

**In The Matter Of:**  
*Application for Determination of Need  
for Ambulatory Care Center in Westwood*

---

*Public Hearing, Volume I  
April 1, 2021*

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*Original File DPH Hearing re Westwood 4-1-2021.txt  
Min-U-Script® with Word Index*

Volume I  
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COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH

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PUBLIC HEARING VIA CONFERENCE CALL RE: :
  
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Application for Determination of Need :
  
210121003-AS Filed on February 12, :
  
2021, by Mass General Brigham :
  
Incorporated for a Substantial Change :
  
in Service and Substantial Capital :
  
Expenditure for the Construction and :
  
Development of Three Ambulatory Care :
  
Centers Located in Westborough, MA, :
  
Westwood, MA, and Woburn, MA, with the :
  
focus of this hearing being on 100 :
  
Brigham Way, Westwood, MA. :
  
:
  
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BEFORE:

Hearing Officer Lara Szent-Gyorgyi, Director  
Determination of Need Program

(All Participants Appeared By Conference Call)

12:05 p.m.  
Thursday, April 1, 2021

Carol H. Kusinitz  
Registered Professional Reporter

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

2 THE MODERATOR: Welcome, and thank you for  
3 standing by. At this time all participants are in a  
4 listen-only mode until the comment sessions of  
5 today's conference. At that time you may press Star  
6 1 on your phone.

7 Today's conference is being recorded. If  
8 you have any objections, you may disconnect at this  
9 time.

10 I will now turn the conference over to Lara  
11 Szent-Gyorgyi. Thank you. You may begin.

12 HEARING OFFICER SZENT-GYORGYI: Thank you,  
13 Terry.

14 Good afternoon. My name is Lara  
15 Szent-Gyorgyi. I represent the Massachusetts  
16 Department of Public Health and am the Director of  
17 our Determination of Need Program. For  
18 clarification, you will hear me refer to the  
19 Determination of Need Program as "the DoN Program"  
20 and the Department of Public Health as "the DPH."

21 Joining me behind the scenes today from the  
22 Department are my colleagues, Lynn Conover, Lucy  
23 Clarke and Nazmim Bhuiya.

24 This hearing has been called pursuant to an

1 application submitted by Mass General Brigham  
2 Incorporated, who we will refer to as "the  
3 Applicant" or "MGB" moving forward.

4           Upon receipt of the application, DoN staff  
5 reviewed the application and, after finding it to be  
6 in compliance with the DoN statute and regulation  
7 for filing, assigned it a filing date of February  
8 12, 2021. This DoN Application is for Ambulatory  
9 Care Centers, and this particular hearing is going  
10 to focus on the Westwood Clinic.

11           The enabling statute for the DoN Program  
12 requires that any person or government agency  
13 intending to undertake a substantial capital  
14 expenditure, as defined in the DoN regulations, must  
15 apply for DoN approval before engaging in such  
16 project.

17           The ambulatory project description includes  
18 three different centers: one in Woburn, which  
19 includes construction of freestanding space with  
20 clinic space, four operating rooms, two MRIs and two  
21 CTs; the Westwood Clinic, which is the one that's  
22 the primary focus today, is the construction of a  
23 free-standing ACC with four operating rooms, one  
24 MRI, and one CT; and the Westborough Clinic, with



1 construction of a freestanding center with clinic  
2 space and four operating rooms, an MRI, and one CT.

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

5 In accordance with the statute and  
6 regulations governing the DoN process, the DoN  
7 Program is analyzing MGB's application for  
8 compliance with a set of standards and criteria  
9 among which are, but not limited to, demonstration  
10 of sufficient need for the project among the  
11 Applicant's existing patient panel; that the project  
12 will add measurable public health value and provide  
13 reasonable assurances of health equity; that the  
14 Proposed Project will operate efficiently and  
15 effectively by furthering and improving continuity  
16 and coordination of care for the patient panel; that  
17 the Applicant has provided evidence of consultation  
18 with appropriate regulatory and licensing government  
19 agencies; that the Applicant has provided evidence  
20 of sound community engagement; and that the project  
21 will compete on the basis of price, total medical  
22 expense, provider cost and other recognized measures  
23 of health care spending. A full list of the factors  
24 the Applicant must meet can be found online in the

1 DoN regulations 100.210.

2 This Public Hearing is an effort to gather  
3 information and to hear the opinions of interested  
4 parties about the Proposed Project. It is not  
5 intended to be a question-and-answer session. No  
6 questions will be permitted.

7 The DoN Program will take all relevant  
8 information into account in preparing its  
9 recommendations to the Massachusetts Public Health  
10 Council, whose decision on whether to approve the  
11 DoN for the Proposed Project will be made at one of  
12 its upcoming monthly public meetings.

13 We will accept comments on this application  
14 for ten days following this hearing. For this  
15 particular application, the time has been extended  
16 because we will be having an additional hearing next  
17 week. So we will accept comments until April 16th.

18 As this is a virtual hearing, the logistics  
19 are different from our typical in-person hearing. I  
20 will review our process for today. We are learning  
21 the logistics of the system as we go, so we ask for  
22 your patience if we encounter difficulties. Please  
23 note we will work to resolve any problems we do  
24 experience.

1           Our plan for today is as follows: We are  
2 using a moderated conference call line, so a  
3 Moderator will manage the queue for speaking. This  
4 meeting is being recorded and transcribed. As  
5 indicated in the notice for the meeting, press Star  
6 1 if you would like to testify. This will put you  
7 in the queue.

8           You will not be told where you are in the  
9 queue, nor will you get much notice that you are  
10 about to testify. When it is your turn to testify,  
11 you will be told you are now the speaker, and you  
12 will experience a short silence and will then be the  
13 speaker.

14           If you have muted your phone, you may need  
15 to unmute. Please begin by stating your name  
16 clearly, your affiliation or your town of residence.  
17 Your full address is not necessary, as this  
18 transcription will be posted publicly. Please speak  
19 clearly so that our transcriber can record  
20 everything accurately.

21           Because we expect many speakers, we will  
22 limit everyone to three minutes. I will be timing  
23 people, so when you have 30 seconds left, you will  
24 hear this sound (sound played). When your three

1 minutes is through, I will say, "Time's up," and the  
2 Moderator will mute you and give the floor to the  
3 next speaker. We may experience a slight pause  
4 between speakers.

5           If your testimony is lengthy, we suggest  
6 you present a three-minute summary of those remarks  
7 and submit a full text of your comments in writing.  
8 If you have a written copy of your remarks,  
9 regardless of length, please feel free to submit it  
10 to the Department by email or via postal service.  
11 You can email us at DPH.DON@state.ma.us.

12           During the pandemic, mail will get to us  
13 more quickly, because the DoN staff is working  
14 remotely, if it is sent to Determination of Need,  
15 Massachusetts Department of Public Health, 67 Forest  
16 Street, Marlborough, Massachusetts 01752. Please be  
17 assured that anything that is sent to our 250  
18 Washington Street address will also be collected and  
19 included in comments.

20           Be assured that the Department will  
21 consider all comments, whether presented orally or  
22 in writing. Whether you comment or not, please know  
23 that the Department greatly values and appreciates  
24 your participation in the DON process.

1           Before we open the line to the general  
2 public, the Applicant will go first and will be  
3 allotted four minutes to present information about  
4 the Proposed Project.

5           I will now ask John Fernandez, President of  
6 Mass General Brigham Integrated Care and the Mass.  
7 Eye and Ear, to talk about the project. After he  
8 has completed his remarks, the Moderator will unmute  
9 the first speaker. Thank you.

10           MR. FERNANDEZ: Thank you, and good  
11 afternoon. My name is John Fernandez, and I'm the  
12 President of Mass General Brigham Integrated Care  
13 and the Mass. Eye and Ear. On behalf of Mass  
14 General Brigham, I want to thank you for the  
15 opportunity to present our project.

16           I will first provide a brief overview of  
17 Integrated Care and then focus on the Westwood  
18 project.

19           Mass General Brigham Integrated Care was  
20 created to provide ambulatory care for our existing  
21 patients closer to their homes. The proposed sites  
22 for these DoN projects are Woburn, Westwood and  
23 Westborough.

24           Currently many of our patients obtain their

1 care in one of our Boston area hospitals, which can  
2 be more costly, harder to access and more fragmented  
3 than our Integrated Care model. We have heard from  
4 our patients that they want and expect their care to  
5 be available locally and at a lower cost, less  
6 fragmented and more coordinated, to be  
7 comprehensive, with providers having a full picture  
8 of their health, with their providers collaborating  
9 on preventative care and specialty care and  
10 treatments.

11 Integrated Care is Massachusetts General  
12 Brigham's strategy to meet and exceed these  
13 expectations by providing one stop for all of our  
14 patients' health care needs in a convenient, local  
15 facility at a lower cost.

16 Our Westwood site, like our other two  
17 sites, will not be hospital based, so the cost of  
18 services to patient, their insurers and to the  
19 Commonwealth will be lower.

20 The Westwood location is different than  
21 Woburn and Westborough as it is an expansion of an  
22 existing site. Since opening in October 2018, our  
23 current Westwood facility provides primary and  
24 specialty physician services. The plan is to

1 provide a more comprehensive and integrated set of  
2 services to our patients all under one roof.

3 By providing enhanced imaging services,  
4 including MRI and CT, and ambulatory surgery, we can  
5 build upon and expand the excellent clinical  
6 services, including behavioral health, already  
7 offered at Westwood.

8 These services will eliminate the need for  
9 our Westwood area patients to travel outside their  
10 community, often to multiple locations, to provide  
11 these services from Mass General Brigham providers.  
12 Our patients deserve nothing less than easier, more  
13 accessible care, and that is what we intend to  
14 deliver.

15 The Westwood site is located at 100 Brigham  
16 Way in Westwood, conveniently located off of I-95  
17 and close to the Rt. 128 Westwood Commuter Rail  
18 stop. The Westwood site will also continue to offer  
19 free parking.

20 We currently have over 80,000 existing  
21 patients in the Westwood site's catchment area,  
22 about half of whom have a Mass General Brigham  
23 primary care provider. A significant portion of  
24 these primary care patients are in risk contracts.

1 Thus it is essential to continue to invest in  
2 population health management initiatives to  
3 effectively manage these patients' care and provide  
4 access to lower-cost settings within the Mass  
5 General Brigham System.

6 We are also excited to expand and more  
7 fully integrate behavioral health providers into the  
8 patient care teams at Westwood and all the  
9 Integrated Care locations.

10 Focusing on physical health of a patient  
11 while not providing access to behavioral health is  
12 not conducive to providing coordinated care that  
13 addresses patient need. By imbedding behavioral  
14 health providers in our primary and specialty care,  
15 our patients can address all of their health care  
16 needs.

17 Mass General Brigham provides care to more  
18 Medicaid patients in Massachusetts than any other  
19 provider. I'm proud to say the Westwood site will  
20 continue to be open and accessible to all  
21 populations, including the underserved, poor and  
22 medically indigent.

23 Integrated Care, like all of our providers  
24 and facilities, will not discriminate on a



1 patient's -- regarding a patient's race, gender,  
2 sexual orientation, ability to pay, or socioeconomic  
3 status.

4 We are also excited that Integrated Care  
5 will be part of Mass General Brigham's United  
6 Against Racism campaign, which is our pledge as a  
7 system to address racism.

8 Lastly, but important to this community and  
9 our state, across all three project sites we  
10 estimate creating over 1,000 construction and health  
11 care jobs as we begin our recovery from COVID-19.

12 In Westwood specifically, we estimate  
13 creating approximately 300 construction jobs and  
14 approximately 150 permanent health care jobs. This  
15 project will provide an immediate and long-term  
16 boost to the local and state economy, which we all  
17 know is much needed.

18 In addition, our project will contribute  
19 about \$7 million in local health care initiative  
20 funding, which will be distributed in all three  
21 projects.

22 I once again want to thank you for  
23 conducting this hearing and giving the area  
24 residents the opportunity to provide input into this

1 important process. Thank you very much.

2 THE MODERATOR: Thank you.

3 If you would like to make a comment, please  
4 press Star 1. If you need to withdraw your comment,  
5 press Star 2. Again, to ask to comment, please  
6 press Star 1.

7 Our first comment comes from Kerry Whelan,  
8 and your line is now open.

9 MS. WHELAN: Good morning, and thank you  
10 for the opportunity to speak today. My name is  
11 Kerry Whelan, and I'm the Vice President of  
12 Government Affairs at Shields Health Care Group.

13 Shields, through its joint venture  
14 partnerships, works with local community providers  
15 to enhance services currently being offered in those  
16 communities.

17 I am concerned about MGB's community  
18 expansion plan, as I believe those proposals will  
19 discourage high-value innovative models of care.

20 MGB is proposing to build three new  
21 outpatient centers in communities where they do not  
22 currently provide services and where these exact  
23 same services already exist. By building entirely  
24 new service lines and not considering partnerships

1 with local providers, MGB is adding costs to the  
2 health care system and duplicating services and  
3 technologies.

4           Interestingly enough, by electing not to  
5 collaborate with existing community providers, MGB  
6 has eliminated regulatory review that most other  
7 transactions, transactions far smaller than what's  
8 being proposed, are required to go through.

9           The Health Policy Commission, the  
10 independent state agency responsible for monitoring  
11 health care costs, typically analyzes the impact of  
12 health care market transactions on cost, quality and  
13 access. If MGB's proposal will lower the cost of  
14 care and improve quality and access, as it claims it  
15 will, they should welcome a review of the transition  
16 by the Health Policy Commission.

17           This review should take the form of the  
18 Health Policy Commission conducting the Independent  
19 Cost Analysis that the Commissioner and the  
20 Department of Public Health has requested on this  
21 proposal.

