carlisle	
+ -	Acton	
+ -	Maynard	
+ -	Stow	
+ -	Hudson	
+ -	Sudbury	
+ -	Wayland	
+ -	Lincoln	
+ -	Lexington	
+ -	Bedford	
+ -	Concord	

7. Local Health Departments

Please identify the local health departments that were included in your 2018 Emerson CHNA . Indicate which of these local health departments were engaged in this 2018 Emerson CHNA . For example, this could mean participation on an advisory committee, included in key informant interviewing, etc. (*Please see page 24 in the Communit further description of this requirement* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf.)

Add/ Del Rows	Municipality	Name of Local Health Dept	Name of Primary Contact	*Email address*	Describe how the health department was involved
+ -	Concord	Concord Health Department	Susan Rask	srask@concordma.gov	key informant interview and participant on advisory committee
+ -	Sudbury	Sudbury Health Department	Bethany Hadvab	hadvabb@sudbury.ma.us	Key Informant Interview
+ -	Acton	Health Health Department	Doug Halley	Retired	Key Informant Interview

8. CHNA / CHIP Advisory Committee

Please list the community partners involved in the CHNA/CHIP Advisory Committee that guided the 2018 Emerson CHNA . (please see the required list of sectorial representation in the *Community Engagement Standards for Community Health Planning Guidelines* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf) Please note that these individuals are those who should complete the *Stakeholder Engagement Assessment* form. It is the responsibility of the Applicant to ensure that DPH receives the completed *Stakeholder Engagement Assessment* form:

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Municipal Staff	Concord Health Department	Susan Rask	Public Health Director	srask@concordma.gov	9783183100
	Education	Maynard Public Schools	Lisa MacLean	Guidance Counselor	lmaclean@maynard.k12.ma.us	9788978891
	Housing					
	Social Services	Concord Council on Aging	Ginger Quarles	COA Director	gquarles@concordma.gov	9783183020
	Planning + Transportation					
	Private Sector/ Business					
	Community Health Center					
	Community Based Organizations	Open Table	Jill Block	Board member	jillblock16@gmail.com	
+ -	Community-based organizations		Bill Ryan	Community volunteer	bryan70@me.com	
+ -	Community-based organizations		Jill Stanksy	Community Volunteer	jmstansky@gmail.com	

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
+ -	Education	Simmons University	John Lowe	Associate Professor, Director of the Undergraduate Program	lowe@simmons.edu	6175212375
+ -						

8a. Community Health Initiative

For Tier 2 and Tier 3 CHI Projects, is the the Applicant's CHNA / CHIP Advisory Board the same body that will serve as the CHI advisory committee as outlined in the Table 1 of the Determination of Need Community-Based Health Initiative Guideline (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-chi-planning.pdf)?

(•) Yes ( ) No

For Tier 2 DON CHI Applicants: The CHI Advisory Committee is tasked with helping select DoN Health Priorities based on the CHNA / CHIP unless the Applicant is directed by DPH to conduct additional community engagement. If so, the advisory committee's role is to guide that additional work.

For Tier 3 DON CHI Applicants: The CHI Advisory Committee is to select DoN Health Priorities based on**, but not exclusive to,** the CHNA / CHIP. This includes the additional community engagement that must occur to develop the issue priorities.

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Municipal Staff					
	Education					
	Housing					
	Social Services					
	Planning + Transportation					
	Private Sector/ Business					
	Community Health Center					
	Community Based Organizations					
+ -						

9. Engaging the Community At Large

Thinking about the extent to which the community has been or currently is involved in the 2018 Emerson CHNA , please choose one response for each engagement activity below. Please also check the box to the left to indicate whether that step is complete or not. (For definitions of each step, please see pages 12-14 in the *Community Engagement Standards for Community Health Planning Guidelines* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf).

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
☒ Assess Needs and Resources	○	○	◉	○	○	○
Please describe the engagement process employed during the "Assess Needs and Resources" phase.	Interviews were conducted representing a variety of populations. Key interview informants were determined by community partners and staff. Information was gathered on all SDOH to understand strengths and gaps through quantitative and qualitative data.					
☒ Focus on What's Important	○	○	◉	○	○	○
Please describe the engagement process employed during the "Focus on What's Important" phase.	Quantitative and qualitative information was presented to CBAC members throughout the assessment process. Members provided continuous feedback and priorities were set using common themes. The majority of the priority populations and focus areas were determined as a result of qualitative interviews with community members representing a diverse cross-sector set of individuals.					
☒ Choose Effective Policies and Programs	○	○	○	◉	○	○
Please describe the engagement process employed during the "Choose Effective Policies and Programs" phase.	Various community partners have guided community benefit programming to address the identified priorities. Community partners present ideas and proposals for the hospital to get involved with and to financially support. In FY 20, Emerson started a Community Benefits Award where community partners applied for funding to support projects related to top priorities. A review committee made of up staff and community representation chose specific projects to fund.					
☒ Act on What's Important	○	○	○	◉	○	○
Please describe the engagement process employed during the "Act on What's Important" phase.	Emerson Hospital is committed to collaborating with our community partners to: improve the health status of all those it serves; address root causes of health disparities; and educate the community in prevention and self-care strategies. The majority of efforts to address priorities are in strong partnership with community agencies. We rely on the innovation and creativity of those in the community to address key health issues.					
☒ Evaluate Actions	○	○	◉	○	○	○
Please describe the engagement process employed during the "Evaluate Actions" phase.	Community partners provide feedback on various programs/initiatives to help evaluate efforts. Emerson works with community partners to communicate outcomes and evaluation measures.					

10. Representativeness

Approximately, how many community agencies are currently involved in 2018 Emerson CHNA within the engagement of the community at large?

15 Agencies

Approximately, how many people were engaged in the process (please include team members from all relevant agencies and independent community members from the community at large)?

