

In The Matter Of:
*Mass General Brigham, Inc. Application for
Determination of Need 210121003-AS*

*1400 West Park Drive, Westborough, MA
Vol. I
April 6, 2021
Public Hearing*



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Min-U-Script® with Word Index

1 P R O C E E D I N G S

2 THE MODERATOR: Welcome, and thank you for
3 standing by. Today's conference is being recorded.
4 If you have any objections, you may disconnect at
5 this time.

6 All participants are in a listen-only mode
7 until the comments section of today's presentation.
8 To leave a comment at that time, please press Star 1
9 and clearly record your name for comment
10 introduction.

11 I would like to now turn the conference
12 over to our host, Lara Szent-Gyorgyi.

13 Lara, you may begin.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 Good evening. My name is Lara
16 Szent-Gyorgyi, and I represent the Massachusetts
17 Department of Public Health, and I'm the director of
18 the Determination of Need Program.

19 For clarification, you will hear me refer
20 to the Determination of Need Program as the "DoN
21 Program" and the Department of Public Health as the
22 "DPH."

23 Joining me behind the scenes from the
24 Department are my colleagues Lynn Conover, Lucy

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1 Clarke and Nazmim Bhuiya.

2 This hearing has been called pursuant to an
3 application submitted by Mass. General Brigham,
4 Incorporated, who we will refer to as "the
5 Applicant" or "MGB" moving forward.

6 Upon receipt of the application, DoN staff
7 reviewed the application; and after finding it to be
8 in compliance with the DoN statute and regulations
9 for filing, assigned a filing date of February 12th,
10 2021. The enabling statute for the DoN program
11 requires that any person or government agency
12 intending to undertake a substantial capital
13 expenditure, as defined by -- in the DoN regulation,
14 must apply for DoN approval before engaging in such
15 project.

16 This DoN application is for the ambulatory
17 care center, the Westborough clinic. This is our
18 third hearing for this application. We have had the
19 hearings at different times of day to accommodate
20 the different schedules among the variety of
21 stakeholders who may wish to attend these meetings.
22 We appreciate input from everyone, both via spoken
23 comment at these meetings and written comment
24 submitted to the Department.

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1 This project encompasses three different
2 locations: Woburn, which entails construction of a
3 freestanding ASC with clinic space, four operating
4 rooms and acquisition of two MRIs and two CTs; the
5 Westwood location, which includes construction of a
6 freestanding ASC with four operating rooms and
7 acquisition of two MRIs and two CTs; and the
8 Westborough clinic, which includes construction of a
9 freestanding ASC with clinic space, four operating
10 rooms and acquisition of one MRI and one CT.

11 The total value of the proposed project,
12 based on capital expenditure, is \$223,724,658.

13 In accordance with the statute and
14 regulations governing the DoN process, the DoN
15 Program is analyzing MGB's application for
16 compliance with a set of standards and criteria
17 among which are, but not limited to: Demonstration
18 of sufficient need for the project among the
19 applicant's existing patient panel; that the project
20 will add measurable public health value and
21 providing reasonable assurances of health equity;
22 that the proposed project will operate efficiently
23 and effectively by furthering and improving
24 continuity and coordination of care for the patient

1 panel; that the applicant has provided evidence of
2 consultation with appropriate regulatory and
3 licensing government agencies; and that the
4 applicant has provided evidence of community
5 engagement; and that the project will compete on the
6 basis of price, total medical expense, provider cost
7 and other recognized measures of health care
8 spending. A full list of the factors the applicant
9 must meet can be found online in the DoN Regulation
10 110.210.

11 This public hearing is an effort to gather
12 information and to hear the opinions of interested
13 parties about the proposed project. It is not
14 intended to be a question-and-answer session. No
15 questions will be permitted.

16 The DoN program will take all relevant
17 information into account in preparing its
18 recommendation to the Massachusetts Public Health
19 Council, whose decision on whether to approve the
20 DoN for the proposed project will be made at one of
21 its upcoming monthly public meetings.

22 We will accept written comments on this
23 application for ten days following this hearing,
24 through April 16th, 2021.

1 This hearing today is primarily focused on
2 the Westborough location, but we will, of course,
3 accept comments on the application in general.

4 As this is a virtual hearing, the logistics
5 are different from in-person hearings. I will
6 review our process for today. We are still -- we
7 continue to learn the logistics of this system as we
8 go, so we ask for your patience if we encounter any
9 difficulties. We will work to resolve any problems
10 that we do experience.

11 Our plan for today is as follows:

12 We are using a moderated conference call
13 line, so a moderator will manage the queue for
14 speaking. This meeting is being recorded and
15 transcribed.

16 As indicated in the -- press Star 1 if you
17 would like to testify. This will put you in the
18 queue. You will not be told where you are in the
19 queue, nor will you get much notice that you are
20 about to testify.

21 When it is your turn to testify, you will
22 be told you are now the speaker and will experience
23 a brief pause and will then become the speaker. If
24 you have muted your phone, you may need to unmute.

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1 Please begin by stating your name clearly,
2 your affiliation, your town of residence. Your full
3 address is not necessary as the transcription will
4 be posted publicly. Please speak clearly so that
5 our transcriber can record everything accurately.

6 Because we expect many speakers, we will
7 limit everyone to three minutes. I will be timing
8 people and when you have 30 seconds left you will
9 hear this sound (sound played). When your three
10 minutes is through I will say "time's up" and the
11 moderator will mute you and give the floor to the
12 next speaker. You may experience a slight pause
13 between speakers. If your testimony is lengthy, we
14 suggest you present a three-minute summary of those
15 remarks and submit a full text of your comments in
16 writing.

17 If you have a written a copy of your
18 remarks, regardless of length, please fee free to
19 submit it to the Department by e-mail or via postal
20 service. You may e-mail us at DPH.DoN@state.ma.us.
21 During the pandemic when DoN staff are working
22 remotely, mail gets to us more quickly if it is sent
23 to Determination of Need, Massachusetts Department
24 of Public Health, 67 Forest Street, Marlborough,

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1 Massachusetts 01752. Mail that has been sent to the
2 250 Washington Street address will be collected and
3 accepted as well.

4 Be assured that the Department will
5 consider all comments, whether presented orally or
6 in writing. Whether you comment or not, please know
7 the Department greatly values and appreciates your
8 participation in the DoN process.

9 Before we open the line to the general
10 public, the applicant will go first and will be
11 allotted four minutes to present information about
12 the proposed project.

13 I will now ask John Fernandez, president of
14 Mass General Brigham Integrated Care and the Mass.
15 Eye and Ear to talk about the project. After he is
16 done, the moderator will unmute the first speaker.

17 Thank you.

18 MR. FERNANDEZ: Thank you, and good
19 evening.

20 My name is John Fernandez, and I am the
21 president of Mass General Brigham Integrated Care
22 and the Mass. Eye and Ear. On behalf -- on behalf
23 of Mass General Brigham, thank you for the
24 opportunity to present our project.

1 The proposed sites for this DoN project are
2 Woburn, Westwood and Westborough. Tonight I will
3 focus many of my comments on the Westborough site,
4 while also sharing some more general comments about
5 our plans.

6 Mass General Brigham Integrated Care's
7 strategy is simple: It's about our patients. We
8 are committed to meeting and exceeding their
9 expectations by providing a comprehensive and
10 integrated set of services all under one roof,
11 offering primary care, behavioral health services,
12 specialty care, imaging services and ambulatory
13 surgery, all in a convenient, patient-friendly local
14 facility at a lower cost. Our patients deserve
15 nothing easier -- nothing less than easier access to
16 our great care, and that is what we intend to
17 deliver.

18 I would like to share why we decided this
19 strategy and why this project is good for patients:

20 There are over 40,000 patients living in
21 the with Westwood (sic) area that have elected Mass
22 General Brigham as their health care provider. Our
23 patients have already chosen MGB care over other
24 options, and many of our patients travel long

1 distances to obtain outpatient care in one of our
2 Boston area hospitals.

3 We are listening to our patients. Our
4 patients want and expect their care to be available
5 locally at a lower cost, to be less fragmented and
6 more coordinated, to be comprehensive with providers
7 having a full picture of their health and with their
8 providers collaborating on preventative care,
9 specialty care, and all treatments.

10 A significant portion of the patients
11 living within the area also are in risk contracts.
12 To effectively manage the care of these patients, it
13 is essential that we bring this full service care
14 model to their communities. We believe Mass General
15 Brigham care closer to home is the future for our
16 patients.

17 These locations will be the first Mass
18 General Brigham facilities to provide full -- a full
19 complement of health care services in space that is
20 not hospital-based. That means the cost to our
21 patients and the cost to their insurers and
22 employers will be significantly lower than not only
23 our Boston hospitals, but lower than our other
24 hospital-based sites and generally lower than other

1 community hospital sites operated by other providers
2 in the Westborough area. This model will improve
3 our patients' access to our services and their
4 outcomes and deliver on value for price.

5 Mass General Brigham is leading the way in
6 providing care through the pandemic, both in-person
7 and digitally. Through Mass General Brigham
8 Integrated Care we will provide high-quality
9 in-person and digital health care located in
10 communities to meet the needs and demands of our
11 patients.

12 We are -- we are well aware of the shortage
13 of behavioral health services in the Commonwealth
14 and the Westborough area. We've heard our patients
15 voice their concerns over lengthy behavioral health
16 provider wait lists. Integrating care will fully
17 integrate behavioral health care in all of our
18 locations. This means that embedded in each patient
19 care team are behavioral health providers,
20 specialists and subspecialists who will work
21 hand-in-hand with the patients' physical health
22 providers.

23 During these public hearings we've heard
24 directly from patients and care advocates about the

1 challenges of obtaining care in Boston. Giving our
2 patients more choices as to where and how they can
3 receive their health care is good, not bad, and --
4 and increase quality of life as well.

5 Mass General Brigham is the largest
6 provider of health care to MassHealth patients. All
7 integrated care locations will be open and
8 accessible to all populations. Our project will
9 also contribute about \$7 million in community health
10 initiatives which will be distributed to
11 community-based organizations in the catchment area
12 of Westborough and our other two project sites to
13 meet the critical needs of residents while working
14 also to address unmet social determinants of health.

15 Lastly and importantly, we are creating
16 good jobs. Across all three project sites we
17 estimate creating over a thousand construction and
18 health care jobs as we begin our recovery from
19 COVID-19. In Westborough specifically, we estimate
20 creating approximately 300 construction jobs and
21 approximately 180 permanent health care jobs. This
22 project will provide an immediate and long-term
23 boost to the local and state economy, which we all
24 know is much needed.

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1 Thank you once again for holding this
2 hearing. We welcome all comments relevant to the
3 Determination of Need standards. We remain
4 steadfast in our resolve and dedicated to listening
5 to our patients and putting them at the center of
6 our decision making. This means outstanding care,
7 quality care, at a low cost, closer to home.

8 Thank you.

9 THE MODERATOR: Ms. Rivera, your line is
10 open.

11 COUNCILOR RIVERA: Hello. Can you hear me?

12 HEARING OFFICER SZENT-GYORGYI: Yes, we can
13 hear you.

14 COUNCILOR RIVERA: Thank you so much.

15 Thank you. My name is City Councilor Sarah
16 Rivera. I represent District 4 in the city of
17 Worcester -- and I have a variety of different
18 neighborhoods; and it's very diverse in our
19 community -- and I also chair -- I'm also the chair
20 of the city -- of the Public Health and Human
21 Services subcommittee in the city of Worcester.

22 I'm testifying because I believe that the
23 MGB extension into Westborough will threaten the
24 viability of local safety-net health care like UMass

1 Memorial and the care that they provide to the most
2 vulnerable.

3 The clinic will be located where it would
4 be -- where it would not be easily accessible to the
5 highest -- it will be accessible to the highest
6 income communities in Central Mass., having the
7 largest number of commercially-insured residents,
8 but it isn't accessible to any low-income
9 neighborhoods or towns, and it's not even near
10 public transportation which, as we know,
11 accessibility is a huge issue in regard to
12 disparities and inequities in health care.

13 We see that are we are having a lot of
14 conversations on the issues of equity in health
15 care, but the reality is that many of us who have
16 been working in health care, especially in
17 communities of color, have known that inequities
18 have existed. We believe that this project will
19 continue to just expand on these inequities versus
20 trying to break barriers. It seems it's designed so
21 MGB -- which already is the largest, most expensive
22 and wealthiest health care system in
23 Massachusetts -- will become even larger and more
24 expensive. So this will worsen an already existing

1 health disparity.

2 Safety-nets like UMass Memorial and
3 Marlborough Hospital have a mission to care for the
4 vulnerable, but they lose money in doing so. In
5 fact, they often receive only about 50 to 65 cents
6 on the dollar of the cost for treating patients
7 insured by MassHealth, so to stay afloat financially
8 safety-net hospitals must counterbalance these
9 losses with revenue from treating commercially
10 insured patients. If you allow MGB to come into
11 Central Mass., and to likely skim off commercial
12 patients in this way, it will destabilize the
13 region's system of safety-net care, and that means
14 you will destabilize health care for the poorest and
15 most vulnerable people in places like Marlborough
16 and Worcester, including many people of color, all
17 for the purpose of making the most dominant system
18 even more dominant.

19 In order to fully examine issues of cost
20 and equity, I respectfully request that DPH order
21 the Health Policy Commission to conduct the
22 independent cost analysis of this application. I
23 also request that an additional public hearing be
24 scheduled after the independent cost analysis is

1 completed so the public can have a chance to weigh
2 in after the full repercussions are revealed.

3 Thank you again for this opportunity to
4 testify on behalf of myself and city council and my
5 community.

6 Thank you.

7 HEARING OFFICER SZENT-GYORGYI: Thank you.

8 THE MODERATOR: Councilman Rose, your line
9 is open.

10 COUNCILOR ROSE: Thank you and good
11 evening.

12 My name is Sean Rose. My city of residence
13 is Worcester, Massachusetts. I am also the
14 president and CEO of Thrive Support & Advocacy,
15 which is a Marlborough-based nonprofit organization
16 that serves people with intellectual and
17 developmental disabilities across 47 communities in
18 Eastern and Central Mass. And as mentioned, I am
19 also a District 1 city councilor in the city of
20 Worcester.

21 Thrive was founded over four decades ago in
22 Marlborough by a bunch of parents who wanted a
23 better life for their children than what the state
24 could offer. Since that time our agency has been

1 woven into the fabric of a very close-knit
2 community. We often come to the aid of our
3 neighbors when it's needed and, similarly, they
4 often assist us when we need a hand, and they also
5 generously support our mission.

6 UMass Memorial Health Care and Marlborough
7 Hospital have been an extraordinary partner,
8 extraordinary partner to Thrive and the individuals
9 in it that we support. And, in fact, it's even hard
10 to contemplate how our organization would have made
11 it through the COVID-19 pandemic without their
12 support and consultation and assistance.

13 The hospital provided us with testing for
14 our employees, our individuals. They even provided
15 us with PPE when it was scarce and hard to find,
16 which absolutely enabled us to stay ahead of the
17 virus. Whatever we needed to protect the health of
18 those we serve, the hospital stepped up for every
19 single time to provide us with anything and
20 everything that we needed for the last 13 months.
21 They routinely check in with us to see what we need.
22 Senior officials from UMass or the UMass system have
23 been accessible and responsible to us, whether it's
24 the CEO, Dr. Eric Dickson, or chief of surgery,

1 Dr. Michael Hurney (phonetic). They were providing
2 us with consultation even as far as back as from the
3 state didn't even provide us with direction on how
4 to proceed when the pandemic was hitting us the
5 most -- the most difficult time.

6 Beyond the assistance that Marlborough
7 Hospital has provided to Thrive, the UMass Memorial
8 Health Care system has delivered outstanding care
9 and access across Central Massachusetts since its
10 founding decades ago. It's presence has ensured
11 that Worcester residents have access to high-quality
12 specialty care, a Level 1 trauma center and an
13 emergency department that treats over 130,000
14 patients a year. Its affiliation with the nation's
15 10th best medical school for primary care and a top
16 50 school overall, in addition to having won a Nobel
17 Prize in economics, ensures the medical center leaps
18 on the latest advances and the newest medical
19 techniques for the benefit of our region.

20 Put simply, as both the nonprofit CEO and a
21 Worcester elected official, I see no need for an
22 enormous, expensive new Mass General Brigham
23 ambulatory center in Westborough. From the
24 perspective of the region's businesses, nonprofits

1 and people what problems the new Mass General
2 Brigham facility solve? How does it address current
3 medical needs for this region that are unmet?

4 I know that my time is up, so I will simply
5 end with that Central Mass. does not need MGB's
6 help. We have a self-sufficient health care system
7 that has looked out for the needs of our residents,
8 including those with disabilities, for the decades
9 in Marlborough and beyond. Let's support the system
10 that we have.

11 Thank you very much for the opportunity to
12 share my thoughts.

13 HEARING OFFICER SZENT-GYORGYI: Thank you.

14 THE MODERATOR: Senator Eldridge, your line
15 is open.

16 SENATOR ELDRIDGE: Thank you very much.

17 My comments are directed at
18 Ms. Szent-Gyorgyi and the Department of Public
19 Health, and I thank you for the opportunity to
20 provide testimony expressing my serious concern over
21 Mass General Brigham's proposal to bring an
22 ambulatory care center to the town of Westborough as
23 well as to Woburn and Westwood.

24 I represent the Middlesex and Worcester

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1 district, which includes the towns of Westborough,
2 Northborough, Southborough, the city of Marlborough
3 and ten other communities in the MetroWest region.

4 I wanted to speak at this hearing because I
5 have serious concerns about the proposal by Mass
6 General Brigham to build ambulatory centers in
7 Westborough, Woburn and Westwood. As the state
8 senator representing Westborough, I am particularly
9 focused on the ambulatory center and it's potential
10 negative health care costs, job losses and widening
11 inequality impacts of regional hospitals not only in
12 any district, but throughout MetroWest and Central
13 Massachusetts.

14 In conversations with my constituents,
15 first and foremost I hear that it's extremely
16 important that a community hospital is close to
17 them. While there is no doubt that an ambulatory
18 center could provide some of the health care needs
19 of area residents, an ambulatory center has a
20 different mission from a hospital, especially
21 community hospitals. Given the proximity of Mass
22 General Brigham's proposed ambulatory center in
23 Westborough to Marlborough Hospital and its
24 affiliation with UMass Memorial Hospital in

1 Worcester, I want to focus my comments on them.

2 Marlborough Hospital and UMass Memorial are
3 safety-net hospitals. Marlborough Hospital is a
4 safety-net hospital with some 65 percent of the
5 patients covered by public payer plans or uninsured
6 individuals. And UMass Memorial is a safety-net
7 system which serves the majority of MassHealth
8 patients in Central Mass., more than any other
9 health system in the region.

10 I am very concerned that Mass General
11 Brigham's proposed Westborough center is precisely
12 located where it's easily accessible to the region's
13 wealthier towns but is not nearby, nor easily
14 accessible, to most low-income patients. So Mass
15 General Brigham could cherry-pick commercial
16 patients from local health care providers, such as
17 Marlborough Hospital, and disrupt the ability of
18 safety-net providers to remain fiscally viable.

19 I am also very concerned about the
20 potential for job loss at Marlborough Hospital and
21 UMass Memorial Hospital if this proposal is
22 approved. Over the past month I have met with
23 nurses and administrative officials at the Marlborough
24 Hospital, many of whom worked for the hospital

1 decades, who are deeply dedicated to providing
2 health care for residents throughout the MetroWest
3 and Central Mass. regions.

4 I think it's important to emphasize that
5 the ambulatory center serves a very different
6 population compared to safety-net hospitals. As
7 more and more state laws and agencies and programs
8 are reviewing policies, investments and decisions
9 through an equity lens, I certainly hope the DPH and
10 the Determination of Need program reviews all these
11 proposals with that equity lens, especially for
12 BIPOC communities and low-income residents.

13 In conclusion, I want to reiterate my
14 serious concerns around DPH approving this proposal
15 for Mass General Brigham. I know that in reviewing
16 all proposals, DPH automatically solicits an
17 independent cost analysis. Let's make sure that
18 impacts and -- reviews every single possible impact,
19 including to my constituents.

20 Thank you so much, and I appreciate the
21 opportunity to testify tonight.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: Representative LeBoeuf,
24 your line is open.

1 REPRESENTATIVE LeBOEUF: Great.

2 Thank you very much, and thank you for
3 allowing me to speak this evening.

4 My name is David LeBoeuf, and I represent
5 the 17th Worcester district, which includes a
6 quarter of city of Worcester and the town of
7 Leicester, and I have a significant amount of
8 constituents who are served by the UMass Memorial
9 Health Care system and also work within Marlborough
10 Hospital.

11 The UMass Health Care system during this
12 pandemic really stepped up, providing extra testing,
13 making sure they're having mobile clinics, and
14 making sure they were facilitating the information
15 that we needed to keep our communities safe. This
16 proposal for MGB is not only unnecessary, it's a
17 poison pill to an institution that not only has
18 protected families for decades but creates an anchor
19 institution in our region.

20 The UMass Memorial Health Care system has
21 good union, living-wage-paying jobs, and they
22 stepped up during this pandemic and recognized their
23 employees, giving them hazard pay, knowing the value
24 that they added, and making sure that there was

1 extra efforts for community initiatives. This MGB
2 proposal would syphon off high-paying private
3 insured clients from UMass Memorial when the
4 services are adequate.

5 Now we come to the costs. Hospital pricing
6 is 20 percent higher at MGB than UMass Memorial
7 Health Care, and physician pricing is 19 percent
8 higher. Particularly around Westborough, the cost
9 of care of the MGB clinic will almost certainly be
10 higher than nearby providers. When the clinic
11 refers patients for inpatient specialized care, it
12 will be MGB hospitals that are highest priced in the
13 state.

14 We need to make sure that we do what's best
15 for all of our communities when we are inspecting
16 the needs, looking at the whole picture, not just
17 necessarily economics of one particular health care
18 system, making sure that we have a system that's in
19 place that accepts our public payers, that provides
20 the safety net that we all need and doesn't turn
21 anyone away.

22 That's the mission that UMass has done in
23 the pandemic, and I highly ask that DPH look at this
24 proposal again. We need to make sure that there's

1 another public hearing on this application where
2 more testimony can be held and the impacts can be
3 fully discussed. There needs to be an accurate
4 understanding of this impact, particularly financial
5 cost analysis that's conducted by a third-party
6 independent organization such as the Health Policy
7 Commission. I hope that you'll take this into
8 consideration, and I ask that you please make sure
9 that there's further conversation and value our
10 community and safety-net hospitals.

11 Thank you very much.

12 HEARING OFFICER SZENT-GYORGYI: Thank you.

13 THE MODERATOR: Mayor Vigeant, your line is
14 open.

15 MAYOR VIGEANT: Thank you very much for
16 giving me the opportunity to speak tonight on this
17 new project out in the Westborough area.

18 The Marlborough Hospital as been in the
19 city of Marlborough now for over 130 years, and
20 different from probably anyone else that's going to
21 be speaking tonight -- although it wasn't 130 years
22 ago -- I was born in that hospital. It serves the
23 residents and the businesses of Marlborough and the
24 area communities. It's a major employer, and it's

1 part of the community. It's involved in our
2 charities and our fundraisers, and it's there every
3 time we turn around.

4 We have a Mass General Brigham facility
5 here. It's a data center. We have some offices
6 here.

7 Through the pandemic the Marlborough
8 Hospital's been there every inch of the way. We've
9 had regular phone calls on a weekly basis now,
10 originally on a daily basis when we were getting
11 information from them and they were asking
12 continuously if they could help out.

13 Mass. General Brigham has not reached out,
14 not once, never received one phone call from them
15 about the entire city and our operation.

16 I'm not questioning Mass General Brigham's
17 quality of care. I can just tell you that
18 Marlborough Hospital and their care is excellent for
19 all in the city and for the area. They're a
20 safety-net hospital. That's been mentioned. They
21 also cover both the commercial-insured patients and
22 those that are uninsured.

23 It's not about competition, either. Mass
24 General Brigham's reimbursement rates are much

1 higher than Marlborough Hospital's reimbursement
2 rates. Some of their outpatient costs are more
3 expensive than the inpatient costs in Marlborough
4 Hospital.

5 This is a huge asset for the city of
6 Marlborough. They've just opened a brand-new
7 women's imaging center. They have a cancer center
8 we opened just a few years ago.

9 So I'm asking DPH to do a thorough
10 independent cost analysis of -- through the Health
11 Care Policy Commission and determine if there's
12 truly a need for this project out in MetroWest.

13 Thank you very much for your time tonight.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR: Chancellor Collins, your
16 line is open.

17 CHANCELLOR COLLINS: Thank you. Good
18 evening.

19 I'm Michael Collins, chancellor of the
20 UMass Medical School and senior vice-president for
21 the health sciences for UMass.

22 Allow me to state that -- for the record
23 that the fates of UMass Medical School and UMass
24 Memorial Health Care are inextricably tied because

1 of legislative mandate. In 1997, the Commonwealth,
2 pursuant to the so-called merger legislation,
3 transferred the clinical operations of the
4 university public's medical center, including the
5 medical group and the use and occupancy of the UMass
6 hospital, to a newly-formed regional clinical
7 system, UMass Memorial Health.