22           After the Independent Cost Analysis is  
23 complete, the Department of Public Health should  
24 hold another public hearing so that the community at

1 large can react to the findings of the report.

2 I would also respectfully request the  
3 Department hold the second public hearing at a time  
4 that is more convenient for the general public in  
5 order to encourage maximum participation and  
6 discourse.

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

13 I think it's fair to say that we all think  
14 a little differently about the importance of health  
15 care services, and any transaction that has the  
16 potential to reduce the critical community  
17 infrastructure and capacity, which proved so  
18 critical during the COVID-19 surges, should be taken  
19 seriously.

20 Thank you for allowing me the time to share  
21 my thoughts, and thank you to the Department of  
22 Public Health for your consideration.

23 THE MODERATOR: Thank you.

24 Our next comment comes from Christopher

1 Hatch, and your line is now open.

2 MR. HATCH: Good afternoon. My name is  
3 Christopher Hatch, and thank you for the opportunity  
4 to share my concerns regarding MGB's expansion plan  
5 for the Westwood area.

6 I've been employed in the health care  
7 industry in different capacities for almost 20  
8 years. For the last six years I've served as a  
9 Territory Manager for Shields Health Care.

10 My current day-to-day responsibilities are  
11 to provide access, availability and service to  
12 referring physicians, their staff, their patients  
13 within the region, connecting them with our high-  
14 tech diagnostic imaging services.

15 I interact daily with a variety of medical  
16 offices, varying in specialties from pediatrics and  
17 primary care to orthopedics, neurology, urology,  
18 ENT, as well as oncological and surgical  
19 specialties, assisting them with their needs for  
20 their patients' care and accommodating any special  
21 needs or specialty scans they may require.

22 May I say first that a number of the  
23 physicians that I discussed this hearing with were  
24 very disappointed with the date and time that it was

1 scheduled. It's very difficult for a physician with  
2 a full office or a full surgical schedule to find  
3 the time in the middle of the work week to  
4 participate in a hearing such as this, one that  
5 could potentially have a major impact on their  
6 practice. It is also the week before the Easter  
7 holiday, and many are observing this.

8 To that end, I would respectfully request  
9 that there be another hearing conducted at a future  
10 date and time that is more accommodating for those  
11 that will be most affected by this proposed  
12 expansion.

13 The services that MGB are proposing are  
14 redundant to all the services already being provided  
15 in the area by local health systems, and there is  
16 not an indication of enough community demand that  
17 would warrant such an expansion.

18 Therefore, the greatest impact of this  
19 expansion will unfortunately be felt by the  
20 community which Norwood Hospital and the individual  
21 physician offices and groups in the area have served  
22 for years. As a matter of fact, Norwood Hospital  
23 has been a constant in this community since January  
24 of 1919, for over 100 years.

1           The proposed expansion location is only  
2 five and a half miles from Norwood Hospital, who is  
3 attempting to recover from a very unfortunate flood  
4 that required them to temporarily close. This would  
5 place them at a distinct disadvantage as they  
6 attempt to recover from this.

7           Furthermore, there are already three MGB-  
8 affiliated facilities which offer these same  
9 services within a 30-minute radius of the proposed  
10 location. There is MGH in Waltham, which is  
11 approximately 28 minutes away; Newton-Wellesley  
12 Hospital, which is approximately 20 minutes away;  
13 and MGB Foxborough, which is only 16 minutes away.

14           How is another MGB facility warranted with  
15 these MGB locations so conveniently close by?

16           Additionally, it is well publicized that  
17 MGB is one of the most expensive providers in the  
18 state, which would thereby naturally push up the  
19 health care expense threshold in the region.

20           I would respectfully request that the  
21 Department of Public Health require the HPC to  
22 conduct an Independent Cost Analysis of MGB's  
23 charges versus the current services that are being  
24 provided already in these communities to ensure a

1 comprehensive and fair evaluation of MGB's  
2 application. I believe it will demonstrate the  
3 economic impact it potentially will have on this  
4 community.

5 Thank you for taking the time to hear my  
6 concerns today.

7 HEARING OFFICER SZENT-GYORGYI: Thank you.

8 THE MODERATOR: Thank you.

9 Our next comment comes from Paul Anderson,  
10 and your line is now open.

11 MR. ANDERSON: Hi. My name is Paul  
12 Anderson. I appreciate the opportunity to share my  
13 concerns with the Department of Public Health about  
14 MGB's community expansion plans and intent to  
15 establish an outpatient center in Westwood.

16 I currently serve as Senior Director of  
17 Financial Planning & Analysis for Shields Health  
18 Care Group and have been working with Shields for  
19 more than 12 years. Being affiliated with a high-  
20 quality, low-cost provider, I have significant  
21 concerns about how MGB's proposed expansion will  
22 impact health equity and cost of care.

23 The size and market influence of MGB will  
24 make it more difficult for insurers to negotiate and



1 ultimately lower the cost of health care services,  
2 passing along greater costs to employers and  
3 patients within the community.

4 MGB's expansion includes building more  
5 capacity in Boston for higher acuity cases. This  
6 means that many local patients seeking care at MGB's  
7 outpatient facilities will be referred or  
8 transferred to a much more expensive care setting  
9 away from home and family when they need specialty  
10 care, taking business away from affordable, high-  
11 quality local health care providers.

12 MGB will be drawing commercially insured  
13 patients away from local providers who rely on that  
14 care to subsidize patients that are insured by  
15 public programs, such as Medicare and Medicaid, or  
16 who are uninsured.

17 I respectfully request that the Department  
18 of Public Health require the Applicant to hold  
19 another public hearing on this application. The  
20 time of day which this hearing is being conducted  
21 does not make it accessible for interested parties  
22 to share their concerns.

23 In order to accurately understand the  
24 impact of the proposal, I suggest that the

1 additional public hearing be scheduled for after an  
2 Independent Cost Analysis has been conducted.

3 Further, in order for the cost analysis to  
4 be truly independent, I'm asking the Department to  
5 require that the Health Policy Commission conduct  
6 the Independent Cost Analysis.

7 I appreciate the opportunity to voice my  
8 concerns. Thank you for your time.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: Thank you.

11 Our next comment comes from Cynthia  
12 Peterson, and your line is now open.

13 MS. PETERSON: Thank you. Thank you and  
14 good afternoon. My name is Cindy Peterson, and I am  
15 the Vice President of Regional Ambulatory Operations  
16 and Business Development at Mass General Brigham.

17 I've been involved with our building in  
18 Westwood since prior to its opening in October 2018,  
19 working with Brigham and Women's and Mass General  
20 Brigham to establish clinical operations that offer  
21 primary care, behavioral health, minor imaging,  
22 phlebotomy and multispecialty physician services,  
23 including cardiology, neurology, orthopedics,  
24 dermatology, OB-GYN and rheumatology.

1           To facilitate patient access to these  
2 existing services, our Westwood physician practice  
3 will continue to provide services at the existing  
4 medical office building location and expand into a  
5 new 50,000-square-foot connected building.

6           This addition will enable us to provide  
7 more services, including expanded imaging and  
8 ambulatory surgery. For the first time our patients  
9 will be able to obtain Mass General Brigham  
10 ambulatory surgery, MRI and CT imaging services  
11 right in Westwood.

12           Whether existing or expanded services, all  
13 will adhere to the same high quality standards as  
14 the services currently provided in Westwood and in  
15 our world-renowned academic medical centers.

16           Continuing our current model, clinical  
17 leadership at Mass General Brigham's academic  
18 medical centers will work with our Westwood  
19 providers to review quality of care outcomes as well  
20 as quality and process improvement initiatives.

21           Even prior to our 2018 opening, we have  
22 been welcomed by the Westwood community. We work  
23 collaboratively with municipal, business and other  
24 local leaders around important community efforts.

1           We sit on the Board of Directors, including  
2 past Chair, of the Neponset River Regional Chamber  
3 of Commerce, helped found and sponsor the Chamber's  
4 Women's Leadership Alliance, and we have worked with  
5 the Chamber's Elder Care Alliance, the Westwood  
6 Council on Aging, and University Station, to create  
7 meaningful, free health education opportunities for  
8 the broader community.

9           This past year was no exception, despite  
10 COVID. We delivered those health classes by Zoom.  
11 We are proud to be a member of the Westwood  
12 community, and we look forward to continuing these  
13 efforts.

14           Mass General Brigham has been an active  
15 investor in digital health technology to support the  
16 patient experience. This is currently utilized at  
17 our Westwood Center. In many ways, COVID-19 has  
18 changed how we deliver care to patients, and our  
19 digital health investments have become even more  
20 important.

21           To increase collaboration between providers  
22 and patients, Mass General Brigham Integrated Care  
23 with offer patients and providers expanded access to  
24 patient-centered digital health tools at Westwood,

1 increasing the availability of video and e-visits to  
2 provide round-the-clock access to service to meet  
3 patients' needs.

4 In connection with this project, Mass  
5 General Brigham completed a robust community health  
6 needs assessment for the Westwood area. We are  
7 committed to supporting programs and services that  
8 address the social determinants of health of  
9 individuals and families in the noticed service  
10 areas.

11 Addressing these upstream needs is critical  
12 in preventing higher health care utilization, such  
13 as Emergency Department visits, hospitalizations and  
14 readmissions, as well as poor health outcomes.

15 Thank you very much.

16 HEARING OFFICER SZENT-GYORGYI: Thank you.

17 THE MODERATOR: Our next comment comes from  
18 Lina Arena-DeRosa, and your line is now open.

19 MS. ARENA-DeROSA: Thank you. My name is  
20 Lina Arena DeRosa. I am the Council on Aging in  
21 Westwood's Director, and I thank you for this  
22 opportunity.

23 Let me speak directly on how Brigham and  
24 Women's and Mass General has really been an asset to

1 us. As Director of the Westwood Council on Aging, I  
2 personally have the pleasure to work with MGB and  
3 appreciate our strong partnership with them.

4 Moreover, MGB has become another tool in our toolbox  
5 as we continue to help our elder community continue  
6 to age at home.

7 Their free cancer screening van has been an  
8 annual event in our parking lot, and that has helped  
9 many seniors understand how to keep themselves safe,  
10 and it has also prevented cancer from growing on  
11 many of our residents.

12 We are grateful for everything MGB has  
13 provided for our senior community, and we look  
14 forward to working with them, and we look forward to  
15 their expansion.

16 Thank you, and I appreciate your time.

17 HEARING OFFICER SZENT-GYORGYI: Thank you.

18 THE MODERATOR: Our next comment comes from  
19 Christopher Coleman, and your line is now open.

20 MR. COLEMAN: Thank you very much. My name  
21 is Christopher Coleman. I'm the Town Administrator  
22 for the Town of Westwood, and I want to thank you  
23 for this opportunity to participate in this process.

24 I've been working for the Town of Westwood

1 since November of '19, so I can tell you from my  
2 experience with Brigham and Women's, not from when  
3 they first approached the Town, but since I joined  
4 the Town.

5 I have worked in five communities in  
6 Massachusetts, with only two, including Westwood,  
7 having the medical convenience that Brigham and  
8 Women's provides to the Town in this area.

9 I quickly learned when I first got here and  
10 was very pleased with the working relationship that  
11 Brigham and Women's has with the Town. You will  
12 hear -- you just heard from Lina, from our Council  
13 on Aging. You will also hear from representation  
14 from our Economic Development, our Health, and I  
15 believe our Recreation Department, all who speak  
16 very fondly of the working relationship that we have  
17 with Brigham and Women's.

18 From my overall Town perspective, Brigham  
19 and Women's is a true community partner. I look  
20 forward to working with them in the next phase of  
21 their plans. This expansion will again provide many  
22 residents in the Commonwealth and also those within  
23 the Town of Westwood a great opportunity for first-  
24 class medical service without having to travel into

1 Boston or outside the Commonwealth.

2 Again, thank you for this opportunity. And  
3 I again appreciate the working relationship with  
4 Brigham and Women's.

5 HEARING OFFICER SZENT-GYORGYI: Thank you.

6 THE MODERATOR: Our next comment comes from  
7 Nancy Hyde, and your line is now open.

8 MS. HYDE: Thank you. Hello. I am Nancy  
9 Hyde, 18-year member of Westwood's Select Board. I  
10 am here today to provide brief testimony regarding  
11 the MGB Integrated Care Facility located on  
12 University Avenue in Westwood.

13 MGB identified Westwood for a suburban  
14 ambulatory care location and built Phase 1 of a two-  
15 phase project. We in Westwood saw this addition to  
16 the larger 2-million-square-foot University Station  
17 mixed-use development as a complementary use to its  
18 suite of uses, which include retail, office,  
19 restaurant and hotel.

20 But the presence of MGB in Westwood is so  
21 much more. Access to excellent health care as  
22 provided by MGB has been welcomed by both the  
23 Westwood and surrounding communities.

24 The location of this facility on University



1 Avenue, in close proximity to the MBTA Amtrak  
2 Station and I-95 and Rt. 128, places upwards of  
3 81,000 patients within 20 minutes of the site. The  
4 presence of MGB in Westwood and the planned  
5 expansion also provides construction jobs and many  
6 permanent jobs in our region.

7 Now we have the opportunity to welcome the  
8 planned Phase 2 addition of several more ambulatory  
9 services. I would like those of you hearing my  
10 testimony to know we welcome having Phase 2 proceed.  
11 MGB has become a strong community partner, and we  
12 look forward to having them in Westwood for years to  
13 come. Thank you.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR: Our next comment comes from  
16 Stephen Sweriduk, and your line is now open.

17 DR. SWERIDUK: Good afternoon. Thank you.  
18 My name is Dr. Stephen Sweriduk. Thanks for the  
19 opportunity to share my concerns with the Department  
20 of Public Health regarding MGB's intent to establish  
21 outpatient centers in Woburn, Westwood and  
22 Westborough.

