

In The Matter Of:

*Department of Public Health Determination of Need
Program; In Re: Massachusetts General Brigham (Woburn)*

*Public Hearing, Volume I
March 25, 2021*



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Volume I
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COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
DETERMINATION OF NEED PROGRAM

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PUBLIC HEARING HELD VIRTUALLY BY :
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CONFERENCE CALL :
IN RE: :
:
MASSACHUSETTS GENERAL BRIGHAM, :
INC.'S APPLICATION FOR DETERMINATION :
OF NEED (DoN) 21012113-AS FILED ON :
FEBRUARY 12, 2021, 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 :
PUBLIC HEARING BEING ON 2 HILL :
STREET, WOBURN, MA :
:
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BEFORE: LARA SZENT-GYORGYI, Hearing Officer

ALSO PRESENT: Lynn Conover
Lucy Clarke
Nazmim Bhuiya

Held remotely by teleconference on:
Thursday, March 25, 2021
9:00 a.m.

(Anne H. Bohan, Registered Diplomate Reporter)

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

2 THE MODERATOR: At this time all
3 participants are in a listen-only mode until the
4 question-and-answer session of today's conference.
5 At that time you may press *1 on your phone to ask a
6 question.

7 I would like to inform all parties that
8 today's conference is being recorded. If you have
9 any objections, you may disconnect at this time.

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

13 HEARING OFFICER SZENT-GYORGYI: Thank you.
14 Good morning. Again, my name is Lara Szent-Gyorgyi.
15 I represent the Massachusetts Department of Public
16 Health and I'm the Director of our Determination of
17 Need Program. For clarification, you may hear me
18 refer to the Determination of Need Program as the
19 "DoN Program" and the Department of Public Health as
20 "DPH."

21 Joining me today in the background -- but
22 you won't see them today because we're virtual --
23 but with me today from the Department are my
24 colleagues Lynn Conover, Lucy Clarke and Nazmim

1 Bhuiya.

2 This hearing has been called pursuant to an
3 application submitted by Mass General Brigham,
4 Incorporated, who will be referred to as "the
5 Applicant" or "MGB" moving forward. Upon receipt of
6 the application, DoN staff reviewed the application,
7 and after finding it to be compliant with the DoN
8 statute and regulation for filing assigned it a
9 filing date of February 12, 2021.

10 This DoN application is for Ambulatory Care
11 Centers and the focus of this hearing will be the
12 Woburn Clinic site. For clarification, there are
13 three sites as part of this project and we will be
14 having three hearings for this project. Again, this
15 one will focus on the Woburn Clinic.

16 The enabling statute for the DoN program
17 requires that any person or government agency
18 intending to undertake a substantial capital
19 expenditure, as defined in the Determination of Need
20 regulation, requires DoN approval before engaging in
21 such a project.

22 For this project the proposal is to create
23 three Ambulatory Care Centers: one in Woburn with
24 construction of a freestanding Ambulatory Care

1 Center with clinic space, four operating rooms, two
2 MRIs and two CTs; the Westwood would have four
3 operating rooms, one MRI and one CT; and Westborough
4 would be construction of an Ambulatory Care Center
5 with clinic space, four operating rooms, one MRI and
6 one CT. The total value of the proposed project,
7 based on capital expenditure, is \$223,724,658.

8 In accordance with the statute and
9 regulations governing the DoN process, the DoN
10 program is analyzing MGB's application for
11 compliance with a set of standards and criteria
12 among which are, but not limited to, demonstration
13 of sufficient need for the project among the
14 Applicant's existing patient panel; that the project
15 will add measurably to public health value and
16 provide reasonable assurances of health equity; that
17 the proposed project will operate efficiently and
18 effectively by furthering and improving continuity
19 and coordination of care for the patient panel; that
20 the Applicant has provided evidence of consultation
21 with appropriate regulatory and licensing government
22 agencies; that the applicant has provided evidence
23 of sound community engagement; and that the project
24 will compete on the basis of price, total medical

1 expense, provider cost, and other recognized
2 measures of healthcare spending. A full list of the
3 factors the Applicant must meet can be found online
4 in the DoN regulations, specifically 100.210.

5 This public hearing is an effort to gather
6 information and to hear the opinions of interested
7 parties about the proposed project. It will not be
8 a question-and-answer session. No questions will be
9 permitted. We will be taking testimony by each
10 speaker. The DoN program will take all relevant
11 information into account in preparing its
12 recommendation to the Massachusetts Public Health
13 Council, whose decision on whether to approve the
14 DoN for the proposed project will be made at one of
15 its upcoming monthly public meetings.

16 We will accept written comments on this
17 application. Typically it would be for 10 days
18 following this hearing; however, since we are
19 holding three hearings for this application, we will
20 extend the time for which we will accept written
21 comment to 10 days after the last hearing. So the
22 last date for which we will accept written comments
23 is April 16th.

24 As this is a virtual hearing, the logistics

1 are different from in-person hearings. I will
2 review our process for today. We are still learning
3 the logistics of the system as we go, so we ask for
4 your patience if and when we encounter difficulties.
5 We will work to resolve any problems we do
6 experience.

7 Our plan for today is as follows. We are
8 using a moderated conference line, so a moderator
9 will manage the queue for speaking. This meeting is
10 being recorded and transcribed. As indicated in the
11 notice for the meeting, press *1 if you would like
12 to testify. This will put you in the queue. You
13 will not be told where you are in the queue nor will
14 you get much notice that you are about to testify.
15 When it is your turn to testify, you will be told
16 that you are now the speaker and will experience a
17 short silence and will then be the speaker. If you
18 have muted your phone, you may need to unmute.

19 Please begin by stating your name,
20 affiliation or town of residence. Please speak
21 clearly so that the transcriber can record
22 everything accurately. Because we expect many
23 speakers, we will limit time to three minutes. I
24 will be timing people, so when you have 30 seconds

1 left, you will hear this sound (demonstrating
2 sound). When your three minutes is through, I will
3 say "Time is up" and the moderator will mute you and
4 give the floor to the next speaker. We may
5 experience a slight pause between speakers.

6 If your testimony is lengthy, we suggest
7 you present a three-minute summary of those remarks
8 and submit a full text of your comments in writing.
9 If you have a written copy of your remarks,
10 regardless of length, please feel free to submit it
11 to the Department by email or via Postal Service.
12 Email us at: dph@don@state.ma.us.

13 During the pandemic, mail will get to us
14 more quickly if it is sent to the following address:
15 Determination of Need, Massachusetts Department of
16 Public Health, 67 Forest Street, Marlborough, MA
17 01752. Our typical 250 Washington Street address is
18 online and be assured we will be checking that as
19 well.

20 Please know that the Department will
21 consider all comments whether presented orally or in
22 writing.

23 Whether you comment or not, please know
24 that the Department greatly values and appreciates

1 your participation in the DoN process. Before we
2 open the line to the general public, the Applicant
3 will go first and will be allotted four minutes to
4 present information about 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 is
8 done, the moderator will unmute the first speaker.
9 Thank you.

10 MR. FERNANDEZ: Thank you and good morning.
11 My name is John Fernandez. I'm the President of
12 Mass General Brigham Integrated Care and the Mass
13 Eye and Ear. On behalf of Mass General Brigham,
14 thank you very much for the opportunity to present
15 our project. I will first provide a brief overview
16 of Integrated Care and then focus on the Woburn
17 project.

18 Mass General Brigham Integrated Care in the
19 development of the project sites in Woburn,
20 Westborough and Westwood is Mass General Brigham's
21 plan to reimagine the way in which we provide care
22 for our patients.

23 Currently many of our patients obtain care
24 at a hospital setting, which can be more costly,

1 harder to access, and more fragmented than our
2 Integrated Care model. We've heard from our
3 patients in person and surveys and social media that
4 they want and expect their care available locally at
5 a lower cost, their care to be less fragmented and
6 more coordinated, their providers to have a full
7 picture of their health, and their providers to
8 collaborate on preventive care, specialty care and
9 treatments.

10 Integrated Care is a major part of the Mass
11 General Brigham strategy to meet and exceed these
12 expectations and to provide care locally and at a
13 lower cost. The Woburn site will not be a
14 hospital-based site, so that the cost of services to
15 patients and insurers and the Commonwealth will be
16 lower.

17 We selected the Woburn location because we
18 currently have over 103,000 unique patients living
19 in the Woburn site's catchment area, roughly 50
20 percent of whom have a Mass General Brigham primary
21 care provider. There are approximately 12,000 Mass
22 General Brigham employees living in the area. Today
23 these patients, often accompanied by a family member
24 or other caregivers, have to travel outside this

1 community and often to multiple sites to obtain the
2 full range of care.

3 The Woburn location is located conveniently
4 at 2 Hill Street in Woburn right off Montvale Avenue
5 near the intersection of Montvale Avenue and I-93.
6 We will offer free parking and an MBTA stop is steps
7 away.

8 The facility will be designed to utilize
9 industry-defined best practices for the efficient
10 and effective delivery of care. The Woburn site
11 will offer a comprehensive and integrated set of
12 services all under one roof. These will include
13 primary care and behavioral health for adults and
14 children, a variety of specialty services, including
15 cardiology, dermatology, orthopedics and pain
16 management to name a few.

17 In addition, we will have state-of-the-art
18 ambulatory surgery services, a wide range of imaging
19 services such as MRI, CT and others. We will be
20 bringing Mass General Brigham high-quality care to
21 this community. The Woburn area deserves to have
22 easier access to our great care.

23 I am proud to say that our Woburn site will
24 be open and accessible to all populations, including

1 the underserved, the poor and medically indigent.
2 Integrated Care, like all of our providers and
3 facilities, will not discriminate based on the
4 patient's race, gender, sexual orientation, ability
5 to pay or socioeconomic status. We are also excited
6 that Integrated Care will be part of Mass General
7 Brigham's United Against Racism campaign, which is
8 our pledge as a system to address racism.

9 Lastly, but important to this community and
10 our state, across all three project sites we
11 estimate creating over 1,000 needed construction and
12 healthcare jobs as we begin our recovery from
13 COVID-19. In Woburn specifically, we estimate
14 creating approximately 300 construction jobs and
15 approximately 195 permanent healthcare jobs. This
16 will provide both immediate and long-term boosts to
17 the local and state economy, which we all know is
18 much needed.

19 In addition, this project will contribute
20 about \$7 million in community health initiatives to
21 help address local health priorities impacting
22 Woburn and the other two sites. This is a project
23 designed to serve our current patients by increasing
24 access to Mass General Brigham care closer to home,

1 your home.

2 We greatly appreciate the interest of the
3 residents of the Woburn area and your willingness to
4 share your views with us as we plan this project.
5 We look forward to working together with the
6 Department of Public Health and the communities in
7 and around Woburn.

8 Thank you very much.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 Courtney, we can open it to the first
11 speaker now.

12 THE MODERATOR: Our first speaker is Evan
13 from Shields Health Care Group.

14 MR. CHENEY: Hi. My name is Evan Cheney.
15 I'm from Shields Health Care Group. I appreciate
16 the opportunity to share my concerns with the
17 Department of Public Health about MGB's community
18 expansion plans and the attempt to establish an
19 outpatient center in Woburn.

20 I have worked for Shields for eight years,
21 currently serving as an operations project
22 specialist and previously as a regional customer
23 care manager overseeing our Greater Boston
24 territory. Having administratively managed our

1 Woburn location, I have concerns surrounding MGB's
2 expansion specifically relating to its impact on our
3 local providers.

4 There's a finite need for healthcare, and
5 healthcare services made redundant by MGB's proposed
6 expansion will reduce the patient base and
7 profitability of local practitioners, threatening
8 jobs among nurses, administrators and others in the
9 local medical community.

10 Woburn is not a medically underserved
11 community, and therefore there is not enough
12 community demand to warrant MGB's proposed expansion
13 into this area. An approval of their application
14 would threaten the future of not only our referring
15 providers but our community health as a whole.

16 In order to accurately understand the
17 impact of this proposal, I suggest an additional
18 public hearing be scheduled for after the
19 independent cost analysis has been conducted and
20 that the DPH would require the Health Policy
21 Commission to conduct an independent cost analysis
22 to ensure a truly thorough and independent process.
23 Thank you.

24 HEARING OFFICER SZENT-GYORGYI: Thank you.

1 THE MODERATOR: Our next speaker is Joel
2 O'Brien.

3 MR. O'BRIEN: Good morning. My name is
4 Joel O'Brien. I'm the legislative and political
5 director for the North Atlantic States Regional
6 Council of Carpenters. On behalf of our 30,000
7 members, I want to take a moment to thank the staff
8 of the DPH and all our healthcare providers for the
9 work they're doing in these difficult times.

10 I am here on behalf of our Union to support
11 the Determination of Need application of Mass
12 General Brigham for the construction of a new
13 Ambulatory Care facility in Woburn. Our Union is
14 proud to stand in support of this project for the
15 following four reasons:

16 One. This project will improve patient
17 access and care for our members in the community at
18 large. Last year our Union spent \$183 million
19 providing healthcare for members here in
20 New England, much of that being spent in facilities
21 in the Greater Boston area. Today thousands of our
22 members receive care in the Partners Network and in
23 the Woburn area.

24 This project will allow many of our members

1 in Woburn and surrounding communities to access this
2 care closer to home in a state-of-the-art facility.
3 This will also in many cases provide the same high
4 level of care and at a lower cost savings for our
5 fund.

6 Second. This project will create 300
7 construction and 200 permanent jobs that will help
8 boost the regional economic growth that has been
9 slowed by the pandemic. As part of the building
10 trades and our Union's partnership with the Partners
11 system, the construction jobs created by this
12 project will be Union jobs that provide all workers
13 with living wages, healthcare and pensions. Just as
14 importantly, because of Partners and our Union's
15 commitment to addressing issues of diversity, this
16 project will create new careers for people from
17 low-income and under-represented communities.

18 Three. This project, if approved, will
19 generate \$7 million of community health initiative
20 funding to support important public health
21 priorities in the region. As you know, the pandemic
22 has exposed the deep inequities in our healthcare
23 system and strained the capacities of
24 community-based providers. Across our region we

1 have seen our community partners struggling to meet
2 the needs of low-income communities and all workers.

3 This has especially impacted workers in the
4 construction industry, which has one of the highest
5 rates of worksite injury and is especially
6 vulnerable to COVID. The funding that is provided
7 will help many of these workers, especially those in
8 the non-Union sector who are often exploited and not
9 provided with healthcare coverage.

10 Finally, this project and many other major
11 capital improvement projects by the Partners system
12 will not only help address economic inequality in
13 our region, it will address healthcare inequality.
14 As you all know, there is robust evidence that
15 income inequality is closely related to healthcare
16 inequality, and by providing workers with living
17 wage jobs and benefits, this project will help in
18 turn reduce healthcare inequality in the region.

19 I thank you for your consideration of my
20 testimony. I respectfully request the project be
21 approved by the Department of Public Health. Thank
22 you.

23 HEARING OFFICER SZENT-GYORGYI: Thank you.

24 THE MODERATOR: Our next speaker is Kerry

1 Whelan from Shields Health Care Group.

2 MS. WHELAN: Good morning and thank you for
3 the opportunity to speak today. My name is Kerry
4 Whelan, and I am the Vice President of Government
5 Affairs at Shields Health Care.

