**UMass Memorial Health Care, Inc.**

**Determination of Need Application #UMMHC 24021420-TO**

**Attachments**

**The Transfer of Ownership**

**of**

**Milford Regional Medical Center, Inc.**

**14 Prospect Street**

**Milford, Massachusetts 01757**

**February 15, 2024**

**Submitted By**

**UMass Memorial Health Care, Inc.**

**One Biotech Park**

**365 Plantation Street**

**Worcester, Massachusetts 01605**

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# ATTACHMENT 1

## Project Description

The Applicant, UMass Memorial Health Care, Inc. ("UMMHC"), is a Massachusetts nonprofit corporation that owns and operates an integrated health care system comprised of a network of hospitals, including one academic teaching hospital and three community hospitals, as well as other health care providers that serve the residents of Central Massachusetts. UMMHC is the sole corporate member of UMass Memorial Community Hospitals, Inc. ("UMMCH") and certain other affiliates. UMMHC's mission is to care for the diverse communities of Central Massachusetts, provide health care services to indigent patient populations, and serve as the clinical partner to UMass Chan Medical School, the only public medical school in the state.

Milford Regional Medical Center, Inc. ("MRMC") is a Massachusetts nonprofit corporation that operates an acute care community hospital located in Milford. MRMC is comprised of the following affiliates: (1) Milford Regional Physician Group, Inc. ("MRPG"), which operates as a primary care and multi-specialty community medical practice in the MRMC service area; (2) Milford Regional Healthcare Foundation, Inc., a Massachusetts nonprofit and Chapter 501 (c)(3) tax exempt organization established to conduct fundraising activities to support MRMC; and (3) MRHC Management Services, Inc., a Massachusetts nonprofit organization which does not currently conduct any business activities. The mission of MRMC is to provide exceptional health care services to its community with dignity, compassion, and respect. MRMC operates a community health system that serves an 18-town service area in South Worcester County that includes the towns of Bellingham, Blackstone, Douglas, Franklin, Grafton, Holliston, Hopedale, Hopkinton, Medway, Mendon, Milford, Millis, Millville, Norfolk, Northbridge (including the village of Whitinsville), Upton, Uxbridge, and Wrentham.

On January 12, 2024, MRMC and UMMHC entered into an Affiliation Agreement pursuant to which, following all required regulatory approvals, UMMCH will become the sole corporate member of MRMC. MRMC and UMMHC anticipate that the proposed corporate affiliation (the "Project"), which builds on the longstanding relationship between the parties, will allow the parties to further their common nonprofit missions of promoting the health of the communities they serve in Central Massachusetts. They expect the Project will enhance MRMC's ability to maintain its status as a high quality, financially secure community hospital, which will allow it to continue to meet and better respond to the health care needs of patients and the communities in its service area.

The primary purpose of the Project is to allow MRMC to remain financially viable. MRMC has experienced significant operating losses of approximately $50 million over the past five years.[1] Any further degradation in MRMC's financial performance, which is projected to continue without the Project, would make it very difficult for MRMC to maintain the necessary level of hospital and other medical services in its community. As with other stand-alone community health systems/hospitals in Massachusetts, MRMC's future long-term viability as a stand-alone community hospital is threatened, and will be increasingly difficult to maintain. MRMC provides

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[1] *See* Standard & Poors, S&P Global Ratings, RatingsDirect Report: Milford Regional Medical Center, Massachusetts, Table 2, p.6 (Jan. 30, 2024).

services to a high proportion of patients, approximately 60%, who are insured through government programs. The Project will allow MRMC, as an affiliate of UMMHC, to support and improve access to high quality care in the MRMC service area with no expected material impact on costs to the overall health care system in the Commonwealth. The Project will strengthen MRMC's financial viability through financial support, greater clinical alignment, and operational efficiencies, all of which are anticipated to have a positive impact on patient care in the MRMC service area.

The Project will afford MRMC with greater access to capital for services and improvements in technology, physical plant, and equipment. For example, the Project will enable MRMC to obtain more advanced health information technology that will enhance and expand the use of health data to support improved performance in accountable care and other value-based and population health contracts which are increasingly common, as well as encourage efficient and cost-effective care. MRMC's access to more advanced health information technology will allow it to better manage and deliver high-quality patient care through improved care coordination with the broader UMMHC system. In addition, the advent of artificial intelligence tools and the advancement of technology require health systems to make costly investments in technology. Such investments are very difficult for stand-alone community hospitals like MRMC to make. The Project provides funding to assure that MRMC can make necessary investments in technology.

MRMC and UMMHC expect that the affiliation will enable patients in the MRMC service area to have access to high-quality, cost-effective health care services in the most appropriate clinical setting. UMass Memorial Medical Center ("UMMMC") regularly operates at or beyond capacity and often must decline transfer requests from outside hospitals as a result of the lack of available beds. As a result, it is a key priority for UMMHC to keep hospital-based care local for patients who can be served by a community hospital. UMMHC's strategy is to support clinical care in its community hospitals to keep care local, accessible, and affordable. The closer alignment between UMMHC and MRMC is intended to allow patients in the MRMC service area to remain in that service area for health care services. UMMHC's broader network of specialist coverage is expected to support the recruitment of additional health care providers and enhance patient access to specialty care in South Worcester County. Retaining and enhancing patient access to local specialty care allows patients to avoid travelling outside of the MRMC service area for specialty care at more expensive tertiary facilities. In addition, the affiliation furthers UMMHC's statutory obligation to support the Commonwealth's public medical school as it will preserve and strengthen the opportunities for medical training for UMass Chan Medical School residents who currently train at MRMC.

Importantly, the Project will advance UMMHC's strategic priority of advancing health equity by fully integrating MRMC into UMMHC's robust health equity work. The Project includes community investment funding to address social determinants of health in the MRMC service area. The Project allows MRMC to identify specific projects in the Milford service area that advance health equity for the community investment funding. In the most recent 2021 MRMC Community Health Needs Assessment, MRMC identified homelessness, food insecurity, health care access and outcomes, behavioral health, and substance use as focused priorities. The Project's community investment funding will support MRMC's identified priorities and other priorities in the MRMC Community Health Needs Assessment.

# ATTACHMENT 2.A

## Factor 1 – Narrative Responses with Exhibits A - J

*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 measures, 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 chart included as Exhibit A describes the demographics of UMMHC's overall patient panel and the demographics of UMMHC patients living in MRMC's primary and secondary service areas for each of Fiscal Years 2021 through 2023.

UMMHC Hospitals Patient Panel – Overall

UMMHC has developed significant expertise caring for its large and diverse patient panel of over 385,000 patients each year and, in collaboration with MRMC, plans to use this expertise to better serve the MRMC patient panel. The data on Exhibit A represent the number of unique patients seen at UMMHC's hospitals, rather than the number of visits. The UMMHC patient mix during FY21 through FY23 was approximately 56% female and 44% male each year. Age demographics show that the majority (approximately 59%) of the patients were in the age range of 18-64; however, the patients aged 65 and older increased from 21.2% in FY21 to 24.2% in FY23. Approximately 18% of UMMHC's patients are aged 0-17. In terms of racial make-up, the predominant race served by UMMHC hospitals is white, making up approximately 73% of the patient panel. Black or African American patients make up 6.8%, Asian 3.9%, Hispanic 17.2%, and American Indian or Alaska Native 0.3%. These are self-reported figures and there is a significant percentage (14.2% in FY21, 15.5% in FY22 and 15.9% in FY23) of the population that either chose not to report or reported in a category not reported here. Therefore, the reported racial make-up may not accurately represent the actual racial make-up of UMMHC patients. UMMHC provides care to patients primarily from the Commonwealth of Massachusetts (97%). The significant majority of patients (approximately 90%) cared for by the UMMHC hospitals reside in Central Massachusetts.

MRMC Patient Panel

As reflected on Exhibit B, the MRMC patient panel is similar in certain respects to the overall UMMHC patient panel. Approximately 57% of the patients served by MRMC are female and approximately 43% are male. A greater number of patients cared for by MRMC are age 18-64 (approximately 65% of the patient panel) than UMMHC (59%). Approximately 28% are age 65 and older and 7% are aged 0-17. Consistent with the overall UMMHC patient panel, the predominant self-reported race of patients cared for at MRMC is white (approximately 85%). The Black or African American race is 1.7%, the Asian is 2.8%, Hispanic 4.3% and the American Indian or Alaska Native is 0.1%. MRMC provides care to patients primarily from the

Commonwealth of Massachusetts (95%). Many of the patients (approximately 58%) cared for by MRMC reside in Central Massachusetts and another 37% of the patients reside in Eastern Massachusetts.

Payor Mix

The chart included as Exhibit C shows that the UMMHC hospitals and MRMC have a high percentage of populations that participate in government insurance programs. According to Exhibit C, during Fiscal Year 2023, UMMHC served approximately 29% commercially insured patients, 23% Medicaid, 44% Medicare and 3.4% all other payor classes. During Fiscal Year 2023, MRMC served approximately 38% commercially insured patients, 15% Medicaid, 45% Medicare and 2.2% all other payor classes.

***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.***

Sustainability of Access to Local Care

The primary need addressed by the Project is the pressing need for continued access to high-quality community-based health care services in the Milford service area. The Project will strengthen the sustainability of MRMC as a comprehensive acute care hospital with both inpatient and outpatient services, thereby ensuring local access to top tier health care Over the last three years, MRMC has experienced an average operating margin loss of 3.8%, which is unsustainable and significantly above rating agency median losses. Reflecting these financial challenges, Standard & Poors downgraded MRMC from a B+ to a B in its report to MRMC issued on January 30, 2024.[2] Standard & Poors noted in its report: *"The downgrade reflects higher-than-expected and persistent operating losses, coupled with steadily weakening balance-sheet metrics, particularly relative to unrestricted reserves, which cannot provide any cushion to help offset the losses and is also constraining strategic capital spending."*[3] This means that MRMC will have difficulty accessing the capital market as a stand-alone community hospital.