23 I was appointed Medical Director of Shields  
24 Health Care in 1998, and I still serve in that

1 capacity. I'm also an Assistant Professor of  
2 Radiology at UMass Medical School.

3 I have serious concerns about MGB's  
4 proposed expansion. I have seen firsthand how MGB's  
5 expansion has increased the cost of health care in  
6 the communities they expand into.

7 For example, when MGB was contracting with  
8 Cape Cod Hospital for radiology services, MGB's  
9 professional reimbursement for the exact same  
10 service performed by Shields Radiology Associates  
11 was more than double. This inflated reimbursement  
12 rate was extended to the Cape Cod radiologists and  
13 resulted in increased costs to Cape Cod patients. I  
14 find this difficult to comprehend.

15 I was also shocked to learn on the last  
16 call that MGB routinely and unnecessarily repeats  
17 imaging studies due to so-called quality issues as a  
18 justification for the need to expand MRI services.

19 I'm sure you know that ACR accreditation is  
20 required for reimbursement for all MRI studies. Is  
21 MGB saying they're more qualified than the American  
22 College of Radiology in determining quality of care?

23 Why not just obtain a CD with the  
24 previously performed exam and load it into your

1 system? Why not allow connectivity with other MRI  
2 providers? There is no need to repeat studies  
3 without medical necessity.

4 We have adequate capacity for MRI scans in  
5 Massachusetts. We don't need additional MRI  
6 scanners to repeat studies already performed. There  
7 are several MRI centers close to Westwood already in  
8 operation and providing services at a lower cost.

9 HPC should demand an Independent Cost  
10 Analysis. In addition, an additional public hearing  
11 should be performed at a more convenient time, not  
12 during the work week in the middle of Passover and  
13 Holy Week.

14 MGB's expansion is targeted at high-income  
15 communities with a disproportionate share of  
16 commercially insured patients. This will affect  
17 struggling community hospitals reeling from the  
18 pandemic and worsen the health care equity  
19 disparities already present in Massachusetts. How  
20 will underserved, low-income Mass. residents access  
21 these proposed centers only accessible by car or  
22 Commuter Rail?

23 I believe that there is not enough  
24 community demand to warrant MGB's proposed expansion

1 into Woburn, Westborough and Westwood and that  
2 approving MGB's application would threaten the  
3 future of community hospitals and lead to an  
4 increase in health care costs.

5 Thank you for your time.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Our next comment comes from  
8 Louis Cansino, and your line is now open.

9 MR. CANSINO: Hi. My name is Louis  
10 Cansino. Thank you for your time. I am a resident  
11 in Norwood, and I also work in the health field.

12 So I just wanted to take the time to say,  
13 you know, recently, with the storms we had in  
14 Norwood, Norwood Hospital had to close, and it's  
15 almost been a year since this happened. And I just  
16 feel like, if it was a bigger institution, like MGB,  
17 there would be funds to have this hospital reopened  
18 by now.

19 And I feel like, you know, it's a need that  
20 the Town needs. And as a patient as well, you know,  
21 a 30-minute drive is still a 30-minute drive, going  
22 to one of the nearest MGB locations.

23 And I think for, like, the elderly patients  
24 that live in the community, long commutes are felt.

1 And I feel like having the Norwood location expanded  
2 would be a great service to the community, even for  
3 those of us in Norwood, even though it's in  
4 Westwood, because it's just a six-minute drive. And  
5 I would personally love to be able to go on a quick  
6 six-minute drive to have appointments than having to  
7 go on a 30-minute drive. I think this is much  
8 needed and the community would benefit from it.

9 Thank you for your time.

10 HEARING OFFICER SZENT-GYORGYI: Thank you.

11 THE MODERATOR: And our next comment comes  
12 from Tom O'Rourke, and your line is now open.

13 MR. O'ROURKE: Thank you, and good  
14 afternoon. My name is Tom O'Rourke. I reside in  
15 Norwood, and I'm the President and CEO of the  
16 Neponset River Regional Chamber. I'd like to thank  
17 you for the opportunity to provide comments today.

18 The Neponset River Regional Chamber draws  
19 its membership from Westwood, as well as Canton,  
20 Dedham, Foxborough, Medfield, Milton, Norwood,  
21 Stoughton, Walpole and Westwood.

22 Brigham Health Care at University Station  
23 in Westwood is one of our 500 members, as is Brigham  
24 and Women's Mass General Health Care in Foxborough.

1           The Chamber's mission is to strive to  
2 enhance quality of life and economic development in  
3 the Neponset River Region by supporting and  
4 connecting businesses, community, education and  
5 government. We're a non-profit, and we partner with  
6 our members in supporting community efforts that  
7 align with our mission and vision.

8           Together our members employ more than  
9 15,000 people, many of whom live in the Westwood  
10 area and receive health care services at the  
11 Westwood Center. As local businesses, our members  
12 know how important access to local health care in  
13 the community is when people are deciding where to  
14 work, live and raise their families.

15           Access to care, including primary and  
16 specialty care physician services, as well as  
17 satellite services, such as CT and MRI imaging  
18 services, is critical for the economic health of our  
19 communities and of course to the health of our  
20 residents. Access to the services that the Health  
21 Care Center provides is a significant part of making  
22 our region a great place.

23           The Chamber believes that the area needs  
24 more access to care, and that need will only

1 continue to grow. The Chamber supports the  
2 availability of more health options and choices in  
3 the community, including additional primary and  
4 specialty care physicians at the Health Care Center.

5 We also appreciate the fact that the Health  
6 Care Centers in Westwood and Foxborough have created  
7 hundreds of quality jobs for area professionals, and  
8 the proposed expansion in Westwood will further  
9 strengthen the job market that has been so badly  
10 damaged by the pandemic.

11 The Applicant is active in providing  
12 community education around health care topics and  
13 supports the Chamber's efforts in this regard. In  
14 fact, they sponsor our Women's Leadership Alliance  
15 which later this month is presenting our Coming Back  
16 from COVID webinar, focusing on the emotional  
17 impacts of COVID, particularly for those working  
18 from home, providing guidance around transitioning  
19 from working from home back to an office.

20 Brigham Health is also active serving the  
21 Chamber in leadership roles on our Board of  
22 Directors and various committees. They're also  
23 strong supporters of many other worthy organizations  
24 in the region and a trusted resource partner to our

1 to towns.

2 Therefore, the Neponset River Regional  
3 Chamber strongly supports this project and asks that  
4 the Department of Public Health approve the  
5 Determination of Need Application.

6 Thank you for your thoughtful consideration  
7 of this application and the Chamber's comments.

8 Thank you.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: Our next comment comes from  
11 Anna Tonseth, and your line is now open.

12 MS. TONSETH: Thank you, and good  
13 afternoon. My name is Anna Tonseth, and I would like  
14 to thank the Department of Public Health for  
15 allowing me to share my concerns today regarding  
16 MGB's plan to establish an outpatient center in  
17 Westwood.

18 I currently serve as a Business Development  
19 Analyst for Shields Health Care Group. Being  
20 affiliated with an outpatient services provider,  
21 both in imaging and ambulatory surgery, I have  
22 significant concerns in regard to how the proposed  
23 expansion will impact other health care providers in  
24 the region and overall medical expenses in the



1 Commonwealth.

2           After substantial analysis, I believe there  
3 is not enough community demand to warrant MGB's  
4 proposed expansion of imaging services in Westwood.

5           MGB makes general assumptions throughout  
6 the application that are meant to apply to all three  
7 expansion locations. The Applicant assumes 70  
8 percent of the identified patient panel who received  
9 imaging services in 2019 will choose to access  
10 services at the project site by the end of a three-  
11 year ramp-up.

12           However, for the projected Westwood MRI  
13 volume, it appears 84 percent of the patient panel  
14 is expected to receive an MRI, with no justification  
15 to support the additional volume. With a finite  
16 need for health care, these calculations raise  
17 concerns in regard to where this patient base will  
18 be pulled from and how local practitioners may be  
19 subsequently affected.

20           In addition, throughout the DoN, MGB  
21 continually pointed to the reduction in scan time  
22 due to improvements in technology. Multiple times,  
23 including in a presentation to Westwood community  
24 members, MGB noted that scan times would be between

1 15 and 30 minutes. However, in actual capacity  
2 calculations, MGB utilized a scan time of 45  
3 minutes. Not only does this discrepancy highlight  
4 MGB's underestimate of capacity, but also signifies  
5 the need for additional data from MGB to prove the  
6 need for multiple units.

7 On another note, the primary service area  
8 outlined by MGB includes ZIP Codes previously  
9 outlined in the Foxborough DoN Application approved  
10 December 2019. I would like to ask DPH to ensure  
11 scan volume is not being double-counted.

12 I'd also suggest that an additional public  
13 hearing be scheduled at a more convenient time to  
14 the public, as opposed to during Holy Week and  
15 during the workday hours.

16 Thank you for your time and consideration.

17 HEARING OFFICER SZENT-GYORGYI: Thank you.

18 THE MODERATOR: Our next comment comes from  
19 Christian Dankers, and your line is now open.

20 DR. DANKERS: Thank you. My name is Dr.  
21 Christian Dankers, and I'm a hospitalist at Brigham  
22 and Women's Hospital and the Associate Chief Quality  
23 Officer for Mass General Brigham. Thank you to the  
24 Department of Public Health for this opportunity.

1           As part of our system strategy, Mass  
2 General Brigham is working to reimagine the patient  
3 experience with equity, dignity and clinical  
4 excellence at its core, and nowhere is this approach  
5 more front-and-center than our proposed expansion in  
6 Westwood.

7           Mass General Brigham brings its quality and  
8 safety program into the Westwood site and proposed  
9 expansion. We have a comprehensive approach to  
10 quality and safety, with programs that are designed  
11 to deliver safe, effective and equitable care, with  
12 the patient at the center of all we do.

13           We've developed an innovative set of  
14 electronic clinical quality measures that use data  
15 from our system-wide electronic medical record to  
16 provide a real-time view into the quality of our  
17 care, and we've developed tools that allow our  
18 individual providers, our practices and our system  
19 as a whole, to drive care improvement.

20           Another innovative approach to quality is  
21 our Patient Reported Outcomes Measure platform,  
22 where we collect data on thousands of patients with  
23 new pain, for example, and track symptoms and  
24 functional status in patients who did or didn't have

1 surgery.

2 So through this program we can bring the  
3 experience of thousands of our patients into the  
4 collaborative shared decision-making process in  
5 which an individual patient can work with a surgical  
6 consultant and their primary care provider to  
7 determine if surgery is the best option for them.

8 In Mass General Brigham we're also working  
9 diligently to reimagine the patient experience,  
10 guided by our foundational values of equity, dignity  
11 and clinical excellence, and we put the patient at  
12 the very center of everything that we do.

13 In fact, at our ambulatory site, we worked  
14 with a human-centered design firm to engage with our  
15 patients through focus groups and held meetings to  
16 hear directly from local residents and interest  
17 groups.

18 We heard many things, including that  
19 patients want a greater understanding of their  
20 health, a greater voice in their care, and they  
21 believe that relationships should be the heart of  
22 health care, and we have this feedback at the core  
23 of our patient experience strategy.

24 Finally, critical to all we do are the

1 efforts that are part of our United Against Racism  
2 campaign. This campaign embodies our pledge to our  
3 patients, community members and our employees to be  
4 an antiracist, diverse, equitable and inclusive  
5 organization.

6 Our plan is more than words. It's an  
7 investment of our leadership teams and a  
8 multimillion dollar commitment that will change our  
9 organization for the good.

10 Our Westwood site will be an important part  
11 of our system-wide initiatives that focus on  
12 interventions such as increasing staff diversity,  
13 reducing racial and community-based inequities in  
14 digital health, via home distribution of digital and  
15 medical technology, screening our patients to  
16 identify social determinants of health needs, such  
17 as food insecurity, housing insecurity, establishing  
18 a system-wide community health broker program to  
19 support community members in addressing social  
20 determinants of health and many, many other  
21 initiatives.

22 Thank you for letting me speak today, and I  
23 ask that the Department of Public Health support  
24 this project. Providing our patients access to all

1 of our quality and safety programs in a more  
2 convenient and cost-effective location is an  
3 important part of our strategy to deliver an  
4 outstanding patient experience founded on equity,  
5 dignity and clinical excellence. Thank you.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Our next comment comes from  
8 Nicholas Elia, and your line is now open.

9 MR. ELIA: Good afternoon. My name is  
10 Nicholas Elia. I am a Senior Business Development  
11 Analyst with Shields Health Care Group. I  
12 appreciate the opportunity to speak today and share  
13 some of my concerns about MGB's proposed expansion  
14 plans in the community of Westwood, specifically  
15 around how this will impact cost of care for  
16 patients in the community as well as local  
17 competition in the market.

18 After reviewing the DoN submitted by MGB,  
19 it's quite evident that the proposed expansion of  
20 imaging and outpatient surgical services will have a  
21 negative impact on local care provided and will  
22 result in more expensive services for the patients  
23 in this community.

24 Mass General Brigham has historically

1 pushed out community health care systems by  
2 targeting commercially insured patients in the  
3 market and pricing services for these patients at  
4 higher outpatient costs.

5 Findings from the HPC's cost benchmark  
6 hearing last week validate this. Total health care  
7 expenditure per capita grew 4.3 percent in 2019,  
8 largely driven by growth in hospital outpatient  
9 spending on the commercial side.

10 The data released highlights that providers  
11 like MGB have been one of the primary contributors  
12 to the increase in health care costs across the  
13 state, as they have been shifting certain inpatient  
14 services to hospital outpatient centers, like  
15 Westwood, that are more expensive care settings than  
16 those of pre-existing community health providers.

