



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

January 3, 2019

Via E-mail and first class mail

Andrew Levine, Esq.
Barrett & Singal
One Beacon Street, Suite 1320
Boston, MA 02108-3106
alevine@barrettsingal.com

RE: Notice of Final Action
Project No. PHS-18090711-HS
Partners HealthCare System, Inc.
Massachusetts General Physician's Organization

Dear Mr. Levine:

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.725 (DoN Required Services and DoN Required Equipment), and 105 CMR 100.630(7), I hereby approve the application for Determination of Need ("DoN") filed by Partners HealthCare System, Inc. (Partners or Applicant) to to renovate space within the existing building to accommodate 2 additional magnetic resonance imaging (MRI) units and one additional computed tomography (CT) unit with associated support space and additional shell space. The capital expenditure for the Proposed Project is \$15,702,815.

This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

Sincerely,

A handwritten signature in dark ink, appearing to read "MBharel", written over a horizontal line.

Monica Bharel, MD, MPH
Commissioner

cc: Sherman Lohnes, Director, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, Deputy General Counsel
Daniel Gent, Health Care Facility Licensure and Certification
Mary Byrnes, Center for Health Information and Analysis
Stephen Sauter, MassHealth
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General

Memorandum to the Commissioner**Applicant:** Partners HealthCare System, Inc.**Location:** Massachusetts General Physician's Organization
40 Second Street
Waltham, MA, 02451**Project Number:** PHS-18090711-HS**Date of Application:** September 11, 2018**Introduction**

This memorandum presents, for Commissioner review and action, the Determination of Need Program's recommendation in connection with a request by Partners HealthCare System, Inc. (Partners or the Applicant), for approval of a change in service to expand DoN-required Equipment by the Mass General Physicians Organization (MGPO) at its Waltham site, which is co-located with MGH's licensed satellite (MG Waltham).¹ Partners intends to renovate and build out space within the existing building to accommodate 2 additional magnetic resonance imaging (MRI) units and one additional computed tomography (CT) unit with associated support space and additional shell space. The capital expenditure for the Proposed Project is \$15,702,815.

Applications for DoN-required Equipment² and change of service are reviewed under the DoN regulation 105 CMR 100.000. Under the regulation, the Department must determine that need exists for a Proposed Project on the basis of material in the record, where the Applicant makes a clear and convincing demonstration that the Proposed Project meets each Determination of Need Factor set forth within 105 CMR 100.210. This staff report addresses each of the six factors set forth in the regulation. Pursuant to 105 CMR 100.630(A)(6), this Application has been delegated for review and Final Action by the Commissioner.

The Department received no public comment on the application. There was a single Ten Taxpayer Group formed in response to this Application by 1199 SEIU. The Department has received no comment from them since their registration.

Background

Partners HealthCare, Inc. is the Applicant for this DoN. Partners is the sole member of The Massachusetts General Hospital, which is in turn the sole member of each MGPO and of MGH. MGPO operates a licensed imaging clinic on the site of MG Waltham, which is known as Mass General West Imaging (Waltham Clinic). The Proposed Project will add two additional 3-Tesla MRIs, and one additional 384-slice CT with associated support space. The capital expenditure for the Proposed Project is \$15,702,815. If approved, the Applicant proposes to –renovation of 8,205 gross square feet (GSF) with additional shell space for an additional MRI as demand warrants (together, the “Proposed Project”).

