

**Beth Israel Lahey Health**  
**DoN Application #: BILH-24080714-HE**  
**Application for Determination of Need**

**Substantial Capital Expenditure**  
**Substantial Change in Service**

**October 1, 2024**

**Submitted By**  
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# Narrative

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### **Introduction**

Beth Israel Lahey Health, Inc. (the “Applicant” or “BILH”), with a principal place of business at 20 University Road, Suite 700, Cambridge, Massachusetts, is filing a Notice of Determination of Need (“Application”) with the Massachusetts Department of Public Health (“DPH”) on behalf of Beth Israel Deaconess Medical Center (“BIDMC”) to (i) develop a satellite for the provision of hematology-oncology and infusion services in Plymouth (the “Cordage Park Satellite”), as well as a (ii) multispecialty satellite in Quincy (the “Quincy Satellite”) (each a “Satellite” and, together, the “Satellites”). The Application also includes the addition of imaging equipment at the Quincy Satellite that constitutes DON-required equipment (collectively, with the development of the Satellites, the “Proposed Project”).

BIDMC is a non-profit academic medical center and major teaching affiliate of Harvard Medical School located in the Longwood Medical and Academic Area in Boston. BIDMC offers a full range of adult clinical services to patients in Eastern Massachusetts including cardiovascular care, cancer care, care for digestive diseases, OB/GYN, neonatology, neurosciences, orthopedics, psychiatry/behavioral health, transplantation, and emergency services and has long been renowned for excellence in patient care, biomedical research, teaching, and community service.

The Applicant seeks to relocate and expand the hematology-oncology and infusion clinics currently located at Beth Israel Deaconess Hospital - Plymouth, Inc. (“BID Plymouth”) to a new location in Cordage Park as part of the Proposed Project to expand access, address unmet needs, and allow for greater access to robust clinical trials. The proposed Cordage Park Satellite will be licensed as a BIDMC hospital-based satellite and will be run as a hospital outpatient department (“HOPD”) of BIDMC. Through the Proposed Project, the Applicant seeks to provide Plymouth and the surrounding communities with expanded access to hematology-oncology services in a cost-effective, outpatient setting close to home. To that end, existing and future patients will experience increased access to oncology services, including infusion and hematology-oncology, in their community at lower cost.

Additionally, the Applicant seeks to build a new ambulatory center in Quincy to expand local access to a wide variety of services including primary care, urgent care, OB/GYN, orthopedics, hematology-oncology, cardiology, gastroenterology, lab, and diagnostic imaging services, among others. The proposed Quincy Satellite will also be licensed as a BIDMC hospital-based satellite and will be run as an HOPD.

Finally, the Proposed Project will meaningfully contribute to Massachusetts’ goals for cost containment by providing high-quality, reliable, and convenient hematology-oncology and infusion, primary, specialty, and diagnostic care within the respective communities. The Proposed Project will ensure access to high-quality and high-value care. By expanding local access to its services and improving the reliability and flexibility of its services, the Applicant will improve care delivery as well as health outcomes and quality of life. As set forth in this Application, the Proposed Project meets the factors of review for Determination of Need approval.

### **Project Description**

The Applicant has filed this Application in connection with the proposed transfer of site by lease and equipping of an approximately 29,704 square-foot hematology-oncology and infusion clinic (“Hematology-Oncology and Infusion Clinic”) located at 10 Cordage Park Circle in Plymouth, Massachusetts, and an approximately 100,000 square-foot, four story, multi-specialty site at 55 General McConville Way, Quincy, Massachusetts, as well as the addition of one computerized tomography and one magnetic resonance imager at the Quincy Satellite. The maximum capital expenditure for the Proposed Project is \$117,006,070.00.

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

#### **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.**

#### **A. Overview of Patient Panel Selection**

The Proposed Project will serve patients currently receiving care in Plymouth, Quincy, and surrounding communities at the Applicant’s member hospitals and community Satellites. Therefore, the Applicant relied on patient panel data from existing sites located at BID Plymouth, Beth Israel Lahey Health Primary Care Quincy Square (“BILHPC Quincy”), BILH Urgent Care Quincy,<sup>1</sup> and Beth Israel Deaconess Milton Hospital (“BID Milton”) to determine the need for the Proposed Project. In the following sections, the Applicant provides the demographic and geographic data for BID Plymouth’s patient panel as well as the demographics for patient utilization of infusion services at BID Plymouth, and the demographic and geographic data for BILHPC Quincy, BILH Urgent Care Quincy, and BID Milton Hospital.

#### **B. Cordage Park Satellite**

##### *Overall Patient Panel*

As shown in Table 1, in FY23, BID Plymouth’s overall patient panel included 81,364 unique patients. Patients aged 18-44 years were the largest patient cohort, making up 55% of unique patients. An additional approximately 37% of patients were over the age of 65. The proportion of older adults is expected to increase by 2030, which may have implications for the provision of health and social services. Approximately 59% of patients were female, compared to just over 39% male. Additionally, approximately 88% of patients self-identified as White, 2% identified as Black/African American, and 2% as Hispanic or Latino. 0.07% of patients declined to report their race. Approximately 39% of patients were covered by a commercial insurance plan, compared to 36.5% who were insured through Medicare, 18.5% through Medicaid, and just under 6% who had another source of coverage.

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<sup>1</sup> Two existing services will re-locate to the Quincy Facility, the Beth Israel Lahey Health Primary Care practice currently located at 100 Walter J. Hannon Parkway and the Beth Israel Lahey Health Urgent Care Center, also currently located at 100 Walter J. Hannon Parkway. Patient panel data for BILHPC Quincy represents unique patients. Patient panel data for BILH Urgent Care Quincy represents total visits. Patient panel data for BID Milton Hospital represents total encounters.

**Table 1**  
**BID Plymouth Patient Panel Demographics**

	FY2021		FY2022		FY2023	
	Count	%	Count	%	Count	%
<b>Total Unique Patients</b>	88,269	100.0%	82,530	100.0%	81,364	100.0%
<b>Gender</b>						
Male	35,181	39.9%	32,458	39.3%	33,728	41.5%
Female	51,785	58.7%	49,130	59.5%	46,516	57.2%
Other	1,303	1.5%	942	1.1%	1,120	1.4%
<b>Age</b>						
0 to 17	7,485	8.5%	6,998	8.5%	6,637	8.2%
18 to 64	51,479	58.3%	46,471	56.3%	44,630	54.9%
65+	29,305	33.2%	29,061	35.2%	30,097	37.0%
<b>Race</b>						
American Indian/ Alaskan Native	73	0.1%	71	0.1%	95	0.1%
Asian	529	0.6%	537	0.7%	502	0.6%
Black or African American	1,738	2.0%	1,718	2.1%	1,878	2.3%
Native Hawaiian or Other Pacific Islander	8,262	9.4%	5,923	7.2%	6,673	8.2%
Other	659	0.76%	620	0.9%	821	1.0%
White	77,638	88.0%	74,246	90.0%	72,182	88.7%
Unknown	0	0.0%	0	0.0%	0	0.0%
<b>Ethnicity</b>						
Hispanic/Latino	945	1.1%	1,104	1.3%	1,271	1.6%
Not Hispanic/Latino	76,630	86.8%	75,368	91.3%	74,304	91.3%
Unknown	10,694	12.1%	6,058	7.3%	5,789	7.1%
<b>Payor</b>						
Commercial	34,877	39.5%	32,287	39.1%	31,669	38.9%
Medicare	27,862	31.6%	27,870	33.8%	28,432	34.9%
Medicaid	10,879	12.3%	10,911	13.2%	11,270	13.9%
Other	14,651	16.6%	11,462	13.9%	9,993	12.3%

Of BID Plymouth's patient panel, 37% originated from Plymouth, approximately 30% from other towns in Plymouth County, and approximately 8% from towns in Barnstable County as detailed in Table 2.