6 Shields, through its joint venture
7 partnerships with community hospitals, like
8 MelroseWakefield and Winchester Hospital, provides
9 high-value, high-quality patient care. We do this
10 by working with local providers to enhance the
11 services currently being offered in these
12 communities.

13 I am concerned about MGB's community
14 expansion plans, as I believe the proposal will
15 discourage high-value, innovative models of care.
16 MGB is proposing to build three new outpatient
17 centers in communities where they do not currently
18 provide services and where these exact same services
19 already exist. By building entirely new service
20 lines and not considering partnership with local
21 providers, MGB is adding costs to the healthcare
22 system and duplicating services and technologies.

23 Interestingly enough, by electing not to
24 collaborate with existing community providers, MGB

1 has eliminated a regulatory review that most other
2 transactions, transactions far smaller than what's
3 being proposed, are required to go through.

4 The Health Policy Commission, the
5 independent state agency responsible for monitoring
6 healthcare costs, typically analyzes the impact of
7 healthcare market transactions on cost, quality and
8 access. If MGB's proposal will lower the cost of
9 care and improve quality and access as it claims it
10 will, they should welcome a review of this
11 transaction by the Health Policy Commission.

12 This review should take the form of the
13 Health Policy Commission conducting the independent
14 cost analysis that the Commissioner of the
15 Department of Public Health has requested on this
16 proposal. After the independent cost analysis is
17 complete, the Department of Public Health should
18 hold another public hearing so that the community at
19 large can react to the findings of this report.

20 I would also respectfully request that the
21 Department hold a second public hearing at a time
22 that is more convenient for the general public in
23 order to encourage maximum participation and
24 discourse.

1 In closing, at a time when healthcare
2 providers are still reeling from the social,
3 emotional and financial impacts of the ongoing
4 COVID-19 pandemic, it is all the more important that
5 the Commonwealth take a holistic and thoughtful
6 review of this proposal.

7 I think it's fair to say that we all think
8 a little differently about the importance of
9 healthcare services, and any transaction that has
10 the potential to reduce critical community
11 infrastructure and capacity, which proved so
12 critical during COVID-19 surges, should be taken
13 seriously.

14 Thank you for allowing me the time to share
15 my thoughts, and thank you to the Department of
16 Public Health for your consideration.

17 THE MODERATOR: Our next speaker is Gail
18 from MelroseWakefield Healthcare.

19 MS. INFURNA: Good morning. I appreciate
20 the opportunity to speak today. My name is Gail
21 Infurna and I am a resident of Melrose. I am here
22 to speak against the Mass General Brigham expansion
23 in Woburn.

24 By way of background, I am a nurse. I also

1 served on the Melrose Board of Aldermen for over 20
2 years and served as the Mayor of Melrose. I am now
3 a proud member of the Board of Trustees for
4 MelroseWakefield Healthcare.

5 Throughout my career in both nursing and
6 government, my job was to listen carefully to people
7 and tend to their needs. Over my many years of
8 experience this has taught me that people in terms
9 of their healthcare want three things: the highest
10 standard of care, access to care close to where they
11 live, and care provided at a reasonable cost.

12 MelroseWakefield Healthcare has been
13 working hard to provide excellent care to those who
14 might have otherwise gone to Boston hospitals. Our
15 community is recognizing that. This has all been
16 done at a cost that is 45 percent lower than Boston
17 hospital rates.

18 The proposed MGB expansion site for Woburn
19 would be within mere miles of three existing
20 community hospitals. It would be two miles from
21 Winchester Hospital, three and a half miles from
22 MelroseWakefield Healthcare, and five miles from
23 Lawrence Memorial Hospital in Medford, which has
24 recently opened as a low-cost ambulatory surgery

1 center. The proposed site is also located less than
2 one mile away from many local community ancillary
3 healthcare providers.

4 I am extremely concerned that the proposed
5 MGB facility will shift patients away from community
6 healthcare and into higher-priced hospital systems.
7 We know that the payer mix between MGB and Melrose
8 Wakefield Healthcare is quite different. It is not
9 surprising that in choosing to build a \$73 million
10 complex in Woburn, MGB has picked a location that is
11 highly affluent, which will result in a greater gap
12 to the payer mix if this project is allowed.

13 There have been discussions at length about
14 issues of equity, especially in public health,
15 throughout this pandemic. Let's not widen that gap
16 by creating high-priced healthcare for those who can
17 afford it at the expense of community-based
18 affordable healthcare settings. If we have learned
19 anything from this pandemic, it is more important
20 than ever to keep healthcare affordable and
21 accessible to our local communities.

22 Thank you for your time and consideration.

23 HEARING OFFICER SZENT-GYORGYI: Thank you.

24 THE MODERATOR: Our next comment comes from

1 Seun Johnson-Akeju from Mass General Brigham.

2 DR. JOHNSON-AKEJU: Hi. My name is Seun
3 Johnson-Akeju and I am anesthetist-in-chief at Mass
4 General Hospital. I just want to thank the DPH for
5 allowing me to be here to share my thoughts on this
6 important project for MGB.

7 The Woburn MGB Integrated Care location is
8 structured to provide specialty services such as
9 mental health, cardiology, neurology, orthopedics,
10 and importantly, pain management and specialties
11 where our patients and staff live. Currently MGB
12 patients in specialty services, they have to travel
13 all the way to Boston or other care locations that
14 are not in close proximity to where they live. At
15 our Woburn site we aim to bring specialty care to
16 our local communities.

17 I just want to highlight three areas where
18 I think the Woburn MGB Integrated Care site will
19 benefit our patients and healthcare delivery in the
20 Commonwealth.

21 First, we've heard from our patients that
22 scheduling appointments with multiple providers can
23 be a challenge. At our Woburn site our patients
24 will be able to make one phone call to make

1 appointments for all of their care needs. I think
2 this is important because this eliminates having to
3 coordinate multiple appointments on multiple
4 locations in Boston and the Commonwealth.

5 Second, the MGB location in Woburn is going
6 to utilize digital health technology allowing all
7 specialty providers to consult with highly
8 specialized providers in Boston when necessary. So
9 if a patient needs to see a subspecialist in Boston,
10 they could do so through a virtual consult right at
11 Woburn or any physician site based in Woburn can
12 actually consult with a subspecialist at Mass
13 General or the Brigham.

14 I think, third, all specialty physicians
15 and all the results of tests that are performed in
16 Woburn will be actually integrated into our
17 electronic medical record. I think this is
18 important because if a patient needs to travel to
19 another specialist within our system for care, that
20 information is actually easily accessible to a full
21 team of providers. This includes results of imaging
22 services performed at Woburn to aid in the diagnosis
23 and development of care.

24 Thank you for allowing me to speak today,

1 and I ask that DPH support this project, as it will
2 improve access to care, improve quality of care and
3 improve care coordination for our patients and staff
4 in Woburn. Thank you.

5 HEARING OFFICER SZENT-GYORGYI: Thank you.

6 Our next speaker is Christian Dankers from
7 Massachusetts General Brigham.

8 DR. DANKERS: Hello. My name is Christian
9 Dankers. I'm a hospitalist at the Brigham and
10 Women's Hospital, and I am the Associate Chief
11 Quality Officer for Mass General Brigham. I'd like
12 to thank the Department of Public Health for
13 allowing me to be here today and share my thoughts
14 on this important project for Mass General Brigham.

15 As part of their system strategy, Mass
16 General Brigham is working to reimagine the patient
17 experience with equity, dignity and clinical
18 excellence at its core. Nowhere is this approach
19 more front and center than at our proposed site in
20 Woburn.

21 Mass General Brigham will be bringing all
22 of its quality and safety programming to the Woburn
23 site. We have a comprehensive approach to quality
24 and safety with programs that are designed to

1 deliver safe, effective and equitable care with
2 patients at the center of all we do.

3 Mass General Brigham has developed an
4 innovative set of electronic clinical quality
5 measures that use data from our systemwide
6 electronic medical record to provide a realtime view
7 into the quality of our care. We develop tools that
8 allow our individual providers, our practices and
9 our system as a whole to drive care improvement.

10 Another important innovative approach to
11 quality that will be used at the Woburn location is
12 our Patient-Reported Outcome Measures Platform. As
13 a national leader in patient-reported outcomes, we
14 collect data on thousands of patients with knee
15 pain, for example, and track symptoms and functional
16 status in patients who did or didn't receive
17 surgery.

18 So through this program we can bring the
19 experience of thousands of our patients into the
20 collaborative decision-making process in which an
21 individual patient can work with their surgical
22 consultant and their primary care provider to
23 determine if surgery is the best option for them.

24 At Mass General Brigham we are working

1 diligently to reimagine the patient experience,
2 guided by our foundational values of equity, dignity
3 and clinical excellence, putting the patient at the
4 center of everything we do. In fact, for our
5 ambulatory site we worked with a human centered
6 design firm to engage with our patients through
7 focus groups and held meetings within the local
8 community to hear directly from residents and
9 interest groups.

10 Through this engagement we heard many
11 things, including that patients want a greater voice
12 and understanding of their healthcare and believe
13 that relationships are the foundation of health and
14 should be at the heart of healthcare, and we have
15 this feedback at the core of our experience
16 strategy.

17 Finally, critical to all we do are the
18 efforts that are part of our United Against Racism
19 campaign. This campaign embodies Mass General
20 Brigham's pledge to patients, community members, our
21 employees, to be an antiracist, diverse, equitable
22 and inclusive organization. Our plan is more than
23 words. It's an investment of our leadership teams
24 and a multimillion dollar commitment that will

1 change our organization for the good.

2 Back at the Woburn site will be an
3 important part of our systemwide initiatives that
4 focus on intervention, such as increasing staff
5 diversity, ensuring access to care for
6 non-English-speaking patients, through enhanced
7 translation services, reducing racial and
8 community-based inequity, digital health care via
9 home distribution of tools and medical monitoring
10 equipment, and many, many other initiatives.

11 Thank you for letting me speak today, and I
12 ask that the Department of Public Health support
13 this project. Providing our patients access to all
14 of our quality and safety programs in a more
15 convenient and cost-effective location is an
16 important part of our strategy to deliver outpatient
17 -- outstanding patient experience founded on equity,
18 dignity and clinical excellence.

19 HEARING OFFICER SZENT-GYORGYI: Thank you.

20 THE MODERATOR: Our next speaker is Anna
21 Tonseth from Shields Health Care Group.

22 MS. TONSETH: Good morning. My name is
23 Anna Tonseth, and I appreciate the opportunity to
24 share my concerns with DPH about MGB's expansion

1 plans with the intent to establish an outpatient
2 center in Woburn.

3 I currently serve as a business development
4 analyst for Shields Health Care Group. Being
5 affiliated with an outpatient services provider,
6 both in imaging and ambulatory surgery, I have
7 significant concerns about how MGB's proposed
8 expansion will impact the cost of care of other
9 healthcare providers in the region.

10 After substantial analysis, I believe there
11 is not enough community demand toward MGB's proposed
12 expansion of imaging and ambulatory surgery services
13 in Woburn. Given that there are 39 MRI units with
14 DoN approval in the primary service area and
15 slightly outside, the patient panel within the
16 region has ample access to MRI service offerings,
17 with many being on independent diagnostic testing
18 facility rates.

19 Twelve of the 39 MRI units noted are
20 currently owned and operated by MGB, such that
21 patients wanting to receive care within the network
22 have the ability to do so easily. As such, there
23 is, quite frankly, not enough demand to justify the
24 addition of not just one but two MRI units in

1 Woburn.

2 In addition, throughout the DoN, MGB
3 continually pointed to the reduction in scan time
4 due to improvements in technology. Multiple times,
5 including in a presentation to community members,
6 MGB noted that scan times would be between 15 to 30
7 minutes. However, in actual capacity calculations,
8 MGB utilized the scan time of 45 minutes. Not only
9 does this discrepancy highlight MGB's underestimate
10 of capacity but also signifies the need for
11 additional data from MGB to prove the need for
12 multiple units.

13 On the ambulatory surgery side, Woburn is
14 already well-served by high-quality, low-cost health
15 care providers, including the Ambulatory Surgery
16 Center owned and operated by MelroseWakefield,
17 Shields AFC and multiple community physicians.

18 The DoN program's regulation concerning
19 ambulatory expansion was designed by DPH to protect
20 community hospitals from the proximate development
21 of ambulatory surgical centers without the community
22 hospital consent or participation. Approving MGB's
23 application would threaten the future of community
24 hospitals and other low-cost providers in the area.

1 On another note, the primary service area
2 outlined by MGB includes ZIP codes previously
3 outlined in the Somerville DoN application approved
4 February 2020. I would like to ask DPH to ensure
5 scan volume is not being double counted.

6 In order to accurately understand the
7 impact of this proposal, I suggest an additional
8 hearing after an independent cost analysis has been
9 conducted.

10 Thank you for your time and consideration.

11 HEARING OFFICER SZENT-GYORGYI: Thank you.

12 THE MODERATOR: Our next speaker is John
13 Costas.

14 MR. COSTAS: Hi. Good morning. My name is
15 John Costas. I'm the President of the Medford
16 Chamber of Commerce. Also the Past President of the
17 Medford Civic Auditorium and Convention Center
18 Commission. I'm also on the board for the Kiwanas
19 Association of Medford, as well as a resident of
20 Medford and have owned a business in Medford for
21 over 40 years.

22 I am deeply concerned with the expansion of
23 MGB into Woburn as relates to our community. This
24 will have a financially negative impact on our local

1 health providers. Woburn is already well served by
2 established healthcare systems. The development of
3 an ambulatory surgery center in Woburn would enable
4 MGB to cherry-pick commercially insured patients
5 from preexisting care providers. This may force our
6 local healthcare system to raise costs of
7 commercially insured patients or cut critical
8 services due to the lack of patients.

9 It will also allow larger institutes like
10 MGB to influence and raise healthcare costs, since
11 local competition will be diminished, and we can
12 possibly lose healthcare service lines as well as
13 locations that are needed by the low-income
14 residents.

15 Several years ago a merger between then
16 Hallmark Health and Partners was rejected because of
17 the threat of monopoly. Why would this proposal,
18 proposed expansion, be any different now than what
19 they were claiming then? Lawrence Memorial Hospital
20 and MelroseWakefield Hospital is our community
21 healthcare provider and has spent a lot of time and
22 money to create a first-class healthcare facility
23 ambulatory care. We don't want to see all their
24 time and money go to waste.

1 This whole project does not sound good for
2 our communities that offer these healthcare services
3 and for the patients that rely on them. Thank you.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.

5 THE MODERATOR: Our next speaker is Andy
6 Freed.

7 MR. FREED: How are you doing? My name is
8 Andy Freed. I live in Melrose. I'm the CEO also of
9 a company called Virtual. We are a professional
10 services firm based in Wakefield.

11 I have lived here for a while. I moved
12 here 20 years ago. And when I got to Melrose, there
13 were four family-run hardware stores in town. I
14 loved them. They were great. Service was
15 excellent. You could actually get your screens
16 fixed instead of just having to get a kit to replace
17 them. They employed kids from our community. And
18 their prices were always reasonable.

19 But times changed. In came Home Depot and
20 Loew's. Before you knew it, all four of our local
21 hardware stores were gone. Jobs disappeared. Costs
22 and services went up. Now, I get it, I know we're
23 not here today to talk about hardware, we're here to
24 talk about healthcare, but the lessons are the same.

