

Baystate Health

April 30, 2021

VIA EMAIL ONLY

Sherman Lohnes, Director
Division of Health Care Facility Licensure & Certification
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752

**Re: Baystate Wing Hospital Corporation – Baystate Mary Lane Outpatient Center
Response to Essential Services Finding
Ref. # 2PW2-008**

Dear Mr. Lohnes:

I am writing on behalf of Baystate Wing Hospital Corporation (“BWH”) in response to your letter dated April 16, 2021, in which you informed BWH that it was required pursuant to 105 CMR 130.122(F) to submit to the Department of Public Health (“Department”) a plan that details how access to the satellite emergency facility (“SEF”) and other services to be discontinued by BWH at the Baystate Mary Lane Outpatient Center (“Mary Lane”) will be maintained for residents in the service area. This letter sets forth BWH’s plan addressing each of the regulatory elements set forth in 105 CMR 130.122(F), as well as the additional elements listed in your letter.

Elements Specified in 105 CMR 130.122(F):

BWH, and all of Baystate Health, Inc. (“Baystate Health”), are committed to assuring that the community currently served at Mary Lane will continue to have access to emergency, outpatient rehabilitation, and outpatient radiology and imaging services.

(1) Utilization of the services prior to proposed closure:

Emergency services at the SEF:

As noted in BWH’s submission dated February 26, 2021, during the entire period of its operation (which began in September, 2016), the SEF has seen low utilization rates that,

except for a slight increase in FY2018, have steadily declined year over year. Annual SEF visit totals are as follows:

FY2017:	12,103
FY2018:	12,989
FY2019:	11,919
FY2020:	10,361
FY2021:	4,437 YTD ¹ (8,874 annualized)

The SEF is being utilized primarily by patients who can be effectively treated at alternative locations. As shown by data for fiscal years 2019, 2020, and 2021 YTD, most patients who seek treatment at the SEF are experiencing lower-acuity illness and medical conditions. Lower-acuity patients (*i.e.*, those with an Emergency Severity Index (“ESI”) of 3 to 5) represented 10,019 visits in FY2019 and 8,442 in FY2020, or 84% and 81%, respectively, of total SEF visits during those years. All of these lower-acuity patients could have received effective treatment at urgent care centers or in primary care practices. Higher-acuity patients (*e.g.*, those with an ESI of 1 or 2) accounted for under 20% of all visits in FY2019 and FY2020. The acuity data for FY2021 (annualized) is similar, with 6,594 patients, or 74% of total SEF visits, at an ESI level of 3 to 5. As noted below, following closure of the SEF, the higher-acuity patients (up to 5 patients per day on average) will have access to acute emergency care at ten (10) full-service Emergency Departments that are open 24/7, one of which, the BWH Emergency Department, is approximately 10 miles away from the SEF.

ESI Category	FY2019	FY2020	FY2021 YTD
ESI-1	53	52	52
ESI-2	1,743	1,719	817
ESI-3	4,687	4,147	1,766
ESI-4	5,178	4,125	1,475
ESI-5	154	170	56
ESI not noted	104	148	271
Total	11,919	10,361	4,437

¹ All FY2021 year-to-date (“YTD”) numbers represent the period from October 1, 2020 through March 31, 2021.

Outpatient rehabilitation and outpatient radiology and imaging services:

Utilization rates for outpatient rehabilitation and radiology and imaging services are as follows for the past two fiscal years and the current fiscal year-to-date:

SERVICE	FY2019	FY2020	FY2021 YTD
Physical therapy	5,456	3,961	2,017
Occupational therapy	1,921	1,809	1,107
CT	1,435	1,132	731
Diagnostic radiology	4,142	4,150	2,163
Ultrasound	1,816	1,673	921
Diagnostic mammogram	119	564	319
Screening mammogram	677	3,444	1,793

(2) Location and service capacity of alternative delivery sites:

Emergency services at the SEF:

Following the closure of the SEF on or about June 1, 2021, BWH will continue to provide 24/7 access to emergency services for the patient population served by the SEF in the Emergency Department at BWH’s main facility, located at 40 Wright Street, Palmer, Massachusetts. This site is approximately 10 miles away from the SEF, according to Google Maps. The BWH Emergency Department, which was constructed in 2018, has more than enough capacity to care for all current SEF patients. In addition to its existing ED capacity, given the numbers of patients who have historically sought care at the SEF for low-acuity conditions, BWH can serve most of the patients who currently seek treatment at the SEF at the health centers located at its Palmer site. BWH plans to increase access to primary care services in Palmer by adding a convenient care model of services, offering walk-in and same-day appointments for adult and pediatric patients, whether or not they are assigned to a Baystate Health primary care provider. BWH and Baystate Medical Practices, Inc. (“BMP”), another Baystate Health affiliate, will also offer synchronous telehealth appointments seven days a week. BMP significantly expanded its telehealth capabilities and use as a result of the COVID-19 pandemic, and telehealth is an excellent means to support access for patients in Mary Lane’s service area, particularly the lower-acuity patients who are the principal users of the SEF.

In addition to the BWH ED, emergency services are provided at the following nine (9) locations:

Athol Hospital Emergency Department 2033 Main Street, Athol, MA
Baystate Medical Center Emergency Department 759 Chestnut Street, Springfield, MA
Cooley Dickinson Hospital Emergency Department 30 Locust Street, Northampton, MA
Harrington Hospital Emergency Department 100 South Street, Southbridge, MA
Heywood Hospital Emergency Department 242 Green Street, Gardner, MA
Holyoke Medical Center 575 Beech Street, Holyoke, MA
Mercy Medical Center Emergency Department 271 Carew Street, Springfield, MA
UMass Memorial Medical Center Emergency Department – Memorial Campus 119 Belmont Street, Worcester, MA
UMass Memorial Medical Center Emergency Department – University Campus 55 North Lake Avenue, Worcester, MA

The following data available from the Center for Health Information and Analysis (“CHIA”)² show the utilization of emergency services at the alternative emergency department sites (ED Visits), as follows:

Emergency Department	FY2018	FY2019
Athol Hospital	10,304	10,100
Baystate Medical Center	84,133	80,501
Baystate Wing Hospital	25,428	19,047
Cooley Dickinson Hospital	23,297	23,865
Harrington Hospital	23,274	19,318
Heywood Hospital	21,683	21,401
Holyoke Medical Center	41,769	42,406
Mercy Medical Center	67,821	66,070
UMass Memorial Medical Center (Memorial Campus)	29,866	31,414
UMass Memorial Medical Center (University Campus)	50,017	53,590

² Source: CHIA Case Mix ED Data, 5-County Results (Berkshire, Franklin, Hampden, Hampshire, and Worcester Counties)

In addition to the above publicly available data, BWH can provide the following visit data for Baystate Medical Center and BWH for FY2020 and FY2021 YTD based on internal Baystate Health data³:

Emergency Department	FY2020	FY2021 YTD
Baystate Medical Center	113,191	95,922
Baystate Wing Hospital	20,562	10,040

These data show that each of the alternative emergency department sites has been able to handle a difference of a few hundred to a few thousand patients across recent years. In light of the different levels of emergency volumes that each of the alternative emergency department providers has been capable of handling, these alternative emergency department providers have the service capacity necessary to care for the small number of patients who seek care at the SEF.

The emergency departments at BWH and the other area hospitals provide treatment to patients of all ages and for a wide variety of medical conditions, including, but not limited to: emergency medicine; critical care needs; surgical needs; cardiology and cardiovascular conditions; neurology; orthopedics; internal and family medicine needs; gastrointestinal conditions; obstetric and pediatric medical needs; diagnostic radiology and other imaging needs; laboratory needs; ambulatory care needs; and adolescent, adult, and geriatric psychiatric conditions.