¹ Partners HealthCare System, Inc. is a HPC-approved Accountable Care Organization (ACO)

² MRI and CT are designated under the 2017 Determination of Need-Required Equipment and Services Guideline as equipment that warrants a case-by-case review based on DoN application-specific information due to its potential for clinically unnecessary utilization that in aggregate, can result in a significant increase in health care spending without an associated benefit to the public in terms of better health outcomes, or access to needed care. <https://www.mass.gov/files/documents/2017/01/vr/guidelines-equipment-and-services.pdf>

MGPO is a multi-specialty medical group comprised of 2,700 physicians, which provides specialty services at MGH licensed facilities and at the MGPO physician practice locations as well. It staffs and manages the radiology department at MGH's main hospital and, under a separate license, it operates as a licensed clinic providing freestanding imaging services at both the Waltham Clinic and in Chelsea. Currently, at each site, Chelsea and the Waltham Clinic, there are two-1.5T MRI's and one CT. In addition, at MGH's main campus, MGPO physicians provide MR and CT imaging via 10 MRIs and 13 CTs.

In June 2018, the Department approved an expansion of ambulatory surgery operating rooms at MG Waltham to accommodate the growing need for oncology, gynecology, general, urology, and orthopedic surgeries. MG Waltham currently houses hospital satellite services, including urgent care, oncology/infusion, blood laboratory, pharmacy, rheumatology, vascular, physical and occupational therapies, and ambulatory surgery services for orthopedics, plastic surgery and pain management, physician practices and clinics. Currently, MGPO provides the following services: advanced imaging, primary care, and specialty physician services such as cardiology, OB/GYN, allergy, and pediatrics.

The Applicant asserts the Proposed Project will complement the many services provided at MG Waltham more generally, and that it will add needed additional imaging at the Waltham Clinic, stating that all of the existing CTs and MRIs in Waltham and other sites are nearing capacity, and will not be able to accommodate the growing needs of the patient panel.³ Further, Partners maintains that the Proposed Project will meet that demand for MRIs and CTs in an efficient, convenient, and lower cost setting⁴ than that of the hospital outpatient department (HOPD) at MGH's main campus.

Analysis

This analysis and recommendation reflect the purpose and objective of DoN which is "to encourage competition and the development of innovative health delivery methods and population health strategies within the health care delivery system to ensure that resources will be made reasonably and equitably available to every person within the Commonwealth at the lowest reasonable aggregate cost advancing the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation" 105 CMR 100.001. All DoN factors are applicable in reviewing a change in service DoN Application. This Staff Report addresses each of these factors in turn.

Factors 1 and 2

Factor 1 of the DoN regulation asks the Applicant to address patient panel need, public health value, and operational objectives of the Proposed Project. Under factor 2 of the regulation, the Applicant must demonstrate that the project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation. Under factor 1, the Applicant must provide evidence of consultation with government agencies that have licensure, certification or other regulatory oversight, which in this case, has been done and so will not be addressed further in this staff report. This analysis will approach the remaining requirements of factors 1 and 2 by describing each element of the Proposed Project, and how each one complies with those parts of the regulation.

³ The relevant patient panel for this analysis is discussed below, at page 3 and is those Partners patients who receive services at MGH or through MGPO.

⁴ As explained further herein, reimbursement/payment rates are lower at clinic sites than at hospital-based sites.

Patient Panel and Current Need

In 2017, Partners' patient panel consisted of approximately 1.4 million unique patients, which represented approximately 19% of all discharges in Massachusetts.⁵ Most of Partners patients (77%) reside in the eastern part of the state. Partners' patient mix is approximately 41% male and 58% female; based upon self-reporting, the racial mix is largely Caucasian, with 4% identifying as African American-Black, and 17% not reporting. Approximately 25% of Partner's patient panel is age 65 and older, and approximately 58% are in the 18-64 cohort.

For this project, Partners has used the patient panels of MGH and MGPO, rather than the entire 1.4 million unique patients in the parent system. Partners asserts that the value of providing access to imaging in a site where patients receive other services close to their home community, without having to travel into Boston, will serve patient needs, improve quality, access and address costs. Staff supports that analysis of using the more localized patient panel, and moves on to evaluate how the proposed project will address that panel's need in compliance with the Regulation.⁶

The MGH and MGPO patient panel consists of approximately 567,000 patients. The annual number of patients has increased 3% from 2015. The percentage of patients age 65 and over within the MGH/MGPO patient panel, 26.4%, is slightly higher than that of Partners, overall. Approximately 60% of the Partners patient panel is between the ages of 18 and 64, which is similar to that of the MGH/MGPO patients. About 60% of the MGH/MGPO patients seeking MRI/CT are age 18-64, followed by those aged 65+, 37.3% in FY 2017.