24 Individuals

Please describe the diversity of the people who have been engaged in the process both within the CHNA/CHIP Advisory Committee and the community at large. Explicitly describe how the process included diverse representation from different groups/individuals with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. Please see page 10 and Appendix A of *the Community Engagement Standards for Community Health Planning Guideline* (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf) for further explanation of this.

The Community Benefits Advisory Committee is made up of men and women representing many communities and serving a variety of populations. Members of the CBAC have worked with young kids, older adults, those with disabilities and the low income population. The close relationship with school representatives provides insight to school aged youth and the issues they face. Partnerships with Council on Aging staff provide insight to older adults and the health concerns they have. Engaging town employees has provided insight into residents from different ethnicities and international status. Each year we evaluate the CBAC and identify new representatives from different towns, backgrounds and priority populations.

Please describe the type of representation that was/is employed in the community engagement process and the rationale for that type of representation. For more information on types of representation and representativeness, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf). Please include descriptions of both the Advisory Board and the Community at large.

CBAC members provided input and insight into key health issues. Community members of the CBAC provided input from their own experiences, and what they were hearing from their own communities. Additionally, the CBAC guided the process for further one-on-one interviews with community stakeholders. Key interview informants then suggested other key people to gather input from. The majority of the interviews focused on community leaders of diverse populations and health issues.

To your best estimate, of the people engaged in 2018 Emerson CHNA approximately how many: Please indicate the number of individuals.

Number of people who reside in rural area	
Number of people who reside in urban area	
Number of people who reside in suburban area	24

11. Resource and Power Sharing

For more information on Power Sharing, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf).

By community partners, we mean agencies, organizations, tribal community, health departments, or other entities representing communities.

By Applicant partners, we mean the hospital / health care system applying for the approval of a DoN project

	Community Partners	Applicant Partners	Both	Don't Know	Not Applicable
Which partner hires personnel to support the community engagement activities?	○	◉	○	○	○
Who decides the strategic direction of the engagement process?	○	○	◉	○	○
Who decides how the financial resources to facilitate the engagement process are shared?	○	○	◉	○	○
Who decides which health outcomes will be measured to inform the process?	○	○	◉	○	○

12. Transparency

Please describe the efforts being made to ensure that the engagement process is transparent. For more information on transparency, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines*.

The CHNA and CHIP are posted on the hospital website for public viewing. Community Benefit processes including the CHNA and CHIP are presented at various levels in the community. Results of the CHNA were presented to the hospital board, the medical staff and to Corporators. Additionally, they have been presented to our PFAC, our local Community Health Network Area (CHNA 15) and open community forums. Community Benefit activities are presented regularly to a variety of audiences.

13. Formal Agreements

Does / did the 2018 Emerson CHNA have written formal agreements such as a Memorandum of Agreement/ Understanding (MOU) or Agency Resolution?

○ Yes, there are written formal agreements ◉ No, there are no written formal agreements

Did decision making through the engagement process involve a verbal agreement between partners?

○ Yes, there are verbal agreements ◉ No, there are no verbal agreements

14. Formal Agreement Specifics

Thinking about your MOU or other formal agreement(s), does it include any provisions or language about:

	Yes	No	Don't Know	Doesn't Apply
Distribution of funds	○	○	○	○
Written Objectives	○	○	○	○
Clear Expectations for Partners' Roles	○	○	○	○
Clear Decision Making Process (e.g. Consensus vs. Voting	○	○	○	○
Conflict resolution	○	○	○	○
Conflict of Interest Paperwork	○	○	○	○

15. Document Ready for Filing

When the 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 DPH" button.

This document is ready to file: ☒

Date/time Stamp: 08/31/2020 8:32 am

E-mail submission to DPH

E-mail submission to Stakeholders and CHI Advisory Board

When providing the Stakeholder Assessment Forms to the community advisory board members(individuals identified in Section 8 of this form), please include the following information in your correspondence with them. This will aid in their ability to complete the form:

A) Community Engagement Process: 2018 Emerson CHNA

B) Applicant: Emerson Endoscopy and Digestive Health Center, LLC

C) A link to the DoN CHI Stakeholder Assessment

ATTACHMENT 6

AFFILIATED PARTIES FORM AND ATTACHMENTS

Massachusetts Department of Public Health
Determination of Need
Affiliated Parties

Version: DRAFT 3-15-17

DRAFT

Application Date: 09/08/2020 Application Number: - 20090210-AS

Applicant Information

Applicant Name: Emerson Endoscopy and Digestive Health Center, LLC

Contact Person: Andrew Levine Title: Attorney

Phone: 6175986700 Ext: E-mail: alevine@barrettsingal.com

Affiliated Parties

1.9 **Affiliated Parties:**

List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
+ -	Puglisi	Robert	310 Baker Avenue	Concord	MA	Physicians Endoscopy	Vice President of Operations			No	DHA Endoscopy, Berks Center for Digestive Health, Endoscopy Center of Bucks County, Endoscopy Center at St. Mary, PGC Endoscopy Center for Excellence, Endoscopy Center of Robinwood, South Broward Endoscopy	No
+ -	Schuster	Christine	310 Baker Avenue	Concord	MA	Emerson Hospital	President + CEO			No	NA	No
+ -	Hachey	Michael	310 Baker Avenue	Concord	MA	Emerson Hospital	Chief Financial Officer			No	NA	No
+ -	Hohlfeld	Sharon	310 Baker Avenue	Concord	MA	Physicians Endoscopy	Co-Treasurer			No	See Attached.	No
+ -	Hamburger	Tara	310 Baker Avenue	Concord	MA	Physicians Endoscopy	Co-Treasurer			No	See Attached.	No

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:

