

Volume I  
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COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH  
DETERMINATION OF NEED PROGRAM

PUBLIC HEARING RE:

Proposed ambulatory surgery center at the Lawrence  
Memorial Hospital campus, Medford, Massachusetts

BEFORE:

Nora J. Mann, Esq.  
Director, Determination of Need Program

Held at:  
Lawrence Memorial Hospital  
School of Nursing Building  
170 Governors Avenue  
Medford, Massachusetts  
Wednesday, August 22, 2018  
5:01 p.m.

Alexander K. Loos,  
Registered Diplomate Reporter

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

2 DIRECTOR MANN: Good evening, everybody.

3 Good evening. Thank you all for coming.

4 We're going to start the hearing now.

5 My name is Nora Mann, and I'm the Director  
6 of the Determination of Need Program at the  
7 Department of Public Health. This is a public  
8 hearing that is called pursuant to our regulation,  
9 based on an application that has been filed. It was  
10 filed on June 11th, and it is seeking permission to  
11 construct an ambulatory surgery center. There will  
12 be three outpatient operating rooms and two  
13 procedure rooms in this freestanding ambulatory  
14 surgery center -- we call it an "ASC." It will be  
15 located on the campus of Lawrence Memorial Hospital.

16 This is a hearing only about the  
17 construction of the ASC. At this time my office has  
18 authority only about that portion. If there are  
19 other parts of a project, those are not before us,  
20 and that's not what this hearing is about.

21 What the hearing is about is that, by  
22 statute, before anyone can be licensed to operate a  
23 health care facility -- in this case, it's the  
24 ASC -- they have to apply for a determination of

1 need. We need to make a determination, based on  
2 their application, that there is need as it is  
3 defined as follows:

4           That there is need for the project by the  
5 existing patient panel; that the proposed project  
6 will add measurable public health value in terms of  
7 improved health outcomes and quality of life to the  
8 applicant's patient panel; that the proposed project  
9 will provide reasonable assurances of health equity,  
10 will operate efficiently and effectively, furthering  
11 and improving continuity and coordination of care;  
12 that it will create and assure appropriate linkage  
13 to patients' primary care services; that the  
14 applicant has provided evidence of consultation with  
15 government agencies and evidence of sound community  
16 engagement; that the proposed project will compete  
17 on the basis of price, total medical expenses,  
18 provider costs and other recognized measures of  
19 spending; that the applicant is otherwise in  
20 compliance of relevant laws and regulations; and  
21 that there are sufficient funds available for  
22 capital and ongoing operating costs.

23           The public hearing is an effort to gather  
24 information and to hear the opinions of interested

1 parties about the proposed construction of the new  
2 ASC. It is not a question and answer session.

3 The DoN program will take all relevant  
4 information into account in preparing its  
5 recommendation. That recommendation is made to the  
6 Massachusetts Public Health Council. They will make  
7 a decision on whether to approve the ASC at an  
8 upcoming monthly public meeting.

9 If you wish to speak, please add your name,  
10 or make sure it's already been added, to a signup  
11 sheet. The signup sheets are in the back. If you  
12 don't wish to speak, you don't have to sign up. We  
13 will use the signup sheet to determine the order of  
14 speakers.

15 What we'll ask is that you write your name  
16 and e-mail addresses as legibly as possible and, as  
17 a courtesy, we will permit elected officials to  
18 speak out of order. Otherwise, when your name is  
19 called, please come up to this microphone and begin  
20 by identifying yourself, stating your name and  
21 spelling it for our stenographer, and either your  
22 affiliation or your town of residence. To speed  
23 things up, I will also announce the next speaker in  
24 advance and ask that person to approach the front of

1 the auditorium and wait in proximity to the  
2 microphone for their turn to speak. I will ask that  
3 everybody keep their comments brief -- three minutes  
4 or less -- and to the point and directed to the  
5 topic of tonight's hearing.

6 That said, if you have a written copy of  
7 your testimony, please leave a copy with us. We  
8 will accept and consider all comments equally,  
9 whether submitted in writing or orally. We will  
10 accept written comments until September 3rd, close  
11 of business.

12 And each speaker will have only one turn to  
13 give -- turn to give testimony. Additional comments  
14 may be submitted to us, as I said, in writing. Our  
15 contact information for submitting comments is at  
16 the back of the room.

17 First we will hear from the applicant, and  
18 then we will open this up for public comment.

19 If the applicant would come forward,  
20 Dr. Sbardella.

21 DR. SBARDELLA: Good evening. My name  
22 Stephen Sbardella. It's S-b -- as in "boy" --  
23 a-r-d-e-l-l-a.

24 DIRECTOR MANN: And if you're more

1 comfortable -- because it's only one of me, and you  
2 want to be able to look at folks, feel free. I  
3 also -- I can hear you, but I wanted folks to be  
4 more comfortable and not feel like your backs are to  
5 your colleagues.

6 DR. SBARDELLA: Absolutely.

7 DIRECTOR MANN: So whatever makes you all  
8 more comfortable works for me.

9 DR. SBARDELLA: That's fine.

10 I hope you don't mind if I read my  
11 statement. I want to remain succinct and stay  
12 within my time limit.

13 Good evening. My name is Stephen  
14 Sbardella. I am an emergency medicine physician  
15 with more than 25 years of experience in the Medford  
16 community. I am also senior vice-president of  
17 clinical operations and chief medical officer at  
18 MelroseWakefield Healthcare, previously known as  
19 Hallmark Health. Thank you for the opportunity to  
20 speak here tonight and share with you our request to  
21 bring an ambulatory surgical center to the Lawrence  
22 Memorial campus.

23 As a community health care system, we are  
24 committed to focusing on services that provide

1 excellence, quality and convenience that meet the  
2 needs of patients in the most cost-efficient  
3 seating. Advances in care and technology are  
4 changing health care delivery. As part of that  
5 change, there is a progressive, safe transition of  
6 services from the inpatient environment into the  
7 outpatient environment, all of which are meant to be  
8 a benefit for patients. Our proposed ambulatory  
9 surgical center will bring state-of-the-art care and  
10 services at a lower-cost, efficient setting  
11 consistent with the changing needs of patient care.

12           It wasn't long ago that all surgeries were  
13 done within a hospital setting, and a number of  
14 those patients were admitted into the hospital to  
15 receive their initial postoperative care. A common  
16 example is gall bladder surgery. Most patients were  
17 expected to be admitted to a hospital for a day or  
18 two, and sometimes up to a week. Today that is  
19 changed where a patient, if screened to be  
20 appropriate, may go home safely the same day of  
21 surgery. The world has changed. Another example  
22 focuses on joint replacement, something very common.  
23 In 2016, an estimated 15 percent of patients  
24 receiving a partial or a total knee replacement were

1 sent home on the day of surgery. That estimate --  
2 that estimate is predicted to shoot up to 51 percent  
3 by 2026. This is the level of excellence that we  
4 will bring -- potentially bring to our patients  
5 locally.

6 An ambulatory surgery center provides  
7 high-quality, efficient care and offers a great deal  
8 of convenience for patients who require less  
9 complex, day-surgery procedures. There is an  
10 economic benefit for patients, also. On average,  
11 these procedures cost 25 to 48 percent less than if  
12 taken place at in-hospital setting. It is important  
13 to point out that patients with complex medical  
14 needs that are not appropriate to be cared for in an  
15 ambulatory surgery center will continue to have  
16 their care done in a hospital-based setting that  
17 provides all their needs, and in this area for us it  
18 will be MelroseWakefield Hospital or others, if you  
19 choose.

20 Our proposed plans for an ambulatory  
21 surgical center will bring Tufts Medical Center  
22 physicians, along with other expert community  
23 surgeons in orthopedics, ear, nose and throat,  
24 gastroenterology, and other specialities to the



1 Lawrence Memorial campus to provide services locally  
2 for our patients, provide services and opportunities  
3 for high-quality clinical jobs in the community and  
4 growing partnerships with local physicians, primary  
5 care physicians, and other service providers.

6 We are partnering with Shields Health Care  
7 on this project. They are a highly reputable  
8 organization with noted success in the development  
9 of ambulatory surgical care. They have had similar  
10 successful projects with renowned New England  
11 Baptist Hospital and UMass Memorial in Worcester.  
12 Our services will greatly benefit from this  
13 experience.

14 For these reasons, I ask that you  
15 approve -- that you approve our request for an  
16 ambulatory surgery center at Lawrence Memorial  
17 campus.

18 Thank you very much for giving me this  
19 opportunity. Thank you.

20 DIRECTOR MANN: Thank you, Dr. Sbardella.

21 Next we'll have Mayor Burke followed by  
22 City Councilor Caraviello.

23 Thank you, Mayor Burke.

24 MAYOR BURKE: Thank you, Director Mann, for

1 this opportunity to speak to you this evening about  
2 this Determination of Need that is before your body.  
3 I would like to read a brief statement, if I could.

4           It's in reference to the Determination of  
5 Need hearing regarding Medford Surgery, LLC's  
6 proposal before the Department of Public Health for  
7 a freestanding ambulatory surgery center at the  
8 Lawrence Memorial Hospital campus.

9           The city of Medford is eager to learn of  
10 MelroseWakefield Healthcare's proposed plan to  
11 revitalize the Lawrence Memorial Hospital campus.  
12 While health care is changing, so are the needs of  
13 our residents. It is our goal to work with  
14 MelroseWakefield Healthcare to find a solution that  
15 will fit the needs of our city while mitigating any  
16 potential negative effects that the proposal may  
17 bring to the surrounding neighborhood. The concerns  
18 of elevated traffic and parking have been the two  
19 major issues that have been raised to my office.

20           Throughout the Commonwealth there has been  
21 an increase in the use of side streets due to new  
22 cell phone applications, such as Waze, that help  
23 commuters navigate around traffic. These  
24 applications reroute commuters off highways and into

1 residential neighborhoods to avoid traffic. With  
2 this technology, the use of Lawrence Road and  
3 Governors Ave., along with many other side streets  
4 in our community, has increased. To date, no  
5 traffic study has been furnished to the city of  
6 Medford or its residents regarding this proposal.  
7 Any proposal that MelroseWakefield Healthcare brings  
8 before the city must include an in-depth traffic  
9 study.

10 A related issue is ample parking on campus.  
11 Many worry that overflow parking will fall into  
12 abutting neighborhoods. Similarly at a recent  
13 public meeting at Medford City Hall just last week  
14 regarding the proposed ACS, the proponent was unable  
15 to supply any information about daily trips being  
16 generated or the number of spots needed for the  
17 center. The city of Medford will require that  
18 MelroseWakefield Healthcare has adequate parking on  
19 campus to suit their needs for not only the proposed  
20 ACS, but also the urgent care center and all other  
21 services being offered on site.

22 Our residents are also concerned with the  
23 location of the proposed ACS -- ASC. We were  
24 presented with a map last week that has two stars on

1 it, and rightly so our residents are concerned about  
2 the location and the impact that any construction  
3 will have on their properties and their right of  
4 peace and tranquility.

5 We also ask that MelroseWakefield  
6 Healthcare provide any statistics that demonstrate  
7 the need for a dedicated ACS in the city which,  
8 apparently, according to what you just listed  
9 earlier, has to be demonstrated by the proponent.

10 Access to health care in our community is  
11 imperative. Current regulations require that EMS  
12 transport patients to the closest geographic  
13 hospital that is equipped with a licensed emergency  
14 department. If the emergency department at the LMH  
15 should close, EMS will not be able to transport  
16 patients to this campus. By regulation EMS is not  
17 permitted to bring a patient to an urgent care  
18 center. Middlesex County has the highest population  
19 of senior citizens in the Commonwealth who are lucky  
20 enough to be able to age in their community. It is  
21 vital that the future vision of the LMH campus takes  
22 this into consideration.

23 The Medford Board of Health and my office  
24 have been in communication with the administration

1 of the hospital. It is our mission to voice and  
2 ensure that needs, concerns and ideas of our  
3 residents are met. We are hopeful that the identity  
4 of Lawrence Memorial will remain while improving to  
5 meet the city's changing needs.

6 I'm committed to providing a vibrant and  
7 healthy community for all, but I think it's really  
8 important that we hear from our residents, as they  
9 so eloquently spoke last week about some of the  
10 concerns. And I think that while this center may be  
11 a very positive thing for our community, more  
12 information has to be given out to them so that they  
13 understand the full scope and the impact of it, and  
14 as of right now I simply don't believe that we have  
15 been given that information.