In addition to the enhanced services that will be available to patients at 40 Wright Street, Palmer, MA, BWH has identified the following six (6) locations within a 15-mile radius of Mary Lane where patients may receive walk-in or urgent care services:

Convenient MD 471 Center Street, Ludlow, MA
Urgent Care of Wilbraham 2040 Boston Road, Wilbraham, MA
CVS MinuteClinic 1001 Thorndike Street, Palmer, MA
MedExpress Urgent Care 1312 Boston Road, Springfield, MA
CVS Retail Clinic 142 Worcester Street, Charlton, MA
Urgent Care Express at Harrington-Charlton 10 North Main Street, Charlton, MA

³ Unlike the CHIA data, which reflect emergency department visits by patients from five counties, the Baystate Health data reflect total emergency department visits regardless of the patient's originating location.

The ten (10) alternative emergency department sites and six (6) urgent care sites that have been identified can accommodate the approximately 28 patients per day who present to the SEF. Even assuming all 28 patients needed emergency care in a given day, each of the ten emergency departments might see an average increase of only 3 patients per day. Given its proximity, even if all patients went to the BWH Emergency Department, BWH alone could accommodate those patients. However, as noted above, most of the SEF patients present with lower-acuity conditions that do not require an emergency level of care, and if the 28 patients were spread across all of the alternative delivery sites, the average increase at each site would be even lower than 3 patients per day.

Outpatient rehabilitation and radiology and imaging services:

Outpatient rehabilitation and outpatient radiology and imaging services will remain without interruption at their current location at Mary Lane for approximately two years, while BWH completes renovations and expansions at its main hospital facility in Palmer, where it currently provides all of these services. The planned facility changes in Palmer are intended to ensure BWH’s ability to accommodate all patients currently receiving these services at Mary Lane.

In addition to BWH’s Palmer location, outpatient rehabilitation and outpatient radiology and imaging services are available at the following locations within a 20-mile radius of Mary Lane.

Outpatient Rehabilitation	Outpatient Radiology and Imaging
Baystate Rehabilitation Care South Hadley 470 Granby Road, South Hadley, MA	Baystate Radiology & Imaging Longmeadow 21 Dwight Street, Longmeadow, MA [Mammography, diagnostic imaging]
Baystate Rehabilitation Care Longmeadow 21 Dwight Street, Longmeadow, MA	Baystate Radiology & Imaging South Hadley 470 Granby Road, South Hadley, MA [Mammography, diagnostic imaging]
Atwood Rehabilitation Clinic 8 Atwood Drive, Northampton, MA	Urgent Care of Wilbraham 2040 Boston Road, Wilbraham, MA [X-ray]
Hadley Rehabilitation Clinic 380 Russell Street, Hadley, MA	MedExpress Urgent Care 1312 Boston Road, Springfield, MA [X-ray]
Weldon Physical Therapy 45 Crane Avenue, East Longmeadow, MA	Urgent Care Express at Harrington – Charlton 10 North Main Street, Charlton, MA [MRI, mammography, x-ray, ultrasound]

ATI Amherst 101 University Drive, Amherst, MA	MedExpress Urgent Care 424 Russell Street, Hadley, MA [X-ray]
ATI Belchertown 25 Bridge Street, Belchertown	Cooley Dickinson Radiology & Imaging 170 University Drive, Amherst, MA [Mammography, X-ray, CT, PET/CT]
ATI South Hadley 84 Williamansett Street, South Hadley, MA	Valley Medical Group Amherst 31 Hall Drive, Amherst, MA [Mammography, X-ray, ultrasound]
ATI Chicopee 591 Memorial Drive, Chicopee, MA	Barre Family Health Center 151 Worcester Road, Barre, MA [Mammography, X-ray, Ultrasound]
ATI Ludlow 483 Holyoke Road, Ludlow, MA	Holyoke Health Center 230 Maple Street, Holyoke, MA [Mammography, X-ray, ultrasound]
ATI Wilbraham 70 Post Office Park 01095	UMass Memorial Ambulatory Care Center 55 Lake Avenue North, Worcester, MA [Mammography]
ATI Springfield 348 Cooley Street, Springfield, MA	
Bay State Physical Therapy* 23 Ware Street, West Brookfield, MA *(not affiliated with Baystate Health)	