E-mail submission to
Determination of Need

Entity	Address	CITY	STATE	ZIP	Position	Dates	Equity or stock Interest
ADVANCED ENDOSCOPY CENTER, LLC	5500 Broadway	Bronx	New York	10463	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
AMBULATORY CENTER FOR ENDOSCOPY, LLC	7600 River Road	North Bergen	New Jersey	07047	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
ATLANTIC GASTRO SURGICENTER, LLC	3205 Fire Road	Egg Harbor Township	New Jersey	08234-5884	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
BERKS CENTER FOR DIGESTIVE HEALTH, LP	1011 Reed Avenue	Wyomissing	Pennsylvania	19610	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
BETHESDA ENDOSCOPY CENTER, LLC	10215 Fernwood Road	Bethesda	Maryland	20817	Sharon Hohlfeld (Co-Treasurer)	11/20/2019	0%
BURLINGTON COUNTY ENDOSCOPY CENTER, LLC	140 Mount Holly By-Pass	Lumberton	New Jersey	08048	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
CARNEGIE HILL ENDOSCOPY, LLC	1516 Lexington Avenue	New York	New York	10029	Sharon Hohlfeld (Co-Treasurer)	3/1/2020	0%
CENTRAL ARIZONA ENDOSCOPY, LLC	2158 North Gilbert Road	Mesa	Arizona	85203	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
CENTRAL JERSEY AMBULATORY SURGICAL CENTER, LLC	511 Courtyard Dr	Hillsborough	New Jersey	08844	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
DHA ENDOSCOPY, LLC	91 Montvale Avenue	Stoneham	Massachusetts	02180	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
Digestive Disease & Endoscopy Center	3261 NW Mt. Vintage Way	Silverdale	Washington	98383	Sharon Hohlfeld (Co-Treasurer)	3/1/2020	0%
DIGESTIVE DISEASES DIAGNOSTIC AND TREATMENT	214 Avenue P.	Brooklyn	New York	11204	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
EAST SIDE ENDOSCOPY, LLC	380 2nd Avenue	New York	New York	10010	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
ELGIN GASTROENTEROLOGY ENDOSCOPY CENTER, LLC	745 Fletcher Drive	Elgin	Illinois	60123	Sharon Hohlfeld (Assistant Treasurer)	6/1/2019	0%
ENDOSCOPY ASSOCIATES OF VALLEY FORGE, LLC	420 W. Linfield-Trappe Road	Limerick	Pennsylvania	19468	Sharon Hohlfeld (Co- Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER AT ROBINWOOD	11110 Medical Campus Road	Hagerstown	Maryland	21742	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER AT ST. MARY, LP	1205 Langhorne-Newtown Rd.	Langhorne	Pennsylvania	19047	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER OF BUCKS COUNTY, LP	790 Newtown-Yardley Road	Newtown	Pennsylvania	18940	Sharon Hohfeld (Co-Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER OF NIAGARA, LLC	6930 Williams Road	Niagara Falls	New York	14304-3096	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER OF WESTERN NEW YORK, LLC	60 Maple Road	Williamsville	New York	14221	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
FALLSGROVE ENDOSCOPY CENTER, LLC	15001 Shady Grove Rd	Rockv lle	Maryland	20850	Sharon Hohlfeld (Co-Treasurer)	9/9/2019	0%
FREDERICKSBURG ENDOSCOPY CENTER, LLC	1211 Central Park Blvd	Fredericksburg	Virginia	22401-4912	Sharon Hohlfeld (Co-Treasurer)	2/27/2020	0%
GASTROINTESTINAL ENDOSCOPY CENTER, LLC	1600 Horizon Drive	Chalfont	Pennsylvania	18914	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
GREAT SOUTH BAY ENDOSCOPY CENTER, LLC	260 Patchogue-Yaphank Road	East Patchogue	New York	11772	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
ISLAND DIGESTIVE HEALTH CENTER, LLC	471 Montauk Hwy	West Islip	New York	11795-4414	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
KALAMAZOO ENDO CENTER, LLC	3300 Cooley Court	Portage	Michigan	49024	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
LAREDO DIGESTIVE HEALTH CENTER, LLC	6999 McPherson Avenue	Laredo	Texas	78041	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
LIBERTY ENDOSCOPY CENTER, LLC	156 William Street	New York	New York	10038-2609	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
LONG ISLAND CENTER FOR DIGESTIVE HEALTH, LLC	106 Charles Lindbergh Boulevard	Uniondale	New York	11553	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
LONG ISLAND DIGESTIVE ENDOSCOPY CENTER, LLC	1500 Route 112	Port Jefferson Station	New York	11776-8054	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
MICHIGAN ENDOSCOPY CENTER AT PROVIDENCE	47601 Grand River Avenue	Novi	Michigan	48374-1233	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
MICHIGAN ENDOSCOPY CENTER, LLC	30055 Northwestern Hwy	Farmington Hill	Michigan	48334	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
MID-BRONX ENDOSCOPY CENTER	51 West Burnside Avenue	Bronx	New York	10453	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
NORTHERN NEW JERSEY CENTER FOR ADVANCED	270 Sylvan Avenue	Englewood Cliffs	New Jersey	07632	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
PGC ENDOSCOPY CENTER FOR EXCELLENCE, LLC	700 Cottman Avenue	Philadelphia	Pennsylvania	19111	Sharon Hohfeld (Co-Treasurer)	6/1/2019	0%
PRAIRIE LAND OUTPATIENT DIAGNOSTIC CENTER, LLC	1302 Franklin Avenue	Normal	Illinois	61761-6506	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
PUTNAM GI, LLC	667 Stoneleigh Avenue	Carmel	New York	10512	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
QUEENS ENDOSCOPY ASC, LLC	Utopia Center, 176-60 Union Turnp ke	Fresh Meadows	New York	11366	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
SOUTH BROWARD ENDOSCOPY, LLC	11011 Sheridan Street	Cooper City	Florida	33026	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
THE ENDOSCOPY CENTER AT BAINBRIDGE, LLC	8185 East Washington Street	Chagrin Falls	Ohio	44023-4574	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
THE ENDOSCOPY CENTER AT BAINBRIDGE, LLC	1611 South Green Road	South Euclid	Ohio	44121	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
THE ENDOSCOPY CENTER OF WEST CENTRAL OHIO, LLC	2793 Shawnee Road	Lima	Ohio	45806	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
UH CANTON ENDOSCOPY, LLC	3722 Dressler Road, N.W.	Canton	Ohio	44718	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
UH NORTH RIDGEVILLE ENDOSCOPY CENTER, LLC	32800 Lorain Road	North Ridgeville	Ohio	44039	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
YORKVILLE ENDOSCOPY, LLC	201 East 93rd Street	New York	New York	10128	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%
DIGESTIVE HEALTH SPECIALISTS - ARIZONA ENDOSCOPY	8573 East Princess Drive	Scottsdale	Arizona	85255	Sharon Hohlfeld (Co-Treasurer)	9/30/2019	0%
SURGICAL CENTERS OF MICHIGAN	4600 Investment Drive	Troy	Michigan	48098	Sharon Hohlfeld (Co-Treasurer)	6/1/2019	0%