16 So thank you very much for your time, and  
17 we will talk in the future. Thank you.

18 DIRECTOR MANN: Thank you, Mayor.  
19 Councilor Caraviello, followed by Ryan  
20 Fuller.

21 COUNCILOR CARAVIELLO: Thank you.  
22 Councilor Richard Caraviello, C-a-r-a-v-i-e-l-l-o.

23 I want to reiterate what Mayor Burke said.  
24 I don't want to repeat it, but she -- she's made

1 some good comments on knowing what the residents'  
2 needs are and concerns here.

3 One of the things that scares me here a  
4 little bit about this is the last thing I want to  
5 see happen here is what happened in Malden, where  
6 you have to piece of property that sat there, that's  
7 sitting there now for almost 15 years empty and  
8 vacant, just rotting away. I do not want to see  
9 that happen in this building here.

10 This is a good building. There is some --  
11 with some good medical people. I know there is a  
12 lot of people in this room that don't come to this  
13 hospital because they -- they don't have faith in  
14 the hospital. I am a customer of many of these  
15 people in this hospital, and I've had surgery here  
16 and -- but the last few times I've had a surgery, I  
17 didn't have it here because my practitioner who  
18 practices here did it over at the Winchester  
19 Ambulatory Care Center that they have over there on  
20 Washington Street.

21 So I know there is a need in the state for  
22 a different type of health care service that's out  
23 there now. And as they say, people don't spend time  
24 in the hospital. But one of my concerns has always

1 been, from day one since I've come up here, is  
2 the -- the existence of emergency room. That's been  
3 a lifeline to this community. As Mayor Burke said,  
4 with -- with no services being here, why would an  
5 ambulance even come here and bring you here?

6           So again, that's -- that's always been a  
7 big concern, because we have this great amount of  
8 seniors in the city of Medford; and I think their  
9 needs need to be served also. Because going to  
10 Melrose is out of the way for them, and also going  
11 to Winchester is a problem. You know, if you're  
12 having a heart attack or something similar, that  
13 extra ten minutes could mean the difference between  
14 life and death.

15           Again, as far as this goes, I'm glad that  
16 Hallmark has come out and fully decided to give the  
17 people some information because, though this is not  
18 a negative, but this group has been in the  
19 background with information given out, and I would  
20 hope that this is their opportunity to show this  
21 community some kind of good faith before this  
22 project is allowed to go forward, because good faith  
23 in this group has been nil.

24           So again, I want to thank everybody that

1 came here.

2 Just one last thing. I wish all these  
3 people were here when I came to the last two  
4 Department of Public Health meetings, when I was  
5 here with four people. Four people here, and I'm  
6 glad everybody's out here today.

7 Thank you.

8 DIRECTOR MANN: Thank you.

9 Ryan Fuller, followed by Carmel Shields.

10 MR. FULLER: Good evening. Ryan Fuller,  
11 R-y-a-n F-u-l-l-e-r.

12 Hello. My name is Ryan Fuller, and I am  
13 the vice president of strategy and business planning  
14 at MelroseWakefield Healthcare. Thank you for the  
15 opportunity to express my strong support for the  
16 proposed ambulatory surgery center.

17 As you will hear throughout the night, the  
18 health care delivery system is changing, and more  
19 services are being provided on an outpatient or  
20 ambulatory basis. In our primary service area alone  
21 in our communities right here, we are projected to  
22 see a 23 percent increase in ambulatory orthopedic  
23 GI, ENT and plastic surgery cases in the next five  
24 years. It's growing. In order to evolve with the



1 changing delivery system and plan for the needs of  
2 our patients and our communities, it is important  
3 that we offer patients high-quality, low-cost,  
4 state-of-the-art services in the most clinically  
5 appropriate setting.

6           The existing operating rooms at Lawrence  
7 Memorial Hospital are at the end of their useful  
8 life and require significant renovation to meet the  
9 current standards of care. MelroseWakefield  
10 Healthcare determined that renovating the existing  
11 operating rooms would cost approximately 3 million  
12 more than the proposed ASC. Not only is this not  
13 cost effective for our patients, given that  
14 surgeries at an ASC are up to 40 percent less  
15 expensive than surgeries in a hospital, it is also  
16 not in line with the state and national push towards  
17 value-based health care.

18           To meet the demands of our ACO population,  
19 the proposed ASC will include three operating rooms  
20 and two procedure rooms. There will be a  
21 single-story facility, 17,500 square feet. The new  
22 structure will improve the quality of life for  
23 patients by providing access to state-of-the-art  
24 technology in a new facility designed with the

1 patient experience in mind. In turn, Lawrence  
2 Memorial will surrender the right to operate six  
3 operating rooms -- six operating and procedure rooms  
4 once the ASC is operational. Lawrence Memorial  
5 hospital will also temporarily suspend the use of  
6 the remaining five OR and procedure rooms.

7 MelroseWakefield will continue to engage  
8 the community and city officials and -- even more so  
9 than the past to ensure that our plans appropriately  
10 address parking, noise and other concerns that will  
11 rise from any planned construction. We will  
12 complete a thorough traffic study and work with the  
13 abutters to take into account the aesthetics of the  
14 neighborhood, such as green space and landscaping.

15 Thank you again for the opportunity to  
16 speak with you tonight, and I hope the project is  
17 approved.

18 Thank you.

19 DIRECTOR MANN: Thank you, Mr. Fuller.  
20 Ms. Shields followed by Dr. Jennifer  
21 Hoffman.

22 MS. SHIELDS: Good evening, and thank you.  
23 My name is Carmel Shields. C-a-r-m-e-l Shields,  
24 S-h-i-e-l-d-s.

1           And first I just want to say thank you to  
2 the community. My -- one of my first jobs was at  
3 the dialysis center on Forest Street a number of  
4 years ago. Many of you weren't around.

5           But I'm going to read my testimony to  
6 ensure that I include all my comments properly.

7           As you may know, Shields is a family-owned  
8 business, founded by my father, Tom Shields. With a  
9 legacy deeply rooted in outpatient imaging, Shields  
10 has built upon our commitment to exceptional patient  
11 care by expanding the types of services and  
12 expertise we can provide to our patients. This  
13 includes ambulatory surgery centers. Our joint  
14 venture partnership model brings operational  
15 discipline, talent and expertise to develop and  
16 manage multi-speciality ambulatory care facilities.

17           The success of Shields and our partners is  
18 built upon several key strengths: Strategic  
19 planning, understanding the needs of our patients,  
20 management expertise, clinical excellence and  
21 exceptional service. The proposed Medford Surgery  
22 Center will advance these principles by providing  
23 patients in the surrounding community with a choice  
24 and with access to high-quality, low-cost

1 alternatives to hospital-based procedures.

2 Data from the Health Policy Commission  
3 demonstrates that hospital-based outpatient  
4 procedures can be up to 40 percent more expensive  
5 than surgeries performed at ambulatory surgery  
6 centers, yet quality outcomes do not vary. The  
7 center will be equipped, as Ryan said, with  
8 state-of-the-art technology and a facility designed  
9 to meet the partners -- the patient's needs and  
10 enhancing your experience -- the patient's  
11 experience.

12 We believe that in choosing Lawrence  
13 Memorial as the location, the ASC will breathe new  
14 life into this campus and bring new and exciting  
15 services to the sounding community. I believe this  
16 project will best meet the needs of those living and  
17 working in the community who are seeking  
18 high-quality ambulatory surgery care, increased  
19 patient satisfaction, improved patient outcomes  
20 while simultaneously reducing medical expenses.

21 Thank you for your time.

22 DIRECTOR MANN: Thank you, Ms. Shields.

23 Dr. Hoffman. And while Dr. Hoffman's  
24 coming up, if I could just ask everybody to silence

1 their phones, please.

2 Following Dr. Hoffman, Kathy Liu.

3 DR. HOFFMAN: Hi. I'm Dr. Hoffman. I'm  
4 going to read my statement as well.

5 DIRECTOR MANN: Can you speak into the  
6 microphone a little better?

7 DR. HOFFMAN: Sure.

8 DIRECTOR MANN: Thank you.

9 DR. HOFFMAN: Thank you for giving me an  
10 opportunity to speak and let you guys know what I  
11 think about the surgery center.

12 I'm an orthopedic surgeon at Tufts Medical  
13 Center, and I would be one of the surgeons that  
14 would be working at the ASC. And I've been there  
15 for about 11 years now. I think it really helps  
16 give an opportunity to the patients that are north  
17 of Boston.

18 I have a lot patients that come from  
19 outside of the city. It's very inconvenient for  
20 them to come down into the city for their surgeries,  
21 especially for outpatient procedures, coming and  
22 going rather quickly, because I'm a hand surgeon;  
23 and I think it will really help build on the  
24 partnership between Tufts, between MelroseWakefield

1 and between Shields, because we all now kind of have  
2 a partnership together.

3           You know, due to the minimally invasive  
4 procedures that are out there, I can do a lot of  
5 very safe procedures on people that are well  
6 screened, and I can do it in just a good a way as if  
7 I'm at the surgery center or I'm at the hospital.  
8 It's low risk. The results are exactly the same as  
9 if you were going to be at the hospital, and  
10 sometimes even the results are better. But it is  
11 also cheaper for those of you, especially, who have  
12 the high deductibles and things like that because,  
13 as you've heard before, it's cheaper there.

14           So I think the ASC can be a really good  
15 opportunity for the people up here to have a closer  
16 area where they can have a simple procedure, go  
17 home. They don't have to drive into town. You  
18 don't have to pay for the parking at Tufts, which I  
19 hear about all the time. People are not happy about  
20 that. And you can give some jobs to the people that  
21 are in the area.

22           So thank you for letting me speak, and  
23 thank you.

24           DIRECTOR MANN: Thank you.

1 Ms. Liu, followed by Karen Andrews.

2 MS. LIU: I'm going to read my statement,  
3 and submit it in written form. My apologies in  
4 advance to the stenographer, because I didn't  
5 realize the time limit, and I'm going to have to  
6 speak quickly. My apologies to the audience.

7 DIRECTOR MANN: So if you don't want to  
8 speak quickly, just hit the salient points, and we  
9 will read --

10 MS. LIU: Okay.

11 DIRECTOR MANN: -- every word of it, and it  
12 counts just as much as if we're reading it.

13 MS. LIU: I got it.

14 DIRECTOR MANN: It might be more  
15 persuasive.

16 MS. LIU: My name is Kathy -- K-a-t-h-y --  
17 Liu -- L-i-u.

18 So I've been a neighbor of the hospital --  
19 it's behind my house, and also two doors down in the  
20 emergency room -- for 54 years. I'm here to provide  
21 a statement of opposition to the new construction  
22 and operation of an ambulatory surgical unit on the  
23 grounds of the Lawrence Memorial Hospital. This is  
24 largely, in part, due to the lack of transparency

1 and consideration of the community and abutters of  
2 the hospital, and actually to a high potential of  
3 risk to public safety in the area abutting the  
4 hospital. Per the hospital, these have not been  
5 researched and we have yet found no adequate  
6 response from the hospital to our concerns.

7 I'm addressing Factor 1, in quotation,  
8 "evidence of community engagement," under  
9 consideration in the Medford Surgical Center's  
10 application to the DoN. I have attempted to  
11 ascertain what the term "community" is from the DoN.  
12 No one that I've spoken with at this point has been  
13 able to respond as to whether this is a term of art  
14 related to a federal or health state initiative, or  
15 if it's defined in the basic and commonsense use of  
16 word, which I will synopsize to be "a body or group  
17 that shares a common responsibility or interest."  
18 There was no mention that perhaps -- there was a  
19 mention that it was perhaps to define the service  
20 area of MelroseWakefield's or slash Wellforce, which  
21 includes Medford but also encompasses many  
22 communities, including Melrose. I will mention how  
23 the hospital has failed Medford and its abutters in  
24 both regards.



1           On Page 21 of their Determination of Need  
2 draft application submitted to the Department of the  
3 Determination of Need, MSC -- Medford Surgical  
4 Center -- submitted the following as sufficient:

5           The paragraph starts:

6           "Additionally, the joint venture  
7 sought to engage local residents and  
8 resident groups through a community forum."