8 In consideration for this transfer of
9 university assets, the legislature was explicit in
10 articulating the central goal of this so-called
11 merger, which was that the university would receive
12 the benefit of continuing financial support from the
13 newly created health care entity, UMass Memorial
14 Health, and would also benefit from a special
15 relationship between our two institutions.

16 The legislature, by the stroke of a pen,
17 thereby created two distinct organizations colocated
18 on a shared campus and bound by linked destinies.
19 The success or failure of one institution would
20 directly impact the success or failure of the other.
21 This interdependency remains as true today as it was
22 in 1997.

23 In the early days after passage of the
24 merger legislation, the university and UMass

1 Memorial Health carefully developed an operational
2 framework for how our two institutions would
3 implement the legislative intent of the merger, and
4 the framework became codified in the definitive
5 agreement documents. These agreements set forth a
6 series of binding obligations, responsibilities and
7 opportunities for our two institutions.

8 But beyond our mutually beneficial
9 interdependent and symbiotic relationship is the
10 profoundly important role we play as anchor
11 institutions within our local communities. We are
12 committed to improving public health and achieving
13 and advancing the public good.

14 Consider UMass Memorial Health's role in
15 caring for the sickest and most vulnerable patients
16 throughout Central Massachusetts, in proudly serving
17 both as an essential teaching hospital for UMass
18 Medical School and Central Massachusetts's
19 safety-net hospital and operating the region's only
20 Level 1 trauma center and neonatal intensive care
21 unit, and in providing expertise and personnel to
22 current local community health initiatives.

23 UMass Memorial Health has been able to
24 withstand and endure the tremendous operating

1 difficulties associated with the pandemic. It's
2 poised to get even stronger and better as we
3 transition to post-pandemic life. Now is not the
4 time to consider license applications that could
5 prove destabilizing or disruptive to the Central
6 Massachusetts health care marketplace and the UMass
7 Memorial Health's population. It's not hyperbole to
8 state that such a plan could weaken, if not
9 undermine, our legislatively mandated linked
10 destinies and the collective work we undertake on
11 behalf of the local communities in which we live,
12 work and serve. We need all the resources available
13 to us, and more, to fulfill our social mission here
14 in Central Massachusetts and beyond.

15 While I ask the others turn out the lights
16 and go home for the day, our two institutions as
17 always will be here to care for those left behind.
18 For these reasons, our medical school respectfully
19 and vigorously asks that you deny petitioner's
20 application.

21 Thank you.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: Mr. Flotte, your line is
24 open.

1 DEAN FLOTTE: Good evening.

2 My name is Dr. Terry Flotte. I am the
3 provost and dean at UMass Medical School in
4 Worcester. I want to thank you and add my comments
5 also respectfully asking that you deny MGB's
6 proposed expansion to Westborough.

7 I will not repeat all of the chancellor's
8 cogent remarks but point out that as UMass Memorial
9 Health is the essential teaching hospital for our
10 state medical school, faculty, residents, medical
11 students, and nursing students. That means that our
12 clinical faculty are UMass Memorial Health's
13 physicians. They, along with our UMass Medical
14 School residents and fellows, are the core physician
15 workforce of UMass Memorial Medical Center.

16 It has largely been through the efforts of
17 these faculty that we've become a nationally leading
18 public medical school and a top ten national medical
19 school in primary care, as was stated, but uniquely
20 also in the top ten among all public medical schools
21 with NIH funding of our top-tier research.

22 While I serve as the provost and dean of
23 the Medical School, I also come to you as a
24 practicing physician at UMass Memorial Medical

1 Center. I'm a pediatric pulmonary specialist and
2 hands-on investigator doing clinical trials of gene
3 therapies for rare genetic disorders, including
4 Tay-Sachs disease. This illustrates how your public
5 medical school and UMass Memorial Health are
6 inextricably intertwined.

7 The chancellor has outlined how the
8 institutions have put in place formal structures to
9 conduct education and research together, and
10 particularly to conduct clinical research leading to
11 new treatments for disease, including in the
12 COVID-19 pandemic where medical school researchers,
13 working at UMass Memorial, were the one site in
14 Central Mass. testing Remdesivir for critically ill
15 patients and the Pfizer vaccine for COVID
16 prevention.

17 As the chancellor well explained, as the
18 Commonwealth's only public medical school, and we
19 and UMass Memorial Health share a legislatively
20 established destiny. Anything that hurts one will
21 necessarily hurt the other, which is why we ask now
22 that you deny the petition.

23 Thank you.

24 HEARING OFFICER SZENT-GYORGYI: Thank you.

1 THE MODERATOR: Councilman Ossing, your
2 line is open.

3 COUNCILOR OSSING: Thank you.

4 Hello. My name is Michael Ossing. I
5 appreciate the opportunity to share my concerns with
6 DPH about Mass General Brigham's community expansion
7 plans and the intent establish an outpatient center
8 in Westborough.

9 I live at [REDACTED].
10 I've lived in Marlborough for 60 years. I am the
11 Marlborough City Council president, and I have
12 served on the Marlborough City Council as a
13 counselor-at-large for 22 years.

14 I have serious concerns regarding the Mass
15 General Brigham expansion into Westborough as it
16 will impact health equity and the cost of care in
17 our community.

18 Regarding health equity, the proposed MGB
19 site in Westborough targets higher-income,
20 predominantly affluent, mobile, commercially-insured
21 populations already served by existing providers.
22 This has the potential to significantly impact the
23 most -- the most vulnerable members of our
24 community, including low income,

1 non-commercially-insured residents in our community.

2 Regarding cost of care, Westborough is
3 already well served by high-quality, low-cost health
4 care providers. MGB's community expansion plan in
5 Westborough threatens the financial viability of
6 local practitioners and community health care
7 systems replacing high-value providers with
8 high-priced medical services and no discernible
9 difference in quality. I believe that the Mass
10 General Brigham expansion into Westborough will
11 threaten essential local jobs and the financial
12 viability of critical community care institutions.

13 In closing, I respectfully ask the
14 Department of Public Health the following:

15 First, have an independent cost analysis
16 performed by the Health Policy Commission; and
17 second, conduct a subsequent public hearing after
18 the independent cost analysis is performed so the
19 public can provide DPH with comment.

20 Thank you for listening.

21 HEARING OFFICER SZENT-GYORGYI: Thank you.

22 THE MODERATOR: Councilman Doucette, your
23 line is open.

24 COUNCILOR DOUCETTE: Thank you very much.

1 My name is a Dave Doucette. I am Ward 2
2 councilor for Marlborough, Massachusetts. I
3 appreciate the opportunity to speak on the
4 Determination of Need.

5 The issue here is more not just the
6 Marlborough Hospital but, you know, the patients in
7 MetroWest now have many option to actually choose
8 from as far as their medical needs. There are
9 actually three hospitals within the region that Mass
10 General Brigham is trying to address: One in
11 Marlborough, one Framingham, one in Milford, plus an
12 assortment of clinics, medical centers, plus we
13 could travel to either Boston or Worcester as well.

14 I think the issue here -- you know, the
15 fundamental underlying issue here is just -- you
16 know, there's an intent to justify Mass General
17 Brigham's real or imagined plans for growth since
18 they couldn't expand through acquisition -- that was
19 stopped in the courts -- so it seems that their Plan
20 B is to grow through construction, and I'm not sure
21 if that's necessarily for the benefit of the
22 community, as in many of their patients are actually
23 patients of other medical centers within the
24 community.

1 The facility is about the same size as the
2 Woburn facility, which is expected to support over
3 100,000 patients, even though they claim this one
4 would be much less. And also, as commented before,
5 there is no public transportation to the facility.
6 And it's really an issue of whether or not the
7 underinsured and the non-insured will actually be
8 able to be treated at this site.

9 You know, this project is definitely
10 duplication of services that are available already
11 within the region. There's nothing new here except
12 that Massachusetts General Brigham would host it,
13 and I question whether or not it would actually do
14 it at a cost savings compared to the other
15 communities. It would obviously be cost saving to
16 Boston, but that's Boston.

17 I really want to be short on this. I think
18 it's important that we ask for an independent cost
19 analysis by the Health Policy Commission for the --
20 to see about whether or not the costs for the
21 communities is going to end up having lower health
22 care costs and then to have additional increases --
23 sorry, additional hearings after that cost analysis
24 is completed.

1 Thank you very much for your time, and I
2 appreciate it.

3 HEARING OFFICER SZENT-GYORGYI: Thank you.

4 THE MODERATOR: David Rossman, your line is
5 open.

6 DR. ROSSMAN: Thanks so much.

7 My name David Rossman. I'm a associate
8 chair of radiology at Mass. General Hospital, and I
9 want to thank the DPH for hearing me today.

10 You know, I'm a proud radiologist in a
11 subspecialized system. And, you know, I think it's
12 worth reiterating that the purpose of building these
13 sites is not to serve patients who aren't already
14 being served. In fact, it's to serve the patients
15 who are already being served within the Mass General
16 Brigham system. They come to us, but what I end up
17 seeing is either inadequate imaging or imaging that
18 ends up needing to be repeated. And the data has
19 demonstrated this not just at the MGB system, but
20 frankly across the country, across learning centers,
21 that -- that when imaging is separated from the
22 place of care, it is suboptimal for a variety of
23 reasons. Now -- and often gets repeated.

24 And so as we talk about this DoN

1 application, we're talking about the addition of CT
2 and MR in order be the able to image those patients
3 the way the patients would want to be. In other
4 words, if you're a patient and you have a new
5 potential cancer diagnosis, do you want to then get
6 an appointment for a later time?

7 Now -- and you will probably hear later
8 about the ample capacity at the Mass General Brigham
9 system, and it simply isn't true. Our wait on
10 campus is over six weeks for an MRI. Our wait for a
11 pacemaker MRI, subspecialty imaging, is over six
12 months.

13 Now that imaging will continue to happen at
14 a academic medical center. On the other hand, what
15 we need to be do is have the routine imaging
16 performed at a site where the patients are getting
17 care and at a wait of substantially less than six
18 weeks.

19 So we know that as a patient you want your
20 care to be integrated. We know that there's less
21 repeat imaging and better results with
22 subspecialized imagers. For example, we know that
23 with subspecialized mammographers, there are fewer
24 false positives, and there are more cancers

1 detected. That means fewer women who are feeling
2 the angst of a questionable finding and then have to
3 return for additional imaging or biopsies that are
4 unnecessary.

5 And again, data has demonstrated that
6 subspecialized imaging improves that, and we are
7 looking to bring that to our patients who are
8 already being served in our system, but in --
9 avoiding the drives that they have to make to get
10 into Boston.

11 So for our system, it's less expensive to
12 image to the community, and we have to preserve that
13 access in the hospital level. For the patient you
14 know that getting the imaging integrated with their
15 care is what is right for the patient and right for
16 the community.

17 I thank you very much for your time.

18 HEARING OFFICER SZENT-GYORGYI: Thank you.

19 THE MODERATOR: Okay. Kate Eshghi, your
20 line is open.

21 MS. ESHGHI: Thank you. Good evening.

22 My name is Kate Eshghi, and I am the
23 general counsel for UMass Memorial Health Care, the
24 safety-net health system for Central Massachusetts.

1 DPH is faced with a fundamental question
2 whether the state's health plan, including critical
3 decisions regarding who has access to care and at
4 what cost, will come out of the MGB corporate
5 offices in Assembly Square and the Pru, or from the
6 Commonwealth's regulatory agencies which are
7 ultimately accountable to the people of this state.
8 DPH has the regulatory authority and obligation to
9 prevent this massive and irreversible reshaping of
10 our state's health care landscape.

11 The DoN program is statutorily charged with
12 ensuring that health care resources will be made
13 reasonably and equitably available to every person
14 within the Commonwealth at the lowest reasonable
15 aggregate cost. The Department also is obligated to
16 consider the plan's intentions and likely impacts of
17 proposed projects to ensure that applicants are not
18 subverting these goals.

19 Putting aside the obvious substantive
20 reasons why MGB's proposed project fails to
21 satisfy -- and, indeed, would subvert these
22 requirements -- I will focus on two of the technical
23 reasons the Department should reject or deny the
24 application for failure to comply with the

1 regulatory requirements.

2 First, MGB's positioning of the proposed
3 project circumvents the Department's facilities
4 siting requirements, while maximizing opportunities
5 to cherry-pick commercial volume. MGB's application
6 is legally deficient because MGB has not established
7 that the proposed new surgicenter not in the primary
8 service area of an independent community hospital or
9 that such protected community hospital has submitted
10 a letter of support or entered into a joint venture
11 to run the new center as the DoN regs require.

12 Before proceeding, DPH must first establish
13 through a public and accountable process the
14 necessary subregulatory guidance defining primary
15 service area. Without doing so, DPH cannot
16 determine whether MGB has satisfied its requirement
17 which is designed to support the viability and
18 survival of independent community hospitals.

19 More fundamentally, DPH should not approve
20 MGB's massive proposed project to reshape the
21 ambulatory care landscape in the absence of the
22 legislatively mandated state health plan. The DoN
23 program cannot act to advance the state's goal of
24 ensuring appropriate allocation of health care

1 resources, increase an equitable access at lower
2 cost in the absence of such a health plan. The
3 Department must stop this proposed project in until
4 the state health plan is finalized, or equitable
5 access to services for communities who are
6 underserved and most at risk, including those
7 covered by MassHealth, will continue to take a back
8 seat to MGB's strategy to dominate the commercial
9 pay market. A decision by DPH to permit MGB to
10 proceed with this project will irreversibly transfer
11 decision making regarding the future of health care
12 in Massachusetts from public agencies to the
13 corporate offices of a single powerful system.

14 Thank you very much.

15 HEARING OFFICER SZENT-GYORGYI: Thank you.

16 THE MODERATOR: Andrea Casares, your line
17 is open.

18 MS. CASARES: Hi. Good evening.

19 My name is Andrea Casares, and I'm a
20 resident of Boston. I work as a union organizer
21 with the SHARE union. Our union is the largest in
22 Central Mass. We represent over 3,000 technical and
23 clerical workers at UMass Memorial in Worcester and
24 Marlborough Hospital.

1 The SHARE union is here today to take the
2 stand against the MGB expansion in Westborough.
3 This expansion poses a big risk to our safety-net
4 hospitals and a big threat to the job security of
5 many of our union members.

6 The mission of UMass Memorial is to provide
7 health services to the local community and expand
8 access to the under-served and those who cannot
9 afford the care. In fact, a large proportion of
10 patients that come to UMass are MassHealth or
11 uninsured. In our hospitals we even represent
12 workers whose primary role is to work directly with
13 our patients to help them find the resources that
14 they need so that they can afford and have access to
15 health care.

16 As we all know, safety-net hospitals like
17 ours are only able to balance the books if we can
18 keep patients who hold private health insurance.
19 MGB seems to be locating their proposed clinics in
20 relatively wealthy towns to attract the
21 better-paying patients and leaving UMass to care for
22 the rest. How can our hospital survive financially?

23 Central Mass. already offers plenty of
24 outpatient services MGB is proposing to open in

1 Westborough. In fact, a large proportion of our
2 union members are the ones who deliver these types
3 of services. If our hospital is not able to
4 maintain these outpatient services open and
5 thriving, this could mean many job losses and
6 layoffs. Marlborough Hospital and other local
7 community hospitals will not be able to sustain
8 themselves without those very patients that hold
9 private insurance and that MGB is planning to
10 capture.

11 Our union is tasked with creating and
12 protecting good jobs with good benefits. It's good
13 for the community and the local economy. We also
14 care that our hospitals, especially our community
15 hospitals, continue to thrive and continue to serve
16 our residents.

17 Many of our union members and their
18 families are also patients at many of our clinics.
19 They work hard to deliver good care to the community
20 and, in return, they trust getting their care
21 locally. It's a positive feedback loop.

22 Our union is requesting to not allow MGB to
23 destroy this equilibrium and deny their proposal.

24 Thank you for allowing me to share my

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1 testimony today.

2 HEARING OFFICER SZENT-GYORGYI: Thank you.

3 THE MODERATOR: Jonathan Snider, your line
4 is open.

5 DR. SNIDER: Good evening. Hello.

6 My name Jonathan Snider, and I am a family
7 medicine physician practicing in Wellesley at
8 Wellesley Family Care Associates, and I am also a
9 resident of Newton, and my practice is in Wellesley,
10 Massachusetts, and I also have an administrative
11 role serving as lead physician for the
12 Newton-Wellesley Medical Group, which is the
13 employee physician group of Newton-Wellesley
14 Hospital. I would like to thank the Department of
15 Public Health for allowing me to be here today and
16 letting me share my thoughts on this important
17 project for Mass General Brigham.

18 The Westborough Mass General Brigham
19 Integrated Care site will build upon MGB's
20 established excellence in the provision of primary
21 care and will offer a full complement of health care
22 services for our patients, my patients, and allow
23 for better care coordination.

24 Like the other facilities across our

1 system, we aim to have the Westborough MGB
2 Integrated Care site recognized by the National
3 Committees for Quality Assurance through focusing on
4 patient-centered care and the provision of
5 high-quality care through a coordinated provider
6 team.

7 MGB Westborough will offer primary care in
8 addition to many other health care services as
9 described by my colleagues before me. Co-locating
10 services in one community-based health care setting
11 will promote coordination of care among providers
12 and enhance the patient experience. Particularly
13 for primary care and behavioral health care,
14 providing a one-stop shop will improve access and
15 ease navigation for our patients.

16 Primary care patients who need additional
17 specialty surgical imaging services will be able to
18 receive much of this care at the Westborough site,
19 minimizing the need to navigate making appointments
20 and travel to another location within our system.
21 This will greatly reduce stress for our patients and
22 improve the likelihood that they will receive the
23 additional care that they will need. In addition,
24 this model allows primary care practitioners such as

1 myself and specialists to work side by side and
2 collaborate while ensuring timely access to clinical
3 information needed to treat their patients.

4 Evidence does indicate that care
5 fragmentation is an important sources of
6 inefficiency in the US health care system, and
7 health care delivery spread out across providers
8 located in different locations lead to this
9 fragmentation. By co-locating primary care with
10 surgical imaging, specialty care and other ancillary
11 services, MGB will be better able to foster
12 continuity of care and avoid care fragmentation,
13 repeat visits and other insufficiencies currently
14 faced by our MGB patients.

15 From a population health management
16 perspective, integrating care in Westborough will
17 create more capacity to ensure patient access to all
18 of our health care needs and one place. Our
19 services will include wellness services, such as
20 nutrition and behavioral health consults, chronic
21 disease management, and preventative services such
22 as labs to monitor chronic diseases such as diabetes
23 and hypertension, and cancer screenings, such as
24 mammograms and colonoscopies.

1 I don't need to say that Massachusetts has
2 a shortage of primary care providers, and Mass
3 General Brigham has a significant proportion of its
4 existing patients living within Westborough and
5 surrounding communities that cannot access their
6 primary care providers without traveling out of the
7 community. About half of MG patients -- MGB
8 patients living within the Westborough primary
9 service area have a Mass General Brigham primary
10 care provider. By bringing MGB primary care
11 services directly to Westborough, our patients will
12 be able to access their primary care services right
13 here in their community. MGB patients will be able
14 to switch their primary care provider that's usually
15 seen downtown in Boston to another MGB primary care
16 doctor the Westborough if they choose, or they can
17 choose to use the Westborough site for specialty
18 care, imaging or day surgery only.

19 In planning for our Westborough care
20 facility, we surveyed our patients, and 70 percent
21 of our patients responded --

22 HEARING OFFICER SZENT-GYORGYI: Thank you.
23 Your time is up.

24 DR. SNIDER: -- that they wanted --

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1 Thank you.

2 THE MODERATOR: If you'd like to leave a
3 public comment please press Star 1. If you'd like
4 to retract your public comment, please press Star 2.

5 John Kelly, your line is open.

6 John Kelly, your line is open.

7 Ellen Carlucci, your line is open.

8 Ellen --

9 Oh, we lost Ellen.

10 Mitchell Sokoloff, your line is open.

11 DR. SOKOLOFF: Good evening. I'm
12 Dr. Mitchell Sokoloff, professor and chair of
13 urology at UMass Medical School and UMass Memorial
14 Medical Center. I reside in Northborough. Thank
15 you for allowing me to share my grave concerns about
16 the proposed MGB outpatient center in Westborough.

17 I specialize in treating urologic cancers.
18 I have particular expertise in prostate cancer and
19 in addressing the social and political determinants
20 of health that negatively impact men from obtaining
21 timely and quality care for prostate cancer and
22 prostate cancer screening. With a large population
23 of African-American men and the high number of
24 immigrants from Africa, Worcester County has the

1 highest incidence of and death from prostate cancer
2 in the Commonwealth.

3 We at UMass Memorial are ground zero in the
4 war against prostate cancer. Daily my colleagues
5 and I see young men with lethal and deadly prostate
6 cancer. Challenges with awareness, access,
7 transportation, nutrition, income and discrimination
8 contribute to higher a morbidity and mortality for
9 these men. We have worked diligently and
10 relentlessly to address these obstacles to meet the
11 needs our unique community.

12 MGB's plans to establish an outpatient
13 center in Westborough will upend these efforts and
14 could have catastrophic implications for our
15 patients and us. This new clinic will worsen and
16 exacerbate existing health disparities, as MGB
17 targets higher-income, predominantly white,
18 commercially-insured populations that are already
19 superbly served by the resources here in Central
20 Massachusetts.

21 By drawing commercially-insured patients
22 away, we will be unable to subsidize care for the
23 neediest patients: Those who have Medicare,
24 Medicaid or who are uninsured. My department and

1 our institution are impassioned and relentless in
2 providing prostate cancer services to all men,
3 regardless of socioeconomic status or ethnicity.
4 However, if MGB is allowed to build their outpatient
5 center, we will face financial challenges that will
6 negatively impact this care and will result in a
7 reduced safety-net for our community's most
8 vulnerable patients.

9 The political determinants of health
10 explain how political actions create the social
11 inequalities that then cause health disparities.
12 This current situation with MGB is a perfect example
13 of how our communities and their local governments
14 and legislature can rally behind and support our
15 most vulnerable citizens by preventing a high-cost,
16 big business institution from wreaking havoc and
17 disrupting and destabilizing Central Massachusetts'
18 safety-net programs.

19 As such, I respectfully request that the
20 Health Policy Commission provide an independent cost
21 analysis of this expansion and that additional
22 hearings be scheduled after this independent cost
23 analysis results are made public.

24 Thank you for the opportunity to speak.

1 HEARING OFFICER SZENT-GYORGYI: Thank you.

2 THE MODERATOR: John Kelly, your line is
3 open.

4 MR. KELLY: Hello.

5 My name is John Kelly. I'm the chief
6 nursing officer and chief operating officer for
7 UMass Memorial Marlborough Hospital. I oversee all
8 aspects of the hospital, including the nursing
9 department, med/surg unit, behavioral health, ICU,
10 diagnostic imaging, rehab services, surgical
11 services and pharmacy.

12 We're committed to patient-centered, safe
13 and high-quality care delivered by our caregivers,
14 who are compassionate, caring, dedicated and highly
15 skilled. We care for every patient who comes
16 through our doors as if they're our family members.
17 We do not discriminate against any patient for any
18 reason: The ability to pay, socioeconomic status
19 race, gender, age or ethnicity. We work extremely
20 hard every day to provide exceptional care with
21 excellent outcomes. We monitor all of our safety,
22 quality and patient experience metrics every day,
23 and this concentrated effort and deliberate focus
24 has earned us the grade of A for quality safety from

1 Leapfrog, and 4 Star rating from CMS.

2 I am very, very concerned about the impact
3 of the MGB expansion to Westborough. We have our
4 patients and caregivers in our community. Many of
5 the services that we are -- being proposed at the
6 Westborough site are identical to the is services
7 that we offer at Marlborough Hospital. As you've
8 heard already, some of the radiology services that
9 we mimic here at Marlborough and are able to provide
10 that service currently the same day.

11 As safety-net hospitals, we rely on
12 commercially-insured patients to help us offset the
13 costs of providing care to public payer patients.
14 We would be competing for the same patients and may
15 be faced with making difficult decisions about
16 reducing some of our services if they are not
17 profitable or break-even. This is of grave concern
18 for both our inpatient and our outpatient behavioral
19 health services. Our behavioral health services are
20 offered to our extremely vulnerable patient
21 population which is already short on services.

22 Aside from competing with MGB for patients,
23 we will also be competing with them to find health
24 care workers who care for and treat our patients.

1 I respectfully disagree that Mass General
2 Brigham will be bringing the new jobs to the region.
3 I believe that they will recruiting care givers from
4 our health care facility and we will lose skilled
5 talent from Marlborough Hospital as well as UMass
6 Memorial Medical Center. There is already
7 tremendous shortage in many professions, such as
8 nursing, imaging, medical assistants, lab
9 technologists, physical therapists, operating room
10 staff, just to name a few.