Entity	Address	CITY	STATE	ZIP	Position	Dates	Equity or stock Interest
AMBULATORY CENTER FOR ENDOSCOPY, LLC	7600 River Road	North Bergen	New Jersey	07047	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
ADVANCED ENDOSCOPY CENTER, LLC	5500 Broadway	Bronx	New York	10463	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
ATLANTIC GASTRO SURGICENTER, LLC	3205 Fire Road	Egg Harbor Township	New Jersey	08234-5884	Tara Hamburger (Co-Treasurer)	11/1/2016	0%
LONG ISLAND DIGESTIVE ENDOSCOPY CENTER, LLC	1500 Route 112	Port Jefferson Station	New York	11776-8054	Tara Hamburger (Co-Treasurer)	11/21/2017	0%
BERKS CENTER FOR DIGESTIVE HEALTH, LP	1011 Reed Avenue	Wyomissing	Pennsylvania	19610	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
BURLINGTON COUNTY ENDOSCOPY CENTER, LLC	140 Mount Holly By-Pass	Lumberton	New Jersey	08048	Tara Hamburger (Co-Treasurer)	6/21/2016	0%
BETHESDA ENDOSCOPY CENTER, LLC	10215 Fernwood Road	Bethesda	Maryland	20817	Tara Hamburger (Co-Treasurer)	9/30/2018	0%
CENTRAL ARIZONA ENDOSCOPY, LLC	2158 North Gi bert Road	Mesa	Arizona	85203	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
CARNEGIE HILL ENDOSCOPY, LLC	1516 Lexington Avenue	New York	New York	10029	Tara Hamburger (Co-Treasurer)	3/1/2020	0%
CENTRAL JERSEY AMBULATORY SURGICAL CENTER, LLC	511 Courtyard Dr	Hillsborough	New Jersey	08844	Tara Hamburger (Co-Treasurer)	6/5/2017	0%
PRAIRIE LAND OUTPATIENT DIAGNOSTIC CENTER, LLC DBA DIGESTIVE DISEASE ENDOSCOPY CENTER	1302 Franklin Avenue	Normal	Illinois	61761-6506	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
Digestive Disease & Endoscopy Center	3261 NW Mt. Vintage Way	Silverdale	Washington	98383	Tara Hamburger, Treasurer	3/1/2020	0%
DHA ENDOSCOPY, LLC	91 Montvale Avenue	Stoneham	Massachusetts	02180	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
DIGESTIVE HEALTH SPECIALISTS - ARIZONA ENDOSCOPY CENTER, LLC	8573 East Princess Drive	Scottsdale	Arizona	85255	Tara Hamburger (Co-Treasurer)	9/30/2018	0%
ENDOSCOPY ASSOCIATES OF VALLEY FORGE, LLC	420 W. Linfield-Trappe Road	Limerick	Pennsylvania	19468	Tara Hamburger (Co-Treasurer)	7/31/2018	0%
ENDOSCOPY CENTER OF BUCKS COUNTY, LP	790 Newtown-Yardley Road	Newtown	Pennsylvania	18940	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
THE ENDOSCOPY CENTER AT BAINBRIDGE, LLC	8185 East Washington Street	Chagrin Falls	Ohio	44023-4574	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
THE ENDOSCOPY CENTER AT BAINBRIDGE, LLC	1611 South Green Road	South Euclid	Ohio	44121	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER OF NIAGARA, LLC	6930 Williams Road	Niagara Falls	New York	14304-3096	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER OF WESTERN NEW YORK, LLC	60 Maple Road	Williamsville	New York	14221	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER AT ROBINWOOD	11110 Medical Campus Road	Hagerstown	Maryland	21742	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
ENDOSCOPY CENTER AT ST. MARY, LP	1205 Langhorne-Newtown Rd.	Langhorne	Pennsylvania	19047	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
THE ENDOSCOPY CENTER OF WEST CENTRAL OHIO, LLC	2793 Shawnee Road	Lima	Ohio	45806	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
ELGIN GASTROENTEROLOGY ENDOSCOPY CENTER, LLC	745 Fletcher Drive	Elgin	Illinois	60123	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
EAST SIDE ENDOSCOPY, LLC	380 2nd Avenue	New York	New York	10010	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
FREDERICKSBURG ENDOSCOPY CENTER, LLC	1211 Central Park Blvd	Fredericksburg	Virginia	22401-4912	Tara Hamburger, Treasurer	2/27/2020	0%
FALLSGROVE ENDOSCOPY CENTER, LLC	15001 Shady Grove Rd	Rockville	Maryland	20850	Tara Hamburger (Co-Treasurer)	9/9/2019	0%
GASTROINTESTINAL ENDOSCOPY CENTER, LLC	1600 Horizon Drive	Chalfont	Pennsylvania	18914	Tara Hamburger (Co-Treasurer)	8/4/2017	0%
GREAT SOUTH BAY ENDOSCOPY CENTER, LLC	260 Patchogue-Yaphank Road	East Patchogue	New York	11772	Tara Hamburger (Co-Treasurer)	5/11/2017	0%
ISLAND DIGESTIVE HEALTH CENTER, LLC	471 Montauk Hwy	West Islip	New York	11795-4414	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
KALAMAZOO ENDO CENTER, LLC	3300 Cooley Court	Portage	Michigan	49024	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
LAREDO DIGESTIVE HEALTH CENTER, LLC	6999 McPherson Avenue	Laredo	Texas	78041	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
LIBERTY ENDOSCOPY CENTER, LLC	156 William Street	New York	New York	10038-2609	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
LONG ISLAND CENTER FOR DIGESTIVE HEALTH, LLC	106 Charles Lindbergh Boulevard	Uniondale	New York	11553	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
MID-BRONX ENDOSCOPY CENTER	51 West Burnside Avenue	Bronx	New York	10453	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
MICHIGAN ENDOSCOPY CENTER, LLC	30055 Northwestern Hwy	Farmington Hill	Michigan	48334	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
MICHIGAN ENDOSCOPY CENTER AT PROVIDENCE	47601 Grand River Avenue	Novi	Michigan	48374-1233	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
NORTHERN NEW JERSEY CENTER FOR ADVANCED ENDOSCOPY	270 Sylvan Avenue	Englewood Cliffs	New Jersey	07632	Tara Hamburger (Co-Treasurer)	2/3/2015	0%
PGC ENDOSCOPY CENTER FOR EXCELLENCE, LLC	700 Cottman Avenue	Philadelphia	Pennsylvania	19111	Tara Hamburger (Co-Treasurer)	2/5/2015	0%
PUTNAM GI, LLC	667 Stoneleigh Avenue	Carmel	New York	10512	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
QUEENS ENDOSCOPY ASC, LLC	Utopia Center, 176-60 Union Turnpike	Fresh Meadows	New York	11366	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
SOUTH BROWARD ENDOSCOPY, LLC	11011 Sheridan Street	Cooper City	Florida	33026	Tara Hamburger (Co-Treasurer)	5/1/2014	0%
SURGICAL CENTERS OF MICHIGAN	4600 Investment Drive	Troy	Michigan	48098	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
YORKVILLE ENDOSCOPY, LLC	201 East 93rd Street	New York	New York	10128	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
UH CANTON ENDOSCOPY, LLC	3722 Dressler Road, N.W.	Canton	Ohio	44718	Tara Hamburger (Co-Treasurer)	6/1/2019	0%
UH NORTH RIDGEVILLE ENDOSCOPY CENTER, LLC	32800 Lorain Road	North Ridgeville	Ohio	44039	Tara Hamburger (Co-Treasurer)	12/1/2018	0%