9           This forum was only nine residents. There  
10 was no notification about this, to my knowledge, and  
11 at the last hearing, the last meeting, the mayor's  
12 office stated that they were not aware in advance of  
13 the meeting. That's my understanding.

14           And I just want to mention a word about  
15 "engagement." There has been no meaningful notice  
16 about the meeting that reportedly occurred on April  
17 the 30th, 2018. I walked door to door in the heat  
18 and humidity and engaged neighbors to consider  
19 forming a Ten Taxpayer Group to gain standing to  
20 request the hearing that we are at tonight. So we,  
21 as the community of abutters, had to initiate and  
22 demand an engagement in this process. There was no  
23 sign of a follow-up public meeting to this -- to the  
24 April meeting until after the TTP was requested as

1 part of the application, so then the hospital  
2 subsequently created a meeting last week to engage  
3 us.

4           To spread awareness of this meeting, we had  
5 to engage the mayor's office to do a robo call and  
6 e-mail to the city. There is nothing mentioned on  
7 the website about this meeting, which is a very  
8 significant meeting to the community. They were  
9 kind enough to do so. And the hospital didn't send  
10 anything out until 6:37 -- or 6:57 last night, and  
11 basically repeated what was in the robocop -- robo  
12 call and also what was mentioned at the meeting  
13 which we held -- which they held last week, which  
14 was mostly generalities about the plans, the future  
15 plans of the Lawrence Memorial Hospital.

16           My concern is -- or our concern is the  
17 increased risk of public -- to public safety and  
18 nuisance. The area abutting LMH has become an  
19 increasingly congested -- and we are in summer, so  
20 you don't see it right now -- but an increasingly  
21 congested thoroughfare. It's a dangerous road where  
22 accidents occur routinely at varies times of day and  
23 night -- it doesn't matter whether it's early  
24 morning or in the afternoon -- there are accidents

1 that occur. The volume of cars has increased  
2 exponentially in recent years as cars divert  
3 themselves from side streets and High Street to  
4 Lawrence Road, heading to Interstate 93 and other  
5 areas of Medford. Speed, obstructed views,  
6 distracted driving, and even deer, are common  
7 reasons for accidents.

8           The neighbors have historically seen a  
9 reactive, and not proactive, relationship with the  
10 hospital. We hope that this will change. We have  
11 had to engage the hospital around nuisance and  
12 public safety issues that have arisen consequent to  
13 hospital initiatives. About two or three  
14 administrative changes ago, abutters awakened one  
15 day to find a wall of cars up and down Governors  
16 Avenue and Lawrence Road. These were employee cars  
17 that were now parked on the streets. Some blocked  
18 driveways, many dangerously obstructed the field of  
19 vision of speeding cars coming up a blind spot. The  
20 spot affected the view of oncoming cars for a  
21 block -- half a block of houses on the odd side of  
22 Lawrence Road. Residents had to make determinations  
23 on their own as to why the cars appeared and asked  
24 the mayor's office and the chief of police to call

1 for some relief. Because of where my house is  
2 located, I am always the first point of resistance  
3 when the situation recurs.

4 As an aside, for years I've had to suffer  
5 the unbearable noise of multiple generators behind  
6 my house, which sounds like trucks idling all day  
7 long when the weather becomes warm.

8 DIRECTOR MANN: Ms. Liu, it's --

9 MS. LIU: Time?

10 DIRECTOR MANN: It's been time. I'm giving  
11 you a lot more time.

12 AUDIENCE MEMBER: Okay.

13 So I just wanted to address the factor of  
14 community engagement, which is not adequately  
15 satisfied. Thank you.

16 DIRECTOR MANN: Thank you.

17 Do you want to submit your written  
18 comments? Do you want to submit your written  
19 comments? Please do.

20 MS. LIU: Thank you.

21 DIRECTOR MANN: Thank you.

22 Ms. Andrews, followed by Sharon Burton.

23 MS. ANDREWS: Hi. Karen Andrews.

24 K-a-r-e-n A-n-d-r-e-w-s.

1           Good evening. I am a Hallmark Health  
2 employee -- MelroseWakefield Healthcare. I work  
3 with community services, and I'm reading a letter  
4 from Paul Muzhuthett, our past Community Benefits  
5 Advisory Board member, and here's what he has to  
6 say:

7           "I am writing this letter in support  
8 of the proposed ambulatory surgery center  
9 at Lawrence Memorial Hospital. As a past  
10 member of the Community Benefits Advisory  
11 Board, I understand the place that Lawrence  
12 Memorial Hospital has in the history and in  
13 the future of quality health care services  
14 in the area. We have all seen health care  
15 changing around us. I am happy to see a  
16 new vision for Lawrence Memorial Hospital  
17 that will revitalize this campus, starting  
18 with the addition of this ambulatory  
19 surgery center. Having a safe, new,  
20 cost-efficient option for outpatient and  
21 day surgery procedures so close to home is  
22 a wonderful option for the people in this  
23 community.

24           "There are no similar facilities in

1 the area that offer the modern, convenient  
2 and cost-efficient services that this  
3 ambulatory surgery center will provide,  
4 thereby filling a much needed gap in local  
5 health care delivery.

6 "I ask you for your support and  
7 approval of this important project.

8 "Sincerely, Paul Muzhuthett."

9 DIRECTOR MANN: Thank you. Burton,  
10 followed by Mr. John Tancredi.

11 MS. BURTON: My name is Sharon Burton, and  
12 I am one of the those people who need an ambulatory  
13 care. I need a new hip, and I'm getting one  
14 shortly.

15 I am -- work for the WIC program here. We  
16 have an office here in Medford, and I am reading a  
17 letter from Loretta Kemp, who is a member of Medford  
18 Health Matters, the group which I'm a member of, and  
19 here is the letter:

20 "I writing this letter in support of  
21 the proposed ambulatory surgical center at  
22 Lawrence Memorial Hospital in Medford.

23 "Since moving to Medford 20 years ago,  
24 I have seen the changes in the local and

1 regional health care landscape and its  
2 impact upon the community. Unfortunately,  
3 that impact has not always been good,  
4 especially for the most vulnerable members  
5 of our community. However, throughout  
6 these changes Lawrence Memorial Hospital  
7 has made a concerted, deliberate and  
8 diligent effort to meet the needs of those  
9 most at risk. These usually innovative  
10 efforts continue despite funding  
11 challenges, changes in regulations,  
12 reporting requirements, et cetera, that  
13 could have obliterated services and/or  
14 access to them. Yet, with a committed,  
15 competent and dedicated staff,  
16 administrators and trustees, Lawrence  
17 Memorial has become a national model in  
18 many areas of health care services and  
19 their delivery. This current initiative is  
20 another example of the commitment to bring  
21 high-quality, cost-effective health care to  
22 the community.

23 "Therefore, I fully support the  
24 ambulatory surgery center proposed by

1 Lawrence Memorial Hospital. Not only will  
2 it fill a needed gap and be readily  
3 accessible to both local and regional  
4 residents, it will also help revitalize a  
5 once-thriving medical campus.

6 "I strongly ask for your support and  
7 approval for Lawrence Memorial Hospital's  
8 proposed ambulatory surgical center.

9 "Thank you, Loretta Kemp."

10 DIRECTOR MANN: Thank you.

11 Ms. Burton, do you want to submit that?

12 Thank you.

13 Mr. Tancredi, followed by Merilyn Tancredi.

14 MR. TANCREDI: She had to take off. She  
15 had to leave.

16 DIRECTOR MANN: Okay. Followed by Eileen  
17 Dern.

18 MR. TANCREDI: Hi. How are you doing?

19 John Tancredi. That's T-a-n-c-r-e-d-i.

20 Just a few things that I think need to be  
21 taken into consideration, just a few points that I  
22 think -- anybody here that can put something in  
23 writing, I encourage you to think about along the  
24 way.



1           I live right across the street at 179. I  
2 see everything that goes on here and hear everything  
3 and whatnot, and living over there for about 30-plus  
4 years, and I've actually been to MelroseWakefield  
5 Hospital -- born there, had a bunch of surgeries, so  
6 I do like MelroseWakefield. That's a nice place.

7           Some of the things that I think people need  
8 to think about, though, you've got zoning issues.  
9 People that invested over here, we invested in a  
10 residential, non-commercial area. We did not invest  
11 in a place across from what I think is equivalent to  
12 the medical strip mall. I do understand that there  
13 is a need for it, but it's sort of all thrown  
14 together a little too haphazardly for me. It  
15 doesn't seem like there is any sort of plan.  
16 They're looking for a blank check and a nice little  
17 area to play with.

18           Another thing to consider is they say it's  
19 going to bring life back into this hospital. I  
20 don't see that happening through another building  
21 being made. I just don't see where that's going to  
22 come into play. If anything, who knows? What's  
23 going to stop them from selling it off to somebody  
24 else and having God knows what try to come in next,

1 and it's -- there is no guarantees of any of that.  
2 We haven't seen anything concrete or solid. Just  
3 it's a proposal. Well, proposals don't -- don't  
4 mean very much when you have to live with the  
5 consequences.

6           They say they're going to put it in the  
7 green area that's in the parking lot. Did you guys  
8 see? That's that little strip that's there. Is  
9 that 17,500 square feet? That's 17,500 square feet?  
10 I don't think it is. And then it's going to take up  
11 how much of that parking lot? We're already having  
12 issues with parking -- parking, safety, among other  
13 things. So where are they going to park? That's  
14 the other thing.

15           A lot of pollution as in noise, light, air,  
16 all coming from the facility as is. It's just going  
17 to increase. Nothing's being done about it.

18           There has been a lot of issues with crime.  
19 I personally had my house burglarized about two  
20 years ago, along with many other residents of the  
21 Lawrence Estates, and they found out that they were  
22 posting up right here in the parking lot. So if  
23 security can't monitor their own parking lot, how  
24 are they going to promise any safety to any of us

1 and the issues that we're going to have to face.

2           Yeah. It's going to save them a little bit  
3 of money. I understand. But I don't think we're  
4 going to see any of the benefits as far as people  
5 who live around here enough to -- that -- it just  
6 doesn't outweigh the negative. There is not enough  
7 pros for us to say, "Oh, well, it's going to save  
8 you 3 million? Cool."

9           So just take that into consideration, along  
10 with, apparently -- I checked it out online. There  
11 was something called the Section 8D of Chapter 40  
12 Mass. General Laws and Chapter 48 of Medford  
13 Municipal Ordinances, and we pay a surcharge on our  
14 taxes to, like, a historic sort of pool.

15           DIRECTOR MANN: Mr. Tancredi, your time is  
16 up.

17           MR. TANCREDI: All right. Just take that  
18 into consideration. We're paying money to keep  
19 things beautiful. Let's not let them mess it up.

20           DIRECTOR MANN: Ms. Dern, followed by  
21 Michael Kass.

22           MS. DERN: Hi. My name is Eileen Dern,  
23 E-i-l-e-e-n D-e-r-n.

24           I am testifying today on behalf of the

1 proposed ambulatory surgical center to be built on  
2 the grounds of the Lawrence Memorial Hospital. I'm  
3 the director of community services for  
4 MelroseWakefield Healthcare, formally Hallmark  
5 Health.

6 Lawrence Memorial Hospital has a rich past  
7 for me. My mother and her family were longtime  
8 residents of Medford, and many of my relatives and  
9 friends continue to live in the city. My  
10 grandparents and aunts and uncles receive their  
11 health care here and many of my family, including my  
12 husband and I, still receive health care services  
13 today at Lawrence Memorial Hospital in Medford.

14 In my role overseeing community benefits  
15 and as a registered nurse for more than 40 years, I  
16 also understand the changes health care needs to  
17 make to be efficient, cost-effective and relevant to  
18 the community. I am excited that from a successful  
19 Determination of Need application comes much-needed  
20 dollars do be shared with the community. For  
21 Hallmark Health, in 2016, our community health needs  
22 assessment and community health improvement plan,  
23 the community was invited to participate in many  
24 ways, including community forums, through

1 stakeholder interviews, through the Community  
2 Benefits Advisory Council -- and you've heard from  
3 some of those members in testimony -- and through  
4 requests for feedback from the Hallmark Health  
5 community teams and Patient Family Advisory Council.