17 The proposed expansion in Westwood will  
18 also have a negative impact on community providers  
19 like Steward Norwood, Sturdy Memorial, and BIDMC  
20 Needham and Milton. The proposed site targets  
21 higher income, mobile, and commercially insured  
22 populations already served by these providers.  
23 Losing a substantial number of these patients to MGB  
24 will impede these providers' ability to deliver

1 quality care to MassHealth patients and patients  
2 affected by health inequities.

3 The other thing to consider is the size and  
4 market influence MGB has, which will make it more  
5 difficult for insurers to negotiate and ultimately  
6 lower the cost of health care services for patients  
7 in this community. While on the surface it may look  
8 like MGB is driving down health care costs with the  
9 proposed site, the reality is they are passing along  
10 greater costs to employers and these patients, given  
11 the leveraging power they have in payor contract  
12 negotiations.

13 Finally, in order to accurately understand  
14 the impact of this proposal, I'm suggesting that the  
15 Independent Cost Analysis be conducted by the Health  
16 Policy Commission.

17 I would also like to respectfully request  
18 that the Department of Public Health hold another  
19 public hearing for this application, preferably  
20 during a time which is more accessible for  
21 interested parties and patients in the community to  
22 voice their concerns.

23 Thank you for the opportunity to speak  
24 today.



1 HEARING OFFICER SZENT-GYORGYI: Thank you.

2 THE MODERATOR: Our next comment comes from  
3 Allie McGerigle, and your line is now open.

4 MS. McGERIGLE: Hello, and thank you. My  
5 name is Allie McGerigle, and I'm speaking today on  
6 behalf of the Center for Diagnostic Imaging, or CDI.

7 CDI is an independent community-based  
8 imaging provider with six advanced imaging centers  
9 in Massachusetts. We have partnerships and  
10 connectivity to dozens of hospitals, physicians and  
11 specialists within the state, and we are dedicated  
12 to providing the best imaging experience possible  
13 for our patients. We provide a wide variety of  
14 imaging services, including MRIs, high field open  
15 MRI, CT, ultrasound and x-ray.

16 CDI would like to express our concerns  
17 regarding MGB's community expansion plans and intent  
18 to establish outpatient centers in Woburn, Westwood  
19 and Westborough.

20 CDI operates an imaging center in Woburn,  
21 which is eight minutes from the proposed MGB Woburn  
22 location, and in Dedham, which is ten minutes from  
23 the proposed MGB Westwood location. We do not  
24 believe there is enough community demand to warrant

1 MGB's proposed expansion, as these areas are already  
2 well served by high-quality health care providers  
3 such as CDI.

4 Thank you for the opportunity to speak with  
5 you today.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Our next comment comes from  
8 John Thorbahn, and your line is now open.

9 MR. THORBAHN: Thank you very much for the  
10 opportunity to speak today. My name is John  
11 Thorbahn. I have 35 years of health and welfare  
12 experience in the Commonwealth of Massachusetts, 15  
13 years with Blue Cross/Blue Shield, and almost 21  
14 years now being with NFP, which is the fifth largest  
15 consulting organization in the country.

16 Here in New England and Massachusetts, I  
17 manage about \$1 billion in claims, and my primary  
18 focus and job is to keep the cost of care down for  
19 the employers that I represent, which is about a  
20 thousand.

21 My comment today is that all reports  
22 nationwide, especially lately from Kaiser, shows  
23 that the aggregation, the consolidation and the  
24 expansion of large organizations like Mass General

1 do not reduce the cost of care.

2 As a matter of fact, Mass General is not  
3 transparent in their quality outcome or cost of  
4 care, and as it relates to the billion dollars of  
5 care that we do manage, they are always the highest  
6 cost drivers in that. So, therefore, a lot of our  
7 employers that we manage steer their care away from  
8 Mass General to reduce costs.

9 I'm not saying Mass General is not a  
10 quality organization, because they are when it comes  
11 to tertiary and quaternary care. I'm talking about  
12 services such as primary care, MRI, x-ray, et  
13 cetera.

14 These services done at a local level  
15 without Mass General's involvement reduce the cost  
16 of care, which actually then provides more  
17 affordable care for the employer to provide more  
18 benefits at the local workplace.

19 It has also been shown in the last three  
20 years that the consolidation of health care  
21 organizations like Mass General are driving up the  
22 cost of care, and we can turn to a number of  
23 periodicals to substantiate my claim.

24 So, therefore, I'm against this, given the

1 fact that there is probably more than adequate  
2 access to quality care in the Westwood location as  
3 we know it right now. And we also know that if Mass  
4 General is allowed to do this, they're going to  
5 drive up the cost of care, which at the end of the  
6 day is going to make health care unaffordable for  
7 all.

8 So thank you very much for the time. I  
9 appreciate the opportunity to comment.

10 HEARING OFFICER SZENT-GYORGYI: Thank you.

11 THE MODERATOR: Our next comment comes from  
12 Craig Ransom, and your line is now open.

13 MR. RANSOM: Good afternoon, and thank you  
14 for allowing me to be on the call. My name is Craig  
15 Ransom. I'm a member of the Carpenters Union and  
16 also a representative.

17 I'm also a patient of MGB, and I find that  
18 this location would be really convenient for me,  
19 when I have my appointments to go to. And not only  
20 that, but just having access is important to me, is  
21 important to our members also that live in the  
22 general vicinity of this new location in Westwood.  
23 It's easier to get to. Parking is accessible for  
24 everything.

1           Along with this project it's going to  
2 create a lot of career jobs for our members. We're  
3 in the habit of -- health care is in the habit of  
4 keeping people well. We're in the habit of building  
5 careers for people, sustainable careers, for young  
6 men and young women that are coming out of Voc Tech  
7 schools that are located in the area. That's a plus  
8 for us too.

9           It's going to lower the cost, because we're  
10 not traveling long distances, we're not paying for  
11 parking or anything when we go downtown.

12           So I want to support this project 100  
13 percent. Partners Health Care and Mass General  
14 Brigham have been an excellent partner with us  
15 throughout the years in their building practices.  
16 They build responsible all the time.

17           Thank you.

18           HEARING OFFICER SZENT-GYORGYI: Thank you.

19           THE MODERATOR: Again, if you would like to  
20 make a comment, please press Star 1 and record your  
21 name.

22           Our next comment comes from Anita  
23 Suffredini, and your line is now open.

24           MS. SUFFREDINI: Okay. Let's see. I have

1 to see if I'm on now here now. Am I on?

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

4 MS. SUFFREDINI: Hi. My name is Anita  
5 Suffredini, and I am a resident of Westwood, and  
6 I've been living here for over 40 years, and I'm  
7 absolutely thrilled about this project that's going  
8 on.

9 Right now, I am traveling back and forth to  
10 Boston for several doctors' appointments, and  
11 sometimes my children, who also live in the area,  
12 have to drive me back and forth. So they were also  
13 very happy to hear that this project will be taking  
14 place.

15 And I really hope it does, because it would  
16 really save me, as I'm getting up in age, to try to  
17 get into Boston for all my appointments. And I know  
18 around here, if this doesn't happen, then I still  
19 have to travel around to different areas, and I  
20 would be thrilled if I could go to one place and get  
21 my doctors there.

22 So hopefully this will happen. I will be  
23 right behind and get my friends who live in my area  
24 to support this project.

1 Thank you so much.

2 HEARING OFFICER SZENT-GYORGYI: Thank you.

3 THE MODERATOR: Our next comment comes from  
4 Meg Costello, and your line is now open.

5 MS. COSTELLO: Thank you. Hi. This is Meg  
6 Costello. I am the Chief Operating Officer for New  
7 England Quality Care Alliance, NEQCA. We are the  
8 provider network affiliated with Tufts Medical  
9 Center in Boston. I've worked in Massachusetts  
10 health care for over 20 years and about six years as  
11 NEQCA.

12 I do not believe there is enough community  
13 need to warrant MGB's proposed expansion in  
14 Westwood, and approving MGB's application would  
15 threaten the future of community providers.

16 Westwood is not a medically underserved  
17 population. The services that MGB propose to expand  
18 in this community duplicate services that are  
19 already available at lower-cost providers.

20 MGB's expansion includes building more  
21 capacity in Boston for higher acuity cases. This  
22 will mean many local patients seeking care at MGB's  
23 outpatient facilities will be referred or  
24 transferred to much more expensive care settings

1 away from their home and family when specialty care  
2 is needed. This will take business away from  
3 affordable, high-quality, local health care  
4 providers.

5 MGB's expansion targets high-income  
6 communities with a disproportionate share of  
7 commercially insured patients. Their expansion will  
8 likely siphon these commercially insured patients  
9 away from low-cost health care providers in the  
10 community, leaving them with a disproportionate  
11 amount of public payor patients.

12 I respectfully request that the Department  
13 of Public Health hold an additional public hearing  
14 after an Independent Cost Analysis has been  
15 conducted. I'm asking that the Department require  
16 that the Health Policy Commission conduct the  
17 Independent Cost Analysis.

18 Thank you.

19 HEARING OFFICER SZENT-GYORGYI: Thank you.

20 THE MODERATOR: Currently there are eight  
21 additional comments in queue. And again, if you  
22 would like to make a comment, please press Star 1.

23 Our next comment comes from John Cadigan,  
24 and your line is now open.



1 DR. CADIGAN: Hello. My name is Dr. John  
2 Cadigan. I'm a cardiologist at the Brigham and  
3 Women's Hospital downtown, but I also practice at  
4 the existing Brigham Health Care Center in Westwood.

5 I would like to thank the Department of  
6 Public Health for allowing me to share my thoughts  
7 on this important project proposed by the Mass  
8 General Brigham. I believe it's a home run for the  
9 patients living in the surrounding towns near  
10 Westwood, and I'm particularly speaking on behalf of  
11 my patients.

12 As I mentioned, I have practiced for the  
13 last several years at the Brigham in Westwood, and I  
14 can tell you that many of my patients from the area  
15 have left their long-time Boston-based cardiologists  
16 because it's so easy to see me and it's so onerous  
17 to go down into Boston. This is especially true for  
18 my older patients.

19 Patient compliance is always a big issue in  
20 our attempts to provide good quality health care,  
21 and I believe being able to provide on-site  
22 subspecialty services, testing and advanced imaging,  
23 such as CT and MRI, will greatly increase our  
24 patient compliance. And, again, this is even more

1 evidence in the elderly.

2 I believe better compliance leads to  
3 better continuity of care, which translates to  
4 better health care outcomes.

5 Patients are just delighted to be able to  
6 have access to Brigham MGH services in their own  
7 community. They're often dismayed when I need to  
8 order a test or obtain a consult at a different or  
9 remote location, and especially if it's downtown.  
10 This reluctance is even more pronounced in our  
11 current COVID era, and even when things improve, I  
12 believe many patients will prefer to stay local.

13 The expression "one-stop shopping" comes to  
14 mind. Appointments, testing and subspecialty  
15 consult visits can be booked and provided in one  
16 convenient location for the patient. They don't  
17 have to become bogged down with multiple  
18 appointments and scheduling at other sites.

19 Many of you on the DPH Panel today are  
20 probably members of the sandwich generation, caring  
21 for elderly parents or loved ones who are infirm,  
22 sick and possibly with dementia. And to have to go  
23 here, there and everywhere is so difficult and  
24 frankly quite imposing for the patients and their

1 families.

2 My last point is that since opening of  
3 Westwood, many of my colleagues have reached out to  
4 the community with talks and events, and patients  
5 have told me they feel so comfortable receiving  
6 their health care in Westwood. In other words, to  
7 them we are offering more personalized health care.  
8 Our health care center is responsive to and part of  
9 their community, and we are not just an impersonal  
10 health care entity.

11 It just makes sense that to be able to  
12 provide comprehensive medical care in the community  
13 where our patients live is just good and even  
14 compassionate health care.

15 So I'll borrow a line from the former  
16 Speaker of the House, Tip O'Neil: All politics is  
17 local. And I would say, well, all good health care  
18 is local and less expensive.

19 I have lived my whole life in the Greater  
20 Boston Area, and my family and I choose to keep our  
21 health care as close to home as possible. Think  
22 about yourself and your own family. Wouldn't you do  
23 the same?

24 Thank you for allowing me to speak today,

1 and I ask the Department of Public Health to support  
2 this project, as I believe it will improve access,  
3 quality, better patient compliance, better care  
4 coordination, and hopefully, most importantly,  
5 better health outcomes at a lower cost for our  
6 patients in and around the catchment area of the  
7 Brigham and Women's Health Care Center.

8 Thank you.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: Our next comment comes from  
11 Diane Sheehan, and your line is now open.

12 MS. SHEEHAN: Hello. My name is Diane  
13 Sheehan, and I live in Norwood. I am a former  
14 employee at Children's Hospital, the Brigham and  
15 Women's Hospital, Mass General Hospital. I worked  
16 between the Brigham and Mass General for 29 years  
17 before I just retired September of 2019.

18 I say this because, at the time, I used all  
19 my doctors -- in fact even my children's doctors  
20 when they were sick, we went into Children's  
21 Hospital. We had our doctors at Mass General and at  
22 the Brigham. And I have been used to that. Even  
23 though Norwood Hospital was in my town, I just  
24 always had Brigham and Mass General doctors.

1           Since I've been retired, my PPP has moved  
2 from Mass General to Brigham, and I am going to --  
3 I've moved with her, but during the pandemic we saw  
4 her remotely. When I needed tests and whatnot, I  
5 was lucky enough that I could go over to the  
6 Westwood facility to have tests. I have had some  
7 physical therapy and stuff done in Foxborough.