Physicians Endoscopy Facilities

Account Name	City	State
Central Arizona Endoscopy, LLC	Mesa	AZ
Digestive Health Specialists Endoscopy Center – Arizona, LLC	Scottsdale	AZ
South Broward Endoscopy, LLC	Cooper City	FL
Augusta Endoscopy Center, LLC	Evans	GA
DeKalb Endoscopy Center	Decatur	GA
Digestive Disease Endoscopy Center	Normal	IL
Elgin Gastroenterology Endoscopy Center, LLC	Elgin	IL
DHA Endoscopy Center, LLC	Stoneham	MA
Endoscopy Center at Robinwood, LLC	Hagerstown	MD
Delmarva Endoscopy Center, LLC	Berlin	MD
Peninsula Endoscopy Center, LLC	Delmar	MD
Bethesda Endoscopy Center, LLC	Bethesda	MD
Michigan Endoscopy Center, LLC	Farmington Hills	MI
Michigan Endoscopy Center at Providence Park, LLC	Novi	MI
Kalamazoo Endo Center, LLC	Portage	MI
Surgical Centers of Michigan, LLC	Troy	MI
Garden State Endoscopy and Surgery Center	Kenilworth	NJ
Ambulatory Center for Endoscopy, LLC	North Bergen	NJ
Burlington County Endoscopy Center, LLC	Lumberton	NJ
Northern New Jersey Center for Advanced Endoscopy, LLC	Englewood Cliffs	NJ
The Endoscopy Center of New York	New York	NY
Island Digestive Health Center, LLC	West Islip	NY
Long Island Center for Digestive Health, LLC	Uniondale	NY
Manhattan Endoscopy Center, LLC	New York	NY
Advanced Endoscopy Center, LLC	Bronx	NY
Carnegie Hill Endoscopy, LLC	New York	NY
East Side Endoscopy, LLC	New York	NY
Endoscopy Center of Niagara, LLC	Niagara Falls	NY
Endoscopy Center of Western New York, LLC	Williamsville	NY
Mid-Bronx Endoscopy Center, LLC	Bronx	NY
Liberty Endoscopy Center, LLC	New York	NY
Westside GI, LLC	New York	NY
Flushing Endoscopy Center, LLC	Flushing	NY
Queens Boulevard ASC, LLC	Rego Park	NY
Putnam GI, LLC	Carmel	NY
Great South Bay Endoscopy, LLC	East Patchogue	NY
Queens Endoscopy ASC, LLC	Fresh Meadows	NY
South Brooklyn Endoscopy Center	Brooklyn	NY
The Endoscopy Center of West Central Ohio, LLC	Lima	OH
University Suburban Endoscopy Center	South Euclid	OH
The Endoscopy Center at Bainbridge, LLC	Chagrin Falls	OH
UH Canton Endoscopy, LLC	Canton	OH
UH North Ridgeville Endoscopy Center, LLC	North Ridgeville	OH
PGC Endoscopy Center for Excellence, Inc.	Philadelphia	PA
Berks Center for Digestive Health, LP	Wyomissing	PA
Endoscopy Center at St. Mary, LP	Langhorne	PA
Endoscopy Center of Bucks County, LP	Newtown	PA
Endoscopy Associates of Valley Forge, LLC	Limerick	PA
Gastrointestinal Endoscopy Center	Chalfont	PA
Laredo Digestive Health Center, LLC	Laredo	TX
Lone Star Endoscopy, LLP	Keller	TX
Lone Star Endoscopy, LLP - Flower Mound	Flower Mound	TX
Lone Star Endoscopy, LLP - Southlake	Southlake	TX
Fredericksburg Endoscopy Center, LLC	Fredericksburg	VA
Northwest Endoscopy Center, LLC	Bellingham	WA
Digestive Disease & Endoscopy Center, PLLC	Silverdale	WA
Eastside Endoscopy Center, LLC	Bellevue	WA
Eastside Endoscopy Center - Issaquah, LLC	Issaquah	WA
Total Count	58	