11 I strongly ask that there's an independent
12 cost analysis done prior to this project moving
13 forward.

14 Thank you very much.

15 HEARING OFFICER SZENT-GYORGYI: Thank you.

16 THE MODERATOR: Mark Lampert, your line is
17 open.

18 MR. LAMPERT: Oh, yes. Hi.

19 My name is Mark Lampert. I live in the
20 town of Westborough. I've lived in Westborough for
21 about 25 years, and I've worked in Westborough
22 almost as long.

23 I've been to Mass. General and also Mass.
24 Eye and Ear many times during the past 25 years;

1 and, in fact, I'll be driving at least five times
2 this year to Mass. Eye and Ear either for imaging or
3 to see doctors. Sometimes I have to drive in rush
4 hour on the Pike to see -- you know, when I want to
5 see a doctor at Mass. General -- Mass. Eye and Ear,
6 rather, which can be a little stressful, since I'm
7 not used to driving on the Pike, specially during
8 rush hour, and also I have a medical condition which
9 can affect my driving.

10 I've been to UMass Medical Center for
11 services, also. The parking lots are kind of
12 cramped there, and they have parking fees and so on
13 and so forth. It also requires driving through
14 Worcester on narrow streets. Route 9 is kind of
15 narrow there.

16 One time I even had a kidney stone, and I
17 didn't think I could navigate Worcester while in
18 pain, so I had to call an ambulance because I didn't
19 think I could drive -- make it through Worcester
20 without an accident. So if Mass. General had been
21 in Westborough, I might have made the shorter trip
22 there. I needed imaging.

23 A Mass. General center would also allow
24 access to medical specialists that I do not use

1 currently, because I just -- it's too difficult to
2 get to them. So it would be beneficial for me if
3 Mass. General had a care facility in Westborough.

4 Okay. Thank you.

5 HEARING OFFICER SZENT-GYORGYI: Thank you.

6 THE MODERATOR: James Leary, your line is
7 open.

8 MR. LEARY: Hi.

9 My name is Jim Leary, and I'm VP of
10 government relations for UMass Memorial.

11 To believe MGB's proposal satisfies the
12 cost containment and health equity criteria, you'd
13 have to ignore compelling evidence.

14 The first thing you'd have to ignore is
15 MGB's own statements. Last year MGB leaders made a
16 presentation to the JP Morgan health care conference
17 that included a slide about this clinic proposal,
18 describing its goal as, quote, "to increase network
19 lives and secondary and tertiary commercial referral
20 volume," end quote. "Adding network lives" means
21 taking patients from low-cost providers, and
22 "increasing commercial referrals" means sending them
23 to the state's most expensive physicians and
24 hospitals.

1 The next thing you'd have to ignore is the
2 size of the proposed clinics. MGB Westborough's
3 patient panel is 41 percent the size of Woburn's and
4 its visits are 32 percent, but it's proposing
5 facilities that are the exact same size: 62,000
6 square feet. Why would you need the same-sized
7 clinic for 1/3 of the visits? The obvious answer is
8 that both clinics are designed for the commercial
9 growth strategy described to JP Morgan but not
10 described to the DPH. But they want you to ignore
11 that.

12 Now, just this week, MGB did something else
13 they hope you'll ignore: Mailed thousands of flyers
14 marketing the Westborough clinic as, quote, "a
15 bridge to MGB's hospitals." Well, if you build a
16 bridge to the state's most expensive hospitals, you
17 can expect we're all are going to pay a big toll in
18 the form of cost increases, in destabilization of
19 safety-net providers.

20 Another thing that MGB hopes you'll ignore
21 is actually in its own application: Specifically,
22 its community health survey that shows this clinic
23 is unneeded. MGB's survey gave respondents 17
24 options to choose from as strengths of their

1 community, and the number two most-cited strength
2 was accessible medical services, selected by almost
3 70 percent of respondents. Its decision to build a
4 clinic in the center of the very wealthiest town in
5 Central Mass. was not due to compelling community
6 need, but it is very consistent with its JP Morgan
7 strategy.

8 Lastly, MGB hopes you'll ignore its
9 disproportionately low Medicaid payer mix. Its
10 statewide payer mix is low, but in Central Mass.
11 it's even worse. 54 percent commercial and nine
12 percent Medicaid, compared to UMass Memorial's
13 30 percent commercial and over 25 percent Medicaid.

14 In closing, the overwhelming evidence is
15 that this is a major commercial growth strategy. It
16 would increase costs and risk the viability of
17 safety-net hospitals. To study this risk I request
18 that the independent cost analysis be conducted by
19 the HPC and that additional public hearings be held
20 once it's complete.

21 Thank you.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: Jonathan Joyner, your line
24 is open.

1 MR. JOYNER: Good evening.

2 My name is Jonathan Joyner. Thank you for
3 the opportunity to offer my thoughts on MGB's
4 community expansion plans.

5 For almost ten years I have served in
6 various market intelligence and business planning
7 roles in the Massachusetts health care market,
8 including time as an internal strategy consultant
9 for MGB. I currently serve as director of corporate
10 development for Shields Healthcare. As you can
11 imagine, I have a nuanced perspective on the
12 proposed expansion.

13 Having stepped through the regulatory
14 hurdle process on many occasions, I'm well versed in
15 the objectives of the Determination of Need: Namely
16 to encourage completion, support the development of
17 innovative delivery methods and ensuring access to
18 health care resources at the lowest possible cost.

19 The recent push by MGB to expand their
20 ambulatory footprint is cause for concern.
21 Consolidation and subsequent cannibalization of the
22 existing community providers stifles competition,
23 curbs innovation, and extends higher cost structures
24 into the community. When viewed in the aggregate,

1 the expansion objectives of MGB represent the
2 anthesis of the DoN objectives.

3 For your consideration, I would like focus
4 factor one, evidence of need, a foundational element
5 of this regulatory approval process:

6 In the most recent expansion plans, MGB
7 plans to add OR capacity in a market that's already
8 well-served by two existing ASCs in Framingham and
9 Shrewsbury, as well as the UMass network of
10 hospitals, including Marlborough Hospital, less than
11 ten miles away.

12 Similar ASCs within the Shields network
13 operate nine-hours days, five days a week and can
14 treat a more complex caseload that requires an
15 average of 95 minutes of OR time. These ASCs can
16 accommodate 5500 cases in a given year. MGB's DoN
17 application notes that their patient panel for the
18 Westborough ASC is just over 3200 patients.

19 With these assumptions, the proposed
20 Westborough facility would be operating at
21 58 percent utilization. MGB has smart folks on
22 their staff. Over building indicates that they
23 actually anticipate higher volume than what is
24 outlined in their application. This volume would

1 out -- would originate outside of their patient
2 panel. This is a perfect example oversaturation,
3 and the excess capacity is meant to capture market
4 share.

5 I heard in previous hearings from
6 proponents of the MGB expansion plan that this need
7 is justifiable, given the existing backlog for
8 access to their wholly-owned sites of care. Shields
9 JD Partners facility can happily accommodate the
10 backlog with our existing capacity, but that would
11 require MGB to be willing to collaborate on existing
12 providers in the market.

13 I speak not as a market competitor but as a
14 taxpayer, a commercial insurance enrollee and a
15 student of the local health care market dynamics.
16 There is fundamentally no justifiable need for this
17 expansion other than the insatiable thirst for
18 market dominance. Approval of these expansion plans
19 by this Committee is an affront to its own charter,
20 the price of which will be borne by all of us.

21 Thank you.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: James Ledwith, your line is
24 open.

1 DR. LEDWITH: Thank you. Hello.

2 I'm James Ledwith, a family physician in
3 the UMass Memorial Medical Group in Worcester, and a
4 15-year member of the faculty of the University of
5 Massachusetts Medical School. My home is in
6 Franklin, Massachusetts. I appreciate the
7 opportunity to share my concerns about the potential
8 impact on the cost of care and health equity of the
9 MGB expansion plan.

10 My primary care practice services a diverse
11 panel of patients, many with chronic illness, and I
12 particularly focus my practice on chronic pain and
13 substance use disorder. I serve as a consultant to
14 improve the consistency of care for patients with
15 chronic pain in our system, and I'm also a
16 consultant for the Massachusetts Consultation
17 Service for Treatment of Addiction and Pain, MCSTAP,
18 a tremendous statewide resource to health providers
19 funded by DoHHS.

20 I teach medical students and family
21 medicine residents who are preparing to enter
22 primary care practices, and in my 15-years,
23 including eight years as a residency program
24 director here, I've counseled many dozens of young

1 physicians about their career and practice options,
2 and I'm very concerned that this expansion plan will
3 have an impact on the distribution of primary care
4 across the state, especially in regard to equity and
5 access to primary care.

6 Mass General Brigham's expansion into
7 Westborough will increase the cost of care without
8 increasing the quality of care for patients.
9 Increasing specialty services without supporting a
10 strong primary care workforce of at least 25 percent
11 of providers has been shown to produce worse health
12 care outcomes for a community.

13 MGB has a track record of merging,
14 acquiring or pushing out community health care
15 systems, and then pricing services at a higher cost,
16 increasing the financial burden placed upon patients
17 throughout the Commonwealth. I've experienced this
18 costly trend firsthand.

19 Several years ago, during my wife's
20 terminal illness, I investigated practice options
21 closer to my home in Franklin, and I visited the
22 Milford Regional Medical Center's medical group that
23 had recently affiliated with Partners, now known as
24 MGB. Their provider reimbursements had gone up

1 drastically, with the medical group president
2 claiming to me that at least 30 percent higher
3 payments were available. Having devoted my entire
4 career to equity and access to primary care, I was
5 horrified I was told the recruitment message that
6 one could get paid more for providing less service
7 to one's community.

8 I want to emphasize my concern about access
9 to care for challenging health concerns, especially
10 the chronic pain and addiction work that I do at
11 UMass. We're providing no-cost training to
12 physicians across our region to improve
13 practice-based treatment for opioid use disorders,
14 and I'm tasked proactively consulting with practices
15 to improve our practice systems for the management
16 of chronic pain, obviously almost always in patients
17 who are disabled and relying on public payers, such
18 as Medicaid and Medicare. Those non-revenue
19 services we are providing to support our practices
20 that promote the public health are not feasible in a
21 system that's stressed by diversion of care to
22 remote health systems that are not really investing
23 in the community.

24 Thank you.

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1 HEARING OFFICER SZENT-GYORGYI: Thank you.

2 THE MODERATOR: Kate Donaghue, your line is
3 open.

4 MS. DONAGHUE: Hi.

5 This is Kate Donaghue. I'm a Westborough
6 resident, and three years ago I lost my son after
7 two suicide attempts and after he struggled with
8 substance use disorder, and I want to say that I
9 believe the more access we have to behavioral
10 treatment options, the more -- the better we will be
11 served.

12 And that's pretty much it for me. Thank
13 you.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR: Councilwoman Laura Wagner,
16 your line is open.

17 COUNCILOR WAGNER: Thank you.

18 My name is Laura Wagner, and I'm the Ward 1
19 city councilor here in Marlborough. Thank you for
20 this opportunity to voice my opposition to MGB's
21 proposed expansion into Westborough. I see this as
22 yet another project that does not consider the
23 impact it will have on the most vulnerable in our
24 communities.

1 The pandemic has exposed significant health
2 disparities that many of us already knew existed but
3 now is undeniable to all. Significant disparities
4 exist in Massachusetts regarding access to health
5 care which manifests in chronic illness, poor health
6 outcomes which are most prevalent among Black,
7 indigenous and people of color. Economic
8 disparities, environmental toxins, food and housing
9 insecurity all exacerbate the health disparities.

10 Time and time again I see projects proposed
11 by people in leadership who are far removed from the
12 communities that will be impacted. When are the
13 needs of the most -- the people who are most
14 vulnerable considered?

15 In MGB's own presentation they highlighted
16 the fact that this location will provide easy access
17 to higher-income, commercially-insured patients. In
18 the 22 March letter sent to Marlborough city council
19 by MGB they referred UMass Marlborough's concerns
20 as, quote, "real or imagined impact on Marlborough
21 Hospital and its medical center in Worcester."
22 Nothing about the concerns you've heard here tonight
23 are imagined.

24 Safety-net hospitals serve people of

1 varying needs. They are the only options for people
2 without insurance or any means of payment.

3 I've heard multiple times that this project
4 is about serving MGB's patients. I've heard nothing
5 about -- no concern for the people who risk losing
6 access to crucial medical services in their
7 community. What's the plan for the people who can't
8 get the proposed -- get to the proposed Westborough
9 site after the services they need are cut from
10 Marlborough Hospital? There are no public
11 transportation options.

12 MGB stated that their proposed site is open
13 to everyone. The truth is that the proposed
14 location is only open to the people who have the
15 means to get there.

16 In March the Commonwealth of Mass. finally
17 passed environmental justice protections into law.
18 This law means that environmental impacts of a
19 project -- the environmental impact a project will
20 have on vulnerable communities will finally be taken
21 into consideration, and just last week the Mass. DEP
22 revoked a permit for -- for the Palmer biomass plant
23 in Springfield citing health impacts. I expect the
24 same consideration for this project.

1 I believe there is not enough community
2 demand to warrant MGB's expansion into Westborough,
3 and it would harm local populations and it would
4 threaten the future community hospitals.

5 Thank you.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Doug Brown, your line is
8 open.

9 Doug Brown, your line is open.

10 Casey Burns, your line is open.

11 MR. BURNS: Hi.

12 My name is Casey Burns, I'm the director of
13 the Colation for a Healthy Greater Worcester. We're
14 also know as the CHNA 8, and we're a regional
15 community coalition responsible for community
16 engagement, capacity building and assessment for
17 public health. We have over 200 members regionally,
18 and primarily through our work in development and
19 implementation of the regional greater Worcester
20 community health improvement plan.

21 UMass Memorial has played a pivotal role in
22 the funding and sustaining of this work, but also
23 partnering and guidance of our work for over
24 20 years. This support enables core sustainability

1 of our racial equity training, leadership
2 development initiatives, community conversations and
3 priority setting for community health, as well as
4 information sharing and network building among
5 partners. We, as many grassroots, faith-based and
6 cultural organizations rely on both financial and
7 partnership support from UMass Memorial and would
8 face substantial loss of the stability of this work
9 were to be threatened.

10 In addition to our long-term ongoing
11 partnership with UMass Memorial, the pandemic has
12 also highlighted the many services and the impacts
13 that UMass Memorial has provided on equity-based
14 testing and vaccine efforts. Through the equity
15 task force and other collaborative tables, UMass
16 Memorial's collaborative orientation has made
17 neighborhood-level testing and vaccine roll-out
18 happen. And there has been clearly demonstrated
19 impact in our data that's showing the impact that
20 this -- these initiatives have made in our
21 hardest-hit communities.

22 We are hopeful that you will consider the
23 instability that would be caused to these critical
24 services and the disruption and threat to health

1 equity that the proposed expansion creates.

2 Thank you.

3 HEARING OFFICER SZENT-GYORGYI: Thank you.

4 THE MODERATOR: Alex Guardiola -- sorry
5 about that -- your line is open.

6 MR. GUARDIOLA: Thank you. I appreciate
7 it.

8 Good evening. My name is Alex Guardiola.
9 I am the director of government affairs and public
10 policy for the Worcester Regional Chamber of
11 Commerce. I want to thank you for your time this
12 evening.

13 The Worcester chamber is the largest
14 chamber in New England, servicing over 2,000
15 business members in 35 communities in Central
16 Massachusetts. I'm here to speak on behalf of the
17 chamber in opposition of the expansion of MGB into
18 the Westborough site.

19 Worcester is historically a very diverse
20 community with responsible hospital administrators.
21 The expansion into Westborough not indicative of the
22 need for the region. It's based primarily on access
23 to dollars of more affluent communities in the
24 MetroWest and 495 corridor.

1 This expansion will hinder much of what the
2 Worcester region has been working on towards for
3 decades. If approved, it would keep jobs out of our
4 community, make health care access to some of our
5 low and moderate income folks unobtainable, and
6 would increase rates of our insured in our area.

7 Due to the economic impact of the pandemic,
8 many Massachusetts families and individuals are just
9 barely making ends meet. Still, health care costs
10 continue to climb. According to the 2021 CHIA
11 report, total health care expenditures in
12 Massachusetts rose 4.3 percent in 2019, exceeding
13 the 3.1 percent benchmark, \$64.1 billion. Any
14 increases to the cost of care is unacceptable and
15 untenable.

16 MGB has a track record of merging,
17 acquiring or pushing out community health systems
18 and then pricing services at a higher cost, thereby
19 increasing the financial burden placed upon patients
20 across the Commonwealth. There are 13 health
21 facilities within 10 minutes drive of the proposed
22 site, which provide the same services as those
23 proposed by MGB's ambulatory care facility. And
24 within 20 minutes of Westborough site, there are 47

1 health care providers located in the vicinity.

2 Additionally, high costs would severely
3 hurt our small businesses in our region. They have
4 had an onslaught of losses throughout the pandemic,
5 and this would just continue to add. We believe
6 that there's not enough community demand to warrant
7 MGB's proposed expansion into Woburn, Westborough
8 and Westwood, and that approving MGB's application
9 would threaten the future of community hospitals.

10 Additionally, I respectfully request that
11 Department of Public Health require the applicant to
12 hold another public hearing on this application.
13 The time of day in which this hearing is being
14 conducted does not make it accessible for interested
15 parties to share their concerns. In order to fully
16 understand the impact of this proposal, I suggest
17 that the additional public hearing be scheduled
18 after the independent cost analysis has been
19 conducted.

20 We, again, thank you for your time this
21 evening. I hope our concerns are accurately heard.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: Kristen Nichols, your line
24 is open.

1 MS. NICHOLS: Hello. I would to thank you
2 the Department of Public Health for the opportunity
3 to speak this evening.

4 My name is Kristin Nichols, and I live in
5 the town of Hopkington.

6 The health care options in our immediate
7 area I feel are limited. My family and I have
8 sought care at local health care facilities in
9 Central Massachusetts before. The care Mass General
10 Brigham provides is superior to these local
11 facilities, and this is why my family chooses to
12 stay with providers at Mass General Brigham.

13 I have been a patient with Brigham and
14 Women's since 2008, when I lived in the city of
15 Boston. Since moving to Hopkington in 2012, I've
16 chosen to stay with Brigham and Women's, even though
17 it was inconveniently located to my new home.

18 In 2017 I was rear-ended by a
19 tractor-trailer on 495 and needed substantial
20 physical therapy. I drove from my office in Lowell
21 to the Mass General Brigham location in Foxborough
22 because the facilities and the practitioners there
23 were superior. When I became pregnant in 2018, I
24 chose to deliver at Brigham and Women's because it

1 is known to be the best obstetric hospital in the
2 region, if not the country.

3 In 2019, when my husband and I were trying
4 to expand our family, I had a medical issue and
5 needed acute care. Once again, I drove to the Mass
6 General Brigham location in Foxborough for urgent
7 care. The following day, I needed emergent care and
8 chose to drove (sic) to the city of Boston to go to
9 Brigham and Women's emergency room over the local
10 hospitals in my area.

11 My son was born last July with a large
12 congenital nevus over his eye. A friend who sits on
13 the board of Children's Hospital put us in touch
14 with plastic surgeon Arin Greene at Children's
15 Hospital. Dr. Greene met with us and immediately
16 told us that the team we needed to help -- we needed
17 to help our son, Andrew, was at Mass. General.

18 The dermatologist, Dr. Hawryluk, and
19 plastic surgeon, Dr. Bojovic, at Mass. General are
20 not only giving our baby exceptional care, they are
21 doing so at the most exceptional level of
22 compassion.

23 In short, we can go to other medical
24 facilities. We choose to stay with Brigham Mass

1 General because they're world renowned and experts
2 in the field of medicine. Having a Westborough site
3 would be hugely beneficial for the patients already
4 in the Mass General Brigham system.

5 I want to thank you all for your time and
6 attention this evening. Thank you.

7 HEARING OFFICER SZENT-GYORGYI: Thank you.

8 THE MODERATOR: Andrea Levy, your line is
9 open.

10 MS. LEVY: Hello.

11 My name is Andrea Levy. I'm a Westborough
12 resident and I'm also an attorney and a small
13 business owner with our firm being located in
14 Westborough as well. I'm also an ongoing and
15 current patient of Mass General Brigham.

16 I've been a patient with the Mass. General
17 Hospital and Newton-Wellesley Hospital system since
18 2000. And when I relocated to Westborough, I made a
19 conscious choice to continue with that care and the
20 physicians that I've always had.

21 In 2017, I was diagnosed with what was
22 believed to be a benign brain tumor, and I chose to
23 continue to be a patient at Mass General Brigham. I
24 have been treated at both Mass. General Hospital,

1 Brigham and Women's, Mass. Eye and Ear and
2 Newton-Wellesley Hospital for not only the brain
3 tumor, but for now what is thought to be long-term
4 COVID. I was hospitalized in COVID in April of last
5 year, and on April 16th I was sent to the emergency
6 room with breathing difficulties, and I went to
7 Newton-Wellesley Hospital as I was a current MGB
8 patient.

9 In the last year, dealing with long-term
10 COVID, I spent weeks upon weeks receiving care at
11 the hospital, spending probably an average of three
12 times per month at the hospital for tests and
13 procedures post COVID. All of my treatments have
14 been at Mass. General Hospital, Brigham and Women's,
15 Mass. Eye and Ear and Newton-Wellesley Hospital as I
16 am already a patient in their system. As such,
17 right now I have to travel regularly to Mass.
18 General Hospital or Newton-Wellesley Hospital to see
19 physicians and specialists that I might otherwise be
20 able to see just miles from my home.

21 As a self-employed practicing attorney,
22 traveling these distances creates a tremendous
23 hardship for me, but as a long-term patient in the
24 system with ongoing health problems, I would not go

1 anywhere else other than an MGB hospital for my
2 care.

3 I have now learned that I am not alone, as
4 MGB has approximately 42,000 patients within a
5 20-minute driving radius of this proposed Westwood
6 facility. I had absolutely no idea this number was
7 so high.

8 As a small business owner, I am also
9 responsible for the costs of my own health
10 insurance. I've learned that the proposed Mass
11 General Brigham Integrated Care facility in
12 Westborough will have an added advantage of lowering
13 my insurance rates as it will not be under a
14 hospital license and therefore less expensive to
15 operate.

16 I have been to UMass as a resident of
17 Westborough when needed, but it's not helpful seeing
18 physicians there at the different facilities when
19 they do not have access to your health history
20 because they are not in the same system.

21 I do truly believe that the MGB's proposed
22 facility is good for the overall health and economy
23 of Westborough and MetroWest region as well as all
24 the patients living here. I have been a part of

1 this hospital system for over 20 years and despite
2 my relocation to this area I made a choice the stay
3 with them as I am a long-term patient of their
4 system and now one with ongoing health issues.

5 It makes absolutely no sense that in an
6 area where thousands of patients of this hospital
7 system that we should have limited access the care
8 we choose to receive. As existing MGB patients who
9 live in work in our community, our ability to
10 receive this care should be obstructed, and we would
11 all benefit greatly from the proposed facility in
12 Westborough.

13 Thank you.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR: Thomas Sequist, your line
16 is open.

17 DR. SEQUIST: Good evening, everyone.

18 My name is Thomas Sequist. I'm a primary
19 care physician at Brigham and Women's Hospital and
20 the chief patient experience and equity officer for
21 Mass General Brigham. I want to thank the
22 Department of Public Health for allowing me to be
23 here today and to share my thoughts on this
24 important project for Mass General Brigham.

1 As part of our strategy, MGB is working to
2 reimagine the patient experience with equity,
3 dignity and clinical excellence at its core.
4 Nowhere is this proposal front and center than our
5 proposed site in Westborough.

6 MGB is going to bring all of its quality
7 and safety programming to the Westborough site. We
8 have a pretty comprehensive approach to quality and
9 safety, with programs that are designed to deliver
10 safe, effective and equitable care with the patient
11 as the center all we do.

12 We don't only focus on standard regulatory
13 measures of quality. We innovate and push the
14 envelope. We've developed new measures of -- of
15 ambulatory and primary care quality. We focus on
16 patient reported outcomes, collecting data on
17 thousands of patients with knee pain, for example,
18 to track symptoms and functional status so that we
19 can do a better job for all of the patients that we
20 serve.

21 At Mass General Brigham we're working
22 diligently to reimagine our patient experience. Our
23 guiding principles are equity, dignity and clinical
24 excellence. We will always put the patient at the

1 center of everything we do. In fact, at this
2 ambulatory site we've worked with a human-centered
3 design firm to engage with our patients through
4 focus groups. We've held meetings with the local
5 community to hear directly from what local residents
6 and interest groups are thinking.

7 Through this engagement, we have heard many
8 things, including that patients want a greater voice
9 in understanding of their health and their health
10 care. They want relatable and understandable
11 language when navigating unfamiliar and unknown
12 health care procedures, and they think relationships
13 are the foundation of health and should be at the
14 heart of health care. We have this feedback as the
15 core of our patient experience strategy.

16 I wanted to say a little bit about a topic
17 that is really important to me, which is equity and
18 anti-racism. As an American Indian physician, one
19 from a family who's -- you know, the only graduate
20 of college in my family -- our family; it comes from
21 a reservation -- I am seriously and significantly
22 committed to equity and anti-racism. Everything
23 that we're doing in Mass General Brigham is part of
24 a campaign we call United Against Racism.