When confronted with financial challenges, stand-alone community hospitals face difficult operating and service delivery decisions which can lead to the curtailment or closure of local services. A recent Becker's Hospital CFO Report noted there are currently 646 hospitals nationally

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[2] Standard & Poors, S&P Global Ratings, RatingsDirect Report: Milford Regional Medical Center, Massachusetts, p.2 (Jan. 30, 2024).
[3] Id.

at risk of closure due to financial issues.[4] Through the affiliation, MRMC expects to benefit from UMMHC's experience weathering and succeeding in a tumultuous financial and operating environment, economies of scale, greater access to capital and the diversification of risk that exists with a larger portfolio of operations.

Access to Specialized Local Care

The data provided on Exhibit F exemplify the types of inpatient cases that are sent to UMMMC instead of MRMC. The Project will provide the Milford community with greater access to UMMHC specialists, and the specialty care they offer, in the MRMC service area, thereby allowing the community served by MRMC to stay close to home for their medical care.[5] As noted in Exhibit C, 60% of the Milford patient panel is insured through Medicare or Medicaid. Access to local care is extremely important to low income patients, including those insured by government payors because these patients may not have the financial resources or access to transportation to travel to Boston, Worcester, or elsewhere for services. The Project is intended to allow more care to remain in the local community and enable currently unmet needs for more convenient, high-quality, specialty care to be addressed in the community.

Investments in Clinical Collaborations and Information Technology

When MRMC considered the affiliation with UMMHC, an important factor was its need to continue to invest in clinical collaborations and modernize its information technology during a time of significant financial challenges and uncertainty. The Project offers UMMHC and MRMC an opportunity to work together to further develop their long-standing clinical relationships and implement investments in information technology.

The UMMHC Tri River Family Health Center in Uxbridge, Massachusetts, located in the MRMC service area, is an example of the parties' existing clinical relationships that will continue pursuant to the Project. This UMMHC hospital-based clinic is located only six miles from MRMC and therefore shares patients with MRMC. Exhibit E shows the proximity of the UMMHC Tri River Family Health Center to MRMC. Exhibit F describes the number of admissions of patients of the Tri River Family Health Center to MRMC. Close to 60% of the admissions from Tri River Family Health Center are to MRMC, which demonstrates UMMHC's commitment to and practice of keeping care in the community where patients live.

The Project will afford MRMC with additional resources to make important technology investments and enhancements to transition MRMC to the UMMHC award-winning Ten-Star Epic electronic health record ("EHR") system. As further discussed in Sections F1.b.i and F1.c below,

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[4] Dyrda, L., Becker's Hospital CFO Report, 646 hospitals at risk of closure, ranked by state (May 22, 2023), https://www.beckershospitalreview.com/finance/646-hospitals-at-risk-of-closure-ranked-by-state.html; *see also*, University of Michigan, Research Brief, Profitability decline is forcing many rural hospitals to close or merge (June 16, 2023), https://twin-cities.umn.edu/news-events/profitability-decline-forcing-many-rural-hospitals-close-or-merge#:~:text=Among%20the%20192%20rural%20markets,those%20with%20four%20or%20more.

[5] Health care access and quality continue to be priority goals under the U.S. Office of Disease Prevention and Health Promotion, Healthy People 2030 initiative, by reducing the proportion of people who can't get medical care when they need it. Office of Disease Prevention and Health Promotion, Healthy People 2030, https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-people-who-cant-get-medical-care-when-they-need-it-ahs-04.

the technological integration to a shared electronic health record system for each patient will allow UMMHC and MRMC to provide care to shared patients more safely and efficiently through a single coordinated patient record for each patient.

<u>Need for Community Hospital Level of Care</u>

UMMHC has adopted an operational strategy of strengthening the financial sustainability of its community hospitals by prioritizing the quality and safety of care, accessibility of care for the community, and reducing the cost of care for patients. UMMHC values the capacity that its community hospitals provide, which also helps relieve pressure on its academic medical center, UMMMC, which is now operating beyond capacity. UMMHC's strategy is to coordinate care, to keep care in the patients' local community setting when appropriate, and to try to reserve the resources of the tertiary medical center for the most acute care when clinically necessary.

UMMHC plans to utilize its experience and prior success leveraging its resources to strengthen its community hospitals with MRMC. UMMHC implemented its operational strategy for community hospitals to strengthen Harrington Hospital through a corporate affiliation. After the affiliation, Harrington Hospital continued to provide the same range of services, and has experienced higher patient occupancy rates than it did prior to joining the UMMHC system. Harrington's integration into UMMHC resulted in the preservation and strengthening of community-based care in the Harrington service area. Harrington transitioned to UMMHC's 10-star Epic system in October of 2023, thereby modernizing its electronic health record system and giving Harrington access to more innovative and efficient workflows, and quality improvement and patient safety tools. The parties expect that MRMC will experience similar benefits over time. The affiliation with Harrington also provided Harrington with the resources to invest in necessary expansions and real property (e.g., the purchase of Harrington Hospital's Webster Building; Harrington's restructuring of its Radiation Oncology Joint Venture to more closely align with the hospital; and a refreshed/expanded ICU). Similarly, a key component of the Project is UMMHC's commitment to invest in necessary capital improvements at MRMC.

UMMHC's multidisciplinary clinic at HealthAlliance-Clinton Hospital is an example of how UMMHC's operational strategy to strengthen its community hospitals has allowed UMMHC to maintain specialized services in a local community. The strategy involved: (i) investing $3.6 million in the facility with rheumatology, endocrinology, pain management, cardiology, thoracic surgery, audiology, specialty dermatology, infectious disease, infusion center, and sports medicine; (ii) bringing UMMMC specialists to the Leominster campus in order to treat patients in their own community; and (iii) maintaining capacity to treat 9,100 patients annually. While the investments in MRMC will be different, the strategic objectives are expected to be consistent with those reflected in UMMHC's investments in its other community entities, allowing care to be maintained, enhanced, and expanded in the MRMC's community in order to provide access to high-quality care at a lower cost for the community.

<u>Need for Innovative Programs that Reduce the Cost of Care</u>

The Project will provide MRMC with the opportunity to participate in a number of the following UMMHC programs to increase access and reduce the overall cost of care:

- **Hospital at Home (HAH):** UMMHC initiated its HAH in the summer of 2021 as a key part of its strategy to expand patient capacity, reduce costs, and improve outcomes for specifically including low-income patients. UMMHC has demonstrated that this program has successfully reduced total costs, with 20-30% reductions in 30-day readmissions and 80-90% reductions in transfers to skill patients, ed nursing facilities (SNFs) when comparing the HAH program to hospitalist service benchmarks. Additionally, the program has had impressive outcomes for UMMHC's most disadvantaged patients. For example, while the average 30-day readmissions were reduced by 20-30% across the HAH patient population, when viewing Medicaid and Medicare/Medicaid dual-enrolled patients alone, the reduction in 30-day readmissions is closer to 50-60%. This unique model for delivering lower acuity hospital-level care also allows the UMMHC staff to more readily identify social needs and other challenges facing patients and to find ways to address them.

- **Mobile Integrated Health (MIH):** The MIH program was launched in June 2021 as a strategy to reduce emergency department and hospital admissions by sending paramedics into patients' homes to provide services and interventions. During 2023, UMMHC utilized this service for 264 visits to over 160 patients' homes. These patients are part of UMMHC's value-based programs and have consented to this service. The patients call a triage line rather than going to the emergency department when care is needed. In cases where the trained paramedic triage provider assesses that the MIH paramedic team can be deployed, an emergency department visit is avoided. 77% of the patients enrolled in this service have had no emergency visits within the 30 days following the MIH visit and 54% have had no visit within the following three months following the MIH visit.

- **Road to Care:** The Road to Care program provides mobile addiction services to Central Massachusetts residents and is designed to provide more coordinated and accessible behavioral health services to the most at-risk (and high-cost) patients. In addition to providing behavioral health services, the Road to Care team supports preventive and wound care, and coordinates referrals to a number of primary care and specialty programs.

- **Technology Enhancements:** UMMHC has maximized its investment in Epic and invested in various artificial intelligence technologies to improve care quality and efficiency as more fully addressed below.

- **Strengthening Workforce/Leadership**: UMMHC's operational strategy to strengthen its community hospitals includes strengthening its community hospital workforce. For example, the Harrington affiliation provided the Harrington leadership with the opportunity to take on new roles in the UMMHC system, thereby improving the retention of leaders with expertise in community hospital operations. Similarly, Harrington providers have been afforded the opportunity to move to new locations and leadership roles in the UMMHC system.

***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 Project is not anticipated to have an adverse impact on competition in the Massachusetts health care market based on price, total medical expense, provider costs, or other recognized measures of health care spending as evidenced by the charts included as Table 1. The most recent data published by the Centers for Health Information and Analytics (CHIA)[6] show that MRMC's statewide relative price (RP) and net patient service revenue (NPSR) per case mix adjusted discharge (CMAD) are similar to those of UMMHC's member community hospitals. Furthermore, as reported in the most recent CHIA data on Table 3, MRMC's measures of health care spending are among the lowest among all community hospitals in its class. UMMHC is committed to keeping care in the local communities where its member hospitals are located. By keeping care at its community hospitals, patients in the community will be able to receive convenient, high-quality care and UMMHC will be able to keep total medical expenses low.

In addition, UMMMC, UMMHC's tertiary/quaternary medical center (chart included as Table 2) reports RP and NPSR/CMAD that is lower than many of the other academic medical centers in Massachusetts. UMMMC reports a lower RP than peer academic medical centers Mass General Brigham Hospitals (MGH, BWH), Boston Medical Center (BMC) and Tufts Medical Center (Tufts). This means that when patients go to UMMHC's competitors based in Eastern Massachusetts for care that they could have received at UMMHC, the overall cost of care is higher than it would have been at UMMHC. The Project presents a significant opportunity to reduce TME by expanding MRMC's patients' access to care both in their local community and more broadly within the UMMHC system, which is a more affordable system, as an alternative to outmigration to the higher cost tertiary/quaternary medical centers in Eastern Massachusetts.

One of UMMHC's top priorities is to improve access to ambulatory services for patients and referring providers. The addition of MRMC to the UMMHC system will enable greater access to ambulatory services and allow MRMC to retain care at the local level. Both UMMHC and MRMC participate in value-based programs. The ability to keep health care at the appropriate UMMHC organization means that the total medical expense for those patients will likely be reduced and the likelihood of success in value-based programs will likely be increased.