**Table 2****BID Plymouth Patient Panel Geography**

<b>Town</b>	<b>FY21</b>	<b>FY21 %</b>	<b>FY22</b>	<b>FY22 %</b>	<b>FY23</b>	<b>FY23 %</b>
Plymouth	32,896	37.3%	31,697	38.4%	30,167	37.1%
Carver	5,151	5.8%	4,905	5.9%	4,678	5.8%
Kingston	4,740	5.4%	4,645	5.6%	4,521	5.6%
Middleboro	3,784	4.3%	3,781	4.6%	3,900	4.8%
Duxbury	3,719	4.2%	3,657	4.4%	3,497	4.3%
Marshfield	2,893	3.3%	2,688	3.3%	2,704	3.3%
Pembroke	2,067	2.3%	1,971	2.4%	1,987	2.4%
Buzzards Bay	1,883	2.1%	1,851	2.2%	1,776	2.2%
Sandwich	1,595	1.8%	1,519	1.8%	1,377	1.7%
Halifax	1,356	1.5%	1,226	1.5%	1,347	1.7%
Sagamore Beach	1,310	1.5%	1,288	1.6%	1,181	1.5%
Plympton	979	1.1%	987	1.2%	894	1.1%
Wareham	970	1.1%	910	1.1%	894	1.1%
Mashpee	945	1.1%	920	1.1%	904	1.1%
East Falmouth	780	0.9%	737	0.9%	772	1.0%
East Sandwich	881	1.0%	831	1.0%	725	0.9%

BID Plymouth saw approximately 3,853 patients seeking oncology care in FY23, an increase of approximately 18% over FY21. The majority of these patients were over the age of 65 and covered by Medicare.

**Table 3**  
**BID Plymouth Patient Panel Demographics (Oncology)**

	FY2021		FY2022		FY2023	
	Count	%	Count	%	Count	%
<b>Total Unique Patients</b>	3,253	100.00%	3,303	100.00%	3,853	100.00%
<b>Gender</b>						
Male	1,411	43.4%	1,491	45.1%	1,616	41.9%
Female	1,839	56.5%	1,811	54.8%	2,233	58.0%
Other	<i>Masked<sup>2</sup></i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>
<b>Age</b>						
0 to 17	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>
18 to 64	1,261	38.8%	1,226	37.1%	1,413	36.7%
65+	1,988	61.1%	2,075	62.8%	2,436	63.2%
<b>Race/Ethnicity</b>						
American Indian/ Alaskan Native	0	0.0%	<i>Masked</i>	<i>Masked</i>	0	0.0%
Asian	11	0.3%	14	0.4%	16	0.4%
Black or African American	45	1.4%	50	1.5%	55	1.4%
Native Hawaiian or Other Pacific Islander	<i>Masked</i>	<i>Masked</i>	0	0.0%	<i>Masked</i>	<i>Masked</i>
Other	134	4.1%	128	3.9%	183	4.8%
White	3,062	94.1%	3,110	94.2%	3,596	93.3%
Unknown	0	0.0%	0	0.0%	0	0.0%
<b>Ethnicity</b>						
Hispanic or Latino	14	0.4%	13	0.4%	15	0.4%
Not Hispanic or Latino	3,050	93.8%	3,163	95.8%	3,708	96.2%
Unknown	189	5.8%	127	3.8%	130	3.4%
<b>Payor</b>						
Commercial	855	26.3%	877	26.6%	1,018	26.4%
Medicare	1,919	59.0%	1,975	59.8%	2,322	60.3%
Medicaid	246	7.6%	237	7.2%	274	7.1%
Other	233	7.2%	214	6.5%	239	6.2%

<sup>2</sup> Data labelled “masked” have been masked herein to comply with the Health Insurance Portability and Accountability Act because these data points are less than 11.

**Table 4**  
**BID Plymouth Patient Panel Geography (Oncology)**

<b>Town</b>	<b>FY21</b>	<b>FY21 %</b>	<b>FY22</b>	<b>FY22 %</b>	<b>FY23</b>	<b>FY23 %</b>
Plymouth	1,245	38.3%	1,227	37.2%	1,417	36.8%
Carver	186	5.7%	206	6.2%	249	6.5%
Kingston	150	4.6%	162	4.9%	200	5.2%
Middleboro	155	4.8%	153	4.6%	187	4.9%
Duxbury	127	3.9%	139	4.2%	159	4.1%
Marshfield	129	4.0%	118	3.6%	128	3.3%
Pembroke	84	2.6%	72	2.2%	102	2.7%
Buzzards Bay	77	2.4%	91	2.8%	84	2.2%
Sandwich	55	1.7%	59	1.8%	71	1.8%
Halifax	42	1.3%	43	1.3%	63	1.6%
Sagamore Beach	59	1.8%	53	1.6%	56	1.5%
Plympton	35	1.1%	44	1.3%	46	1.2%
Wareham	29	0.9%	28	0.9%	39	1.0%
Mashpee	39	1.2%	36	1.2%	37	1.0%
East Falmouth	43	1.3%	38	1.2%	36	0.9%
East Sandwich	47	1.4%	44	1.3%	35	0.9%

As shown in Table 4, approximately 37% of BID Plymouth oncology patients reside in Plymouth. The remainder of patients (approximately 38%) come from other towns in Plymouth County and Barnstable County.

#### C. Quincy Satellite Patient Panel

As shown in Table 5, in FY23, BILHPC Quincy Square's primary care patient panel included 2,867 unique patients, up 97% from FY21. Patients aged 18-64 were the largest patient cohort, comprising approximately 75% of unique patients. An additional 20% of patients were 65+. Patients aged 0-18 accounted for 5% of unique patients in FY23. 75% of patients were female, compared to 25% male. Approximately 39% of patients self-identified as White, while 4% identified as Hispanic or Latino, and 7% identified as Black/African American. Approximately 57% of patients were covered by a commercial insurance plan, compared to 13.9% who were insured through Medicare, 27% through Medicaid, and 2% who had another source of coverage. All services in the current Quincy Square site will relocate to the new Quincy Satellite when it opens. The new Quincy Satellite will offer broader services in a larger space, and therefore, the Applicant anticipates a larger and more diverse patient panel at this location compared to the patient panel data available for purposes of this Application.

As shown below in Table 7, in FY23, BILH Urgent Care Quincy's overall patient panel included 14,228 patient encounters, up significantly from FY21. Utilization of patients aged 18-64 was the highest at 67%. Patients 65+ years of age were the next highest cohort comprising just under 24% of total encounters. BILH Urgent Care Quincy did not capture gender or race statistics. Approximately 51% of patient encounters were



covered by a commercial insurance plan, compared to approximately 23% that were insured through Medicare, 16% through Medicaid, and 10% that had another source of coverage.

**Table 5**  
**Quincy Patient Panel Demographics (Primary Care)<sup>3</sup>**

	FY2021		FY2022		FY2023	
	Count	%	Count	%	Count	%
<b>Total Unique Patients</b>	1,458	100.0%	2,524	100.0%	2,867	100.0%
<b>Gender</b>						
Male	481	33.0%	655	26.0%	713	25.0%
Female	977	67.0%	1869	74.0%	2154	75.0%
Other	0	0.0%	0	0%	0	0%
<b>Age</b>						
0 to 17	62	4.3%	106	4.2%	148	5.2%
18 to 64	1193	81.8%	1968	78.3%	2152	74.1%
65+	203	13.9%	450	17.8%	567	19.8%
<b>Race</b>						
American Indian or Alaska Native	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>
Asian	143	9.8%	199	7.9%	223	7.8%
Black or African American	118	8.1%	212	8.4%	221	7.7%
Native Hawaiian or Other Pacific Islander	0	0.0%	0	0.0%	0	0%
Other	111	7.6%	170	6.7%	190	6.6%
White	624	42.8%	1,019	40.4%	1,104	38.5%
Unknown	121	8.3%	47	1.9%	88	3.1%
Patient Declined	336	23.0%	870	34.5%	1,037	36.2%
<b>Ethnicity</b>						
Hispanic or Latino	90	6.2%	138	5.5%	126	4.4%
Not Hispanic or Latino	843	57.8%	1,356	53.7%	1,453	50.7%
Unknown	525	36.0%	1,030	40.8%	1,288	44.9%
<b>Payor</b>						
Commercial	798	54.7%	1,392	55.2%	1,633	57.0%
Medicare	183	12.6%	370	14.7%	399	13.9%
Medicaid	460	31.6%	731	29.0%	775	27.0%
Other	17	1.2%	31	1.2%	60	2.1%

<sup>3</sup> To calculate patient panel size, this chart includes those patients that had included one visit within 12 months. Patients are assigned to clinicians based on the primary provider listed in the electronic medical record. This table includes data for BILHPC Quincy only and excludes deceased patients and inactive Athena patients.