1 United Against Racism is our pledge to our
2 patients, to our community members and to our
3 employees. To be an anti-racist, diverse and
4 equitable and inclusive organization. And this is
5 really, really importantly more than words. It's an
6 investment of our leadership team and a multimillion
7 dollar commitment that is going to change our
8 organization for good.

9 The staff at our Westborough site will be
10 an important part of these initiatives. They're
11 going to focus on staff diversity, ensuring access
12 to care for non-English-speaking patients through
13 enhanced translation services and reducing racial
14 and community-based inequities in digital health
15 through things like distributing thousands of iPads
16 and medical monitoring equipment across our
17 population.

18 It's really important that our central goal
19 is to -- to become an anti-racist organization, and
20 we have taken these important steps. We are
21 collecting social determinants of health across all
22 of our patients -- so we're screening 100 percent of
23 our patients for this -- including those seen at the
24 Westborough site.

1 So thank you for letting me speak today,
2 and I ask that the Department of Public Health
3 support this project. Providing our patients access
4 to all of our quality and safety programs in a more
5 convenient and cost-effective location is an
6 important part of our strategy to deliver on this
7 outstanding patient experience. And again, it's
8 focused on equity, dignity and clinical excellence.

9 Thank you.

10 HEARING OFFICER SZENT-GYORGYI: Thank you.

11 THE MODERATOR: If you'd like to leave a
12 public comment, please press Star 1. To retract
13 your public comment, please press Star 2. Thank
14 you.

15 Doug Brown, your line is open.

16 MR. BROWN: Yes. Good evening.

17 Can you hear me?

18 HEARING OFFICER SZENT-GYORGYI: Yes, we can
19 hear you.

20 MR. BROWN: Okay. Thank you.

21 My name is Doug Brown, and I'm chief
22 administrative officer at UMass Memorial Health. I
23 also spent ten years in state government, including
24 service as the state Medicaid director.

1 You do not need to be a former Medicaid
2 director to understand that Mass General Brigham is
3 not coming in to Central Massachusetts to serve
4 Medicaid patients. In fact, if I tried to find a
5 location least accessible for Medicaid members in
6 our region, I would be hard-pressed to pick a better
7 place than the one MGB is proposing. Likewise, if I
8 tried find a location here least accessible for
9 Black and Latinx individuals, I could also do no
10 better. And how insulting it must be to communities
11 of color in our region when MGB comes in here
12 talking about their commitment to equity and yet
13 when it comes to their actual actions, investment of
14 their money in this region, they pick a location far
15 removed from these communities of color.

16 We know what this expansion is really
17 about. It's a brazen attempt to grow market share
18 by cherry-picking mostly wealthy and mostly white,
19 commercially-insured patients.

20 So what is wrong with increasing access for
21 wealthy individuals? There is nothing inherently
22 wrong with it. The fundamental evil here is what
23 will happen to everyone else, and what we know is
24 that their care will suffer. This is because when

1 you allow the most dominant system to come into a
2 region and skim off the highest-paying business from
3 safety-net providers, it destabilizes those
4 providers and their ability to care for everyone
5 else. And when that happens, there is nowhere else
6 for these vulnerable populations to turn.

7 But this is no longer about MGB. We have
8 seen time and again they will spend any amount of
9 money to achieve total market dominance. This is
10 about whether our government, which is supposed to
11 protect the vulnerable, will finally say "no" to
12 this unrestrained and irresponsible growth.

13 The DoN regulations state that your purpose
14 is to ensure resources are equitably available to
15 every person in the Commonwealth. I say to you with
16 deep respect for your work that based on the facts
17 before us you cannot possibly approve this DoN and
18 fulfill that purpose. Given the demographics of
19 this region, the location chosen and the population
20 targeted, there is no way this will achieve equity.
21 It will do just the opposite: Exacerbate inequities
22 in care.

23 If the Department approves this
24 unprecedented expansion, it facilitates movement

1 toward two systems of care in the Commonwealth: One
2 for the haves, and one for the have-nots. I truly
3 hope you have the courage to prevent that from
4 happening.

5 Thank you.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Karen Harding, your line is
8 open.

9 MS. HARDING: Hello. Hi.

10 Can you hear me?

11 HEARING OFFICER SZENT-GYORGYI: We can hear
12 you.

13 MS. HARDING: Yes? Thank you.

14 My name is Karen Harding. I live in
15 Hudson, Massachusetts, and I have worked at
16 Marlborough Hospital for about four years now in the
17 ultrasound department as well as our new women's
18 imaging center.

19 I would like to talk for a few minutes here
20 about how I am opposed to the Mass General Brigham
21 expansion, particularly at the Westborough location.
22 If they were to proceed with this expansion, it
23 would almost certainly put our community hospital in
24 jeopardy of closing down or greatly reducing

1 services.

2 We provide patient- and family-centered
3 care to so many local individuals. I love working
4 in the same community in which I live. I think it's
5 very important.

6 Losing my job would be incredibly
7 detrimental to my family. We have three young
8 children. If I had to eventually get a different
9 job, I would have a longer commute, which would
10 steal even more valuable time that I have to spend
11 away from my children. We would have to incur
12 increased child care costs as well. This will be
13 the case for so many of my colleagues who also live
14 locally and are dedicated to serving our community.

15 Our lives are so improved by our jobs and
16 the community and our hospital. I don't want any of
17 my coworkers or myself to have to lose that. That
18 would inevitably be pretty much a certainty if this
19 expansion is approved.

20 Please consider opposing this expansion.

21 Thank you.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: Robert Goren, your line is
24 open.

1 MR. GORENO: Hi.

2 My name is Bob Goreno, and I appreciate
3 this opportunity to share my concerns with the DPH
4 and about the expansion.

5 I came and I live in Worcester County, been
6 there for over 60 years. Born in Milford
7 Whitinsville Regional Hospital -- well, it was only
8 the Milford Hospital at the time. I've been an
9 active member of community, served on various
10 boards, and the caveat here is, as my former boss,
11 Doug Brown, I was in MassHealth operations for some
12 36 years.

13 One of my various duties over 36 years were
14 member services and member education, and one of the
15 things I took away from that is members love their
16 doctors. They trust them very much, and they don't
17 like change. I'll tell you that right now.

18 And certainly not liking change
19 consequently turns into something where if they have
20 to change they may not access health care, and it
21 becomes very problematic and extremely costly in the
22 long run. Change means new physicians, new access
23 to a new facility, new travel arrangements. Now new
24 travel arrangements, all of this is cost -- not cost

1 effective at all. The cost for travel to new
2 facilities if people have to utilize MassHealth for
3 travel turns into millions, millions of dollars a
4 year that the state has to endure via MassHealth
5 payments, certainly.

6 The rising costs that will ensue with --
7 with Brigham, Mass. General and Brigham will turn
8 and consequently piggyback to the state's Medicaid
9 program.

10 So cost effectiveness, not good. I always
11 look at things from member's standpoint. The
12 members come first. We have to consider our
13 membership, which are the patients and what is best
14 for them.

15 The state will undoubtedly endure more
16 expense at the compromising time of the state's
17 budget. They don't need that.

18 The bigger player is not always the better
19 player. I've dealt with UMass and Marlborough for
20 years. Great, great service, and excellent
21 treatment. Please take this into consideration.

22 Thank you very much.

23 HEARING OFFICER SZENT-GYORGYI: Thank you.

24 THE MODERATOR: Katie Murphy, your line is

1 open.

2 MS. MURPHY: Thank you very much. Hello.

3 My name is Katie Murphy. I'm a practicing
4 ICU nurse and president of the Massachusetts Nurse's
5 Association.

6 The MNA opposes the request by Mass General
7 Brigham to open large outpatient clinics in
8 Westborough, Westwood and Woburn. MGB is the
9 largest and most expensive health care provider in
10 Massachusetts, and it has consistently tried to
11 expand within the Commonwealth and abroad in an
12 attempt to grow even larger and more powerful. MGB
13 charges considerably higher rates for health care
14 than other health systems, driving up costs
15 statewide and threatening the stability of
16 safety-net providers.

17 Opening outpatient clinics in these three
18 communities will negatively impact health care
19 costs, equitable access and quality jobs. We
20 therefore also support a comprehensive independent
21 cost analysis.

22 For decades MNA nurses and health care
23 professionals have experienced the results of large
24 health care systems expanding, merging,

1 consolidating and closing services. We have seen
2 patients and their families forced to travel farther
3 for care, pay more or lose access all together.

4 This history strongly informs our view of
5 the MGB proposal and it's potential impact. We do
6 not want to see the future of Marlborough Hospital,
7 Norwood Hospital, or any other essential service
8 jeopardized so that MGB can secure a foothold among
9 a population of higher-paying and
10 commercially-insured patients.

11 The Westborough clinic in particular has
12 been proposed in an easily accessible location for
13 higher-income, predominantly white,
14 commercially-insured populations, but it is not
15 readily accessible to most residents of low-income
16 communities with barriers to health care.

17 The MGB clinic's capture of a substantial
18 share of the commercial market would impede the
19 ability of safety-net providers to counterbalance
20 losses from safety-net care with revenues from
21 commercially-insured patients. This will damage the
22 fiscal viability of safety-net providers and thus
23 impact their ability to provide an optimal range of
24 services to this region's neediest patients.

1 MGB's proposed clinics are in areas that
2 already have many care options. MGB, in its
3 application, makes a claim it will add jobs, but the
4 loss of volume to MGB by providers who presently
5 serve local patients could result in job losses at
6 trusted community-based organizations.

7 The MNA represents nurses and health care
8 professionals at facilities in the vicinity -- in
9 the vicinity of MGB's proposed clinic location.
10 These workers have a protected voice in their
11 practice and working conditions and quality wages
12 and benefits. We do not believe it would benefit
13 for the affected communities to lose union jobs with
14 a higher quality of care that comes from nurses and
15 health care professionals advocating together.

16 The proposed MGB clinic must also be
17 considered in the context of MGB's contributions to
18 the state's overall cost of health care. MGB's
19 prices are the highest state-wide. For example, its
20 hospital pricing is 20 percent higher than UMass
21 Memorial, and its physician pricing is 19 percent
22 higher. The HPC has reported that MGB's outpatient
23 surgery costs often exceed inpatient surgery costs
24 of other providers.

1 The Westborough proposal could escalate
2 costs in two distinct ways: The cost of care in the
3 MGB clinic will almost certainly be higher than
4 nearby providers, and when the clinic refers
5 patients for inpatient specialized care, it will
6 likely be to MGB hospitals that are the highest
7 priced in the state. Cost containment and health
8 equity are clearly established public policy --

9 HEARING OFFICER SZENT-GYORGYI: Thank you.
10 Your time is up.

11 Thank you.

12 MS. MURPHY: Okay.

13 THE MODERATOR: Eric Dickson, your line is
14 open.

15 DR. DICKSON: Hello.

16 My name is Eric Dickson, and I am the
17 president and CEO UMass Memorial Health Care. Thank
18 you for the opportunity to share my grave concerns
19 about the MGB expansion into Westborough.

20 UMass Memorial Health Care was created by
21 state legislation that mandated we have a
22 three-pronged public mission: First, to provide
23 high -- highly specialized clinical services
24 unavailable elsewhere in Central Massachusetts;

1 second, to be the safety-net provider of care for
2 indigent patients in the region; and third, to
3 support the state's only public medical school. No
4 other private institution in Massachusetts has such
5 a broad public mandate.

6 We're proud of this mandate, and our
7 caregivers are inspired by it every day, but I
8 cannot stress enough that this mandate is fiscally
9 tenuous to achieve, even in normal circumstances.
10 All of UMass Memorial's hospitals are classified by
11 CHIA as high public payer, and each have a
12 disproportionate share of MassHealth patients.

13 That commitment is core to our mission, but
14 it is a major financial challenge for us. To remain
15 viable as an institution, we must subsidize
16 safety-net losses with the revenue from commercial
17 volume, and we do so with commercial payer rates
18 much, much lower than Mass General Brigham's.

19 Yet now Mass General Brigham proposes a
20 massive outpatient clinic right in the middle of the
21 highest-income area of Central Massachusetts, right
22 where the highest portion of commercially-insured
23 residents live but far, far from any low-income
24 neighborhoods or towns. This is not anti-racist.

1 This outpatient center has been described
2 as a bridge to their very, very expensive Boston
3 facilities. This big -- this basically amounts to
4 cherry-picking the best-insured patients at the
5 expense of the poor and underserved.

6 Approval of this project will have a
7 negative impact on the poor, the underserved, and
8 communities of color in Central Massachusetts; and I
9 ask that you please do not approve this. This is
10 bad for Central Massachusetts, and this is bad for
11 Massachusetts overall.

12 Thank you.

13 HEARING OFFICER SZENT-GYORGYI: Thank you.

14 THE MODERATOR: Mitchell Gitkind, your line
15 is open.

16 DR. GITKIND: Thank you.

17 My name is Mitch Gitkind, and I'm a
18 physician, and I have lived in the town of
19 Westborough for 30 years. I'm not a government
20 representative or a finance or legal expert, but
21 that is my perspective, again as a resident and as a
22 physician.

23 I went to medical school at UMass. I did
24 my postgraduate work both in Worcester and in

1 Boston, so I think I have a -- a good perspective.

2 On sort of a personal note, all my three
3 children were born at UMass Memorial, as was my baby
4 granddaughter during the height of the pandemic over
5 the past -- last summer. My daughter is a
6 registered nurse. I couldn't be more proud of her
7 as she works at UMass Memorial, which is such a
8 great organization, and it's my privilege to follow
9 Dr. Dickson speaking.

10 And I -- just to comment on what one of the
11 speakers from MGB mentioned about quality and safety
12 and commitment to disparities and anti-racism.

13 Those things are certainly in no way unique to MGB
14 and things that we value very, very highly at UMass
15 Memorial.

16 So since 1990, through broken bones,
17 illnesses -- including my own that required an
18 inpatient hospitalization at UMass Memorial -- I
19 have never wished that we had Boston-based doctors
20 and facilities located here in my town. And when a
21 neighbor of mine who had a longstanding relationship
22 with a PCP in Boston fell extremely ill and needed
23 immediate intensive care, he was transported to
24 UMass Memorial where he, as he reminds me to this

1 day whenever it comes up, quote, "You guys saved my
2 life," unquote.

3 Despite the first speaker's claims -- and I
4 know this has been spoken about relative to the cost
5 of care and MGB being a high-cost provider -- this
6 is something I agree that requires investigation and
7 evaluation and a public hearing after an independent
8 cost analysis.

9 So in closing, with respect to my MGB-based
10 colleagues -- many of whom are my friends -- I know
11 that they are committed to quality and to equity,
12 but this expansion does not relate to either of
13 those things. It relates to finding patients whose
14 insurers can pay MGB the most.

15 Thank you.

16 HEARING OFFICER SZENT-GYORGYI: Thank you.

17 THE MODERATOR: Lisa Wolff, your line is
18 open.

19 DR. WOLFF: Great. Thank you very much.

20 Good evening. I am Dr. Lisa Wolff,
21 vice-president of research and evaluation at Health
22 Resources in Action. HRIA is a nonprofit public
23 health organization that provides assessments,
24 evaluation, planning and facilitation services to

1 nonprofit and government agencies. Tonight, I will
2 be reporting on some study findings.

3 In the summer of 2020 HRIA conducted a
4 community health needs assessment study for MGB in
5 the Westborough service area. The goal of the study
6 was to examine more deeply the social, economic and
7 health concerns of residents in the area using an
8 equity lens, to understand the challenges they are
9 facing and the strengths of the community. This
10 study occurred in the midst of the COVID-19
11 pandemic.

12 For this study, we analyzed existing data
13 from the region; we conducted telephone interviews
14 with staff and leaders from public health, health
15 care, social services, housing and the safe
16 community; and we completed eight virtual focus
17 group discussions with community members. These
18 included low-income residents seeking food and
19 housing assistance, parents of school-aged children,
20 LGBTQ residents and youth. We also conducted an
21 online survey in English, Spanish, Portuguese and
22 Chinese to ask about the issues affecting people's
23 lives.

24 Some of the most significant issues

1 identified in the region were related to mental
2 health, financial insecurity, housing and
3 transportation, issues related to systemic racism
4 and access to services, particularly specialty care.
5 The session participants remarked that these were
6 not new concerns, but they had been exacerbated
7 during the COVID-19 pandemic.

8 For example, 22 percent of survey
9 respondents said that access to health care and
10 social services was one of the most important issues
11 to address in their community, while nearly
12 one-third of survey respondents identified financial
13 insecurity and transportation as issues to address.

14 In focus groups, residents discussed the
15 interconnectedness of these issues. For example,
16 low-income residents found it more difficult to
17 access the health care and social services in the
18 region because they had challenges with public
19 transportation or they could not afford to take off
20 time from work to obtain the services they needed.

21 Also, of those who have experienced
22 challenges accessing health or social services,
23 nearly 54 percent of survey respondents indicated
24 that there were long wait times for appointments,

1 and 32 percent said they had trouble getting an
2 evening or weekend appointment.

3 Additionally, participants also noted the
4 importance of culturally sensitive services for
5 primary care, mental health, specialty care,
6 substance use and social services that could address
7 the concerns of immigrant communities, youths and
8 LGBTQ residents.

9 This study discussed numerous strengths and
10 resources in the region, but also identified that
11 needs around access to care still exist across the
12 region.

13 Thank you for the opportunity to discuss
14 these findings this evening.

15 HEARING OFFICER SZENT-GYORGYI: Thank you.

16 THE MODERATOR: Kelly Fournier, your line
17 is open.

18 MS. FOURNIER: Hello.

19 Can you hear me okay?

20 HEARING OFFICER SZENT-GYORGYI: We can hear
21 you.

22 MS. FOURNIER: Hello, everyone.

23 My name is Kelly Fournier, and I am a
24 radiation therapist working at UMass Memorial Cancer

1 Center, located at UMass Memorial Marlborough
2 Hospital. I have been employed by UMass and a
3 member of SHARE for over 17 years, and I have
4 treated all kinds of patients with cancer every day.
5 Thank you for the opportunity to voice my opinion.

6 I don't understand why the Westborough area
7 needs more health care options when there are
8 already plenty. The opening of such a big place
9 would take patients and business away, resulting in
10 job cuts at the surrounding hospitals.

11 UMass Memorial is a safety-net hospital.
12 We treat everyone. When I administer radiation to
13 someone with cancer -- whether it be breast,
14 prostate, lung, brain or any other type of cancer --
15 I see the patient as a whole person who is sick, who
16 needs my expertise to get well and survive a
17 life-threatening illness. Each patient has a story,
18 loved ones and reasons to live.

19 A lot of our patients have MassHealth
20 insurance. We welcome and treat everyone. They are
21 just as sick and just as deserving of our care as
22 anyone else, even though our hospitals get paid less
23 for caring for them than for patients with private
24 insurance.

1 I worry that a new MGB facility in
2 Westborough would pull the private insurance
3 patients away from UMass Memorial. We need those
4 patients, too. It makes up for the cost of caring
5 for MassHealth patients. Our safety-net hospitals
6 will be in financial danger and may not survive.
7 That would be a huge impact not only on our jobs,
8 but also on our patients who need a safety-net
9 hospital like UMass Memorial. They need us to be
10 here for them.

11 I am not an expert on health care policy,
12 but the only reason I see for MGB building these new
13 projects is to increase their own economic growth.

14 Thank you for listening and considering my
15 opinion on this new project.

16 Thank you.

17 HEARING OFFICER SZENT-GYORGYI: Thank you.

18 THE MODERATOR: Prashanth Bala, your line
19 is open.

20 MR. BALA: Good evening.

21 My name is Prashanth Bala. I appreciate
22 the opportunity to share my concerns with the
23 Department of Public Health about MGB's community
24 expansion plan and their intent to establish an

1 outpatient center in Westborough.

2 I am a proud resident of the town of
3 Grafton and the administrator of a surgery center.
4 I have lived here for almost four years and have an
5 intimate knowledge of the outpatient health care
6 landscape in Central Massachusetts and MetroWest.
7 As a result, I have serious concerns about how MGB's
8 proposed expansion will impact health equity and
9 cost of care for me and my neighbors in Central
10 Massachusetts.

11 First, I believe that MGB's expansion into
12 Westborough will increase the cost -- of in my
13 community without increasing the quality of care for
14 my patients or the patients in this area. MGB has a
15 track record for merging, acquiring or pushing out
16 community health care systems and then pricing
17 services at higher cost, thereby increasing the
18 financial burden placed upon patients throughout the
19 Commonwealth.

20 Second, I believe that there is not enough
21 community demand to warrant MGB's proposed expansion
22 into Westborough and that approving MGB's
23 application would threaten the future of community
24 hospitals.

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1 Westborough is not a medically underserved
2 community. There are 13 health facilities within a
3 ten-minute drive of the proposed site that provide
4 the same services as those proposed for MGB's
5 ambulatory care facility. Just 20 minutes from the
6 proposed Westborough site, there are 47 health
7 provider locations.

8 The Determination of Need process was
9 established to encourage the appropriate allocation
10 of health care resources. MGB's proposed health
11 care services are not only redundant, but far more
12 expensive than the services that exist in this
13 community today. So I ask, how will this benefit me
14 and my neighbors?

15 Finally, I respectfully request the
16 Department of Public Health to require the applicant
17 to hold another public hearing on this application.
18 In order to accurately understand the impact of this
19 proposal, I request that the additional public
20 hearing be scheduled after an independent cost
21 analysis has been conducted.

22 Furthermore, in order to -- in order for
23 the cost analysis to be truly independent, I am
24 asking the Department to require that the Health

1 Policy Commission conduct the independent cost
2 analysis.

3 Thank you for giving me the time to express
4 my grave concerns over this expansion plan and how
5 it will impact me and my neighbors.

6 Thank you.

7 HEARING OFFICER SZENT-GYORGYI: Thank you.

8 THE MODERATOR: Carmel Shields, your line
9 is open.

10 MS. SHIELDS: Thank you.

11 My name is Charmel Shields, with Shields
12 Health Care Group.

13 Shields, through its joint venture
14 partnerships with community hospitals, like
15 MetroWest and UMass Memorial, serve multiple
16 communities west of Boston. At Shields, we place a
17 high value on working with existing community
18 providers to enhance, not duplicate, local health
19 care services. We work in partnership with local
20 providers that play an anchor role in the community
21 to provide high-quality care to meet the needs of
22 the local community.

23 I am deeply concerned that MGB's statewide
24 strategy, including Phase II in Westborough, Phase I

1 in Woburn, and Phase I in Westborough, will amplify
2 the health inequities within the Commonwealth.

3 The communities MGB has targeted for
4 expansion share a common thread: That is higher
5 than average household income levels, larger numbers
6 of community -- commercially-insured individuals,
7 and an abundance of health care resources.

8 As stated in the Attorney General's recent
9 report entitled, "Building Toward Racial Justice and
10 Equity in Health, a Call to Action," I quote:

11 "Allowing larger and wealthier health
12 systems to obtain higher payment rates and
13 more favorable contract provisions further
14 disadvantages providers offering low-cost,
15 high-value care to underserved
16 communities," end quote.

17 A recurring theme we have heard from MGB is
18 bigness means improved care. However, in the
19 "Boston Sunday Globe" April 4th edition, you may
20 have read Brian Alexander's opinion piece counters
21 this.

22 Quote:

23 "Economic analyses," plural, "have
24 shown that as medical providers muscle out

1 the competition, quality either drops or
2 remains the same," end quote.

3 It's a fine balance between commercial and
4 non-commercial volume for providers like MetroWest
5 and UMass Memorial that help fund quality care
6 regardless of means, race of ethnicity and in
7 support of their health equity mission.

8 To the Department of Public Health I
9 respectfully request an independent cost analysis on
10 in proposed expansion be conducted by an honest
11 broker, such as the Health Policy Commission or the
12 Attorney General, to ensure a truly independent
13 process.

14 As this Department weights how this
15 proposal will harm the medically and socially
16 disenfranchised and the state's fragile health
17 ecosystem, I think it is important to ask why must
18 MGB move now?

19 Perhaps not MGB, but many of us as
20 residents, employees, employers and providers are
21 dealing with the pandemic and focused on a helping
22 recovery for our families, our neighbors and the
23 Commonwealth.

24 Sincere thanks for your time and attention.

1 Thank you.

2 HEARING OFFICER SZENT-GYORGYI: Thank you.

3 THE MODERATOR: Jonathan Mannina, your line
4 is open.

5 MR. MANNINA: Thank you for the opportunity
6 to speak with you this evening.

7 I live in Worcester, Massachusetts, and I'm
8 the executive director of Community Legal Aid.
9 We're the civil legal aid provider for low-income
10 people and seniors in Worcester County, including
11 Westborough and all of Western Massachusetts. We
12 have over 150 staff providing free civil legal
13 services to tenants facing homelessness, survivors
14 of domestic violence, children with special needs
15 and elders with a variety of legal needs. We also
16 run medical-legal partnerships in our service area,
17 including one at UMass in Worcester, where we have
18 attorneys doing intake and assisting low-income
19 patients with civil legal needs that negatively
20 affect their health.