(3) Travel times to alternative service delivery sites:

Travel times to alternative delivery sites will vary depending on the patient’s starting location and the route taken. For purposes of this response, BWH provides travel times to alternative delivery sites using Mary Lane as a starting location. BWH ran multiple inquiries using different times of day, and the results were substantially similar, such that there was no apparent “peak” travel time. Based on information available on Google Maps, approximate travel times from Mary Lane to alternative sites where services are provided are as follows:

Emergency services at the SEF:

Alternative Delivery Site	Travel Time
Athol Hospital ED	40 minutes
Baystate Medical Center ED	38 minutes
Baystate Wing Hospital ED	19 minutes

Cooley Dickinson Hospital ED	45 minutes
Harrington Hospital ED	37 minutes
Heywood Hospital ED	53 minutes
Holyoke Medical Center ED	39 minutes
Mercy Medical Center ED	36 minutes
UMass Memorial – University Campus ED	55 minutes
UMass Memorial – Memorial Campus ED	50 minutes
Convenient MD	26 miles
Urgent Care of Wilbraham	30 minutes
CVS MinuteClinic	19 minutes
MedExpress Urgent Care	34 minutes
CVS Retail Clinic	34 minutes
Urgent Care Express at Harrington – Charlton	34 minutes

Outpatient rehabilitation and outpatient radiology and imaging services:

Outpatient Rehabilitation	Travel Time	Outpatient Radiology and Imaging	Travel Time
Baystate Rehabilitation Care South Hadley	20 minutes	Baystate Radiology & Imaging Longmeadow	45 minutes
Baystate Rehabilitation Care Longmeadow	45 minutes	Baystate Radiology & Imaging South Hadley	32 minutes
Atwood Rehabilitation Clinic	43 minutes	Urgent Care of Wilbraham	30 minutes
Hadley Rehabilitation Clinic	37 minutes	MedExpress Urgent Care	34 minutes
Weldon Physical Therapy	42 minutes	Urgent Care Express at Harrington – Charlton	34 minutes
ATI Amherst	35 minutes	MedExpress Urgent Care	36 minutes
ATI Belchertown	19 minutes	Cooley Dickinson Radiology & Imaging	35 minutes
ATI South Hadley	35 minutes	Valley Medical Group Amherst	28 minutes

ATI Chicopee	34 minutes	Barre Family Health Center	26 minutes
ATI Ludlow	34 minutes	Holyoke Health Center	39 minutes
ATI Wilbraham	28 minutes	UMass Memorial Ambulatory Care Center	57 minutes
ATI Springfield	39 minutes		
Bay State Physical Therapy* 23 Ware Street, West Brookfield, MA <small>*(not affiliated with Baystate Health)</small>	12 minutes		

(4) Assessment of transportation needs post-discontinuance and a plan for meeting those needs:

Following closure of the SEF, BWH will continue to provide emergency services at its Emergency Department in Palmer, and it will transition the delivery of hospital-based outpatient rehabilitation and radiology and imaging services to its main hospital site in Palmer. BWH recognizes, as was noted at the public hearing, the challenges posed by limited public transportation resources in Ware and the surrounding towns. Regarding those patients who will travel by ambulance to access emergency services, as referenced below, BWH has been, and will continue to be, in close contact with local EMS providers regarding the availability of and access to these services.