6           As the community health needs assessment  
7 and community health improvement planning, it's an  
8 evolving and dynamic process. The council, the  
9 Community Benefits Council, which is made up of  
10 community residents and hospital staff, meet  
11 regularly to discuss progress that we're making  
12 towards the goals we set -- which are all listed on  
13 our website -- and program presentations are  
14 provided to the membership to become familiar with  
15 the community benefit programs and ask questions of  
16 the service providers in them.

17           With the support of the current council and  
18 its expanded membership, the community health  
19 improvement responsibilities of the DoN will be met,  
20 including the prioritization for the new funds and  
21 designation of an allocation committee to determine  
22 the agencies and programs to be funded. It is the  
23 council's hope that the DoN resources can support  
24 the needs identified in 2016, which were very

1 similar to those identified in '13, and in alignment  
2 with the Massachusetts Department of Public Health  
3 priority areas.

4           FY16 needs included primary priorities such  
5 as behavioral health, substance use disorders,  
6 cardiovascular diseases, cancer, diabetes,  
7 infectious disease, access to care, including  
8 transportation, and the needs of vulnerable  
9 populations. Secondary priorities included  
10 prevention of injuries and poisonings, respiratory  
11 health, obesity prevention and intervention,  
12 violence prevention and disaster readiness and  
13 emergency planning.

14           Once DoN funding is approved and the  
15 priorities to be addressed are chosen, the Community  
16 Benefit Advisory Council will create a fair and  
17 equitable process for community agencies to become  
18 aware of the funding available, understand the  
19 decisions made about the priority or priorities to  
20 be funded and apply for the available funds. To  
21 ensure equity of potential applicants, planning  
22 strategies will be used such as open forums at  
23 multiple times and locations, providing materials in  
24 simple, easily understandable language, translating

1 documents and hiring interpreters, offering food  
2 stipends and child and elder care resources.  
3 Transportation needs will also be considered.

4 I am convinced that the new ambulatory  
5 surgical center and the correlating community  
6 support is the right decision for Medford today.  
7 Not another closed health care facility, but a  
8 vision for a future health delivery model to serve  
9 those most in need and those that have the quietest  
10 voices. That's my job. This is the hallmark of the  
11 value of a community health system.

12 On behalf of myself, my friends, my family,  
13 and the community, I respectfully ask for your  
14 approval for this important project, establishing a  
15 new model of health in the city of Medford.

16 DIRECTOR MANN: Thank you, Ms. Dern.

17 Michael Kass, followed by John Venezlano.

18 MR. KASS: Hi. I'm Michael Kass, K-a-s-s.

19 Thank you very much.

20 Hi everyone. I'm the director of  
21 operations for Armstrong Ambulance, and Armstrong  
22 has been privileged to serve the residents of  
23 Medford as a primary 911 ambulance provider for  
24 approximately the last 20 years or so; and during

1 this period we've developed an outstanding  
2 relationship with the city and an outstanding  
3 relationship with Lawrence Memorial Hospital,  
4 including our current ability to continue to  
5 transport patients to the LMH ER, and we very much  
6 appreciate that. As health care delivery models  
7 continue to change and evolve, Armstrong remains  
8 confident and looks forward to our continued strong  
9 partnership with Lawrence Memorial and the city as  
10 part of a clinical community team ensuring  
11 continuity and coordination of care for the citizens  
12 of Medford.

13 Thank you very much.

14 DIRECTOR MANN: Thank you, Mr. Kass.

15 Mr. Venezlano, followed by Kathryn  
16 Vitiello.

17 John Venezlano?

18 Kathryn Vitiello followed by -- okay; I'm  
19 going to really mess this up -- Pladziewicz.

20 All right. How bad was that?

21 So Ms. Vitiello, followed by  
22 Mr. Pladziewicz.

23 MS. VITIELLO: My name is Kathryn --

24 K-a-t-h-r-y-n -- Vitiello -- V-i-t-i-e-l-l-o -- and



1 I'm a Medford resident.

2 I'm going to just -- I don't do this every  
3 day. I'm going to just read.

4 My concern is a for-profit entity wants to  
5 build a new 17,000 square foot facility to the  
6 neglect of the facility called the Lawrence Memorial  
7 Hospital.

8 DIRECTOR MANN: Can you speak into the  
9 microphone, please.

10 MS. VITIELLO: I'm sorry.

11 DIRECTOR MANN: You can move it.

12 MS. VITIELLO: I'm hard of hearing, too.

13 My concern is a for-profit entity wants to  
14 build a new 17,000 square foot facility to the  
15 neglect of the facility called the Lawrence Memorial  
16 Hospital. There is no concern regarding parking,  
17 although they will take a substantial portion of  
18 existing parking. Not one word of investing in the  
19 existing structure has been mentioned.

20 Historically Hallmark Health has mostly  
21 taken and cut services on the Lawrence Memorial  
22 campus. The Lawrence Memorial Hospital had black  
23 ink when the Hallmark merger happened, unlike the  
24 other three hospitals. The only thing the Lawrence

1 Memorial has been credited with are the combined  
2 losses of the campuses. Historically, the CEO has  
3 spent 80 percent of their time four days a week at  
4 the MelroseWakefield campus and one day a week,  
5 20 percent, at the Lawrence campus. That ratio  
6 speaks volumes.

7           The proposed ambulatory care center will be  
8 a for-profit organization. Who are all the entities  
9 involved? Will prices be increased because they are  
10 for profit? And who controls what surgeons will  
11 have privileges?

12           In closing, if Wellforce doesn't have any  
13 desire to rebuild the Lawrence campus, perhaps they  
14 should sell the Lawrence to an organization that  
15 will develop and grow the actual facility.

16           Thank you.

17           DIRECTOR MANN: Thank you.

18           Mr. Pladziewicz, followed by Mr. Penta.

19           DR. PLADZIEWICZ: Yes. David Pladziewicz,  
20 physician.

21           DIRECTOR MANN: Dr. Pladziewicz. Sorry.

22           DR. PLADZIEWICZ: That is  
23 P-l-a-d-z-i-e-w-i-c-z. It took me to sixth grade to  
24 get that.

1           Essentially I'm going to speak as a citizen  
2 of the city of Medford and not so much as far as a  
3 physician.

4           DIRECTOR MANN: One moment.

5           Can I really ask that everybody silence  
6 their phones in deference to your colleagues and  
7 neighbors.

8           Thank you.

9           DR. PLADZIEWICZ: And as a member of the  
10 Board of Health for the City of Medford. And this  
11 goes to the community benefits person over here.

12           It's unclear whether this is a community  
13 benefits program with a linkage with monies. I'm  
14 not sure it is or not.

15           MS. DERN: When the money comes in, yes.

16           DR. PLADZIEWICZ: If it's not, it should  
17 be. And historically, it's ten percent. So if it's  
18 17 million, I think that is 1.7 million.

19           MS. DERN: There is a different formula  
20 today.

21           DR. PLADZIEWICZ: So my concern is that I  
22 would like to make sure that this allocation  
23 committee is represented by folks from Medford,  
24 specifically from the Medford Board of Health, who

1 monitor a lot of different programs in the city and  
2 their effectiveness; and also that the bulk of the  
3 money be spent regionally in the city of Medford and  
4 not in the entire service area, which is about ten  
5 communities.

6           And I say that because I think the city of  
7 Medford has been the most adversely affected with  
8 reduced services over the years, so when it comes  
9 the sharing the benefit of the \$1.7 million, which  
10 is less than half of the CEO of Welforce's salary,  
11 it's a lot for the city of Medford, and we can do a  
12 lot of good with it and replace the services, some  
13 of the services that are needed by citizens that  
14 have been removed.

15           DIRECTOR MANN: Thank you, Doctor.

16           Mr. Penta. Following Mr. Penta will be  
17 Kathy Harlow.

18           MR. PENTA: Good early evening, because it  
19 is five o'clock. It's a shame that it wasn't 6:00  
20 or 7:00. Maybe more people would have had an  
21 opportunity.

22           I'm going to break my comments down to four  
23 comments, four areas, because I want to take what  
24 took place last week --

1           Can you hear me now?

2           The location. The gentleman who  
3 represented his proposal last week stated that this  
4 represented -- this represented -- the location was  
5 incredible for what they wanted to do. They could  
6 serve Medford, Malden, Melrose, Stoneham, Everett,  
7 Winchester and so on. Medford would be a financial  
8 resource center for the MelroseWakefield Healthcare  
9 practice group. Medford would become the poster  
10 child for multi-community financial cooperation for  
11 the MelroseWakefield Hospital.

12           The question is, what does Medford get out  
13 of all of this? Well, we create significant traffic  
14 in our community that we have over here, Governors  
15 Ave., Forest Street, Winthrop Street, coming off  
16 Route 93 and Lawrence Road. That's just to mention  
17 a few. And once school starts, and once these kids  
18 start cutting in between the streets coming up and  
19 down, you're going to have massive congestion. And  
20 then they said they looked at three other locations,  
21 but they didn't tell you where the locations were  
22 and why they didn't choose them.

23           Now, we go to the medical part. They have  
24 yet to indicate what are the full services that the

1 hospital will be giving up as compared to what  
2 offers -- services they intend to provide. They  
3 have yet to identify that. They did not mention  
4 anything about what medical services would be  
5 provided on a 24-hour basis. They didn't -- and  
6 then they also -- and this was key to especially  
7 some of the mothers that were there -- they could  
8 not respond will there be increased onsite  
9 psychiatric care provided for inpatient and  
10 outpatient services and, if so, how does that affect  
11 the security and safety of our residential  
12 community. There was no confirmation or  
13 acknowledgement to that.

14           They -- this is what they said. They  
15 allege that the medical costs of making this change  
16 will reduce from 25 to 50 percent the cost of the  
17 services that they would be offering, but they  
18 didn't tell you what the services were and where  
19 that percentage would be indicated to. They  
20 didn't -- they didn't address issues regarding  
21 prompt care and the future use of your emergency  
22 room. They did not address any assurances of the  
23 positioning of behavioral health, psychiatric  
24 housing and pediatric inpatient and outpatient

1 services. They didn't even want to discuss it. If  
2 you remember they said, "Not at this time." They  
3 were famous for saying that, "Not at this time."  
4 And there was no mention, any mention, of the future  
5 of this building, the school of nursing, where it  
6 was going.

7 Now on site. There was a suggestion  
8 made -- and I don't know where it's going -- that  
9 the fourth floor of the hospital could possibly be  
10 used for their operation ambulatory. It's not used  
11 right now. Where they come up and saying it's  
12 \$3 million more than compared to building a new  
13 17,000 square foot building, I don't know. They  
14 didn't explain that.

15 And the additional noise of increased  
16 generators and mechanical equipment, which also  
17 includes trees, doors and outside lighting. Anyone  
18 who abuts this piece of property by the school of  
19 nursing will remember when they put the nursing home  
20 over is there they took their trees down, and they  
21 put lighting out there, and it invaded the entire  
22 neighborhood and it took them years to get it back.

23 DIRECTOR MANN: Mr. Penta. Mr. Penta.

24 MR. PENTA: Yes.

1           DIRECTOR MANN: You might -- you're over  
2 time, so please wrap it up.

3           MR. PENTA: Could I take the time, please.  
4 To finish, please. Please.

5           DIRECTOR MANN: Mr. Penta --

6           MR. PENTA: You have to understand. This  
7 is their neighborhood. Let them have it. All  
8 right? I only have one more paragraph. Okay?

9           You're concerned about the future of this  
10 hospital, as the proponent is saying, but they  
11 haven't talked about the parking and possibly the  
12 need for a parking garage. Where is that going to  
13 go and come up in the future?

14           I just want to end by saying the following:  
15 I'm asking that the Medford city council, the mayor  
16 of this community and the Department of Public  
17 Health do not take into action, postpone any action  
18 on this particular issue until the neighborhood, the  
19 proponent -- they haven't even shown you a  
20 schematic. That doesn't make any sense. How can  
21 you vote on something without seeing what it looks  
22 like, number one.