ATTACHMENT 7

CHANGE IN SERVICE FORM

Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT 6-14-17

DRAFT

Application Number: - 20090210-AS Original Application Date: 09/08/2020

Applicant Information

Applicant Name: Emerson Endoscopy and Digestive Health Center, LLC

Contact Person: Andrew Levine Title: Attorney

Phone: 6175986700 Ext: E-mail: alevine@barrettsingal.com

Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Emerson Endoscopy and Digestive Health Center, LLC CMS Number: NA Facility type: Freestanding Ambulatory Surgery capacity

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected	(Days)	Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
+ -										0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected	(Days)	Actual	Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
+ -										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
+ -										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
+ -										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
+ -										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del Rows	**List other services** if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume
+ -	Addition of two (2) procedure rooms	0	2	2	0	4,910

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:

E-mail submission to Determination of Need

ATTACHMENT 8

NOTICE OF INTENT

RETURN OF PUBLICATION

I, the undersigned, hereby certify under the pains and penalties of perjury, that I am employed by the publishers of the *Boston Herald* and the following Public/Legal announcement was published in two sections of the newspaper on August 22, 2020 accordingly:

1) "Public Announcement Concerning a Proposed Health Care Project" page A23, Legal Notice Section.

2) "Public Announcement Concerning a Proposed Health Care Project" page A09, LOCAL NEWS Section.

A. Stamas
Signature

AMANDA STAMAS
Name

CLASSIFIED ADVERTISING CONSULTANT
Title

731475.1

Test rate falls again; 12 new deaths logged

By LISA KASHINSKY

There are now more than 22.7 million COVID-19 cases worldwide, some some 5.6 million in the United States, according to the Johns Hopkins University tracker. The global death toll had reached nearly 800,000 as of Friday.

The state's positive coronavirus test rate dropped to a new low as public health officials reported 431 new coronavirus cases on Friday and 13 more deaths.

The seven-day rolling average for the positive test rate has now ticked down to 1.2% from 1.3% earlier in the week, according to the Department of Public Health. It continues a gradual decline in the positive test rate over the last few weeks.

The 13 new deaths reported Friday bring the state's COVID-19 toll to 8,670. The three-day average number of deaths dropped to 12 from 13.

There are now 115,741 confirmed cases of the highly contagious virus in Massachusetts.

Four hospitals were using surge capacity, up from three the day prior. But the three-day average number of hospitalizations dropped to a low of 353. And the number of patients currently hospitalized declined to 322 from 379.

There were 66 people in intensive care units, up slightly from the day prior. The number of patients currently intubated dropped to 15 from 23.

Long-term care facilities reported eight new deaths Friday, for a total of 5,701. There are now 379 facilities that have reported at least one COVID-19 fatality, and some 24,551 residents and workers have been sickened.

The state reported another 26,758 new individuals had been tested for the virus, for a total of more than 1.54 million.

More than 2 million tests have been administered overall.

There are now more than 22.7 million COVID-19 cases worldwide, some some 5.6 million in the United States, according to the Johns Hopkins University tracker.

The global death toll had reached nearly 800,000 as of Friday, including 174,000 U.S. fatalities.

More than 14 million people have recovered globally, including nearly 2 million Americans.

MATT STONE / HERALD STAFF

CHECKUP: Rodlande Cenafils of the East Boston Neighborhood Health Center administers a coronavirus test to a patient at Jubilee Christian Church in Mattapan.

Public Announcement Concerning a Proposed Health Care Project

Emerson Endoscopy and Digestive Health Center, LLC ("Applicant") with a principal place of business at 310 Baker Avenue, Concord, Massachusetts 01742 intends to file a Notice of Determination of Need with the Massachusetts Department of Public Health for the construction of a freestanding ambulatory surgery center to be located at 310 Baker Avenue, Concord, MA 01742. The total value of the Project based on the maximum capital expenditure is $4,636,588.00. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application no later than 30 days of the filing of the Notice of Determination of Need by contacting the Department of Public Health, Determination of Need Program, 250 Washington Street, 6th Floor, Boston, MA 02108.

PROBATE CITATIONS

CITATION ON PETITION FOR FORMAL ADJUDICATION
Commonwealth of Massachusetts The Trial Court Probate and Family Court
Suffolk Probate and Family Court
24 New Chardon Street
Boston, MA 02114
(617)788-8300

Estate of:
Joseph Perez

Date of Death:
04/21/2020

SU20P1335EA

A Petition for Formal Adjudication of Intestacy and Appointment of Personal Representative has been filed by Joseph A Santosuosso of San Jose, MA, requesting that the Court enter a formal Decree and Order and for such other relief as requested in the Petition.