1 We're really fortunate in this community to
2 have healthcare facilities that serve the needs of
3 our community well, local organizations where
4 neighbors are caring for neighbors. Put simply,
5 Massachusetts General Brigham has a track record of
6 doing to community-based providers what Home Depot
7 does to a local hardware store. Costs go up, jobs
8 go down, and the word "community" just doesn't
9 exist.

10 No question there's a place for providers
11 like MGB in our healthcare community. We're lucky
12 to have a wealth of healthcare providers in Boston.
13 But the decision of whether or not they belong in
14 our community in Woburn requires careful
15 consideration of costs and collateral damage, and
16 that kind of assessment requires a thoughtful, open
17 process.

18 That's why I encourage the Department to
19 engage more deeply in that process by completing a
20 cost review and getting better public input before
21 we move forward.

22 To that point, I would like to politely
23 request the Department to require an independent
24 cost analysis to be conducted by the Health Policy

1 Commission and we schedule another public hearing
2 for after that is completed and, as other callers
3 have indicated, at a time that's more convenient for
4 the full public to participate in.

5 It turns out that losing a hardware store
6 in a community is loss of convenience. Losing
7 healthcare, that's a matter of life and death.

8 Thanks for listening.

9 HEARING OFFICER SZENT-GYORGYI: Thank you.

10 THE MODERATOR: Our next speaker is Kathy
11 from Brigham and Women's Hospital.

12 DR. NIKNEJAD: Hi. My name is Kathy
13 Niknejad. I'm a surgeon at Brigham and Women's
14 Hospital. I'd like to thank the Department of
15 Public Health for allowing me to be here today to
16 share my thoughts on this important project for Mass
17 General Brigham.

18 The Woburn Mass General Brigham Integrated
19 Care location will provide surgical services,
20 including general surgery, orthopedics, ENT,
21 ophthalmology services, and others that meet the
22 evolving needs of the community in an outpatient
23 setting.

24 Outpatient surgeries performed in Woburn

1 will adhere to the same high-quality standards and
2 utilize the same technology and advanced surgical
3 tools as those available at the Mass General Brigham
4 main hospital campus locations and will be staffed
5 by highly specialized, trained physicians.

6 There are many points that I want to bring
7 up, but one of them is surgical services provided in
8 hospitals are always at risk for delay or being
9 rescheduled due to emergency surgeries, emergent
10 procedures that take longer than expected. In
11 contrast, when they're being performed in an
12 outpatient setting, such as the Woburn location,
13 they will not be subject to such delays in
14 scheduling because the procedures will be less
15 complex and more routine.

16 Outpatient surgery performed at Mass
17 General Brigham Integrated Care in Woburn will also
18 allow surgeons and staff to focus more exclusively
19 on a small number of procedures in a single setting.
20 This will make surgery much easier to schedule and
21 perform, and repeated delivery of a limited range of
22 surgeries by specially trained clinicians allows the
23 honing of technique and increased levels of
24 high-quality care.

1 This relatively narrow focus also promotes
2 increased efficiency among care providers and
3 maximizes the value of necessary staff resources,
4 equipment, medical supplies, leading to increased
5 operational efficiencies and economies of scale.
6 Compared to a traditional hospital setting, the
7 Woburn location will have less competing demands for
8 space and resources. Surgeons and staff will be
9 able to intensify quality control processes, given
10 the smaller space, limited types of procedures and
11 dedicated ORs.

12 This focused approach will allow Woburn MGB
13 Integrated Care to better predict the resources
14 needed to maintain and lower the cost for each
15 surgery while assuring quality. Outpatient
16 surgeries performed at the Woburn location will
17 improve the patient experience and quality of life
18 through dedicated ORs and OR staff, increased
19 productivity, decreased wait times, and improved
20 efficiencies and economies of scale.

21 Another issue is advances in the
22 administration of anesthesia and expansion of
23 minimally invasive procedures have enabled the
24 migration of many surgical procedures from inpatient

1 hospital-based procedures to community-based
2 outpatient settings. Outpatient surgery offered at
3 the Woburn location will allow MGB patients to
4 receive same-day surgery in their community rather
5 than incurring the cost and stress of traveling to
6 MGB's Boston hospitals.

7 The Center for Medicare and Medicaid
8 Services and commercial health plans have both
9 recognized the benefits of ambulatory surgery and
10 continue to expand the scope of surgical procedures
11 permitted to receive reimbursement when performed at
12 an ambulatory surgery center. This will therefore
13 be less costly than the hospital-based surgery, and
14 therefore the Woburn location will provide a more
15 convenient and lower-cost alternative for surgical
16 procedures appropriate in the ambulatory setting.

17 Thank you for allowing me to speak today.
18 I ask the Department of Public Health support this
19 project. Increasing the availability of less
20 invasive surgical services in the Woburn community
21 will improve quality outcomes, reduce costs, and
22 better the surgical experience for patients. Thank
23 you.

24 HEARING OFFICER SZENT-GYORGYI: Thank you.

1 THE MODERATOR: Our next speaker is Oona
2 Metz.

3 MS. METZ: Hello. My name is Oona Metz. I
4 live in Arlington and I'm a psychotherapist with
5 offices in Arlington and Brookline.

6 If we have learned anything from this
7 pandemic besides the fact that we have to wash our
8 hands all the time, we have learned about the
9 importance of equity and access. As the pandemic
10 continues, we in mental health have seen an enormous
11 increase in the need for mental health resources.
12 The Woburn MGB would expand access and therefore
13 promote equity.

14 At this time people seeking mental health
15 services are often waiting six months or more to see
16 a mental health provider. Every mental health
17 provider I know has a wait list. I currently have
18 53 people on my wait list and I am a solo provider.

19 Anything we can do to promote equity and
20 access will benefit all of our communities. Thank
21 you so much for letting me speak today.

22 HEARING OFFICER SZENT-GYORGYI: Thank you.

23 THE MODERATOR: Our next speaker is Douglas
24 Schulte from Hallmark Health Medical Associates.

1 DR. SCHULTE: Good morning. My name is
2 Douglas Schulte, MD, and I'm the Chief Medical
3 Officer for Hallmark Health Medical Associates.

4 I am joining you today to raise my concern
5 about the proposed expansion of Mass General Brigham
6 ambulatory services into the community of Woburn.

7 My concerns are routed in three main areas: cost of
8 care, unnecessary provision of care, and an area
9 without demonstrated need, and the impact on
10 existing community healthcare organizations, the
11 ability to provide crucial care to all members of
12 the community.

13 For the HPC Cost Trend Report, total
14 medical expense for patients in the MGB network was
15 17 percent higher than the average of other provider
16 groups evaluated in that report. Indeed, MGB had
17 the highest unadjusted and adjusted medical spending
18 in 2017. Coupled with MGH inpatient reimbursement
19 rates, which on average are 20 to 40 percent higher
20 than competitors, the impact on cost of care is
21 clear. In the absence of true Determination of
22 Need, MGB proposes to insert more care at higher
23 cost in an area which is already well served by
24 lower-cost, high-quality options.

1 MGB has proposed a site that is in close
2 proximity to multiple other existing organizations.
3 The site is just two miles from Winchester Hospital,
4 three and a half miles from MelroseWakefield, and
5 five miles from the brand-new ambulatory service
6 center on the Lawrence Memorial Hospital campus.

7 Their proposal includes the addition of
8 another ambulatory service center, as well as
9 additional MRI and CT services, all of which are
10 already available at lower cost and in ample supply.
11 At a minimum, a full needs review of such services
12 across the proposed service area should be
13 reevaluated to justify the addition of further
14 high-cost options in these communities.

15 Lastly and perhaps most concerning is the
16 impact of the proposed expansion on other community
17 providers. MGB has picked the location and service
18 area which contains an average median income of 150
19 percent of the state median. In addition, MGB's
20 payer mix contains considerably more commercial
21 payers and less government insurance. As such, MGB
22 is cherry-picking more affluent and better-insured
23 patients leaving a higher proportion of vulnerable
24 patients with lower reimbursement rates to small

1 community healthcare organizations.

2 MGB is also aggressively targeting existing
3 community physicians in their recruitment efforts.
4 The loss and replacement of a single primary care
5 provider can cost upwards of half a million dollars
6 to the local organizations.

7 The strategies employed by MGB threaten the
8 ability of community organizations to sustain
9 operations, a challenge exacerbated by the financial
10 impacts of COVID-19. Without these community
11 organizations, however, there will be no safety net
12 for the most vulnerable members of our community. I
13 fear that allowing the type of expansion proposed by
14 MGB will serve to hinder efforts to ensure
15 healthcare equity rather than address it.

16 In summary, I strongly encourage a
17 reevaluation of the proposed MGB expansion. I
18 believe that the impacts on cost of healthcare and
19 local community providers coupled with the very
20 questionable need for these services in the first
21 place will lead to a decision to reject these plans.

22 Thank you for your time.

23 THE MODERATOR: Our next speaker is Robert
24 Wilkinson from Shields Health Care Group.

1 MR. WILKINSON: Hi. My name is Robert
2 Wilkinson. I'm from Shields Health Care Group. I'm
3 the Director of Finance for the Ambulatory Surgery
4 Division. I have been with Shields for
5 approximately three years now. I would like to
6 raise a few concerns about the proposed project in
7 Woburn.

8 Mr. Fernandez stated in his initial comment
9 migrating patients from a hospital setting to an
10 ambulatory-based setting actually will reduce costs,
11 and I commend Partners and MGB for taking that
12 initiative.

13 That said, looking at costs across the
14 Commonwealth, based on data provided by the Center
15 for Health Information and Analysis, the
16 Commonwealth's own watchdog on healthcare prices,
17 Mass General Brigham hospital prices, as well as its
18 physician group prices, which are the most
19 appropriate comparison to freestanding settings, are
20 both higher than all other providers in the region.
21 It can be obtained by Relative Price Indices that
22 were recently published in December of 2020, higher
23 than those competitors, including Winchester
24 Hospital, MelroseWakefield and others.

1 Due to this, it's reasonable to believe
2 that while Mass General Brigham will be reducing
3 prices for its hospital-based setting, it will still
4 be the highest-priced provider in the area should
5 this project be approved.

6 Because of this, I do not believe the
7 Department can render a determination for or against
8 this project without the undertaking of an
9 independent cost and market impact review ideally
10 performed by the Health Policy Commission. The
11 reason for this is the Health Policy Commission has
12 a statutory requirement to maintain and manage cost
13 increases across the Commonwealth.

14 By placing a higher-priced setting in an
15 area that has already been noted to serve the
16 population well, as other commentators have said,
17 there is reason to believe that this project will do
18 nothing but raise costs and implicate the Health
19 Policy Commission's ability to meet its statutory
20 requirement.

21 I would also ask that once that independent
22 cost and market impact review is completed that this
23 group be brought back together in a public hearing
24 to discuss the findings.

1 Thanks for the opportunity to share my
2 concern.

3 HEARING OFFICER SZENT-GYORGYI: Thank you.

4 THE MODERATOR: Our next speaker is Peter
5 Ferrari from Shields Health Care Group.

6 MR. FERRARI: Good morning and thank you
7 for the opportunity to speak today. My name is
8 Peter Ferrara, and I'm the president of Shields
9 Health Care Group.

10 At Shields our business model is predicated
11 on working with local providers to enhance the
12 existing services in those communities. Like many
13 of the speakers today, I am deeply concerned about
14 MGB's community expansion plans and believe these
15 services are not only duplicative but will
16 dramatically increase the cost of care across the
17 Commonwealth.

18 This is why the HPC, the Health Policy
19 Commission, should be required to conduct an
20 independent cost analysis on this proposal, the type
21 of analysis it conducts for most other healthcare
22 transactions in the Commonwealth.

23 Just 13 short months ago, MGB requested and
24 received approval from the Department of Public

1 Health for the addition of three new MRI units in
2 the Somerville Assembly Row location. These
3 machines are not yet operational and yet MGB is now
4 asking the Department to approve two additional MRIs
5 in Woburn in an overlapping primary service area.

6 Additionally, the Applicant is seeking
7 approval for new imaging machines at its main
8 campus, Faulkner Hospital, and the proposed
9 outpatient centers in Westborough and Westwood. If
10 approved in totality, MGB will be in possession of
11 approximately 62 licensed MRI machines.

12 The Health Policy Commission in its
13 Variation in Imaging Spending Report concluded that
14 Massachusetts ranks as the fourth highest-spending
15 state for imaging services per Medicare beneficiary.
16 It also noted that Massachusetts ranks 12th highest
17 in utilization of MRI services.

18 As part of its review, the Department
19 should require the Applicant to demonstrate that
20 each of the currently licensed MRI units is
21 operating at capacity and whether there are
22 underutilized MRIs within the system that could be
23 redeployed elsewhere before approving any new MRIs.

24 In its application MGB also claims that the

1 proposed new centers will lower patient costs by
2 shifting inpatient surgery to lower-cost outpatient
3 settings. But what the Applicant failed to mention
4 is that it is comparing MGB hospital rates, notably
5 the highest hospital rates in the Commonwealth, to
6 its MGB outpatient rates, also among the highest
7 outpatient rates in the Commonwealth.

8 In order to understand the true cost of
9 this proposal, the Applicant must be required to
10 compare its outpatient rates to the rates of
11 reimbursement paid to community providers, offering
12 similar outpatient care.

13 Additionally, MGB claims to be
14 transitioning care from an inpatient to outpatient
15 setting, yet filed another DoN to increase the total
16 number of ORs and medical surgical beds within its
17 main campus in Boston. If approved, these
18 expansions will only serve to encourage high-priced
19 dominant market players to build individual fiefdoms
20 at the expense of high-value local healthcare.

21 Thank you for the opportunity to speak
22 today.

23 HEARING OFFICER SZENT-GYORGYI: Thank you.

24 THE MODERATOR: Our next speaker is Sylvia

1 Chang from Mass General Brigham.

2 DR. CHANG: Good morning. My name is Dr.
3 Sylvia Chang, and I'm a family member physician at
4 Mass General Brigham. I'd like to thank you for
5 allowing me to share my thoughts on this important
6 project for Mass General Brigham.

7 The Woburn MGB Integrated Care site will
8 build upon MGB's established excellence in providing
9 primary care and will offer a full complement of
10 healthcare services for our patients and allow for
11 better care coordination. We aim to have the Woburn
12 site recognized by the National Committee for
13 Quality Assurance, through focusing on
14 patient-centered care and the provision of
15 high-quality care through a coordinated provider
16 team.

17 MGB Woburn will have primary care providers
18 working side by side with specialists. Collocating
19 services in one community-based healthcare setting
20 will promote coordination of care among providers
21 and enhance the patient experience. Providing a
22 one-stop-shop facility will improve access to
23 appointments and services. Primary care patients
24 who need specialists, surgical, laboratory or

1 imaging services will be able to receive much of
2 this care at the Woburn site, minimizing the need to
3 travel to another location within our system. This
4 will greatly reduce stress for patients and improve
5 the likelihood that they receive the additional care
6 they need.