Need

Partners looked at both existing capacity constraints and future needs of its combined MGH and MGPO imaging patients. Over the last three fiscal years,⁷ Partners states that the number of patients utilizing MGH's and MGPO's MRI and CT services increased by 10%, and by 8.7% respectively.⁸ Partners asserts that all of the units at the Waltham Clinic are operating at or near capacity, citing long wait times to obtain a scan.⁹ Over the last three years, CT and MRI volume increased at the Waltham Clinic at a higher rate than at MGH's Main Campus. At the Waltham Clinic, CT scan volume¹⁰ increased by 17% and at the MGH Main Campus by 12.4%; likewise MRI volume increased 19.6% at the Waltham Clinic and 4.7% at MGH.

Much of the growth is attributable to the growth in the aging population which has an increased incidence of age related diseases where MRI and CT are important diagnostic tools. When comparing the combined MRI and CT patient panel three year growth¹¹ for those age 65 and older it was 11.5%, whereas for all ages it was 9.3%.¹²

Expansion of capacity at the Waltham Clinic will support the increasing demand and, Partners asserts will support increased utilization of imaging at the Waltham Clinic, shifting that utilization from MGH main

⁵ Fiscal Year 2015: Partners HealthCare System, MASSACHUSETTS CTR. FOR HEALTH INFORMATION ANALYSIS, <http://www.chiamass.gov/assets/docs/r/hospital-profiles/2015/Partners-HealthCare-System.pdf>

⁶ Partners argues that the needs of the remainder of the Partners' patient panel are addressed by other their other MRI and CT units at other facilities.

⁷ FY 2015-2017

⁸ DoN Application PHS-18090711-HS, pp. 5, 7.

⁹ DoN Application PHS-18090711-HS, P. 8. At the Waltham Clinic the wait times for an MRI are 7 days and for a CT, 2 days.

¹⁰ Scan volume and scan patient numbers differ because some patients have more than one scan.

¹¹ ¹¹ FY 2015-2017

¹² DoN Application PHS-18090711-HS , P. 9

campus to the lower cost and more easily accessible Waltham Clinic. Partners states that more than 15% of the MGH/MGPO patient panel resides within 8 miles of the Waltham Clinic. Thus Partners intends to shift some of the scan volume from the MGH's main campus to the Waltham Clinic. This, Partners asserts, will increase access for patients who need care at the MGH main campus, as well as decrease wait times for patients at both sites.¹³

DoN-Required Equipment and Services

MRI and CT are designated, under the 2017 Determination of Need-Required Equipment and Services Guideline (the Guideline) as equipment that warrants review based on DoN application-specific information due to its potential for clinically unnecessary utilization. In this Application, addition of this imaging capacity has been analyzed as an integral part of MGH/MGPO's system-wide need for expanded capacity and in the context of how the project addresses the patient panel need, public health value, and operational objectives.

Partners states that both MRI¹⁴ and CT¹⁵ are well-established non-invasive imaging modalities that have been in clinical use for several decades. Partners cites evidence that the growing demand for MRI and CT is driven in part, by improvements in both MRI and CT imaging technologies¹⁶ that have expanded their diagnostic capabilities across many specialties including the fields of cardiology, neurology, orthopedics and oncology.^{17 18} Partners points to certain clinical applications for which these imaging modalities are shown to improve outcomes. These include still images of a heart in motion as well as imaging of the whole heart volume in a single rotation, which improves imaging of clots, defects and enlarged ventricles.¹⁹

Public Health Value: Co-located Imaging in an Integrated Ambulatory Care Community Setting

The DoN regulation requires the Applicant to demonstrate that the Proposed Project will add measurable public health value in terms of improved health outcomes and quality of life for the existing patient panel, while providing reasonable assurances of health equity.