Currently, patients in Mary Lane’s service area can access BWH’s Emergency Department, as well as outpatient and ambulatory services located at 40 Wright Street in Palmer, through the Pioneer Valley Transit Authority (“PVRTA”), which has a Ware/Palmer Circulator with stops at both Mary Lane and BWH. PVRTA also operates ADA and Senior Van Services for the area, which can be booked the day before an appointment. In addition, the Quaboag Connector presently offers transportation in the area on 2 business days’ notice, and BWH has learned that the Quaboag Valley Community Development Corporation recently received a \$425,000 Synergy Initiative Pilot Grant for the Quaboag Connector, which will create a new fixed-route shuttle to provide same-day service. BWH is committed to continuing its close collaboration with community partners, including the Quaboag Connector, to evaluate opportunities to enhance access to transportation in the Baystate Health Eastern Region.

(5) Protocol to maintain continuity of care for current patients of the discontinued service:

Following closure of the SEF, BWH will continue to provide emergency services at its ED in Palmer. BWH has a history of close collaboration with local EMS providers, including through regular meetings to address, among other things, transport needs and operational issues related to the delivery of services. Going forward, these meetings will

provide a forum for the exchange of information related to the closure of the SEF and the provision of emergency services generally. Following the announcement of the SEF closure, the Baystate Health Chief of Pre-Hospital Medicine and Regional EMS Coordinator initiated a series of meetings with individual EMS providers to identify ways that BWH could support the transition in the delivery of emergency services following the closure. BWH held meetings with seven EMS providers, including the three services that transport the most patients to the SEF. BWH is committed to continuing its collaboration with EMS providers through the transition. In addition, patients who have visited the SEF in the past year will receive written notice ahead of the June 1, 2021 SEF closure. All communications to patients will provide information about the alternative emergency services and urgent care services available in the service area. BWH will also provide information about mental health and substance abuse services available in the community. In advance of the transition of outpatient rehabilitation and radiology and imaging services, BWH will provide appropriate patient notification of the service changes, including working with any patients then receiving rehabilitation services to transition their ongoing care to the provider of their choice.

(6) Protocol for how patients in Mary Lane's service area will access the services at alternative delivery sites:

(a) The process that will be employed to effectively refer patients to other facilities or providers:

BWH will identify all patients who have visited the SEF within the past year and will send letters to such patients notifying them of the SEF's closure and what facilities and providers are available to them for equivalent care. In addition, BWH will make use of traditional media, such as newspapers, its website, and social media platforms to ensure that patients in the service area are aware of the SEF closure and access to care options.

(b) The impact that this may have on the current occupancy rates at the alternative delivery sites:

Daily volume at the SEF in FY2020 averaged approximately 28 visits per day. Given the high number of alternative providers in the service area, this low volume of visits can be absorbed by other facilities.

(c) The ability of the alternative delivery sites to meet the needs of these patients:

Patients who present to the ten hospitals with emergency departments listed above will have access to at least the range of services currently offered at the SEF. Patients

who begin receiving care at a hospital emergency department (as opposed to beginning at the SEF and being transferred) will be able to more efficiently access follow-up treatment options, including emergency surgery.

(d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites:

Given the number of alternative sites, the likelihood that medical needs cannot be accommodated is low. However, if medical needs cannot be accommodated at the proposed alternative sites, local primary care providers, community health centers, and urgent care centers all have escalation protocols in place with partner hospitals and EMS providers, and these processes will enable patients to access other health care treatment partners.

Additional Elements Raised in the Department's April 16, 2021 Letter:

- (1) **Engagement with Local Officials:** *The Department has required that BWH include in its closure plan "how the Hospital will ensure there is ongoing meaningful engagement with local officials as well as community groups to address their concerns, and to get their input on the development and implementation of a plan to ensure access in the future."*

Since the closure announcement in late January, BWH has shared its plans in a direct-mail communication to over 50,000 area residents, held a town hall-style meeting with members of the community served by Mary Lane, and met with the Ware Select Board. BWH is committed to engaging with local officials and community groups to address their concerns and to get input related to ensuring access to services following the closure. To this end, BWH is in regular communication with the Ware Town Manager and intends to meet with local officials in May to discuss the status of the transition and receive their feedback. BWH will continue its ongoing engagement with community organizations through its community benefits advisory council. In addition, as noted above, BWH is and will remain engaged with local officials and community groups on issues related to transportation to facilitate access to services going forward.