7 In addition, by working side by side, this
8 model allows primary care providers and specialists
9 to collaborate and coordinate treatment plans.
10 Evidence indicates that care fragmentation is an
11 important source of inefficiency in the U.S.
12 healthcare system and that healthcare delivery
13 spread out across multiple providers located in
14 different locations leads to care fragmentation. By
15 collocating primary care with multiple specialists
16 and services, MGB will be able to better foster
17 continuity of care and offer ease and convenience to
18 our patients.

19 Our services will include wellness services
20 such as nutrition, physical therapy, behavioral
21 health, preventive care, including immunizations and
22 cancer screening such as mammograms and
23 colonoscopies, and chronic disease management.

24 Massachusetts has a shortage of primary

1 care providers. A significant proportion of MGB
2 patients living within Woburn and surrounding
3 communities cannot access their primary care
4 provider without traveling outside of the community.
5 By bringing MGB primary care directly to Woburn, our
6 patients will be able to access primary care
7 services for the whole family right here in our
8 community.

9 In planning for our Woburn care facility,
10 we surveyed our patients and 70 percent of our
11 patients responded they wanted their care closer to
12 home, and 55 percent of patients stated they would
13 be more likely to get preventive care if it was
14 closer to home. Improving access to preventive care
15 has a dramatic impact on improved health outcomes
16 and reducing healthcare costs.

17 Thank you for allowing me to speak today.
18 I ask that the Department of Public Health support
19 this project, as it will improve access, quality and
20 care coordination for our patients in Woburn.

21 HEARING OFFICER SZENT-GYORGYI: Thank you.

22 THE MODERATOR: Our next speaker is Carmel
23 Shields from Shields Health Care Group.

24 MS. SHIELDS: Thank you. My name is Carmel

1 Shields from Shields Health Care Group.

2 Shields, through its joint venture
3 partnerships with community hospitals like
4 MelroseWakefield and Winchester Hospitals, serves
5 multiple communities north of Boston including
6 Woburn.

7 At Shields we place a high value on working
8 with existing community providers to enhance and not
9 duplicate local healthcare services. We work in
10 partnership with local providers that play an anchor
11 role in the community to provide high-quality care
12 to meet the needs of the local community.

13 I am deeply concerned that the MGB's
14 statewide strategy will decimate the already fragile
15 community and local healthcare system and worsen
16 health inequities across the Commonwealth.

17 As stated in the Attorney General's recent
18 report entitled "Building Toward Racial Justice and
19 Equity in Health: A Call to Action," I quote:

20 "Hospital size correlates with market
21 leverage, allowing larger and wealthier health
22 systems to obtain higher payment rates and more
23 favorable contract provisions. This further widens
24 the variation in provider payments and disadvantages

1 providers offering low-cost, high-value care to
2 underserved communities."

3 The communities targeted by MGB have
4 several things in common, including high median
5 household income and high levels of commercially
6 insured lives. There is a fine balance between
7 commercial and noncommercial volume for providers
8 like MelroseWakefield that help fund quality care
9 for those that live and work in their region,
10 permitting the funding of care regardless of means,
11 race or ethnicity and in support of their health
12 equity mission.

13 To the Department of Public Health, I
14 respectfully request an independent cost analysis on
15 this proposed expansion be conducted by an honest
16 broker, such as the Health Policy Commission or the
17 Attorney General, to ensure a truly independent
18 process.

19 As the Department weighs how this proposal
20 will harm the medically and socially disenfranchised
21 and the fragile health ecosystem, I think it's
22 important to ask, why must MGB move now? Perhaps
23 not MGB, but many of us, as residents, employees,
24 employers and providers, are still in the throes of

1 a pandemic and focused on a healthy recovery for our
2 families, our neighbors and the Commonwealth.

3 Thank you for your time.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.

5 THE MODERATOR: Our next speaker is Tom
6 Shields from Shields Health Care Group.

7 And as a reminder, if you want to make a
8 statement today, please press *1.

9 MR. SHIELDS: Good morning and thank you
10 for the opportunity to speak today. My name is Tom
11 Shields. I'm the Chief Executive Officer of Shields
12 Health Care Group.

13 Shields, through its joint venture
14 partnerships with community hospitals, such as
15 MelroseWakefield and Winchester Hospital, serves
16 multiple communities north of Boston including
17 Woburn. It is through these partnerships that
18 Shields is able to provide high-value, high-quality
19 patient care, which we do by working with local
20 providers to enhance the services in those
21 communities.

22 I am deeply concerned about MGB's community
23 expansion plans and how those plans will discredit
24 the decades-long work of policymakers and elected

1 officials and regulators to contain the healthcare
2 costs in the Commonwealth. If approved, this
3 expansion will increase the cost of care for
4 patients and employers and the Commonwealth as a
5 whole.

6 And that is why the HPC should be required
7 to conduct an independent cost analysis on this
8 proposal, the type of analysis it does for most
9 other healthcare transactions in the Commonwealth.
10 Countless reports have illustrated that MGB's market
11 dominance provides negotiating leverage over health
12 insurers resulting in its ability to command the
13 highest reimbursement rates.

14 High rates translate to high prices for
15 patients in the form of out-of-pocket spending.
16 Price variation among healthcare providers is not
17 something that is readily transparent to patients,
18 resulting in patients unwittingly paying
19 significantly more for the exact same service with
20 no discernible difference in quality.

21 In turn, employers who purchase insurance
22 coverage on behalf of their employees also share in
23 those increased costs. A simple example of provider
24 price variation is that the MRI provided by MGB can

1 be upwards to \$500 more expensive than the same
2 exact scan at a Shields location.

3 Local and safety net providers will also be
4 immeasurably harmed by MGB's community expansion
5 plans. MGB is targeting communities with
6 high-yielding household income and greater
7 commercially insured lives, drawing these patients
8 away from the lower-cost providers. Consequently,
9 local providers will lose revenue they rely on to
10 fund the cost of providing care to lower-income,
11 more medically complex and underserved populations.
12 In order to remain financially viable, local
13 providers will be forced to cut services and seek
14 taxpayer bailouts, although MGB claims it will lower
15 the cost of patient care.

16 What it fails to mention is that it is
17 comparing MGB rates to MGB rates rather than MGB
18 rates to local provider rates. For example, the
19 Health Policy Commission in its 2019 Cost Trends
20 Report compared the price of an inpatient
21 hysterectomy at a community hospital to the same
22 procedure in an outpatient MGB setting. Typically
23 moving a procedure from an inpatient to an
24 outpatient setting will reduce spending by roughly

1 25 percent, but this example found that the spending
2 was actually increased by 37 percent.

3 It is also important to note that in
4 2016 --

5 HEARING OFFICER SZENT-GYORGYI: Thank you.
6 Your time is up. Thank you. You can submit your
7 full comments to us in writing. Thank you.

8 THE MODERATOR: Our next speaker is Breanna
9 Lungo-Koehn, Mayor of Medford.

10 MS. LUNGO-KOEHN: My name is Breanna
11 Lungo-Koehn, Mayor of Medford. Thank you for
12 allowing me a couple of minutes to speak.

13 I'm here because I believe the expansion of
14 Mass General Brigham Ambulatory Services into Woburn
15 will increase the cost of care in our community
16 without increasing the quality of care for patients.
17 Due to the economic impacts of the pandemic, many
18 Massachusetts families and individuals are barely
19 making ends meet. Any increases to the cost of care
20 are unacceptable.

21 MGB has a track record of merging,
22 acquiring, of pushing out community healthcare
23 systems and pricing services at higher cost,
24 increasing the financial burden placed upon patients

1 throughout the Commonwealth.

2 I also believe the expansion of Mass
3 General Brigham Ambulatory Services into Woburn will
4 threaten essential local jobs and the financial
5 viability of critical community care institutions.
6 The introduction of MGB's ambulatory services
7 without demonstrated need will take many
8 commercially insured patients away from lower-cost
9 high public payer hospitals and healthcare systems.

10 It's also my opinion that the expansion of
11 Mass General Brigham Ambulatory Services into Woburn
12 is likely to worsen existing health disparities.
13 The proposed MGB site targets higher income,
14 predominantly white, mobile, commercially insured
15 populations already served by existing providers.
16 The locations are not easily accessible to residents
17 of low-income communities with various healthcare
18 issues leaving access and the needs of many
19 residents behind. MGB will be drawing commercially
20 insured patients away from local providers who rely
21 on that care to subsidize patients that are insured
22 by public programs such as Medicare and Medicaid or
23 who are uninsured.

24 I also believe that there is not enough

1 community demand to warrant MGB's proposed expansion
2 into Woburn and that approving MGB's application
3 would threaten the future of community hospitals.
4 Woburn is not a medically underserved community.
5 The Determination of Need process was established to
6 protect community hospitals and our local hospitals
7 from the development of ambulatory surgical centers
8 nearby without the community hospital consent or
9 participation.

10 I thank you for the opportunity to share my
11 thoughts and I thank you for considering denial of
12 this proposal.

13 HEARING OFFICER SZENT-GYORGYI: Thank you.

14 THE MODERATOR: Our next speaker is Paul
15 Brodeur, the Mayor of the City of Melrose.

16 MR. BRODEUR: Hello and good morning. I
17 appreciate the opportunity to speak. I will
18 endeavor to be brief, because I suspect that there
19 are a lot of people in queue, and I think my
20 colleague, Mayor Lungo-Koehn, spoke well.

21 So I want to give you my perspective, both
22 as a mayor and as a former state representative who
23 was in the Legislature when we passed Chapter 224,
24 one of the Commonwealth's efforts, as you all know,

1 to control healthcare costs. So I want to focus
2 very briefly on cost of care and access to care,
3 perhaps in reverse order.

4 I agree with the former speaker and with
5 Mr. Shields as well that there really is not an
6 issue with access to care in this particular part of
7 the Commonwealth. We are well served by multiple
8 providers. And while I have a tremendous amount of
9 respect for what MGH or MGB now provides in terms of
10 leading care, the fact of the matter is they are
11 both, in the hospital setting and in the ambulatory
12 care setting, as far as I understand it, the most
13 expensive provider in the Commonwealth.

14 And given that that is the case, allowing
15 them to expand market share is not, in my opinion,
16 going to create downward pressure on cost. It is
17 certainly a cheaper option within the MGH system,
18 but from a community-wide perspective, it, again, is
19 more concentration of market power, as many folks
20 have said, and that drives rates up.

21 So I respectfully request that, at a
22 minimum, the Department pursues an HPC independent
23 cost analysis to get an independent look at what the
24 impact on the market will be. I do believe, again,

1 as many other speakers have said, it won't create
2 efficiencies in the overall market and will not
3 increase access to care, certainly not in an
4 equitable way.

5 I appreciate your consideration.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Our next speaker is Mehreen
8 from Wakefield Town Council.

9 MS. BUTT: Hello. My name is Mehreen Butt.
10 I'm a Wakefield Town Councilor and a Trustee of
11 MelroseWakefield Healthcare.

12 I believe that the expansion of Mass
13 General Brigham and MGB Ambulatory Services into
14 Woburn will increase the cost of care in our
15 community without increasing the quality of care for
16 patients. Due to the economic impact of the
17 pandemic, many Massachusetts families and
18 individuals are just barely making ends meet. Any
19 increases to the cost of care are unacceptable and
20 unattainable.

21 Woburn is already well served by
22 high-quality and low-cost healthcare providers.
23 Approving MGH's application to expand into our
24 community will threaten the financial viability of

1 local practitioners and smaller healthcare systems
2 replacing quality care offered at affordable rates
3 by local medical institutions with the same services
4 at higher price points.

5 I also just want to touch on health equity,
6 and being a woman of color who has studied
7 healthcare for a long time, I believe that the
8 expansion of MGB Ambulatory Services into Woburn is
9 likely to worsen existing health disparities. The
10 proposed MGB site targets higher-income,
11 predominantly white, mobile and commercially insured
12 populations already served by existing providers.

13 The locations are not easily accessible to
14 residents of low-income communities with barriers to
15 healthcare leaving access and the needs of many
16 residents behind. MGB will be drawing commercially
17 insured patients away from local providers who rely
18 on that care to subsidize patients that are insured
19 by public providers, such as Medicaid or Medicare or
20 who are uninsured.

21 Our local providers will continue to serve
22 these patients even if their commercial volume is
23 negatively impacted by MGB; however, these same
24 providers may be financially forced to close much

1 needed medical services resulting in reduced safety
2 net care for our communities' most vulnerable
3 patients while those most privileged migrate to MGB.

4 For the reasons mentioned, I believe
5 there's not enough community demand to warrant MGB's
6 proposed expansion into Woburn and that approving
7 MGB's application will threaten the future of
8 community hospitals.

9 Thank you for the opportunity to testify
10 today.

11 HEARING OFFICER SZENT-GYORGYI: Thank you.

12 THE MODERATOR: Our next speaker is John
13 Cannillo from Shields Health Care Group.

14 MR. CANNILLO: Good morning. My name is
15 John Cannillo, and I appreciate the opportunity to
16 share my concerns with the Department of Public
17 Health about MGB's expansion plans and intent to
18 establish an ambulatory care center in Woburn.

19 I currently serve as Physician Services
20 Manager for Shields Health Care. I have been
21 working in this area for more than seven years now.
22 My day-to-day responsibilities are to provide
23 access, availability and service to referring
24 physicians, their staff and their patients within

1 the area and connecting them with our high tech
2 diagnostic imaging services. Over the course of any
3 given week, I spend time with over 100 different
4 physician offices, varying in specialty from primary
5 care, orthopedics, neurology, urology, ENT, and a
6 variety of other medical and surgical specialties.

7 Talking to them about their needs for their
8 patients are access as well as the availability of
9 our specialty scans for their clinic needs. As I
10 reflect on feedback that I receive daily, there is
11 not enough community demand to warrant MGB's
12 proposed expansion into Woburn. There is a finite
13 need for healthcare, and healthcare services made
14 redundant by MGB's proposed expansion will
15 subsequently reduce the patient base and
16 profitability of established local providers,
17 threatening job loss amongst nurses, administrators
18 and others within the local community.

19 We currently provide seven-day-a-week
20 service offering over 700 appointments per week just
21 in our imaging facility alone. There are over six
22 other imaging providers and at least nine MRI
23 scanners in the area of Woburn, Winchester,
24 Stoneham, Lexington and Burlington, the primary

1 service areas, which are not medically underserved
2 communities.

3 MGB's proposed healthcare services are not
4 only redundant but far more expensive than the
5 services that exist in these communities today. For
6 example, I talked to a clinician yesterday. He gave
7 me quotes for the ranges of prices that one of his
8 patients told him he encountered while price
9 shopping for various MRIs in the area. They ranged
10 from \$700 to \$950 from the current service providers
11 in the area, and that rate is a global rate that
12 includes both technical and professional components
13 for the MRI scan.

14 I believe that MGB's healthcare services
15 would not only be redundant but far more expensive
16 than the current services that exist in these
17 communities today.

18 With these concerns in mind, I respectfully
19 request the Department of Public Health require the
20 Applicant to hold another public hearing on this
21 application. The time and date at which the hearing
22 has been conducted does not necessarily make it
23 accessible for the interested parties to share their
24 concerns.

1 In order to accurately understand the
2 impact of the proposal, I also suggest that
3 additional public hearings be scheduled after an
4 independent cost analysis has been conducted.
5 Furthermore, in order for the cost analysis to be
6 truly independent, I'm asking the Department to
7 require that the Health Policy Commission conduct an
8 independent cost analysis.