Partners points to the value of ensuring sufficient imaging capacity that is co-located where patients' other care is being delivered and where these specific modalities are integral to their specific treatment. Patients undergoing infusion therapy treatment for cancer at MG Waltham, and patients needing orthopedic and

¹³ At MGH's main campus, patients needing outpatient imaging services experience average wait times of 23 days for MRI and 17 days for CT. At the Waltham Clinic, the wait times for an MRI are 7 days and for a CT, 2 days.

¹⁴ Using a magnetic field, MRI provides better contrast between different tissues than other imaging modalities. When compared to the more widely available 1.5T, the 3T MRI is faster than has higher resolution, superior contrast between different tissue, and the ability to image smaller structures, which is particularly beneficial in imaging the brain, prostate, breast, and also differentiate between types of tumors and infection. (see DoN Application, p 9, fn 22.)

¹⁵ By taking cross-sectional "sliced" images using ionizing radiation, CT enables the generation of a three-dimensional picture of inside of the body. The 384-slice CT is faster because it uses more slices, a higher capacity x-ray tube and dual energy capacity, which respectively benefit obese patients, reduce effects of metal artifacts, and for those scans that require using injectable contrast agents, it reduces the amount needed.

¹⁶ Rebecca Smith-Bindman et al., *Rising Use Of Diagnostic Medical Imaging In A Large Integrated Health System*, 27 HEALTH AFFAIRS 1491 (2008), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2765780/pdf/nihms-137739.pdf>;

¹⁷ Id

¹⁸ DoN Application p 9 footnote 22 Lawrence N. Tanenbaum, *3T MRI in clinical practice*, 34 APPLIED RADIOLOGY 8 (2005), available at <https://appliedradiology.com/articles/3t-mri-in-clinical-practice>; *Magnetic Resonance Imaging (MRI)*, RADIOLOGYINFO.ORG, <https://www.radiologyinfo.org/en/submenu.cfm?pg=mri> (last visited Jun. 29, 2018) [hereinafter *MR*]; Carlo Liguori et al., *Emerging clinical applications of computed tomography*, 8 MED. DEVICES 265 (2015), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4467659/>; *Computed Tomography*, RADIOLOGYINFO.ORG, <https://www.radiologyinfo.org/en/submenu.cfm?pg=ctscan> (last visited Jun. 29, 2018); *Applications and Clinical Benefits of CT Imaging*, IMAGINIS, <http://www.imaginis.com/ct-scan/applications-and-clinical-benefits-of-ct-imaging> (last visited Jun. 29, 2018).

¹⁹ Carlo Liguori et al., *supra* note 11

other surgeries at the ambulatory surgery center at MG Waltham will benefit by receiving imaging on site. Co-located services have the potential to improve the opportunities for care coordination, through such means as improved communication and fostering greater collaboration among providers.

According to Partners, patient satisfaction with care when it is co-located improves because the patient is familiar with the setting and because the patient will not need to travel to multiple locations. Partners states that, as a result, co-location of imaging may increase the likelihood that referrals will be completed, which, in turn, leads to improved outcomes.

In terms of quality, Partners asserts that there is no difference between the quality of imaging services available at the MGH main campus and at the Waltham Clinic, and that the clinic will continue to adhere to the Clinical Quality Assurance Program (CQAP) that is already in place. Partners states that the CQAP utilizes input from Partners, MGH, and MGPO in order to develop procedures, clinical training, and oversight that ensure patients receive high-quality, patient-focused imaging, and related diagnostic and support care. Partners has provided metrics against which they will test quality and access that will be a part of its annual reporting to the department.