21 As someone who's worked in the safety-net
22 system for over 20 years, I wanted to add my voice
23 or my concern about MGB's plan to establish a center
24 in Westborough because of its very real potential

1 for worsening health disparities for low-income
2 people in Central Mass., many of whom are people of
3 color or struggling mightily to make ends meet.

4 MGB is choosing to expand into a
5 predominantly white, higher-income market. The
6 poverty rate in Westborough and surrounding areas is
7 very, very low, as is the percentage of residents
8 who are Black or Latinx. This is absolutely not a
9 proposal designed to serve health equity, or serve
10 communities with barriers to health care, because
11 Westborough is not easily accessible to low-income
12 people with transportation barriers, lack of work
13 flexibility, child care struggles, and all the other
14 issues that low-income people face in our
15 communities. At a time when national reckoning over
16 race, and with ample data about how the pandemic is
17 affecting communities of color and low-income
18 people, this proposed outpatient center is surely
19 not in the best interests of the Commonwealth and
20 its most vulnerable residents in Central Mass. and
21 beyond.

22 More significantly, as other folks have
23 testified about as far as creating a viable care for
24 option for low-income communities of color, the

1 proposal really has the potential of worsening
2 existing health disparities. MGB will be drawing
3 commercially-insured patients away from local
4 providers who really rely on that care to subsidize
5 patients who are insured by Medicaid or Medicare, or
6 uninsured. With the loss of this commercial
7 revenue, safety-net providers will be unable to
8 fully counterbalance their losses from providing
9 safety-net care and could be forced to reduce
10 services, which would harm the most vulnerable among
11 us in our community. That risk is simply not
12 acceptable, particularly at this moment in time.

13 In closing, I would echo what other folks
14 have said about the need to really have an
15 independent cost analysis and to have further public
16 hearings after that analysis the done.

17 Thank you for giving me the chance to speak
18 tonight.

19 HEARING OFFICER SZENT-GYORGYI: Thank you.

20 THE MODERATOR: Allen Edinberg, your line
21 is open.

22 SELECTMAN EDINBERG: Good evening.

23 I'm Allen Edinberg, chair of the board of
24 selectmen for the town of Westborough. Thank you

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1 for providing me the opportunity to enter some
2 information into the record.

3 At our meeting on March 23rd, 2021, the
4 Westborough board of selectmen voted to send a
5 letter of support for the Mass General Brigham
6 integrated care facility plan for 1400 West Park
7 Drive in Westborough. The Westborough board of
8 selectmen finds that the proposed facility will
9 benefit Westborough residents and surrounding
10 communities as follows:

11 Mass General Brigham has identified 42,000
12 existing patients who live within a 20-minute drive
13 time radius of the proposed facility, 2,005 of which
14 live in Westborough. Patients will be served by a
15 wide range of health care services at the
16 Westborough facility, including primary care,
17 behavioral health, multispecialty care, as well as
18 imaging and same-day surgery. This plan will
19 increase access and convenience to their patients,
20 while also lowering costs for those patients because
21 their negotiated rates at the Westborough facility
22 will be less than their community hospital rates.

23 Mass General Brigham forecasts that this
24 facility will generate an estimated 300 construction

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1 jobs as well as more than 180 permanent positions
2 upon completion. The proposed 60,000 square --
3 63,000 square foot building represents an estimated
4 \$90 million in total investment, and the Mass
5 General Brigham has been actively engaged in pilot
6 contribution discussions with the town.

7 For these reasons, the Westborough board of
8 selectment is supportive of Central -- of Mass.
9 General -- excuse me, Mass General Brigham's
10 proposal to provide these services in Westborough.
11 The town looks forward to working with the applicant
12 as they move through the town's permitting
13 processes, continued negotiation of a pilot
14 agreement and work with the applicant to explore
15 other opportunities for contributing to our
16 community.

17 Thank you.

18 HEARING OFFICER SZENT-GYORGYI: Thank you.

19 THE MODERATOR: Susan Melman, your line is
20 open.

21 Susan, your line is open.

22 Susan, check your mute button for me.

23 Susan, check your mute button for me.

24 Gregg Meyer, your line is open.

1 DR. MEYER: Hello.

2 My name is Dr. Gregg Meyer. I'm a general
3 internist and primary care physician, and I am also
4 the president of the community division and
5 executive vice-president of value-based care for
6 Mass General Brigham. In this role, I am
7 responsible for building and leading a
8 best-in-class, value-based care strategy to improve
9 the affordability of health care across the
10 Commonwealth. I would like to thank the Department
11 of Public Health for allowing me to be here this
12 evening to share my thoughts on this important
13 program for Mass General Brigham.

14 Mass General Brigham is now developing a
15 strategic plan that is designed to transform our
16 system into a unified, world-class academic health
17 care system. A key component of that strategy is
18 our continued leadership in the industry's
19 transformation from volume to value for our
20 patients.

21 Mass General Brigham has progressively
22 accepted increased accountability for improved care,
23 and reduced expense, for our patient population
24 through a series of risk-based contracts. We have

1 entered risk-based contracts with Massachusetts
2 commercial payers, a Medicare risk contract with
3 CMS, and we are enrolled as a primary care
4 accountable care organization with MassHealth, which
5 provides quality and cost containment for the most
6 vulnerable in the Commonwealth. That is a program
7 which UMass chooses not to participate in.

8 We have made significant investment to
9 build a robust population health plan structure and
10 created dozens of programs which include patient
11 care while reducing unnecessary expenses. We have
12 spent over \$300 million on population health since
13 2012.

14 We have developed a state-of-the-art
15 electronic health link into our hospitals and
16 physician practices, which allows us to seamlessly
17 care for patients as they transition to different
18 parts of the system; and for over five years our
19 primary care practices have transitioned to
20 team-based, patient-centered medical home, receiving
21 the highest level of recognition from the National
22 Committee for Quality Assurance. We have
23 implemented a care management program, which has
24 been shown to have documented savings of 12 percent,

1 and implemented visual infrastructure to allow
2 virtual visits and improve acces for our patients,
3 and we continue to be leaders in innovative programs
4 in behavioral health and home hospitalization.

5 Now we're taking that even further with our
6 aspiration to build a value-based operating model
7 for primary and secondary care in the community that
8 delivers an integrated set of services, which
9 improves patient access and outcomes, and delivers
10 on value for price.

11 Our ambulatory private care sites, such as
12 the Mass General Brigham Integrated Care location in
13 Westborough, are crucial components of that effort.
14 By having these locations, we'll finally be able to
15 offer our patients access to our outstanding care
16 outside of a hospital setting at freestanding sites
17 which translates into lower cost.

18 There are over 40,000 existing Mass General
19 Brigham patients living in the Westborough catchment
20 area. These patients currently travel outside their
21 community to receive MGB health care services, for
22 some traveling to Boston for routine, preventative
23 care that can be provided much closer to home. We
24 look forward to this opportunity to expand our

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1 footprint in the community to deliver high-value
2 care close to home.

3 Thank you for giving me the opportunity to
4 speak today. I'm asking that the DoN program
5 approve this project.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR 2: Hi. Next speaker,
8 please.

9 HEARING OFFICER SZENT-GYORGYI: This is
10 Lara Szent-Gyorgyi. My apologies. We seem to be
11 experiencing some technical difficulties, and we are
12 working to try to resolve it.

13 Thank you.

14 Jack, we're not able to hear you.

15 THE MODERATOR: Can you hear me now?

16 HEARING OFFICER SZENT-GYORGYI: Yes.

17 THE MODERATOR: My apologies. We're having
18 some technical difficulties.

19 Kimberly Eisenstock, your line is open.

20 DR. EISENSTOCK: Thank you. Hello.

21 I'm Dr. Kimberly Eisenstock, and I reside
22 in Grafton, Massachusetts. Thank you so much for
23 allowing me to express my concerns with you tonight
24 regarding Mass General Brigham's community expansion

1 plans and attempt to establish an outpatient center
2 in Westborough.

3 I have been a practicing hospitalist at
4 UMass Memorial Medical Center in Worcester for the
5 last two decades. I serve as the vice-chair of
6 clinical operations for the department of medicine
7 and associate chief medical officer for UMass
8 Memorial Medical Center and as a member of the board
9 of trustees for Marlborough Hospital.

10 I am also a lifelong member of the Central
11 Massachusetts community. I was born at Memorial
12 Hospital and raised in a working-class family in
13 Worcester County. I became the first in my family
14 to graduate from college and went on to receive an
15 outstanding education at UMass Medical School. I
16 could have chosen to practice anywhere following my
17 residency. I purposely remained at UMass, the only
18 safety-net hospital in Central Massachusetts, to be
19 part of the solution that addresses health inequity.

20 I believe that the Mass General Brigham
21 expansion into Westborough will worsen existing
22 health disparities. By choosing Westborough, Mass
23 General Brigham is seeking out the highest-income,
24 mobile, commercially-insured population that is

1 already well-served by high-quality, cost-effective
2 local care. They will draw away commercial payers
3 from our programs, undermining our ability to
4 financially sustain critical health services for the
5 under- and uninsured.

6 Our safety-net, mission-driven local health
7 care providers and facilities will continue to care
8 for vulnerable patients in our communities.

9 Unfortunately, without the commercial insurance
10 dollars to support our health care services and
11 programs, these programs will be at perpetual risk
12 for cuts. The net result will be reduced medical
13 services for Central Massachusetts patients in lower
14 socioeconomic neighborhoods who already experience
15 significant barriers to health care access, while
16 the most privileged migrate to MGB.

17 Allowing MGB to create an outpatient
18 facility in Westborough to alleviate the driving
19 burden of wealthy individuals at the expense of
20 vital health care services for the Commonwealth's
21 most disadvantaged people must be opposed by all
22 citizens and public servants who seek to address
23 health care disparity in Central Massachusetts.

24 In order to accurately understand the

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1 impact of this proposal, I suggest that the
2 additional public hearing be scheduled for after a
3 truly independent cost analysis has been conducted
4 and completed so that the likely increases in health
5 disparities resulting from an MGB site in
6 Westborough can be adequately seen and addressed by
7 the public.

8 Thank you.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: Yvette Dyson, your line is
11 open.

12 MS. DYSON: My line is open?

13 HEARING OFFICER SZENT-GYORGYI: We can hear
14 you.

15 THE MODERATOR: Yvette, your line is open.

16 MS. DYSON: Hello.

17 HEARING OFFICER SZENT-GYORGYI: Hi. We can
18 hear you.

19 MS. DYSON: You can hear me?

20 HEARING OFFICER SZENT-GYORGYI: Yes.

21 MS. DYSON: Thank you.

22 Good evening.

23 My name is Yvette Dyson, and I appreciate
24 the opportunity to share my concerns with the

1 Department of Public Health about MGB's community
2 expansion plans and intent to establish an
3 outpatient center in Westborough.

4 I have been working in the urban core of
5 Worcester, serving the most marginalized communities
6 for the last 21 years in my role as executive
7 director of Worcester Common Grounds, a community
8 development corporation, and have been serving 143
9 rental units, 27 first-time home buyers and the
10 neighborhood at large. I'm very close to the
11 financial injustice residents endured even before
12 COVID-19.

13 It is not clear to me how MGB's proposed
14 expansion will impact the health equity of this
15 area. Folks struggle with the cost of health care
16 as it is, and MGB has a track record of taking over
17 the smaller hospitals that provide quality care at a
18 reduced cost to ensure that all residents have
19 equitable access. With the seven highly-rated,
20 qualified existing health care options in
21 Westborough and the surrounding communities, it does
22 not make sense to put citizens at risk by increasing
23 health care costs, potential job loss from lesser or
24 equal care, as depicted in MGB's ratings.

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1 UMass and its affiliates serve the
2 Westborough area. In addition to other surrounding
3 communities, it acts as a high-value, safety-net
4 health care provider. My fear is existing services
5 would be impacted by MGB's expansion.

6 The average income of a Westborough
7 resident is 45,760 a year. The US average is 28,555
8 a year. The median household income -- household
9 income of a Westborough resident is 100,000. The US
10 is 53.

11 In some ways it feels the arrival of MGB is
12 a further divide between the haves and the have-nots
13 as it relates to health care. It appears the area
14 is well served by the existing fabric of health care
15 facilities.

16 It only seems fair to review this under an
17 equity lens and fairness to all citizens in order to
18 fully understand the impact of this proposal. I
19 suggest that an additional public hearing be
20 scheduled after an independent cost analysis has
21 been conducted and all have been able to review
22 prior to the next meeting and ask questions.

23 Thank you very much for your time and
24 consideration.

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1 HEARING OFFICER SZENT-GYORGYI: Thank you.

2 THE MODERATOR: Debbie Shipperd, your line
3 is open.

4 MS. SHIPPERD: Good evening.

5 I'm calling as a member of the community.
6 I don't hold any political position, nor do I have
7 any legal background. That said, having lived in
8 the Milford area for over 50 years, and working in
9 the medical field for the past 35 years in a private
10 practice, I'm asking that the DPH deny this proposal
11 that Mass General Brigham has put before you.

12 I have many friends and family members that
13 use and depend on the community hospitals and
14 private physician practices in the area. I
15 personally seek care at these facilities. As in my
16 case, due to my insurance, I would have to pay a
17 higher deductible and higher copayments if I am
18 treated at Partners facilities.

19 My experience over the years has been that
20 where MGH, now MGB, is concerned, they have a
21 tendency to move in and take over, pushing out the
22 smaller facilities and private institutions. The
23 services they are proposing to put in the area are
24 for most lucrative, high-reimbursement procedures,

1 leaving the local hospitals and testing facilities
2 to perform services reimbursed at a far lesser rate,
3 impacting their viability.

4 Allowing MGB to expand into the town of
5 Westborough will draw patients away from the
6 community facilities and private practices, pushing
7 them into the higher-cost health care network,
8 leaving the community facilities to have a loss of
9 revenue, unable to compete and impending closure.
10 This would prevent people like myself and the
11 minority population in the community from getting
12 high-quality care within our neighborhoods.

13 I'm not denying the MGB provides quality
14 and efficient care. It is a great tertiary care
15 hospital and should continue to do so in Boston.
16 They should not be allowed come into a community
17 setting where private practice and community
18 hospitals provide -- already provide high-quality
19 services at a fair and reasonable rate to all.
20 These facilities depend on the people in the local
21 communities for their livelihood.

22 I request that the DPH look at the proposal
23 again and additional hearings be scheduled.

24 Thank you for the opportunity to speak and

1 share my points.

2 HEARING OFFICER SZENT-GYORGYI: Thank you.

3 THE MODERATOR: Robert Wilkinson, your line
4 is open.

5 MR. WILKINSON: I have concerns with the
6 application for a clinic in Westborough.

7 There are clear and egregious cost excesses
8 related to this project, as exhibited by the filing
9 related to ambulatory surgery costs for the
10 Westborough site. Mass General Brigham is currently
11 estimating approximately 28 million just being the
12 ambulatory surgery portion of its project in
13 Westborough.

14 As a director of finance for ambulatory
15 surgery at Shields Health Care Group, I have been
16 party to observe the cost implications for two new
17 surgery centers in the Westborough area over the
18 last five years. One was a 40,000 square foot site
19 in Shrewsbury that was developed for \$28 million and
20 another in Natick for approximately \$10 million.
21 These two were completed on a weighted average of
22 approximately \$725 per foot, which is less than half
23 what Mass General Brigham's requesting in the
24 Westborough area.

1 There are either two option here: One of
2 which is that Mass General Brigham does not have the
3 expertise to understand the efficiency needed to
4 operate the site on a freestanding basis; or expects
5 to recoup these costs based on the rates that it
6 will charge. These rates are equivalent to the
7 prices noted in Determination of Need regulations,
8 Factor 1H. If you look at the current prices being
9 charged by Mass General Brigham in the area, you'll
10 see that all of Mass General Brigham's member
11 hospitals are greater than that seen by the local
12 market participants in the Westborough area.

13 Now in my role at Shields I also understand
14 where freestanding rates come into play, and these
15 are typically lower than the outpatient rates. So
16 as many members from Mass. General already have
17 noted, yes, there will be a cost reduction.
18 However, these costs are also typically greater than
19 what is seen in the physician clinics, which is
20 where Mass General Brigham, under the Partners
21 Community Physician organization, also continues to
22 see higher prices than local market participants.
23 All of this data is sourced from the Commonwealth's
24 own Center for Health Information Analysis that was

1 published in December 2020. Based on these trends
2 where Mass General Brigham continues to see
3 exceptional prices relative to its competitors,
4 there is the basis for an independent cost analysis.

5 The other piece to this is that those
6 competitors in the local area are currently eligible
7 to receive funds under the Massachusetts Health
8 Policy Commission Community Hospital Acceleration
9 Revitalization and Transformation program, which is
10 designed to support hospitals, local community
11 hospitals that are relatively low-priced. This
12 would also have a noted market impact.

13 Because of this, I would like to suggest
14 that the Department require the Massachusetts Health
15 Policy Commission, and independent state agency,
16 conduct not just an independent cost analysis, but
17 also a cost and market impact analysis. The reason
18 for this is that the CMIR requirements are outlined
19 in state statute and would be transparent to all
20 parties, stakeholders. I ask that the Department do
21 this and request that a subsequent public hearing be
22 held once the results of a cost and market impact
23 review completed by the Massachusetts Health Policy
24 Commission.

1 Thank you so much.

2 HEARING OFFICER SZENT-GYORGYI: Thank you.

3 THE MODERATOR 2: Monica Lowell, your line
4 is open.

5 MS. LOWELL: Good evening.

6 I'm Monica Lowell, and I'm the
7 vice-president of community health transportation
8 and community benefits at UMass Memorial Health Care
9 and a proud caretaker of this wonderful institution.
10 I am here to testify regarding the detrimental
11 impact the Mass General Brigham expansion in
12 Westborough will have, particularly and importantly,
13 on our health equity work addressing vulnerable and
14 low-income populations, people of color. Given that
15 UMass Memorial utilizes our commercial revenues to
16 subsidize our system's work with vulnerable
17 populations, this expansion puts serious risk to our
18 ability to carry out our community health
19 improvement mission.

20 I would like to take this opportunity to
21 tell you about our work and how it is improving the
22 health of vulnerable populations. For example, our
23 city-wide pediatric asthma intervention utilizing
24 specially-trained, culturally-competent community

1 health workers. It partners with the Worcester
2 Public Schools, the city of Worcester Healthy Homes
3 and Community Legal Aid to improve medication
4 adherence and school absenteeism among high-risk
5 patients.

6 Worcester ACTS program addresses childhood
7 trauma by utilizing trained community health
8 resilience workers who work closely with families
9 while bringing stability of services during
10 difficult times.

11 To address food insecurity, we've had a
12 longstanding partnership with a food justice
13 program, the Regional Environmental Council, to
14 develop community gardens and now bring an
15 agriculture program for inner city youth. The
16 800 pounds of fresh produce at the garden each year
17 is distributed to 11 food insecure neighborhoods
18 across the city of Worcester through the program's
19 Veggiemobile and mobile market, while providing jobs
20 for youth of color.

21 Our Memorial Caremobile partnership with
22 the Worcester Public Schools provides medical and
23 preventive dental services to ten low-income
24 neighborhoods and 20 schools across Worcester.

1 Patients are served regardless of insurance status.
2 We assist with health insurance and connecting
3 patients to a medical and a dental home as well as
4 to the social support services. The program plays a
5 critical role in addressing the high levels of tooth
6 decay due to lack of fluoride in the city's water
7 supply. We serve 3,000 patients annually.

8 Utilizing COVID-19 data and the feedback
9 from our community partners, we have established
10 strong partnerships with multiple community groups
11 and faith-based organizations.

12 All I want to say is that in order for the
13 cost analysis to be independent, we do need to have
14 that, and I'm recommending the Department of Public
15 Health that the Health Policy Commission conducts
16 this analysis and an additional public hearing
17 should be scheduled after the independent cost
18 analysis has been conducted so that we have a chance
19 to really weigh in and have the full facts available
20 and transparency.

21 Thank you.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR 2: Stephen Roach, your line
24 is open.

1 MR. ROACH: Good evening.

2 I'm Steve Roach, president at UMass
3 Memorial Marlborough Hospital and UMass Memorial
4 Health Alliance Clinton Hospital.

5 I would like to begin with a little
6 information about Marlborough Hospital tonight.
7 Marlborough Hospital has served this community for
8 over 130 years and has cared for hundreds of
9 thousands of patients since that time. We are
10 dedicated to providing our patients with
11 high-quality, easily-accessible and compassionate
12 care. We have received national recognition from
13 organizations such as the Leapfrog Group and CMS
14 star quality rankings. Over the past year we were
15 recently named a national top 100 hospital by the
16 Lown Institute rankings for providing outstanding
17 and safe care at a lower cost while taking into
18 account equity. We serve as a critical safety-net
19 facility for the MetroWest region and our hospital
20 is classified by the state as a high public payer
21 community hospital because over 60 percent of our
22 patients are insured by a public program, either
23 Medicare or Medicaid, or are uninsured.

24 We're very concerned about the negative

1 impacts we foresee on Marlborough Hospital and UMass
2 Memorial Health Care. These concerns include the
3 following:

4 Health care concerns: MGB's expansion into
5 Westborough will destabilize the local health care
6 market and threatens our viability as a hospital and
7 UMass Memorial's viability as a health system. We
8 are seriously concerned that MGB's unnecessary and
9 duplicative expansion may cause Marlborough Hospital
10 to close certain critical services, or our doors
11 entirely, negatively impacting access to care for
12 our most vulnerable patients across the region.
13 This could include our emergency department or our
14 inpatient behavioral health unit.

15 Cost concerns: The price differences
16 between Marlborough Hospital and MGB are staggering,
17 as a case study with data published by CHIA for
18 outpatient services in suburban settings covered by
19 Blue Cross & Blue Shield of Massachusetts, MGB's
20 services are 32 percent more expensive than
21 Marlborough Hospital's. Under some insurance
22 plans -- Tufts -- MGB's prices for outpatient
23 services can be 77 percent more expensive than
24 outpatient services offered by Marlborough Hospital.

1 The prospect of MGB charging absurd rates here is
2 unacceptable and should be unacceptable to those
3 businesses providing insurance for their employees,
4 as they will be funding this.

5 Health equity concerns: The proposed MGB
6 sites target higher-income, predominantly white,
7 mobile, commercially-insured populations already
8 served by existing providers. The location is not
9 easily accessible to residents of low-income
10 communities with barriers to health care, leaving
11 access and needs of many residents behind.

12 Marlborough Hospital's financial viability
13 is critically important to the community. If we are
14 unable to provide high-quality, affordable care to
15 our most vulnerable, they will be left with no
16 choice but to go further for care or go without,
17 both of which are untenable.

18 In closing, we must protect community care.
19 Residents of the communities Marlborough Hospital
20 serves have had access to both outpatient and
21 inpatient health care that is high quality, safe and
22 easily accessible and are provided by skilled and
23 compassionate caregivers. And I am here today to
24 communicate to you the incredible threat MGB's

1 expansion poses to our community.

2 I am requesting that the DPH have the
3 Health Policy Commission conduct a truly independent
4 cost analysis of the MGB project and that additional
5 public hearings be held after the independent cost
6 analysis has been released.

7 Thank you.

8 HEARING OFFICER SZENT-GYORGYI: Thank you.

9 THE MODERATOR 2: Up next is Tamara Lundi.
10 Your line is open.

11 MS. LUNDI: Thank you. Hi.

12 My name is Tamara Lundi. Thank you for
13 creating a space for us all to speak with DPH about
14 MGB's expansion plans and the intent to establish an
15 outpatient center in Westborough.

16 I currently serve as the president of
17 Community Healthlink at UMass Memorial Health, and
18 have been with the agency for seven years now. As
19 the largest behavioral health community-based agency
20 in Central Massachusetts, and being affiliated with
21 the safety-net health care provider, I have serious
22 concerns about how MGB's proposed expansion will
23 impact health equity and the cost of care,
24 especially for our clients, some of the most

1 vulnerable individuals in our community.

2 I believe that Mass General Brigham's
3 expansion into Westborough is likely to worsen
4 existing health disparity. It is quite evident that
5 the proposed MGB sites target higher-income,
6 predominantly white, mobile, commercially-insured
7 populations. The locations are not easily
8 accessible, as has been noted before, to residents
9 of low-income communities with barriers to health
10 care.

11 At Community Healthlink, over our 30-plus
12 sites, 75 percent of our 22,000 clients are Medicaid
13 covered lives. As a community-based organization,
14 we have been serving clients who have some of the
15 most significant needs as it relates to social
16 determinants of health. Individuals experiencing
17 homelessness and those who are severely mentally ill
18 have utilized our services over several decades and
19 the financial support that we receive as a part of
20 the UMass Memorial Health, especially during this
21 past year, has played a critical role in helping us
22 to ensure that the work we do is able to be
23 continued. We could not have weathered the COVID-19
24 pandemic without the support of our parent company,

1 and our clients are able to still access these life
2 changing and life-saving services -- services today
3 because of it.

4 By drawing commercially-insured parents
5 away from our safety-net hospital, MGB will create
6 an even greater strain on our existing resources
7 which will, in turn, impact the reach that our
8 organization will be able to have in helping those
9 who are most vulnerable.