8           But I would like to be able to now, as a  
9 patient, eventually transfer all my care to the  
10 Westwood facility and using Brigham and Women's  
11 physicians for all my care, and I would appreciate  
12 that opportunity.

13           So thank you very much for your time.

14           HEARING OFFICER SZENT-GYORGYI: Thank you.

15           THE MODERATOR: Our next comment comes from  
16 Trina Chang, and your line is now open.

17           DR. CHANG: Thank you. Hi. My name is  
18 Trina Chang, and I'm a psychiatrist at Mass General  
19 Brigham, and I want to thank the Department of  
20 Public Health for the opportunity to share some  
21 thoughts about how this project will help people  
22 access good behavioral and mental health care close  
23 to home.

24           So, a little background. I mean, I figure

1 it almost goes without saying that there's a dire  
2 need for behavioral health care in the Commonwealth  
3 and nationally, and a few statistics.

4 One fifth of adults in this country have a  
5 mental health issue, which means they face higher  
6 rate of cardiovascular disease and other chronic  
7 illnesses, as well as health costs that are two to  
8 three times as high as for those without such  
9 diagnoses.

10 Yet it's next to impossible to find mental  
11 health providers who have availability, are  
12 affordable, and are convenient to you. And in fact,  
13 before the pandemic, only half the people with  
14 mental health disorders in the U.S. received  
15 treatment for them, and the experience has only  
16 gotten worse in these COVID times.

17 I've also heard this directly from patients  
18 who have traveled from this region to Boston to see  
19 me, and from the Brigham and Women's Foxborough  
20 site, where I used to provide support and saw the  
21 difficulty finding referrals for patients.

22 So I think the MGB Integrated Care Center  
23 in Westwood presents an unparalleled opportunity to  
24 build a better behavioral health system from the

1 ground up.

2 This includes reimagining the space so that  
3 behavioral health providers will work side by side  
4 with primary care providers and other specialists  
5 and supplement the existing services with digital  
6 tools, new care models and additional staffing  
7 resources, so that the clinic can provide truly  
8 integrated behavioral health care for our patients.

9 So what will this look like if you are a  
10 patient at the Center? You will have a clinic where  
11 your PCP can help you manage the most common  
12 behavioral health complaints, because you have the  
13 support of a behavioral health coach as well as  
14 behind-the-scenes input from a specialist; a clinic  
15 where your providers communicate easily and quickly  
16 and where transitions between teams feel seamless  
17 because they're all in one space and they truly  
18 function as united teams; and where your behavioral  
19 health team can manage your more complex issues  
20 closer to home, because they have access to experts  
21 in addictions, geriatrics and other subspecialty  
22 areas from our academic medical centers.

23 And the models we are using have extensive  
24 evidence showing that they increase access, improve

1 clinical outcomes, and reduce health care costs  
2 disparities, and they are in line with the State's  
3 recent Roadmap for Behavioral Health Care Reform.  
4 And we see them as our key to increasing capacity  
5 and making high-quality behavioral health care  
6 available to more people.

7 So through these best practices, we hope to  
8 do our part to tackle the behavioral health crisis  
9 for the residents of Westwood and nearby  
10 communities.

11 So thank you so much for considering this  
12 project and its potential contributions to mental  
13 health care in this area.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR: Our next comment comes from  
16 Michael Croke, and your line is now open.

17 MR. CROKE: Thank you. Good afternoon. My  
18 name is Michael Croke. I currently work at Shields  
19 Health Care Group as a Business Development Analyst  
20 and have served in a number of other roles during my  
21 four years at the company. I appreciate the  
22 opportunity to voice my concerns with the Department  
23 of Public Health about Mass General Brigham's  
24 expansion plans and the intent to establish an



1 outpatient center in the community of Westwood.

2 As a provider of both outpatient imaging  
3 and ambulatory surgery services, I am deeply  
4 concerned with Mass General Brigham's proposed  
5 expansion and the impact it will have on health  
6 equity and the cost of care.

7 I believe that an approval of Mass General  
8 Brigham's expansion of output services in Westwood,  
9 Woburn and Westborough would increase the cost of  
10 care for patients without increasing the quality of  
11 the services over existing options.

12 According to the 2021 CHIA report, total  
13 health care expenditures in Massachusetts rose by  
14 4.3 percent to \$64.1 billion in 2019. This exceeded  
15 the 3.1 percent benchmark set, with hospital output  
16 spending accounted for 24.9 percent of the growth in  
17 spending. Any increases to the cost of care are  
18 unacceptable and untenable.

19 Mass General Brigham's proposed expansion  
20 plans threaten to replace high-value providers with  
21 higher-priced medical services that offer no  
22 discernible difference in quality.

23 Through the proposed expansion, Mass  
24 General Brigham will continue to shift the site of

1 care from lower-cost inpatient services offered by  
2 local practitioners to higher-priced hospital  
3 outpatient settings. This continued shift would  
4 further enhance the challenge of reducing health  
5 care expenditures to meet the benchmark set by the  
6 HPC.

7 I also believe that the proposed expansion  
8 targets higher-income and predominantly commercially  
9 insured regions and will likely worsen the disparity  
10 in access to affordable health care services. Mass  
11 General Brigham will use their market influence to  
12 make it difficult for insurers to negotiate  
13 affordable rates, which will increase costs for both  
14 employers and patients.

15 Finally, in order for the cost analysis to  
16 be truly independent, I am asking for the Department  
17 to require that the Health Policy Commission conduct  
18 the Independent Cost Analysis. I would also ask  
19 that another hearing be held at a time of day that  
20 is more accessible to interested parties to voice  
21 their concerns.

22 Thank you for the opportunity to speak  
23 today.

24 HEARING OFFICER SZENT-GYORGYI: Thank you.

1 THE MODERATOR: Our next comment comes from  
2 Paula Bigelow, and your line is now open.

3 MS. BIGELOW: Thank you. Good afternoon,  
4 and thank you for providing me this opportunity to  
5 speak. My name is Paula Bigelow. I am 60 years  
6 old, and I'm the HR Director for Shields Health Care  
7 Group. I have worked in direct patient care and in  
8 administration throughout my 30-year career with  
9 Shields.

10 I have been a Massachusetts resident my  
11 entire life. My four children and my spouse  
12 received undergraduate degrees from Massachusetts  
13 colleges.

14 I am speaking because I am concerned about  
15 MGB's proposed expansion and the impact this  
16 expansion will have on local care.

17 I believe that MGB's expansion in Westwood,  
18 Westborough and Woburn will increase costs without  
19 increasing the quality of care for patients. As I  
20 get older, me and my family's, specifically my  
21 husband and my siblings, need for procedures will  
22 most likely increase.

23 Although local health care systems will try  
24 to sustain operations, MGB's local presence will

1 impact local providers by cherry-picking  
2 commercially insured patients from local providers,  
3 therefore impeding community providers' ability to  
4 offer affordable and critical health services.

5 MGB is known for high costs. An example is  
6 a routine outpatient hysterectomy. This surgical  
7 procedure done within the MGB system costs thousands  
8 of dollars more than the cost of the same procedure  
9 done at a local community facility.

10 MGB is powerful, and I am concerned this  
11 powerful organization will adversely impact our  
12 community facilities by offering redundant, higher  
13 cost services, these services that are already  
14 provided in the community and available for all  
15 income level residents.

16 I believe there is not enough community  
17 demand to warrant MGB's monopoly and proposed  
18 expansion in Woburn, Westborough and Westwood, and  
19 that approving MGB's application would threaten the  
20 future of community hospitals.

21 Additionally, I am concerned about staffing  
22 and local communities' abilities to recruit and  
23 retain staff. In this health care community, there  
24 is a finite number of trained medical staff. MGB's

1 expansion into the area will undoubtedly result in  
2 area institutions losing staff and impacting  
3 patients, further undercutting the quality of  
4 patient care.

5 I respectfully suggest that an additional  
6 public hearing be held after an Independent Cost  
7 Analysis has been conducted.

8 Thank you for your time and your  
9 consideration.

10 HEARING OFFICER SZENT-GYORGYI: Thank you.

11 THE MODERATOR: Our next comment comes from  
12 Jessie Turbayne, and your line is now open.

13 MS. TURBAYNE: Thank you for allowing me to  
14 speak. My name is Jessie Turbayne. I have no title  
15 but mother, grandmother, and have been a Westwood  
16 resident for over 40 years, but my experience with  
17 doctors and hospitals is extensive.

18 I was a victim of another pandemic, polio.  
19 Starting in 1955 I was treated at Children's and  
20 from there went to Mass General. My total foot  
21 reconstruction at MGH was done by a world-class  
22 surgeon, but getting into Boston was difficult, very  
23 difficult, as was getting to the multiple follow-up  
24 appointments.

1           This morning I had a routine blood draw at  
2 Westwood's MGB. It was easy, so very easy: in by  
3 eight o'clock, out by 8:15.

4           When access is easy, one tends to pay  
5 attention to health concerns. I would welcome the  
6 expansion of MGB in Westwood, as I know many others  
7 in Westwood and the neighboring communities would.  
8 Thank you.

9           HEARING OFFICER SZENT-GYORGYI: Thank you.

10          THE MODERATOR: Our next comment comes from  
11 Nora Loughnane, and your line is now open.

12          THE WITNESS: Thank you, and good  
13 afternoon. Thank you for the opportunity to speak  
14 about the proposed Brigham Health Care facility  
15 expansion in Westwood.

16          My name is Nora Loughnane, and I am the  
17 Director of Community and Economic Development for  
18 the Town of Westwood. The Department of Community  
19 and Economic Development includes the Town's  
20 Planning, Economic Development, Building  
21 Construction, Zoning, Housing and Health Divisions.

22          What I would like to tell you today is that  
23 the existing Brigham Health Care Center has been  
24 a very welcome addition to Westwood. It's

1 considered by many to be a treasured community  
2 resource. We're looking forward to the proposed  
3 facility expansion.

4 The Westwood Planning Board reviewed and  
5 approved the Phase 1 Facility Design in the spring  
6 of 2017. The groundbreaking followed in July 2017,  
7 and the beautiful nearly 30,000-square-foot facility  
8 opened just 15 months later in October 2018.

9 Our expectation at that time was that the  
10 second phase of development, adding 50,000 square  
11 feet of medical office space, might follow sometime  
12 within the next five years.

13 In October of 2019 the Town was very  
14 excited to hear that plans were underway to develop  
15 the Phase 2 addition earlier than initially  
16 expected.

17 Although the pandemic left a large question  
18 mark on the timing of construction, the 50,000-  
19 square-foot Phase 2 addition and associated parking  
20 garage received design approval and confirmation  
21 from the Westwood Planning Board in April of 2020.

22 We were thrilled to hear from the Brigham  
23 team in February of this year that there was renewed  
24 interest in allowing development to begin as soon as

1 the end of 2021. Assuming a successful DoN finding,  
2 it looks like the Phase 2 development could be  
3 complete by late 2022.

4 The Brigham Health Care Center already  
5 provides world-renowned medical services close to  
6 home. The expansion will do more so. Area  
7 residents are thrilled that they don't need to  
8 travel to Boston, saving both time and travel costs.

9 Many residents find it much easier to  
10 schedule appointments without having to commit an  
11 entire day to travel to and from Boston. This is  
12 especially the case with senior citizens and  
13 families with young children who are particularly  
14 pleased to avoid transportation and scheduling  
15 issues by having their health care needs fulfilled  
16 so close to home.

17 It seems reasonable to believe that local  
18 patients may also be less likely to put off medical  
19 office visits, which are now so much more  
20 convenient, and this could result in more timely  
21 attention to health issues and quicker diagnosis and  
22 treatment of medical conditions.

23 In addition to providing expert local  
24 health care, Brigham Associates has made



1 conscientious efforts to team up with our local  
2 health divisions to provide targeted community  
3 health education for Westwood's residents. Past  
4 offerings have included skin care screenings at our  
5 Senior Center and the donation of sunscreen stations  
6 for our local playgrounds, as well as a presentation  
7 geared toward parents of student athletes.

8 Cindy Peterson and her staff have  
9 consistently gone out of their way to find new ways  
10 of benefitting the Westwood community and  
11 surrounding towns in the region and are always  
12 looking for new initiatives that will benefit public  
13 health.

14 I can't say enough about what a great  
15 community partner Brigham has been to the Town of  
16 Westwood. The entire dedicated, committed team at  
17 Brigham is a true asset to the Town, and the  
18 additional services and medical disciplines to be  
19 offered at the expanded facility will build upon the  
20 remarkable success of the existing health care  
21 facility.

22 I look forward to the Phase 2 development  
23 and many years of a cooperative and productive  
24 working relationship which will greatly benefit

1 Westwood residents and the residents of our  
2 surrounding community.

3 Thank you.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.

5 THE MODERATOR: There are currently seven  
6 comments in queue. If you wish to make a comment,  
7 please press Star 1.

8 Our next comment comes from Gabriel  
9 Brognalli, and your line is now open.

10 Gabriel Brognalli, we are unable to hear  
11 you. Do you have us on mute?

12 (No response)

13 THE MODERATOR: Unfortunately, we are still  
14 unable to hear you. Your line is open for comment.

15 (No response)

16 THE MODERATOR: We're going to move to our  
17 next comment, which is Eric Diamond, and your line  
18 is now open.

19 DR. DIAMOND: Hi. My name is Eric Diamond,  
20 and I'm an internist at the Brigham Westwood site,  
21 as well as the Medical Director there, and I would  
22 like to thank the Department of Public Health for  
23 allowing me to speak.

24 For the past two and a half years, the

1 Brigham Westwood location has been able to provide a  
2 full complement of primary care services and many,  
3 but not all, multispecialty services and ancillary  
4 services to our community and the surrounding  
5 communities, and I'm particularly proud to say that  
6 we're able to provide high-quality, patient-focused  
7 and very evidence-based care to our patients.

