

STAFF SUMMARY FOR DETERMINATION OF NEED
BY THE COMMISSIONER OF PUBLIC HEALTH
(DELEGATED REVIEW PROCESS)

APPLICANT: Newton Wellesley Hospital

DATE OF APPLICATION: January 10, 2017

LOCATION: 2014 Washington Street
Newton, MA 02462

PROGRAM ANALYST: Lynn Conover

PROJECT NUMBER: 4 – 3C62

PROJECT DESCRIPTION: Expansion of hospital-based Magnetic Resonance Imaging ("MRI") service to add a third fixed 1.5 Tesla MRI unit on the Hospital's main campus.

ESTIMATED MAXIMUM CAPITAL EXPENDITURE:

Requested: \$6,472,562 (January 2017 dollars)

Recommended: \$5,787,883 (January 2017 dollars)

ESTIMATED FIRST YEAR OPERATING COSTS:

Requested: \$28,729,327 (January 2017 dollars)

Recommended: \$28,729,327 (January 2017 dollars)

LEGAL STATUS: A regular application for a Determination of Need for substantial change in service pursuant to M.G.L. c.111, §25C and the regulations adopted there under.

ENVIRONMENTAL STATUS: No environmental notification form or environmental impact report is required to be submitted for this project since it is exempt under 301 Code of Massachusetts Regulations 11.00, promulgated by the Executive Office of Environmental Affairs pursuant to Massachusetts General Laws, Chapter 30, Sections 61-62H. This exemption has the effect of a determination that the project will cause no significant damage to the environment.

OTHER PENDING APPLICATIONS: None

COMPARABLE APPLICANTS: None

COMMENTS BY THE DIVISION OF MEDICAL ASSISTANCE: None submitted

COMMENTS BY THE CENTER FOR HEALTH INFORMATION AND ANALYSIS: None submitted

COMMENTS BY THE HEALTH POLICY COMMISSION: None submitted

TEN TAXPAYER GROUPS (TTGs): None formed

RECOMMENDATION: Approval with conditions

I. BACKGROUND AND PROJECT DESCRIPTION

Newton Wellesley Hospital (“NWH”, “Hospital” or “Applicant”) has filed a Determination of Need (“DoN”) application to expand the capacity of its magnetic resonance imaging (“MRI”) service with the acquisition of a third fixed Hospital-based MRI system. The proposed new unit will have field strength of 1.5 Tesla (“1.5T”) and will be installed in newly constructed space. The project includes renovations to a contiguous area. The total gross square feet (“GSF”) involved in the project is 2,687 GSF.

NWH currently operates two MRI units at the Hospital’s main campus and reports that using the standards set by the MRI Guidelines, adopted by the Public Health Council on August 19, 1997 (“Guidelines”), they are operating at capacity. The Applicant reports that the proposed project is intended to address the growing demand for MRI at the Hospital, to improve the efficiency of the MRI service, and to assure timely access to scans.

NWH is licensed 265 bed academic medical center. This project will not impact the complement of beds at the Hospital.

<u>Clinical Service</u>	<u>Beds</u>
Medical/Surgical	133
ICU	12
Pediatric	24
Obstetrics	51
Psychiatry	<u>45</u>
Total	265

NWH also operates 8 satellites in 6 surrounding towns, including an ambulatory Surgery Center in Wellesley. None of these sites offers MRI services. (Please refer to Attachment 1 for a copy of the Hospital’s license.)

II. STAFF ANALYSIS

This application was reviewed in accordance with the Guidelines as they apply to the DoN Regulations in effect up until January 26, 2017.

Factor 1 - Health Planning Process

The Guidelines set forth two relevant measures: 1) asking the Applicants to “describe planning activities...including contacts with state agencies”¹ and 2) providing that special consideration is given to applications with letters of support from other health care providers.

NHW cites an annual internal service-line planning process in its decision to undertake this project. The planning process included evaluation of patient needs and trends in imaging technology as well as utilization and capacity of services. The Applicant identified increasing demand for MRI services to meet the needs of cancer, orthopedic, neurological and neurosurgical patients in a timely manner. In addressing those needs, the objective of the proposed project is to improve the operating efficiency by improving operational throughput at hours that more reasonably accommodate the patients of the MRI service as a whole.