10 In order to accurately understand the
11 impact of this proposal, I suggest that the
12 additional public hearing be scheduled for after the
13 independent cost analysis has been conducted so the
14 public could have opportunity to understand the
15 complete implication of this proposal.

16 Thank you.

17 HEARING OFFICER SZENT-GYORGYI: Thank you.

18 THE MODERATOR 2: Aaron Easton, your line
19 is open.

20 MR. EASTON: Hi. Good evening.

21 My name is Aaron Easton. I'm a regional
22 operations manager for Shields Health Care in
23 Central Massachusetts. I greatly appreciate the
24 opportunity to share my concerns with the Department

1 of Public Health about MGB's community expansion
2 plains and intent to establish an outpatient center
3 in Westborough.

4 I have been an MRI imaging professional
5 with Marlborough Hospital, as well as other
6 surrounding UMass facilities, since 2009, and have
7 moved into a more managerial position over the past
8 seven years.

9 Based on my experiences in this field, it
10 has been my observation that there is more than
11 enough availability of imaging services in the
12 region to handle patients' current and future needs.
13 By adding more MRI and CT units to the market, MGB
14 would just be creating unneeded capacity at a higher
15 cost without any improvement on quality.

16 This project will negatively impact our
17 local economy. MGB's application claims the
18 addition of health care jobs to the region, but
19 these most likely are not new jobs but rather just
20 transfer of existing jobs from other local
21 employers. This transfer of jobs would create a
22 diluted work force and compromise the overall
23 quality of care.

24 Additionally, MGB's presence affects the

1 referrals to local providers, as MGB will send
2 patients for their continuation of care to expensive
3 MGB affiliates in the Bos -- in Boston. This model,
4 over a long term, will affect the region's prospects
5 for economic development and also increase the cost
6 of care.

7 Local care is important, and there's
8 already quality local care in the region, and it's
9 important that we take a stand now to support our
10 preexisting local care providers.

11 As a closing thought, it would be my
12 request that in order to accurately understand the
13 impacts of this proposal, an independent cost
14 analysis for this project be conducted and then an
15 additional public hearing be scheduled for after the
16 results of the study have been made available to the
17 public.

18 I thank you again for the opportunity to
19 express my concerns about this project.

20 HEARING OFFICER SZENT-GYORGYI: Thank you.

21 THE MODERATOR 2: Thank you.

22 Joan Feltman, your line is open. If you
23 could please speak up.

24 MS. FELTMAN: Yes. Hello.

1 My name is Joan Feltman. I am a Mass
2 General Brigham employee but tonight I'm joining
3 this hearing as a patient. I've been a resident of
4 Shrewsbury for 16 years and I thank you for allowing
5 me to express my support for the MGB ambulatory
6 center project in Westborough.

7 My family has personally struggled with
8 finding care within the Shrewsbury area, and
9 specifically no primary care providers are accepting
10 new patients. The MGB ambulatory center would offer
11 access to providers and services my family cannot
12 receive right now.

13 My family does receive specialty care
14 within the MGB network. The specialty care is
15 critical to the quality of life for my loved ones,
16 and traveling into Boston for care is taxing, but
17 necessary to receive the quality of care that we
18 cannot receive here in Shrewsbury.

19 A trip into Boston could be four hours
20 round trip -- two hours in and two hours back home.
21 Additionally, there's parking costs and toll costs
22 and physical demands traveling to Boston when one
23 doesn't feel well to begin with.

24 The ambulatory center would not replace the

1 hospital emergency care, which my family typically
2 receives at UMass. I do not see this ambulatory
3 center as a replacement to inpatient and emergency
4 care. I see this project as an opportunity, as a
5 patient, to join my care between my urgent and
6 emergent needs, which I receive at UMass, and my
7 ambulatory care, which I receive at Mass General
8 Brigham. So it's a partnership, not a competition.
9 Having the additional care that the MGB ambulatory
10 care center will offer is something I'm truly
11 hopeful will be coming to Westborough.

12 Listening to this hearing and the comments
13 is -- have made me slightly disappointed as a
14 patient and as a community resident. There appear
15 to be political stands and financial concerns being
16 expressed that seem to be the focus instead of
17 focusing on the care and I and my family, along with
18 the community, should be able to receive. Objecting
19 to this project is doing myself and my family a
20 disservice by limiting the care we can receive and
21 remove our ability to make a choice in our care.
22 Access to high quality is important for my family as
23 it is to any other family in Massachusetts.

24 I ask the DPH to the support the Mass

1 General Brigham ambulatory center project.

2 Thank you very much.

3 HEARING OFFICER SZENT-GYORGYI: Thank you.

4 THE MODERATOR 2: Scott Rauch, your line is
5 open. If you could please speak up.

6 DR. RAUCH: Hello.

7 My name is Scott Rauch. I'm a psychiatrist
8 serving as the chair of system behavioral and mental
9 health for Mass General Brigham and also the
10 president of McLean Hospital. I want to thank the
11 Department of Public Health for the opportunity to
12 share my thoughts about how this important project
13 will help people access high-quality, evidence-based
14 behavioral and mental health services in the
15 community.

16 It's wildly appreciated that there's a
17 tremendous unmet need for behavioral health care in
18 the Commonwealth and nationally. One of every three
19 people have a psychiatric illness in their lifetime,
20 and in any given year one in five people in the
21 United States will have a mental illness. People
22 with mental health conditions face higher rates of
23 chronic medical illnesses, with higher health costs
24 and worse outcomes, especially when they don't

1 receive the adequate psychiatric care they need, yet
2 it remains a major challenge for people across our
3 state to find mental health providers who have
4 availability, are affordable and are convenient to
5 see.

6 Mass General Brigham integrated care
7 initiatives for Westborough gives us the opportunity
8 to provide outpatient psychiatric services for all
9 ages in your community, while staying connected to
10 the leaders in the field of psychiatry throughout
11 MGB.

12 In addition to outpatient psychiatric care,
13 we plan to offer integrated services with both
14 primary care and other specialty services right on
15 site in the community, which will improve access
16 through new models of care incorporating digital
17 solutions that complement care provided by
18 psychiatrists and licensed therapists. This also
19 involves coaching and navigators, as well as
20 community partners to streamline paths to care
21 locally.

22 The MGB integrated care center in
23 Westborough presents a special opportunity to design
24 and build a better mental health system. Our vision

1 is to provide truly integrated care for outpatients,
2 which means behavioral health providers working
3 alongside primary care providers to facilitate a
4 broad range of outpatient services. The model has
5 extensive evidence showing that it increases access,
6 improves clinical outcomes and reduces health care
7 costs, and it's in line with the state's new roadmap
8 for behavioral health reform.

9 As we move to a comprehensive integrated
10 system of care across MGB, this model of care in the
11 community will also help to decompress emergency
12 rooms and psychiatric inpatient facilities by
13 enhancing the care directly provided in the
14 outpatient level within the community sites. When
15 situations do arise where patients in our community
16 site require higher levels of care, we'll provide a
17 seamless path for patients and families so they can
18 go directly to our inpatient psychiatric programs
19 without passing through emergency rooms, when
20 possible.

21 The Mass General Brigham integrated care
22 initiative for Westborough will enhance services for
23 people in the community to receive their care closer
24 to home, better integrating mental health care with

1 primary care, and achieve better outcomes, more cost
2 efficiently. It will also be part of a
3 comprehensive integrated system of care so that when
4 patients do need more acute or more complex levels
5 of psychiatric service, such as inpatient services
6 or subspecialty services, it can access that level
7 of expertise and programming more rapidly and
8 seamlessly.

9 Thank you for the opportunity to share this
10 information.

11 HEARING OFFICER SZENT-GYORGYI: Thank you.

12 THE MODERATOR 2: There are currently 17 in
13 the queue, and if you wish to make a comment press
14 Star 1.

15 Anna Tonseth, your line is open. If you
16 would please speak up.

17 MS. TONSETH: Thank you, and good evening.

18 My name is Anna Tonseth, and I'd like to
19 thank the Department of Public Health for allowing
20 me to share my concerns today regarding MGB's plan
21 to establish an outpatient center in Westborough. I
22 currently serve as the business development analyst
23 for Shields Health Care Group.

24 Being affiliated with an outpatient

1 services provider, I have significant concerns in
2 regards to how the proposed expansion will impact
3 other health care providers in the region and
4 overall medical expenses in the Commonwealth. After
5 substantial analysis, I believe there is not enough
6 community demand to warrant MGB's proposed expansion
7 of imaging and ambulatory surgery services in
8 Westborough.

9 Given that there are three hospital and
10 four ambulatory surgery centers within and just
11 outside the defined primary service area, the
12 patient panel within the region has ample access to
13 surgical services. In addition, MGB's capacity
14 calculations indicate over 5,000 surgical cases
15 could be performed annually. 70 percent utilization
16 equates to 3800 cases. However, the Westborough ASC
17 location is set to only perform 3300 cases. With
18 these predictions the Westborough ASC will only be
19 operating at a 57 percent utilization. As such, it
20 is evident that there is not enough demand to
21 justify the addition of four operating rooms in
22 Westborough.

23 On the imaging side, Westborough is already
24 well served by high-quality, low-cost health care

1 providers. The service area, quite frankly, does
2 not need additional MRI services, and applicant
3 certainly does not adequately demonstrate the need
4 for the build out of an additional MRI unit in the
5 future.

6 There is a finite need for health care. If
7 MGB's expansion plans are approved, local providers
8 will financially suffer and overall medical expenses
9 will increase across the Commonwealth. It is the
10 responsibility of ours to protect local providers,
11 and especially the financial viability of our
12 patients, who have already been impacted by the
13 ongoing pandemic.

14 I kindly request that the Department
15 require the Health Policy Commission to conduct the
16 independent cost analysis so as to allow the process
17 to remain truly independent.

18 Thank you for your time and consideration.

19 HEARING OFFICER SZENT-GYORGYI: Thank you.

20 THE MODERATOR 2: Sam Odotei, your line is
21 open. If you would please speak up.

22 MR. ODOTEI: Can you hear me?

23 HEARING OFFICER SZENT-GYORGYI: Yes, we can
24 hear you.

1 MR. ODOTEI: All right. Good evening.

2 I'm so happy to take the opportunity to
3 speak to the Department of Public Health. I'm part
4 of a minority. I live in Hopkington. I've been a
5 patient of Mass General Brigham for over ten years.
6 I have received excellent, excellent care from --
7 from Mass General Brigham.

8 As I said, I live in Hopkington. This
9 facility in Westborough will richly help me and my
10 wife and my daughter, because we are all patients of
11 Mass. General. As -- as some have said before me,
12 we -- we drive to Boston for our appointments, and
13 for a good reason -- because of the care we have
14 received over the years.

15 I'm a minority, and I think the service
16 that they give is excellent. So -- so for me, the
17 proximity -- and I've heard a lot of the
18 conversation -- for me the proximity of care,
19 if the -- if Mass. General is bringing a service to
20 my community, to my home, I'm happy. I will embrace
21 it. And the service is excellent.

22 So -- so I -- I hear all the arguments that
23 the competition fears. I mean, I -- I'm not
24 convinced by some of arguments I have heard in

1 opposition to -- to this. But, as you can imagine,
2 if I can walk to my doctor's appointment, if I can
3 ride a bicycle to my doctor's appointment that takes
4 five minutes, so be it.

5 And I want the same facility for my -- for
6 my neighbors, for my friends, and for my family.
7 So -- so -- so for me, the excellent medical care
8 and the proximity, it's -- it's an amazing thing.

9 In fact, I have enjoyed the service so much
10 that recently when there was an opportunity, I
11 applied for a job at Mass General Brigham, and I got
12 it. And, in fact, my daughter -- who's a nurse
13 practitioner -- excellent, excellent, excellent
14 teacher -- have applied to Worcester, the hospital
15 in Worcester, and for whatever reason they didn't
16 take her, and they claiming to serve minorities.
17 And Mass. General took her. She works there.

18 So for me and for my family, we live in
19 Hopkington. This is an opportunity to have our
20 health care through Central Mass.

21 Thank you for the opportunity to share.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR 2: Marilyn Leeds, your lane
24 is open. If you could please speak up.

1 MS. LEEDS: Yes.

2 Can you hear me? Can you hear me?

3 HEARING OFFICER SZENT-GYORGYI: Yes, we can
4 hear you.

5 MS. LEEDS: Yes? Okay.

6 My name is Marilyn Leeds, and I do
7 appreciate the opportunity to share some of my
8 concerns with the Department of Public Health at
9 this hearing.

10 Since 1981, I served as the assistant
11 director, and since 1998 the administrator director
12 graduate medical education at UMass Medical School,
13 but I'm actually testifying on -- based on my prior
14 experience in health resources planning in the
15 Commonwealth.

16 In 1975, Public Law 93-641 mandated the
17 establishment of health systems agencies across the
18 country to make recommendations on the
19 appropriateness of expanded health care services and
20 capital projects. The intent was to get local
21 direction and control of health care planning. When
22 federal resources were phased out, this
23 responsibility ceded to DPH. The importance of
24 local control in these critical policy decisions,

1 however, should not be disregarded, so I really
2 would urge you to consider the local voices.

3 I served as a senior planner for ambulatory
4 care at the Central Mass Health Systems Agency from
5 1978 to 1981 and worked to ensure that the
6 introduction of costly new services and systems
7 would not severely impact the balance of both
8 affordability and access to health care, and in that
9 role I reviewed numerous DoN applications in Central
10 Mass. Those that were determined to negatively
11 impact access to care for some populations, and
12 affordability of care to others, were routinely
13 denied.

14 This isn't about protecting the turf of any
15 institution or institutions, but rather protecting
16 the community at large. There's no question the
17 rise of UMass Medical School and the growth of the
18 UMass Memorial Medical Center significantly improved
19 local access to high-quality clinical services, so
20 now it's about increased costs.

21 Tertiary care services and a major trauma
22 center cannot be maintained without a strong bottom
23 line. And to its credit, UMass has balanced its
24 growth with its commitment to the core mission of

1 service to the community and education of
2 physicians, especially primary care providers. If
3 that bottom line is jeopardized -- as it will be by
4 this MGB proposal -- it endangers the core mission
5 of UMass Memorial.

6 The arguments I'm making today are the same
7 arguments the deans of the Boston medical schools
8 and leading Boston teaching hospitals made when they
9 supported the establishment of a state medical
10 school anywhere but Boston in the 1960s. Their
11 challenge was -- to the additional medical school in
12 Boston was due to their concerns about lack of
13 demand that they documented.

14 The situation is the same today. While
15 increased access to care is a laudable goal of the
16 proposed expansion in the western suburbs, it will
17 increase the cost of health care marketplace with
18 this powerful provider and negatively impact
19 affordable access to care as well as medical
20 education in Central Massachusetts.

21 The negative impact on UMass Memorial
22 finances will impact critical outreach and support
23 services that UMass Memorial provides to the
24 low-income and disenfranchised population. It will

1 also severely impact patient volume that is
2 essential for training medical students and resident
3 physicians.

4 In light of these considerations, I do not
5 believe the DoN to expand ambulatory services in
6 this area is justified. At a minimum, again, I
7 would request, as many others have, that the
8 Health --

9 HEARING OFFICER SZENT-GYORGYI: Thank you.
10 Your time is up. Thank you.

11 THE MODERATOR 2: Thank you.

12 Next up is Roger Paquette. Your line is
13 open. Please if you could please speak up.

14 MR. PAQUETTE: Good evening.

15 My name is Roger Paquette, and I reside in
16 Blackstone, Mass. I appreciate the opportunity to
17 share my concerns with the Department of Public
18 Health about Mass General Brigham's community
19 expansion plans and intent to establish an
20 outpatient center in Westborough.

21 I currently serve as a Central Mass.
22 territory manager for Shields Health Care where I
23 have worked for the last 16 years. Working closely
24 the UMass Memorial Health, who is the safety-net

1 health care provider, I have serious concerns about
2 how MGB's proposed expansion will impact health
3 equity and the cost of care.

4 MGB will draw commercially-insured patients
5 away from a our local providers who rely on that
6 care to subsidize patients that are insured by
7 public programs such as Medicare, Medicaid or who
8 are uninsured. By undercutting the financial
9 viability of local practitioners and community
10 health care systems, MGB's expansion would replace
11 high-value local providers and care for the most
12 vulnerable in their communities with high-priced,
13 redundant medical services with no discernible
14 difference in quality.

15 As many others have asked, in order to
16 accurately understand the impact of this proposal, I
17 suggest that an additional public hearing be
18 scheduled after the independent cost analysis has
19 been conducted. I also request that the Department
20 of Public Health require the Health Policy
21 Commission to conduct the analysis to ensure a truly
22 independent process.

23 I would like to thank you for the
24 opportunity to share my concerns.

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1 HEARING OFFICER SZENT-GYORGYI: Thank you.

2 THE MODERATOR 2: Eileen Pelly, your line
3 is open. If you would please speak up.

4 MS. PELLY: Thank you for the opportunity
5 to share my thoughts with you this evening.

6 My name Eileen Pelly, and I have been a
7 resident of Westborough for seven years. I was born
8 and raised in Central Mass. My husband Scott and I
9 are parents to four children, and we currently
10 travel quite a distance for our health care.

11 I am not a paid representative of Mass
12 General Brigham, nor do I have any employee
13 relationship, past or present, with any of the
14 parties impacted by decisions related to this
15 project. I am just a community member in
16 Westborough.

17 I have spent most of my professional career
18 as a senior health care executive for some key
19 health care providers in Mass., so I understand the
20 landscape of the health care market here. I also
21 have firsthand knowledge and respect for the
22 Determination of Need process and the state's intent
23 to promote population health, to support innovation
24 in health care delivery methods, and to ensure

1 access to resources at the lowest cost. It is for
2 these reasons that I support the endeavor of MGB to
3 open an innovative ambulatory care center that
4 commits to a comprehensive, team-based approach to
5 caring for its patients. Given it will be a
6 freestanding entity, not licensed under a hospital,
7 there are inherent cost savings that will benefit
8 its patients directly.

9 The pandemic of this last year has changed
10 all of us. We will need to get back to more
11 proactive health care for ourselves and our children
12 after this traumatic trial. Health care is about
13 relationships, and for the 42,000 area residents
14 already served through the MGB system, this new
15 location will be a welcomed opportunity to get their
16 health care closer to home. Access to primary care
17 and things like behavioral and mental health
18 services in one place will be so sought out and
19 valued over the next number of years. Availability
20 within a few miles of home with free parking and the
21 opportunity for one-stop shopping for multiple
22 specialties is something residents of this and
23 surrounding areas would happily anticipate with
24 project approval by the state.

1 My husband and I own a very busy dental
2 practice in the MetroWest area. We understand the
3 responsibility of providing access and innovation to
4 our patients. Patients have choice in providers,
5 and many will travel if the clinical relationships
6 they have are meaningful and supportive. Mass
7 General Brigham is responding to its patient needs
8 by bringing health care closer to where current
9 patients live.

10 The project also will provide a quality
11 option for those who may not yet have found that
12 clinical relationship they are looking for. Having
13 a choice is healthy.

14 The project proposed you by Mass General
15 Brigham checks all the boxes outlined as objectives
16 of the state's Determination of Need process as
17 covered in 105 CMR 100. I know I speak for many
18 residents of Westborough, especially those with
19 young and growing families, that this project will
20 be a welcome addition to our town and a positive
21 impact on the health care delivery system in
22 Massachusetts.

23 Thank you.

24 HEARING OFFICER SZENT-GYORGYI: Thank you.

1 THE MODERATOR 2: Kerry Wheland, your line
2 is open. If you would please speak up.

3 MS. WHELAND: Good evening, and thank you
4 for the opportunity to speak tonight.

5 My name is Kerry Wheland, and I am the
6 vice-president of government affairs at Shields
7 Health Care.

8 Shields, through its joint venture
9 partnership with local providers, enhances the
10 services currently offered in the community. For
11 example, in 2018, Shields partnered with UMass
12 Memorial Health, Reliant Medical Group to open a
13 nine-OR ambulatory surgical center in Shrewsbury
14 Massachusetts, just a short distance from MGB's
15 planned outpatient center. The surgery center
16 exemplifies the type of innovation that's possible
17 when multiple providers decide on a common set of
18 principles: Lowering the cost of health care for
19 patients, maximizing efficiencies across provider
20 systems, and enhancing local services offered in the
21 community.

22 I am concerned about MGB's expansion plans,
23 as I believe the proposal will discourage high-value
24 innovative models of care, like the surgery center

1 in Shrewsbury. MGB is proposing to build a new
2 outpatient center in Westborough, where they do not
3 currently provide services and where these exact
4 same services already exist. By building entirely
5 new service lines and not considering partnerships
6 with local providers, MGB is adding cost to the
7 health care system and duplicating services and
8 technologies.

9 Interestingly enough, by electing not to
10 collaborate with existing community providers, MGB
11 has eliminated a regulatory review that most other
12 transactions -- transactions far smaller than what's
13 being proposed -- are required to go through. The
14 Health Policy Commission, the independent state
15 agency responsible for monitoring health care costs,
16 typically analyzes the impact of health care market
17 transactions on cost, quality and access. If MGB's
18 proposal will lower the cost of care and improve
19 quality and access, as it claims it will, they
20 should welcome a review of the transaction by the
21 Health Policy Commission. This review should take
22 the form of the Health Policy Commission conducting
23 an independent cost analysis that the commissioner
24 of the Department of Public Health has requested.

1 After the independent cost analysis is
2 complete, the Department of Public Health should
3 hold another public hearing so that the community at
4 large can react to the findings of the report.

5 In closing, at a time when health care
6 providers are still reeling from the social,
7 emotional and financial impacts of the ongoing
8 COVID-19 pandemic, it is all the more important that
9 the Commonwealth take a holistic, thoughtful review
10 of this proposal.

11 Thank you for allowing me the time to share
12 my thoughts, and thank you to the Department of
13 Public Health for your consideration.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR 2: Joe O'Brien, your line is
16 open. If you would please speak up.

17 MR. O'BRIEN: Good evening.

18 My name is Joe O'Brien. I'm the
19 legislative and political director for the North
20 Atlantic region of the Regional Council of
21 Carpenters. I want to thank the staff of DPH for
22 the opportunity to speak tonight, for your work and
23 for hanging in. I know it's been a long hearing.

24 On behalf of the 30,000 members of my

1 union, I am here to express our support for the
2 Determination of Need application of Mass General
3 Brigham for the construction of a new ambulatory
4 care facility in Westborough.

5 Our union supports this project for the
6 following three reasons:

7 First, this project will improve patient
8 access and care for our members and the Partners
9 system's members in the Westborough area. Last year
10 our union spent \$183 million providing health care for
11 our members here in New England the much of that
12 being spent at facilities in Massachusetts. Today,
13 thousands of our members receive care from the
14 Partners network. This project will allow many of
15 our members in Westborough and surrounding
16 communities to access their care closer to home and
17 not have to spend a day driving into Boston. This
18 will also in many ways provide the same high-level
19 of care for lower cost, saving our health fund
20 money. This cost savings is critically important as
21 we strive to contain costs and provide affordable
22 and high-quality care for all our members.

23 Second, the project will create 300
24 construction and 200 permanent jobs with fair wages

1 and benefits. Just as importantly, because of the
2 project's sponsors and our union's commitment to
3 addressing issues of diversity, this project will
4 create careers for people from low-income and
5 under-represented communities and opportunities to
6 have a career in the building trade.

7 Third, this project, if approved, will
8 generate several million dollars in community health
9 initiative funding to support important public
10 health priorities in the region. As you know, the
11 pandemic has exposed the deep inequities in our
12 health care system and strained capacities of our
13 community health care providers. Across our region,
14 our community-based partners are struggling to meet
15 the health needs of people in our communities. This
16 COVID aspect has especially impacted workers in the
17 construction industry which has one of the highest
18 rates of worksite injury, and it's been especially
19 vulnerable to the COVID epidemic. This funding will
20 help many of these workers, especially these in the
21 non-union sector who are exploited and don't have
22 access to health care coverage.

23 We thank you once again for the opportunity
24 to provide testimony. We hope you'll consider and

1 look favorably upon this request and on the
2 application, and thank you once again for your work.

3 HEARING OFFICER SZENT-GYORGYI: Thank you.

4 THE MODERATOR 2: Doug Pollard, your line
5 is open. If you would please speak up.

6 MR. POLLARD: Yeah. Hi.

7 My name is Doug Pollard. I am a 36-year
8 resident of the town of Westborough, and I'm calling
9 in tonight simply as a consumer of health care
10 services, and -- you know, a category that there's
11 all too few of us this evening.

12 We -- my wife and I, all our health care
13 services and providers are coordinated through MGB
14 and MGB-affiliated facilities, mostly MGH, and we've
15 been tied to MGH doctors, frankly, our entire lives.
16 We were very excited when we heard that there was
17 going to be an opportunity to have access to MGB
18 services locally. We're very much in support of
19 this facility going forward. I think it's good for
20 the area. It's certainly good for the town of
21 Westborough.