8           Although we do provide primary care to our  
9 patients, we only have about six and a half  
10 physician FTEs in internal medicine able to do this  
11 because of space constraints.

12           We know that we have more than 30,000  
13 existing Mass General Brigham patients who need to  
14 travel to Boston and other locations to get their  
15 care. And based on our growth and our demand, we  
16 know that many of these patients would much rather  
17 come to the Westwood site, and we want to be open to  
18 be able to accept them.

19           We also know that when patients are able to  
20 get their care locally, they're much more likely to  
21 get the preventative care they need, which  
22 ultimately is probably the biggest driver to reduce  
23 health care costs in the long run. Having community  
24 services also is a lower-cost health care option

1 than going into the hospital downtown to get their  
2 care.

3           What's particularly interesting to me and  
4 will provide the highest quality of care is that  
5 when we have all services at our office, the doctors  
6 are able to consult with each other in real time.  
7 We can walk down the hall and speak to each other.  
8 We can review scans together. We can get imaging in  
9 a real-time basis, even the same day at times, when  
10 a patient needs them. And this provides the highest  
11 quality and the least fragmentation of care, which  
12 provides the best care for patients.

13           On top of that, everything that we do in  
14 our system in our office is integrated into our Epic  
15 electronic medical record system, which allows all  
16 our providers and physicians to access everything  
17 about the patient and be able to make decisions and  
18 to be able to talk about things together without  
19 missing any kind of things that would not be in the  
20 record if they were done elsewhere.

21           This expansion and this ability to provide  
22 comprehensive and total care for our patients, in my  
23 mind, provides the highest quality, least fragmented  
24 and best kind of care patients should get.

1           And I thank you again for letting me speak.  
2 Thank you.

3           HEARING OFFICER SZENT-GYORGYI: Thank you.

4           THE MODERATOR: And our next comment comes  
5 from Tom Shields, and your line is now open.

6           MS. SHIELDS: Good afternoon. Tom Shields,  
7 CEO of Shields Health Care, had to step away, and  
8 out of respect for your time, I'm going to read his  
9 testimony. My name is Carmel Shields, Executive VP,  
10 Shields Health Care.

11           Shields, through its joint venture  
12 partnerships, provides high-value, high-quality  
13 patient care by working with local providers to  
14 enhance the services in those communities.

15           I am deeply concerned about MGB's community  
16 expansion plans and how these plans will discredit  
17 the decades-long work of policymakers, elected  
18 officials, regulators, providers and employers to  
19 contain health care costs in the Commonwealth.

20           The Center for Health Information and  
21 Analysis recently issued a report that the  
22 Commonwealth exceeded its cost growth benchmark for  
23 the second consecutive year due to growth in  
24 hospital outpatient care.

1           According to the report, hospital  
2 outpatient spending was the largest component of  
3 total commercial insurance expenditures and the  
4 biggest driver of the commercial spending increases  
5 in 2019.

6           MGB is already the largest and most  
7 profitable health care system in the Commonwealth by  
8 a landslide, with \$2.7 billion in revenue. For the  
9 sake of comparison the next most profitable health  
10 care system has revenue of \$837 million.

11           If approved, this expansion will increase  
12 the cost of care for patients, employers, employees  
13 and the Commonwealth as a whole.

14           Furthermore, MGB's proposed expansion runs  
15 counter to the goals and tenets of the DoN Program,  
16 which is to encourage competition, support the  
17 development of innovative delivery models, and  
18 ensure equitable access to health care resources at  
19 the lowest cost possible.

20           Allowing MGB to expand beyond its  
21 traditional service area to communities already well  
22 served by low-cost, high-quality providers will  
23 threaten the financial viability of local  
24 practitioners and smaller health care systems,

1 replacing quality care currently offered at  
2 affordable rates by local medical institutions with  
3 MGB duplicating services at higher price points.

4 Approval of this project also sets a  
5 dangerous precedent and only serves to encourage  
6 high-priced dominant market players to build  
7 individual fiefdoms at the expense of high-value  
8 local care and providers.

9 For these reasons, I respectfully request  
10 that the Health Policy Commission be required to  
11 conduct the Independent Cost Analysis of this  
12 proposal, the type of analysis it conducts for most  
13 other health care transactions in the Commonwealth.

14 In closing, I would be remiss if I did not  
15 point out that the timing of MGB's expansion is at a  
16 time when many providers, employees and employers  
17 are focused on COVID recovery and unable to focus on  
18 the long-term consequences of these projects.

19 I thank you for your time and appreciate  
20 your attention to my comments.

21 HEARING OFFICER SZENT-GYORGYI: Thank you.

22 THE MODERATOR: There are currently three  
23 comments in queue, and if you would like to make a  
24 comment, please press Star 1.

1           Our next comment comes from Jeff Ronner,  
2 and your line is now open.

3           MR. RONNER: Good afternoon. My name is  
4 Jeff Ronner, and I appreciate the opportunity to  
5 share my concerns with the Department of Public  
6 Health about MGB expansion plans to establish an  
7 outpatient center in Westwood.

8           I've spent 18 years -- I formerly worked  
9 with Shields Health Care. I have recently retired,  
10 but I've lived in MetroWest for the better part of  
11 the last 40 years, and I'm very concerned about the  
12 expansion plans of MGB.

13           As I look at the area, I see some very  
14 high-quality providers that are going to be  
15 significantly impacted in a negative effect by this,  
16 because I don't think the population of that area is  
17 expanding very much.

18           So, therefore, when these patients are  
19 attracted to MGB, they will have to be taken from  
20 other systems. And these other high-quality  
21 systems, off the top of my head I think of places  
22 like BI Needham, NEQCA, a Steward location in  
23 Norwood, Atrius, New England Baptist, and MGB's own  
24 location in Newton-Wellesley isn't that far away.



1 All of these locations will see a negative  
2 impact not only from losing patients to MGB but also  
3 losing the higher-paying commercial patients and  
4 retaining the lower-paying MassHealth and safety net  
5 patients.

6 So I think it's going to be a double impact  
7 of patients that will be moving to MGB's from these  
8 locations, and I'm really concerned about the impact  
9 it will have on these locations and at the end of  
10 the day affect the quality of care out of those  
11 organizations.

12 MGB clearly has a dominant share with  
13 commercial payors so therefore can drive much higher  
14 prices. So of all the locations I mentioned, MGB in  
15 my estimate would be 30 to 100 percent higher, more  
16 expensive to employers and to patients who live in  
17 that area. And certainly they offer a high quality,  
18 but those organizations also offer high quality to  
19 their patients.

20 Lastly, we have just come through a  
21 pandemic. We have seen an awful lot of success with  
22 telehealth. And I would rather see the investment  
23 made in further advancing telehealth and utilizing  
24 remote services, as opposed to spending millions of

1 dollars on expansion of facilities, medical  
2 facilities. At the end of the day, the employers  
3 and patients of the New England area will have to  
4 pay for this expansion.

5 I would also like to suggest that another  
6 public hearing be scheduled, an Independent Cost  
7 Analysis be performed, and it be done by HPC because  
8 they are truly an independent organization.

9 I thank you for your time, and I appreciate  
10 your consideration. Thank you.

11 HEARING OFFICER SZENT-GYORGYI: Thank you.

12 THE MODERATOR: We are down to two  
13 comments. If you wish to make a comment on today's  
14 call, please dial Star 1.

15 Our next comment comes from Dennis Lassige,  
16 and your line is now open.

17 MR. LASSIGE: Thank you and good afternoon.  
18 My name is Dennis Lassige, and I am the Regional  
19 Manager for Southeastern Massachusetts for the North  
20 Atlantic States Regional Council of Carpenters.

21 On behalf of the 30,000 members of my  
22 union, I'm here to express our support for the  
23 Determination of Need Application of Mass General  
24 Brigham for the construction of a new expanded

1 ambulatory care facility in Westwood. Our union is  
2 proud to stand in support of this project for the  
3 following three reasons.

4 This project will improve patient access  
5 and care for our members and community. Last year  
6 our union spent \$183 million providing health care  
7 for members here in New England, much of that being  
8 spent in facilities in the Greater Boston area.  
9 Today thousands of our members receive care in the  
10 Partners Network.

11 This project will allow many of our members  
12 in Westwood and the surrounding communities to  
13 access this care closer to home in a state-of-  
14 the-art facility. This will also, in many cases,  
15 provide the same high level of care for lower costs,  
16 thus saving our health care funds money.

17 Secondly, this project will create 300  
18 construction and 200 permanent jobs and will help  
19 boost the region's economic growth that has been  
20 slowed by the pandemic. As part of the building  
21 trades and our union's partnership with the Mass  
22 General Brigham System, the construction jobs  
23 created by this project will be union jobs that  
24 provide all workers with living wages, health care

1 and pensions.

2 Just as importantly, because of the  
3 project's sponsor's and our union's commitment to  
4 addressing issues of diversity, this project will  
5 create new careers for people from low-income and  
6 underrepresented communities.

7 Lastly, if this project is approved, this  
8 will generate several million dollars in community  
9 health initiative funding to support important  
10 public health priorities in our region.

11 As you know, the pandemic has exposed deep  
12 inequities in our health care system and strained  
13 the capacities of community health care providers.  
14 Across our region, our community-based partners are  
15 struggling to meet the health needs of low-income  
16 communities. This has especially impacted workers  
17 in the construction industry, which has one of the  
18 highest rates of worksite injury and has been  
19 especially vulnerable to COVID.

20 This funding will help many of these  
21 workers, especially those in the non-union sector,  
22 who are often exploited and are not provided with  
23 health care coverage.

24 I thank you for the consideration of my

1 testimony, and I respectfully request that this  
2 project be approved by the Department of Public  
3 Health.

4 Thank you for the opportunity to speak.

5 HEARING OFFICER SZENT-GYORGYI: Thank you.

6 THE MODERATOR: Our next comment comes from  
7 Joe O'Brien, and your line is now open.

8 MR. O'BRIEN: Good afternoon. My name is  
9 Joe O'Brien. I am the Legislative Director for the  
10 North Atlantic States Regional Council of  
11 Carpenters. And I'm on call to express my support  
12 on behalf of our Regional Council in joining my  
13 colleague in supporting the Determination of Need  
14 Application of Mass General Brigham for the  
15 construction of the ambulatory care facility in  
16 Westwood.

17 I'd like to take a moment to start by  
18 thanking the staff, the Department of Public Health,  
19 and all the health care workers in the Commonwealth  
20 for the remarkable work they're doing in these very  
21 difficult and challenging times.

22 Our union is pleased to support this  
23 project, and I'll name just a couple reasons why.

24 Number one, this project will provide

1 opportunities to provide lower-cost care for our  
2 members. As mentioned by my colleague, last year  
3 our union spent \$183 million providing health care  
4 for members here in New England.

5 By allowing our members to receive care  
6 closer to home in an ambulatory setting, this will  
7 save our members cost as well as saving the cost of  
8 our contractors who pay for the care for our  
9 members. Our union works closely with the Partners  
10 System to gain efficiencies and save money to allow  
11 us to continue to provide high-quality care for our  
12 members, so this is an important step to continue  
13 that effort.

14 Second, as mentioned by a number of  
15 callers, access. This project will allow our more  
16 than 1,000 members and retirees who live in this  
17 community, as well as in surrounding communities, to  
18 access care closer to home in a state-of-the-art  
19 facility.

20 Currently many of them -- many of our  
21 members who are part of the Partners System now have  
22 to travel into Boston for specialized care. As  
23 mentioned, many of our elderly retirees, this means  
24 they need to rely on friends and family that have to

1 drive them in, taking part of their day or  
2 potentially having to miss work. So we believe this  
3 will provide greater access for our elderly members  
4 and all our members.

5 Third, as mentioned, this project will  
6 create 300 construction and 200 permanent jobs and  
7 will create new careers for people from low-income  
8 and unrepresented communities.

9 The Partners System is a national leader in  
10 setting the standard for workforce diversity for  
11 both the workers that build their facilities and  
12 those that work in their facilities doing permanent  
13 jobs. We believe that this should be encouraged and  
14 supported. By providing these opportunities, we are  
15 helping to address issues of health care inequality  
16 that exists throughout the Commonwealth and our  
17 country.

18 Finally, this project and other major  
19 capital investments by the Partners System will not  
20 only help address issues of economic inequality in  
21 our region, it can also help address issues of  
22 health care inequality.

23 As you all know, there is robust evidence  
24 that income inequality is closely related to health

1 care inequality. And by providing, at this facility  
2 and at the other facilities that are part of  
3 Partners' efforts here to expand care, it will  
4 provide thousands of workers with living wage jobs  
5 and benefits and will help in turn reduce health  
6 care inequality in our region.

7 I want to thank you for the consideration  
8 of our testimony, and we request that this project  
9 be approved by the Department of Public Health.

10 Thank you.

11 HEARING OFFICER SZENT-GYORGYI: Thank you.

12 THE MODERATOR: Thank you. We are down to  
13 three comments. If you wish to make a comment on  
14 today's call, please dial Star 1 and record your  
15 name.

16 Our next comment comes from Dr. Catherine  
17 Giess, and your line is now open.

18 DR. GIESS: Thank you. I would like to  
19 thank the Department of Public Health for allowing  
20 me to give my thoughts today on this important  
21 project for Mass General Brigham.

22 I'm Dr. Cathy Giess, and I'm a practicing  
23 radiologist at Mass General Brigham. My current  
24 role at Brigham and Women's Hospital is Interim



1 Chair of the Department of Radiology. Prior to that  
2 I was Division Chief of Breast Imaging, and I remain  
3 a practicing breast imaging specialist.