23           So it's no longer going to be a full  
24 service hospital, and this is a result of Michael



1 Sack, going back to 2012, 2013 --

2 DIRECTOR MANN: Mr. Penta.

3 MR. PENTA: -- as the young lady said  
4 earlier, this was a \$40 million profitable Lawrence  
5 Memorial Hospital when they merged with Hallmark,  
6 and they've been paying the debt. And this is what  
7 you're going to wind up getting now. Don't let them  
8 do it until you fully agree on what you think this  
9 hospital, this campus should be, not the for-profit  
10 person coming in here. They don't live here.  
11 They're making the money at our expense --

12 DIRECTOR MANN: Mr. Penta --

13 MR. PENTA: -- and that should not be the  
14 case.

15 DIRECTOR MANN: Ms. Harlow, followed by  
16 Mr. Rick Catino.

17 MS. HARLOW: Kathy, with a K, Harlow,  
18 H-a-r-l-o-w.

19 I am an employee of MelroseWakefield  
20 Healthcare under community services, and I'm reading  
21 a letter from Mei Hung, who is the director of  
22 Chinese Culture Council -- Connection.

23 "I am writing this letter in support  
24 of the proposed ambulatory service surgery

1 center at the Lawrence Memorial Hospital of  
2 Medford.

3 "As a member of the Medford community,  
4 I understand the place that Lawrence  
5 Memorial Hospital has in the history and  
6 the future of Medford. We have all seen  
7 health care changing around us. I am happy  
8 to see a new vision for the Lawrence  
9 Memorial Hospital that will revitalize this  
10 campus, starting with the addition of the  
11 ambulatory surgery center.

12 "Having a safe, new, cost-efficient  
13 option for outpatient and day surgery  
14 procedures so close to home is a wonderful  
15 option for the people in this community and  
16 the surrounding towns. There are no  
17 similar facilities in the region that offer  
18 the modern, convenient and cost-efficient  
19 services that this ambulatory surgery  
20 center will provide, thereby filling a  
21 needed gap in local health care delivery.

22 "I ask for your support and approval  
23 of this important project. Please feel  
24 free to contact me should you have any

1 questions regarding this support.

2 "Sincerely yours, Mei Hung, executive  
3 director, Chinese Culture Connection."

4 DIRECTOR MANN: Thank you, Ms. Harlow. If  
5 you want to leave that. Thank you.

6 Thank you.

7 Mr. Catino, followed by Caroline Jacques.

8 MR. CATINO: Thank you. My name is Rick  
9 Catino, C-a-t-i-n-o.

10 I'm a lifelong resident of Medford. I  
11 currently live on 6 Teton Lane. I'm a retired  
12 executive from Hewlett Packard and I'm currently a  
13 consultant.

14 I also, just for terms of disclosure, I sit  
15 on an advisory board with the Lawrence Memorial and  
16 MelroseWakefield Hospital, the Patient Family  
17 Advisory Council. I don't know if you're familiar  
18 with the PFAC, but in -- each hospital the  
19 Commonwealth of Massachusetts is required by law to  
20 have a PFAC. So I'm a volunteer. I'm not an  
21 employee of Hallmark or MelroseWakefield.

22 I'm here this evening in support of the  
23 ambulatory surgical center, and as well as the  
24 repurposing of the existing facility we have here in

1 the campus.

2           Through the course of these events -- and I  
3 think everybody agrees -- there has been less than a  
4 stellar job of communication, and I think the  
5 hospital stipulates to that. Many of the residents  
6 here view these proposals as brand new news. I  
7 guess because I'm on the PFAC, I have been privy to  
8 some of this information, and I guess not really  
9 thinking about how much the community hadn't been  
10 privy to a lot of this information, but this has  
11 been developing over time. This isn't brand new,  
12 just didn't get dropped out of the sky. And I've  
13 been kind of excited by the planned expansion, not  
14 just of this ASC but also the things that will be  
15 happening at the hospital at the existing site.

16           As you've heard tonight, and I'm sure  
17 you've observed in your own families, there is many  
18 ways that health care has changed in the way it's  
19 delivered. And it's changed substantially and it  
20 continues to evolve. Procedures that were done  
21 inpatient, now many of them are done outpatient.  
22 And it's going to continue, continue the trend.  
23 It's not going to change. We're playing catchup on  
24 that delivery model here.

1           When asked why a new structure is required  
2 for the ASC, for technical reasons they talked about  
3 room size, they talked about square footage, they  
4 talked about ceiling height, because the equipment  
5 is mounted and so forth. So the estimates of 3  
6 million to 4 million to convert the existing  
7 operating rooms, you could convert or repurpose  
8 anything; that doesn't make them state of the art.  
9 That does not make them designed for work flow,  
10 designed for continuity.

11           You know, frankly, if you had the  
12 opportunity to go in -- and there was somebody up  
13 here earlier that talked about going in to have some  
14 work done at an ASC -- if you had the option of  
15 going into a surgical center that was designed for  
16 that, brand new, state-of-the-art equipment, flows,  
17 et cetera, or into a repurposed surgery, retired  
18 surgical unit, I'm not sure exactly what choice  
19 you'd make. I know what choice that I'd make.

20           Also the cost on this. The licensing for  
21 an ASC is different than the licensing for a  
22 hospital, so this is why the cost can be 25 to  
23 50 percent less than they are currently out having  
24 work done in a hospital, surgery that is currently

1 done in a hospital.

2 Some of the issues that were raised at the  
3 last meeting were on traffic and around parking.  
4 Just a couple of things I want to share.

5 Relative to traffic, I live up off Fulton  
6 Street up around Carr Park. For the longest time,  
7 because of Waze and probably other apps, traffic was  
8 a nightmare and, you know, we were just waiting for  
9 kids to get killed, especially in the morning. The  
10 city of Medford -- and I don't know who owns this,  
11 Mayor Burke -- but the city of Medford is doing an  
12 outstanding job of traffic studies. And this --  
13 we're not near the Lawrence Memorial Hospital on  
14 Fulton Street, so it isn't hospital traffic. It's  
15 just traffic. They've put signs up on Elm Street to  
16 block traffic going down those streets in the  
17 morning so people have to go through Roosevelt  
18 Circle, they can't cut through anymore. And I'll  
19 tell you, over the past two months, the traffic  
20 flows have improved considerably. You're going to  
21 have crummy traffic in your neighborhoods until such  
22 time as those kinds of changes are made. So push  
23 back. No matter what they do with the Lawrence  
24 Memorial, push back on whoever is doing those

1 traffic studies and get them to do something to help  
2 you, as I highly recommend that because I see the  
3 difference that's happened up in the Fulton Street  
4 area, so that's one.

5 DIRECTOR MANN: Mr. Catino.

6 MR. CATINO: I'm sorry?

7 DIRECTOR MANN: You might just want to wrap  
8 it up.

9 MR. CATINO: Okay. The last one I want to  
10 do is in the parking.

11 The zoning rules in Medford, they're going  
12 to require that there be a parking plan that goes  
13 along with this before anything gets approved, so I  
14 wouldn't get too bent around the axle around that.  
15 That will happen.

16 But I just -- again tonight I just want to  
17 voice my support for the ASC. And my support -- and  
18 I won't laundry list them -- you'll them, or you've  
19 seen them -- of the various things that they want to  
20 do with the existing facility.

21 So thank you for your time.

22 DIRECTOR MANN: Thank you.

23 Caroline Jacques.

24 MS. JACQUES: That's me.

1           DIRECTOR MANN: Okay. Followed by somebody  
2 whose just first name here is Deb. I don't know  
3 whether Deb wants to speak. There is no last name  
4 it says.

5           Then Marcia Kussin? Okay.

6           MS. JACQUES: Hi. I'm Caroline Jacques,  
7 J-a-c-q-u-e-s. I live here on Lawrence Road.

8           I didn't write something out, so bear with  
9 me. I just have some chicken scratch here.

10          I'm very against this proposal.

11          DIRECTOR MANN: You need to speak into the  
12 microphone, Ms. Jacques.

13          MS. JACQUES: I said I'm very against this  
14 proposal. I wish I had written something out,  
15 sorry. But I know this is about the ASC  
16 specifically tonight, but we -- or I would rather  
17 hear before that building what you're doing with the  
18 old building. There is a lot of land here -- there  
19 is a lot of land, and I'm afraid once that foot gets  
20 in the door, it's just going to grow and grow.  
21 There will be the garage next.

22          And after last week's meeting I have very  
23 little faith in what's going to be on here. They're  
24 acting like they don't really know yet, but I'm sure



1 there is a lot more that we don't know about. There  
2 is a lot of hearsay and I think, you know, from what  
3 I've heard -- I don't know the whole history of the  
4 hospital -- but it has been run into the ground. It  
5 used to be profitable, and all the money was put  
6 elsewhere, so they can't blame that on other things.  
7 They ran that into the ground, Hallmark Health.

8           So we're talking about communities, that  
9 you also mentioned, you know, the definition of  
10 community. Well, this is a community. It's a  
11 neighborhood community. And the patient experience?  
12 What about the neighborhood experience? So I would  
13 like that to be taken into consideration.

14           So that's my concern. What are you doing  
15 with the hospital, all the other buildings, before  
16 this site, this ASC goes up?

17           Traffic, that has to be an independent  
18 study, not associated with whatever it's called now.  
19 It was Hallmark Health, but I don't know what it's  
20 called now. There is, like, four names on the sign  
21 out there now.

22           So I would like this delayed, and more  
23 neighborhood community, Medford community -- not the  
24 hospital community of Melrose and all the

1 surrounding -- this neighborhood community and  
2 experience.

3 Thank you.

4 DIRECTOR MANN: Thank you.

5 Marcia Kussin followed by Ellyn Boukus.

6 DR. KUSSIN: Hello. My name is Marcia  
7 Kussin, and I have a Ph.D. And I want to mention  
8 that, in biochemistry, because the details of what I  
9 was going to say have a little bit of statistical  
10 information. But I don't think I'm going to get to  
11 that; I'm going to speak extemporaneously.

12 DIRECTOR MANN: I can't do Ph.D. stuff in  
13 three minutes.

14 DR. KUSSIN: None of us can. I can barely  
15 do it anymore, by the way. So I'm going to hit the  
16 main points.

17 I recently moved to Medford. I'm delighted  
18 to be here and to see the strong community, and I  
19 hope I will be included in community participation.

20 My first concern has already been talked  
21 about a lot, which is the process which did not  
22 involve the community. I heard a commission  
23 mentioned, an advisory committee mentioned. And the  
24 suggestion that occurs to me is that you guys get

1 your information on the city website and send it to  
2 me, so I know what you're doing, and I can -- and  
3 that's another way to have input, which is  
4 desperately needed in this project. I do not know  
5 who oversees it and what the regulations are, but  
6 I -- I hope there are more -- are strict  
7 regulations, and this process needs to begin more at  
8 the beginning.

9 My -- my next concern is about patient  
10 safety. I would like to know who regulates and what  
11 the regulations are for keeping patients safe in an  
12 outpatient ambulatory care facility. For example,  
13 would there be careful prescreening? What measures  
14 would be in place in case something happens? And  
15 I'll skip this, but there are risks when people  
16 make -- when doctors make an incision in your body,  
17 there are additional risks.

18 I would like to touch on the Medford  
19 population in concert with the mayor. There are  
20 about 56,000 residents of Medford, and almost  
21 20 percent are over the age of 60. We are parents.  
22 We are grandparents. We are aunts. We are uncles.  
23 We help care for our grandchildren and hopefully the  
24 community. And we've worked hard all of our lives.

1 I believe that Massachusetts should continue to be a  
2 leader in providing quality health care to all of  
3 its citizens and try to lead the nation, as they  
4 have in the past.

5 I mentioned this before, and risks are  
6 higher for an elder population. So I'm not sure  
7 that the ambulatory care center will meet -- will be  
8 able to meet the needs of the 20 percent -- or all  
9 the 20 percent of the older population.

10 Also, in conjunction with that, the  
11 emergency room needs to be backed up by a hospital.  
12 We have an opportunity to have a Class A emergency  
13 room. There is space, and I think there might be a  
14 will. And I -- I would hope that we could move in  
15 that direction and -- and have surgery and -- and  
16 hospital beds to back it up.

17 DIRECTOR MANN: Ms. Kussin, you're running  
18 out of time.

19 DR. KUSSIN: Okay. I have two constructive  
20 suggestions. Let me end that way.

21 One is that an outpatient gerontology  
22 department be established. And I have a vision for  
23 it. It's inclusive. It includes a broad range of  
24 things and includes education for people as well as

1 medical outpatient medical services. And one more  
2 very simple thing -- this is connected with Tufts --  
3 how about providing a convenient accessible shuttle  
4 from here to Tufts so -- so the services on the  
5 Tufts campus can be accessed.