Health Equity

Partners describes a variety of services to address the Social Determinants of Health and health care disparities. Patients seeking care at MG Waltham and at the Waltham Clinic have access to licensed clinical social workers who offer counseling and direct connections with a network of internal and external social services programs. Partners says that these programs are designed to help eliminate health disparities related to the social determinants of health, and thereby to support access to the proposed services. The social workers assess patients having social, emotional, interpersonal and socioeconomic issues. As needed, they work with patients and families to cope with illness and other life stressors and problems, to enhance communication among the clinical team, to ensure patients and families can be active partners in their care, and ensure access to hospital and community services.

Partners has implemented the Culturally and Linguistically Appropriate Service (CLAS) standards set forth by the U.S. Department of Health and Human Services Office of Minority Health for all practice sites, including MGPO Waltham. As part of that program, MGPO states it aims to provide effective, understandable, and respectful care with a sensitivity to patients' cultural health beliefs, practices, and preferred languages, and offers ongoing education and culturally and linguistically appropriate training for staff at all levels and across all disciplines.

MG Waltham offers onsite, telephonic, and video remote language interpreting to patients, including from the MGH/MGPO patient panel, and states that this will continue following implementation of the proposed project. The telephonic interpreting service option provides patients with immediate access to qualified interpreters and supports more than 200 languages (99.85% language availability). Video interpreting is available to the Limited English Proficient ("LEP") and the Deaf and Hard-of-Hearing. Onsite interpreting services, including in American Sign Language and spoken languages, can be scheduled by appointment and in emergency same-day situations. The Applicant asserts that these services further health equity by ensuring that all patients have meaningful access to robust health services regardless of any language limitations.

Finally, Partners suggest that these expanded imaging services at the Waltham Clinic will provide an alternative point of access to equally high quality, timely care, at a lower-cost in a more convenient setting for patients, families and clinicians.

Competitiveness and Cost Containment

The imaging services offered at the Waltham Clinic are reimbursed under the Medicare Physician Fee Schedule ("MPFS"), as freestanding imaging, which is a lower rate than hospital-based rates.²⁰ Partners maintains that since the expanded 3T MRI and CT services at MGPO Waltham will be reimbursed at MPFS rates, it will contribute positively to the Commonwealth's cost containment goals.

Partners argues that having sufficient outpatient diagnostic imaging capacity located at their Waltham site will remove barriers to access related to scheduling and transportation, will make the service available at a lower cost than at the main hospital, will improve efficiencies and result in improved outcomes with greater patient and family satisfaction. It asserts that not having adequate capacity leads to delays in diagnosis and treatment, which can lead to inefficiencies in the use of resources, and more costly care, which, in turn can negatively affect outcomes.

Community Engagement

Prior to submitting a DoN application, the DoN Regulation requires applicants to have engaged and consulted with the community. The Community Engagement Guide describes community engagement processes on a continuum from "Inform" and "Consult" through "Community driven-led."²¹ For the purposes of factor 1, engagement defines "community" as the Patient Panel, and requires that the minimum level of engagement for this step is "Consult."²²

During the planning phase of the Proposed Project, Partners engaged patients groups most likely to be impacted by the Proposed Project, including the Cancer Center Patient Family Advisory Council (CC PFAC). Because imaging is integral to cancer treatment from early diagnosis to staging and care management, Partners selected the system CC PFAC; a group of volunteers that has experienced many different aspects of care, as well as clinicians. The CC PFAC'S goals are to improve care delivery and the patient and family experience. At its June 2018, the Director of Clinical Operations for MRI and Off-Campus Imaging at MGH met with this group to discuss the need for expanded MRI and CT services at MGPO Waltham. Partners reports the feedback was positive and no concerns were expressed. DoN staff reviewed the slides and minutes of this meeting and, in the context of factor 1 the Applicant can be found to have met the community engagement standards in the planning phase of the Proposed Project.

Factor 3

Partners has certified that it is in compliance and in 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.

