



# Massachusetts Department of Public Health Determination of Need Application Form

Version: 11-8-17

Application Type:  Application Date: 03/28/2018 3:18 pm

Applicant Name:

Mailing Address:

City:  State:  Zip Code:

Contact Person:  Title:

Mailing Address:

City:  State:  Zip Code:

Phone:  Ext:  E-mail:

## Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:

Facility Address:

City:  State:  Zip Code:

Facility type:  CMS Number:

## 1. About the Applicant

1.1 Type of organization (of the Applicant):

1.2 Applicant's Business Type:  Corporation  Limited Partnership  Partnership  Trust  LLC  Other

1.3 What is the acronym used by the Applicant's Organization?

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?  Yes  No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO?  Yes  No

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)?  Yes  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.

Applicant, a private medical practice, desires to obtain a Determination of Need for the transfer of ownership of the license of the Cataract Surgery Center of Milford, Inc. ( sometimes referred to as the "Proposed Project Facility" or "Transferor") with a principal place of business at 145 West Street, Milford, MA 01757. The Proposed Project Facility is an outpatient ambulatory surgery center. The current owner of the Proposed Project Facility is in the process of retiring and desires to transfer ownership of the license to a local community surgeon who can continue to serve the community locally at the same surgery center. Applicant's manager, Dr. Kaldawy, is an experienced cataract surgeon that has been utilizing an ambulatory surgery center approximately forty miles away from Applicant's private practice (Milford-Franklin Eye Center, LLC). Applicant desires to be able to provide surgery in an ambulatory surgery center that is closer to Applicant's Patient Panel. Applicant entered into an Asset Purchase Agreement ("APA") with Transferor for a sale of substantially all of the assets of Transferor. As a condition of the APA, upon the consummation of the transfer of ownership of Transferor's license, Applicant shall own all right, title and interest in and to the use of the name "Cataract Surgery Center of Milford, Inc." and/or any variation of such name.

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

## 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

## 6. Transfer of Ownership

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

6.2 If Yes, Is Applicant's Proposed Project subject to 958 CMR 7.00 (Notices of Material Changes and Cost and Market Impact Reviews)?  Yes  No

6.3 Does the Proposed Project constitute the transfer of the Health Care Facility's license in its entirety to a single transferee?  Yes  No

6.4 Which of the following most closely characterizes the Proposed Project;

- A transfer of a majority interest in the ownership of a Hospital or Clinic;
- A transfer of a majority of any class of the stock of a privately-held for-profit corporation;
- A transfer of a majority of the partnership interest of a partnership;
- A change of the trustee or a majority of trustees of a partnership;
- Changes in the corporate membership and/or trustees of a non-profit corporation constituting a shift in control of the Hospital or Clinic;
- Foreclosure proceedings have been instituted by a mortgagee in possession of a Hospital or Clinic;
- A change in the ownership interest or structure of a Hospital or Clinic, or of the Hospital or Clinic's organization or parent organization(s), such that the change results in a shift in control of the operation of the Hospital or Clinic.

6.5 Explain why you believe this most closely characterizes the Proposed Project.

The Proposed Project is a transfer of ownership of a DPH clinic license, which was originally issued July 30, 2009, in which the Transferor

shall have no ownership interest whatsoever in the Proposed Project Facility upon the consummation of the transfer. Applicant had no corporate membership interest in the Proposed Project Facility before the transfer, and therefore, Applicant believes the characterization chosen in 6.4 most adequately describes the Proposed Project.

6.6 In context of responding to each of the Required Factors 1, 3, and 4, consider how the proposed transaction will affect the manner in which Applicant serves its existing Patient Panel in the context of value (that is cost and quality), and describe the impact to the Patient Panel in the context of Access, Value (price, cost, outcomes), and Health Disparities.