Additionally, the management of patient care across the continuum of inpatient, acute care to post-acute, and ambulatory care is enhanced by keeping patients in the UMMHC system. When care goes outside of UMMHC, to Boston or even Western Massachusetts, the care becomes fragmented, communication becomes difficult and slow, and utilization is often increased unnecessarily.[7] The Project involves a closer affiliation between UMMHC and MRMC, and the

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[6] *See* CHIA, Provider Price Variation in the Massachusetts Commercial Market: Databook (August 2023), available at: https://www.chiamass.gov/assets/docs/r/pubs/2023/Relative-Price-Databook-2021.xlsx.

[7] Recently reported research indicates that fragmented care may persist despite efforts to integrate care where a patient is seen by many different providers, and suggests that health care systems should better align primary,

parties anticipate it will enable better communication and more coordinated care. This is better for patients and better for the financial success of value-based programs because it reduces unnecessary emergency department usage, readmissions, and the overall cost of care.

Table 1. UMMHC COMMUNITY HOSPITALS RELATIVE PRICE & NPSR/CMAD[8]

| Data Year | Hospital | Hospital System | Statewide (Cross-Payer RP) | NPSR per CMAD |
|---|---|---|---|---|
| 2021 | Harrington Memorial Hospital | Harrington Healthcare System, Inc. | .85 | 8,400 |
| 2021 | Marlborough Hospital | UMass Memorial Health Care | .94 | 8,871 |
| 2021 | HealthAlliance-Clinton Hospital | UMass Memorial Health Care | .85 | 9,447 |
| **2021** | **Milford Regional Medical Center** | **Milford Regional Medical Ctr., Inc** | **.88** | **8,588** |

Table 2. UMMMC CASE MIX, RELATIVE PRICE, NPSR/CMAD

| Hospital | Case Mix Index | Relative Price | NPSR /CMAD |
|---|---|---|---|
| BIDMC | 1.63 | 1.08 | $14,064 |
| BMC | 1.47 | 1.17 | $16,202 |
| BWH | 1.72 | 1.44 | $19,873 |
| MGH | 1.90 | 1.42 | $16,404 |
| Tufts | 1.82 | 1.11 | $16,366 |
| **UMMMC** | **1.55** | **1.14** | **$14,692** |

specialty, and other care providers to reduce fragmentation and increase coordination through better communication. *See* Mathematica, New Studies Reveal that Fragmented Care Persists Despite Efforts to Improve Primary Care and Care Delivery (Feb. 27, 2023), https://www.mathematica.org/news/new-studies-reveal-that-fragmented-care-persists-despite-efforts-to-improve-primary-care-and-care; Timmins, Lori PhD; Kern, Lisa M. MD, MPH; Ghosh, Arkadipta PhD; Urato, Carol MA; Rich, Eugene MD. Predicting Fragmented Care: Beneficiary, Physician, Practice, and Market Characteristics. Medical Care 60(12):p 919-930, December 2022, https://journals.lww.com/lww-medicalcare/abstract/2022/12000/predicting_fragmented_care__beneficiary,.8.aspx.

[8] Data provided in Tables 1-3 originates from the CHIA, Provider Price Variation in the Massachusetts Commercial Market: Databook (August 2023), available at: https://www.chiamass.gov/assets/docs/r/pubs/2023/Relative-Price-Databook-2021.xlsx.

Table 3. COMMUNITY HOSPITALS RELATIVE PRICE & NPSR/CMAD

| Data Year | Hospital | Hospital Cohort | Hospital System | Statewide (Cross-Payer) RP | Cohort Median SRP | Inpatient NPSR per CMAD |
|---|---|---|---|---|---|---|
| 2021 | Nantucket Cottage Hospital | Community Hospital | Mass General Brigham | 1.81 | .94 | 17,623 |
| 2021 | Martha's Vineyard Hospital | Community Hospital | Mass General Brigham | 1.5 | .94 | 18,553 |
| 2021 | South Shore Hospital | Community Hospital | South Shore Health System | 1.01 | .94 | 11,827 |
| 2021 | Brigham and Women's Faulkner Hospital | Community Hospital | Mass General Brigham | 1 | .94 | 13,503 |
| 2021 | Newton-Wellesley Hospital | Community Hospital | Mass General Brigham | .96 | .94 | 12,198 |
| 2021 | Beth Israel Deaconess Hospital - Needham | Community Hospital | Beth Israel Lahey Health | .94 | .94 | 9,802 |
| 2021 | Emerson Hospital | Community Hospital | Emerson Health System Inc. and Subsid. | .93 | .94 | 11,754 |
| 2021 | Winchester Hospital | Community Hospital | Beth Israel Lahey Health | .9 | .94 | 12,142 |
| **2021** | **Milford Regional Medical Center** | **Community Hospital** | **Milford Regional Medical Ctr, Inc. & Affil.** | **.88** | **.94** | **8,588** |
| 2021 | Beth Israel Deaconess Hospital - Milton | Community Hospital | Beth Israel Lahey Health | .83 | .94 | 10,948 |
| 2021 | Anna Jacques Hospital | Community Hospital | Beth Israel Lahey Health | .76 | .94 | 8,939 |

***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.***

The Project addresses the pressing need for continued access to high-quality health care in the MRMC community as described below.

<u>Financial Support</u>

When confronted with financial challenges, stand-alone community hospitals face difficult operating and service delivery decisions which can lead to the curtailment or closure of local services. A recent Becker's Hospital CFO Report noted there are currently 646 hospitals nationally at risk of closure due to financial issues.[9] Over the last three years, MRMC has experienced an average operating margin loss of 3.8%, which is unsustainable, and significantly above rating agency median losses. Reflecting these financial challenges, Standard & Poors downgraded MRMC from a B+ to a B on January 30, 2024. Standard & Poors noted: *"The downgrade reflects higher-than-expected and persistent operating losses, coupled with steadily weakening balance-sheet metrics, particularly relative to unrestricted reserves, which cannot provide any cushion to help offset the losses and is also constraining strategic capital spending."* This means that MRMC will have difficulty accessing the capital market as a stand-alone community hospital. Without this Project, MRMC is at risk of continued financial hardship and reduced resources, which could lead to reduced services, access, and other constraints resulting from insufficient funds.[10] Through the affiliation, MRMC will be better positioned to weather the volatility of economic cycles and changes in health care delivery models. UMMHC understands and has deep experience in operational and market challenges for similarly situated community hospitals, and can leverage synergies in operations as well as the capital reserves necessary to support MRMC. The Project will provide financial resources, management and administrative resources, and expertise to help MRMC continue as a financially sustainable community hospital providing a full spectrum of inpatient and outpatient services - a critical factor in delivering high quality, local care to the Milford community. By preserving patient services, the Project directly addresses a fundamental public health need to make high-quality care accessible.

In addition, and as further described in Section F1.c, UMMHC's investments in information technology will assist MRMC to operate in a more efficient and financially sustainable manner. The Epic platform allows for more effective documentation and billing, cost reductions from greater information availability, avoidance of costly duplicative care, and clinical decision support resources that enable providers to develop the most appropriate testing and treatment strategies. UMMHC has also recently implemented Workday as an enterprise resource

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[9] Dyrda, L., Becker's Hospital CFO Report, 646 hospitals at risk of closure, ranked by state (May 22, 2023), https://www.beckershospitalreview.com/finance/646-hospitals-at-risk-of-closure-ranked-by-state.html; *see also*, University of Michigan, Research Brief, Profitability decline is forcing many rural hospitals to close or merge (June 16, 2023), https://twin-cities.umn.edu/news-events/profitability-decline-forcing-many-rural-hospitals-close-or-merge#:~:text=Among%20the%20192%20rural%20markets,those%20with%20four%20or%20more.
[10] *See* Standard & Poors, S&P Global Ratings, RatingsDirect Report: Milford Regional Medical Center, Massachusetts (Jan. 30, 2024).

management platform to support more efficient business operations.[11]  When implemented at MRMC, this platform is also anticipated to result in more efficient business operations for MRMC.

## Access to Local, Timely Care

There is evidence that delays in accessing health care are associated with negative health outcomes, specifically mortality.[12] Further, a 2020 article by the Department of Health and Human Services[13] outlines the following key factors associated with "access" to care: coverage, services, and timeliness. The Project is intended to allow more care to remain locally accessible to patients in the MRMC Service Area, including those currently on MRMC's patient panel, in order to avoid delays in accessing necessary care, and to provide greater access to timely and locally based care.[14]  According to the Health Policy Commission's 2016 report on Community Hospitals, "[t]he local nature of community hospital services is particularly important for patients for whom accessing care can be difficult."[15]  The report acknowledges that this includes many patients covered by Medicare, MassHealth, or other government programs, who are more likely to rely on locally based care.[16]

## Access to Specialty Services

The Project will enhance MRMC patient access to over 1,200 physicians and roughly 700 advanced practice providers employed within the UMMHC system, greatly enhancing health care accessibility and patient options closer to home.[17] The Project will expand access to specialty services in the Milford region through the UMMHC network, providing patients with high-quality specialty care in the community, and avoiding burdensome time and transportation costs associated with travel for specialty care.[18] MRMC patients may also benefit from increased

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[11] *See* Workday, https://www.workday.com/.

[12] *See* Prentice JC, Pizer SD. Delayed access to health care and mortality. Health Serv Res. 2007 Apr;42(2):644-62, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955366/ (indicating an "association between long wait times for outpatient health care and negative health outcomes, such as mortality"); *see also*, Office of Disease Prevention and Health Promotion, Healthy People 2030, https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-people-who-cant-get-medical-care-when-they-need-it-ahs-04 (indicating that "delaying medical care can negatively impact health and increase the cost of care").

[13]　　HealthyPeople.gov, Access to Health Services (2020), https://wayback.archive-it.org/5774/20220413202227/https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services.

[14] *See* Jiang HJ, Fingar KR, Liang L, Henke RM, Gibson TP. Quality of Care Before and After Mergers and Acquisitions of Rural Hospitals. *JAMA Netw Open.* 2021;4(9):e2124662, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784342.