9 Thank you for your time and your
10 consideration.

11 HEARING OFFICER SZENT-GYORGYI: Thank you.

12 THE MODERATOR: Our next speaker is Karen
13 McAlmon from Winchester Hospital.

14 DR. McALMON: Good morning. My name is Dr.
15 Karen McAlmon. Thank you for this opportunity to
16 speak about this DoN. I am a neonatologist, a
17 pediatrician specializing in newborn medicine, and
18 director of the Special Care Nursery at Winchester
19 Hospital.

20 For over a century Winchester Hospital has
21 been dedicated to serving the community by providing
22 a well-rounded, full-service hospital, including
23 medical, surgical and subspecialty care, as well as
24 maternity, newborn and pediatric services. It has

1 been recognized and honored for the high-quality
2 care and nursing excellence it provides from groups
3 such as Leapfrog, the Centers for Medicare and
4 Medicaid Services, the American Nurses Credentialing
5 Center, U.S. News and World Report, as well as
6 insurers.

7 The ambulatory surgery, primary care and
8 diagnostic imaging services that Mass General
9 Brigham proposes mirror the services available at
10 Winchester Hospital in its Ambulatory Surgery Center
11 at 625 Washington Street and subspecialty services
12 at Unicorn Park, which are all within one to two
13 miles of the proposed site.

14 Like any hospital, medical and surgery
15 services are key components. The entry of Mass
16 General Brigham into this community threatens the
17 viability of Winchester Hospital. It is true that
18 the proposed Mass General Brigham services address
19 only a portion of the services that Winchester
20 provides. However, if these services are disrupted,
21 it may mean that the hospital cannot remain
22 financially viable and may result in the loss of the
23 ability of women to deliver their children and
24 receive care in their community.

1 This community does not need additional
2 outpatient medical-surgical services in such a close
3 proximity to Winchester Hospital. I urge you to
4 deny this DoN for Mass General Brigham.

5 Thank you for your consideration.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 THE MODERATOR: Our next speaker is Steven
8 Greenberg from North Shore Radiological Associates.

9 DR. GREENBERG: Thank you. My name is
10 Steven Greenberg. I'm a staff physician at
11 Winchester Hospital and a member of North Shore
12 Radiological Associates. I have been on the staff
13 of Winchester Hospital for nearly 31 years.

14 I was recruited in 1990 to develop an MRI
15 program at the hospital. We now have two outpatient
16 scanners and an inpatient unit both within walking
17 distance of the proposed MGB center. We perform
18 16,000 MRI scans a year, which are interpreted by
19 fellowship-trained specialists, many of which
20 trained at the Mass General and Brigham Hospitals.

21 The presence of MGB will not increase
22 quality. Our program was developed slowly and
23 deliberately adding MRI capacity over 30 years' time
24 in order to accommodate the needs of our local

1 community and not outstrip demand. By offering
2 imaging services at its Woburn facility, MGB would
3 make redundant services that we already are
4 providing, potentially taking patients from us and
5 threatening our financial viability. Simply put,
6 there is not enough community demand to sustain
7 added capacity.

8 I believe the MGB expansion into Woburn
9 will negatively impact the low-cost and high-quality
10 community care we offer with no increase in quality
11 or decrease in cost. Our local community depends on
12 the many services provided by Winchester Hospital
13 and other local hospitals.

14 By cherry-picking more profitable services,
15 MGB will severely impact our hospital's bottom line
16 and its mission to provide comprehensive care to the
17 community. They have no stake in this community
18 other than trying to savage resources. And I just
19 want to add how frustrating it is that instead of
20 listening to the local community, MGB has flooded
21 this public hearing with its own physicians and
22 program talking points.

23 I'd like to agree with some of the prior
24 speakers and suggest that additional public hearings

1 be scheduled after an independent cost analysis has
2 been conducted.

3 Thank you very much for your time.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.

5 THE MODERATOR: Our next speaker is Richard
6 Toran.

7 DR. TORAN: Good morning and thank you.
8 This is Dr. Richard Toran calling in. I'm an
9 interventional radiology physician practicing at
10 Winchester Hospital for 22 years. I'm speaking
11 today as a concerned citizen and experienced
12 radiologist.

13 It is clear that our community doesn't need
14 more expensive MRI scanners and CT machines. Our
15 towns already have cutting-edge MRIs and CTs largely
16 available. These existing scanners have capacity,
17 and importantly, these machines can share images
18 instantaneously to any other organization that needs
19 access to them. For years these machines have
20 delivered high-quality, low-cost imaging each and
21 every day.

22 Here, like in many cities and towns in
23 Massachusetts, times are tough. Health insurance is
24 expensive and is getting more expensive. Needless

1 expansion of MGB into our community will not help.
2 By constructing, operating and marketing duplicative
3 expensive services, in this case MRI and CT, MGB is
4 not doing us a service. It's not what our community
5 needs.

6 I respectfully ask your department to
7 consider history and imagine the consequences of
8 driving excess capacity into a community that
9 doesn't need it.

10 Thank you very much.

11 HEARING OFFICER SZENT-GYORGYI: Thank you.

12 THE MODERATOR: Our next speaker is David
13 Rosman from Mass General Physicians Organization.

14 DR. ROSMAN: Hi. Good morning. I want to
15 thank the DPH for your time. Obviously you're going
16 through a lot of work in this. My name is David
17 Rosman. I'm an abdominal radiologist and the
18 Associate Chair of Radiology here at Mass General.

19 You know, a lot has been said about
20 quality, and I think that that is relevant
21 particularly within the imaging component as we talk
22 about this. There is really quite clear data
23 demonstrating that when images are properly
24 performed -- and that includes the protocoling and

1 utilization -- as well as interpreted by
2 subspecialty physicians, it helps make more accurate
3 diagnoses; for example, in mammography, catching
4 more cancers, avoiding the false-positives that
5 cause undue concern, patient angst, fear, repeat
6 imaging and unnecessary procedures.

7 We want as Mass General Brigham to extend
8 the subspecialty imaging that over 100,000 patients
9 currently are driving from this area in Woburn and
10 the greater Woburn area into Boston to obtain to be
11 able to get within the community.

12 We know that imaging should be integrated
13 with a patient's care. So as we think about this
14 DoN, as we build components of it, we need to make
15 sure that if we're doing the cardiac care and we are
16 doing the orthopedic care, these patients are going
17 to get requests for imaging from their physicians,
18 and that imaging will be performed in the system.
19 We know their performing imaging in a system is
20 better for the Commonwealth and for the entire
21 healthcare system and to keep costs down.

22 Why? Because we know that if a patient
23 gets imaging outside of their system, we regularly
24 reimage within the system in order to make sure that

1 the surgeon has access to it when they're doing
2 their operation inside a system. So keeping
3 everything in one spot is better for the
4 Commonwealth as a whole.

5 It's also better for the patient. You know
6 any patient who would get a potential diagnosis,
7 "You may have cancer. We may need to do an
8 operation," doesn't want to go somewhere else to get
9 their imaging. They don't want to wait to get their
10 imaging.

11 Much has also been said about capacity and
12 spare capacity within the MGB system. I oversee
13 much of that, and frankly, we do not have that
14 capacity. The wait for an MRI on campus where these
15 100,000 residents of greater Woburn are currently
16 traveling is well over a month, closer to two
17 months. So making sure that there's additional
18 capacity so they are able to get it where they're
19 getting their care is critically important.

20 So, as a whole, we are trying to serve the
21 overall Commonwealth in moving care from the
22 hospital to the lower-cost site here in Woburn, and
23 we are trying to lower the cost and make it more
24 convenient for the patient in order to be able to --

1 and our existing patient population to get care
2 where they need it and want it. We know it's more
3 equitable, because the longer they wait -- for
4 example, for a Medicaid patient, the longer they
5 wait for care, the less likely it is they will get
6 it. Four times less likely over 30 days, and they
7 do wait over 30 days now. We need the more
8 capacity.

9 So I thank you for your time very, very
10 much and hope you will approve this plan.

11 HEARING OFFICER SZENT-GYORGYI: Thank you.

12 THE MODERATOR: As a reminder, if you would
13 like to make a statement today, please press *1 to
14 be put into the queue.

15 Our next statement comes from Alan
16 Macdonald.

17 MR. MACDONALD: Madam Moderator, my name is
18 Alan Macdonald. I live at 7 Wainwright Road in
19 Winchester.

20 I'm a former trustee and a former president
21 of MelroseWakefield Healthcare, then known as
22 Hallmark Health, but I retired from those positions
23 and I speak for myself at this public hearing. My
24 testimony is to say I do not believe there is a need

1 for services proposed by MGB for the Woburn site,
2 and if DPH were to determine there is a need, I
3 believe the services proposed by MGB would be more
4 costly for this area than is now the case.

5 From 2014 to 2016, in my then capacity for
6 Hallmark Health, I heard repeatedly from DPH and
7 from the Mass. Public Health Council that a move by
8 Mass General Hospital's network into this local area
9 would raise the overall cost of healthcare. Despite
10 arguments made then, the cost savings are being made
11 now in the Applicant's proposal.

12 Further, Hallmark Health's ability to
13 provide community healthcare at reasonable cost
14 would have to be done outside its then exclusive
15 affiliation with MGH. Pursuant to those decisions,
16 Hallmark Health did seek an affiliation acceptable
17 to DPH and the Health Policy Council that would
18 provide the resources and the competitive strength
19 to allow community healthcare to survive in this
20 area with high quality and reasonable cost.

21 In 2017, as you know, this was accomplished
22 by the merger of MelroseWakefield Healthcare with
23 Tufts Medical Center and Circle Health in Lowell and
24 the parent organization Wellforce. That merger, now

1 in its fifth year, has provided vigorous competition
2 around greater Woburn. And because of the
3 competition, this area has the skill, the capacity
4 and cost management to do what MGB proposes in its
5 current petition to provide medical services and
6 cost savings.

7 We've been hearing from others about the
8 weaknesses behind predicted cost savings in this
9 proposal, so I won't repeat those points, only to
10 say, first, I do not believe this proposal shows a
11 need in the greater Woburn area that is not being
12 addressed and served by existing community networks,
13 particularly the Lahey Winchester and Wellforce
14 MelroseWakefield networks.

15 Secondly, if DPH were to determine there
16 may be such a need, I believe prior review by DPH in
17 similar circumstances only a half decade ago would
18 indicate there is no overall cost benefit to be
19 gained by approving the proposal now being
20 considered at this public hearing.

21 Thank you for the opportunity to speak to
22 the proposal.

23 HEARING OFFICER SZENT-GYORGYI: Thank you.

24 THE MODERATOR: Our next speaker is Richard

1 Weiner from Winchester Hospital.

2 MR. WEINER: Good morning. My name is Rick
3 Weiner. I am President of Winchester Hospital and a
4 resident of Winchester. Thank you for the
5 opportunity to comment.

6 I do so because our hospital's driving
7 force, our mission, is now being seriously
8 threatened. For almost 110 years, Winchester
9 Hospital has provided vital services to residents of
10 Woburn, Winchester, Stoneham and the other
11 surrounding cities and towns. These services
12 include inpatient and outpatient care, obstetrics,
13 pediatrics and a broad range of specialty care.

14 We have state-of-the-art imaging capacity
15 in our outpatient site across the street from the
16 proposed development. Additionally, our ambulatory
17 surgery center is just around the corner from the
18 proposed site. These facilities have available
19 capacity, as do our primary care and specialty
20 providers. They all have an ability to care for
21 additional patients, patients from many systems and
22 patients from any payer.

23 We provide healthcare and other essential
24 services to local individuals and families. We care

1 for our communities in both the clinical setting and
2 outside the clinical setting. We support food banks
3 and many other organizations that help those in need
4 right here in this community.

5 A delicate balance exists for community
6 hospitals. We struggle to maintain all the critical
7 services communities need while also ensuring we can
8 retain, compensate and support a workforce vital to
9 providing these critical services. That delicate
10 financial balance is very real to Winchester
11 Hospital.

12 Make no mistake, we're able to provide
13 these essential services and to retain a stellar
14 workforce because, and only because, our outpatient
15 services generate the narrow margin that allows us
16 to do this. We exist to fulfill our mission and
17 serve our community. I'm alarmed about anything
18 that would disrupt this.

19 Thank you again for the opportunity to
20 voice our concern.

21 HEARING OFFICER SZENT-GYORGYI: Thank you.

22 THE MODERATOR: Our next comment comes from
23 Jonathan Joyner from Shields Health Care Group.

24 MR. JOYNER: Good morning. My name is

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

4 For almost 10 years I have served in
5 various market intelligence and business planning
6 roles in the Massachusetts healthcare market,
7 including time as an internal strategy consultant
8 for MGB. I currently serve as Director of Corporate
9 Development at Shields Health Care. As you can
10 imagine, having had roles at both MGB and Shields, I
11 have a unique perspective on the proposed expansion.

12 Having stepped through the regulatory
13 approval process on many occasions, I'm well versed
14 in the objectives of the Determination of Need;
15 namely, to encourage competition, work for
16 development of innovative delivery methods, and
17 ensuring access to healthcare resources at the
18 lowest possible cost.

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

1 aggregate, the expansion objectives of MGB represent
2 the antithesis of the DoN's objectives.

3 For your consideration, I'd like to focus
4 on factor one, evidence of need, the foundational
5 element of this regulatory approval process. In the
6 most recent expansion push, MGB plans to add eight
7 total MRI units to their existing 54 units across
8 their network for a total of 62 machines. Two of
9 these units are proposed at the Woburn location. Of
10 note, the Woburn location is eight miles and a
11 15-minute driving time to the recently approved
12 Somerville MRI machines, and at least six other
13 competitors' machines.

14 MGB's recent DoN application notes that
15 their patient panel consisted of 1.53 million unique
16 patients in FY19 across their network. Industry
17 best practices suggest that 10 percent of a given
18 population requires an MRI, meaning 153,000 MGB
19 patients require an MRI. In conjunction, the DPH's
20 staff report for the Somerville application
21 concluded that 5,200 MRIs per machine is a
22 reasonable utilization assumption. Therefore, the
23 proposed 62 machines offer the capacity to scan
24 322,000 patients, significantly overshooting the

1 153,000 patient panel need.

2 This is a perfect example of
3 oversaturation. The excess capacity is meant to
4 capture market share. The safe assumption is that
5 this same excess capacity is applicable across all
6 proposed service lines and modalities.

7 I speak as not just a competitor but as a
8 taxpayer, a commercial insurance enrollee, and a
9 student of the local healthcare market dynamics.
10 There is fundamentally no justifiable need for this
11 expansion other than the insatiable thirst for
12 market dominance. Approval of these expansion plans
13 by this committee is an affront to their own
14 charter, the price of which will be borne by all of
15 us. Thank you.

16 HEARING OFFICER SZENT-GYORGYI: Thank you.

17 THE MODERATOR: Our next comment comes from
18 Trina Chang from Mass General Brigham, Applicant.

19 DR. CHANG: Yes. Hi. My name is Trina
20 Chang, and I'm a psychiatrist at Mass General
21 Brigham.

22 Thanks so much to the Department of Public
23 Health for the opportunity to talk about my thoughts
24 on how this project will help people access good

1 behavioral and mental healthcare close to home. I
2 also really appreciated the previous speaker on
3 behavioral health earlier on.