4 Our Westwood facility currently provides  
5 x-ray mammography and ultrasound. With the  
6 expansion we will be able to also provide MRI and CT  
7 capacity to support the other physicians and  
8 ambulatory surgery services that are currently  
9 offered in Westwood, including primary care,  
10 orthopedics, women's health, cardiology and  
11 neurology.

12 As most of us know, radiology supports  
13 primary care and our medical specialists in  
14 providing expert interpretation of diagnostic  
15 testing for our patients. In fact, radiology  
16 studies are central to the care of most patients.

17 By offering CT and MRI, as well as  
18 expanding our x-ray mammography and ultrasound  
19 services, our patients will be able to receive all  
20 types of diagnostic imaging where they are seeing  
21 their doctors, improving care coordination and  
22 patient access.

23 By locating all of their imaging needs  
24 within their community, our patients will be able to

1 make coordinated appointments at one location and  
2 potentially all on the same day.

3 We have found community-based care to be  
4 even more important to our patients now in this era  
5 of COVID, in order to avoid multiple visits at  
6 multiple facilities and driving farther distances or  
7 into Boston in order to get CT or MRI services.

8 At Mass General Brigham we are committed to  
9 subspecialty radiology interpretation for our  
10 patients. What this means for us is that somebody  
11 reading a patient's breast MRI, as an example from  
12 my own practice, would have subspecialty training  
13 and expertise in breast disease, spending 100  
14 percent of their clinical time in breast imaging.  
15 And medical studies have shown that radiologists who  
16 are specialists perform better than generalists at  
17 detecting and diagnosing abnormalities.

18 Our MGB Integrated Care site will help our  
19 Westwood-based patients avoid having to take time  
20 off from work or home responsibilities in order to  
21 make additional appointments at different locations  
22 for their MR or CT scans.

23 By collocating our physician and ambulatory  
24 surgery services with enough imaging capability in

1 Westwood, we will be able to improve our patients'  
2 care by increasing their access to imaging, reducing  
3 their wait times, and avoiding traveling farther  
4 distances.

5 Thank you for allowing me to speak today.  
6 And I do ask that the Department of Public Health  
7 support this project.

8 HEARING OFFICER SZENT-GYORGYI: Thank you.

9 THE MODERATOR: Again, if you would like to  
10 ask a question, please dial Star 1 -- or, I  
11 apologize, if you would like to make a comment,  
12 please dial Star 1.

13 Our next comment comes from Brian Landolfi,  
14 and your line is now open.

15 MR. LANDOLFI: My name is Brian Landolfi.  
16 I appreciate the opportunity to share my concerns  
17 with the Department of Public Health about MGB's  
18 community expansion plans and intent to establish an  
19 outpatient center in Westwood.

20 I am the Senior Business Director for  
21 Shields Health Care Group and have been working  
22 there for more than ten years. I'm responsible for  
23 the operational oversight of a number of both  
24 inpatient and outpatient diagnostic imaging centers,

1 many of which are affiliated with local hospitals  
2 located south of Boston, and I have serious concerns  
3 about how MGB's proposed expansion will impact  
4 health equity and the cost of care, not only in the  
5 Westwood area, but throughout the state.

6           When it comes to the cost of care, I  
7 believe that Mass General's expansion in Westwood  
8 will increase the cost of care in those communities  
9 without increasing the quality of care for patients.

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

15           Westwood is already well served by high-  
16 quality, low-cost health providers: Milton  
17 Hospital, Norwood Hospital, Dedham Medical  
18 Associates, Harvard Vanguard, Boston Children's, New  
19 England Baptist, NEQCA, BI Norwood, and the VA in  
20 West Roxbury.

21           MGB's community expansion plans threaten  
22 the financial viability of local practitioners and  
23 community health care systems, replacing high-value  
24 providers with high-priced medical services, with no

1 discernible difference in quality.

2 For instance, MGB's physician fees are 19  
3 percent higher than those of UMass Memorial Health  
4 Care's pricing, and their hospital rates are 20  
5 percent higher. This is something that HPC should  
6 be looking at.

7 I would also like to remind everyone of the  
8 potential merger between the South Shore Hospital  
9 and Partners Health Care that almost took place in  
10 2014/2015 that was ultimately rejected by the  
11 courts, leading Partners Health Care to withdraw its  
12 bid, citing many of the reasons I have discussed  
13 today.

14 To quote Stuart Altman, then Chair of the  
15 Health Policy Commission, "If we're going to have  
16 the cost of health care grow at a more normal rate,  
17 we need to have enough competition in the  
18 marketplace so that no part of the system can  
19 dictate prices. If you get too big, as Partners has  
20 become, it sort of destroys the concept of a  
21 competitive marketplace."

22 My second concern is around health equity.  
23 I believe that Mass General Brigham expansion into  
24 Westwood is likely to worsen existing health

1 disparities. The proposed MGB sites target higher-  
2 income, predominantly white, mobile, commercially  
3 insured populations already served by existing  
4 providers. MGB will be drawing commercially-insured  
5 patients away from local providers who rely on their  
6 care to subsidize patients that are insured by  
7 public programs, such as Medicare or Medicaid, or  
8 who are uninsured.

9           As they have always done, our local  
10 providers will continue to serve those patients even  
11 if their commercial volume is negatively impacted by  
12 MGB. However, these same providers may be  
13 financially forced to close much needed medical  
14 services, resulting in reduced safety net care for  
15 our communities' most vulnerable patients, while the  
16 most privileged migrate to MGB.

17           In closing I respectfully request that the  
18 Department of Public Health require the Applicant to  
19 hold another public hearing on this application.  
20 The time of day which this hearing is being  
21 conducted does not make it accessible for interested  
22 parties to share their concerns.

23           In order to accurately understand the  
24 impact of this proposal, I suggest that the

1 additional public hearing be scheduled after the  
2 Independent Cost Analysis has been conducted.  
3 Furthermore, in order for the cost analysis to be  
4 truly independent, I am asking the Department to  
5 require that the Health Policy Commission conduct  
6 the Independent Cost Analysis.

7 Thank you for giving me the time to speak  
8 today.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: We are down to just two  
11 comments left, so if you wish to make a comment,  
12 please dial Star 1 and record your name.

13 Our next comment comes from Daniel Burke,  
14 and your line is now open.

15 MR. BURKE: Thank you. My name is Daniel  
16 Burke, and I serve as the President and CEO of  
17 Lifeworks. We're an organization that provides  
18 extensive supports to over 2300 people with  
19 intellectual developmental disabilities in Boston,  
20 but also primarily in the southwest part of the  
21 city, Norfolk County and on down the Route 95  
22 corridor.

23 I'm calling to speak in favor of this  
24 project with the Department of Public Health because

1 I believe that Mass General Brigham expanding their  
2 services in the Westwood location will greatly  
3 increase access to a number of needs of people in  
4 the families that our organizations supports, people  
5 with significant complex medical needs and  
6 disabilities, access to services that they're  
7 challenged by now on an outpatient basis having to  
8 go into Boston, for many of the folks that we serve  
9 who have complex medical needs of which they need  
10 access to those services that don't involve  
11 transporting there.

12 Our services are very often for people in  
13 wheelchairs, people who have very great challenges  
14 getting to services now that they get from Mass  
15 General Brigham, services that in a large part are  
16 often only available through the large city  
17 hospitals. So the increase in access to outpatient  
18 care in the suburbs will greatly improve their  
19 ability to have access to care.

20 We have eight homes that are within five  
21 miles of this location, and we believe that it will  
22 greatly increase their access to quality health  
23 care.

24 So thank you very much. And, again, I ask



1 the Department of Public Health to support this  
2 project. Thank you.

3 HEARING OFFICER SZENT-GYORGYI: Thank you.

4 THE MODERATOR: Again, if you wish to make  
5 a comment, please dial Star 1.

6 Our next comment comes from Dennis  
7 DiMarzio, and your line is now open.

8 MR. DiMARZIO: Thank you very much. I've  
9 been listening very carefully to all the prior  
10 people who have commented, and I notice a very  
11 distinct difference between different groups. It  
12 seems that a number of the providers out in the  
13 local area seem to be more concerned about  
14 competition from Mass General Brigham than they are  
15 about the quality of care provided.

16 Anyways, I'm a patient, okay, my family  
17 have been patients, and I feel privileged that we  
18 have been able to get high-quality care from Boston  
19 hospitals, et cetera. I am a patient at Brigham  
20 Medical Associates at the Brigham Hospital.

21 Anyways, we go there because of the quality  
22 of the doctors, the nurses, the specialists. So  
23 frankly -- so we go the inconvenience of going into  
24 Boston because that's where the best care is, okay,

1 and that's what patients care about.

2 So, frankly, to bring some of that quality  
3 out to Westwood and make it easier for my family and  
4 for many, many others to come there and get the same  
5 level of quality coming out from Boston, that is  
6 clearly the most important factor.

7 And I would hope the Public Health  
8 Commission looks at patient concerns, not so much  
9 provider concerns, because I noticed two things came  
10 out loud and clear: a request for additional  
11 hearings and for cost analysis. Personally, I see  
12 that as delaying tactics by those organizations who  
13 obviously don't want the Brigham and others to come  
14 out to Westwood.

15 I would implore the Public Health  
16 Commission to pay attention to patients' needs.  
17 Competition is good in any business, okay, and  
18 frankly, I think bringing Brigham and others and the  
19 quality of their care out to Westwood will help,  
20 okay, instead of going after cost analysis, just for  
21 the purpose of putting off, putting off, putting  
22 off, delay, delay, delay.

23 Anyways, I thank you for your patience with  
24 me, and I would hope this increase in care in

1 Westwood goes forward. It's a very, very good  
2 thing. Thank you.

3 HEARING OFFICER SZENT-GYORGYI: Thank you.

4 THE MODERATOR: Again, we have two  
5 questions in queue, so if you would like to ask a  
6 question, dial Star 1. I apologize, a comment.

7 Our next comment comes from Dave Comalli,  
8 and your line is now open.

9 MR. COMALLI: Oh, great. Thank you very  
10 much. I want to say I appreciate the opportunity  
11 from Victoria, from the Brigham, to inform me about  
12 this opportunity.

13 And interestingly, just like the last  
14 caller, I found it interesting that 99.9 percent of  
15 the callers up until now have been service  
16 providers, and it seems that -- I don't know what  
17 the percentage is, but it would seem to me that the  
18 scales are tipped more in favor of against Brigham,  
19 Partners, however you want to call it now, as  
20 opposed to those in favor.

21 I'm a patient, and I think I bring a unique  
22 perspective to this, because I've been both a  
23 patient of Atrius Health in Wellesley and BI  
24 Needham, as my primary care providers.

1           Unfortunately for me, my specialists have  
2 all been with Partners, either at Faulkner, at 850  
3 Boylston, or down in Patriot Place.

4           I have found that the care that I got from  
5 my primary care folks and specialists at these two  
6 organizations are less than exemplary. They are  
7 actually substandard. I have found a lot of them to  
8 be incompetent. They have messed up my procedures.

9           They have messed up my billing to the point  
10 where I am now -- actually, as a matter of fact, my  
11 last primary care person actually also wanted to  
12 bill me for a consult during my physical, which in  
13 the 30-odd-years that I've been with different  
14 primary cares, I have never seen this, to the point  
15 where I have asked that the insurance that we have  
16 investigate this for potential fraud.

17           And I agree with the last speaker. I think  
18 that the quality of care that I've received at all  
19 of the Partners facilities have been exemplary, and  
20 all of these other people who are against this are  
21 only concerned with their pocketbook and the fact  
22 that they might lose business because they are less  
23 than competent.

24           And I agree with the prior speaker.

1 Competency is what drives business. The more  
2 competition you have, you raise the bar. And I  
3 think that the Department should look more closely  
4 at what is being said here, and actually allow more  
5 patients of all these organizations to voice their  
6 opinion and let them be heard, not just the people  
7 who have dollars as their primary motive to squash  
8 this proposal.

9 As someone who is within the area, I feel  
10 that going to Westwood would be a lot better for me  
11 than going all the way down to Foxborough, and as  
12 well as allowing me to find a primary care in  
13 Westwood and leave both Atrius and the BI.

14 Thank you for this opportunity, and really  
15 pay close attention to what we, the patients, are  
16 saying. Forget about the dollars and cents that  
17 these other people are trying to basically ram down  
18 your throat against this proposal.

19 Thank you.

20 HEARING OFFICER SZENT-GYORGYI: Thank you.

21 THE MODERATOR: We are now on our final  
22 comment. If you wish to make a comment, please dial  
23 Star 1.

24 Our next comment comes from Philip Blazer,

1 and your line is now open.

2 DR. BLAZER: Thank you. My name is Dr.  
3 Philip Blazer, and I'm an orthopedic surgeon and  
4 Chief of Hand Surgery at Brigham and Women's  
5 Hospital. I would like to thank the Department of  
6 Public Health for allowing me to share my thoughts  
7 on this important project for Mass General Brigham.

8 The Westwood Mass General Brigham  
9 Integrated Care location will provide outpatient  
10 surgical services including orthopedic surgery,  
11 general surgery, ear, nose and throat surgery,  
12 ophthalmology and others to meet the evolving needs  
13 of the surrounding communities.

14 The advances in perioperative patient  
15 management and anesthesia and analgesia over the  
16 last few years, as well as the expansion of  
17 minimally invasion procedures, have enabled the  
18 migration of many traditionally inpatient surgery  
19 procedures to now be performed in community-based  
20 outpatient ambulatory surgery settings.

21 Outpatient surgery offered at the Westwood  
22 location will allow patients to receive this type of  
23 same-day surgery in their community or adjacent  
24 community, rather than incurring the cost, stress

1 and general inconvenience of traveling to downtown  
2 Boston hospitals.