Of BILHPC Quincy Square's patient panel, 45% originated from Quincy, 38% from the towns immediately adjacent to Quincy, with the remaining originating from other towns in Plymouth and Norfolk counties. See [Table 6](#).

**Table 6****Quincy Patient Panel Geographics (Primary Care)**

	<b>FY2021</b>		<b>FY2022</b>		<b>FY2023</b>	
	<b>Count</b>	<b>%</b>	<b>Count</b>	<b>%</b>	<b>Count</b>	<b>%</b>
Quincy	573	37.1%	3,036	42.8%	7,698	45.0%
Boston	122	7.9%	798	11.3%	2,281	13.3%
Milton	58	3.8%	486	6.9%	1,413	8.3%
Braintree	140	9.1%	578	8.2%	1,199	7.0%
Randolph	76	4.9%	303	4.3%	637	3.7%
Weymouth	151	9.8%	495	7.0%	974	5.7%
Other	94	8.8%	577	8.1%	1209	7.1%

**Table 7<sup>4</sup>**  
**Quincy Patient Panel Demographics (Urgent Care)**

	FY2021		FY2022		FY2023	
	Count	%	Count	%	Count	%
<b>Total Unique Patients</b>	85	100.0%	4,571	100.0%	14,228	100.0%
<b>Gender</b>						
Unknown	85	100.00%	4,571	100.0%	14,228	100.0%
<b>Age</b>						
0 to 17	0	0.0%	265	5.8%	1,074	7.6%
18 to 64	0	0.0%	2,957	64.7%	9,564	67.2%
65+	0	0.0%	1,110	24.3%	3,402	23.9%
Unknown	85	100.0%	239	5.2%	188	1.3%
<b>Race</b>						
Unknown	85	100.0%	4,571	100.0%	14,228	100.0%
<b>Ethnicity<sup>5</sup></b>						
<b>Payor</b>						
Commercial	56	65.9%	2,266	49.6%	7,219	50.7%
Medicare	12	14.1%	1,083	23.7%	3,230	22.7%
Medicaid	<i>Masked</i>	<i>Masked</i>	741	16.2%	2,342	16.5%
Other	<i>Masked</i>	<i>Masked</i>	481	10.5%	1,437	10.1%

<sup>4</sup> The Applicant is not able to provide more detailed information regarding gender, race, or ethnicity of the patient panel receiving urgent care in Quincy based on the source data.

Approximately 48% of BILH Urgent Care Quincy's visits originate from patients who reside in Quincy. An additional 33% are from neighboring towns of Boston, Milton, Braintree, and Randolph, with the remaining 8% originating from other towns in Plymouth and Norfolk counties. See [Table 8](#) below.

**Table 8**  
**Quincy Patient Panel Geographics (Urgent Care)**

	FY2021		FY2022		FY2023	
	Count	%	Count	Count	%	Count
Quincy	37	43.5%	2,184	47.8%	6,778	47.6%
Boston	20	23.5%	596	13.0%	1,852	13.0%
Milton	12	14.1%	341	7.5%	1,193	8.4%
Braintree	<i>Masked</i>	<i>Masked</i>	319	7.0%	929	6.5%
Randolph	<i>Masked</i>	<i>Masked</i>	221	4.8%	711	5.0%
Other	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	<i>Masked</i>	936	8.1%

## E. BID Milton Patient Panel

As shown in Table 9, in FY23, BID Milton's overall patient panel included 70,696 unique patients, down 11% from FY21. Patients aged 18-64 were the largest patient cohort, making up 61.5% of unique patients. An additional 35% of patients were over the age of 65. The majority of patients self-identified as White (approximately 62%). Approximately 43% of patients were insured under a commercial insurance plan, compared to 31.9% who were insured through Medicare, and 14.4% through Medicaid.

**Table 9**  
**BID Milton Patient Panel Demographics**

	FY2021		FY2022		FY2023	
	Count	%	Count	%	Count	%
<b>Total Unique Patients</b>	79,054	100.0%	69,010	100.0%	70,696	100.0%
<b>Gender</b>						
Male	34,395	43.5%	28,974	42.0%	29,797	42.2%
Female	44,009	55.7%	39,966	57.9%	40,778	57.7%
Other	650	0.8%	70	0.1%	121	0.2%
<b>Age</b>						
0 to 17	1,922	2.4%	2,470	3.6%	2,663	3.8%
18 to 64	50,201	63.5%	42,523	61.6%	43,496	61.5%
65+	26,931	34.1%	24,017	34.8%	24,537	34.7%
<b>Race</b>						
American Indian or Alaska Native	131	0.2%	134	0.2%	130	0.2%
Asian	4,567	5.8%	4,679	6.8%	4,763	6.7%
Black or African American	11,950	15.1%	12,336	17.9%	13,164	18.6%
Native Hawaiian or Other Pacific Islander	35	0.0%	24	0.0%	26	0.0%
Other	13,849	17.5%	6,959	10.0%	9,166	13.0%
White	48,522	61.4%	44,878	65.0%	43,447	61.5%
Unknown	0	0.0%	0	0.0%	0	0.0%
<b>Ethnicity</b>						
Hispanic or Latino	2,324	2.9%	2,426	3.5%	2,612	3.7%
Not Hispanic or Latino	60,650	76.7%	59,849	86.7%	61,178	86.5%
Unknown	16,080	20.3%	6,735	9.8%	6,906	9.8%
<b>Payor</b>						
Commercial	33,662	42.6%	29,954	43.4%	30,182	42.7%
Medicare	24,908	31.5%	22,309	32.3%	22,554	31.9%
Medicaid	8,629	10.9%	8,902	12.9%	10,164	14.4%
Other	11,855	15.0%	7,845	11.4%	7,796	11.0%

Approximately 14% of BID Milton's patient panel originate from Quincy, with the remaining 60.3% originating from other towns in Plymouth and Norfolk counties. See [Table 10](#) below.

**Table 10**  
**BID Milton Patient Panel Geographics**

	FY2021		FY2022		FY2023	
	Count	%	Count	Count	%	Count
Quincy	11,454	14.5%	10,252	14.9%	10,083	14.3%
Milton	7,988	10.1%	7,688	11.1%	7,684	10.9%
Randolph	6,747	8.5%	6,635	9.6%	6,739	9.5%
Braintree	4,627	5.9%	4,180	6.1%	4,170	5.9%
Dorchester	3,261	4.1%	3,088	4.5%	3,101	4.4%
Hyde Park	2,448	3.1%	2,405	3.5%	2,633	3.7%
Canton	2,475	3.1%	2,379	3.5%	2,445	3.5%
Brockton	2,277	2.9%	1,979	2.9%	2,690	3.8%
Stoughton	1,532	1.9%	1,441	2.1%	1,638	2.3%
Mattapan	1,316	1.7%	1,293	1.9%	1,385	2.0%
Dorchester	1,143	1.5%	1,192	1.7%	1,362	1.9%
Center						
Weymouth	1,419	1.8%	1,277	1.9%	1,290	1.8%
Holbrook	993	1.3%	932	1.4%	970	1.4%
South Weymouth	854	1.1%	764	1.1%	730	1.0%
Boston	788	1.0%	675	1.0%	722	1.0%
Hingham	824	1.0%	705	1.0%	692	1.0%
Abington	690	0.9%	602	0.9%	687	1.0%
East Weymouth	754	1.0%	647	0.9%	592	0.8%
Rockland	647	0.8%	543	0.8%	573	0.8%
Dedham	755	1.0%	567	0.8%	530	0.8%
Norwood	732	0.9%	591	0.9%	515	0.7%
Plymouth	931	1.2%	474	0.7%	509	0.7%
Marshfield	552	0.7%	503	0.7%	495	0.7%
Sharon	673	0.9%	438	0.6%	490	0.7%