Influence of transaction on existing Patient Panel in the context of value:

The transfer of the license of the Proposed Project Facility to Applicant is expected to improve both cost and quality of care rendered both to the existing Patient Panel of the Applicant and the Patient Panel of Transferor. With respect to cost, outpatient ambulatory surgical facilities have been repeatedly shown to provide quality surgical care and excellent outcomes at a discounted cost compared to hospital costs for the same procedure. This will save both the payor and patients a significant percentage of the expense of surgical care compared to the same care performed in the hospital setting while producing more efficient and specialized care for patients. The savings in cost does not stop at the cost charged by the surgery center (which is much lower compared to cost charged in the hospital setting) but also cost charged to patients by their insurance carriers for deductibles and co-pays. It is well established that insurance carriers charge patients less in deductible and co-pays in the ambulatory surgery center setting as opposed to the hospital setting. With respect to quality of care, Applicant has highly respected and skilled surgeons, considered by peers to be among the best in the Commonwealth. Surgical care will be in a state-of-the-art facility (the Proposed Project Facility), with access to the best and latest equipment, including specialized equipment not available until recently, except in large academic centers in Boston. Examples of the specialized equipment at the Proposed Project Facility include: the Ora machine, which provides the user with a more accurate calculation of implant powers during cataract surgery, the Verion machine, for superior correction of astigmatism during cataract surgery, and the latest in phacoemulsification technology and state-of-the-art laser assisted cataract surgery. Furthermore, the Proposed Project Facility is the only facility in the Commonwealth that has all of the following equipment: (1) the Ora machine, (2) the Verion machine and (3) the Catalys laser. With this technology, there is no difference between the quality of surgical care rendered in the Proposed Project Facility and the best academic centers around the world. Applicant can ensure safe, efficient and low cost quality surgery in a local surgical facility closer to homes of both Applicant's Patient Panel and the Patient Panel of Transferor.

Impact to the Patient Panel of Applicant in the context of Access and Health Disparities:

Access is expected to improve as the facility offers better access to care due to the Proposed Project Facility's geographic proximity to the Applicant's Patient Panel as well as the Transferor's Patient Panel, and the acceptance of all insurance coverage, including state/Commonwealth-sponsored insurance coverage. Outcomes will also be improved as Applicant employs well-respected physicians and skilled cataract surgeons. Furthermore, as explained above, the Proposed Project Facility equipment is now cutting edge and rivals the equipment in the best academic centers around the world. With respect to Healthcare Disparities and differences in access to, or availability of, access to the Proposed Project Facility and its services: The Proposed Project Facility does not discriminate in any manner, including, but not limited to, based on race, sex, national origin, creed, identity, sexual preference, legal status or ability to afford care. The Proposed Project Facility accepts all types of insurance coverage, including state/Commonwealth-sponsored insurance plans.

6.7 See section on Transfer of Ownership in the Application Instructions

## 7. Ambulatory Surgery

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

7.2 If yes, is Applicant or any affiliate thereof a HPC-certified ACO OR in the process of becoming a Certified ACO?  Yes  No

7.3 Does the Proposed Project constitute: (Check all that apply)

- Ambulatory Surgery capacity located on the main campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(i)**;
- An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for Ambulatory Surgery capacity located on a satellite campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(ii)**;
- A Freestanding Ambulatory Surgery Center within the Primary Service Area of an independent community hospital (Refer to a list that we update regularly with support from HPC) **105 CMR 100.740(A)(1)(a)(iii)**; or
- An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for a Freestanding Ambulatory Surgery Center that received an Original License as a Clinic on or before January 1, 2017 **105 CMR 100.740(A)(1)(a)(iv)**.

7.4 See section on Ambulatory Surgery in the Application Instructions

## 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:** Transfer of Ownership

12.1 Total Value of this project:

\$1,353,758.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$0.00

12.3 Transfer of ownership Filing Fee: (calculated)

\$2,707.52

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

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.