22 It seems to me that, as I listen tonight,
23 that this -- this hearing is dominated by those that
24 have a vested interest in the local health care

1 industry and they have very compelling arguments,
2 but I would ask going forward that the Department of
3 Public Health figure out a way to get input from the
4 general public. The only -- the only way -- the
5 only reason I knew about this hearing tonight was
6 through a contact at MGH that provided information,
7 so otherwise I would not have called in.

8 So that's it. Thank you.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: Kim Latrobe, your line is
11 open.

12 MS. LATROBE: Yes, thank you.

13 My name is Kim Latrobe. I appreciate the
14 opportunity to share my concerns.

15 I'm a vascular ultrasound tech at UMass
16 Memorial. I've worked there for 11 years. I'm a
17 member of the SHARE union also.

18 My coworkers and I are very concerned about
19 the possibility of MGB opening a large ambulatory
20 center in Westborough. I feel the building of this
21 large outpatient facility by MGB in Westborough will
22 just raise the cost of our health care, which in the
23 long run will hurt the community and not necessarily
24 increase the quality of care for our patients.

1 I love my job and the patients I care for.
2 I hear firsthand about the community's struggles
3 along with the personal family troubles with the
4 economic impact of the pandemic. Any increase to
5 the cost of care will greatly affect the families
6 and their continued health care.

7 MGB has a track record of merging,
8 acquiring or pushing out community health care
9 systems and then pricing services at a higher cost,
10 increasing the financial burden placed upon patients
11 throughout the Commonwealth.

12 Marlborough Hospital is a safety-net
13 hospital, and UMass Memorial is a safety-net system.
14 Loss of commercially-insured patients to MGB will
15 substantially impact the fiscal viability of
16 Marlborough Hospital, which would also impact UMass
17 Memorial Medical Center. We know that UMass
18 Memorial only gets 65 cents on the dollar of the
19 cost for Medicaid patients. And we are committed to
20 taking everyone here, so we depend on the patients
21 who have private insurance to balance the hospital's
22 books. We care about our patients, whether they
23 have private insurance, Medicare or MassHealth.

24 Also important we care about our jobs.

1 We're really worried about MGB coming in, upsetting
2 the financial balance for our safety-net hospital.
3 We don't want layoffs and we definitely don't want
4 to see our coworkers out on the street. We want to
5 be able focus on making our hospital -- hospital the
6 best it can be.

7 I see patients every day that tell me that
8 they have to rely on public transportation because
9 they struggle to make financial ends meet. They are
10 struggling financially. However, they are grateful
11 for UMass Memorial for their health care and doctor
12 appointments. I believe the MGB's Westborough
13 location would not be conducive to lower income
14 families needing public transportation.

15 My reason for working at UMass Memorial is
16 having a patient coming to the vascular lab and not
17 be able to walk because of arterial disease. They
18 come to us needing surgery. The same patient comes
19 back to the lab post-surgery and walks into the room
20 saying the surgery has changed their lives. You
21 can't put a price on that kind of health care.

22 We -- we ask DPH to look really hard at
23 MGB's Westborough proposal. I suggest the
24 additional public hearing to be scheduled after the

1 independent cost analysis has been conducted. I am
2 asking the Department to require that the health
3 care -- the Health Policy Commission conduct the
4 independent cost analysis so it really is
5 independent.

6 Thank you for your time.

7 HEARING OFFICER SZENT-GYORGYI: Thank you.

8 THE MODERATOR: Next up is Dr. Bhalchandra
9 Parulkar.

10 If you would speak up, your line is open.

11 DR. PARULKAR: Hi.

12 I'm Bhalchandra Parulkar. I'm a urologist
13 at Marlborough Hospital. I live in Northborough.
14 And my wife is a primary care for 28 years. I am
15 the president of the medical staff at Marlborough
16 Hospital. I'm also the chief of urology at
17 St. Vincent, so I have the perspective both from the
18 safety-net hospital in Marlborough and the private
19 hospital of Tenet.

20 One of the tenets of good local care is
21 covering all emergency care, and we take care of
22 patients both at St. Vincent Hospital and at
23 Marlborough Hospital irrespective of their ability
24 to pay. But when you sit in an office setting and

1 preselect your patients who are only insured
2 patients, all the underserved or underinsured
3 patients that land up in the emergency room have
4 nobody to care for.

5 Now, we take care of a lot of patients,
6 both in outpatient setting at the surgicenters as in
7 the hospital setting, and many times we take care of
8 Mass. General Hospital patients who live in the
9 vicinity of Marlborough Hospital and in the vicinity
10 of St. Vincent Hospital, and these are patients who
11 are cared for in Mass. General Hospital but cannot
12 go there in an emergency when they're lined up. The
13 more you operate in Westborough, the more chances
14 that these patients are going to develop
15 postoperative complications, and they're going to
16 land up in the safety-net hospitals that are
17 themselves going to be affected by this surgical
18 presence.

19 As a clinician I believe that there should
20 be equity in all the doctors are working. If the
21 Mass. General Hospital Brigham is allowed to come
22 into this area, then they should be obligated to
23 cover the emergency rooms and provide the same
24 care -- free, insured or uninsured -- to the

1 patients. You cannot come as an outpatient and
2 expect to just cherry-pick the patients and quality
3 care. I believe that local care is the best care,
4 and there will be no just care or health care in the
5 COVID situation unless there's adequate distribution
6 for support for all the health care communities.

7 That's my statement as a clinician, and I
8 support UMass, St. Vincent Hospital, MetroWest
9 Hospital in their expectation that this center will
10 be evaluated thoroughly by the public health
11 department before it gets clearance.

12 Thank you.

13 HEARING OFFICER SZENT-GYORGYI: Thank you.

14 THE MODERATOR: Melinda Upton, your line is
15 open. And if you could speak up, please.

16 MS. UPTON: Thank you.

17 Can you hear me?

18 HEARING OFFICER SZENT-GYORGYI: We can hear
19 you.

20 MS. UPTON: Okay. Good evening.

21 My name is Melinda Upton, and I have lived
22 in Southborough, Massachusetts since 1994. Thank
23 you for the opportunity to express my support for
24 the Mass General Brigham health care center in

1 Westborough.

2 Like many residents of the area, I am a
3 Mass General Brigham employee and I receive all my
4 health care through the system. This new center
5 will greatly improve access to health care services
6 for myself, my family, my neighbors and other
7 residents of my community who rely on Mass General
8 Brigham for their care.

9 My family's Mass. General primary care
10 office is located 19 miles way in Chestnut Hill, a
11 drive that can take close to an hour each way when
12 there is traffic, especially when it rains or when
13 it snows. You can imagine how hard that drive is
14 when you feel sick. I have a family member with a
15 painful chronic illness, and there have been times
16 when the drive to see doctors has been a true
17 hardship. Mass General Brigham's proposed health
18 care center in Westborough is just a few miles from
19 my home, and it will be much easier for my family to
20 receive care there.

21 The Mass General Brigham health care center
22 in Westborough will bring much needed health care
23 services to my community, including primary care,
24 mammography and behavioral health services. Given

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1 the many benefits to my family, and my community,
2 and my coworkers, I strongly encourage your approval
3 of the Mass General Brigham plan.

4 Thank you for the opportunity to share my
5 support of this new center.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: William Fischer, your line
8 is open. And if you could speak up, please.

9 MR. FISCHER: Yes, sir.

10 My name William Fischer, and I'm resident
11 of the city of Marlborough. I am currently a member
12 of the UMass Memorial Hospital board of trustees and
13 am a former co-chair of hospital's patient-family
14 advisory council.

15 But I am here tonight to speak to you as a
16 voice of a patient. I, along with members of my
17 family, friends, neighbors and business colleagues
18 have been, or are, patients of Marlborough Hospital
19 or UMass Memorial. The hospital and the health care
20 system has served the residents of this community
21 for many, many years. I personally, and as a member
22 of board of trustees, am very concerned about the
23 impact the MGB expansion proposal into Westborough
24 will have on the hospital and the local community.

1 I would like to take a moment to detail my
2 interaction with Marlborough Hospital as a patient.
3 I had a heart attack in 2001, and I was rushed to
4 the emergency department at Marlborough Hospital.
5 They quickly diagnosed my condition and stabilized
6 me. They transferred me to the UMass Memorial
7 campus in Worcester for a catheterization procedure
8 that showed multiple blocked arteries. I had a
9 triple bypass operation the next day, and thanks to
10 the dedicated caregivers at UMass Memorial Health
11 Care I am very healthy today.

12 I wanted to share my experiences during
13 this and subsequent hospitalizations at Marlborough
14 Hospital, so I volunteered for the patient and
15 family advisory council to help enhance the patient
16 experience and the experience of the families of
17 patients as well.

18 The PFAC has focused on the unserved
19 individuals in our community to make sure that the
20 services of the hospital are available to everyone.
21 My fellow PFAC members and I are concerned that
22 these individuals might not be able to get treatment
23 for their illness or injury if this current
24 safety-net was disrupted, since UMass Memorial

1 Marlborough is a safety-net hospital. Additionally,
2 the health care providers who have cared for me so
3 well over the years could ultimately be in jeopardy
4 due to the highly competitive market that could
5 result from the MGB expansion.

6 As a patient, I am extremely concerned with
7 the MGB expansion efforts. As a hospital trustee, I
8 have become very familiar with the cost of health
9 care and the struggles safety-net hospitals like
10 Marlborough Hospital and UMass Memorial Health Care
11 have in a very highly competitive Massachusetts
12 health care market.

13 The proposed MGB expansion into the
14 MetroWest region will be extremely disruptive,
15 costly and will threaten services that are provided
16 to patients who rely on safety-net hospitals and/or
17 have difficulty accessing health care that is not
18 close by or accessible by public transportation.
19 This is a big concern to me and my colleagues on the
20 board of trustees. If safety-net hospitals like
21 Marlborough and UMass Memorial medical center lose
22 any volume of commercially-insured patients to MGB,
23 we will be forced to make some serious business
24 decisions that could ultimately impact the patients

1 who are the core of our mission.

2 Tonight I'm asking the Department of Public
3 Health to deeply explore and evaluate the proposed
4 MGB expansion project to determine if there's truly
5 a need for this or is this a duplication of services
6 currently being offered, what the cost will be and
7 if it will be equitable for all the residents in the
8 community.

9 Please pursue an independent cost analysis,
10 a truly independent cost analysis, and continue to
11 hold subsequent public hearings about this expansion
12 project.

13 Thank you for your attention.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR: Peter Ferrari, your line is
16 open. And if you could speak up, please.

17 MR. FERRARI: Hello and good evening.

18 My name is Peter Ferrari. I'm the
19 president of Shields Health Care. And I know it's
20 been a long night, so I'll try and keep my remarks
21 brief.

22 Like most everyone speaking tonight, I'm
23 deeply concerned about MGB's community expansion
24 plans. I believe these services are not only

1 duplicative but will dramatically increase the cost
2 of care across the Commonwealth.

3 The stated objective the Commonwealth's
4 Determination of Need Program is to support the
5 development of innovative delivery methods and to
6 ensure that resources are made reasonably and
7 equitably to every person within the Commonwealth at
8 the lowest reasonable aggregate cost. I
9 respectfully suggest that MGB's community expansion
10 plans counter -- run counter to all of these
11 objectives.

12 At present there are three hospitals, four
13 ambulatory surgery centers and multiple high-value
14 imaging providers within and proximate to the
15 applicant's defined primary service area. MGB has
16 targeted these new outpatient centers to communities
17 with high household income and large numbers of
18 commercially-insured residents. The introduction of
19 MGB's ambulatory services without demonstrated need
20 will empower MGB to cherry-pick commercially-insured
21 patients away from lower-cost, high-public-payer
22 hospitals and health systems. Given that there is a
23 finite need for health care services, MGB's
24 expansion will come at the expense of these local

1 providers and the critical care they provide to
2 medically complex, lower-income patients.

3 To further this point, a recent report from
4 the Attorney General's office states that persistent
5 alliance and cross-subsidization between
6 commercially-insured and publically-insured patients
7 to fund the health care delivery system has
8 prevented providers who serve low-income communities
9 and communities of color from thriving. If
10 approved, this approach of offering MGB brand
11 services to only wealthy, commercially-insured
12 geographies will create a terrible precedent and
13 only encourage other providers to target their
14 health care investments into wealthy, well-served
15 communities.

16 At a minimum, DPH should require that MGB
17 demonstrate that their prices will not be materially
18 higher than the same services offered by local
19 providers and to forecast the impact that commercial
20 migration from local providers to MGB will have on
21 those same local providers.

22 I respectfully request that the Department
23 take a holistic approach to their review of this
24 transaction and work with the Health Policy

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1 Commission to understand the impact on statewide
2 health care costs by having the HPC conduct the
3 independent cost analysis.

4 Thank you for the opportunity to speak and
5 have a good day.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Shlomit Schaal, your line
8 is open. And if you could speak up, please.

9 DR. SCHAAL: Good evening.

10 My name is Dr. Shlomit Schaal, and I'm the
11 president of UMass Memorial's medical group and the
12 chair of the department of ophthalmopathy and visual
13 sciences at UMass Memorial Medical Center. I
14 appreciate this opportunity to share my concerns
15 with the Department of Public Health about Mass
16 General Brigham's expansion in Westborough.

17 I've been a member of the UMass Memorial
18 community and a resident of Northborough for the
19 past five years. In my capacity as president of the
20 medical group, I oversee our physicians and our
21 clinical practices, which include multiple locations
22 in Westborough and surrounding communities. One of
23 our eye centers, for example, is located in
24 Northborough, just a few miles away from

1 Westborough.

2 The proposed expansion poses three major
3 concerns to me:

4 First, these high-level services already
5 exist within our community. Local residents have
6 nearby access to some of the region's mostly
7 highly-regarded physicians. I am very proud of our
8 exceptional doctors. With 139 physicians in
9 Westborough and Northborough and Shrewsbury alone,
10 patients have easy access to 53 specialties and
11 direct access to clinical services just minutes
12 away.

13 To all the patients on the call tonight, I
14 tell you there is no need for you to drive to
15 Boston. We are highly capable, and we will be happy
16 to take great care of you right here close to home.

17 Second, as a safety-net health care system,
18 we take care of a disproportionate share of the most
19 vulnerable individuals in Massachusetts, who are
20 underinsured. The duplication of services at the
21 proposed MGB facility creates a redundancy in the
22 market and jeopardizes our ability to attract the
23 much-needed commercial volume we depend on in order
24 to co-subsidize safety-net care. This loss will be

1 detrimental to the financial viability of our health
2 care system.

3 And third, the cost of receiving care
4 through MGB far exceeds the substantially lower
5 physician costs through UMass Memorial. Our
6 integrated care model is a low-cost but high-quality
7 alternative to the MGB model.

8 For example, at our eye center, we care for
9 patients of all socioeconomic statuses. Our
10 patients wait less than two weeks to see a physician
11 and pay far less for their care than elsewhere.

12 Thank you for your time.

13 HEARING OFFICER SZENT-GYORGYI: Thank you.

14 THE MODERATOR: Kathy Niknejad, your line
15 is open. And if you could speak up, please.

16 DR. NIKNEJAD: Hi.

17 My name is Kathy Niknejad. I'm a
18 neurologist at the Brigham and Women's Hospital. I
19 am chief medical officer for Mass General Brigham
20 Integrated Care, and in this role I am responsible
21 for setting the strategic direction for all clinical
22 and medical operations, as well as ensuring the
23 delivery of Mass General Brigham high-quality and
24 safe care. I would like to thank the Department of

1 Public Health for allowing me to be here today to
2 have my thoughts on this important project.

3 As you've heard, the Westborough Mass
4 General Brigham Integrated Care location will
5 provide a range of services. However today, as a
6 surgeon, I would like to focus my comments on the
7 surgical aspects of this location.

8 The surgical services, including general
9 surgery, orthopedics, ENT, urology and other
10 specialties are designed to meet the evolving needs
11 of the community in a freestanding setting.

12 Outpatient surgeries performed at Westborough will
13 adhere to the same high-quality standards and
14 utilize the same technologies and advanced surgical
15 tools as those available at the Mass General
16 Brigham's main hospital campus location and will be
17 staffed by highly-specialized and trained
18 physicians.

19 Surgical services usually provided in a
20 hospital are at risk for delay or being delayed or
21 rescheduled due to emergency surgeries, emergent
22 procedures, and they can take longer than expected.
23 In contrast, surgeries performed in the outpatient
24 setting, such as the Westborough location, will not

1 be prone to such delays and rescheduling because the
2 procedures are less complex and more routine.

3 Outpatient surgery performed at Mass
4 General Brigham's Integrated Care Westborough will
5 also allow surgeons and staff to focus more
6 exclusively on a small number of processes in a
7 single setting. This makes surgery much easier to
8 schedule and perform, and repeated delivery of a
9 limited range of surgeries by specially-trained
10 clinicians allows for honing of techniques and
11 increased levels of high-quality care. This
12 relatively narrow focus will also promote increased
13 efficiencies among care providers and maximizes the
14 value of necessary resources, equipment and medical
15 supplies needed to improve operational efficiencies
16 and economies of scale. This focused approach will
17 allow Westborough MGB integrated care to better
18 predict the resources needed to maintain and lower
19 the cost of each surgery while assuring high
20 quality.

21 Advances in the administration of
22 anesthesia and expansion of minimally invasive
23 procedures have enabled migration of many surgical
24 procedures from inpatient, hospital-based procedures

1 to community-based outpatient settings. An
2 outpatient surgery offered at the Westborough
3 location will allow MGB patients to receive the
4 same-day surgery in their community rather than
5 incurring the cost and stress of traveling to MGB's
6 Boston hospital. And CMS and commercial health
7 plans have both recognized these benefits and will
8 continue to expand the scope of surgical procedures
9 permitted to receive reimbursement when performed at
10 an ambulatory surgery center and will be less
11 costly.

12 There also is an advantage with the
13 colocation of the ambulatory surgery services with
14 primary, specialty, behavioral health and imaging
15 services at each project site, and this will give
16 patients the opportunity to receive one convenient
17 community-based location for all of their care.

18 Thank you for allowing me to speak today,
19 and I ask the Department of Public Health to support
20 this project.

21 Thank you.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: Candace Roderick, your line
24 is open. And if you could speak up, please.

1 MS. RODERICK: Hi.

2 My name's Candace Roderick. I've been a
3 resident of Westborough since 1976. In 1986, my
4 daughter had a brain tumor, a medulloblastoma, right
5 on the brain stem.

6 We ended up traveling back and forth into
7 Boston for three years during that medical crisis.
8 Ever since then, we've continued to travel back and
9 forth into Boston for all of her medical care. She
10 gets medical care -- she's had medical care at
11 Tufts, Children's Hospital, Mass General Brigham,
12 and she's also had some medical care at UMass
13 Medical in Worcester.

14 Granted, we do have wonderful medical
15 facilities all over to the state of Massachusetts.
16 We're very fortunate to live in Massachusetts. I
17 still consider Boston to have outstanding medical
18 service that cannot be beat. The doctors that my --
19 that my daughter sees in Boston, if we could get
20 that care in Westborough through Mass General
21 Brigham, that would be wonderful.

22 It would save us from having to get up at
23 5:30 in the morning to sit in traffic to get in to
24 Boston for an eight o'clock appointment. It would

1 give us more quality time with our daughter. She
2 also had a stroke four years ago, and she's
3 partially paralyzed on the right side. We have to
4 take her weekly for her physical and occupational
5 therapy. She has to see numerous specialists on a
6 regular basis. I'm her caregiver, along with her
7 dad, and we have to spend -- our life is commuting
8 back and forth into Boston to these specialists. If
9 we can have some of those specialists, a handful of
10 them, right in Westborough and get the services,
11 that would save us a lot of time, save us a lot of
12 money with parking, gas, tolls, wear and tear on the
13 car, wear and tear on us physically and emotionally,
14 mentally. We need Mass General Brigham to come to
15 Westborough.

16 And I am open to anyone who objects to
17 having that facility in Westborough to come and
18 trade shoes with me, or come and travel with us to
19 Boston and go to our specialists and live our life
20 for a month. You would be on my side of the table,
21 too.

22 I say we get a Mass General Brigham
23 facility in Westborough, and I request the
24 Massachusetts Department of Public Health to

1 consider allowing and voting for the facility in
2 Westborough. I feel it will be a huge benefit to
3 the residents of Westborough and all of the
4 surrounding towns.

5 Thank you for -- yeah.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Kaitlyn Urlab, your line is
8 open. And if you could speak up, please.

9 MS. URLAB: Hi.

10 My name is Kate Urlab, and I reside in
11 Worcester, Massachusetts. Thank you for allowing me
12 to voice my concerns regarding MGB's expansion plan
13 and their intent to establish an outpatient center
14 in Westborough, Massachusetts.

15 I've been caregiver at UMass Memorial
16 Health for the last six years, and I'm a proud
17 member of the talent acquisition team. As senior
18 director, my team and I are responsible for the
19 recruitment of new caregivers to join our health
20 system from clinical-facing roles -- such as
21 ambulatory service representatives, radiology techs,
22 respiratory therapists, and RNs -- to professionals
23 in IT, revenue cycle and HR. We get to be a part of
24 life-changing moments as we offer new positions to

1 candidates to join our caregiver team.

2 Many of our caregivers are inspired by our
3 mission and are attracted to our organization as we
4 are designated as a safety-net hospital system,
5 which means that we care for the most vulnerable
6 patients in Massachusetts. We provide the same
7 high-quality care regardless if you have insurance
8 or not. There are only six in the state of
9 Massachusetts, none of which are part of MGB.

10 I have serious concerns with the expansion
11 of MGB into Westborough as it will have a negative
12 impact on the local talent market as well as on the
13 financial viability of our critical community
14 institutions. Many of our candidates live and work
15 within our communities. This expansion effort is
16 aimed at gaining market share and driving
17 commercially-insured patients away from UMass
18 Memorial Health.

19 MGB's expansion will make the local talent
20 market more competitive and will have a negative
21 impact on the teams of caregivers that we have built
22 at UMass Memorial Health. Our costs related to
23 recruitment and turnover will increase significantly
24 as the teams at MGB will look for local, experienced

1 talent for their openings. They've already stated
2 this action by mailing thousands of fliers this past
3 weekend to the surrounding community, which included
4 a URL to stay in touch, which includes receiving
5 more information about upcoming career fairs.

6 Higher numbers of vacancies will not only
7 increase our financial costs, but will also have a
8 negative impact on our caregivers related to burnout
9 and engagement. While our caregivers are resilient
10 in the pursuant of healing for our patients, they
11 are not immune to burnout due to vacancies.

12 I believe that this expansion will threaten
13 our local talent and their jobs, as well as our
14 financial viability as a safety-net, and I am
15 respectfully asking the that the Department require
16 that the Health Policy Commission conduct the
17 independent cost analysis. I'm also requesting that
18 an additional public hearing be scheduled for after
19 that independent cost analysis has been conducted.

20 Thank you for your time this evening.

21 HEARING OFFICER SZENT-GYORGYI: Thank you.

22 THE MODERATOR: Satish Hiranandani, your
23 line is open. And if you could speak up, please.

24 MR. HIRANANDANI: Hi.

1 My name is Satish Hiranandani. I live in
2 Westborough, Massachusetts for the past 20 years,
3 and I have nothing to do with medicine or the
4 medical profession, and I'm not affiliated with the
5 Brigham and Women's or Mass. General at all. I'm
6 just a normal citizen of Westborough, Massachusetts.

7 I have four points to make:

8 Experience with Brigham and Women's. Me
9 and my wife, 15 years ago were trying to conceive.
10 We were having issues. We went to all the local
11 hospitals in the area, because that's all we knew.
12 All the hospitals gave -- gave up on us.

13 One of our friends recommended to go to
14 Brigham and Women's. Since then, they gave us hope.
15 Not just that, we're lucky to have two boys,
16 13-year-old and 11-year-old. Experience one.
17 Without Brigham and Women's we won't have kids today
18 in this house.

19 Number two, my mom-in-law. She started
20 fainting in the house a couple times. We had no
21 idea what was going on. We took them -- took her to
22 all the hospitals in the neighborhood -- UMass
23 Marlborough Hospital. Everybody sent us back home
24 after keeping her for a few days to observe what's

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1 going on. Nobody could tell us what's going on.
2 Brigham and Women's diagnosed her issue and extended
3 her life for at least four more years. She
4 unfortunately passed away.

5 Today, my experience, I had to go with my
6 wife for her vaccine appointment. I wanted to be
7 with her. I had my annual physical set up for
8 today. I could not go. I called them to
9 reschedule. The earliest appointment I can get is
10 for November. I have to wait till November to go
11 for my annual physical, six months from now.

12 I am a consultant. I have to compete for
13 my job every single day. Competition is healthy,
14 and I'm disappointed to hear only these doctors and
15 executives from these hospitals worried about
16 competition. If I'm living with computation every
17 single day, surviving with my job every single day,
18 I'm not sure why everyone is so concerned about the
19 competition, which is only going to, you know, help
20 the citizens and -- and competition is only going to
21 help you excel in what you do.

22 Thank you for giving me this opportunity,
23 and I hope DPS listens to citizens like us and not
24 just executives of these big hospitals and doctors

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1 who have vested interests.