- (2) **Transportation:** *The Department has required that BWH "address methods of transportation for patients who will need to travel outside of Ware to access services they are currently receiving at [Mary Lane], including cancer care."*

As noted above, BWH recognizes the challenges posed by limited public transportation resources in Ware and the surrounding towns. BWH has been working, and will continue to work, on a case-by-case basis with individual patients receiving cancer-related care and other infusion services at Mary Lane to address their transportation needs as part of discussions with them about their care plans. Many of the therapies

currently administered at Mary Lane can be accommodated at BWH, and BWH anticipates that many patients receiving infusion services at Mary Lane will not need to travel to Springfield to continue their care unless they choose to do so. In addition, there are four cancer support groups operating out of Mary Lane, and those groups will continue to meet after June 1, 2021 in the virtual format they adopted during the pandemic, with ongoing financial support from BWH. In any event, BWH is committed to continuing its close collaboration with community partners, including the Quaboag Connector, to evaluate opportunities to enhance access to transportation in the Baystate Health Eastern Region. Baystate also is willing to serve as a convener to bring together local public and private transportation providers and government representatives, in order to evaluate transportation needs and identify solutions for members of the community, including, but not limited to, those seeking health care services.

- (3) **Emergency Department Transport Times:** *The Department has required that BWH include in its closure plan “information on steps taken by the Hospital to reach out to those towns whose ambulance services will experience longer transport times to discuss the impact of the closure and what can be done to mitigate transport times to Palmer before, during and after construction on the Route 32 bridge.”*

BWH leadership has been in communication with local EMS providers since the announcement of the SEF closure, including with regard to their concerns regarding the potential impacts of the closure, and these discussions will continue. As noted above, BWH will continue its regular meetings with EMS providers in its service area, and discussions will focus on the closure and the impacts of the planned bridge construction.⁴

- (4) **SEF Utilization Data:** *The Department has required that BWH include in its closure plan “data sourced from emergency medical services and community partners throughout [Mary Lane’s] service area about ambulance arrivals at the SEF.*

BWH’s Emergency Department serves as Medical Control for multiple local EMS providers. Based on information maintained by BWH in connection with these Medical Control services, as validated by communications with the EMS providers, BWH has determined that the three main EMS services bringing patients to the SEF are Ware, with 2.5 arrivals per day on average, Warren, with 0.55, and West Brookfield, with 0.68.

⁴ According to the notice published by the Massachusetts Department of Transportation regarding the public hearing on the bridge project earlier this year, construction will occur in stages to keep a one-way alternating single travel lane in place.

- (5) **Emergency Services:** The Department has required that BWH include in its closure plan “information on steps taken to ensure patients experiencing behavioral health crises receive emergency care they require.”

As noted above, BWH will continue to deliver 24/7 emergency services at its ED in Palmer, including behavioral health crisis services. BWH has a dedicated behavioral health pod in its Emergency Department, which is designed for the safety and comfort of this patient population. As the Department is aware, health care providers across the Commonwealth are challenged in their ability to meet the demand for behavioral health services. In an effort to address these challenges, Baystate Health has implemented a centralized administrative process for responding to the behavioral health needs of its patients across the system. Baystate-affiliated hospitals collaborate with local providers of behavioral health crisis services, and the centralized process assists Baystate with inpatient placement of patients who present to its emergency departments across Western Massachusetts.

Please contact me in the event you have any questions regarding this letter or need any additional information.

Very truly yours,



Vanessa L. Smith, Esq.
Senior Vice President & Chief Legal Officer
Baystate Health, Inc.