3 Outpatient surgeries performed in Westwood  
4 will adhere to the same high quality standards, will  
5 be staffed by the same anesthesia and surgical staff  
6 and utilize the same technologies and advanced  
7 surgical tools as those available at the Mass  
8 General Brigham's main hospital campus locations.

9 An important factor in this is the recent  
10 changes implemented by the Center for Medicare and  
11 Medicaid Services, or CMS, and soon to be followed  
12 by similar changes by commercial health plans.

13 Both private and government-funded  
14 insurances recognize the benefits and the cost  
15 savings of ambulatory surgery and continue to expand  
16 the scope of surgical procedures permitted at an  
17 ambulatory surgical center.

18 Reimbursement for outpatient surgery is  
19 significantly less, correlating with lower cost than  
20 hospital-based surgery. And, therefore, the  
21 Westwood location will provide a more convenient and  
22 lower-cost alternative for the increasing numbers of  
23 types of surgical procedures now considered  
24 appropriate to the ambulatory setting.

1           A less commonly recognized benefit of  
2           having these surgical services at ambulatory surgery  
3           centers is minimizing patient delays. When  
4           ambulatory surgery is provided in hospitals, there  
5           is always a risk of a delay or the patient's case  
6           being cancelled and rescheduled due to an emergent  
7           surgery or a more complicated surgery than  
8           anticipated which takes longer than expected prior  
9           to the patient's scheduled surgery.

10           Further, currently, with the COVID-19  
11           pandemic, an enormous percentage of our patients are  
12           interested in altogether avoiding inpatient hospital  
13           facilities.

14           Surgeries performed in outpatient settings  
15           such as the expanded Westwood location will be much  
16           less likely to experience these types of delays or  
17           rescheduling because the patients and the procedures  
18           are typically less complex and less variable.

19           Outpatient surgery performed at Mass  
20           General Brigham Integrated Care in Westwood will  
21           also allow surgeons and staff to focus on a small  
22           number of processes in a single setting.

23           This makes the whole surgery process much  
24           easier to schedule and perform, with repeated



1 delivery of a limited range of surgeries by  
2 specially trained staff and clinicians, which allows  
3 for honing of techniques and increasing already  
4 baseline high levels of care.

5 This relatively narrow focus also promotes  
6 increased efficiencies among care providers,  
7 maximizes the value of necessary staff resources,  
8 equipment and medical supplies, leading to improved  
9 operational efficiency and economies of scale.

10 Compared to a traditional hospital setting,  
11 the Westwood location will have fewer competing  
12 demands for space and resource.

13 The collocation of the ambulatory surgery  
14 services with primary care, specialty care,  
15 behavioral health and imaging service at each  
16 project site will give patients the opportunity to  
17 receive a continuum of integrated care at one  
18 convenient community-based location.

19 Once again, I want to thank the DPH for  
20 allowing me to speak today, and I ask that the  
21 Department of Public Health support this project.  
22 Increasing the availability of less invasive  
23 surgical services in the Westwood community and the  
24 surrounding communities will improve quality

1 outcomes, reduce costs and improve the surgical  
2 experience for all of our patients.

3 Thank you.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.

5 THE MODERATOR: We have one last comment in  
6 queue. Again, if you wish to make a comment today,  
7 please dial Star 1.

8 Our next comment comes from Alexine  
9 Raineri, and your line is now open.

10 MS. RAINERI: Thank you. And you said my  
11 name correctly, which so many people don't.

12 I just want to say I want to reiterate what  
13 the person said two callers ago, that gentleman:  
14 Patients' welfare should be the first concern, not  
15 the monetary fees.

16 And it is a lot more convenient to go to  
17 Westwood than it is to get into Boston, especially,  
18 how can I say, traffic-wise and parking and  
19 everything else. And I've been to Westwood a couple  
20 of times, and I have found the quality to be just as  
21 good, actually even better.

22 So, like I said, the gentleman that spoke  
23 two before me, I just want to totally say I agree  
24 with everything he said. So that's it.

1 HEARING OFFICER SZENT-GYORGYI: Thank you.

2 THE MODERATOR: And we have no further  
3 questions in queue.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.  
5 This is Lara Szent-Gyorgyi with the DoN. We will  
6 wait a few more minutes to see if anybody does want  
7 to make a comment.

8 Just a reminder that anybody is welcome to  
9 submit written comments, for those people who have  
10 been able to attend and have written comments that  
11 they would like to submit, or for people who were  
12 not able to attend. That information is available  
13 on our website, as well as I will repeat it again.

14 Comments can be submitted in writing to the  
15 Department of Public Health -- excuse me, to the  
16 Determination of Need Program, and our email address  
17 is DPH.DON@state.ma.us. Comments can also be mailed  
18 to us. During the pandemic, while DoN staff are  
19 working remotely, we will get mailing more quickly  
20 if it is sent to Determination of Need,  
21 Massachusetts Department of Public Health, at 67  
22 Forest Street in Marlborough, Massachusetts 01752.

23 The address that is on our website, 250  
24 Washington Street, we will be checking mail there as

1 well, so rest assured all comments mailed to either  
2 address will be included and considered.

3 And, again, the Department will consider  
4 all comments whether presented orally or in writing.  
5 And additionally, just a reminder that we will be  
6 having one additional hearing on this application,  
7 and that will be April 6th from 6:00 to 9:00 p.m.

8 And so again we will just wait a few more  
9 minutes just to make sure that everyone has had an  
10 opportunity to testify who would like to make a  
11 comment today.

12 THE MODERATOR: And, again, as a reminder,  
13 if you do wish to make a comment, please dial Star  
14 1. Thank you.

15 (Pause)

16 THE MODERATOR: Again, if you wish to make  
17 a comment, please dial Star 1.

18 (Pause)

19 THE MODERATOR: We do have another comment  
20 that is in queue, so bear with me while I get a  
21 name.

22 (Pause)

23 THE MODERATOR: Okay. Our next comment  
24 comes from Margery Eramo, and your line is now open.

1 MS. ERAMO: Thank you. My name, as she  
2 said, is Margery Eramo, R.N. And I think I have a  
3 little bit of a unique background to all of this.

4 A thousand years ago I was a graduate of  
5 the Mass General School of Nursing. For 24 years I  
6 worked for the State Department of Public Health in  
7 what was then called the Division of Health Care  
8 Quality and attended many DoN hearings representing  
9 or listening from that Division. I also did some  
10 work supplementally with the DoN Department.

11 Why I am calling is because I am calling as  
12 a senior citizen consumer of medicine. I have right  
13 now my primary care locally, because, as a senior,  
14 it is difficult now to go into Boston. I still have  
15 some things with the MGB system, including with  
16 Faulkner. In the past I have had several surgeries  
17 at the Faulkner.

18 I am calling to say how convenient it is to  
19 be able to have a local entity as MGB, convenient  
20 and not having to go into the city. I, for one, at  
21 this point in time still drive. I'm still very  
22 active. I actually still continue on a very  
23 part-time basis to work as an R.N. I keep up my  
24 license, but I graduated over 60 years ago.

1           So, to drive into the Brigham now or into  
2 Mass General -- and also many of us have some  
3 problems with mobility, and it makes it even more  
4 difficult.

5           So to be able to continue to be independent  
6 and get quality care, I have already used the site  
7 once for radiology, which I was getting at the  
8 Faulkner for years, and was delighted to find out  
9 that I could get it more locally, because even to go  
10 into the Faulkner can be a problem.

11           So I'm asking that the DoN consider, as  
12 other people have said, the consumers of medical  
13 care and listen to what we need over what some of  
14 the providers that are competitors need.

15           I thank you for listening to me, and I hope  
16 that the DoN will approve this project. Thank you.

17           HEARING OFFICER SZENT-GYORGYI: Thank you.

18           THE MODERATOR: We have no further comments  
19 in queue, but if you wish to make a comment, please  
20 dial Star 1.

21           (Pause)

22           HEARING OFFICER SZENT-GYORGYI: This is  
23 Lara Szent-Gyorgyi again at the Department of Public  
24 Health Determination of Need. We will keep the

1 conference line open for a little while longer to  
2 make sure that anybody who would like to make a  
3 comment has the opportunity. And as Terry has been  
4 reminding people, if you would like to make a  
5 comment, please press Star 1. Thank you.

6 THE MODERATOR: We do have another comment.  
7 This one is from Karen Hayes, and your line is now  
8 open.

9 MS HAYES: My name is Karen Hayes. I am  
10 also a retired Registered Nurse with 33 years of  
11 service. I live in Canton, Massachusetts. And I  
12 really feel that the DoN should agree to pass this.  
13 I think it's wonderful for people who are older and  
14 really don't want to drive all the way up to the  
15 city again. It can be difficult.

16 It would greatly benefit this community to  
17 have a medical facility of this standing nearby.  
18 Thank you.

19 HEARING OFFICER SZENT-GYORGYI: Thank you.

20 THE MODERATOR: We have no further comments  
21 in queue. If you would like to make a comment,  
22 please dial Star 1.

23 (Pause)

24 THE MODERATOR: Again, if you wish to make

1 a comment, please dial Star 1 and record your name.  
2 We will leave the lines open for about another five  
3 minutes if anyone has any additional comments.

4 (Pause)

5 THE MODERATOR: If you are just joining us,  
6 we currently have no comments in queue. So if you  
7 are calling in to make a comment, please dial Star 1  
8 on your phone and record your name to be able to  
9 leave a comment. Thank you.

10 (Pause)

11 THE MODERATOR: Thank you for joining us  
12 today. Currently we have no comments in queue. So  
13 if you are calling in to make a comment, please dial  
14 Star 1 on your phone and record your name, and we  
15 will open your line for comments.

16 (Pause)

17 THE MODERATOR: Again, as a reminder, if  
18 you wish to make a comment, please dial Star 1.

19 Our next comment comes from Marty Kenney,  
20 and your line is now open.

21 MR KENNEY: Hello. My name is Marty  
22 Kenney. I live in Norwood, and I am in favor of the  
23 expansion in Westwood for the Brigham.

24 I'm just thinking, as I get older, I'm



1 almost 70, and I have had a lot of doctor's  
2 appointments in the past year particularly. And  
3 having to travel into Boston, at the Brigham, my  
4 primary care and my specialists have been in Boston  
5 for the most part. And it's just getting harder and  
6 harder to make that trip in there. And just the  
7 expansion to Westwood would just be such a big help  
8 for people that live in this area.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: Again, if you wish to make  
11 a comment, please dial Star 1 and record your name.

12 Our next comment comes from Mark Dempsey,  
13 and your line is now open.

14 MR. DEMPSEY: Thank you for allowing me to  
15 comment. A lot of what I had to say has already  
16 been said several times through many of the other  
17 speakers.

18 But, again, my name is Mark Dempsey. I  
19 live in Westwood, and I'm calling on behalf of not  
20 only myself, but my aunt who lives in Canton. We  
21 are both patients in the Brigham system, and my aunt  
22 is 88.

23 I know that every time that, if I need to  
24 bring her in to a visit in the Boston area or even

1 just -- even as close as trying to get to the  
2 Faulkner, the trip is often stress inducing, and it  
3 results in a lot of anxiety, trying to get into the  
4 city, trying to park, trying to get into that big  
5 crowded hospital. It's not an easy trip in there  
6 and back again. It's very stress inducing.

7 And my aunt and I have both had the  
8 pleasure of visiting for the first time the new  
9 Brigham facility in Westwood, and it was an absolute  
10 pleasure, compared to going into Boston.

11 It was seamless. It was very easy, easy to  
12 park, easy to get in. Check-in was very easy. She  
13 has had a chance to see a primary care there, and  
14 I've been able to see a specialist.

15 And I would just like to say that we would  
16 welcome an expanded facility there. If we could get  
17 most of our health care in that area, it would just  
18 be so much easier and less stressful for us.

19 So I want to just give my positive opinion  
20 of the new project. I would look forward to it.  
21 All right. Thank you very much.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: Currently we have no  
24 further comments in queue, but if you wish to make a

1 comment today, please dial Star 1 and record your  
2 name.

3 (Pause)

4 THE MODERATOR: Currently we have no  
5 comments in queue, but if you wish to make a  
6 comment, please dial Star 1 and record your name.

7 (Pause)

8 HEARING OFFICER SZENT-GYORGYI: This is  
9 Lara Szent-Gyorgyi, the Director of the  
10 Determination of Need Program.

11 I think we are going to conclude this  
12 hearing. Thank you so much to everybody who took  
13 the time to participate, and again, we appreciate  
14 all comments.

15 Once again, I'm going to encourage anybody  
16 who wants to to submit comments in writing. We  
17 consider all of those as well as oral comments. And  
18 we can be reached at DPH.DON@state.ma.us, or you can  
19 send it to us at the Determination of Need,  
20 Massachusetts Department of Public Health, 67 Forest  
21 Street in Marlborough, Massachusetts 01752.

22 Once again, thank you very much. And as a  
23 reminder, we will be having one last hearing on this  
24 application on April 6th from 6:00 to 9:00 p.m., and

1 that information can be found on our website.

2 Thank you to all who were able to join us  
3 today.

4 THE MODERATOR: Thank you, and that  
5 concludes today's conference. Thank you for  
6 participating. You may disconnect at this time.

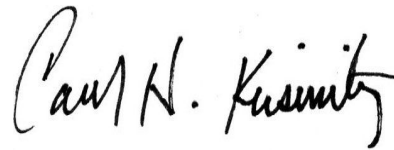
7 (Whereupon the hearing was  
8 concluded at 2:31 p.m.)

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C E R T I F I C A T E

I, Carol H. Kusinitz, Registered Professional Reporter, do hereby certify that the foregoing transcript, Volume I, is a true and accurate transcription of my stenographic notes taken on April 1, 2021.



Carol H. Kusinitz  
Registered Professional Reporter

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