The existing Patient Panel of the Applicant includes a mix of all ages of patients with a vast variety of eye conditions. Applicant serves all socioeconomic backgrounds with a predominantly middle class population in the Franklin area (Zip Code, 02038) and an under-served, disadvantaged population in need of Applicant's services in the Milford area (Zip Code, 01757). Ophthalmology is a branch of Medicine serving a variety of age groups from infants to the elderly population. Applicant's Patient Panel reflects this substantial range of age groups. We have the only pediatric eye care specialist in the area, Dr John Hatch, who is also a retina specialist. The presence of Dr. John Hatch is invaluable as macular degeneration/wet disease is prevalent in the elderly population and this condition requires administration of special injections that can be administered locally. This negates the need for the elderly population to make the difficult trek to Boston. We also serve a growing, retiring baby boomer population with an increased incidence of debilitating cataracts. This population will be well served locally in the ambulatory surgery center which negates the need to travel to alternative surgery centers over approximately 40 miles away.

Attached as Exhibit A is a thirty-six (36) month extensive statistical analysis describing Applicant's Patient Panel.

**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.

Proper eye and vision health can reduce health disparities, but promoting optimal conditions for eye and vision health can also positively influence many other social ills, including poverty, other health inequities, increasing health care costs, and avoidable mortality and morbidity (Christ et al., 2014; Rahi et al., 2009; Rein, 2013). Cataract surgery is the most frequent surgical procedure performed in many countries, providing significant improvements in quality of life to seniors at a low cost. (Organisation for Economic Cooperation and Development. Cataract surgeries. [http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance\\_19991312](http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance_19991312). Accessed October 20, 2011; Lansingh VC, Carter MJ, Martens M. Global cost-effectiveness of cataract surgery. *Ophthalmology*. 2007;114(9):1670-1678PubMed). As the U.S. population ages and changes demographically, the impact of vision loss and visual disability will grow substantially in the future, with findings that suggest that maintaining cataract surgery rates at a level consistent with meeting population demand will require a 128% growth in surgical volume in 25 years. Extrapolating this increase to the US population translates into approximately 4.3 million additional cataract operations per year needed in the United States by 2036. (Carter M, Kolos A. Reduction of Ontario surgical wait times. *J Policy Engagem*. 2009;1(4):9-11Google Scholar). The major causes of vision loss in Americans in the elderly are cataract, age-related macular degeneration (AMD), diabetic retinopathy, and glaucoma. Therefore, there is a sufficient need by the elderly population. The NIH statistics (2010) indicate that risk of cataract increases with each decade of life starting at approximately age 40. By age 75, half of white Americans have cataract. By age 80, 70 percent of white Americans have cataract compared with 53 percent of African Americans and 61 percent of Hispanic Americans. In and around the Applicant's serviced areas, this is no exception: An equivalent need for eye care and cataract surgery exists and there is lack of enough capacity at the local hospital to satisfy this need. In fact, there is now no room or capacity whatsoever at the local hospital to accommodate the current volume of cataract surgery needed for the community, not even in part. This sufficient need is confirmed by the volume of cases currently being performed by Applicant in an alternate, remote surgical facility, which is estimated to be at 1200 surgeries a year. The existing Patient Panel of the Applicant appreciates having procedures performed locally with no need to travel long distance for such procedures. Most of the elderly population is in need of eye care services, and more specifically, cataract surgery. This elderly population has difficulty traveling long distances to other surgery centers, especially on the congested highways in and around the Boston area. The service area from which the Proposed Project Facility draws its population is Franklin and the surrounding towns (around 100,000 lives served), Milford and the surrounding towns (around 75,000 lives served) and part of Rhode Island, mainly Woonsocket. Census data suggest a trend towards population growth of 4% to 6% in Massachusetts from now until 2030. According to the most recent demographics data available from the Census Bureau released in December of 2017, Milford alone has a population of 25,701, which is the most of all towns in the area. During the time period of 2010 to 2016, Milford witnessed an increase of 646 persons (3%). This growth in population will translate into an increased need for eye care services, and in particular, cataract surgery services, which the Proposed Project Facility will be able to provide to the local growing elderly population. Furthermore, on the subject of need for cataract surgery in the population in general, during the past 35 years, life expectancy has increased by 12 years in Western