6 That's all. Thank you very much.

7 DIRECTOR MANN: Thank you.

8 DR. KUSSIN: Could I have your e-mail  
9 address?

10 DIRECTOR MANN: Contact information for the  
11 Department of Public Health is at the front table,  
12 including an e-mail address.

13 DR. KUSSIN: Thank you.

14 DIRECTOR MANN: Thank you.

15 Ms. Boukus, followed by Sohail Husain.

16 MS. BOUKUS: I'll just hold it.

17 Hello. My name is Ellyn Boukus --  
18 E-l-l-y-n B-o-u-k-u-s -- and I live on Joyce Road  
19 behind the nursing center here.

20 What I would like -- thank you very much  
21 for having this meeting, and I'm happy to be able to  
22 participate in engaging with the community tonight.  
23 And that's what I would like to focus my remarks on,  
24 community engagement, like several of the neighbors

1 before me.

2           So far I think there has been a severe lack  
3 of community engagement and transparency from  
4 Wellforce in this entire process. Looking at the  
5 department of need (sic) application, it asks  
6 submitters to provide evidence of, quote, "sound  
7 community engagement and consultation throughout the  
8 development of the proposed project," and I think  
9 that many of us here tonight and who were at the  
10 meeting last week would agree that there has been  
11 virtually none of the above on that.

12           Out of the 375 pages of the application,  
13 only one and a half are devoted the describing the  
14 evidence of community engagement. There are two  
15 examples that are cited. First is a presentation  
16 that was given to the Wakefield -- MelroseWakefield  
17 Patient Family Advisory Committee, as Mr. Catino  
18 mentioned earlier. And a note on that. Each  
19 hospital, as he said, has its own committee. Note  
20 that they engaged with the MelroseWakefield  
21 committee and not with the Lawrence Memorial  
22 committee. I just wanted to point that out. And  
23 perhaps not surprisingly from that, the feedback was  
24 positive. You know, that's not surprising because

1 those folks there are going to receive the benefits  
2 of the added services and not bear any of brunt of  
3 the negative impacts.

4           The second piece of evidence that was cited  
5 was the April meeting that was conducted here, which  
6 only nine of the local community members attended.  
7 And in my opinion, number one, engaging with an  
8 entirely different community and two, engaging only  
9 in a very cursory way with our community, does not  
10 equal sound community engagement.

11           I apologize for my nerves and shaking up  
12 here.

13           So, like I said, that doesn't strike me as  
14 sound engagement. It strikes me as doing the bare  
15 minimum to check a box on a form; and at worst it  
16 strikes me as purposely doing an end run around of  
17 the people who are going to be most impacted by this  
18 project.

19           On the Department of Public Health website  
20 they actually have published guidelines on community  
21 engagement, and they illustrate a spectrum that goes  
22 from inform at the low end to community-driven at  
23 the high end. And if I were grading the Wellforce  
24 community engagement at this point, I would give

1    them an F.  Or to put it another way, if I were  
2    writing a Yelp review, I would give zero stars if I  
3    could.  I don't think that this rises to the bare  
4    minimum of inform, given that most people weren't  
5    aware of the project until recent weeks.

6            So starting now, I would ask that Wellforce  
7    and the conglomerate of folks involved in this  
8    project hit the reset button and begin to engage in  
9    a meaningful and robust way.  Please listen to our  
10   concerns and work with us and take those guidelines  
11   to heart.  We don't want to be informed.  We want to  
12   be consulted.  We want to be involved.  We want to  
13   be collaborators, and we want to be empowered in the  
14   process, so we want to move to that high end of the  
15   spectrum.

16           And even though Medford might represent  
17   only a very small percentage of the ambulatory  
18   surgery center's volume that they expect, we're  
19   100 percent the people that are getting -- that are  
20   going to have to bear the brunt of this project, so  
21   we deserve better.

22           Thank you very much.

23           DIRECTOR MANN:  Sohail Husain, followed by  
24   Tara Miner.



1 DR. HUSAIN: My name is Sohail Husain,  
2 S-o-h-a-i-l H-u-s-a-i-n, and I'm here to express my  
3 strong support to the proposed ambulatory surgery  
4 center at the Lawrence Memorial Hospital campus.

5 I'm an orthopedic surgeon. My office is in  
6 Stoneham. I specialize in hand surgery, and I've  
7 been practicing in the suburbs north of Boston for  
8 about ten years. I've been in this more local  
9 community for the last five years, and I used to  
10 operate at Lawrence Memorial Hospital until the  
11 operating rooms shut down. I've operated at about  
12 four different hospitals and one freestanding  
13 surgicenter in New Hampshire, and so from  
14 patients -- from how my patients are treated and how  
15 I do my craft, I've seen the difference between the  
16 two.

17 The vast majority of surgeries that I do,  
18 like carpal tunnel syndrome, trigger finger, you  
19 know, small broken bones in the hand or wrist are no  
20 doubt treated more effectively at a surgery center.  
21 My patients don't have to go to a hospital where all  
22 the sick people go. All the sick people --  
23 pneumonia, infections -- are in the hospital. If  
24 you have a small case, you're much better off doing

1 it away from those people, safer for you, more  
2 efficient path.

3 So there is no question that surgery can be  
4 done quicker, more effectively in surgery center  
5 than a hospital. I think that a surgery center,  
6 like the one proposed, would be able to provide care  
7 better for the appropriate type of cases for  
8 patients in the community. I'm hopeful that a  
9 project like this would end up benefitting Medford  
10 because you don't have to go a further distance to  
11 get your care. And as I frequently see patients in  
12 the Medford area, Malden area and surrounding areas,  
13 they're always looking for a close and convenient  
14 place to go.

15 So thank you for your time. Have a good  
16 evening.

17 DIRECTOR MANN: Thank you, Dr. Husain.

18 Tara Miner, followed by Iva --

19 DR. TOUDJARSKA: Toudjarska.

20 DIRECTOR MANN: -- Toudjarska. That was  
21 exactly what I was going to say.

22 MS. MINER: Hi. Tara Miner, M-i-n-e-r.

23 So I'm a resident of the abutting  
24 neighborhood, and I am here tonight to request that

1 the decision around this proposal be delayed on the  
2 grounds that there has been a huge amount of  
3 miscommunication, lack of a plan.

4           So we talk about -- you know, the proposal  
5 talks about the ambulatory surgical center. Well,  
6 in last week's meeting they talked about a whole  
7 village, okay? And so what we're getting in this  
8 plan is a very small piece. And, you know, we asked  
9 about behavioral health and the plans of expanding  
10 that, and, you know, plans for the -- the existing  
11 structures, and the answer to that is that they  
12 don't have a plan; that they don't have answers  
13 around that. So we can't go forward with this  
14 medical village with just looking at a very small  
15 portion of it.

16           Other pieces of -- other pieces of  
17 misinformation, or non-committals are that they said  
18 they didn't start surveying. There are marks on our  
19 land. There are marks all over the hospital grounds  
20 of where this building is going. Okay? That's  
21 misinformation right there. They said that there  
22 would be negligible impact on parking and traffic,  
23 or traffic. Yet they're taking away most of the  
24 parking spaces. And we've talked about this

1 already, but they're taking away most of the  
2 parking. So where is the parking going? And there  
3 hasn't been any studies on traffic yet.

4           They would not commit to a noise study,  
5 where we heard neighbors clearly talking about the  
6 impact of noise. They said that there was no  
7 footprint. We talked about that already. They said  
8 no footprint, but clearly there is plans for a  
9 footprint because there is only one of those areas  
10 of Xs marked out in the parking lot.

11           They also said that the surgical center  
12 needs to be co-located with a -- with a hospital.  
13 Okay? Looking at all the other ambulatory surgical  
14 centers in the area, they are not co-located with a  
15 hospital. There is no requirement to be co-located  
16 with a hospital.

17           They said that parking violations would be  
18 handled by our transportation department. We don't  
19 have a transportation department here in Medford.  
20 So what's the plan there?

21           And then they also -- I mean, going back to  
22 parking, they said it would be fully on premise. In  
23 looking at other surgical ambulatory centers, they  
24 have at least, like, 500 parking spaces to support

1 them. So, again, I ask where does that parking go  
2 in this plan?

3 I clearly feel like there is not a strong  
4 plan that is being communicated, and we cannot let  
5 this go forward until a plan has been shared.

6 DIRECTOR MANN: Following Ms. Toudjarska  
7 will be Matt Haverkamp.

8 DR. TOUDJARSKA: Thank you.

9 Dr. Ivanka Toudjarska, I-v-a-n-k-a  
10 T-o-u-d-j-a-r-s-k-a. I'm a 13-year-long Medford  
11 resident. I have six points today.

12 First point, I don't have a write up  
13 because the goal of this meeting was unclear to me  
14 and to my neighbors. And so I thank the moderator  
15 for explaining this in detail. However, I really  
16 doubt whether my neighbors really got that and are  
17 able to respond to it. So my first point here is  
18 that there is really lack of information  
19 specifically to this project, but also to the  
20 process of these projects going forward.

21 My second point is statistics were  
22 presented on data of ambulatory care needs and  
23 increasing demands. And I believe those are correct  
24 numbers, but if I Google that, I'm sure that will

1 come true for every urban town. So I don't believe  
2 these are very specific to Medford and the  
3 surrounding communities. So I really urge you to  
4 produce data that is specific to Medford and the  
5 surrounding communities that show the need for such  
6 services here in Medford.

7 My third point is the decrease -- the cost  
8 savings were mentioned several times. I do believe  
9 that's the case. A building operated in Medford  
10 will be cheaper than a building operated in downtown  
11 Boston.

12 My question is, what percent of these cost  
13 savings will be passed to patients? I don't think  
14 many of those cost savings will be passed to  
15 patients. I spent 15 years in health care, and I  
16 know this as a patient as well. So the recent bill  
17 I received from a surgicenter to my five-year-old's  
18 dental surgery was \$17,000, and only the insurance  
19 company worked with me and met me some way. The  
20 hospital did not.

21 So I really urge you to step up to the  
22 plate and produce specific numbers, percentages from  
23 your current operating facilities. What percentage  
24 of these costs savings will be actually passed on to

1 patients? We all know that pricing transparency is  
2 notoriously bad within health care.

3 Another point Mayor Burke noted,  
4 revitalizing of the campus. I honestly did not hear  
5 a cohesive plan for revitalization. I heard a  
6 single-story 17,000 square foot building being  
7 built. I don't understand building codes. However  
8 I'm told that it's not going to be too hard to make  
9 this a ten-story building. So I would like to  
10 understand what are the short-term plans and the  
11 long-term plans in very specific details of that.

12 Also Mayor Burke requested data on traffic  
13 and parking, and many people spoke about this today.  
14 I'll urge that specific data and evidence is made  
15 before a decision is made.

16 So you mentioned a decision point next  
17 month, if I heard that correctly. I'm just  
18 wondering -- no?

19 DIRECTOR MANN: No.

20 DR. TOUDJARSKA: The decision is not going  
21 to be made in September?

22 When will be the decision be made? So it  
23 will be some time.

24 So I really urge that -- perhaps I didn't

1 hear. Again, lack of clarity, perhaps on my part,  
2 but I really -- I really urge that data be submitted  
3 before such decision is made.

4 Okay. Let's see. I think lack of  
5 transparency for the short- and long-term plans were  
6 mentioned several times. My neighbor before me  
7 mentioned fully dedicated psychiatric facility that  
8 was also disclosed in the past a while back. I  
9 don't believe that was mentioned at the meeting last  
10 week. So again, we need to understand what are the  
11 short-terms for the centers and services that are  
12 built, as well as long-term, so we can participate  
13 in the decision how this is going to affect us as a  
14 community.

15 DIRECTOR MANN: Your time is wrapping up.

16 DR. TOUDJARSKA: And I am actually done.

17 So I would actually urge all  
18 decision-making bodies to not approve this project  
19 until further data is submitted and communities  
20 properly engaged.