**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.**

**Hematology-Oncology and Infusion Clinic**

Through the Proposed Project, the Applicant seeks to address issues with access to cancer care, specifically hematology-oncology and infusion services in the Plymouth region. The Plymouth region continues to be one of the fastest growing in Eastern Massachusetts. Demand for health care services in the region has grown over 12% over the past six years, driven by a combination of an increase in population and an aging community.<sup>6</sup>

*Impact of High Utilization on Access*

Currently, there is a significant undersupply of hematology-oncology physicians in the Plymouth area, which was exacerbated by the hematology-oncology unit at Good Samaritan Medical Center in Brockton earlier this year<sup>7</sup>, and access is limited for patients seeking an appointment. This need has not been met by the hematology-oncology and infusion clinics at BID Plymouth. The hematology-oncology clinic at BID Plymouth had 13,727 visits in FY23, an increase of 6% from FY21, with 14,360 unique patient infusion encounters, which was an increase of 11% from FY21. Schedules are consistently fully booked. This often requires physicians to review hematology-oncology referrals to determine urgency, and ultimately, an appointment may not be available for 2 to 9 weeks. The average new patient appointment wait time to the hematology-oncology clinic in FY23 was 50 days, nearly triple the 18 days average wait in FY21.<sup>8</sup> Due to capacity and space issues at the current BID Plymouth site, the Applicant cannot expand the space for these services without making significant capital investments and sacrificing the need to expand the emergency department, which would adversely impact patient care.

The Applicant has considered expanding the current BID Plymouth location, however, it determined that it would be more efficient, cost-effective, and better for patients to expand emergency department services at BID Plymouth and develop a new community-based site, outside of the hospital campus but within Plymouth, for hematology-oncology and infusion services given the limited space at the current BID Plymouth location.

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<sup>6</sup> MA Centers for Healthcare Information & Analysis (2015-2021). This includes med/surg inpatient discharges from BID-Plymouth's total service area. This data only includes individuals 18 and older, and excludes psych and obstetrics.

<sup>7</sup> Morgan Rousseau, *Steward temporarily closes cancer unit at Brockton's Good Samaritan hospital*, BOSTON (April 20, 2024), <https://www.boston.com/news/local-news/2024/04/20/steward-temporarily-closes-cancer-unit-at-brocktons-good-samaritan-hospital/>.

<sup>8</sup> Average wait time for new patient appointments to the hematology-oncology clinic is manually collected and denotes the time, in days, between the appointment being scheduled and when the appointment actually takes place.

**Table 11**  
**Utilization of Infusion Treatment at BID Plymouth**

<b>Metric</b>	<b>2021 Count</b>	<b>2022 Count</b>	<b>2023 Count</b>
Patient Visits for Chemotherapy by Infusion Treatment	12,865	14,322	14,360
Patients Visits for Non-Chemotherapy Infusion Treatments	6,340	6,263	6,997
<b>TOTAL</b>	<b>19,205</b>	<b>20,585</b>	<b>21,357</b>

*Projected Growth and Future Need*

The hematology-oncology and infusion clinics at BID Plymouth will be relocated and expanded as part of the Proposed Project and will allow for significant program growth to meet growing demand for these services. The proposed new Cordage Park Satellite allows for continued clinic and infusion growth and contemplates adding 5 incremental exam rooms (an increase from 12 to 17) and 14 incremental infusion chairs (an increase from 22 to 36). The Proposed Project will allow for enhanced clinical offerings, including expanded access to a greater variety of oncology clinical trials, infusion treatments and sub-specialized oncology physicians from BIDMC. Table 12 below demonstrates an increase in volume at the proposed Cordage Park Satellite as a result of the increase in infusion chairs.

As shown in Table 11, utilization of infusion treatment has increased, but BID Plymouth is limited by the physical layout in its current location and cannot expand further to meet the growing demand. The Applicant analyzed scheduling data to determine the proposed volume for the hematology-oncology clinic and utilized a growth rate that assumes that additional hematology-oncology physicians and advanced practice providers would be hired to provide care at the new Cordage Park Satellite, as demonstrated in Table 12.

**Table 12**  
**Volume Projections for Cordage Park Satellite**  
**Hematology Oncology Clinic and Infusion Clinics<sup>2</sup>**

<b>Volume Projections (Outpatient)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Hem/Oncology Clinic<sup>10</sup></b>	15,208	17,189	19,032	19,032	20,875
<b>Infusion Clinic<sup>11</sup></b>	17,784	20,452	23,119	26,676	27,000

The Advisory Board Cancer Incidence Estimator expects that cancer incidence in Plymouth and surrounding counties will increase by 9.6% between 2020 and 2025 and by nearly 17% between 2020 and

<sup>9</sup> Growth projections were derived based on incremental provider and exam room capacity, at current-state provider and exam room productivity. The Satellite will add three new physicians and one new advanced practice provider, and expand from 12 to 17 exam rooms. Growth in infusion volume for medical oncology patients was based on the incremental growth in the hematology-oncology clinic and the addition of six infusion chairs, at current-state visits per chair per day at 3.58. Additionally, growth in infusion therapy was based on incremental specialist capacity and referrals and the addition of four infusion chairs.

<sup>10</sup> This projection was derived by using current state scheduling data and projecting out based on incremental addition of physicians and advanced practice practitioners.

<sup>11</sup> This projection was derived based on the benchmark of two infusions per chair per day in the first year that the clinic is in service, and ramping up to three infusions per chair per day in the clinic's fifth year in service.



2030.<sup>12</sup> Certain types of cancer that are already prevalent among BID Plymouth patients, such as hematologic cancers and lung and bronchus cancers, are expected to increase by more than 10% during this period.

### **Need for Primary and Specialty Care in Quincy**

The Applicant seeks DoN approval to operate a 100,000-square-foot, four-story, multispecialty ambulatory center in Quincy. The Quincy region has a population of 340,000 that is projected to grow 3.3%, a rate that is significantly higher than Eastern Massachusetts at 2.5%.<sup>13</sup> The Applicant's primary care providers have reported challenges with local specialty referral access to hematology-oncology, OBGYN, endocrinology, gastroenterology, pulmonology, and rheumatology. As such, patients from the Quincy region must travel into BIDMC's Boston campus to receive these services. Further, the closure of Quincy Medical Center in 2014 and the recent closure of Steward Carney Hospital exacerbates the need for health care services in the area. Quincy is the largest city in Massachusetts without a hospital to serve the healthcare needs of its population.

Additionally, the Applicant met with leaders from local community health centers – South Cove Community Health Center and Manet Community Health Center – to learn more about their patient need for specialty care. Cardiology, gastroenterology, hematology-oncology, neurology, and ultrasound represented high need among the community health center patient base. Based on this feedback, the Applicant will be providing each of these services in the Quincy Satellite to enhance access to care for this patient population.

The Applicant conducted a survey of market need and determined that, despite there being some baseline of physicians practicing in the region, there remains an under-supply in several specialties, including hematology-oncology, gastroenterology, OBGYN, orthopedics and cardiology.<sup>14</sup> The Applicant plans to offer these services in the new Quincy Satellite to ensure local availability, support unmet market demand, and to coordinate care within the community and keep care local.

### *Need for Imaging Equipment at Quincy Satellite*

The Applicant derived the need for imaging in the Quincy Satellite based on the services and specialties that will be delivered through the new Quincy Satellite. The Applicant used referral ratios for imaging exams at their other ambulatory sites to project utilization of imaging services in the Quincy Satellite. Co-locating imaging with primary and specialty care, in a community setting, provides patients with a convenient, high-quality experience. Additionally, input from leaders at South Cove Community Health Center in Quincy stressed the high demand for ultrasound services for their patients.

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<sup>12</sup> Cancer Incidence Estimator, ADVISORY BOARD, <https://www.advisory.com/topics/oncology/2020/06/cancer-incidence-estimator> (last visited June. 6, 2024).

<sup>13</sup>The Quincy region includes Avon, Braintree, Canton, Cohasset, Hanover, Hingham, Holbrook, Marshfield, Milton, Norwell, Quincy, Randolph, Rockland, Scituate, and Weymouth Population statistics from 2024 Sg2 Claritas Pop Facts. Population growth forecasted for 5-Years (2021 – 2026).