[15]　　Health Policy Commission, Community Hospitals at a Crossroads (March 2016), https://www.mass.gov/doc/community-hospitals-at-a-crossroads-findings-from-an-examination-of-the-massachusetts-health/download.

[16] Id.

[17] *See* Elek P, Molnár T, Váradi B. The closer the better: does better access to outpatient care prevent hospitalization? Eur J Health Econ. 2019 Aug;20(6):801-817, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6652173/ (providing support for "bringing outpatient care closer to a previously underserved population yields considerable health benefits" and suggesting that patients may substitute between outpatient and inpatient care).

[18] *See* FSG and Bristol-Myers Squibb Foundation, Breaking the Barriers to Specialty Care, Brief 2: Increasing Specialty Care Availability, June 2016, https://www.fsg.org/wp-content/uploads/2021/08/Equity-in-Specialty-Series-Brief-

appointment availability for specialty services across the UMMHC network, thereby addressing a critical need identified in the MRMC Community Health Needs Assessment Report.[19]

For example, in addition to providing general primary care services for adult and pediatric populations, UMMHC's Tri River Family Health Center offers a host of specialty services, including cardiology, sports medicine, plastic surgery, pediatric gastroenterology, pediatric endocrinology, behavioral health, and nutrition. UMMHC intends to further expand specialty services at Tri River Family Health Center by making otherwise underutilized examination rooms available for endocrinology and rheumatology services.

In addition, UMMHC has introduced an array of state of the art specialty services at its 91 Water Street location in Milford, Massachusetts, including: (i) a cardiology clinic, offering transthoracic echocardiograms and stress tests, with future plans to provide transesophageal echocardiography; (ii) anesthesia clinic visits and pain control injections; and (iii) clinical consultation with the vascular surgery department, comprehensive vascular lab services, and a range of angiography-based procedures, including lower extremity angiograms, stent placements, angioplasty, tunneled catheter procedures, fistulogram interventions, and IVC filter placement and retrieval.

Lastly, the Project is expected to enhance MRMC's current arrangement for tele-stroke consultations which are currently performed exclusively by MGH fellows. Through the affiliation, MRMC's tele-stroke program will also have access to additional, experienced attending physicians, which may further enhance the quality and timeliness of care.[20]

Integrated Care

The parties anticipate that MRMC's transition to UMMHC's EHR system will improve MRMC's ability to manage and coordinate patient care across the UMMHC system.[21] Furthermore, the Project's adoption of integrated health information technology between UMMHC and MRMC is aligned with the government's Healthy People 2030 twin objectives of increasing point of care

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2_FSG-Increasing-Specialty-Care-Availability.pdf ("The supply of specialty care is not only inadequate, but it is also highly concentrated in urban areas. Estimates suggest, for example, that 97% of medical oncologists in the United States practice in urban areas. For the 20% of the U.S. population that lives in rural areas, this creates a significant challenge. Rural patients often need to travel hundreds of miles for care, a task that is particularly difficult when repeat visits are necessary to complete a course of treatment (e.g., for chemotherapy, radiation, or dialysis). According to the Community Transportation Association (CTA), approximately 3.6 million Americans miss or delay medical care for transportation reasons every year. This is borne out in health outcomes data: research shows that rural cancer patients, regardless of income or insurance coverage, experience higher mortality rates than their urban peers with access as one contributing factor.").

[19] Milford Regional Medical Center, Community Health Needs Assessment, 2021 Final Report, https://www.milfordregional.org/app/files/public/f71683c8-c7a4-455b-98ba-8a91bcef4416/Milford%20Regional%20Medical%20Center%20-%202021%20CHNA.final.pdf.

[21] *See* HealthIT.gov, Improved Care Coordination, https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/improve-care-coordination (indicating that use of EHR may improve care coordination among clinicians in various care settings, including primary, specialty care, and emergency services); HealthIT.gov, Improved Diagnostics & Patient Outcomes, https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/improved-diagnostics-patient-outcomes (indicating that use of EHR may improve access to diagnostic results in order to drive better patient outcomes, as clinicians have more reliable access to test results, and that EHRs may help reduce errors and improve patient safety by automating certain checks and exposing potential safety issues).

access to, and exchange of, health information by hospitals. [22] The Healthy People 2030 Health IT objectives generally focus on streamlining health IT systems in order to permit easier exchange of health information, which may result in improved health outcomes.[23]

Once a unified EHR system is implemented by the parties, patients will be able to access one portal for their ambulatory care and inpatient care, regardless of whether that care is received in clinics in Milford, clinics in Worcester, or in any other location in the UMMHC system. A shared EHR system will allow clinicians across UMMHC and MRMC to share patient information more readily and communicate more regularly using Epic's embedded coordination functions. Technological integration may enable MRMC to treat sicker patients locally based on the greater availability of information, and to transfer patients to tertiary facilities only when necessary.[24] This would allow MRMC to respond to patient care needs more promptly and to permit more care to be delivered safely and cost effectively in the local community.

For example, UMMHC has been providing electronic ICU (eICU) services at MRMC since 2016, involving continuous monitoring of patients in critical care units, to provide safe and timely care 24/7/365. Currently, the UMMHC clinical team works between the parties' two EHR systems (MRMC's Meditech and UMMHC Epic system) in order to coordinate care, which creates challenges around accessing data, clinical communication, and clinical documentation. Further, UMMHC's consulting eICU providers for MRMC are less familiar with MRMC's current EHR system, resulting in a slower process. A unified EHR system may also allow UMMHC clinicians providing telehealth services to MRMC to provide acute care consultations on the hospital floor at MRMC, enabling the management of patients earlier in critical care situations and helping to potentially avoid transfers to more expensive tertiary facilities. Therefore, transitioning to a single EHR system would not only enhance efficiency, but would also allow safer care and more streamlined documentation.[25]

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[22] *See* Office of Disease Prevention and Health Promotion, Healthy People 2030, *Objective: Increase the proportion of hospitals with access to necessary electronic information — HC/HIT-D06*, https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-it/increase-proportion-hospitals-access-necessary-electronic-information-hchit-d06; Office of Disease Prevention and Health Promotion, Healthy People 2030, *Objective: Increase the proportion of hospitals that exchange and use outside electronic health information — HC/HIT-D05*, https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-it/increase-proportion-hospitals-exchange-and-use-outside-electronic-health-information-hchit-d05.

[23] Office of Disease Prevention and Health Promotion, Healthy People 2030, *Health IT*, https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-it ("Health information exchange gives health care providers and patients the ability to appropriately access and securely share medical information electronically. Strategies to streamline health IT systems can make it easier to electronically exchange health information and may result in improved health outcomes.").

[24] Use of health information technology has been reported to better coordinate care for ACO networks, particularly with respect to the use of health IT data analytics to inform better population health by "identifying and grouping patients according to the potential severity and cost of their health conditions." DHHS, OIG, Using Health IT for Care Coordination: Insights From Six Medicare ACOs, May 2019, https://oig.hhs.gov/oei/reports/oei-01-16-00180.pdf.

[25] According to the AHA, telehealth and other virtual care strategies that may be supported or enhanced through EHR integration, can provide a wide-range of benefits, including timely access to specialists and better health outcomes, in a manner that may be less expensive and more convenient for patients. AHA, Emerging Strategies to Ensure Access to Health Care Services, https://www.aha.org/system/files/content/17/task-force-virtual-care-strategies.pdf; *see also*, Bhatt J, Bathija P. Ensuring Access to Quality Health Care in Vulnerable Communities. Acad Med. 2018 Sep;93(9):1271-1275, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6112847/.

<u>Broadening Research and Clinical Trial Opportunities</u>

MRMC's affiliation with UMMHC will provide greater opportunities for MRMC patients and clinicians to participate in cutting-edge research and clinical trials, which may allow patients to gain access to experimental therapies when traditional therapies have failed. In addition, MRMC clinicians will have new tools to help support patients with complex and rare conditions, such as access to Epic's Look-Alikes community, a transformative database for physicians encountering unusual cases. Through this database, physicians can instantly connect with peers across the country who have relevant experience, fostering collaboration and knowledge-sharing. This can aid in accurate diagnosis, effective treatment, and enhanced quality of care for patients with unique health challenges. MRMC clinicians and patients will also be able to take advantage of UMMHC's embedded clinical trial management system. UMMHC will also soon be rolling out Epic's "Clinical Matchmaking" functionality, which will make it easier to pair patients to clinical trials for which they are eligible.

***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 inclusion of MRMC in the UMMHC system is expected to yield positive outcomes for both MRMC and UMMHC in terms of sustained access to community-based care, expanded access to specialty care, opportunities for more integrated care with enhanced care coordination and continuity of care, as well as additional opportunities for MRMC patients to participate in research. Access to sustainable, integrated, community-based care, including comprehensive specialty care, is expected to lead to high-quality care, improved population health, and better patient experience.

<u>Assessment of Project Impact</u>

The Project's impact will be assessed through a multifaceted approach focused on continuing to deliver high quality health care to patients in the Milford community and assessing the resulting effects on the broader community. After the implementation of common quality assessment and data benchmarking described in further detail below, the key leading indicators that UMMHC and MRMC anticipate tracking for purposes of this Project are: (1) clinical quality metrics such as patient mortality; (2) patient safety, as measured by Patient Safety Indicator (PSI) events; (3) patient experience scores, as measured through patient survey responses; and (4) health equity, as measured by the MassHealth health equity incentive program metrics.

As a general matter, the affiliation will eventually result in the full integration of MRMC into UMMHC's extensive clinical quality efforts which are led by UMMHC's Office of Clinical Integration (OCI). OCI monitors quality performance across key ambulatory programs, HEDIS measures, Mass Health clinical quality metrics, patients in UMMHC's Medicare ACO, and Point 32/UMMH Medicaid ACO. The MRMC patient panel will be incorporated into UMMHC's quality tracking and improvement mechanisms, extending efforts to improve population health,

including work to identify and address health disparities, which will be coordinated by designated Performance Improvement Facilitators in UMMHC's OCI who work closely with each practice.