21 DIRECTOR MANN: Thank you.

22 So I will repeat what I said at the  
23 beginning, which is that a recommendation will be  
24 made to the Public Health Council based upon all of



1 the information that is submitted here and in  
2 writing, and based upon the information in the  
3 application. That recommendation will be taken up  
4 by the Public Health Council at one of its monthly  
5 meetings.

6 DIRECTOR MANN: There is a process -- yes,  
7 the recommendation is made public and there is an  
8 opportunity for comment as well.

9 The next person to speak is Matt Haverkamp,  
10 followed by Sankha Basu.

11 MS. LIU: Could you possibly give us the  
12 deadline for written comments?

13 DIRECTOR MANN: Again?

14 MS. LIU: Yes.

15 DIRECTOR MANN: Comments will be accepted  
16 until close of business on September 3rd, 10  
17 business days from today. That's in the regulation.

18 MS. LIU: Thank you.

19 DIRECTOR MANN: You're welcome.

20 MR. BROGNA: My name is Rob Brogna. I'm an  
21 employee of MelroseWakefield Healthcare.  
22 Dr. Haverkamp had to step away, but he is submitting  
23 a letter which I would like to read.

24 "Good evening. My name is Matt

1 Haverkamp. I am an anesthesiologist with a  
2 large anesthesia group in the Boston area.  
3 I have been with Hallmark Health for six  
4 years, and I am currently the medical  
5 director of surgical operations. Our  
6 anesthesia group covers large academic  
7 hospitals, community hospitals as well as  
8 multiple surgical centers, so I have a  
9 unique view of life within an operating  
10 suite.

11 "I am here to express my strong  
12 support for the proposed ambulatory surgery  
13 center at the Lawrence Memorial Hospital  
14 campus. I have practiced medicine in this  
15 specific community for six years, but have  
16 been in the Boston area for 11 years. It  
17 is important for me to provide the best  
18 possible care for each of my patients.

19 "The proposed ambulatory surgery  
20 center will provide patients in the  
21 surrounding community with a high-quality,  
22 low-cost alternative to hospital-based  
23 outpatient procedures. One of the most  
24 important aspects of this project is how it

1 will benefit our patients. Many of our  
2 patients prefer to stay close to home and  
3 not travel in to Boston for procedures.  
4 Medford needs the types of outpatient  
5 services that will be offered by the  
6 ambulatory surgery center.

7 "The ambulatory surgery center will  
8 also help to revitalize the Lawrence  
9 Memorial Hospital campus, which has been  
10 underutilized over the past few years.  
11 Having a new, safe, cost-efficient option  
12 for outpatient and day surgery procedures  
13 close to home is good for the people in  
14 this community. There are no similar  
15 facilities in this region that offer the  
16 modern, convenient and cost-efficient  
17 services that this ambulatory surgery  
18 center will provide. There is a large  
19 portion of the community who live north of  
20 Boston and have no other option but to have  
21 their outpatient surgery within a hospital  
22 setting. After witnessing the safety and  
23 efficiencies, as well as patient  
24 satisfaction that comes with a well-run

1 surgical center, I fully support this  
2 important project, and I ask for your  
3 support and approval.

4 "Thank you."

5 DIRECTOR MANN: Thank you.

6 Sankha Basu, followed by Bob Driscoll.

7 DR. BASU: Hello. My name is Dr. Sankha  
8 Basu. I go by Bobby, and my wife and I moved into  
9 one of the abutting properties on Joyce Road this  
10 past September. I would like to first echo the  
11 overall sentiments of the local residents,  
12 particularly the lack of transparency by Wellforce.

13 As a health care provider myself, I'm well  
14 aware of the changing medical landscape and  
15 understand the financial pressures in health care.  
16 However, hospitals are anchor institutions and,  
17 consequently, have an obligation to the communities  
18 in which they reside. So let us think about the  
19 positives and negatives of our community, for our  
20 community.

21 The negatives: It will increase traffic,  
22 increase noise, decrease available parking, which  
23 will shift cars onto our streets or necessitate  
24 additional parking structures, lower property

1 values, impact safety, create an eyesore and change  
2 the overall complexion of an otherwise suburban  
3 residential neighborhood. Furthermore, this appears  
4 to be part of a larger process of shuttering  
5 inpatient care and eventually emergency services.

6 And the positives? We'll get a  
7 surgicenter, which most of us will never use.

8 Yes. Yes, your surgeons will get a brand  
9 new operating suite right off 93. Wellforce will  
10 gain a substantial revenue center. Surrounding  
11 communities will benefit as well. But what about  
12 us? What about Medford? Where will we go for care  
13 in the middle of the night if the ER shuts down?  
14 Will you at least promise a 24-hour urgent care  
15 center? How much tax revenue will this bring to  
16 Medford? Will we get compensated in any way for the  
17 negative impact on property values? Are you going  
18 to hire Medford residents to staff the center? Will  
19 you help our schools? Our police? We hope you have  
20 something more for us than an ambulatory surgical  
21 center.

22 On a personal note, we battled through the  
23 Boston real estate market and were ecstatic to land  
24 in Medford, a proud and historic community, a proud

1 community that reminds me of my own home town and a  
2 proud community which, as we saw last week, will not  
3 be pushed around or taken advantage of. Therefore,  
4 while we're happy and willing to work with the  
5 hospital, the mayor and the city council to find a  
6 solution which takes into consideration the local  
7 residents, if we continue to be ignored, we will use  
8 any avenues necessary to fight. This includes legal  
9 strategies, such as proposing building restrictions  
10 or zoning changes, political action, holding our  
11 mayor and council members accountable, media  
12 involvement by the "Globe" and the "Herald" and, if  
13 needed, a publicized boycott of Wellforce and Tufts.  
14 Ultimately, I hope it doesn't get to that and that  
15 we can work together amicably.

16 Thank you for your time.

17 DIRECTOR MANN: Thank you, Doctor.

18 Bob Driscoll, followed by Nicole Bloor.

19 Mr. Driscoll?

20 Ms. Bloor, followed by Andrew Castagnetti.

21 DR. BLOOR: Hi. My name is Nicole Bloor.

22 I'm a primary care physician. I've been practicing  
23 in these communities for over 22 years now.

24 So I hear a lot of emotion in this room

1 tonight. A lot. And I am not a neighbor. I don't  
2 live next to the hospital, but you work -- you live  
3 next to a hospital. And I'm not downplaying your  
4 concerns -- I'm not -- but I -- but I have to ask,  
5 so how is a surgical center going to be that much  
6 worse than living next to a hospital?

7 But -- so separate issue. That's just my  
8 one question. But the hospital has had decreasing  
9 volumes for years, and it's not going --

10 (Speaking from multiple members of the  
11 audience)

12 DIRECTOR MANN: Excuse me. One moment.

13 Ladies and gentlemen. Ladies and  
14 gentlemen, please accord the speaker the common  
15 courtesy that you would like to be accorded to you.

16 AUDIENCE MEMBER: She asked a question.

17 (Speaking from multiple members of the  
18 audience)

19 DIRECTOR MANN: They're really rhetorical,  
20 and it's just for you to --

21 (Speaking from multiple members of the  
22 audience)

23 DIRECTOR MANN: Each speaker gets three  
24 minutes. Please let the speaker speak and assume

1 they're rhetorical questions, because I already said  
2 at the beginning this is not a question and answer  
3 session. Thank you.

4 DR. BLOOR: Sorry. So I'm sorry. I didn't  
5 mean to ask you. It was really meant to be  
6 rhetorical. Just kind of think about that.

7 So as a primary care physician, I'm really  
8 excited at the idea of having an ambulatory surgical  
9 center. We don't have one of those. You know,  
10 state-of-the art, high-quality, convenient. I mean,  
11 how can you -- that would just be amazing. People  
12 don't have to go into to Boston for procedures.  
13 They don't have to go into the hospital for all the  
14 reasons that Dr. Husain talked about, Dr. Haverkamp.  
15 They're just safer opportunities, and you just --  
16 you're going to get better care. And yes, you  
17 probably will have your endoscopy there at the very  
18 least if you don't have a surgery there, so there  
19 are things that you will benefit from directly.

20 So I'm excited, because there is the cost  
21 issue for my patients. I have a lot of patients  
22 with high deductibles, and it is an extreme cost for  
23 them to go to a hospital and have a procedure done  
24 because there is these facility fees that go along



1 with hospitals, right? If you want to keep a  
2 hospital open, you have to charge facility fees.

3 So ambulatory surgical centers have lower  
4 costs. And I can't give you a percentage. I don't  
5 know. And that may also depend on your insurance,  
6 quite frankly. It's not always the same from  
7 insurance to insurance. But that's a big -- will be  
8 a big win for me because I have patients who just  
9 can't -- "Doctor, I just can't afford to have my  
10 colonoscopy." That's a horrible thing. So I'm  
11 excited about that. I'm excited that, you know,  
12 this will be convenient for them.

13 So I really -- I like you to kind of just,  
14 like, think about there are definite real positives  
15 here for everybody, and I'm hopeful that Wellforce  
16 will be able to provide you with the answers that  
17 you need and -- and that you guys can work together  
18 so that we can make this happen for all of our  
19 communities.

20 Thank you.

21 DIRECTOR MANN: Thank you, Doctor.

22 Andrew Castagnetti, followed by John  
23 Curtin.

24 MR. CASTAGNETTI: Thank you. Andrew Paul

1 Castagnetti, C-a-s-t-a-g-n-e-t-t-i. I would say  
2 good afternoon and into good evening.

3 I simply -- first of all, I've lived in the  
4 city since 1955. That's lots -- too many years,  
5 actually. I have five simple points as a layman.

6 Number one, simply thank you for this  
7 meeting.

8 Number two, it's kind of a lousy time,  
9 5:00 p.m., for people to punch out, get in their  
10 vehicles and drive.

11 Number three, lots of people here, and at  
12 the last meeting at the city hall chambers. That  
13 implies to me and speaks volumes that, I guess, they  
14 want to keep the hospital, the emergency room open.

15 Four, I -- my personal belief, with too  
16 much history in this town, I believe, any and all  
17 improvements to this hospital hopefully will be  
18 greatly appreciated.

19 Number five, in closing, understanding  
20 business is business, based on supply and demand,  
21 especially in the capitalistic system. However, the  
22 people don't want to lose the 02155 hospital, or  
23 what happened in Malden, Massachusetts.

24 Bottom line, thank you for listening.

1           DIRECTOR MANN: Thank you.

2           John Curtain.

3           Mr. Curtain is the last person on the list.  
4 If anybody else here wants to speak, please put your  
5 name on the list up at the top of the room. Thank  
6 you.

7           Mr. Curtain.

8           MR. CURTAIN: Good evening.

9           You've not started my clock yet, have you?  
10          I'm sorry about that.

11          Thank you for the opportunity to speak here  
12 tonight. I hope that the determination in the of  
13 the of the Department of Health gives the  
14 appropriate weight to the opposition and the  
15 concerns of the citizens of Medford, particularly  
16 those in the Lawrence Estates and the immediate  
17 abutters to Lawrence Memorial Hospital.

18          The first factor I want to address is the  
19 patient panel/public health value study performed in  
20 conjunction with the application. It uses limited  
21 data of those patients who have already used  
22 MelroseWakefield Hospital and Lawrence Memorial  
23 Hospital. I submit this is not an accurate  
24 representation of the actual patient population of

1 each city, town and the service area. This  
2 historical patient panel speaks more to the services  
3 provided at each of those sites and to the patients  
4 who use those sites. These statistics are not  
5 necessarily reflective of the actual needs of  
6 Medford, Somerville, Malden, Melrose, Everett,  
7 Stoneham and Reading. A surgical center in Medford  
8 would likely draw extensively from Somerville,  
9 Arlington and Cambridge. The citizens of Medford  
10 would comprise a much smaller segment of this  
11 patient population than was presented in the  
12 application. Medford Surgical Center, LLC, is using  
13 favorable statistics to back up their preferred  
14 location instead of letting an unbiased analysis  
15 lead them to where the most efficient location would  
16 be.

17           The public health benefits of a surgical  
18 center in Medford are questionable. There are  
19 existing surge -- ambulatory surgical centers  
20 outside of Boston in Winchester, five miles away  
21 from here, and Waltham, 12 miles away from here.  
22 There are also numerous world-class day surgery  
23 centers in Boston, only six miles away, where people  
24 travel from around the world for health care

1 services, yet we need one in the middle of five  
2 other surgical centers that we can get to in ten  
3 minutes? That is not adding value. At the very  
4 least their value they've put forth is overstated.  
5 At the very best they could claim this this might be  
6 a public health convenience.