Factor 4

Under factor 4, the Applicant must demonstrate that it has sufficient funds available for capital and operating costs necessary to support the Proposed Project without negative effects or consequences to the

²⁰ HPC Data Points, Issue 7: Variation in Imaging Spending, MASSACHUSETTS HEALTH POLICY COMMISSION, <https://www.mass.gov/service-details/hpc-datapoints-issue-7-variation-in-imaging-spending> (last visited December 26, 2018).

²¹ <https://www.mass.gov/files/documents/2017/01/vr/guidelines-community-engagement.pdf>

²² Id at Page 13

existing patient panel. Documentation sufficient to make such finding must be supported by an analysis conducted by an independent CPA. The Applicant submitted an analysis performed by Bernard L. Donohue, III, CPA, (Donohue) dated July 19, 2018 (CPA Report).

In order to assess the reasonableness of assumptions used, and the feasibility of the projections for the proposed project, the CPA Report reflects a review and analysis of the Applicant's audited financial statements, current financial position, and public information about the organization. Additionally, Donohue reviewed five-year *pro forma* financial projections relative to the most current two-year financial performance of both Partners and MG Waltham which he determined were based on reasonable assumptions.

Net patient service revenue (NPSR), the only revenue category that would be impacted by the proposed project, Donohue reports, would represent approximately 0.086% and 0.105% in 2020 and 2022 respectively, of Partners' operating revenues. Donohue also analyzed each category of operating expenses for reasonableness and feasibility and concluded that the operating expenses from the Proposed Project represent approximately 0.002% and 0.044% respectively in 2019 and 2022. Donohue found both the revenue and operating expense projections are reasonable based on historical operations. Donohue also analyzed the capital expenditures and cash flows to determine whether Partners would have sufficient funds and cash flow for the Proposed Project, in light of its other financial obligations. Based on that review, Donohue stated that the capital obligations, expenditures, and resulting impact on cash flows are reasonable.

The CPA Report found that because the impact of the proposed capital project at MG Waltham, "represents a relatively insignificant portion of the operations and financial position of Partners,... it determined that the projections are not likely to result in a scenario where there are insufficient funds available for capital and ongoing operations of Partners." Therefore, it determined that the Proposed Project is financially feasible, within the financial capability of Partners and based upon feasible financial assumptions.

Factor 5

Factor 5 requires the Applicant to "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 and addressing, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes."

The Proposed Project includes renovation within an existing multi-use clinical structure at MG Waltham. Partners states that it did not consider expansion of capacity at the MGH main campus because capital and operating costs would have been significantly higher; and, neither the savings associated with expanded capacity at the lower cost out-patient clinic, nor the added convenience for patients and efficiencies of a co-located service at the Waltham Clinic would be achieved. The Applicant asserts that the Proposed Project is the superior option because it meets anticipated increased demand and it will continue to provide efficient, high quality imaging services at an integrated multidisciplinary site.

Since the existing MRI and CT capacity at MG Waltham is not sufficient to accommodate the projected increase in demand, Partners determined that building out the existing shell space there would be the most cost effective way to accommodate the projected increase, and that doing so also met quality, efficiency and cost goals.

Factor 6

The Community Health Initiative (CHI) component of the DoN regulation requires approval of the Applicant's plans for fulfilling its responsibilities set out in the Department's Community-based Health Initiatives Guideline (Guideline). This is a Tier 2 project, in which the Applicant is required to, and did submit, documentation showing that the existing community health needs assessment (CHNA), and community health improvement planning (CHIP) processes, both demonstrate a sound community engagement process and an understanding of the DoN Health Priorities.