Quality Assessment and Benchmarking

UMMHC participates in Vizient, a third-party vendor which offers real-time data analysis and benchmarking of quality outcomes, which enables UMMHC to identify and rectify gaps in the quality of care. Vizient allows UMMHC to track Patient Safety Indicators, patient experience (which is also tracked with Press Ganey), and efficiency and effectiveness measures. MRMC does not currently subscribe to Vizient, therefore, MRMC cannot access real-time, risk-adjusted mortality rates and other metrics to benchmark against similar hospitals. Although MRMC has achieved impressive CMS Star Ratings (5 stars for quality, 5 stars for patient experience) and Leapfrog grades (A grade) for quality and patient experience, these programs rely on somewhat outdated data (1-3 years old).

To bridge this gap in quality metric benchmarking, UMMHC and MRMC plan to add MRMC to UMMHC's existing arrangement with Vizient, granting access to enhanced quality analytics that all UMMHC hospitals utilize. MRMC will then be able to submit its data to Vizient, and Vizient will provide UMMHC and MRMC with MRMC's real-time risk adjusted mortality, patient safety metrics, length of stay, readmission rates, patient experience, and other data. MRMC's data will then be incorporated into all of the quality dashboards used by UMMHC hospitals. This will enable UMMHC and MRMC to conduct a more accurate "apples to apples" comparison of quality data, identify potential quality gaps, and work collaboratively towards attaining top quartile performance on shared quality measures. Notably, after Harrington Hospital was added to Vizient and incorporated into UMMHC's quality program, Harrington Hospital's quality scores increased by almost 25% across the quality measures tracked.

Ultimately, as data are standardized and benchmarked across the organizations, UMMHC system resources, including System Quality and the Office of Clinical Integration, will work with MRMC to identify areas for improvement and provide additional support to address gaps in quality and support MRMC's efforts to maintain its superior quality performance. Best practices from MRMC will also be shared with the rest of the UMMHC System through the centralized quality improvement process.

Improved Patient Experience

The Project is anticipated to lead to improved patient experiences, owing to the wider selection of health care facilities for patients in the Milford region that are part of the UMMHC system, additional specialty services, and potential for reduced wait times. This expansion in choice and accessibility is expected to contribute to a more responsive and patient-centric health care environment.

UMMHC currently measures patient experience by conducting patient surveys after patients are discharged from the hospital, the emergency department, after ambulatory visits, and after ambulatory surgery visits. UMMHC utilizes Press Ganey to conduct surveys and gather data about patient experience, and Vizient to benchmark patient experience results against other hospitals and identify best practices around improving patient experience. As a result, UMMHC

implemented a number of best practices that have improved patient experience in recent years. UMMHC's best practices will be shared with MRMC and UMMHC will learn from MRMC's outstanding performance patient experience as well. Together, the parties plan to utilize patient surveys to improve the patient experience of their patient panels.

In addition, UMMHC uses a tool provided by a vendor called Cipher to serve as a mechanism to encourage leadership rounding with patients, gather valuable insights from patients, and make interventions to improve their experience and perform service recovery in real time. This tool could be easily made available to MRMC to help integrate MRMC into UMMHC's data gathering and benchmarking process in order to track patient experience across the UMMHC system and identify and implement interventions at MRMC as necessary.

In sum, the Project will enable UMMHC and MRMC to implement the patient experience tools described above, identify areas for improvement, and provide additional support to address patient experience gaps and maintain superior performance.

MassHealth Health Equity Incentive Program

In addition to the foregoing outcomes and metrics, UMMHC and MRMC both actively participate in the Mass Health Clinical Quality Incentive and Health Equity Incentive programs. These quality improvement initiatives cover a number of domains, including patient experience and care coordination, as well as perinatal care, safety outcomes, behavioral health, and equity improvements around race, ethnicity, language and disability status, sexual orientation and gender identity (RELD/SOGI) [26] and SDOH data collection, improvements with interpreter services, and strategic planning around health equity improvement.  Each of these initiatives will allow MRMC and UMMHC to continue to assess, compare, and improve on these quality metrics in order to deliver high quality care and identify and address health disparities.

In conclusion, the Project is rooted in evidence-based practices and strategically designed to meet the identified needs of the MRMC community. The Project emphasizes enhancing health care access, quality, coordination of care, continuity, and financial stability. Additionally, the Project paves the way for advancements in technology and medical research, all aimed at improving patient experiences and outcomes in the Milford region.

*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 Project will expand upon MRMC's community-based efforts to support the improved health of the Milford community. The Project includes commitments to advance UMMHC's Anchor

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[26] *See* MassHealth, Health Equity Incentives Program RFI, Appendix A; MassHealth RELD, Sex & SOGI Data Standards (October 2021), https://www.mass.gov/doc/health-equity-incentives-rfi-appendix-a-0/download.

Mission to reduce health inequities. Adopted by the UMMHC Board of Trustees in 2018, UMMHC's Anchor Mission is a commitment to consciously apply the place-based economic power of UMMHC, in combination with its human and intellectual resources, to better the long-term welfare of the community in which the institution is anchored.[27] The Anchor Mission aims to improve the health and welfare of the community beyond the hospital's walls, by leveraging UMMHC's organizational assets (intellectual and economic) to address social disadvantage and the pervasive inequality present in our society so that community members have access to resources that will improve their overall social, physical, and financial health. UMMHC's Anchor Mission was reflected in certain innovative commitments in UMMHC's affiliation with Harrington and will also be reflected in key terms of the affiliation with MRMC, such as the community investment funding. The parties expect that the Anchor Mission terms, which include community investments, will foster a closer connection between MRMC and the community like the Anchor Mission terms did with the Harrington community.

For example, to date, UMMHC has made three place-based investments in the Harrington service area and one investment already returned a tangible result. UMMHC's partner in the Harrington service area, the Center of Hope, Inc., opened an ice cream and snack shop in downtown Southbridge, which not only created a new gathering place that has helped beautify the area and create a community connection point, but also created employment opportunities for individuals with developmental disabilities. UMMHC expects to provide MRMC with similar resources and opportunities for community investments to support the MRMC service area.

UMMHC and MRMC contemplate that the Project will advance MRMC's ongoing community-based efforts related to behavioral health and substance use. MRMC collaborates with an array of community organizations focused on behavioral health needs and services in its service area, with the goal of reducing substance use across the region and increased access to mental health services for all ages. Efforts include collaboration and coordination with community organizations to assist patients upon discharge, working with schools and after school programs to address behavioral/mental health issues with school aged children, increased access to telehealth services, and support of jail diversion and domestic violence support resources.

Other priority areas are focused on reducing health disparities by improving health care access for historically disadvantaged and vulnerable populations, improving health outcomes in Worcester County, and collaboration with community organizations to prevent homelessness and reduce food insecurity.

UMMHC has implemented the interventions described below as part of its Anchor Mission activities to further address health inequities and promote greater access to care and health

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[27] *See* UMMHC, Anchor Mission, https://www.ummhealth.org/anchor-mission; *see also*, Harvard Chan School of Public Health, 2019 Case Study, Anchor Health Beyond Clinical Care: UMass Memorial Health Care's Anchor Mission Project, https://alumni.sph.harvard.edu/s/1319/images/gid2/editor_documents/mhcm_alumni/ummhc_case_study.final_formatted.pdf?gid=2&pgid=61&sessionid=6ab760ce-c187-4c0a-9199-35743be650cc&cc=1; *see generally*, Healthcare Anchor Network, Resources for the Anchor Mission, https://healthcareanchor.network/anchor-mission-resources/.

equity among diverse and underserved populations.[28] These UMMHC's interventions will be made available to MRMC to augment MRMC's existing health equity interventions.

<u>Interpreter Services to Support Diverse Patient Populations</u>

One of UMMHC's primary interventions to support diverse populations with limited English proficiency and other communication barriers involves providing professional medical interpretation services to patients and families who prefer to communicate in languages other than English. These interpreters are proficient in over 100 languages, including American Sign Language, and are available 24/7 through various modes, such as in-person, over the phone, and through remote video interpretation. UMMHC interpreters facilitate communication not only for medical needs but also for non-medical inquiries, ensuring comprehensive language assistance for our diverse patient community. UMMHC's commitment to interpretation services will enhance MRMC's language access services

Presently, MRMC offers the following interpreter services:

- Provision of key print materials in English, Spanish, Portuguese, and Arabic, including Medicare rights, Medicare Outpatient Observations Notice, Patients' Rights & Responsibilities, and Consent Forms.

- Online, telephonic, and video translation capabilities provided through language vendors AMN Healthcare and Cyracom, offering access to medically trained interpreters through state-of-the-art Video Remote Interpreting (VRI) in 21 languages, including American Sign Language, as well as Audio Interpreting in 200 languages. MRMC utilizes iPads in every department of the hospital and at offsite locations for purposes of accessing these translation capabilities.

- Staff can also access a medical interpreter either through a mobile device or by dialing from any desk phone 24/7. Real-time emergency translation is available through the International Translation Company (ITC), which provides in-person interpreters on an on-call basis for non-English speaking and limited English speaking patients during emergency situations in over 75 languages.

The Project will enhance MRMC's existing interpretation services and practices by incorporating MRMC into UMMHC's robust system-wide resources. The UMMHC Interpreter Services Department will support MRMC's team where and when possible, and increase capacity to better serve communities with limited English proficiency. This will include implementing a comprehensive management structure and designating staff for interpreter services, establishing written policies and procedures, consistent with Massachusetts regulations that govern the provision of interpreter services, implementing a monitoring system for contracted vendors, collecting systematic data collection for self-reported patient preference for spoken and written languages, conducting analysis and strategy development through identified Quality Performance Indicators (QPIs) to evaluate performance, identify gaps, improve the delivery of

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[28] Berry, L.L, Letchuman, S., Khaldun J., Hole, M., NEJM Catal Innov Care Deliv 2023;4(4), https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0329 (indicating that hospitals that invest in community health equity can benefit and advance the entire hospital).

language services, and provide training and educational modules to enhance the capacity of hospital caregivers regarding Language Access services.

Doula Program for Improved Maternal Health

UMMHC launched a doula program to positively impact the patient experience and improve birth and postpartum outcomes, with a special focus on pregnant patients of color.[29] This program, which has shown promise in Central Massachusetts, aims to provide support and care that address specific needs, especially among historically underserved populations. UMMHC anticipates extending this program to the maternity center at MRMC, further promoting health equity in maternal care.

