



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Hospital/Clinic Substantial Change in Service	Application Date:	09/11/2018 1:35 pm
Applicant Name:	Partners HealthCare System, Inc.		
Mailing Address:	800 Boylston Street, Suite 1150		
City:	Boston	State:	Massachusetts
		Zip Code:	02199
Contact Person:	Andrew Levine, Esq.	Title:	Attorney
Mailing Address:	One Beacon Street, Suite 1320		
City:	Boston	State:	Massachusetts
		Zip Code:	02108
Phone:	6175986700	Ext:	
E-mail:	alevine@barrettsingal.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Massachusetts General Physicians Organization - Waltham (MGPO Waltham)		
Facility Address:	40 Second Avenue		
City:	Waltham	State:	Massachusetts
		Zip Code:	02451
Facility type:	Clinic	CMS Number:	M20295
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	nonprofit
1.2 Applicant's Business Type:	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	PHS
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5.a If yes, what is the legal name of that entity?	Partners HealthCare System, Inc., inclusive of Partners HealthCare Accountable Care Organization, LLC
1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?	<input type="radio"/> Yes <input checked="" type="radio"/> No

- 1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ☐ Yes ☒ No
- 1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

Partners HealthCare System, Inc. ("Applicant") located at 800 Boylston Street, Suite 1150, Boston, MA 02199 is filing a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health ("Department") for a change in service by the Massachusetts General Physicians Organization, Inc. ("MGPO"). MGPO is a multi-specialty medical group and the affiliated physician organization of The General Hospital Corporation d/b/a The Massachusetts General Hospital ("MGH"). As such, MGPO physicians provide various services at MGH licensed facilities as well as at its own physician practice locations. With respect to radiology services, MGPO staffs and manages the radiology department at MGH's main hospital campus located at 55 Fruit Street, Boston, MA 02114, and additionally MGPO operates as a licensed clinic providing freestanding imaging services in Waltham ("MGPO Waltham") and Chelsea ("MGPO Chelsea"). MGPO Waltham is co-located with MGH's licensed hospital satellite at 40 Second Avenue, Waltham, MA 02451 ("MG Waltham") and MGPO Chelsea is adjacent to MGH's licensed hospital satellites at 100 and 151 Everett Avenue, Chelsea, MA (collectively "MG Chelsea"). The proposed project is for the expansion of imaging services at MGPO Waltham through the addition of two 3T magnetic resonance imaging ("MRI") units and one 384-slice computed tomography ("CT") unit and includes construction of shell space for potential future build-out to accommodate an additional MRI unit as demand warrants ("Proposed Project").

The need for the Proposed Project is based on existing and future needs of the Applicant's patient panel. Currently, MGPO physicians provide MR and CT imaging services to patients at MGH via ten MRI units (five 1.5T units and five 3T units) and thirteen CT units. Additionally, MGPO Waltham offers patients in Waltham access to two 1.5T MRI units and one CT unit, and MGPO Chelsea offers MR and CT imaging services to patients in Chelsea via two 1.5T MRI units and one CT unit. All of these units are operating at/near capacity, as evidenced by historical patient and scan volume trends and long wait times for services despite extended operating hours. Moreover, population statistics project that the need for imaging services will increase through 2035 as the 65+ patient cohort grows and requires MRI and CT services to diagnose and treat age-related conditions. The addition of two 3T MRIs and one 384-slice CT scanner at MGPO Waltham will allow the Applicant to meet the growing demand for MRI and CT services, accommodate more patients in Waltham while alleviating some of the volume at MGH's main hospital campus and freeing up resources for patients that require care in the hospital setting, and ensure that patients have timely access to imaging services that are necessary to detecting and treating a variety of conditions.

Additionally, the Proposed Project will satisfy existing and future needs of the Applicant's patient panel by providing increased access to high-quality imaging services in an integrated, community-based ambulatory care setting that is more convenient for many patients. Aggregated zip code data for the last three fiscal years demonstrates that MGH/MGPO's MRI/CT patient panel has a similar geographic composition to the larger Partners HealthCare and MGH/MGPO patient panel, with greater than 15% of patients originating within eight miles of Waltham. With more than 15% of the growing demand for MRI and CT services originating close to Waltham, the Applicant determined that siting the proposed new imaging units at MGPO Waltham will facilitate increased access to high-quality imaging services in a community-based setting that will allow patients the convenience of receiving care closer to their homes without the added stress of commuting into Boston (e.g., decreased travel time, availability of free parking, and reduction in anxiety symptoms that often accompany a trip to larger hospitals). Moreover, siting of the additional units in Waltham will enable patients to benefit from the co-location of MGPO Waltham's advanced imaging technology with MG Waltham's various outpatient hospital satellite services, including but not limited to, oncology/infusion and soon-to-be expanded ambulatory surgery services. Co-location of these services will afford patients the opportunity to receive a full complement of integrated surgical, oncology, and imaging care in one convenient location close to home.

In terms of quality, high-quality imaging services are currently available at MGPO Waltham and the proposed expanded MRI and CT units at MGPO Waltham will be operated under this model. MGPO participates in various quality initiatives in collaboration with the Applicant and MGH and employs quality assurance mechanisms to ensure that patients at its Waltham location receive high-quality, patient-focused imaging services that are commensurate with the care offered at MGH. Moreover, MGPO Waltham's expanded imaging services will be identical to those available at MGH's main campus, will have the same advanced MRI and CT technologies as the main campus location, and, as the affiliated physician organization of MGH, MGPO Waltham patients will have access to highly specialized, focused, and trained physicians and staff at MGPO Waltham.