4 So as you already heard from her, there is
5 a dire need for behavioral healthcare in the
6 Commonwealth and nationally. Just a couple of
7 statistics. One fifth of adults in this country
8 have a mental health issue, which means they face
9 higher rates of cardiovascular disease and other
10 chronic illnesses, as well as health costs that are
11 two to three times as high as those without such
12 diagnoses.

13 Yet it's next to impossible to find mental
14 health providers who have availability, are
15 affordable and are convenient to you. In fact, in
16 2019, only half the people with mental health
17 disorders in the U.S. received treatment for them,
18 and we expect this has only gotten worse in these
19 COVID times.

20 So we think the MGB Integrated Care Center
21 in Woburn presents an unparalleled opportunity to
22 build a better behavioral health system from the
23 ground up. Our vision is to provide truly
24 integrated behavioral healthcare for our patients,

1 which means that we will have behavioral health
2 providers working side by side with primary care
3 providers to facilitate a broad range of outpatient
4 care.

5 Imagine a clinic where your PCP can help
6 you manage the most common behavioral health
7 complaints because you have the support of a
8 behavioral health coach, as well as input from a
9 specialist, and where if you need to see a
10 psychiatrist or therapist, you can make an
11 appointment at the same clinic when you check out
12 after your PCP visit and where your providers
13 communicate easily and quickly and where transition
14 between teams is seamless.

15 This model has extensive evidence showing
16 that it increases access, improves clinical
17 outcomes, and reduces healthcare costs and
18 disparities, and it's in line with the State's
19 recent roadmap on behavioral health reform.

20 In parallel with this model, we plan to
21 leverage digital tools to increase our treatment
22 capacity, and we will collaborate with MGB's
23 academic medical centers to help us manage more
24 specialists' psychiatric questions close to home.

1 So through these best practices, we hope to do our
2 part to tackle the behavioral health crisis for the
3 residents of Woburn and nearby communities.

4 Thank you for allowing me to speak and for
5 considering this innovative project that we hope
6 will significantly improve the behavioral health
7 system in this area.

8 HEARING OFFICER SZENT-GYORGYI: Thank you.

9 THE MODERATOR: Our next speaker is
10 Nicholas Elia from Shields Health Care Group.

11 MR. ELIA: Good morning. My name is
12 Nicholas Elia. I appreciate the opportunity to
13 share some of my concerns with the Department of
14 Public Health about MGB's expansion plans and intent
15 to establish an outpatient center in the community
16 of Woburn.

17 I currently serve as a senior business
18 development analyst for Shields Health Care Group
19 where I've been working for the past three years.
20 Given my affiliation with Shields, who offers both
21 outpatient imaging and ambulatory surgery services,
22 I have some serious concerns about how MGB's
23 proposed expansion in Woburn will impact health
24 equity and the cost of care for patients in the

1 community.

2 After a significant amount of review of the
3 DoN submitted by MGB, I believe there is
4 insufficient demand for imaging and ambulatory
5 surgery within the market to justify the proposed
6 expansion of these services in Woburn.

7 Looking at MRI specifically, there are
8 currently 39 units with DoN approval located within
9 and just outside of the Woburn primary service area.
10 This would not be considered an underserved market
11 for imaging services, and with around 30 percent of
12 these units being operated and owned by Mass General
13 Brigham, this means that patients have ample
14 opportunities to receive care within the MGB
15 network.

16 In addition to this, the proposed expansion
17 of imaging services in Woburn will have a negative
18 impact on the local care already provided and will
19 be more expensive than the existing services offered
20 by these local providers.

21 MGB has a track record of pushing out
22 community healthcare systems by targeting
23 commercially insured patients and pricing services
24 at higher outpatient costs. If community providers

1 lose a substantial amount of commercial business to
2 MGB, it will impede their financial viability by
3 disrupting the balanced payer mix that enables them
4 to deliver quality care to MassHealth patients,
5 people living in poverty, as well as patients
6 affected by health inequities.

7 I also wanted to raise a point in regards
8 to the primary service area that was defined by MGB
9 for Woburn. The PSA defined for the proposed
10 expansion coincides with the number of ZIP codes
11 listed in the Somerville MRI application. Given
12 that these primary service areas overlap, I would
13 ask that the independent cost analysis make sure
14 that scan volume isn't being over-counted.

15 Finally, in order to accurately understand
16 the impact of this proposal, I'm suggesting the
17 Department of Health require the Health Policy
18 Commission to conduct a cost analysis to ensure a
19 truly independent process and that an additional
20 public hearing be scheduled for after this analysis
21 has been completed.

22 Thank you for your time and the opportunity
23 to speak today.

24 HEARING OFFICER SZENT-GYORGYI: Thank you.

1 THE MODERATOR: Our next speaker is Karen
2 Donnellan from Shields Health Care Group.

3 MS. DONNELLAN: Good morning. My name is
4 Karen Donnellan. I have worked for Shields Health
5 Care for over 25 years, but I've been in healthcare
6 for over 35 years and had the privilege of working
7 in the Boston area prior to coming to Shields.

8 As senior director of operations overseeing
9 over 10 MRI centers that are affiliated with local
10 community hospitals surrounding Boston, I have had
11 the privilege of working with local communities and
12 patients on providing low-cost and high-quality care
13 for MRI.

14 It is important for me to understand what
15 is going on in the local community. I have come to
16 appreciate the choices that patients have based on
17 their needs and their affiliations with Boston
18 hospitals along with the fact, as everybody alluded
19 to, cost of care.

20 Massachusetts prides itself with providing
21 top-notch care and access, based on healthcare
22 collaboration with Boston hospitals and local
23 communities. These collaborations are essential for
24 survival based on the combination of commercial

1 insurance, Medicare and MassHealth patients.

2 Being part of healthcare for over 35 years
3 starting in oncology, I have watched Boston
4 hospitals collaborate extensively with these local
5 communities, which has been their brand. Mass
6 General, which is 15 minutes south of the Woburn
7 site, also has a site 15 minutes north at Mass
8 General North Shore. Proximity is key for their
9 patients and their community, which already has
10 access close to home.

11 It is important to understand that if MGB
12 comes to this community in the Woburn area, it will
13 be drawing commercially insured patients away from
14 local providers who rely on their care to subsidize
15 patients that are insured by public programs such as
16 Medicare and Medicaid and who are uninsured.

17 I'd like to leave with a final ask. In
18 order to accurately understand the impact of this
19 proposal, I suggest that an additional public
20 hearing be scheduled and for an independent cost
21 analysis to be conducted.

22 I appreciate the opportunity here to speak.
23 Thank you.

24 HEARING OFFICER SZENT-GYORGYI: Thank you.

1 THE MODERATOR: Our next speaker is
2 Brittany Arseneault from Shields Health Care Group.

3 MS. ARSENEAULT: Hello. My name is
4 Brittany Arseneault, and I'm the patient care
5 manager for our Boston and North Centers for Shields
6 MRI where I specifically work in the Woburn and
7 Winchester Hospital locations.

8 I appreciate the opportunity to share my
9 concerns with the Department of Public Health about
10 MGB's community expansion plans and intent to have
11 outpatient locations in Woburn and how it will
12 deeply impact health equity and the cost of care.

13 The proposed expansion targets higher
14 income, mobile and commercially insured populations
15 already served by great providers. I believe this
16 expansion will increase the cost of care without
17 increasing the quality of care, and due to the
18 current pandemic, many families are already
19 struggling to make ends meet. Therefore, any
20 increase to cost of care is unacceptable and
21 untenable. We need to keep healthcare local and
22 affordable.

23 I especially appreciate the opportunity for
24 sharing my concerns regarding the expansion plan.

1 Thank you.

2 HEARING OFFICER SZENT-GYORGYI: Thank you.

3 THE MODERATOR: Our next speaker is Michael
4 with Shields Health Care Group.

5 MR. CROKE: Good morning. My name is
6 Michael Croke. I appreciate the opportunity to
7 voice my concerns with the Department of Public
8 Health about Mass General Brigham's expansion plans
9 and the intent to establish an outpatient center in
10 the community of Woburn.

11 I currently work as a business development
12 analyst at Shields Health Care Group and have worked
13 in various other roles throughout the company over
14 the past four years. As a provider of both
15 outpatient imaging and ambulatory surgery services,
16 I am deeply concerned with Mass General Brigham's
17 proposed expansion and the impact it will have on
18 health equity and the cost of care.

19 I believe that Mass General Brigham's
20 proposed expansion of imaging and ambulatory surgery
21 services in Woburn will negatively impact local care
22 and will increase the cost associated with services
23 when compared to the current environment. A
24 balanced payer mix allows local providers to deliver

1 quality care to MassHealth patients. Healthcare
2 systems' payer mixes will be disrupted as Mass
3 General Brigham targets the commercially insured
4 community in the region and siphons patients away
5 from these local providers.

6 The loss of revenue from commercial payers
7 will negatively impact the financial stability of
8 the local medical institutions that currently
9 service the underprivileged and low-income
10 residents, which will increase the disparity and
11 access to healthcare services.

12 Local providers will continue to serve
13 those patients and the local loss of commercial
14 revenues to providers will force them to raise their
15 commercial rates to compete with Mass General
16 Brigham, reduce the number of services being
17 offered, and will ultimately close down facilities
18 serving the most vulnerable populations in the
19 community.

20 In addition to concerns about the impact on
21 health equity and the cost of care, after review of
22 the DoN submitted by Mass General Brigham, the
23 Woburn area is not medically underserved. With 39
24 DoN-approved MRIs in and around the Woburn area, the

1 approval of two additional units will be redundant.
2 Since the Department of Public Health is still
3 developing guidelines for defining the primary
4 service area, approval of a project that raises such
5 issues would set a dangerous precedent that
6 threatens the future of community hospitals.

7 Finally, in order for the cost analysis to
8 be truly independent, I'm asking that the Department
9 require that the Health Policy Commission conduct an
10 independent cost analysis.

11 Thank you for the opportunity to voice my
12 concerns.

13 HEARING OFFICER SZENT-GYORGYI: Thank you.

14 THE MODERATOR: Our next speaker is Sohail
15 Husain from Agility Orthopedics.

16 DR. HUSAIN: Hello. My name is Sohail
17 Husain. I appreciate this opportunity to share my
18 concerns with the Department of Public Health about
19 the expansion plans of Mass General Brigham in
20 Woburn.

21 I'm an orthopedic surgeon at Agility
22 Orthopedics. I have practiced out of our Stoneham
23 office for the last eight years. I work out of two
24 of the hospitals in this community, MelroseWakefield

1 Hospital and Winchester Hospital. My father worked
2 at Mass General Hospital for over 25 years. I grew
3 up in this area. I'm very familiar with the medical
4 environment in this area.

5 I'm concerned about Mass General Brigham's
6 proposed scope of expansion in this area. I think
7 it will increase the cost of care in this community
8 without adding value for routine care. The
9 marketing influence of Mass General Brigham will
10 make it more difficult for insurers to negotiate.
11 This will raise the cost of healthcare services
12 leading to higher costs for employers and patients
13 in this community.

14 We have been working hard locally to
15 provide excellent care at lower cost. We have
16 recently opened a freestanding ambulatory surgery
17 center in Medford that provides excellent care at a
18 fraction of the cost of an hospital-owned surgery
19 center, which charges higher rates.

20 For about a year I've been seeing ads in
21 the orthopedic journals looking for orthopedic
22 surgeons to spend a portion of their time at Mass
23 General Hospital and a portion of their time
24 developing a practice in the Boston suburbs. It

1 seems clear to me that these surgeons will be taking
2 their patients from the hospital-level care out of
3 local community and into one of the most expensive
4 hospital systems in the State by establishing an
5 MGB-affiliated pipeline referral system.

6 I appreciate having major academic centers
7 15 miles down the road to help treat complex
8 problems that are beyond the scope of community
9 care. A year ago I had a complex injury that no one
10 in the area had experience in treating. I ended up
11 having surgery at Mass General Hospital. I was able
12 to go downtown with this unusual injury. That
13 opportunity is already available for patients who
14 need unusual specialty care.

15 This expansion, however, will route people
16 away from our community resources for routine care
17 that is best done in and already offered by
18 community hospitals, clinics and surgery centers.

19 I specifically request that the Department
20 of Public Health require that the Health Policy
21 Commission conduct an independent cost analysis to
22 show us the full impact that building this facility
23 in Woburn, Massachusetts, will have on community
24 care.

1 I also request that additional public
2 hearings should be scheduled after the independent
3 cost analysis study has been conducted so that
4 people of this community can have a chance to
5 participate in the decision-making process in an
6 informed manner. Thank you.

7 HEARING OFFICER SZENT-GYORGYI: Thank you.

8 THE MODERATOR: Our next speaker is Kevin
9 Kelley from North Atlantic States Regional.

10 MR. KELLEY: Good morning. My name is
11 Kevin Kelley and I work for the North Atlantic
12 Council of Carpenters. I represent 1800 carpenters
13 from our Wilmington office located at 350 Fordham
14 Road in Wilmington.

15 Our carpenters are in need of the proposed
16 project. They need quick, reliable access to
17 affordable care. That is, hourly wage workers, they
18 need the flexibility of the proposed project for
19 they often are unable to deal with the large parking
20 garages and long walks and all the antiquated
21 facilities just to wait for the care that they need
22 quickly so that they can get home to their families.

23 Anybody who has been on 93 or 95 that
24 thinks it's okay to go a couple of extra exits for

1 care at rush hour is not living in the real world.
2 The frustration of not being able to have access to
3 quality care often leads to them avoiding it and not
4 getting it, and that ends up compounding the problem
5 for them resulting in a bigger problem in lost time
6 and greater cost.

7 As hourly wage workers under a CBA, we
8 receive hourly benefits. We do not receive
9 cradle-to-grave health insurance. We do earn our
10 healthcare by accumulating required hours
11 biannually. With access to quick, efficient
12 healthcare that can be provided for our members and
13 their families, quality of life improves. We know
14 this. When a one-hour visit turns into a four-hour
15 event, it becomes prohibitive and problematic for
16 their families to utilize their hard-earned benefit.

17 Covering 76 cities and towns that encompass
18 MetroWest, North Shore and the Merrimack Valley, we
19 have witnessed first hand the main campuses of the
20 major healthcare providers burst at the seams due to
21 limited space or to the opposite, with sprawling
22 campuses that are hard to navigate. Conversely, we
23 have experienced a much more positive experience
24 with satellite locations provided by the same valued

1 healthcare providers that ensure expertise,
2 professionalism and quality care.

3 As the grandson of a surgeon from Mass
4 General/Ear Nose and Throat, I was always impressed
5 with his ability to maintain an office in several
6 locations, and he did that in order to provide
7 quality care for his patients. This is no
8 different. I think it's high time that we get on
9 board and make sure the quality of healthcare is
10 available.

11 Thank you for the opportunity to speak
12 about our concerns and please consider our request
13 to improve this project. It most certainly will
14 improve the lives of carpenters and will add quality
15 care and accessibility to the community with a great
16 commitment to diversity from Partners for many years
17 to come.