MyChart Patient Portal in Multiple Languages

To ensure equal access to healthcare information, UMMHC is implementing the MyChart patient portal in multiple languages, starting with Spanish and expanding to other languages in the future.  This initiative will empower non-English speaking patients to access essential health information and stay in contact with their care teams, contributing to improved health equity. MRMC patients will have access to this feature as part of the EHR integration process.

UMMHC Health Equity Improvement Initiatives

Since the onset of the COVID-19 pandemic, UMMHC has made an intentional decision to incorporate a health care equity metric in its Board-level "true north" metrics each year. In 2021, UMMHC identified a disparity in rates of well-child visits among Black, Hispanic and white children.  As a result of its proactive interventions, UMMHC was able to substantially improve well-child visit rates for Black and Hispanic populations while increasing rates for white children, and also effectively narrowing the gap between Black, Hispanic and white patients. In recognition of its achievements, UMMHC was honored with the Joint Commission/Kaiser Permanente Bernard Tyson award for its contributions to health equity improvement.[30]

In 2022, UMMHC's focus shifted to bridging racial disparities in osteoporosis screening, and in 2023, UMMHC dedicated efforts to improving colorectal cancer screening rates for Black, Hispanic and Asian patients. In each instance, UMMHC achieved measurable improvements and exceeded its established goals. As summarized in the UMass Memorial report linked below, in

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[29] *See* UMMHC, New Doula Program Aims to Address Maternal Health Inequities (Feb. 28, 2023), https://pursuit.ummhealth.org/articles/new-doula-program-aims-address-maternal-health-inequities; Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10292163/#:~:text=The%20results%20of%20the%20study,to%20initiate%20breastfeeding%20%5B31%5D.

[30] The Joint Commission, The Joint Commission, Kaiser Permanente name first recipient of Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity, Nov. 2, 2021, https://www.globenewswire.com/en/news-release/2021/11/02/2325630/0/en/The-Joint-Commission-Kaiser-Permanente-name-first-recipient-of-Bernard-J-Tyson-National-Award-for-Excellence-in-Pursuit-of-Healthcare-Equity.html; Arvin Garg, Tracey Wilkie, Alison LeBlanc, Rulan Lyu, Thomas Scornavacca, Josephine Fowler, Lawrence Rhein, Eric Alper, Prioritizing Child Health: Promoting Adherence to Well-Child Visits in an Urban, Safety-Net Health System During the COVID-19 Pandemic, The Joint Commission Journal on Quality and Patient Safety, Volume 48, Issue 4, 2022, Pages 189-195, https://www.jointcommissionjournal.com/article/S1553-7250(22)00028-9/fulltext.

each instance, UMMHC achieved measurable improvements and exceeded its established goals.[31] For 2024, UMMHC will focus on improving data capture of race, ethnicity, language, disability, sexual orientation, and gender identity among hospitalized patients. Moving forward, MRMC will be an integral part of these signature initiatives – both in terms of establishing the data-driven priorities for advancing equity and also in receiving the unwavering support and experience of the UMMHC system to drive meaningful improvements in healthcare equity in its patient base.

Social Drivers of Health / Health Related Social Needs

As discussed in greater depth in Section F2.c below, in 2017 UMMHC and Reliant Medical Group established a local instance of the FindHelp platform[32] to make it easier for patients to find assistance for health-related social needs, such as food and housing resources. UMMHC caregivers are able to place referrals for these social services within Epic. In 2024, UMMHC will update the tools and workflows for screening patients for SDOH needs and linking them to resources. This update includes leveraging a vendor, Get Well,[33] that will make it easier for patients to complete these screenings through a text messaging platform and provide text message or telephone based navigational supports so patients can more easily find the social service resources that they need in the community. These improvements will be available to providers and staff at MRMC.

Community Benefits Program/Office

The UMMHC Community Benefits Program is dedicated to enhancing healthcare access and improving health, with a particular focus on disadvantaged, ethnically diverse, underserved, historically marginalized, and vulnerable populations. Community Benefits Programs ("Program") are developed collaboratively through partnerships with community-based organizations, social agencies, public health allies, and comprehensive Community Health Needs Assessments (CHNA) conducted triennially. Programs address both medical and non-medical aspects and offer a range of services to area residents, including, but not limited to, mobile medical and dental care, health and wellness screenings, behavioral health services, senior services, outreach and education to address social determinants of health, youth development and violence prevention programs, community gardens in respective UMMHC communities, workforce development efforts that engage local school systems, and scholarship opportunities for students from marginalized groups pursuing health-related education. Additionally, the Program provides social support through enrollment assistance for health insurance, SNAP and WIC nutrition vouchers, children's wellness, and protection efforts. It also focuses on fostering culturally and linguistically responsive staff to ensure equitable care delivery.

The following programs address the specific priorities identified above and may be expanded to, or replicated and scaled to, the communities served by MRMC:

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[31] Garg, A., Improving Health Equity at UMass Memorial Health, https://www.ummhealth.org/sites/default/files/eNewsletter_Files/Quality_Matters/qm23_09/Infographic%20Improving_Health_Equity_083023.pdf.
[32] See https://www.communityhelp.net.
[33] See https://www.getwellnetwork.com/why-get-well/.

- The "Road to Care" program is a mobile clinical intervention for substance use disorders that reaches directly to the specific affected populations and targeted areas of focus to provide support and services to community members where they are.

- The "Food is Medicine" program collaborates with and funds local food pantries and community-based organizations to create green spaces and establish sustainable access to nutritious food in areas facing food insecurity.

- The Ronald McDonald House Charities (RMHC) Care Mobile operates a mobile clinic (Care Mobile) offering dental and wellness visits to underserved populations. The Care Mobile is the flagship initiative for RMHC which now boasts Care Mobiles around the world. The Care Mobile also provides services in local schools and has been integral in the support of incoming migrants to the state. It collaborates with the State Department of Public Health to provide services at various shelters across Central Massachusetts. The Care Mobile may be mobilized within the MRMC service area from time to time as well.

- The Medical Legal Partnership in collaboration with Community Legal Aid connects low income patients with legal resources to address health-harming legal needs such as substandard or unstable housing, benefits denials, and appropriate educational placements and support for children with disabilities.

- UMMHC issues grants and sponsorships to support local initiatives with a strong focus on equity. UMMHC's robust infrastructure ensures proper evaluation, distribution, support, and monitoring and reporting by recipients, thereby fostering continuous improvement in serving local non-profits and enhancing their capacity.

- UMMHC is exploring investment opportunities to address the housing crisis with respect to both physical housing needs, retention of existing housing, as well affordability through its Community Benefits Program and its Anchor Mission work.

The 2021 Greater Milford Community Health Improvement Plan (CHIP)[34] identified mental health and substance use, food insecurity, and homelessness as priorities. The Greater Milford Community Health Network: CHNA 6 emphasizes health equity as a cross-cutting priority in developing the CHIP.[35] UMMHC and MRMC share these priority areas, and the Project offers opportunities for mutual support, holistic system enhancement, collaborative data analysis, learning, and coalition building to strengthen these priority areas across Central Massachusetts and beyond. As MRMC engages in the upcoming CHNA, UMMHC will offer support both internally with various centers of expertise, and externally through established relationships and resources.

The UMMHC Community Benefits Program Office provides support for compliance with regulatory requirements and connects the UMMHC network to ensure utilization of best practices, adherence to regulations and policies, through partnership and accountability. The

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[34] The Greater Milford Community Network, CHNA 6, Community Health Improvement Plan (CHIP) (February 2022), https://drive.google.com/file/d/1MuaqAZT3cuWi6ZYzhBPFc-c1r1-xpi5X/view?pli=1.

[35] Milford Regional Medical Center, About CHNA 6, https://www.chna6.org/.

Community Benefits Program Office will provide such resources to MRMC and will connect MRMC to the broader UMMHC system for purposes of compliance and collaboration.

Fostering Culturally Proficient Staff

UMMHC's commitment to equity extends to fostering a culturally proficient workforce. UMMHC established the office of Diversity, Equity, Inclusion and Belonging (DEIB), with dedicated leadership overseeing equity initiatives. As part of this commitment, the DEIB diversity specialists provide racial literacy training around cultural proficiency and unconscious bias to UMMHC medical departments.[36] This commitment to inclusivity and cultural competence is instrumental in providing equitable care. This training may be extended across the organization, including to MRMC.

***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.***

In addition to the anticipated impacts described above, the Project will allow UMMHC to further develop its population health initiatives for the benefit of both the UMMHC patient panel and the MRMC patient panel. UMMHC already tracks a number of metrics related to health equity for ambulatory and inpatient settings in order to identify and implement specific interventions, such as those described in Sections F1.b.iii and F2.c. Once MRMC is integrated into the UMMHC system, UMMHC and MRMC will track these metrics for MRMC and look for substantial changes or opportunities for MRMC to advance health equity.

***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.***

The Project will improve continuity and coordination of care for UMMHC's and MRMC's patient panel, with a particular emphasis on creating appropriate linkages to patients' primary care services, through a common Electronic Health Record (EHR), the implementation of initiatives to close gaps in care, and closer alignment between MRMC and UMMHC physicians.

UMMHC and MRMC anticipate transitioning MRMC and its physicians to UMMHC's EHR system over time in order to support care coordination and operational efficiencies. Currently, all UMMHC hospitals and physicians utilize Epic as the EHR system, resulting in increased efficiencies, economies of scale, standardized practices, knowledge sharing, protocol alignment, and, ultimately, enhanced continuity and coordination of care through improved shared documentation. MRMC utilizes two different EHR systems: a Meditech platform for the hospital and an Epic Care Link platform for its physician group. As a result, MRMC's EHR system operates independently from UMMHC's EHR and any existing patients of both entities are identified through separate medical record numbers. MRMC clinicians in its physician group practice rely on the "Epic Care Link," Epic's web-based application for connecting client organizations to

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[36] UMMHC, Diversity and Cultural Awareness, Programming and Education, https://www.ummhealth.org/umass-memorial-medical-center/about-us/diversity-and-cultural-awareness/programming-and-education.

community practices, which provides read-only access the patient's chart. MRMC clinicians at the hospital utilize the Meditech platform, which is a separate medical record.