countries. The need for cataract surgery services positively correlates with the increased life expectancy since the occurrence of cataract increases with age. Additionally, more than 70 percent of people older than 85 are affected, and in the United States, some 9,000 ophthalmic surgeons were performing 3.6 million cataract surgeries in 2015. This means that in 5 years' time, 125,000 surgeons will be required to treat 50 million cases of cataracts per year. It is estimated that the need for cataract surgery is soaring and very soon not enough surgeons will be available to take care of the this growing elderly population. (Ophthalmology times, Frank Goes, MD, July 10, 2017). The solution to this growing need is more surgeons and more surgery centers with the capacity to serve this growing population.

The Proposed Project Facility is accessible to individuals who utilize public transportation. Milford provides public transportation to its residents and the residents of other surrounding towns by way of a public bus system. The public bus stops at the major landmarks in Milford, including: the local hospital, the Shaw's supermarket and the Walgreen's pharmacy. Shaw's Supermarket and Walgreen's pharmacy are across the street from the Proposed Project Facility. Therefore, patients who utilize public transportation to travel will be dropped off across the street from the Proposed Project Facility.

Applicant has consulted with local community representatives and Applicant's patients. After much consultation, Applicant realizes the need of the local community to receive eye care services locally at a state-of-the-art surgical facility. As part of Applicant's decision making process regarding the benefit of the Proposed Project Facility license to Applicant's Patient Panel, Applicant has been performing surgeries at the Proposed Project Facility for approximately the last two months. Applicant has attached, as Exhibit C, patient support letters of patients who have received surgery by Applicant at the Proposed Project Facility. These letter help establish the need of patients in the areas surrounding the Proposed Project Facility, as well as the experience of such patients at the Proposed Project Facility.

Attached as Exhibit D is a letter of support from Dr. Glenn Goodman, the current owner of the Proposed Project Facility, demonstrating the need of Dr. Goodman's Patient Panel for the Transfer of Ownership of the Proposed Project Facility license to Applicant because of Dr. Goodman transition into retirement.

**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.

Ambulatory Surgery Centers (ASCs) perform more than 7 million cataract procedures for Medicare beneficiaries needing same-day surgical, diagnostic and preventive procedures. By specializing in specific procedures, ASCs are able to maximize efficiency and quality outcomes for patients. On average, the Medicare program and its beneficiaries share in more than \$2.3 billion in savings each year when patients receive certain preventive and surgical procedures at ASCs instead of other outpatient surgical facilities such as hospital outpatient departments (HOPDs). Due to the fact that ASCs perform specific services and do so more efficiently, Medicare reimburses ASCs as a percentage of the amount paid to HOPDs. Private insurance companies tend to save similarly, which means employers also incur lower health care costs when employees utilize ASC services. For this reason, both employers and insurers have recently been exploring ways to incentivize the movement of patients and procedures to the ASC setting. A review of commercial medical-claims data found that U.S. health care costs are reduced by more than \$38 billion per year due to the availability of ASCs as an alternative, high quality setting for outpatient procedures. More than \$5 billion of that cost accrues directly to patients through lower deductible and coinsurance payments. Applicant will build on the services of an already existing surgical facility providing outpatient surgical services. Outpatient ambulatory surgical facilities have been repeatedly shown to provide quality care and excellent outcomes at a discounted cost compared to hospital costs for same procedure. This will save both the payor and patients a significant percentage of the expense of surgical care compared to the same care performed in the hospital setting while producing more efficient and specialized care for patients. Please refer to Factor 4, attached as Exhibit F, for further information regarding financial data.