Pursuant to the agreement made between the Applicant and the Department, the CHI component of this project will be incorporated into that of Partners' Massachusetts General Hospital-Waltham Ambulatory Surgery Center expansion project, DoN # PHS-18022210-HE,²³ which includes using the CHNA/CHIP processes from Newton-Wellesley Hospital (NWH) as the basis for CHI planning and decision-making. In addition Partners will combine the required CHI contributions. The dollar amounts for both projects will be applied using a single Health Priority Strategy selection and request for proposal process. In the context of review of this Project, staff reviewed the conditions of DoN # PHS-18022210-HE, in which Partners was required to complete activities in the approved Community Engagement Plan (focusing on the "Assess Needs and Resources" and "Focus on What's Important" steps of the CHNA/CHIP process, and completion of a new 2018 Newton-Wellesley Hospital Community Health Needs Assessment). DPH found that Partners was in compliance and approved combining both CHI projects into one implementation process using the new 2018 Newton-Wellesley Hospital Community Health Needs Assessment as the basis for decision-making. The chart below details the CHI contributions and combined total for these two projects.

	<u>MG- Waltham</u>	<u>MGPO Waltham</u>	<u>Combined Total</u>
Admin & Cmt'y Engagement	45,756	23,554	69,310
Statewide Initiative	369,868	190,396	560,264
Local & DoN Health Priorities	1,109,604	571,189	1,680,793
Total CHI	\$1,525,228	\$785,139	\$2,310,367

For this Project, the Applicant completed a new Community Engagement Plan (Attachment 1) describing plans for the CHNA/CHIP stages of "Choose Effective Policies and Procedures", "Act on What's Important" and "Evaluate Actions". While the Community Engagement Plan is acceptable for the purposes of approving the DoN, Partners will be required to provide additional detail regarding plans for advisory committee leadership development (to include the development of a charter for committee members detailing roles and responsibilities), and more details on plans for "Bidder's Conferences", to ensure that RFP processes are open, transparent and accessible to community groups of all kinds. (see Condition 3, below).

With inclusions of the three Conditions set out below, Staff recommends a finding that the requirements of factor 6 have been met.

²³ Approved at the June 13, 2018 Public Health Council meeting.

Conditions

1. Of the total required CHI contribution of \$785,140, \$190,396 shall be directed to the CHI Statewide Initiative, \$571,189 will be dedicated to local approaches to the DoN Health Priorities (includes resources for evaluation of strategies), and \$23,554 is permissible for administrative purposes to implement community engagement activities and management of CHI processes such as issuing RFPs and for a consultant's time to provide continued engagement with the community around the CHNA's key findings, as well as CHI implementation, reporting and dissemination of promising practices and lessons learned, facilitation support for the Advisory Committee and Allocation Committee, costs associated with the development of communication materials and placement of procurement information in community newspapers. As the chart above shows, combined with DoN # PHS-18022210-HE, a total of \$1,680,793 will be dedicated to local approaches to the DoN Health Priorities because of these two DoN projects (this amount includes resources for evaluation of strategies). To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$190,396 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) within one month from the date of the Notice of Approval. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.
2. Funds will be distributed in accordance with the CHI Timeline (Attachment 2). This timeline now serves as the CHI timeline for both DoN# PHS-18090711 and DoN # PHS-18022210-HE.
3. A revised Community Engagement Plan will be submitted by January 15, 2019 providing more detail on leadership development opportunities for advisory committee members (to include the development of charter type document describing the roles and responsibilities of committee members and Newton-Wellesley Hospital) and more detail on plans for "Bidder's Conferences" to be open, transparent and accessible. All actions included in the Community Engagement Plan submitted with this Application and all revisions are conditions of approval.

Findings and Recommendations

The Applicant has provided evidence in support of factor 1, that the Proposed Project is likely to improve patient access to care in a lower cost setting by accommodating the current demand and anticipating future demand for the proposed specialty imaging services due to the aging population, the broader applications of MRI and CT technologies and the approved expansion of the MG Waltham ambulatory surgery center. In addition, the Proposed Project is likely to improve efficiency, and address costs and delivery in compliance with factor 2. The Applicant has submitted evidence of compliance with factor 3; based upon the CPA analysis, the Proposed Project is financially feasible in the context of factor 4; expansion within an existing facility is, on balance, the superior alternative for meeting the existing Patient Panel needs from the perspective of quality, efficiency, and capital and operating costs as required by factor 5; and the Applicant is in compliance with the requirements of the CHI planning process for the purposes of factor 6, subject to the Conditions pursuant to 105 CMR 100.310(J).