18 Thank you very much.

19 HEARING OFFICER SZENT-GYORGYI: Thank you.

20 THE MODERATOR: Our next speaker is Susan
21 Sandberg from MelroseWakefield Healthcare.

22 MS. SANDBERG: My name is Susan Sandberg,
23 CEO for MelroseWakefield Healthcare, which operates
24 hospitals in Melrose and in Medford, as well as a

1 joint partnership Ambulatory Surgery Center in
2 Medford and numerous ambulatory facilities and
3 physician offices serving north suburban Boston
4 including Woburn. Thank you for this opportunity to
5 express our concern regarding MGB's proposed
6 ambulatory Woburn site.

7 To begin with, we are deeply concerned that
8 the expansion of MGB Ambulatory Services into Woburn
9 will continue to draw care into more expensive
10 settings, increase the cost of care in our
11 communities and worsen disparity. Allowing MGB to
12 enter Woburn will threaten the financial viability
13 of community-based practitioners and healthcare
14 systems like ours and replace care currently offered
15 at affordable rates by local institutions with the
16 same services at higher price points.

17 In its application, MGB claims the proposed
18 new sites will lower patient costs because surgeries
19 that are currently performed in their inpatient
20 settings will be shifted to outpatient settings.
21 Although surgeries performed in their outpatient
22 settings are less costly than the same procedures
23 performed in their inpatient settings, they are
24 still significantly more expensive than surgeries

1 performed in outpatient settings by local community
2 providers.

3 Based on available health plans with
4 contract claims data, MGH is on average paid up to
5 40 percent more for an inpatient stay than
6 MelroseWakefield Hospital and MGB physician payments
7 are also inflated up to 40 percent more than their
8 community peers who are not part of the MGB machine.

9 This goes directly to inflate the
10 Commonwealth's total medical expense. Continuously
11 cherry-picking care away from community providers
12 significantly threatens our ability to continue to
13 offer robust local services. This puts at risk the
14 availability of local physician and hospital
15 services, such as local cardiac cath labs to quickly
16 treat heart attacks nearby.

17 Make no mistake, these expansions are not
18 about shifting MGB inpatient services to their
19 outpatient settings. These expansions are about
20 increasing the size of their patient panels and
21 increasing their ability to control and increase
22 referrals within their own expensive system, all on
23 the backs of our local providers, employers and
24 community members.

1 To conclude, in 2016 the Commonwealth
2 halted MGB's acquisition of MelroseWakefield
3 Healthcare due to concern about market power and
4 negative impact to consumers. This huge investment
5 in Woburn by MGB puts them officially and firmly in
6 the exact same market that would have made them too
7 powerful.

8 This proposal threatens local community
9 hospitals like MelroseWakefield Hospital and
10 Lawrence Memorial Hospital in Medford and is in an
11 area that is already well served by our system and
12 other local entities. This includes a number of
13 providers, two ambulatory surgery centers, multiple
14 physician practices and radiology services, all
15 currently within two to five miles of their proposed
16 Woburn location.

17 I ask you to deny this proposal and thank
18 you for your time today.

19 HEARING OFFICER SZENT-GYORGYI: Thank you.

20 THE MODERATOR: As a reminder, if you'd
21 like to make a comment today, please press *1 to be
22 put into the queue.

23 Our next comment comes from Karen Scalia
24 from the Shields Health Care Group.

1 MS. SCALIA: Good morning. My name is
2 Karen Scalia. I work for Shields Health Care.

3 Thank you for the opportunity to share my
4 concerns with the Department of Public Health about
5 Mass General Brigham's community expansion plans and
6 intent to establish an outpatient center in Woburn.
7 I am a lifelong resident of Massachusetts and
8 currently hold the position of Vice President,
9 Safety and Quality at Shields Health Care.

10 I've been in healthcare for 40 years
11 serving in various clinical and leadership roles.
12 As I am affiliated with a safety net healthcare
13 provider, I have various concerns about how Mass
14 General Brigham's proposed expansion will impact
15 health equity and the cost of care.

16 My concern is that Mass General Brigham's
17 expansion into Woburn is likely to worsen existing
18 health disparities. Due to the economic impact of
19 the pandemic, many Massachusetts families and
20 individuals are struggling to make ends meet and any
21 increase in the cost of care is unacceptable.

22 The proposed MGB site has a higher-income,
23 commercially insured population that is already
24 served well by existing providers. These locations

1 are not easily accessible to residents of low-income
2 communities with barriers to healthcare leaving
3 access and the needs of many residents behind. MGB
4 will be drawing commercially insured patients away
5 from local providers who rely on that care to
6 subsidize patients that are insured by public
7 programs such as Medicare or Medicaid or who are
8 uninsured.

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

18 Finally, I respectfully request that the
19 Department of Public Health require the Applicant to
20 hold another public hearing on this application.
21 The time of day at which this hearing is being
22 conducted does not make it accessible for all
23 interested parties to express their concern, and
24 that the additional public hearing be scheduled for

1 after an independent cost analysis has been
2 conducted.

3 Thank you, again, for this opportunity to
4 share my concerns.

5 HEARING OFFICER SZENT-GYORGYI: Thank you.

6 THE MODERATOR: Our next comment comes from
7 Dr. Eleanor Moresco from MelroseWakefield
8 Healthcare.

9 DR. MORESCO: Thank you very much. This is
10 Eleanor Moresco. I've been a primary care physician
11 in Medford for 35 years, and I also have the
12 privilege of being the president of our Physician
13 Hospital Organization.

14 I'd like to remind us all that in 2016, the
15 proposed merger between Partners HealthCare and
16 Hallmark Health System, which was MelroseWakefield
17 Hospital and Lawrence Memorial Hospital, was blocked
18 by the Attorney General, and her statement at the
19 time was that one of the greatest challenges for our
20 Commonwealth is controlling health costs while
21 promoting quality and access. She also said that
22 she had blocked the merger with that goal in mind.

23 There are already high-quality, low-cost
24 options for medical care in the service area of the

1 proposed Woburn ASC site, as you have heard this
2 morning. MelroseWakefield Healthcare has an
3 ambulatory surgery center in Medford at the former
4 LMH campus less than 10 minutes away from the
5 proposed Woburn location. They also have PCPs in
6 the greater Woburn community who actually refer
7 patients into the highly integrated Wellforce
8 system, which uses two low-cost community hospitals,
9 MelroseWakefield Hospital and Lowell General
10 Hospital, and also preferentially refers to Tufts
11 Medical Center, the lowest cost of the tertiary
12 centers in Boston.

13 We've done some data analysis in our PHO
14 risk contract looking at several common ASC-level
15 outpatient procedures. This shows that when the
16 procedure is done at MGH, the cost is on average 50
17 to 60 percent higher than a similar service done at
18 MelroseWakefield Hospital. Because of Partners'
19 market clout and price negotiating, we anticipate
20 that this type of price discrepancy will carry
21 itself into the MGB versus our own community
22 hospital ASC.

23 If our goal in Massachusetts is to allow
24 the truly low-cost system to be viable, then we

1 can't continue to support the expansion of the
2 highest-cost provider into their primary and
3 secondary service areas. Our Attorney General
4 warned in 2016 that we need to take measures to
5 ensure viable high-quality and low-cost medical care
6 for Massachusetts residents.

7 An MGB ASC in Woburn may not appear to be
8 as big a threat to cost as hospital mergers were,
9 but ultimately it will bring about the same demise
10 of a low-cost provider with the death by a thousand
11 cuts. Please don't allow this to happen.

12 Thank you very much for this opportunity to
13 speak.

14 HEARING OFFICER SZENT-GYORGYI: Thank you.

15 THE MODERATOR: Our next speaker is Matthew
16 Brown from MelroseWakefield Hospital.

17 DR. BROWN: Hi. My name is Matt Brown.
18 I'm a general surgeon at MelroseWakefield Hospital
19 and also the department chair of surgery.

20 I'm in a unique position in the sense I've
21 been in the community for 15 years, originally in
22 private practice, working between the Winchester
23 system and also the Melrose system and ultimately
24 transitioned to be employed by the Melrose system

1 and Tufts Medical Center Community Care.

2 I would like to speak to the fact that I'm
3 concerned that the expansion of MGB would further
4 degrade the ability for us to take care of indigent
5 care. Unfortunately, the MGH system does have a
6 halo effect that while warranted for more complex
7 and subspecialized things, the halo effect will
8 attract commercial-paying affluent patients to MGB
9 and therefore cannibalize our healthcare system and
10 leave us with a burden to take care of our
11 underprivileged patient population without the
12 subsidy of having commercial payers offset that
13 deficit.

14 My concern also is that when we hear the
15 explanation for the expansion, issues of access or
16 equity or even one remark was something along the
17 lines of, Well, we can't get the images in the same
18 system, so it just costs more money to order more.

19 I would argue that maybe the suggestion
20 would be work collegially and rebuild the
21 infrastructure. I can tell you that being in both
22 the Winchester and Hallmark system or Lahey and
23 Winchester system and the Tufts system that I can
24 easily reach out to my colleagues and get

1 information shared between us, get images shared
2 between us without having to recreate the wheel.

3 I would argue that we should look at the
4 cost that this expansion would have on our
5 community. We should have an independent evaluation
6 of this. We should have a hearing at a time when
7 many practitioners and community members can
8 participate. The fact that this is in the morning
9 when surgeons are operating or physicians are in
10 their office seeing patients makes it harder for the
11 stakeholder to actually voice their opinion.

12 So I would argue or say that we look at
13 this and I have grave concerns that it will be
14 detrimental to our community. Thank you for taking
15 the time to listen to my concerns.

16 HEARING OFFICER SZENT-GYORGYI: Thank you.

17 THE MODERATOR: Our next speaker is
18 Virginia Hung from Winchester Hospital.

19 DR. HUNG: Hi. This is Dr. Virginia Hung
20 from Winchester Hospital. I have been a surgeon in
21 the community for 16 years. Like Matt Brown, I also
22 work at both MelroseWakefield Hospital and at
23 Winchester Hospital. I have not found that there's
24 been any delay in care or lack of services to the

1 40,000 residents of Woburn and the surrounding
2 communities.

3 I also agree with Dr. Brown's very
4 intelligent comment that any resources that could be
5 devoted to improving local care in the area would be
6 best directed towards building infrastructure and
7 communication between surgeons, medical
8 practitioners and other healthcare providers, to
9 improve the sharing of information regarding patient
10 care rather than building additional facilities
11 which duplicate services which are not needed.

12 Thank you.

13 HEARING OFFICER SZENT-GYORGYI: Thank you.

14 THE MODERATOR: Our next speaker is
15 Christine DiSangro from Shields Health Care Group.

16 MS. DiSANGRO: Good morning. My name is
17 Christine DiSangro. Thank you for the opportunity
18 to share my concerns with the Department of Public
19 Health about MGB's expansion plans into the
20 community of Woburn.

21 In my role within the human resources
22 department at Shields Health Care Group, I am very
23 familiar with the cost of healthcare and the impact
24 those costs can have on employees and their

1 families. Many employers have moved to high
2 deductible plans that require employees to pay more
3 out-of-pocket for their medical services.

4 According to the Commonwealth Fund, one in
5 100 Americans under the age of 64 spent \$5,000 or
6 more in out-of-pocket medical expenditures in 2017.
7 It's difficult for many individuals to shop around
8 for medical care because, one, prices are not
9 particularly transparent to patients; and two, they
10 or their loved ones are sick and they are trying to
11 get the quickest appointment rather than the most
12 price-effective service.

13 A patient may not understand that an MRI
14 provided by MGB can be upwards of \$500 more
15 expensive than the same exact scan at a lower-cost
16 provider. The unfortunate result of this is
17 patients will end up paying more for the same
18 service. If this proposal goes through, I worry
19 that high-priced providers like MGB will take
20 advantage of their market power in the Woburn
21 community to drive more patient care to a higher
22 cost of care.

23 Due to this concern, I'm asking the
24 Department to require the Health Policy Commission

1 to conduct an independent cost analysis.

2 Thank you for allowing me to express my
3 concerns today.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.

5 THE MODERATOR: As a reminder, if you would
6 like to make a comment, please press *1.

7 Our next comment comes from Mary Quinlan.

8 MS. QUINLAN: Yes. I have been involved
9 with the Mass General as a Registered Nurse there
10 for 40 years, and I was just amazed at the
11 efficiency and the well-cared-for patients there.

12 And now that I'm a patient myself, I have
13 been there on an outpatient basis and have been
14 very, very satisfied. Now as a senior, I have
15 mobility problems, I am going blind, and I need
16 extra services, and a trip into Boston is very
17 difficult because of the traffic and so forth.

18 So I think the community is being denied
19 the excellence of healthcare that can help. And I
20 appreciate the other hospitals around and the care
21 that they're giving, but I think there is definitely
22 room for improvement, and especially in the
23 outpatient psychiatry and the behavioral clinic for
24 children. I think it's so, so important now.

1 I believe we would be missing a terrible
2 opportunity now, and I am for the expansion of this
3 new building. Thank you.

4 HEARING OFFICER SZENT-GYORGYI: Thank you.

5 THE MODERATOR: Our next comment comes from
6 James.

7 MR. FAGAN: James Fagan. My big moment, I
8 almost dropped the phone. I hope you can hear me.

9 It's hard being limited to just three
10 minutes. I want to go immediately on the record and
11 say that I am opposed to the spending of these
12 millions of dollars by -- well, it's difficult for
13 me to say with even a straight face on the phone --
14 this nonprofit hospital. I personally think their
15 specific goal is to increase market share with no
16 thoughts of cost containment to their patients or
17 the impact this expansion will have on the Woburn
18 community.

19 Before stating my specific objections,
20 please let me give you a quick overview. I'm 75
21 years old. I'm retired, living in the City of
22 Boston. I'm on a fixed income, and I am the sole
23 caregiver for my wife, Janice, a retired oncology
24 nurse who has leukemia.

1 In 2009 we spent \$48,000 and in 2020 we
2 spent \$34,000 out-of-pocket for my wife's care.
3 This amount is in addition to any other health
4 insurance premiums and other services that she
5 required. Specifically due to the impact of the
6 pandemic, our family can't assume any more costs,
7 which I think this expansion will add to.

8 Secondly, I've seen first hand at MGB
9 where my wife is a patient how they use their
10 outpatient facility as a conduit to get patients
11 back into Boston where the costs are much more
12 expensive.

13 As far as transparency goes, it's been our
14 experience at MGB that it's nonexistent. Their
15 current pricing and billing is difficult to
16 understand. Try to get the cost of an IV infusion
17 or any other labwork and no one calls you back. As
18 several other speakers have stated, Woburn is
19 already served by some excellent providers.

20 May I please say in closing, I live in the
21 city in the shadow of this nonprofit's headquarters
22 where 17 top executives last year and over the last
23 couple of years have had compensation between \$1 and
24 \$6 million while my wife and families like ours

1 contribute to pay exorbitant costs based on the rate
2 structure at MGB.

3 Finally, I would say we've all seen this
4 movie before. Several callers have mentioned the
5 Attorney General Maura Healey and how she put the
6 brakes on a South Shore expansion.

7 I would also call your attention to the
8 Attorney General from the State of New Hampshire,
9 Gordon MacDonald, who said -- and I think his
10 statement -- I'll quote it -- applies to the Woburn
11 site: "It will prevent free and fair competition
12 and threatens even higher health costs to be borne
13 by the consumer in this area."