<sup>14</sup>Real Estate Strategies Ambulatory Planning Tool, STRATUS (2022).

**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.**

The Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending by improving access to and reliability of timely outpatient hematology-oncology and infusion services at the Cordage Park Satellite, and primary and specialty care, urgent care, lab and diagnostic imaging services at the Quincy Satellite, by keeping these services readily accessible within the community. Further, the Proposed Project will create a centralized environment for the continued provision of the aforementioned services in these communities. The Proposed Project is necessary to ensure that access to high-quality services remains available to the Applicant's patients close to home and on a timely basis, thereby reducing the cost of care.

Community members are currently traveling into BIDMC's Boston campus for the services that the Applicant intends to provide at the Quincy Satellite. As a licensed off-campus HOPD of BIDMC, specialty services and most ancillaries offered through the Quincy Satellite will be at a 40% lower cost to both patients and insurers.

**F.1.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.**

As described in Factor 1.a.ii, cancer incidence in Plymouth and surrounding counties will increase by approximately 17% between 2020 and 2030, and there is a significant undersupply of hematology-oncology physicians in the Plymouth area and limited access for patients seeking these services. There is also limited local specialty referral access to certain specialty services, including hematology-oncology, OBGYN, endocrinology, gastroenterology, pulmonology, and rheumatology services in Quincy. The Proposed Project would address the need for these services by increasing availability of hematology-oncology, and infusion and specialty and primary care services in the community.

Travel burden, or the travel time or distance that a patient must travel, can result in delays in diagnosis and can negatively influence treatment choice for certain common cancers.<sup>15</sup> An increase in travel distance is also associated with more advanced disease at diagnosis, inappropriate treatment, a worse prognosis, and a worse quality of life.<sup>16</sup> Further, long delays or complete inaccessibility to primary and specialty care are common across the United States. Geographic access to health care is associated with increased use of preventative health and improved health outcomes for patients.<sup>17</sup>

Infusion clinics, such as the proposed Cordage Park Satellite, help patients better manage and control their disease and associated symptoms by providing a continuity of care throughout their medical need, enhancing continuity of care and improving compliance.<sup>18</sup> HOPDs provide closer monitoring of patients receiving infusions, allow for the coordination of care between a patient's primary care physician and specialists and care can be escalated to a hospital when appropriate.<sup>19</sup> The Proposed Project would provide greater access to care in the communities in which patients live, which results in better outcomes.

**F.1.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.**

To assess the impact of the Proposed Project, the Applicant will report on the following measures of patient satisfaction and quality of care. The measures are discussed below and will be reported to DPH on an annual basis following implementation of the Proposed Project.

1. **Patient Satisfaction:** Patients that are satisfied with their care are more likely to seek additional treatment when necessary.
  - a. **Measure:** Patient satisfaction scores will be used to determine the impact of the Proposed Project on patient experience.

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<sup>15</sup> Massimo Ambroggi, et al., *Distance as a Barrier to Cancer Diagnosis and Treatment: Review of the Literature*, ONCOLOGIST (Dec. 20, 2015).

<sup>16</sup> *Id.*

<sup>17</sup> Jennifer Tsui, PhD, MPH, et al., *Patterns in Geographic Access to Health Care Facilities Across Neighborhoods in the United States Based on Data From the National Establishment Time-Series Between 2000 and 2014*, JAMA NETW OPEN. 2020.

<sup>18</sup> See Aljurf M, Majhail NS, et al., *The Comprehensive Cancer Center: Development, Integration, and Implementation*, Cham (CH): Springer; 2022.

<sup>19</sup> See Herolind Jusufi & Nicholas Boivin, *Navigating Access and Optimizing Medication Infusions in an Academic Medical Center: A Quality Improvement Study*, Pharmacy (Basel) (Jun. 30, 2023).

Numerator = Number of top scores, for overall visit rating, such as “likely to recommend” or “highly satisfied.”

Denominator = Total number of survey respondents

Numerator = Number of top scores for shared decision making with the clinician

Denominator = Total number of survey respondents

- b. Projections:** As the Proposed Project is to establish two new Satellites, the Applicant will provide baseline measures and three years of projections following the first fiscal year of operation.
  - c. Monitoring:** Each Satellite’s Administrator or their designee will review survey scores monthly and report quarterly to the governing board of the Applicant.
- 2. **Blood Pressure Control:** Patients with a diagnosis of high blood pressure and/or diabetes are at a higher risk of coronary artery disease if their blood pressure is not controlled.
  - a. Measure:** Blood Pressure Control will be used to measure the Proposed Project’s impact on patient outcomes.
 

Numerator = Number of risk patients with high blood pressure and/or diabetes whose blood pressure is within the control range

Denominator = -Number of risk patients with high blood pressure and/or diabetes
  - b. Projections:** As the Proposed Project is to establish two new Satellites, the Applicant will provide baseline measures and three years of projections following the first fiscal year of operation.
  - c. Monitoring:** Each Satellite’s Administrator or their designee will review patient outcomes monthly and report quarterly to the governing board of the Applicant.
- 3. **A1c Control and Compliance:** Patients with diabetes must control their blood sugar levels to improve their health outcome.
  - a. Measure:** A1c Control and Compliance will be used to measure the Proposed Project’s impact on patient outcomes.
 

Numerator = Number of risk patients with a diagnosis of diabetes whose A1c levels are within target range

Denominator = Number of risk patients with a diagnosis of diabetes
  - b. Projections:** As the Proposed Project is to establish two new Facilities, the Applicant will provide baseline measures and three years of projections following the first fiscal year of operation.
  - c. Monitoring:** Each Satellite’s Administrator or their designee will review patient outcomes monthly and report quarterly to the governing board of the Applicant.



**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.**

BIDMC takes an individualized, patient-centered approach to care and treatment of all patients, with an aim of providing holistic well-being for the individual. Through discussions with the patient, and assessments of physical, functional, psychosocial, personal safety, financial, and substance use, BIDMC identifies patient needs across the spectrum of care. As detailed throughout this Application, the Proposed Project will increase access to lower-cost, high quality care for patients in the proposed service areas. The Applicant does not discriminate based on age, race, ethnicity, gender/gender-identity, physical ability, sensory or speech limitations, or religious, spiritual, and cultural beliefs, nor a patient's ability to pay or payer source.

**1. Accessibility and Social Determinants of Health**

The Satellites will be physically accessible to all patients. In addition, the Satellites will offer multiple tools to address language barriers and emotional barriers at the point of scheduling. A key component will be translation and video interpretive services. This service will be available 24 hours per day, seven days per week. Deaf and hard-of-hearing patients will access the same high-quality services through the interpreter service, via LanguageLine. The Applicant will additionally employ a culturally competent staff to ensure each patient's experience meets their needs. Utilizing culturally competent staff recognizes the holistic needs of patients throughout their encounter at each Satellite.

BIDMC seeks to provide culturally sensitive services whenever possible and offers clinics for both Spanish-speaking patients and for Russian-speaking patients. This includes the Latinx Cardiovascular Clinic, the Latinx Colorectal Surgery Clinic, the Latinx Rheumatology Clinic, and the Russian Cardiovascular Clinic.

Recently, the Applicant created the Massachusetts Institute for Equity-Focused Learning Health System Science (the "Institute") in collaboration with leaders from other Massachusetts healthcare systems. Funded by a grant from the federal Agency for Healthcare Research and Quality ("AHRQ"), the Institute seeks to expedite equity-focused research to address health disparities and will work to ensure research of equity measures and social determinants of health is guided by common data standards and led by a diverse group of researchers representative of the Commonwealth's residents and their lived experiences.

**2. REAL Data Collection**

The Applicant recently launched an initiative to consistently request more detailed and complete demographic information from patients in furtherance of an organizational culture that embraces diversity, equity, and inclusion. Capturing patient diversity demographics, including gender and race, ethnicity, and language ("REAL Data") is foundational to understanding and addressing health disparities in the community. To that end, the Applicant created a multidisciplinary team of representatives from across the Applicant's system, including staff from patient access services, information services, nursing, social work, community benefits and community relations teams. Collaborating with patient representatives, the multidisciplinary team established a standard set of data along with best practices and processes in order to capture the data more consistently in the electronic medical record.