The parties intend to jointly develop an EHR transition implementation strategy, similar to the approach taken with Harrington Hospital, which was effective to operationalize a common EHR system between UMMHC and Harrington Hospital. EHR integration will modernize and improve the ability of clinicians at both MRMC and the rest of the UMMHC system to better manage and coordinate patient care by:

- Allowing all information concerning a patient to be provided in a single medical record, one that is available to all caregivers throughout the UMMHC system and providing clinicians with necessary information in real time;

- Allowing clinicians at MRMC and across UMMHC to leverage comprehensive and current patient data to ensure safer care and improved coordination of care at MRMC and across the entire UMMHC system, where MRMC patients may also receive care;

- Reducing care costs by streamlining processes and eliminating information redundancies, including the exchange of authorizations to transfer information, faxing paper between organizations, or obtaining CDs to transport radiology images, etc.;

- Avoiding delays in patient care or duplication of bloodwork and imaging studies, especially for patients who are critically or acutely ill, associated with transfers of clinical data, and information between organizations;

- Upgrading MRMC's current health information system to UMMHC's Epic system, which has received 10 Stars from Epic in 2022 and 2023, including Epic upgrades that foster greater patient engagement and empowerment in patients' healthcare journey; and

- Preserving MRMC's ability to exchange health information with Mass General Brigham (MGB) as the UMMHC and MGB Epic systems already exchange data extensively.

One example of challenges with coordinating care across UMMHC and MRMC platforms involves UMMHC patients who receive care at Tri River Family Health Center in Uxbridge, Massachusetts, and who often have studies performed at MRMC. Without a unified EHR system or other radiology result interface between MRMC and UMMHC, results are currently sent back to the ordering provider via fax. This has the potential for delays, technical issues with fax transmission, or misplacement of paper results, which may further delay care. Once MRMC is transitioned to UMMHC's Epic system, all tests performed at MRMC will automatically become available in the "In Basket" of the UMMHC / Tri River ordering provider.

In addition, the UMMHC Office of Clinical Integration (OCI) assists with the closure of gaps in care and high-quality delivery of ambulatory care by tracking performance at the clinic, provider, and patient level. They assist via targeted communications to providers and patients to address care needs. OCI's Performance Improvement Facilitators work with each practice to share performance metrics and identify potential improvements. Additionally, OCI works with Conifer, a population health care management vendor of UMMHC, to provide care coordination to patients and employees – e.g., multi-visit patients and patients who have health related social

needs. The facilitators reach out to complex patients and assist them to manage their care. As discussed in prior sections, the affiliation will allow MRMC patients over time to have access to the collective experience, expertise, and resources of UMMHC to advance population health management, including through OCI, and UMMHC's population health tools through the UMMHC EHR system. Once MRMC becomes part of the UMMHC system, OCI can help coordinate the care of patients served by MRMC, monitor and facilitate closure of care gaps, and help the care teams to deliver even higher quality, more equitable care to their patient panels.

Lastly, the integration of MRMC into the UMMHC EHR will also allow for greater integration of clinical and social support services.[37] Clinical providers will be able to communicate with non-clinical support that will help coordinate social care services based on SDOH screens. Utilization of a unified EHR not only enhances the communication and coordination of health care services but will also provide opportunities for communication with social service departments and staff for a more holistic approach to patient wellness. As the CommunityHelp resource repository continues to expand, this will be especially helpful to connect patients with the highest needs with social service agencies that can assist.

***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 Applicant issued requests for consultation on January 22, 2024 to the following agencies, as evidenced by Exhibit G:

- Executive Office of Health and Human Services;

- Massachusetts Office of Attorney General;

- Department of Public Health: Office of Legal Counsel, Determination of Need Program, Bureau of Health Care Safety and Quality (Division of Health Care Facility Licensure & Certification), Office of Health Equity;

- MassHealth: Office of the Medicaid Director; and

- Health Policy Commission.

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[37] Chen M, Tan X, Padman R. Social determinants of health in electronic health records and their impact on analysis and risk prediction: A systematic review. J Am Med Inform Assoc. 2020 Nov 1;27(11):1764-1773, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7671639/ (providing a literature review demonstrating "early and rapidly growing evidence that integrating individual-level SDoH into EHRs can assist in risk assessment and predicting healthcare utilization and health outcomes, which further motivates efforts to collect and standardize patient-level SDoH information").

***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.***

UMMHC and MRMC representatives responsible for community relations worked collaboratively after the execution of the Letter of Intent to develop a process for consulting with the community about the Project. The parties held weekly meetings to ensure community awareness, as well as facilitated community voice and agency before and during the DON application process. Leaders from the UMMHC Community Benefits Department and the MRMC Public Relations, Marketing & Communications Department worked together to inform the MRMC community of the expected impact and benefits of the affiliation, to allow for transparency.

Since these initial meetings, UMMHC and MRMC have continued to work together to facilitate community engagement activities and to plan additional community engagement commitments in the near future. These efforts include the following activities:

- Presentation by the leadership of both organizations at the MRMC Patient Family Advisory Council (PFAC) meeting on December 6, 2023.

- A Community Forum on December 14, 2023, that included presentations by both organizations' leadership, as well as a question-and-answer session. This forum had between 120-130 participants.

- Presentation at the MRMC Annual Meeting of the Corporation on January 22, 2024 that included the attendance of Dr. Eric Dickson, President and CEO of UMMHC. This Meeting had an estimated 100 participants.

- Commitment to present to the Greater Milford Community Health Network: CHNA 6 at their March 2024 meeting.

- Development and distribution of a one-pager providing information about the Project to both organizations' community networks as an additional touch point to engage the community.

- Outreach to local agencies and partners that serve the Milford community, including visiting a local community health center, and outreach to agencies that serve the increasing Brazilian and Ecuadorian population. These efforts will continue after the corporate affiliation between the entities.

- Outreach and conversations with local elected officials.

Documentation of the various activities and informational materials referenced above are attached as Exhibits H, I and J.

*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".*

Initial Community Engagement Process

As referenced above, the community engagement process for the Project began with a number of meetings and consultations between the parties, and continued with public forums, including the Patient Families Advisory Council (PFAC) and Annual Meeting of MRMC, which yielded important feedback from the community about the Milford community's interests and the needs of the MRMC patient panel.

UMMHC and MRMC leadership presented at the December 6, 2023 MRMC PFAC meeting. The PFAC received a high-level overview of the reasons for the affiliation and were able to actively engage, ask questions, and provide feedback. The PFAC expressed gratitude and feedback was all positive. In addition, both organizations' leaders presented at a planned Community Forum facilitated by the MRMC Public Relations, Marketing & Communications Department in collaboration with UMMHC's Community Benefits and Marketing and Communications Departments. The virtual forum engaged over 125 individuals and included both an informational and a Q & A session. The forum was advertised via various networks, respective web pages, social media posts, and electronic flyers with QR codes.

UMMHC President and CEO Dr. Eric Dickson spoke at the January 22, 2024 MRMC Annual Meeting of the Corporation. This Meeting invites members of the communities served by MRMC and an array of stakeholders, including community members at large. This Meeting provided an opportunity to engage the MRMC patient panel in the largest gathering of the year for MRMC. An estimated 100 participants gathered for the event that included the announcement of departing and incoming trustees, review of initiatives and accomplishments from the previous year, and a Q&A session with the respective leaders of MRMC and UMMHC. Dr. Dickson's presence showed UMMHC's commitment to continue to build community and support MRMC. Some of the questions and discussions focused on the following: potential impact to the workforce due to the affiliation, the benefits of IT integration in various forms including the EHR and use of AI, the long history of UMMHC and MRMC clinical collaboration, and the retention and potential expansion of partnerships, including specifically the Dana Farber partnership.

Ongoing Community Engagement

UMMHC is committed to the development of strong linkages with the community to address disparities that impact the health of the community, especially its underserved populations. The goal is to meaningfully and authentically engage the community in order to develop trust and partnerships with community stakeholders. UMMHC is intentional about community work and reviews the resulting decisions through a health and race-conscious equity lens.

Accordingly, UMMHC intends to engage with the MRMC community in a multi-faceted manner intended to: maximize; structured planning, evaluation and implementation; accountability for engagement of diverse community members; and transparency and reporting on interventions and outcomes to ensure they have the intended impact to address the identified community need.

UMMHC recognizes that building a healthy community requires long-term efforts. The parties' long-term plans include the following actions:

- **Community Benefits:** Work collaboratively with the MRMC Community Benefits team to align vision and mission. This will include engaging with the MRMC team to lend support in regulatory and programmatic components. Work with the MRMC team to support the Community Benefits Advisory Committee (CBAC) to assist with ensuring that the committee is representative of the patient panel, reflects diversity and representative of underserved populations residing in the area, and is multi-sectoral. UMMHC will foster and sustain an on-going communication strategy to foster transparency and accountability.

- **Developing Trust and Identification of Needs:** UMMHC and MRMC will engage with the general community as well as targeting outreach to populations identified by the CHNA, MRMC leadership and caregivers, external partners, and other stakeholders. This will be done in a manner that is grounded in authentic community engagement by meeting the people where they are, empowering underserved communities through development of agency and capacity, and capacity building. Tactics used will include surveys for qualitative data collection, focus groups, community forums, and participation in local coalitions to bolster outreach and support efforts.

- **Engage Local Public Health:** UMMHC will conduct outreach to the local departments of public health as a strategy to develop trust and gain their knowledge about the community. In the communities served by UMMHC and its affiliates, the local departments of public health have been partners in the development of the respective Community Health Needs Assessments since 2008. In 2013-2014, our partnership with the Worcester Division of Public Health (WDPH) resulted in the division earning national accreditation and recognition as the first health department in the Commonwealth of Massachusetts to earn federal accreditation.

- **Community Health Needs Assessment Review:** UMMHC will engage with the MRMC team, and relevant community representatives and stakeholders, to review the upcoming 2024 Community Health Needs Assessment findings and identify current community needs. UMMHC will develop partnerships/collaborative efforts that will result in the development of a Community Health Improvement Plan.