14 I appreciate the opportunity to speak on
15 behalf of myself and my wife this morning. I wish I
16 heard more consumers on the call. It's wonderful to
17 hear the different physicians and the healthcare
18 providers, but I think we need additional public
19 hearings where consumers can be heard, and these
20 costs have to be somewhat regulated and made more
21 transparent.

22 Thank you very much for your time this
23 morning. I'm not sure I was on. I hope I did it
24 correctly. Thank you.

1 HEARING OFFICER SZENT-GYORGYI: Thank you.
2 Yes, we heard that. Thank you.

3 At this time I'm not seeing there are
4 additional people in the queue. Courtney, can you
5 confirm that?

6 THE MODERATOR: Yes, I can confirm.

7 HEARING OFFICER SZENT-GYORGYI: Okay. We
8 will take a few minutes. As a reminder, if you
9 would like to testify, there is nobody in the queue
10 right now. Please press *1 to indicate that you
11 would like to testify. We will wait a few more
12 moments, a little while, to see if anybody
13 additionally would like to testify.

14 Courtney, if anybody gets in the queue, you
15 can go ahead and put them on.

16 THE MODERATOR: Our next speaker is Arlan
17 Fuller.

18 DR. FULLER: Good morning. My name is
19 Arlan Fuller. I've been a resident of Winchester
20 for more than 40 years and I appreciate the
21 opportunity to speak this morning.

22 In background, I am a physician who
23 graduated from Harvard Medical School in 1971,
24 training at the MGH and Brigham for six years. I

1 know the MGH and Brigham system quite well, as I
2 practiced at the MGH as a gynecologic cancer
3 specialist for 28 years and was chief of
4 gynecological oncology there for more than 15 years.

5 In 2007 when I chose to leave the MGH and
6 work at Winchester Hospital, I helped create the
7 Center for Cancer Care and the Ambulatory Surgical
8 Unit at 620 Washington Street, in the very shadow of
9 this proposed building, to focus on delivering
10 comprehensive and low-cost outpatient care.

11 One of my reasons for leaving the MGH was
12 the lack there of a robotic surgical program. At
13 Winchester I met an atmosphere of innovation and
14 patient focus, having the opportunity to create the
15 first multidisciplinary robotic surgical program in
16 a community hospital in the United States.

17 For many years in my practice at MGH, I
18 worked with physicians in Winchester and have always
19 been impressed with the quality of their
20 collaboration and coordination with me in the
21 delivery of healthcare.

22 When I actually arrived in Winchester in
23 2007, I found an intense focus on the patient
24 experience at the hospital and transparency that

1 even extended to posting data on readmission,
2 infections and preventable harm events in multiple
3 quarters in the hospital. It was a remarkable
4 collaboration of nurses, administrators, pharmacists
5 and support staff as well as physicians in
6 protecting patients from medical error.

7 My working relationship at that time and
8 that of my staff as well with our imaging team at
9 Winchester Hospital has been both timely, uniformly
10 excellent, and equal to that which I experienced at
11 MGH.

12 Upon my return in 2018, I have continued to
13 observe that Winchester Hospital has performed
14 extremely well as measured by national guidelines
15 that make it one of the safest and best community
16 hospitals in Massachusetts.

17 In summary, what is the need for another
18 imaging and outpatient surgical facility in our
19 community that puts the financial viability of our
20 local hospitals at risk? And what public good is
21 served by a large organization entering this
22 community needlessly duplicating at much higher cost
23 the facilities and services that are already state
24 of the art for our patients?

1 Thank you very much for the time.

2 HEARING OFFICER SZENT-GYORGYI: Thank you.

3 THE MODERATOR: Our next speaker is Andrew
4 from Winchester Physician Associates.

5 DR. ESCOLL: Hi. It's Andrew Escoll. I'm
6 a family physician, and one of our sister offices I
7 work with, Winchester Physicians Associates and
8 Family Care Centers, is right at Montvale Avenue,
9 88. And we have an established practice with
10 important personal relationships in the community in
11 Stoneham as well as Winchester and Woburn.

12 I'm a Winchester resident, and I am
13 integrated into the community, and I can only say
14 cynically that the window dressing of this proposal
15 is like putting a Yankee Stadium on Boylston Street
16 next to Fenway Park. It's absurd that they use the
17 argument, including couching their proposal in
18 higher quality and lower cost. That has been the
19 mantra at Winchester Hospital and now the BILH
20 system.

21 As for integration and the lack thereof,
22 according to one of the speakers from MGH, we
23 already really integrate, both digitally and
24 personally. We have personal relationships between

1 primary care physicians and specialists in which I
2 can pick up the phone at a moment's notice or email
3 other doctors about coordinating our important care
4 at a lower cost and at an absolutely higher value.

5 In terms of the structure of medicine, it
6 is really missing the point that there are
7 integrated networks and that's the way insurance has
8 structured our system. They're closed systems.

9 It's cynical to propose that an additional mark of a
10 closed system where they acquire patients who
11 already have excellent medical care in an area that
12 is clearly oversaturated and not under by medical
13 specialists and primary care physicians. (Audio
14 interference)

15 In addition, I think that the behavioral
16 health proposal is interesting, because at our
17 practice, we already do the collaborative care
18 between primary care and psychology and psychiatry,
19 have them set up in our primary care office. So
20 that's reinventing the wheel as well.

21 I think, in conclusion, there is no reason
22 to put a huge new outpatient site in this already
23 saturated area right in the backyard within miles of
24 three excellent community hospitals. As was said

1 earlier, that's akin to putting Home Depots around
2 and closing relationships with local hardware
3 stores.

4 This is clearly jeopardizing the very
5 existence of a 150-year-old hospital, Winchester and
6 MelroseWakefield, and ruining important medical and
7 personal relationships. Thank you.

8 HEARING OFFICER SZENT-GYORGYI: Thank you.

9 THE MODERATOR: Our next speaker is Taylor
10 Horst.

11 DR. HORST: Hi. Thank you very much for
12 the opportunity to speak briefly.

13 My remarks will be short. I'm currently in
14 the office seeing patients during this time. But I
15 just wanted to point out I'm an orthopedic surgeon
16 in the Winchester community serving
17 Woburn/Stoneham and surrounding communities as well.
18 And our office is made up of 10 specialized
19 orthopedic surgeons, most of whom were trained at
20 the Mass General Brigham system, who supply
21 high-quality care to the Winchester and Melrose
22 communities.

23 But, more importantly, we do so in the
24 location at which this new center is being proposed.

1 Our practice, in addition to another orthopedic
2 practice across the street, sits on one side of the
3 center and our hospital that we serve sits on the
4 other side of the center. So the center is pretty
5 much growing right in the middle of this community
6 that we have a deep-seated relationship with.

7 I wanted to echo some of the other points
8 that were made about the medical records and kind of
9 the collaboration. Fortunately due to the
10 technology that has developed over the past years
11 through the electronic medical record system, we
12 have the opportunity to see all the Mass General
13 Brigham records, Mass General Brigham can see all of
14 our records, and there's not a barrier in terms of
15 the information and reinventing the wheel about
16 trying to get new studies done that have already
17 been done, because we can do that very easily
18 already.

19 From a personal business standpoint, it
20 provides great concern to have this large facility
21 go in that is going to jeopardize the existence of
22 private practice specialty care in the area.

23 And so we hope that the DPH can take a
24 strong look at the impact this will have, not only

1 on the healthcare in this setting but the personal
2 business relationship or the business development
3 that can happen from a private practice setting in
4 the area as well.

5 Thank you very much.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 At this point I'm seeing that we don't have
8 anybody in the queue again. We will wait a few
9 minutes and remind people that if they would like to
10 testify at this point, they can push *1 to indicate
11 and we will put them on the line.

12 (A pause)

13 HEARING OFFICER SZENT-GYORGYI: As a
14 reminder for people -- this is Lara Szent-Gyorgyi
15 again -- if you would like to submit your written
16 comments, we will be accepting those through April
17 16th for the project, and there will be two
18 additional hearings for this project that will be
19 held. The main focus will be on the sites, but we
20 will accept general comments for the project at each
21 of those.

22 So the next two hearings on this project
23 will be on April 1st from 12 p.m. to 3 p.m., and the
24 main focus on that will be the Westwood clinic, and

1 on April 6th from 6 p.m. to 9 p.m. we will have a
2 hearing on this project focusing primarily on the
3 Westborough clinic.

4 Information about those hearings can be
5 found on the Determination of Need webpage.

6 (A pause)

7 THE MODERATOR: As a reminder, if you would
8 like to make a statement today, please press *1.

9 (A pause)

10 THE MODERATOR: I'm showing no one in queue
11 at this time.

12 HEARING OFFICER SZENT-GYORGYI: We are
13 getting some notifications that some people are
14 trying to call in, so we're going to hold on for a
15 little bit and see if we can get them connected.

16 (A pause)

17 THE MODERATOR: As a reminder, if you would
18 like to make a statement, please press *1 to get
19 into the queue.

20 HEARING OFFICER SZENT-GYORGYI: Courtney,
21 it looks like there are a couple of people who are
22 trying to come in and pressing *1 and not having any
23 luck. Are you aware, are there any technical issues
24 you might be aware of?

1 THE MODERATOR: I'm not showing anyone.
2 Can they hit *1 again and record their name.

3 (A pause)

4 HEARING OFFICER SZENT-GYORGYI: Hi. This
5 is Lara Szent-Gyorgyi. We're going to wait a few
6 more minutes to see if anyone else joins.

7 (A pause)

8 THE MODERATOR: As a reminder, if you would
9 like to join the queue, please press *1.

10 (A pause)

11 THE MODERATOR: Our next speaker is William
12 Breckwoldt.

13 DR. BRECKWOLDT: Hello. My name is William
14 Breckwoldt. I am the Chairman of Surgery at
15 Winchester Hospital as well as president of the
16 medical staff. I've been practicing at Winchester
17 for the last 28 years and have been a resident of
18 Winchester for the past 30 years. I know many of my
19 colleagues have spoken ahead of me, but I'd like to
20 add my concerns as well about this project.

21 I'm speaking for the private medical staff
22 and the surgical staff at Winchester Hospital. We
23 are a low-cost, high-quality primary and secondary
24 care community network that has thrived in this area

1 for over 100 years.

2 One of my biggest concerns is the location
3 of where this project with Mass General Brigham will
4 be located. It will be one-half mile from
5 Winchester Hospital, one-half mile from our surgical
6 center. We have several large outpatient care
7 centers. Our CT imaging, our breast center, two
8 large outpatient primary care practices, our
9 gastroenterology service, as well as our two largest
10 orthopedic groups are within a half mile of where
11 the proposed Vale will be.

12 If you draw a triangle between our ASC
13 surgical center and the hospital and these
14 outpatient centers on Montvale Avenue, The Vale will
15 be right in the middle of that triangle. You can
16 actually see the ASC and Winchester Hospital in
17 photos of the proposed location of The Vale looking
18 down from the east.

19 We feel that we can adequately supply the
20 primary and secondary care at Winchester for our
21 catchment area and for Woburn. We have the
22 capability of adding more. Our ASC operates at
23 about 60 percent capacity. The hospital presently
24 is at 80 percent. We are concerned that The Vale

1 will hire away our outpatient nurses from our
2 private clinics, and there is already a nursing
3 shortage that is hampering us from expanding at this
4 point.

5 If Mass General adds primary care
6 practices, it will only compete with our primary
7 care doctors, of which there are approximately 70.
8 We have private practices in OB-GYN, primary care,
9 surgery, ENT, GI, ophthalmology and orthopedics who
10 will all be affected by these changes, in addition
11 to the private radiology and anesthesia groups.

12 Our scores have been very high in ratings
13 and in quality metrics with the insurance networks.
14 And I think tertiary care is one issue which Mass
15 General excels at, but I think for primary and
16 secondary care you get a much better value with our
17 private practices.

18 Lastly, as a Winchester resident, I'm
19 concerned about the traffic patterns. There is no
20 mass transit where this Vale will be going. Traffic
21 pre-pandemic was pretty bad and will continue to get
22 worse if you put a large project in that area.

23 Thank you for your attention. Have a good
24 day.

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1 HEARING OFFICER SZENT-GYORGYI: Thank you.

2 THE MODERATOR: As a reminder, please press
3 *1 if you would like to make a comment.

4 (A pause)

5 THE MODERATOR: Your line is now open.

6 UNIDENTIFIED CALLER: Hello. I'm not
7 speaking.

8 HEARING OFFICER SZENT-GYORGYI: Is there
9 another speaker?

10 (Discussion off the record)

11 (A pause)

12 THE MODERATOR: The next speaker is Richard
13 Toran.

14 DR. TORAN: It must be a mistake. I spoke
15 earlier.

16 HEARING OFFICER SZENT-GYORGYI: This is
17 Lara. I think we are experiencing some technical
18 difficulties, which we talked about earlier. We do
19 think that there are a couple of people who are
20 trying to get through to testify. We will try to
21 connect them. We are getting close to when we had
22 projected that this would end, but we will try to
23 get those additional speakers in.

24 (A pause)

1 THE MODERATOR: If you are just joining us
2 today, if you would like to make a comment, please
3 press *1.

4 (A pause)

5 THE MODERATOR: Our next speaker is
6 Michael.

7 MR. STIMA: I would just like to -- this is
8 Michael Stima. I'm a retired pipefitter, Local 537,
9 a local resident of Woburn.

10 I've been listening to this and all I'm
11 hearing is negative complaints or comments from what
12 it seems to me to be people that are in direct
13 competition against Mass General. I would like to
14 hear more from the residents of the Woburn area
15 rather than people outside of Woburn. I think that
16 this will be a good fit. The location that they
17 want to build on will be ideal for proximity to
18 Routes 93 and 95.

19 I think the competition will create better
20 services rather than negative ones. I think if the
21 project is approved, I think then that would be a
22 time maybe to talk about public transportation for
23 people that are unfortunate that can't get to the
24 Boston facilities.

1 I guess that's about it. It was very
2 frustrating trying to get on this conference call,
3 I'll tell you that. I'm kind of agitated right now.
4 But I would like to see the project go forward.
5 Thank you.

6 HEARING OFFICER SZENT-GYORGYI: Thank you.

7 Thank you to everybody who has
8 participated. I think at this time we are going to
9 conclude the public hearing. Again, because this
10 project has multiple locations, we will be holding
11 multiple hearings for this project and the
12 information is available on our website. While we
13 primarily will take comments focused on that
14 specific location, we will also accept comments for
15 the project in general at any of the public hearings
16 for this project.

17 Thank you so much. We appreciate
18 everybody's participation.

19 As a reminder, if you would like to submit
20 comments, you can submit them via email or using the
21 postal service. And the deadline for receiving
22 comments is April 16th.

23 Thank you so much. Have a good day,
24 everybody.

1 THE MODERATOR: That concludes today's
2 conference. Thank you for participating. You may
3 disconnect at this time.

4 (Hearing concluded at 12:00 p.m.)
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C E R T I F I C A T E

I, Anne H. Bohan, Registered Diplomate Reporter, do hereby certify that the foregoing transcript, Volume I, is a true and accurate transcription of my stenographic notes taken on March 25, 2021.



Anne H. Bohan
Registered Diplomate Reporter

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