Further, the Applicant has begun its transition to implement Epic across all hospitals, which will facilitate coordination of care for patients who receive services throughout the Applicant's system. Race, ethnicity, language, gender, gender identity, disability accommodation needs, and health-related social needs will be

collected for all patients, allowing the Applicant to have accurate and complete patient information. The transition to Epic will also create more opportunities for enhanced documentation capture of health-related social need screening for a patient population and will allow the Applicant to better connect patients with identified needs for internal and/or external supports.

**F1.b.iv      Public Health Value/Health Equity-Focused (Additional Information)**

**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.**

The Proposed Project will improve health outcomes and quality of life for the Applicant's patient panel and community members by maintaining and expanding local access to outpatient hematology-oncology, infusion, primary and specialty care, urgent care, lab, and diagnostic imaging services and ensuring those services are accessible to all members of the communities it serves. The provision of equitable and comprehensive access to high-quality health care services, including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers was identified as a priority implementation strategy in BID Milton's and BID Plymouth's 2022 Community Health Needs Assessment. The Applicant is committed to promoting health equity and to that end, will ensure patients can access the Satellites' services, can effectively communicate with their providers, and will be connected to services outside of the Satellites as required. As a result, the Applicant anticipates that the Proposed Project will result in improved patient care experiences and quality outcomes while promoting health equity.

**F1.c      Furthering and Improving Continuity and Coordination of Care**

**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.**

The Proposed Project will improve care continuity and coordination of care by providing linkages between patients who are currently seen at the Applicant's member hospitals, including BID Plymouth, BID Milton and BIDMC in Boston. Without these services, patients would likely seek follow-up care farther from home, and potentially outside of the Applicant's system, which results in issues with care coordination and continuity. As HOPDs of BIDMC, through the Proposed Project, patients will not have to go outside of their communities to Boston to receive care. Through the Proposed Project, local access to top quality hematology-oncology and infusion services for the BID Plymouth Patient Panel, and primary and specialty care, urgent care, lab, and diagnostic imaging services will be maintained and provided in collaboration with BIDMC.

Furthermore, the Satellites will participate in the MassHealth ACO Program through Beth Israel Deaconess Care Organization ("BIDCO"), part of Beth Israel Lahey Health Performance Network, LLC ("BILHPN"), a clinically integrated network of physicians, clinicians, and hospitals and its clinically integrated network. BILHPN is a Health Policy Commission certified Accountable Care Organization committed to providing high-quality, cost-effective care to the patients and communities they serve, while effectively managing medical expense. By leveraging best practices in population health management and data analytics, BILHPN seeks to improve care quality and patient health outcomes across the system through population health initiatives. In furtherance of the goals of the Program, BIDCO strives to increase access to high quality care for members who are more likely to have unmet social determinant of health needs than the commercially insured population. A significant portion of BIDCO's efforts to improve health care are accomplished through care coordination. Specifically, BIDCO's data analysis and risk management tools are provided to BID Plymouth, BID Milton, BIDMC, and BILHPC providers, including a population health management tool that helps primary care physicians monitor patients' health and manage chronic conditions. The Applicant's links to community primary care providers are vital to providing high-quality care and promoting coordination of care. These primary care linkages will continue to enhance care for the Applicant's patients, including timely access to hematology-oncology, infusion, specialty care and diagnostic imaging services that will be achieved through the Proposed Project.

Further, as described in F1.b.iii, the Applicant has begun its transition to implement Epic across its network, which will facilitate coordination of care for patients who receive services throughout the Applicant's system.



**F.1.d      Consultation with Government Agencies**

**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 Applicant conducted a diverse consultative process with individuals at various regulatory agencies and departments regarding the Proposed Project. The following individuals and agencies are some of those consulted regarding this Project:

- Determination of Need Program, Department of Public Health, including meetings held on April 12, 2024 and August 28, 2024.
- Community Health Planning & Engagement Specialist, Bureau of Community Health and Prevention, Department of Public Health, including a meeting on August 28, 2024.
- Bureau of Community Health and Prevention, Department of Public Health
- Massachusetts Executive Office of Health and Human Services
- Health Policy Commission
- Center for Health Information and Analysis
- The Centers for Medicare & Medicaid Services

**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.**

During each of the presentations described below, attendees were educated on the Applicant's proposed plans, including how the Proposed Project will benefit the local communities and patients. Following the presentation, attendees were able to share feedback and ask the presenters questions.

The Applicant presented the Proposed Project to BID Plymouth's Patient and Family Advisory Committee ("PFAC") on June 12, 2024, to inform them of the Proposed Project and solicit their feedback in the development of the Proposed Project. The meeting was held over Zoom and there were seven individuals in attendance. There was a question as to whether the Proposed Project would allow for the sharing of clinical resources around clinical care. The Applicant's representatives confirmed that the Plymouth staff would work together with specialized physicians from BIDMC to provide enhanced and new clinical offerings for cancer care, in particular, clinical trials and additional infusion treatments for different types of cancer.

The Applicant also presented to BID Plymouth's Community Benefits Advisory Committee ("CBAC") on June 10, 2024, to provide an overview of the Proposed Project. There were ten individuals in attendance and the meeting was open to the public. The CBAC members asked questions related to the timeline for CHNA with respect to the Proposed Project and whether there were any certain DPH priorities with respect to the Community Health Initiative ("CHI") funds. As with the PFAC presentation, Hospital representatives spoke about the purpose of the Proposed Project and what it would mean for patients and the community.

The Applicant also presented to the BID Milton CBAC on June 20, 2024. The meeting was held over Zoom and there were 16 individuals in attendance. As mentioned above for the BID Plymouth meetings, Hospital representatives spoke about the purpose of the Proposed Project and what it would mean for patients and the community. There were no questions regarding the Proposed Project. The Applicant also presented to BID Milton's PFAC on August 8<sup>th</sup>, 2024.

Finally, the Applicant presented to the BIDMC CBAC on June 25, 2024. The meeting was held on Zoom and there were 27 individuals in attendance. One attendee asked if BIDMC would be supporting the Milton and Plymouth teams with the DoN process and an Applicant representative confirmed this point, noting that the Applicant was developing a toolkit to support applicable managers in responding to CHI requirements. The Applicant representative also shared that the BID Milton and BID Plymouth teams will be actively engaging with their communities to put together plans for investments. The Applicant also presented to the BIDMC PFAC on July 10, 2024.

The PFAC and CBAC members for each of BID Plymouth, BID Milton, and BIDMC had the opportunity to ask questions, generally had positive reactions regarding the Proposed Project and did not voice any concerns with the Proposed Project. The Applicant also presented at the BID Plymouth Annual Meeting on September 18, 2024, and BID Milton Annual Meeting on September 27, 2027, and received positive feedback with respect to the Proposed Project.

**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”.**

As discussed in Section F.1 a.ii, the Applicant determined the need for the Quincy Satellite through a number of lenses. The Applicant engaged with leaders from local community health centers to understand the healthcare needs of their patient base. The Applicant interviewed their own primary care providers in the Quincy region to understand areas of concern with local access to specialty and ancillary services. The Applicant also conducted a survey of market need for specialty services in the community. These data and information were consulted to determine which services should be prioritized at the Quincy Satellite.

Additionally, improving health outcomes and reducing disparities for individuals at-risk for or living with chronic and/or complex conditions and their caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources was identified as a priority implementation strategy both BID Plymouth’s and BID Milton’s 2022 Community Health Needs Assessment.

Further, the Applicant recognized a need for expansion of hematology-oncology services in Plymouth. Plymouth is one of the fastest-growing regions in Eastern Massachusetts and is undersupplied with oncology providers. Hematology-oncology clinic schedules are consistently fully booked. This often requires physicians to review hematology-oncology referrals to determine urgency and ultimately an appointment may not be available for 2 to 9 weeks. Limited access for new patients and unmet market need drove the decision to expand the hematology-oncology and infusion clinics. BID Plymouth does not have the capacity to expand in its current location due to physical space constraints.<sup>20</sup>

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<sup>20</sup> Real Estate Strategies Ambulatory Planning Tool, STRATUS (2022).