2 Thank you.

3 HEARING OFFICER SZENT-GYORGYI: Thank you.

4 THE MODERATOR: Yvonne Brown, your line is
5 open. And if you could speak up, please.

6 MS. BROWN: Yes.

7 Can you hear me?

8 HEARING OFFICER SZENT-GYORGYI: Yes, we can
9 hear you.

10 MS. BROWN: Okay.

11 Good evening. Thank you for having me.

12 I'm Yvonne Brown. I'm a resident of
13 Westborough, and I'm representing the Worcester
14 branch of the NAACP where Fred Taylor is the
15 president.

16 I think that the Mass General Brigham
17 outpatient center in Westborough would enhance the
18 health needs and coverage in the area. Many of the
19 neighboring towns are reaching out to help each
20 other in various areas, to find apartments, assist
21 each other for coverage. School districts exchange
22 students, strengthen educational needs, and
23 transportation companies are reaching out also. So
24 why can't the medical authorities do the same and

1 work together?

2 The area is growing. Condos are being
3 built, so that means more population will be here,
4 and there is a critical need for mental health
5 services. There's a wait list, in fact. If their
6 facility covers, then there will be shorter wait
7 periods for doctor's services, and you won't have to
8 call your doctor only to be told that you have to
9 wait for six months for coverage.

10 Also, once the COVID-19 restrictions are
11 lifted, it will be easier for families to assist
12 their loved ones and neighbors. People here are
13 concerned about their health and they practice
14 healthy life styles. Many older residents and
15 younger ones who live and work here don't have time
16 to travel far for services, or they may not want to.
17 So I believe strongly that the facility would
18 enhance the services here.

19 Thank you.

20 HEARING OFFICER SZENT-GYORGYI: Thank you.

21 THE MODERATOR: Harry Moulis, your line is
22 open. And if you could speak up, please.

23 MS. MOULIS: Hi. Thank you everybody.
24 Thank you for the hearing and letting me speak.

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1 My name Harry Moulis. I am a long-time
2 resident -- over 35-plus years -- of Hudson,
3 Massachusetts. I am also an employee of MGB, but
4 I'm in technology, not in health care. But I'm
5 really calling probably more as a patient of the
6 MGB, and a patient even before I had the job at MGB.
7 So it has been a lifelong relationship with the
8 organization, and I'm calling in support for the
9 proposal because access to care would be, you know,
10 a wonderful aspect for me and I know so many other
11 people who live in the MetroWest area.

12 My only experience with -- you know,
13 outside of emergency room visits, the only
14 experience in the MetroWest area had been trying to
15 help my son, who had a substance abuse program --
16 problem, and during that time it was very
17 difficult -- actually it was impossible -- to find
18 something for him in our area, so we had to expand
19 out. You know, he's made it through, and that's
20 great, but having more access in the area just seems
21 to me to be a good thing, not a bad thing.

22 First thing I want to say, though, even
23 though I'm calling in support, I do want to say --
24 because I've lived here for so long, you know --

1 UMass Medical Center, Marlborough Hospital, they're
2 all wonderful institutions, as well as all the other
3 health care institutions that are in the area.
4 They're all -- they provide excellent care. They
5 have great people. They've done amazing things
6 through COVID.

7 You know, however I do want to add to this
8 conversation that I think we should really be
9 praising all health care providers, especially now,
10 for everything they've been through, and that
11 includes Partners -- that includes MGB as well as
12 the UMass Medical system.

13 So I guess, from my perspective, you know,
14 as I'm primarily calling as a patient, it seems as
15 though, from everything that we've talked about, the
16 effort here for MGB is to really provide access to
17 their patients, provide a facility for their
18 patients. And I -- you know, through all of the
19 comments that I've heard, I really haven't heard
20 anyone indicate that that's a negative, that that's
21 a bad thing. As a matter of fact, we've also heard
22 from people there is an expanded amount of services
23 in the area from all of the MetroWest medical
24 facilities who are trying to bring services closer

1 to their patients as well. And that, along with,
2 you know, some of the other aspects that have been
3 talked about, seems as though that expansion is a
4 good thing for everyone and also doesn't seem like
5 it would be a competitive risk to have Partners join
6 that group.

7 From kind of a simple country boy view from
8 somebody from New Hampshire, it seems like all the
9 reasons why MGB moving in would be a bad thing --
10 cost, the ability to get to the place -- all of
11 those are going to preclude it from being a real
12 threat to the area at all and really just a facility
13 for its patients.

14 So that's all I have to say. Thank you
15 very much for listening to me.

16 HEARING OFFICER SZENT-GYORGYI: Thank you.

17 THE MODERATOR: Janet Wilder, your line is
18 open. And if you could speak up, please.

19 MS. WILDER: Hi.

20 My name is Janet Wilder. I'm from
21 Arlington, Mass., an organizer with the SHARE union.

22 SHARE represents over 3,000 health care
23 workers at UMass Memorial Medical Center and UMass
24 Memorial Marlborough Hospital. We are nursing

1 assistants, and mental health counselors,
2 secretaries, and schedulers, X-ray techs and
3 respiratory therapists, and a whole bunch more. I
4 appreciate the opportunity to voice SHARE members'
5 concerns about the proposed expansion of MGB to
6 Westborough.

7 So we ask DPH to answer two important
8 questions before approving this expansion:

9 Number one, is this proposed MGB facility
10 really just for current MGB patients? It sure looks
11 too big for that to me. SHARE members at
12 Marlborough Hospital are quite worried -- I believe
13 legitimately -- that an MGB expansion in Westborough
14 would pull mostly privately-insured patients away
15 from Marlborough Hospital and would lead to closing
16 services and layoffs over there over time.

17 Is it really okay for MGB to spend millions
18 of dollars to build new clinics to take way jobs
19 from health care workers in our safety-net
20 hospitals? These are good jobs -- good, local jobs
21 with good benefits. Don't let MGB put them at risk.

22 Our second question is, to DPH, will a new
23 MGB facility raise the cost health care in our
24 region?

1 SHARE members work hard every day to make
2 our hospitals run smoothly and efficiently, to
3 deliver quality care at an affordable price for our
4 patients. As a union, we sit down and negotiate
5 over health insurance for our members. When the
6 cost of health benefits go up, it's harder for us to
7 negotiate a raise for our members or anything else,
8 which is a big deal for our members living paycheck
9 to paycheck.

10 Everything I've read about MGB makes it
11 sound like wherever they go, the cost of care goes
12 up. We need to know from the Health Policy
13 Commission if that's what would happen here. If the
14 MGB expansion would raise the cost of our health
15 care, then SHARE members urge DPH to say no.

16 On behalf of over 3,000 SHARE members and
17 their families, we urge DPH to protect existing good
18 local jobs and keep the cost of our health care from
19 increasing unnecessarily. This means taking a
20 really close look at the MGB proposal, asking the
21 Health Policy Commission to do a truly independent
22 cost analysis, and then making the right decision.

23 Thank you.

24 HEARING OFFICER SZENT-GYORGYI: Thank you.

1 THE MODERATOR: Anna Kung, your line is
2 open. And if you could speak up, please.

3 MS. KUNG: Yes.

4 I am Anna Kung. My husband and I support
5 the Mass General Brigham comprehensive care center
6 in Westborough. We will use it. Its nurses and
7 doctors will afford us additional resources and an
8 entry portal to the MGH Brigham and its
9 specialities. It would provide quality health care.
10 I am grateful that the MGH Brigham is reaching out
11 to the people of Westborough to improve our quality
12 of life. This may help more of us celebrate our
13 friend's 100th birthday, as my friend, Dot, did
14 recently.

15 I have been a patient of the Brigham and
16 Women's in the past, was vary pleased about my care.
17 And incidentally, many years ago my Worcester doctor
18 said there was nothing to do about my particular
19 health situation, but with the help of the old
20 Boston Hospital for Women -- Brigham and Women's --
21 we now have a lovely daughter and two grandchildren.

22 I also only learned of this hearing from my
23 local NAACP president, Fred Taylor of Worcester, and
24 I think that it would be useful if these hearings

1 were publicized more for the general public through
2 local media. I'm not sure -- I am not on Facebook,
3 so I'm not sure how you can -- how you can put out
4 the word so that individual people can put it in.
5 It's very important to have this integrated into the
6 entire health care system, but when most of the
7 comments come from employees of local health care,
8 it makes it a little harder to understand the whole
9 situation. I am a loyal union sister, a member of a
10 local union, but we all have to work together.
11 Health care is extremely important.

12 Thank you for the opportunities to speak,
13 and I'll be interested in learning how this goes and
14 that there is a nice public process for this
15 determination. I appreciate this.

16 Thank you.

17 HEARING OFFICER SZENT-GYORGYI: Thank you.

18 THE MODERATOR: Beth Van Dusen, your line
19 is open. And if you could speak up, please.

20 MS. VAN DUSEN: Good evening.

21 My name Beth Van Dusen, and I reside in
22 Northborough. I am also a nurse and a director of
23 ASC clinical operations at the surgery center in
24 Shrewsbury. I appreciate this opportunity to share

1 my concerns with the Department of Public Health
2 about MGB's plans to establish an outpatient center
3 in Westborough.

4 First off, I love my job, especially the
5 high-quality, high-value care we are able to offer
6 our community and the patients we serve. I worry
7 that Mass General Brigham's expansion into
8 Westborough will increase the cost of care for
9 patients with no discernible difference in the
10 quality of care being delivered. MGB has a track
11 record of merging, acquiring or pushing out
12 community health care systems and then pricing
13 services at a higher cost, increasing the financial
14 burden placed upon patients throughout the
15 Commonwealth.

16 MGB's community expansion plans threaten
17 the financial viability of local practitioners and
18 community health care systems, replacing high-value
19 providers with high-priced medical services. For
20 instance MGB's deficiencies are 19 percent higher
21 than those at UMass Memorial and our hospital rates
22 20 percent higher. Currently there are 13 health
23 facilities within a ten-minute drive of the proposed
24 site that provide all the same services as MGB's

1 proposed ambulatory care facility; 47 health
2 facilities within 20 minutes of the proposed site.

3 Furthermore, MGB's expansion includes
4 building more capacity in Boston for higher acuity
5 cases. This means many local patients seeking care
6 at MGB's outpatient facility local and close to home
7 will be referred or transferred to a much more
8 expensive care setting further away from their home
9 and their family when speciality care is needed.
10 This also takes business away from affordable,
11 high-quality local health care providers.

12 The Determination of Need process was
13 established to encourage appropriate allocation of
14 health care resources at the lowest aggregate costs.
15 These health care services are not only redundant,
16 but far more expensive than the services that
17 currently exist in these communities today.

18 In order to accurately understand the
19 impact of this proposal, I respectfully request that
20 the additional public hearing be scheduled after an
21 independent cost analysis has been conducted.
22 Furthermore, in order for the cost analysis to be
23 truly independent, I am asking the Department to
24 require that the Health Policy Commission conduct

1 this independent cost analysis.

2 Thank you for this opportunity to express
3 my grave concerns.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.

5 THE MODERATOR: Brian Brusoo, your line is
6 open. And if you could speak up, please.

7 MR. BRUSOO: Yeah. Thank you.

8 My name is Brian Brusoo, and I'm the
9 president of the roofers union, Local 33 of New
10 England, currently represent over 1300 members and
11 families, many of which live in Central Mass. and
12 use Mass. General Hospital, Mass General Brigham's
13 hospitals. I want to thank the members of DPH for
14 allowing me to comment on this overall application
15 for a Mass General Brigham Integrated Care facility,
16 ambulatory care facility.

17 And I want to say that myself and our
18 organization are 100 percent in support of this
19 project. We do realize that it's going to mean a
20 224, approximately, million dollar investment in
21 MetroWest and in Central Mass, with Westborough,
22 Woburn and Westwood. Specifically we're talking now
23 about Westwood -- Westborough and the support of
24 that facility.

1 And some of the things that we'd like to
2 point out, the merits, the benefits of having this
3 facility built in Westborough would bring the
4 world-renowned quality care that is always
5 recognized with MGB to Central Mass. It will save
6 our members in Central Mass. and MetroWest, you
7 know, an hour, hour and a half commute to Boston to
8 use the facility that we go to there.

9 Also, this project is thought to create 300
10 good living-wage and benefit construction jobs and
11 180 permanent and good-paying jobs as well.

12 Some of the things that MGB has done in the
13 past, especially with the construction trades
14 unions, has been not less than a \$2 billion most
15 responsible contractor/partner that we've ever had
16 this the industry. They're a responsible
17 contractor. They care about people. They care
18 about their health benefits. They not only provide
19 good jobs with good benefits, but the best quality
20 care for our members as well.

21 And, you know, one thing that I've been
22 hearing all night from all the professionals in the
23 industry and the competitors is they're that afraid
24 of losing business. I think that this is a unique

1 business because of the level of quality of care
2 that they have, and I also think that it will bring
3 cost savings. By doing it ambulatory and not being
4 at the hospital, there will be a significant cost
5 decrease by having an ambulatory facility like this
6 off site. Some of the services that their employees
7 could provide are, you know, very comprehensive and
8 they're very much needed.

9 One last thing I would like to say is that
10 I don't believe that any medical firm should have a
11 monopoly or providing much-needed services and care
12 for patients in need.

13 Thank you.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR: Mary Havlicek Cornacchia.

16 MS. HAVLICEK CORNACCHIA: Cor...

17 Thank you.

18 THE MODERATOR: My apologies.

19 MS. HAVLICEK CORNACCHIA: That's okay.

20 I'm Mary Havlicek Cornacchia. I'm a
21 Westborough resident of 16 years and an operating
22 room nurse at Tufts Medical Center for the past
23 33 years. And though I receive my primary and
24 specialty care at Mass. General, I have concerns

1 about access to health care by underserved patients,
2 and that prompts me to speak in opposition to the
3 request by MGB to open a large outpatient clinic in
4 Westborough.

5 As a member of the MNA board of directors,
6 leading a union and professional organization of
7 23,000 nurses and health care professionals who
8 provide care across Massachusetts, I have seen the
9 results of large health care systems, such as MGB,
10 expanding, merging, consolidating and prompting for
11 the closing of essential services, negatively
12 impacting our most vulnerable populations. MGB is
13 the largest and most expensive health care provider
14 in Massachusetts and also serves a lower proportion
15 of MassHealth patients than other systems. I agree
16 with others who have expressed concern about the
17 clinic pulling commercial patients away from
18 safety-net providers and disrupting the safety-net
19 and care provided to low-income patients.

20 Over the years, patients and families have
21 been forced to travel farther for care, pay more or
22 lose access all together. I do not want to see the
23 future of Marlborough Hospital, or any other
24 essential service, jeopardized so that MGB can add

1 more high-paying patients to its system.

2 The proposed Westborough clinic would be in
3 an easily accessible location for higher-income,
4 predominantly white, commercially-insured
5 populations, but it is not readily accessible to
6 most residents of low-income communities with the
7 barriers to health care. This discrepancy in care
8 access could harm safety-net providers by
9 interrupting their ability to counterbalance losses
10 from safety-net care with revenues from
11 commercially-insured patients, ultimately making it
12 harder for the region's neediest patients to find
13 the care they need.

14 I'm also concerned about the potential
15 impact of the MGB clinic in Westborough on
16 high-quality union jobs in the region. These
17 workers have a protected voice in their practice and
18 working conditions and quality wages and benefits.
19 If MGB causes services to close where there are
20 union professional health cares -- health care
21 professionals, local communities would lose out on
22 the quality of care that comes from nurses and
23 health care professionals advocating together.

24 Massachusetts has been trying for years to

1 contain the escalating cost of health care. This
2 MGB expansion needs to go in the opposite direction.
3 MGB's prices are high and the Health Care Policy
4 Commission reporting MGB's outpatient surgery costs
5 often exceed inpatient surgery costs of other
6 providers.

7 I concur with the MNA as an organization
8 and other groups in supporting a thorough and
9 transparent independent cost analysis that looks at
10 health equity and care access, the impact on
11 safety-net providers and overall cost impacts.
12 Ensuring all patients can access and afford health
13 care, no matter their financial ability or
14 socioeconomic status, is extremely important to me
15 and my fellow nurses.

16 Westborough is positioned so that patients
17 with more financial ability and commercial insurance
18 can readily drive quickly to Boston or Worcester for
19 world class care. Underserved patients in the
20 region would not have access because of insurance
21 status and transportation challenges to the proposed
22 clinic in Westborough itself, and its opening could
23 easily undermine the existing health care services
24 available to underserved populations. Viewed

1 through the lens of health care equity, this MGB
2 clinic does not make sense.

3 Thank you for listening to my concerns. I
4 look forward to the DPH completing a comprehensive
5 analysis of MGB's proposal with an eye on how it
6 would impacts all patients and all residents of the
7 Commonwealth.

8 Thank you.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: I have no additional
11 comments at this time.

12 HEARING OFFICER SZENT-GYORGYI: Thank you.

13 So yes. We -- we have gone through all of
14 the people who had indicated that they wanted to
15 speak, so we will hold on just one -- a couple of
16 more moments just in case anybody would like to
17 speak. You hit Star 1.

18 Again, this is Lara Szent-Gyorgyi, and just
19 as a reminder, if you would like to submit written
20 comments, you may do so for the next -- through the
21 next ten days. They will be accepted. And you can
22 do that either through e-mail at
23 DPH.DON@state.ma.us, or you can send -- you can mail
24 your comments to us at Determination of Need, Mass.

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1 Department of Public Health, 67 Forest Street,
2 Marlborough, Massachusetts 01752.

3 I appreciate everybody participating today,
4 and, as I said, we will give it another moment.

5 THE MODERATOR: I have one additional
6 comment from Dan Mulcahy.

7 Your line is open.

8 MR. MULCAHY: Hi.

9 This is Dan Mulcahy. I'm the
10 vice-president of the Worcester district building
11 trades, as well as an organizer with the sheet metal
12 workers.

13 I just would like to say, too, as far as
14 the Mass. Building Trades go, we're leading the way
15 on diversity and inclusion. More than a quarter of
16 a million children, staff and workers are covered by
17 the Mass. Building Trades union health care plan,
18 and we spend over a billion dollars every year in
19 health care to make sure families are healthy and
20 have access to medical care, and currently MGB has
21 42,000 patients who live in -- within a 20-minute
22 drive time radius of this proposed site at 1400 West
23 Park Drive, including over 2,000 from Westborough
24 alone, which we have thousands of members that to go

1 the MGB and really appreciate the care there.

2 On top of that, there's going to be over
3 300 construction jobs that this would create. That
4 is huge to us within the Mass. Building Trades.
5 And, again, we're -- we are leading the way on
6 diversity and inclusion, and this would be huge to
7 our organization. The partnership has always been
8 there, including the membership that enjoys the care
9 and has that relationship with MGB.

10 On top of that, we're talking close to 200
11 permanent positions upon completion. What that
12 says, too, we as organizers understand there is the
13 opportunity for neutrality agreements, card
14 recognition and the good-paying wages and jobs are
15 there, and there's opportunity for more.

16 That concludes my comments, and I
17 appreciate the opportunity to speak tonight.

18 Thank you very much.

19 HEARING OFFICER SZENT-GYORGYI: Thank you.

20 THE MODERATOR: Julie Lyver, your line is
21 open. Please speak up.

22 MS. LYVER: Hi.

23 My name is Julie Lyver. I am a registered
24 nurse at Marlborough Hospital and the chair of our

1 local bargaining unit. Myself and my fellow nurses
2 at Marlborough Hospital are dedicated to providing
3 safe, high-quality care to every patient no matter
4 their financial ability or socioeconomic status. To
5 us, health care is a human right that we are proud
6 to help provide, especially at a community hospital
7 that serves a high proportion of lower-income
8 patients.

9 Mass General Brigham's proposal to open a
10 large outpatient clinic in Westborough would likely
11 undermine the foundation of our community hospital.
12 Under our current health care system, hospitals like
13 Marlborough must counterbalance the losses
14 associated with caring for patients with MassHealth
15 with revenue from caring for commercially-insured
16 patient care. UMass Memorial Health Care has
17 determined that the loss of commercially-insured
18 patients to MGB will substantially impact the fiscal
19 viability of Marlborough Hospital.

20 In addition, MGB has a disproportionate
21 statewide market share of commercial patients and
22 serves a lower proportion of MassHealth patients
23 than any systems. I do not believe it is in the
24 best interests of our patients or our communities

1 for MGB to draw away higher-paying patients from
2 Marlborough Hospital and other facilities in the
3 region simply to add more commercial revenue to MGB,
4 which is already the largest and most expensive
5 provider in Massachusetts. If MGB's clinic were to
6 significantly undermine Marlborough Hospital and
7 force to it close services or close all together,
8 the impact on our community would be devastating.

9 For many years myself and other MNA nurses
10 and health care professionals have witnessed large
11 health care systems expanding, merging and
12 consolidating, resulting the closure of essential
13 services. Patients and their families then have to
14 travel farther for care, pay more or lose access all
15 together.

16 MGB is three times larger in terms of
17 revenue than the next-largest health care system in
18 Massachusetts. Government officials, including the
19 Mass. Attorney General have stopped its expansion
20 plans in the past out of concern for its market
21 dominance and high costs. Why would we now let MGB
22 expand into Marlborough simply to attract
23 higher-paying patients?

24 The Westborough clinic in particular has

1 been proposed in an easy accessible location for
2 higher-income, predominantly white,
3 commercially-insured populations, but it is not
4 readily accessible to most residents of low-income
5 communities with barriers to health care.

6 MGB in its application claims it will add
7 jobs, but the loss of volume to MGB by providers
8 that presently serve local patients, such as
9 Marlborough Hospital, could result in job losses at
10 trusted community organizations. The MNA represents
11 more than 200 registered nurses at Marlborough
12 Hospital as well as many more facilities in the
13 region. We have a legally-protected voice to stand
14 up for our nursing practice, patient care and
15 working conditions. We are able to join together to
16 ensure that we have competitive wages and benefits
17 that improve the lives of our families and
18 strengthen our communities. MGB's clinic could
19 destabilize Marlborough Hospital, resulting in job
20 losses and negative impacts on patients, health care
21 workers and our communities.

22 The next logical steps for DPH is to
23 conduct a comprehensive and independent cost
24 analysis that examines all of these factors,

1 including cost impacts on the whole health care
2 system and our local safety-net providers and the
3 impacts on health equity.

4 I appreciate your time and attention to the
5 concerns I have raised. Please consider the
6 viewpoint of our patients, all residents and
7 frontline nurses and health care professionals as
8 you objectively review MGB's application.

9 Thank you.

10 HEARING OFFICER SZENT-GYORGYI: Thank you.

11 THE MODERATOR: I have no additional
12 comments at this time.

13 HEARING OFFICER SZENT-GYORGYI: Thank you.

14 Okay. I think that we will give people
15 just a couple of more minutes and then we will close
16 out the conference -- or, excuse me, the hearing.

17 But we will give people just another minute
18 or so.

19 Just a reminder, if you would like to make
20 comments please hit Star 1.

21 THE MODERATOR: I have Janet Wilder.

22 Your line is open.

23 MS. WILDER: Hi. Rita Caputto (phonetic)
24 has been trying to get in and she keeps pressing

1 Star 1.

2 Can you call on her?

3 THE MODERATOR: Well, if she -- in order to
4 get ahold of her, I will need her to do Star 0, and
5 I'll grab her when she does Star 0.

6 MS. WILDER: Okay. Thank you.

7 THE MODERATOR: So Rita, if you could do a
8 Star 0, I will grab you and open your line.

9 And we are currently still waiting.

10 I don't have anyone dialing any -- anything
11 currently.

12 Rita, if you can hear me, can you please
13 dial Star 0 and I will grab your line.

14 I'm currently still not getting any
15 signals.

16 HEARING OFFICER SZENT-GYORGYI: This is
17 Lara. We'll give her another minute so or to see if
18 she can connect.

19 THE MODERATOR: Umm...

20 HEARING OFFICER SZENT-GYORGYI: All right.

21 It sounds like Rita is not able to connect.

22 So just as a reminder, we are happy to
23 accept written comments. And again, she can submit
24 it at DPH.DON@state.ma.us. Or she can send it to us

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1 at Determination of Need, Massachusetts Department
2 of Public Health, 67 Forest Street in Marlborough,
3 Massachusetts 01752.

4 THE MODERATOR: Give me just a moment.

5 We have Janet -- give me just a moment.

6 And -- hello.

7 I thought I had Janet back in, but I don't.

8 I still don't have a signal.

9 HEARING OFFICER SZENT-GYORGYI: Okay. I
10 think we are going to have to conclude the hearing.

11 Thank you, again, to everybody for taking
12 the time out of your evening to participate in this
13 process. The Department of Public Health greatly
14 appreciates input from everybody, and we appreciate
15 your interest and your commitment to the time.

16 And with that, that will conclude the
17 hearing on the MGB application.

18 Thank you, everybody.

19 (Whereupon, the hearing was
20 concluded at 10:05 p.m.)

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C E R T I F I C A T E

I, Alexander K. Loos, Registered Diplomate Reporter, do hereby certify that the foregoing transcript, Volume I, is a true and accurate transcription of my stenographic notes taken on April 6, 2021.



Alexander K. Loos
Registered Diplomate Reporter

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