- **Community Benefits Annual Report and Community Benefits Strategic Implementation Plan:** UMMHC will work with the MRMC team to update the MRMC Community Benefits Strategic Implementation Plan and ensure completion of a Community Benefits Annual Report in compliance with regulatory requirements.

- **Community Benefits Reporting and Regulatory Requirements:** As part of the affiliation, UMMHC will work collaboratively with MRMC to support the compliance with all reporting and regulatory requirements.

- **Integration of a Health Equity Lens:** UMMHC has adopted a system-wide Health Equity agenda to address inequalities in care. UMMHC will scale this effort by working closely with the MRMC leadership to ensure participation in system-wide committees designed to implement the Health Equity strategies, share best practices, and develop and/or support local committee efforts. UMMHC's Vice President and Chief Diversity, Equity and Inclusion Officer will work with MRMC leadership to identify internal health disparities. In addition, UMMHC's Interpreter Services will work with MRMC to assess the needs of patients, to improve the quality of care, and access to insurance enrollment.

- **Shared Learnings on Community Health Improvement:** UMMHC will practice shared learning related to existing system-wide community health improvement interventions such as the Pediatric Asthma Home Visiting Intervention, Adverse Childhood Experiences-Trauma, food insecurity, Medical Legal Partnership, and other interventions that align with identified community health needs in the MRMC service area.

- **Shared Learning and Embracing an Anchor Mission:** UMMHC will incorporate the Anchor Mission best practices to address Social Drivers of Health and its alignment through several efforts: placed-based investments, local purchasing, local hiring/developing a workforce pipeline and employee volunteerism. These four pillars drive the Anchor Mission efforts, and a fifth pillar focused on sustainability of environmental efforts is in its nascent stage. UMMHC continues to enhance the Anchor Mission work in its respective communities through a financial commitment invested in effecting change and will pledge $2M towards this effort in Milford. There are various committees formed for each pillar that include participation by UMMHC community hospitals in different capacities. Some examples include: UMMHC Anchor Mission Investment Committee's efforts to partner with Common Ground and the East Side Community Development Corporation to leverage and secure funding for a first-time homeownership project and homeless population housing in Worcester; neighborhood revitalization efforts in Fitchburg and Worcester's Main South area; a workforce pipeline partnership with the Worcester Community Action Council, the largest anti-poverty organization in Central Massachusetts, has been developed to improve workforce diversity and local hiring; and the partnership with the Center of Hope Foundation, Inc. in Southbridge to develop "Scoops of Hope," which provides meaningful employment for individuals with intellectual and developmental disabilities as well as providing ice cream to the Southbridge community.

- **CommunityHELP Platform Adoption:** UMMHC will integrate community resources in the MRMC service area into CommunityHELP resource repository (a local instance of findhelp.org) and educate Community organizations about how to update their program listings and leverage the platform to better serve community members.

- **PFAC:** UMMHC will work closely with MRMC's PFAC Committee to understand and address patients' interests, needs, and concerns, and will ensure feedback from patients

and local residents; ensure ethnic/racial diversity representation; and provide interpreter services for PFAC participants with Limited English Proficiency (LEP) and the deaf and hard of hearing as needed.

- **Coalition Building:** UMMHC believes in the practice of coalition building, and is enthusiastic about the opportunity to increase and strengthen MRMC's workings with the local CHNA efforts. UMMHC plays a significant role in the development of the CHNA in the communities served by all of its community hospitals. This includes participation in workgroups, committees, and coalitions, and when able, provision of funding to entities developing the CHNA. UMMHC believes that coalition building is vital to improving the health outcomes of its communities by aligning to local knowledge, pooling and leveraging existing resources, developing a collective understanding of community needs, and calibration of efforts in collaboration with local community-based organizations and community members, all done through the application of an equity lens and power sharing that empowers our local community voice.

As described above, the affiliation of MRMC and UMMHC is expected to positively impact the MRMC patient panel and the communities in which the patients reside. While there will be overlap with some populations, UMMHC understands that areas, regions, and communities are unique and require a nuanced approach that is equitable and hyper-local. Attention will be paid to the Brazilian and Portuguese-speaking populations and the Ecuadorian population within the MRMC service area, and the rising Haitian population, many of whom are presently housed in shelters throughout the state with a recent influx of migrants that has caused the state limit of shelter for 7,500 families to be reached. Local and state stakeholders have related this as a priority population and one that UMMHC is poised to help support through existing efforts.

# ATTACHMENT 2.B

## Factor 2 – Narrative Responses

*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.*

Although the Project does not directly include new or expanded services, it is intended to preserve and strengthen cost effective, local care in the MRMC service area. The Project will allow residents served by MRMC to continue to receive their health care locally, as well as allow MRMC to further develop its relationship with UMMMC for both tertiary and subspecialist levels of care. It is anticipated that by enabling residents to continue to receive their care locally in Central Massachusetts, total medical expense (TME) will remain lower because patients will not need to seek care outside of their local community. As referenced in Table 3 – MRMC ranks among the lowest in TME indicators among all community hospitals. Further, Table 2 demonstrates that, as compared to the Boston area health care systems, UMMHC has lower TME. As a result, the Proposed Project is aligned with the Commonwealth's goals for cost containment.

In addition, the Project will provide MRMC with the long-term financial stability necessary to move forward with initiatives to contribute to the Commonwealth's goals of cost containment, improved quality, and greater access to UMMHC cost saving initiatives as noted in Section F1.a.ii.  Furthermore, the improved management of patient care, along the full continuum of care, including tertiary and community level inpatient care, ambulatory and post-acute care, will be enhanced by providing patients greater coordination of care within the integrated UMMHC community. When care goes outside of UMMHC to Boston, or even Western Massachusetts, the care becomes fragmented, communication becomes difficult, information can be lost, and utilization is often increased unnecessarily (e.g., duplication of tests). Closer affiliation between UMMHC and MRMC will allow for better communication and more coordinated care, particularly once the UMMHC electronic health record system is extended to MRMC. This is better for the patients and better for the financial success of value-based programs by reducing unnecessary emergency department usage, readmissions, and 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 Project does not involve the introduction of a new service or the expansion of an existing service, rather, the Project is intended to preserve access to high quality, comprehensive services in the local MRMC service area. MRMC has had three consecutive fiscal years (FY21 to FY23) of negative operating margins that range from $11.9M to $15.3M, or negative operating margins of 3.6% to 4.0%. Without this Project, MRMC risks increasing financial hardship and reduced

resources over time, which can lead to reductions in services, access, capital investment, and other constraints resulting from insufficient funds. If the proposed affiliation does not go forward, there is a substantial risk that MRMC will not be able to meet its debt covenants over time. Failure to meet debt covenants, in turn, will likely lead to a significant degradation in access to necessary medical care in the MRMC service area with a resulting significant negative impact on the health of the Milford community. The Project is expected to improve health outcomes by retaining and strengthening high-quality, comprehensive services in the Milford service area.

*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 incorporation of social services and community-based expertise are critical to the achievement of UMMHC's delivery system transformation objectives. In order to thoroughly assess the requirements of UMMHC's patient panel and establish robust connections with social services organizations, UMMHC has adopted a multifaceted strategy that addresses SDOH as part of the care planning process.

For over five years, UMMHC has been screening patients for SDOH in ambulatory settings.  This has been accomplished by UMMHC's clinic staff asking patients SDOH questions while they are roomed. The percentage of patients screened by UMMHC ambulatory clinics has been gradually increasing, with 44.5% of UMMHC's primary care patients screened during CY2024. Patients who are identified as having a health-related social need can access a user-friendly solution called CommunityHelp, which is an instance of FindHelp, established by UMMHC and Reliant Medical Group. Community Help is specifically tailored to identify social services available in the Central Massachusetts area (and beyond). While CommunityHelp can be accessed from within the patient's medical record, patients and community members can also search for resources themselves.

UMMHC plans to expand SDOH screening to all inpatients in 2024, as well as streamline workflows in the ambulatory setting. This will be facilitated through the use of the Navigate Platform implemented by Get Well, a patient experience vendor. Upon admission to the hospital, patients will receive text messages encouraging them to complete a brief survey about their SDOH. If any SDOH are identified, Get Well will assist patients in navigating available resources that may help address their need for social services and supports—either via a text or phone-based platform. In some cases, social workers and virtual community health workers may also be engaged to provide additional support to the patient to identify services and supports that may benefit the patient.

These SDOH screening initiatives will be extended to MRMC's ambulatory and inpatient patient populations to ensure that the MRMC patient panel benefits from UMMHC's collective experience and resources to help address SDOH in the MRMC community. MRMC patients may also benefit from the following additional efforts and initiatives of UMMHC to link patients to social services:

- UMass Memorial: Community Health Link is a part of UMMHC. It offers access to various behavioral health services, including substance abuse treatment programs, counseling, primary care, and housing programs.

- UMass Memorial: Harrington Hospital provides significant behavioral health services within its service area, including an inpatient psychiatric unit, an Addiction Immediate Care program, and an inpatient co-occurring diagnosis unit.

- UMass Memorial: Health Alliance Clinton Hospital offers an inpatient geriatric psychiatric facility, catering to the unique needs of older adults.

- UMMHC operates the Ronald McDonald Care Mobile, which provides dental and routine healthcare to patients in the community, particularly underserved populations.

- The Road To Care van offers a range of essential services, including diabetes and hypertension management, sutures, splints, Hepatitis C and HIV screening, women's health care, vaccines, and basic mental health care. The mobile unit provides a modern exam space ensuring privacy and necessary equipment for patient care that is not available in shelters or public spaces.

- UMMHC's Anchor Mission facilitates equitable economic development in the diverse communities served by UMMHC by leveraging the organization's purchasing power to support local and minority-owned businesses and creating meaningful jobs and pathways to build wealth by rethinking UMMHC's role as an employer, and by investing in local community projects that address the social drivers of health.

- Hospital at Home: UMMMC operates a hospital at home program for patients that are eligible for receiving hospital level care at home. One of the benefits of this model is that the care team is able to enter the patient's home and better understand the social drivers of the patients' health conditions. This also allows the team to directly intervene with these drivers, either by engaging social work or other social services that can benefit the patient. As referenced above, UMMHC plans to offer a Hospital at Home program to MRMC over time as well.