7           The next factor would fall under the  
8 compliance or community-based health initiative on  
9 the department of -- Determination of Need  
10 application. In the worst case Melrose -- Medford  
11 Surgery Center has made outright false statements,  
12 and in the best case has misled this community.

13           Specific examples from the August 15th  
14 meeting include, but are not limited to:

15           Stating that surveying the property had yet  
16 to have been done when residents spoke about  
17 surveyors on their property and sidewalks and  
18 clearly marked spray paint and posts in the parking  
19 lot out front.

20           They claim the project would only have a  
21 negligible impact on traffic, yet only -- the impact  
22 can only be done after a study is complete. So  
23 negligible might be their hope, but they don't know  
24 what's it's going to be negligible.

1           They also claim that the surgery center  
2 needs to be co-located with a hospital. And as my  
3 neighbor Tara pointed out earlier, the two  
4 aforementioned surgical centers in Waltham and in  
5 Winchester are not affiliated or on hospital  
6 property.

7           DIRECTOR MANN: Mr. Curtin, you better wrap  
8 it up.

9           MR. CURTIN: Okay. I'll finish up for you.

10           So even if the DPH feel that the Medford  
11 surgery center has met its burden of determining  
12 need, the impact on property values in a residential  
13 neighborhood which has not seen material new  
14 construction in over 20 years with when the nursing  
15 home was built should not be discounted. Residents  
16 of the Lawrence Estate have built equity in their  
17 homes, bought homes in a rising market because of  
18 access to the Fells and the residential neighborhood  
19 which is teeming with runners, dog walkers and  
20 bikers. Any commercial construction in the midst of  
21 such a neighborhood where commercially property is  
22 readily available within the city with little or no  
23 residential property impact would be detrimental to  
24 the city, its neighborhood, and its residents.

1 Thank you all for your time.

2 DIRECTOR MANN: Do you want submit your  
3 written statement?

4 Gail Orlando.

5 MS. ORLANDO: Good evening. Gail Orlando.  
6 G-a-i-l. Orlando just like in Florida.

7 I spoke at last Wednesday's meeting at  
8 Medford City Hall, but I heard something this  
9 evening that has captured my attention. Now I stand  
10 before you not only as an employee of Lawrence  
11 Memorial, as a lifelong citizen, and as president of  
12 the friends, I stand here for the 57,000 citizens  
13 that live just in this community, and for the people  
14 that live in the high-rises on Riverside Ave. We  
15 need an emergency room for these people as we age.  
16 Time is of the essence.

17 But I heard something earlier that really  
18 captured my attention. As an employee, you get to  
19 hear bits and pieces of things, and we have built  
20 new facilities that have cost millions, double-digit  
21 millions, in different towns and cities. And I  
22 heard Mr. Fuller mention earlier that to do over the  
23 OR at Lawrence would only cost 3 million. When we  
24 put out 23 million for other facilities, why can't

1 only 3 million be put in this facility to reopen our  
2 existing OR or to form our -- MelroseWakefield  
3 Healthcare, sorry, you know, can't afford to do  
4 that, why is -- as a community, can't we get  
5 together and raise that \$3 million and bring back  
6 everything that is needed at the Lawrence Memorial  
7 Hospital for everybody that lives in and around this  
8 community?

9 DIRECTOR MANN: Malisa Schuyler, followed  
10 by Deb Cronin-Waelde.

11 MS. SCHUYLER: Good evening. Malisa  
12 Schuyler, M-a-l-i-s-a S-c-h-u-y-l-e-r.

13 I am the vice president of government  
14 affairs for Wellforce, and it's a pleasure to be  
15 with you this evening, and thank you for the  
16 opportunity to provide comments in support of the  
17 ambulatory surgery center tonight.

18 Wellforce is a parent organization of  
19 MelroseWakefield Healthcare, Tufts Medical Center,  
20 and Lowell General Hospital, and physician  
21 organizations comprised of nearly 3,000 physicians  
22 from the border of New Hampshire all the way down to  
23 Cape Cod. Wellforce's mission is to relentlessly  
24 focus on building healthy communities and helping



1 people achieve better health. We are excited about  
2 this ASC because it furthers this mission.

3 One of the tenets of the patient care model  
4 across Wellforce is providing integrated,  
5 patient-centered care at the right time, at the  
6 right location, and for the right level of care  
7 that's needed. Our view is that this is an  
8 opportunity for Wellforce and its members to deliver  
9 on that model and to also deliver on the model of  
10 lowering medical expenses. We feel it will  
11 positively impact patient outcomes and positively  
12 impact the financial outcome that patients feel. We  
13 also feel that this helps not only us achieve some  
14 of our health care system transformation goals, but  
15 it helps the state achieve the health care  
16 transformation goals that it has set.

17 The physicians of Wellforce have deep  
18 experience in managing risk, in participating in  
19 value-based contracts that hold them accountable for  
20 the outcomes of their patients and their patient  
21 populations, really thinking about how they're  
22 influencing and resulting in better care for their  
23 patients, not just getting paid on a per service,  
24 per visit type of a model. We look forward to the

1 opportunity to apply the management and services of  
2 our population health models with the patient  
3 population that will flow through the ASC as well.

4           The ASC application is focused not only on  
5 the broader community and this community, it is also  
6 focused on the members of our accountable care  
7 organizations, patients who are members of these  
8 communities, patients who are members of our primary  
9 care physicians in all of this town and the  
10 surrounding towns. Our engagement in ACOs has  
11 accomplished truly amazing things. It is impacting  
12 the lives of patients and families, and we have  
13 really been amazed and thrilled at how this has  
14 happened. By weaving together the critical social  
15 services and the supports with the clinical care  
16 that we provide, we are achieving great outcomes and  
17 really enhancing the quality of life for our  
18 patients overall. We've seen the benefits of this  
19 impact in both -- in addressing both the clinical  
20 and the social needs, and we are really looking  
21 forward to extending this opportunity to ASC  
22 patients as well, something that is not always done  
23 if you think about just a freestanding ambulatory  
24 surgery center.

1           DPH has really helped drive some of that  
2 change in making sure that we're integrating care,  
3 thinking about this population who may come in for a  
4 single service and ensuring it's part of integrated  
5 care.

6           The partnership here MelroseWakefield  
7 Healthcare, Shields Health Care and Tufts Medical  
8 Center, as well as leading physicians in the  
9 community is unique. We believe that it is the way  
10 health care is moving and it is the way to deliver  
11 high -- high-quality, innovative care at a lower  
12 cost to our communities. We look forward to working  
13 with our neighbors, our elected officials, and our  
14 community partners to stay relentlessly focused on  
15 building healthy communities.

16           Thank you.

17           DIRECTOR MANN: Thank you.

18           MS. CRONIN-WAELDE: Good evening. My name  
19 is Deb Cronin-Waelde, and I'm a proud graduate of  
20 the School of Nursing. I lived in the dorm right  
21 upstairs over 35 years ago.

22           I'm here because the school afforded me a  
23 state-of-the art education. It's my passion in life  
24 to get up out of bed every day and take care of

1 patients, and I've chosen to take my career and my  
2 education to the next level to learn how to lead  
3 people who care for those patients. So as I partner  
4 and think about my state-of-the-art education, I  
5 would be remiss if I didn't stand up in front of  
6 folks in support of an ambulatory surgery center  
7 that would allow patients in the community where I  
8 live, and surrounding communities, to provide them  
9 with state-of-the-art services, and that's what an  
10 ambulatory care center is.

11 I'm here to ask for your support of that.  
12 I understand the passions that you have around it,  
13 too, and I'm not numb and haven't not listened to  
14 everything you've said over the last couple of  
15 weeks.

16 An ambulatory surgery center is focused on  
17 specialty day surgery. There are needs around day  
18 surgery that talk about scheduling. You'll very  
19 often hear -- some of you may have fallen -- quote,  
20 unquote -- "victim" to having your surgery canceled  
21 because an emergency has come in and you need to get  
22 bumped. That doesn't happen in an ambulatory  
23 surgery center. It's efficient. It's  
24 cost-effective. Those with high deductibles and

1 high copays will pay less. We can't give you an  
2 exact percentage of that, unfortunately.

3           The evidence also supports reduced surgical  
4 and recovery times, allowing patients to have their  
5 procedures and return home to recover versus having  
6 to endure a hospitalization. Ambulatory surgery  
7 centers improve access to outpatient surgical  
8 services in a community-based setting.

9           Currently patients needing less complex day  
10 surgery can experience wait times of up to four  
11 weeks waiting to get your surgery booked. If your  
12 hand hurts, you really think you don't want to wait  
13 four more weeks. That's four more weeks of pain.  
14 Four more weeks where you have to take pain  
15 medication. Doesn't make sense from a clinical  
16 perspective. ASCs are able to adhere to a more  
17 uniformly -- uniformly to a surgical schedule, which  
18 ultimately rules out in overall reductions in  
19 patient wait times.

20           Quality and patient safety is our top  
21 priority. I know it doesn't seem like that to you  
22 now, but I'm telling you, there is not an  
23 administrator in this room who sleeps through the  
24 night not thinking about those things.

1 Building for specific types of day-surgery  
2 procedures allows for the design to take into  
3 consideration the latest in technologies, services  
4 and access points of entry for patients, including  
5 adults, children and their families. Staffing an  
6 ASC is highly focused on the scope of procedures,  
7 and we plan on hiring the highest quality staff to  
8 do this to keep our patients safe, as part of our  
9 partnership with Shields.

10 To summarize, you can tell I strongly  
11 support the ASC because it not only delivers  
12 high-quality care, a safe and patient -- strong  
13 patient experience, and it aligns with the greater  
14 vision of bringing more ambulatory care to  
15 communities and reducing the cost of care. I look  
16 forward to partnering with Shields, and I appreciate  
17 all of your comments tonight.

18 Thank you.

19 DIRECTOR MANN: Thank you.

20 Do you want to give me your written  
21 comments? Ma'am.

22 MS. CRONIN-WAELDE: Oh, yeah. Sure.

23 DIRECTOR MANN: Do you want to submit your  
24 written comments?

1 MS. CRONIN-WAELDE: A little ad libbed.

2 Thank you.

3 DIRECTOR MANN: There is no one else left  
4 on the list. Unless there is anybody else, as I see  
5 no other hands up --

6 One more person. If anybody else wants to  
7 speak, please get your name on that, that list.

8 What is your name, sir?

9 MR. GERETY: My name is Paul Gerety  
10 G-e-r-e-t-y. I live at 40 Cedar Road here in  
11 Medford. I want to thank you people for the  
12 opportunity to speak tonight.

13 I think what I'm hearing is a conflict  
14 between good medical services and community needs,  
15 and I would hope that what's happening is that  
16 the -- medicine is moving to take the cost of  
17 academic -- the Boston hospitals and try to transfer  
18 it out to community hospitals where the cost can be  
19 less. However, in this particular instance I would  
20 hope that Wellforce provides a compelling vision  
21 that says not only can we provide this additional  
22 service to take care of the ASC, ambulatory needs,  
23 but to take and to develop the needs of our aging  
24 population, to take -- in terms of how do I deal

1 with emergency decision-making situations, as  
2 opposed the elective situations -- and that they  
3 have a compelling, widespread inclusive vision that  
4 can be shared and worked with by this community. I  
5 believe we want something like this to come into our  
6 community. However, it needs to be as part of a  
7 larger plan that says how are we going to develop  
8 this property, and how does this particular  
9 suggestion fit within it.

10 Thank you.

11 DIRECTOR MANN: Thank you.

12 I want to thank everybody for coming and  
13 taking your valuable time to help us inform our  
14 process, and I will close this hearing now.

15 Thank you.

16 (Whereupon, the hearing was  
17 closed at 6:52 p.m.)

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C E R T I F I C A T E

I, Alexander K. Loos, Registered Diplomate Reporter, do hereby certify that the foregoing transcript, Volume I, is a true and accurate transcription of my stenographic notes taken on August 22, 2018.



Alexander K. Loos

Registered Diplomate Reporter

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