Based upon a review of the materials submitted, Staff finds that the Applicant has met each DoN factor and recommends that the Department approve this Determination of Need application for the addition of two 3-T MRIs, one 384-slice CT with associated support space and shell space, subject to all standard conditions (105 CMR 100.310). In compliance with the provisions of 105 CMR 100.310(L) and (Q), which require a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project.

ATTACHMENT 1

Community Engagement Plan

PDF file

ATTACHMENT 2**Timeline for CHI Activities**

This timeline of CHI activities delineates the schedule of community engagement and CHI processes for the MG Waltham DoN, as well as the MGPO Waltham Clinic (MRI and CT Expansion) DoN.

- July 2018: NWH finalized the hospital's community health needs assessment ("CHNA") with Health Resources in Action ("HRIA").
- July 2018: HRIA held a meeting with the Community Benefits Committee ("CBC") to discuss central themes and key priorities from the CHNA report. The CBC discussed the prioritization of needs.
- September 2018: The CBC reviewed health priorities from the CHNA.
- September 2018: Lauren Lele updated both senior staff and the Newton Wellesley Hospital ("NWH") Board of Directors regarding the CHNA, including key themes and health priorities from the CHNA.
- September 2018: The Advisory Committee commenced meeting; discussed the scope of their duties; conducted a community engagement activity; and reviewed the NWH 2018 CHNA, including the health priorities and social determinant of health issues facing Waltham residents.
- September 2018: NWH released a targeted request for proposal ("RFP") for assistance with solicitation processes and evaluation services. Responses are due by October 15, 2018.
- October 2018: NWH will submit an updated Community Engagement Plan Form to the Department of Public Health outlining CHI engagement activities for the "Choose Effective Policies and Procedures," "Act on What's Important" and "Evaluate Actions" phases.
- October 2018: The Advisory Committee will meet to continue discussions on the selection of health priorities.
- October 2018: RFP responses are due to NWH for consultants to assist with solicitation processes and evaluation services.
- October 2018: The community health improvement plan ("CHIP") will be presented to the Advisory Committee.
- November 2018: NWH will select a vendor(s) to assist with solicitation processes and evaluation services.
- November 2018: The NWH Board of Directors will vote to approve the 2018 NWH CHNA and CHIP.
- November 2018: The Advisory Committee will meet for a third time to discuss and finalize the health priorities selection process.
- Mid-November to Mid-December 2018: The Advisory Committee will complete a conflict of interest process to determine which members of the Committee are eligible to participate in the Allocation Committee.
- January 2019: A decision will be made by the Department of Public Health on the MGPO Waltham Clinic DoN; if approved the CHI monies will be added to NWH's existing Tier 2 CHI processes and activities.
- Mid-January to Mid-February 2019: The Allocation Committee will review the health priorities and select strategies for CHI funding. The Health Priorities and Strategies Form will be returned to the Department of Public Health for review and approval no later than February 10, 2019.
- Mid-February to Mid-April 2019: Upon approval of the Health Priorities and Strategies Form by the Department of Public Health, the Allocation Committee will begin developing the RFP process and determine how this process will work in tandem with NWH's current grant efforts.
- By end of April 2019: The RFP for funding will be released.
- Mid-May 2019: Bidders conferences will be held on the RFP with technical assistance resources present.

- Mid-June 2019: Responses will be due for the RFP.
- Mid-July 2019 (with allowance for an additional two months if Committee Members are not available in summer months): Funding decisions will be made regarding RFP responses, and the disbursement of funds begins.
- Ongoing: Evaluation of the CHIs and reporting to the Department of Public Health on an annual basis.