**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.**

The Proposed Project will meaningfully contribute to and further the Commonwealth's goals for cost containment by ensuring high-quality, reliable, and convenient hematology-oncology, infusion, primary and specialty care, urgent care, lab, and diagnostic imaging services are locally accessible and equitably available to every person at the lowest reasonable aggregate cost.

Additionally, as previously discussed in F1.a.iii, community members are currently traveling into BIDMC's Boston campus for the services that the Applicant intends to provide at the Quincy Satellite. As a licensed off-campus outpatient department of BIDMC, specialty services and most ancillaries offered through the Quincy Satellite will be at a 40% lower cost to both patients and insurers.

By improving the reliability and flexibility of its services through the Proposed Project, the Applicant will improve care delivery as well as health outcomes and quality of life. To that end, the Proposed Project will meaningfully contribute to the Commonwealth's goals of cost containment by efficiently improving access to care and thereby lowering the overall cost of care.

**F2.b.           Public Health Outcomes:**

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

The Proposed Project will improve public health outcomes by providing local access to convenient outpatient hematology-oncology, infusion, primary and specialty care, urgent care, lab, and diagnostic imaging services in the communities that are being served. The proposed Cordage Park Satellite will expand capacity for hematology-oncology services, including physician consultation, and chemotherapy and infusion services, to be performed in the community. Further, the Proposed Project will enhance clinical offerings, including expanded access to a greater variety of oncology clinical trials, infusion treatments and sub-specialized oncology physicians from BIDMC. This will elevate the patient experience by allowing for local access to high-quality hematology-oncology services with shorter wait times for appointments and procedures in a non-hospital-based setting. This local, timely access will contribute to improved patient experience and satisfaction and ultimately improve patient outcomes.

The Proposed Project seeks to expand access to patients of all financial means, limiting the impact that cost of care plays in the patient's decision to receive necessary care. To that end, the Proposed Project will improve health outcomes, patient satisfaction, and quality of life by providing timely access to outpatient hematology-oncology and infusion services in a lower-cost setting. BID Plymouth has experienced a 6% increase in hematology-oncology clinic visits FY21-FY23. Historical utilization demonstrates an ongoing need for hematology-oncology services, with outpatient oncology forecast to grow 7.6% over the next five years, given population aging trends.

Quincy and Randolph are among the fifteen most diverse communities in Eastern Massachusetts. The Quincy Satellite will further equitable and local access to high-quality health care services, for those who face cultural, linguistic, mobility and economic barriers. Increased capacity and access in this underserved region are required to meet current and future demand and to provide timely access to healthcare services within the community. Improved local access will alleviate the need to travel outside the region for care which will enhance the patient care experience and patient satisfaction.

**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.**

The Applicant will collaborate with patients and primary care providers to ensure patients are linked to social service organizations as needed. If concerns around social determinants of health are identified or suspected during pre-procedure screenings and appointments, staff will provide the patient with referral resources and notify the patient's primary care provider, as appropriate, to encourage necessary follow-up. Further, as discussed in F1.b.iii, the transition to Epic will allow the Applicant to better connect patients with identified needs for internal and external supports, including community-based services. The Applicant also anticipates that its transition to Epic across its network will facilitate linkages among its hospitals to HOPDs, such as the Satellites.

**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.

**This Proposal:** The Proposed Project is to develop the Cordage Park Satellite for the provision of hematology-oncology and infusion services in Plymouth, as well as the Quincy Satellite for the provision of primary and specialty care, urgent care, lab, and diagnostic imaging services.

**Quality:** The Proposed Project is the superior option because of the significant impact it will have on patient outcomes, quality of life, and patient satisfaction. Through expanded capacity in outpatient hematology-oncology and infusion services, the Applicant will enhance access and their ability to keep care local and treat more patients close to home. Further, through the development of the Quincy Satellite, the Applicant will be adding specialty services to a community that has demonstrated high need in many areas, and will offer a more cost-effective, convenient option for patients currently traveling into Boston for care. Accordingly, the Applicant believes that the proposed Facilities will provide patients with high-quality care within their communities.

**Efficiency:** The Applicant will maximize operational efficiencies in the Quincy Satellite through the use of shared staff across multiple specialty services. The facility will also use the scheduling, registration, and check-in tools available via its Epic medical record system and other appropriate automated services to expedite patient access and reduce the costs of resourcing these services. Further, the Proposed Project will allow for consolidation of the services currently provided through the Quincy Square site, resulting in reduced lease and operating expenses. With respect to the proposed Cordage Park Satellite, the Applicant will maximize clinical and operational efficiencies through the use of dedicated cancer staff and streamlined overhead costs. The Proposed Project is less disruptive to patient care, which is already constrained in the communities that the Applicant seeks to continue to serve, as the additional local capacity will allow patients to receive care in lower-cost settings in their community.

**Capital Expense:** The capital expenses for the Proposed Project are \$48,604,199 for the Cordage Park Satellite and \$68,401,871 for the Quincy Satellite. The capital expenses for the Proposed Project are less expensive than the capital expenses that would have to be spent to re-locate services to a new MOB on the campus of BID Plymouth Hospital, as the Proposed Project will only require fit out capital.

**Operating Costs:** The operating costs for each Satellite are anticipated to be \$91,025,087 for the Cordage Park Satellite in Year Five and \$88,297,005 for the Quincy Satellite in Year Five.

**Alternative Proposal:** The Applicant considered a number of alternatives to the proposed Quincy Satellite. One that contemplated another South Quincy site in the Crown Colony complex and others that contemplated North Quincy locations, one at Newport Avenue and one at Enterprise Drive. Additionally, the Applicant considered on-campus expansion of the BID Plymouth hematology-oncology and infusion

clinics through expansion within the existing site, which would inhibit BID Plymouth's ability to expand its Emergency Department, as well as its expansion through development of a new on-campus MOB.

**Alternative Quality:**

*Quincy Satellite:* Two North Quincy sites were considered - 200 Newport Avenue and 1 Enterprise Drive, however these sites did not provide enough parking for an outpatient healthcare facility at 3.2 spaces/1000 square feet ("SF") and 2.9 spaces/1000 SF, respectively. Outpatient healthcare facilities require 4-5 spaces/1000 SF. Additionally, the Applicant considered 1 Heritage Drive, but that site was too small at just 36,000 SF to accommodate the Applicant's clinical program. The Applicant also considered 1200 Crown Colony in South Quincy, but access to public transportation was a priority and this site is less accessible to public transportation with a 15-minute walk to the MBTA Red Line and the MBTA bus lines. The Proposed Project site is an 8-minute walk to the MBTA Red Line and a 5-minute walk to the MBTA bus lines. Further, South Quincy demonstrates greater patient need for specialty services relative to North Quincy. With a North Quincy alternative, fewer patients would benefit from expanded access to local services and poor patient access and dissatisfaction would remain high in South Quincy.

*Cordage Park Satellite:* Under this alternative, expansion of services on the main BID Plymouth campus would come at the expense of BID Plymouth being able to re-locate the hematology-oncology and infusion clinics to open on-campus space to allow for the much-needed expansion of the Emergency Department. Utilization of the BID Plymouth campus grew 35% between FY15 and FY21. As such, under this alternative, access to and patient satisfaction with emergency care at BID Plymouth would continue to be a challenge. Additionally, in the alternative, the hematology-oncology and infusion clinics would not be licensed under and staffed by BIDMC and would, therefore, not have access to an expanded offering of clinical trials. This would greatly reduce the program's quality and ability to provide leading-edge cancer care for the local community in a cost-effective setting.

**Alternative Efficiency:**

*Quincy Satellite:* Assuming the same facility size and service mix, under this alternative, efficiency would be hampered as the same number of patients would not be served because North Quincy does not have the same need for services as does South Quincy. Additionally, the alternative does not provide the opportunity for the Applicant to consolidate its Quincy Square services into the new facility, resulting in duplicative overhead expenses from operating two separate sites in Quincy.