The Petitioner requests that

Joseph A Santosuosso of San Jose, MA

IMPORTANT NOTICE
You have the right to obtain a copy of the Petition from the Petitioner or at the Court. You have a right to object to this proceeding. To do so, you or your attorney must file a written appearance and objection at this Court before: 10:00 a.m. on the return day of 09/17/2020

This is NOT a hearing date, but a deadline by which you must file a written appearance and objection if you object to this proceeding. If you fail to file a timely written appearance and objection followed by an affidavit of objections within thirty (30) days of the return day, action may be taken without further notice to you.

UNSUPERVISED ADMINISTRATION UNDER THE MASSACHUSETTS UNIFORM PROBATE CODE (MU PC)

A Personal Representative appointed under the MUPC in an unsupervised administration is not required to file an inventory or annual accounts with the Court. Persons interested in the estate are entitled to notice regarding the administration directly from the Personal Representative and may petition the Court in any matter relating to the estate, including the distribution of assets and expenses of administration.

WITNESS, Hon. Brian J. Dunn, First Justice of this Court.

Date: August 6, 2020

/s/ Felix D. Arroyo, Register of Probate

Aug 22

LEGAL NOTICES

Notice is hereby given ExteNet Systems, Inc. proposes to install the following: (Node BBX-0708) Replacement of an existing streetlight with a new 23'-10" tall streetlight with top-mounted antenna and associated equipment concealed in the base within the public right of way near 1080 Boylston Street, Boston, Suffolk County, Massachusetts. Any interested party wishing to submit comments regarding the potential effects the proposed facilities may have on any historic property may do so by sending such comments to: Project 6120007462 - MPH EBI Consulting, 21 B Street, Burlington, MA 01803, or via telephone at (504) 458-4444. This notice is a requirement of Section 106 of the National Historic Preservation Act of 1966. Comments must be received within 30 days of this notice.

Aug 22

INVITATION TO BID

The Massachusetts Water Resources Authority is seeking bids for the following:

BID NO.	DESCRIPTION	DATE	TIME
WRA-4886	Industrial Steel Shelving	09/09/20	4:00 p.m.

To access and bid on Event(s) please go to the MWRA Supplier Portal at www.mwra.com.

LEGAL NOTICES

AT&T Mobility, LLC is proposing to modify an existing wireless telecommunications facility on an existing building rooftop located at 710 Boylston Street, Boston, Suffolk County, Massachusetts. The modifications will consist of removing 3 antennas and adding 3 new antennas at approximately 136' and 139'-3" above ground level (measured to the centerline of the antennas) on the 128' tall building. Any interested party wishing to submit comments regarding the potential effects the proposed facility may have on any historic property may do so by sending such comments to: Project 6120007452 - MW EBI Consulting, 21 B Street, Burlington, MA 01803, or via telephone at (678) 481-6555.

Aug 22

LEGAL NOTICES

Public Announcement Concerning a Proposed Health Care Project

Emerson Endoscopy and Digestive Health Center, LLC ("Applicant") with a principal place of business at 310 Baker Avenue, Concord, Massachusetts 01742 intends to file a Notice of Determination of Need with the Massachusetts Department of Public Health for the construction of a freestanding ambulatory surgery center to be located at 310 Baker Avenue, Concord, MA 01742. The total value of the Project based on the maximum capital expenditure is $4,636,588.00. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application no later than 30 days of the filing of the Notice of Determination of Need by contacting the Department of Public Health, Determination of Need Program, 250 Washington Street, 6th Floor, Boston, MA 02108.

Aug 22

LEGAL NOTICES

City Of Boston Public Improvement Commission

August 20, 2020

Ordered: That due notice be given that this Commission is of the opinion that in said City of Boston the following public improvements will be considered at the request of the petitioner: 1241 Boylston LLC.

On a petition by the petitioner for the acceptance of a **Pedestrian Easement** adjacent to **Boylston Street** (public way), Boston Proper, located on its northwesterly side at address no. 1241, between Park Drive and Ipswich Street.

This Commission appoints **September 3, 2020,** at 10:00 AM, in Boston City Hall room 801, as the time and place for the Public Hearing to consider the petition of the petitioner.

CHRISTOPHER P. OSGOOD)
GREGORY ROONEY) PUBLIC IMPROVEMENT COMMISSION
SEAN LYDON)
INDIRA ALVAREZ)

A true copy of an order passed by said Commission on said day.

Attest:
Abateneh Y. Alemu
Interim Executive Secretary

Aug 22 24

THE PHANTOM

JUMBLE SOLUTION

PHOTO HURRY INVENT SAFELY
The company went public, which allowed investors to — SHARE THE PROFIT

CROSSWORD SOLUTION

■	M	P	H	■	S	O	A	P	O	P	E	R	A	S
K	A	R	A	■	A	D	R	E	N	A	L	I	N	E
E	N	O	S	■	L	I	T	T	E	R	M	A	T	E
E	G	G	S	■	U	N	S	E	A	S	O	N	E	D
P	O	O	L	E	D	■	■	A	L	E	■	■	■	■
S	T	L	E	O	■	T	A	C	■	C	H	A	S	T
C	A	F	F	E	M	O	C	H	A	■	A	R	E	A
O	N	E	R	■	O	U	T	E	R	■	R	A	T	S
O	G	R	E	■	B	R	E	R	R	A	B	B	I	T
L	O	S	E	S	■	I	D	S	■	M	I	L	N	E
■	■	■	■	O	B	S	■	■	H	O	N	E	S	T
I	C	A	N	N	O	T	L	I	E	■	G	A	T	E
A	L	B	I	N	O	M	I	C	E	■	E	G	O	S
N	A	I	L	E	N	A	M	E	L	■	R	U	N	T
S	W	E	E	T	S	P	O	T	S	■	S	E	E	■

SUDOKU SOLUTION

7	6	1	8	2	5	9	3	4
3	5	2	9	7	4	6	1	8
4	8	9	6	1	3	7	5	2
1	7	8	2	6	9	3	4	5
5	9	6	3	4	1	2	8	7
2	3	4	7	5	8	1	6	9
6	2	3	5	8	7	4	9	1
8	4	7	1	9	6	5	2	3
9	1	5	4	3	2	8	7	6

ATTACHMENT 9

HPC ACO CERTIFICATION APPROVAL LETTER

STUART H. ALTMAN
CHAIR

The Commonwealth of Massachusetts
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MASSACHUSETTS 02109
(617) 979-1400

DAVID M. SEITZ
EXECUTIVE DIRECTOR

December 23, 2019

Esther Kim
Partners HealthCare System, Inc.
800 Boylston Street, 11TH Floor
Boston, MA 02199

RE: ACO Certification

Dear Ms. Kim:

Congratulations! The Health Policy Commission (HPC) is pleased to inform you that Partners HealthCare System meets the requirements for ACO Certification. This certification is effective from the date of this letter through December 31, 2021.