Finally, the Proposed Project will meaningfully contribute to Massachusetts' goals for cost containment by providing high-quality

imaging services in a more cost-effective setting. As the imaging services offered by MGPO Waltham's clinic are freestanding imaging center services, they are reimbursed under the Medicare Physician Fee Schedule ("MPFS"), which rates are lower than hospital-based rates. The expanded 3T MRI and CT services at MGPO Waltham will also be reimbursed at MPFS rates and will allow patients additional access to imaging services in the lower-cost community setting. Accordingly, the Proposed Project will contribute positively to the Commonwealth's goals of containing the rate of growth of total medical expenses and total healthcare expenditures.

In sum, the proposed expansion of imaging services at MGPO Waltham through implementation of two 3T MRI units and one 384-slice CT unit along with construction of shell space for potential future build-out to accommodate an additional MRI unit will allow patients in need of imaging services to receive timely care in an integrated community setting. This expanded capacity will provide patients with an alternative convenient point of access with equally high-quality at a lower-cost, and thus will improve public health outcomes and patient experience. Accordingly, the Applicant believes the Proposed Project meets the factors of review for Determination of Need approval.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ☒ Yes ☐ No

3.1.a If yes, under what section?

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☒ Yes ☐ No

5.2 If yes, is Applicant or any affiliated entity thereof a HPC-certified ACO? ☒ Yes ☐ No

5.2.a If yes, Please provide the date of approval and attach the approval letter:

5.3 See section on DoN-Required Services and DoN-Required Equipment in the Application Instructions

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ☐ Yes ☒ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Hospital/Clinic Substantial Change in Service

12.1 Total Value of this project:

\$15,702,815.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$785,140.75

12.3 Filing Fee: (calculated)

\$31,405.63

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

\$4,836,588.00

12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

See Attached Narrative.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

See Attached Narrative.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

See Attached Narrative.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

See Attached Narrative.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

See Attached Narrative.

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

See Attached Narrative.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

See Attached Narrative.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

See Attached Narrative.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

See Attached Narrative.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

See Attached Narrative.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

See Attached Narrative.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

See Attached Narrative.

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

See Attached Narrative.

F2.c **Delivery System Transformation:**

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

See Attached Narrative.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
<input type="checkbox"/> <input type="checkbox"/>	PHS-17071716-TO	02/14/2018	Transfer of Ownership	Massachusetts Eye and Ear Infirmary
<input type="checkbox"/> <input type="checkbox"/>	PHS-17111513-HE	03/06/2018		Brigham and Women's Hospital
<input type="checkbox"/> <input type="checkbox"/>	PHS-18022210-HE	06/13/2018		Massachusetts General - Waltham

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
Land Costs				
	Land Acquisition Cost	\$0.	\$0.	\$0.
	Site Survey and Soil Investigation	\$0.	\$0.	\$0.
	Other Non-Depreciable Land Development	\$0.	\$0.	\$0.
	Total Land Costs	\$0.	\$0.	\$0.
Construction Contract (including bonding cost)				
	Depreciable Land Development Cost	\$0.	\$0.	\$0.
	Building Acquisition Cost	\$0.	\$0.	\$0.
	Construction Contract (including bonding cost)	\$0.	\$8492259.	\$8492259.
	Fixed Equipment Not in Contract	\$0.	\$6036222.	\$6036222.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost	\$0.	\$970883.	\$970883.
	Pre-filing Planning and Development Costs	\$0.	\$48825.	\$48825.
	Post-filing Planning and Development Costs	\$0.	\$0.	\$0.
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>		\$0.	\$0.	\$0.
	Net Interest Expensed During Construction	\$0.	\$0.	\$0.
	Major Movable Equipment	\$0.	\$30000.	\$30000.
	Total Construction Costs	\$0.	\$15578189.	\$15578189.
Financing Costs:				
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc	\$0.	\$124626.	\$124626.
	Bond Discount	\$0.	\$0.	\$0.
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Total Financing Costs	\$0.	\$124626.	\$124626.
	Estimated Total Capital Expenditure	\$0.	\$15702815.	\$15702815.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

See Attached Narrative.

Quality:

See Attached Narrative.

Efficiency:

See Attached Narrative.

Capital Expense:

See Attached Narrative.

Operating Costs:

See Attached Narrative.

List alternative options for the Proposed Project:

Alternative Proposal:

See Attached Narrative.

Alternative Quality:

See Attached Narrative.

Alternative Efficiency:

See Attached Narrative.

Alternative Capital Expense:

See Attached Narrative.

Alternative Operating Costs:

See Attached Narrative.

Add additional Alternative Project

Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

See Attached Narrative.

Factor 6: Community Based Health Initiatives

F6 Does your existing CHNA/CHIP meet the minimum standards outlined in the Community Engagement Standards for Community health Planning Guideline?

☒ Yes ☐ No

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit

Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 09/11/2018 1:35 pm

E-mail submission to
Determination of Need

Application Number: PHS-18090711-HS

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form