**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.

Applicant has very efficient and experienced cataract surgeons. In 2017, Applicant performed close to 1200 cataract procedures treating the local community served by the geographical area where the Proposed Project Facility is located. Applicant is affiliated with a different surgery center located approximately 40 miles northeast of the Proposed Project Facility. Although patients receiving their care in the other surgery center appreciate the outcome of this care, they prefer receiving their care locally in their community and closer to family members who can be with them without traveling remotely to alternative centers. As mentioned previously, traveling on difficult and congested highways is often daunting for these patients. Furthermore, the current owner of the Proposed Project Facility, Dr. Glenn Goodman, is planning to retire and due to disability cannot handle his current caseload. With the Transfer of Ownership, the Patient Panel of Transferor will continue to receive quality care at the same location. The existing Patient Panel for the Applicant is experiencing growth in surgical volume due to the impending retirement of Dr. Goodman from his 35 year old practice.

Applicant anticipates around 1700 procedures in 2018, and in addition to the aforementioned figure, the current owner of the Proposed Project Facility, Dr. Glenn Goodman, and his employee, Dr. Faazil Kassam, are expected to perform approximately 700 procedures in 2018, in the aggregate. Applicant will hire Dr. Faazil Kassam, and also hire Dr. Glen Goodman during his transition into retirement upon the sale of the Proposed Project Facility and the transfer of its license to Applicant to assure continuity of care of the existing Patient Panel of the Proposed Project Facility. Therefore, the total number of procedures to be performed at the Proposed Project Facility will be approximately 2400 in 2018. This means that a large number of patients will be able to be treated locally with no need to travel to remote locations for their care. The Proposed Project will hence address the need that is identified and documented.

**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.

The Transfer of Ownership of the Proposed Project Facility license to the Applicant will have a significant impact on the availability of quality surgical care in the local community. Ambulatory surgery centers (ASCs) are health care facilities that offer patients the convenience of having surgeries and procedures performed safely and locally outside the hospital setting. Since the inception of ASCs more than four decades ago, ASCs have demonstrated an exceptional ability to improve quality and customer service while simultaneously reducing costs. As a result, patients reported a 92% satisfaction rate in regards to both the care and service they receive from ASCs. Safe and high quality care, ease of scheduling, greater personal attention and lower costs are among the main reasons cited for the growing popularity of ASCs. ASCs are highly regulated by federal and state entities. The safety and quality of care offered in ASCs is evaluated by independent observers through three processes: state licensure, Medicare certification and voluntary accreditation. Health equity is improved by using ASC services because the cost is lower so access is therefore improved. Furthermore, the Proposed Project Facility will accept all insurance coverage with no discrimination based on the type of insurance the patient presents. This allows patients who belong to a potentially disadvantaged socioeconomic area, such as Milford, access to care as many of these patients may have insurance coverage not accepted in other ASCs. Local Access to quality care and the introduction of new modalities of surgical care such as laser cataract surgery provided locally will improve outcomes significantly. Previously, this newer modality was only available in large centers in Boston.

**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.

The specific actions the Applicant is taking and will take to ensure equal access to the health benefits created by the Proposed Project include allowing access to patients will all types of insurance coverage, without exception, to access care in the Proposed Project Facility. This allows patients to experience state-of-the-art surgical care and techniques locally, which negates the need to travel to facilities in the city or facilities that are not geographically convenient to the patients. These measures will ensure not only equal access to quality care but also promote health care equity.

Applicant will rely on an efficient system for delivering high-quality and low-cost cataract surgery. This efficient system includes: performing quality surgery, tracking outcomes after surgery, the use of electronic medical records (which will facilitate communication with Patient Panel referring providers), excellent communication with referring optometrists and physicians, appropriate follow-up with patients carried out by Applicant's physicians and not delegated to ancillary staff, and referring patients back to their local primary care providers (if appropriate).

Applicant's staff that will be utilized at the Proposed Project Facility are individuals from the same town, or surrounding towns, as the Proposed Project Facility. These individuals understand how to communicate effectively with the Patient Panel of both Applicant and Transferor. The ability of these employees to work effectively with the Patient Panel is further demonstrated in the letters of support from the Patient Panel attached as Exhibit C.