The ACO Certification program, in alignment with other state agencies including MassHealth, is designed to accelerate care delivery transformation in Massachusetts and promote a high quality, efficient health system. ACOs participating in the program have met a set of objective criteria focused on core ACO capabilities including supporting patient-centered care and governance, using data to drive quality improvement, and investing in population health. Partners HealthCare System meets those criteria.

The HPC will promote Partners HealthCare System as a Certified ACO on our website and in our marketing and public materials. In addition, a logo is enclosed for your use in accordance with the attached Terms of Use. We hope you will use the logo to highlight the ACO Certification to your patients, payers, and others.

The HPC looks forward to your continued engagement in the ACO Certification program over the next two years.

Thank you for your dedication to providing accountable, coordinated health care to your patients. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Mike Stanek, Manager, at HPC-Certification@mass.gov or (617) 757-1649.

Best wishes,

David Seltz
Executive Director

ATTACHMENT 10

CERTIFICATE OF ORGANIZATION

D

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Limited Liability Company
Certificate of Organization
(General Laws Chapter 156C, Section 12)

Federal Identification No.: Applied For

(1) The exact name of the limited liability company:

Emerson Endoscopy and Digestive Health Center, LLC

(2) The street address of the office in the commonwealth at which its records will be maintained:

133 Old Road to Nine Acre Corner, Concord, MA 01742

(3) The general character of the business:

To operate an ambulatory endoscopy center and to engage in any lawful business or activity in which a limited liability company may engage under the laws of the Commonwealth of Massachusetts; provided, however, that the Company will not engage in the practice of medicine.

(4) Latest date of dissolution, if specified: _____

(5) The name and street address, of the resident agent in the commonwealth:

NAME	ADDRESS
C T Corporation System	155 Federal Street Suite 700 Boston, Massachusetts 02110

(6) The name and business address, if different from office location, of each manager, if any:

NAME:	ADDRESS
NONE	

(7) The name and business address, if different from office location, of each person in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

NAME	ADDRESS
Erica L. Jewell	McGuireWoods LLP 77 W. Wacker Drive Suite 4100 Chicago, IL 60601

(8) The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME	ADDRESS
NONE	

(9) Additional matters:

Signed by *(by at least one authorized signatory)*: Erica Jewell

Consent of resident agent:

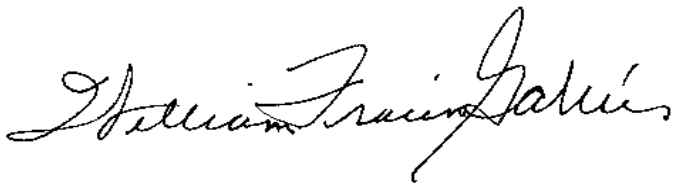
I C T Corporation System, By: James M. Halpin, Assistant Secretary, resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c 156C § 12*

**or attach resident agent's consent hereto.*

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 18, 2019 12:25 PM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

ATTACHMENT 11

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: - 20090210-AS

Original Application Date: 09/08/2020

Applicant Name: Emerson Endoscopy and Digestive Health Center, LLC

Application Type: Ambulatory Surgery

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

Describe the role /relationship:

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is ;
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. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I have** caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made if applicable
9. 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);
10. 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;
11. 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;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. 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.

LLC

All parties must sign. Add additional names as needed.

Name:	Signature:	Date
Christine Schuster	Christine L Schuster	08/24/2020

*been informed of the contents of
**have been informed that
***issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018

Type name here		
Name:	Signature:	Date

This document is ready to print: ☐ Date/time Stamp: ☐

ATTACHMENT 12

FILING FEE

WARNING – THIS CHECK IS PROTECTED BY SPECIAL SECURITY GUARD PROGRAM™ FEATURES

EMERSON HOSPITAL
ACCOUNTS PAYABLE
133 ORNAC
CONCORD, MASSACHUSETTS 01742-4169

Middlesex Savings Bank
W Concord, MA
53-7122 / 2133

CHECK NO. 0331704
VENDOR NO. 0002600

CHECK DATE	CHECK AMOUNT
08/11/20	****$9273.18

VOID AFTER SIX MONTHS

PAY NINE THOUSAND TWO HUNDRED SEVENTY-THREE 18/100

TO THE ORDER OF
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
ATTN: DETERMINATION OF NEED PROGRAM
250 WASHINGTON STREET, 6TH FLOOR
BOSTON, MA 02108

HEAT SENSITIVE RUB AREA TO VERIFY

Christine C. Schuster
AUTHORIZED SIGNATURE

THIS CHECK CONTAINS MULTIPLE SECURITY FEATURES – SEE BACK FOR DETAILS

[redacted]

EMERSON HOSPITAL
ACCOUNTS PAYABLE
133 ORNAC
CONCORD, MASSACHUSETTS 01742

Check Date: 08/11/20
Check Number: 0331704

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAY
FILINF FEE 20	08/11/20		9273.18	0.00	9273.18
VENDOR NO. 0002600		**TOTALS**	9273.18	0.00	9273.18