*Cordage Park Satellite:* In the alternative, the Applicant considered moving the same services into the same size footprint within a larger on-campus MOB. However, the planning for the alternative option would have had a much longer runway, extending at least an additional twelve months, and would have pushed out the timeline of the Emergency Department expansion, as well as the hematology-oncology and infusion clinics expansions resulting in many more years of delivery of inefficient and insufficient emergency services, and hematology-oncology and infusion services for cancer patients. Lastly, constructing an on-campus MOB would be more costly than renovating an existing facility, because under the Proposed Project, this cost has been expended to finance the core and shell.

**Alternative Capital Expenses:**

*Quincy Satellite:* Under this alternative, for the Quincy Satellite, assuming the same size facility and service mix, the capital expense would be significantly higher as the Proposed Project is



benefiting from the City of Quincy financing the built out of the adjacent parking garage to the Applicant's specifications, whereas the alternative requires expansion of existing parking facilities to meet the Applicant's specifications.

*Cordage Park Satellite:* Under this alternative, for the Cordage Park Satellite, the capital expense would be approximately 30% to 40% higher due to having to construct an entirely new facility with core, shell and fit out, as opposed to the Proposed Project which will only require capital for fit out.

**Alternative Operating Costs:**

*Quincy Satellite:* Under this alternative, for the Quincy Satellite, assuming the same size facility and service mix, the operating expense would be higher as the Applicant would continue to operate its Quincy Square site in addition to the new facility.

*Cordage Park Satellite:* Under this alternative, for the Cordage Park Satellite, assuming the same size facility and service mix, the operating expense would be higher as the facility would remain under the BID Plymouth Hospital license and would not benefit from reduced pharmaceutical pricing.

**Factor 6.1** Community-based Health Initiative Narrative

The breakdown of Community-based Health Initiative (“CHI”) dollars for the Proposed Project is as follows:

Maximum Capital Expenditure (“MCE”):	\$117,006,070.00
CHI (5% of MCE):	\$5,850,303.50
CHI (80% BIDM and 20% BIDP):	\$4,680,242.80 (BIDM) and \$1,170,060.70 (BIDP)
CHI Administrative Fee (3%):	\$175,509.10
Evaluation (10% of CHI):	\$585,030.35
<b>Subtotal (13% of CHI):</b>	<b>\$760,539.46</b>

**Overview of Community Health Needs Assessment and CHI Process**

The CHI for the project will be led by Beth Israel Deaconess Medical Center (“BIDMC”). In April 2024, BIDMC met with the Massachusetts Department of Public Health (the “Department”) to discuss the timing of the Fiscal Year 2025 (“FY 25”) Community Health Needs Assessment (“CHNA”) and the CHI. The Department agreed that BIDMC, would delegate the CHI to the municipalities impacted by the capital expenditure. These municipalities are within the Community Benefits Service Areas of Beth Israel Deaconess Milton (“BIDM”) and Beth Israel Deaconess Plymouth (“BIDP”). As such, BIDM and BIDP will use the FY 25 CHNA as a means to CHI engagement, priority selection, and CHI investment.

BIDM and BIDP will work with their respective Community Benefits Advisory Committees (“CBACs”) to ensure robust and meaningful engagement that builds on learning from the FY 22 CHNA and fills gaps to lift historically underrepresented voices in similar processes, with the aim of community capacity building throughout the project.

The total CHI will be split between BIDM (80%) and BIDP (20%).

While BIDM and BIDP anticipate that health needs from the FY 25 assessment may be similar to findings from the FY 22 assessment, there are opportunities to have deeper engagement with specific cohorts and geographies throughout each hospital’s Community Benefits Service Area (“CBSA”), which are described in the Community Engagement Plan Narrative.

BIDM and BIDP will collaborate with other Beth Israel Lahey Health (“BILH”) hospitals, coalitions, and organizations within their service areas, as described in the Community Engagement Plan Narrative.

**Oversight of the CHI Process**

BIDM and BIDP will collaborate with their CBACs to ensure robust and meaningful community engagement through the CHNA and CHI process. CBAC membership includes community residents, leaders of key staff from community-based organizations, hospital leadership, Community Benefits, and other hospital staff, and sectoral representatives as recommended in CHI guidelines. CBACs will drive the CHI process and CHNA process.

**CBAC Responsibilities**

The CBAC's responsibilities include:

- Providing input on the CHNA, IS and Mission Statement
- Coordinating CHNA efforts with local and regional community health efforts
- Assisting in fulfilling Massachusetts Department of Public Health Determination of Need requirements ("DoN") and guiding CHI activities, community investments, including providing input on evaluation and grantee progress, and their impacts on upstream root causes.
- Promoting and enhancing community engagement throughout the CBSAs, including but not limited to the Annual Community Benefits Public Meeting, CHI activities, and all other current and future DoN initiatives.
- Advising on Community Benefits programming and review Community Benefits regulatory reports.

### **Timeline for CHI Activities**

The CBAC will continue meeting and begin the CHI process in alignment with the FY 25 CHNA. Please see the timeline below detailed list of activities with dates.

<b>Timeline (month/year)</b>	<b>CHNA/IS Action Items</b>	<b>Community-based Health Initiative Action Items</b>
June-August 2024	FY 25 CHNA and CHI Kickoff (June CBAC meeting). Launch Community Health Survey.	
September – November 2024	September CBAC meeting: monitor progress on surveys, focus groups, and interviews. CBACs will modify strategies to ensure hospitals are reaching cohorts according to community engagement plans.	BIDMC files the DoN and delegates the CHI to BIDM and BIDP (October). BIDMC makes the payment to the statewide (November).
December 2024 – February 2025	CBACs receive an update on preliminary findings, vote on priority cohorts, and focus engagement efforts on outreach for listening sessions.  Two listening sessions are held in February where attendees review CHNA findings and update health priorities and strategies.	
March – May 2025	Present priorities and strategies from the listening sessions to the CBAC and begin drafting the CHNA report and implementation strategies.	
June – July 2025	Present Final CHNA and IS to CBAC.  CBAC votes recommend that the Board of Trustees approve the CHNA and adopt the IS.	CBAC discusses CHI priorities, allocation percentages, and approach to invest directly, and/or through a Request for Proposals process, based on engagement conducted and data collected during the FY 25 CHNA.
July – September 2025	Board of Trustees votes on CHNA approval and IS adoption.	CBAC votes on investment mix, including allocation percentages, decides on first direct investment/s to community-based organizations, or government agency, with proven records of addressing their selected priorities.
October 2025	Begin FY 26-28 IS in alignment with health priorities selected during the FY 25 CHNA process.	Direct investment/s is/are made.
December 2025		Multi-year grants are issued and progress is monitored (RFP dates TBD based on BoT approval and CBAC guidance).
November 2028		Hospitals evaluate success and provide recommendations for future Community Benefits programming.

**Request for Multi-Year Funding**

The hospitals plan to provide multi-year grants with CHI funding that lead to lasting community change and health improvement. BIDM and BIDP will explore a mixture of opportunities for distributing funds, such as directly investing in community-based organizations employing evidence-based/informed strategies, competitive grants through a request for proposals (RFP) process, seed/capacity-building grants, anchor investments, and others. BIDM and BIDP plan to disburse CHI funds in grants up to three-year periods to achieve impact and sustainable change. As such, BIDMC is requesting five years from the time of DoN approval, or FY 25 CHNA completion, whichever is later, to disburse funds, allow for grantee planning activities with technical assistance from BILH's evaluator, up to three years for grantee program implementation (inclusive of planning activities), and up to one-year post-program evaluation.

**Evaluation Overview**

BIDMC is seeking to use up to 10% of all CHI funding (\$585,030.35) for evaluation. These funds will allow for the evaluation of the planning process, as well as the overarching impact of all CHI funds.

**Administrative Funds**

BIDMC is seeking to obtain 3% of the CHI amount for administrative costs, which will be proportionally split between BIDM and BIDP for administrative expense to execute the CHI. Administrative funds will be used to offset the grantmaking process, incurred consultant and/or staff costs to ensure robust and effective community engagement, develop the RFP, advertise grant opportunities, translation and interpretation, childcare, supplies, and other needs.