The Proposed Project Facility is accessible to individuals who require public transportation to reach the Proposed Project Facility. Milford provides public transportation to its residents and the residents of other surrounding towns by way of a public bus system. The public bus stops at the major landmarks in Milford, including: the local hospital, the Shaw's supermarket and the Walgreen's pharmacy. Shaw's Supermarket and Walgreen's pharmacy are across the street from the Proposed Project Facility. Therefore, patients who utilize public transportation to travel will be dropped off across the street from the Proposed Project Facility.

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.

Applicant was among the first in the Commonwealth to offer modern laser bladeless cataract surgery in a Boston center. The introduction of the bladeless Femto laser cataract surgery technology locally will improve cataract surgical outcomes. The center will also allow local under-served communities who cannot travel to remote locations, and have state/Commonwealth-sponsored medical insurance, to access quality eye surgical care locally, which provides assurance of health equity. Examples of the specialized equipment at the Proposed Project Facility include the Ora machine, which provides the user with a more accurate calculation of implant powers during cataract surgery, the Verion machine, for superior correction of astigmatism during cataract surgery, and the latest in phacoemulsification technology and state-of-the-art laser assisted cataract surgery. Furthermore, the Proposed Project Facility is the only facility in the Commonwealth that has all of the following equipment: (1) the Ora machine, (2) the Verion machine and (3) the Femto laser (as described in more detail below). With this technology, there is no difference between the quality of surgical care rendered in the Proposed Project Facility and the best academic centers around the world. Applicant can ensure safe, efficient and low cost quality surgery in a local surgical facility closer to homes of both Applicant's Patient Panel and the Patient Panel of Transferor.

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.

Efficiency and continuity of care are the prime concern for Applicant. Applicant will rely on an efficient system for delivering high-quality and low-cost cataract surgery. This efficient system includes: performing quality surgery, tracking outcomes after surgery, the use of electronic medical records (which will facilitate communication with Patient Panel referring providers), excellent communication with referring optometrists and physicians, appropriate follow-up with patients carried out by Applicant's physicians and not delegated to ancillary staff, and referring patients back to their local primary care providers (if appropriate). Through these processes, Applicant will operate the Proposed Project Facility efficiently and effectively while ensuring continuity of care.

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.

The Proposed Project Facility is already functional, licensed and operational. The Proposed Project Facility has passed certification by Federal and Commonwealth certifying entities as evidenced by its ability to continue to operate with no restrictions.

Applicant has also consulted experts in the field of health care delivery, health care attorneys, who have been in constant communication with the Determination of Need Program, and other relevant authorities in the field of management of ambulatory surgery centers. Additionally, Applicant has reviewed all relevant regulations, including recent changes to the Determination of Need Regulations, effective in January 2017.

Specifically, Applicant, or Applicant's attorneys, have consulted with:

Lucy Clarke, Determination of Need Program Analyst;

Lynn Conover, Determination of Need Senior Program Analyst;

Nora Mann, Director of the Determination of Need Program; and

Eric Gold, Chief of the Health Care Division at the Massachusetts Attorney General's Office

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.

There has been strong community engagement in order to determine the need for the Proposed Project. Applicant believes in an ongoing relationship with the community and Patient Panel through information and consultation, which empowers the Patient Panel to be involved. Applicant's community engagement process included communicating with Patient Panel through public education on eye disease, including what cataracts are and how surgery can be done safely in an outpatient setting, writing articles in local newspapers and participating in local TV station medical shows focused on the same, discussions with Applicant's Patient Panel regarding meeting the Patient Panel's need for local surgery, which included receiving letters of support from said Patient Panel. Transferor and Applicant also realized the need of Transferor's Patient Panel to continue to receive high-quality eye care upon Dr. Glenn Goodman's retirement, which is demonstrated in Dr. Glen Goodman's letter of support. Applicant's existing Patient Panel is already receiving care outside the area serviced by the Proposed Project Facility. The ability of Applicant to provide care locally will improve patient access to excellent and advanced local community care and will ensure that Transferor's existing Patient Panel continues to receive high-quality eye care upon Dr. Glenn Goodman's retirement.



