June 15, 2022

VIA EMAIL

Stephen Davis, Director

Division of Health Care Facility Licensure and Certification

Department of Public Health

67 Forest Street, Marlborough, MA 01752

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RE: Essential Service Closure

 Tufts Medical Center

 10 Pediatric Intensive Care Unit Beds

57 Pediatric Medical Surgical Beds

Ref. # 2299-H25

Dear Mr. Davis,

In response to the Department of Public Health’s June 6, 2022 Comment Letter regarding the above-referenced closure, Tufts Medical Center submits the below responses.

1. **Alternative Care Sites.** As was noted in response to the Essential Service finding, Boston Children’s Hospital is increasing inpatient capacity by July 2022. Boston Children’s is in fact adding more beds than Tufts Medical Center is closing. Considering average volume in the units that are closing at Tufts Medical Center, the additional Boston Children’s capacity is almost double the demand. Boston Children’s Hospital is by far the largest pediatric inpatient provider in the Commonwealth. Even before its expansion, it is more than three times the size of the second-largest pediatric inpatient provider. Boston Children’s has the most capacity to care for additional patients, and that is a significant reason why Tufts Medical Center focused its efforts there to ensure alternate care sites. However, Boston also has pediatric inpatient facilities at Massachussetts General Hospital and Boston Medical Center. The former of which has larger capacity than Tufts Medical Center. We were unable to source current utilization data at these two other pediatric facilities. However, Tufts Medical Center is very confident that Boston Children’s added capacity is more than sufficient to respond to patient demand resulting from the Tufts Medical Center closure.
2. **Pediatric Leadership Council.** The pediatric leadership council is comprised of physicians and administrators associated with pediatric practices that are members of the Tufts Medicine Integrated Network. The council also includes Tufts Children’s Hospital physicians and administrators. Specifically, the council has representatives of each major pediatric practice or IPA that participates in the Tufts Medicine Integrated Network, including locations in Chelmsford, Lowell, Reading, Northborough, Framingham, Woburn, Hanover, Tewksbury, Burlington, and Arlington, in addition to the Lowell Community Health Center. The Council has representatives of Tufts Medical Center pediatricians, including the Chair of Pediatrics and the Division Chief of General Pediatrics. The Council was selected to include the entire diverse array of providers that refer patients to Tufts Children’s Hospital and its specialty providers.
3. **Transportation and Interpreters**. As noted previously, Tufts Medical Center will make rideshare services available for patients that require transportation to Boston Children’s Hospital. Tufts Medical Center will also make these rides available for patients who require a different pediatric provider, such as to Massachusetts General Hospital for Children or Boston Medical Center pediatrics. Both Tufts Medical Center and Boston Children’s Hospital have patient intake processes that include inquiries into interpretation needs, and that will continue. Tufts Medical Center scheduling personnel will communicate rideshare availability at the time of appointment scheduling. Additionally, as needs arise in the clinics, this rideshare availability will be communicated.
4. **Costs and Acceptance of Insurance Plans.** As previously noted, co-payments and deductibles are entirely in the purview of the health plans, or in some cases, employers. Approximately 60% of patients who were admitted to Tufts Children’s Hospital during fiscal year 2021 are covered under MassHealth, and have no cost sharing obligations. With respect to the patients admitted to Tufts Children’s Hospital who are covered under commercial health plans, it is important to note that health care providers, including Boston Children's Hospital, are legally and contractually obligated to collect copayments, coinsurance and deductibles from patients in accordance with the terms of the patient's health benefit plan. Tufts Medical Center and Boston Children's Hospital will work with patients and their families to help them understand their cost sharing obligations in accordance with Massachusetts law. Boston Children’s Hospital also works with patients and their families to establish payment plans when they are unable to pay their bills, including bills associated with cost sharing obligations. However, Boston Children's Hospital and Tufts Medical Center are not able to assure patients that, for care received at Boston Children's Hospital, their cost sharing will not exceed their cost sharing for the care if it had been provided at Tuft Medical Center. This apportionment of costs between member and health plan, or the employer where applicable, is certainly within the purview of the health plan or employer to adjust.
5. **Trauma Designation Status**. In 2022, the American College of Surgeons mandated that all trauma centers, regardless of trauma designation, must demonstrate evidence of “pediatric readiness” for any patient below age fifteen that presents to their center. In order to stay compliant with this regulation, all trauma centers must use an assessment tool such as The National Pediatric Readiness Project (NPRP). Following the termination of the Tufts Medical Center’s Pediatric Level 1 Trauma designation, Tufts Medical Center will continue to the NPRP assessment tools to ensure the continuity of high quality care for the injured pediatric patient. Currently, care for injured patients, both adult and pediatric, is already monitored on a monthly basis. Injured pediatric patient cases are reviewed by the ED pediatric operations committee and the pediatric multidisciplinary trauma committee. Items such as, but not limited to, transfer agreements, equipment, community outreach, education, training, clinical quality outcomes and performance improvement are monitored. Post-closing of the pediatric trauma center, the above-mentioned items along with other key performance indicators will continue to be reviewed and monitored as part of our pediatric readiness program allowing Tufts Medical Center to meet and exceed the new ACS regulation. More importantly, the adult trauma surgeons will maintain their privileges to care for injured pediatric patients. Other key performance indicators may be added and reviewed as suggested by the NPRP while opportunities for improvement will be identified as appropriate. These data will be presented at the monthly adult trauma steering and multidisciplinary committee meetings. To further ensure consistent pediatric readiness, the Adult Trauma Medical Director or designee, the Trauma Program Director and Performance Improvement Manager will become participating members of the ED pediatric operations committee and the chair of the ED pediatric operations committee will also serve as a participating member of the adult trauma steering committee and when appropriate, attend the trauma multidisciplinary case review committee where pertinent data on Injured pediatric cases will be presented and discussed.
6. **Continuity of Care.** Tufts Medical Center is collaborating with Boston Children’s Hospital to ensure that a significant complement of pediatric providers remain at Tufts Medical Center in order to both staff the neonatal ICU and serve the pediatric outpatient clinics. In particular, Boston Children’s Hospital system has created a new nonprofit organization that will employ the pediatric providers at Tufts Medical Center. Through this and other efforts, at current approximately 80% of the Tufts Medical Center pediatric providers will remain. The new organization will also allow Boston Children’s to recruit new providers to serve patients at Tufts Medical Center and its Tufts Medicine affiliates. Finally, it is anticipated that where coverage is necessary, other Boston Children’s system providers will be available to serve Tufts Medicine patients. In order to communicate changes, Tufts Medical Center is communicating with all patients who have been to Tufts Children’s Hospital in the last three years. These communications include discussion of what is staying open at Tufts Medical Center, where certain providers are going and information on how to follow their providers or switch to care other medical centers or providers. Each pediatric patient family was sent a letter to their home, in English and their preferred language (if available) or in the six most common languages spoken by our patient base. Tufts Medical Center has also created a Transition Center (with a toll-free phone line) to help patients find the right doctor in the right location for them. The Center will also be helping with facilitating the transfer of records and providing guidance regarding insurance or other questions that arise.

We believe that these responses adequately answer your questions and respond to comments, but we certainly remain available for additional follow up should you have additional questions. We again thank the Department of Public Health for its professionalism and expertise through the closure of these services.

Sincerely,

Zachary Redmond

Senior Vice President & Deputy General Counsel

Tufts Medicine