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".

In 2017, Applicant performed close to 1200 cataract procedures treating the local community served by the geographical area where the Proposed Project is located. However, Applicant is affiliated with a different surgery center located approximately 40 miles northeast of the Proposed Project Facility. Although patients receiving their care in the other surgery center appreciate the outcome of this care, they prefer receiving their care locally in their community and closer to family members who can be with them without traveling remotely to alternative centers, which requires travel on difficult and congested highways. The existing Patient Panel for the Applicant is experiencing growth in his surgical volume due to the impending retirement of Dr. Goodman from his 35 year old practice. Applicant anticipates around 1700 procedures in 2018, and in addition to the aforementioned figure, the current owner of the Proposed Project Facility, Dr. Glenn Goodman, and his employee Dr. Faazil Kassam, are expected to perform approximately 700 procedures in 2018, in the aggregate. Applicant will hire Dr. Faazil Kassam, and also hire Dr. Glen Goodman during his transition into retirement upon the sale of the Proposed Project Facility and the transfer of its license to Applicant to assure continuity of care. The total number of procedures to be performed at the Proposed Project will be around 2400 in 2018. This means that a large number of patients will be able to be treated locally with no need to travel to remote locations for their care. The Public Health value is therefore considerable in allowing access to care when there is an increasing need for local care. This high level local care was often not possible before the introduction of ASCs and the specific cutting edge technology utilized by Applicant. Applicant believes in community engagement and education through public awareness campaigns and those have been used extensively and successfully utilized by Applicant over the past 16 years. Applicant also publishes articles in local newspapers and participates in educational eye health programs in local TV stations. As part of this engagement with the local community and the planning process for the Transfer of Ownership, Applicant consulted with patients served by the geographical area of the Proposed Project Facility. There was overwhelming support by the Patient Panel for local quality eye care closer to home and in a caring skilled environment. This positive feedback from Patient Panel for availability and continuity of care locally is reflected by Patient Panel's letters of support included with this Application. Furthermore, Applicant 's service to the existing Patient Panel in the context of value (that is cost and quality) will be enhanced, as Applicant will offer quality surgical care to the Patient Panel locally, when the same care is not currently available except in remote locations. There is also enhanced Public Health Value by offering state-of-the-art new technology to Applicant's Patient Panel and Transferor's Patient Panel locally, including laser assisted cataract surgery and other highly advanced glaucoma treatment procedures. The value is further enhanced by a significant reduction in the cost of this quality care as discussed in this Application and as compared to cost of the same care when delivered in a hospital setting or in further more remote and more expensive city locations.

### 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"/> -			Transfer of Ownership	



F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.				
	Category of Expenditure	New Construction	Renovation	Total (calculated)
	<b>Land Costs</b>			
	Land Acquisition Cost			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development			
	<b>Total Land Costs</b>			
	<b>Construction Contract (including bonding cost)</b>			
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)			
	Fixed Equipment Not in Contract			
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost			
	Pre-filing Planning and Development Costs			
	Post-filing Planning and Development Costs			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -				
	Net Interest Expensed During Construction			
	Major Movable Equipment			
	<b>Total Construction Costs</b>			
	<b>Financing Costs:</b>			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc)			
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -				
	<b>Total Financing Costs</b>			
	<b>Estimated Total Capital Expenditure</b>			

## 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](mailto: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

## 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: 03/28/2018 3:18 pm

E-mail submission to  
Determination of Need

**Application Number: MFEC-18032715-TO**

**Use this number on all communications regarding this application.**

Community Engagement-Self Assessment form