¹ In discussion, the Guidelines encourage sharing of services and discussion of potential MRI projects with state planning agencies and other providers to encourage reduction of unnecessary duplication of services and costs to the health care system.

The Applicant indicated that it consulted with staff of MassHealth, the Center for Health Information and Analysis, Community Health Initiatives, and the DoN programs prior to filing. Additionally, it submitted letters of support for the project from five referring physicians who have no financial interest in enterprise to assure that there is no unnecessary duplication of services.

Finding- Factor 1

Staff finds that the Applicant has engaged in a satisfactory health planning process.

Factor 2 - Health Care Requirements

The Guidelines include the following two measures: 1) MRI units will be allocated on a statewide basis, and 2) applicants with existing licensed MRI services who propose expanding MRI service demonstrate that the applicant's existing fixed or mobile MRI units have been operating at 90% of capacity for the past year, as evidenced by the number of scans performed annually and the hours of operation; and the applicant provides "documented findings from the Clinical Oversight Committee of the appropriateness and quality of MRI scans and evaluation activities provided in the past three years".²

The Applicant seeks to expand its MRI service through the addition of a third Hospital-based unit at its main campus in Newton. The Applicant currently operates two MRI units which serve inpatient, outpatient, and Emergency Department patients and have been operating at over 90% capacity for the past several years. The chart below shows the annual growth rate in scan volume.

Current Scan Volume		
Year	# Scans	% Growth
2013	12,427	
2014	12,607	1.4%
2015	12,793	1.5%
2016	13,427	5.0%

Over the four year period from 2013-2016, the Applicant reported an average annual scan volume of 12,814 and an average annual growth rate of 2%. The Applicant reports that the two MRI units together provided a total of 13,427 scans in 2016. The units operate Monday-Friday from 7A.M. – 11:30 P.M. and on weekends from 7A.M. - 7:30P.M. From information submitted by the Applicant, Staff calculated that the two MRI units operated at an average annual 97.7% capacity in the above four year time period when operating 16.5 hours per day on weekdays and 12.5 each weekend day. This high operating volume along with extended operating hours is above the minimum standard of 90 % required by the Guidelines for approval of an additional MRI Unit, as shown below.

² A third measure, not relevant here, is that special consideration will be given to academic medical centers involved in significant research.

Average Annual Number of Scans	12,814
Average Hours per Scan	0.83
Scan Hours Used	10,636
Available Hours*	10,884
Percent Operating Capacity	97.7%

*Based on two units operating 107.5 hours per week each with time off for holidays and preventive maintenance (296 hrs. total)

Another indicator of need and future demand for a service such as MRI is population growth. The Applicant cited a ten year over all growth projection of 3.3% for the ten towns in its primary service area. While this growth is modest, there is a large projected increase of 28.1% for the 65+ age cohort over this same time period. This age group has a higher prevalence of medical conditions associated with MRI use for diagnosis and treatment, such as arthritis, cancer, and stroke.

When taking into consideration the current scan volume growth and the population growth projections to establish ongoing future demand, the Applicant has developed four year projections from 2018 the first year in operation as shown below.

Projected Scan Volume		
Year	# Scans	% Growth
2018	15,118	
2019	15,610	3.3%
2020	15,748	0.9%
2021	15,887	0.9%
Avg scans/yr	15,591	1.3%

Staff finds that given the analysis of population growth, including the large projected increase in the older age cohort, that the average projected growth of 1.3% is reasonable.

NWH has provided a membership list of its Clinical Oversight Committee which include physicians from their Neurology, Neurosurgery, Oncology and Radiology Services and members of an academic medical center, Massachusetts General Hospital. The Neuro-Radiology conference meetings occur Bi-weekly and the Tumor Conference meetings are monthly. These committees are charged with the reviewing the quality and appropriateness of MRI scans, reviewing clinical protocols, supervision of data collection and evaluation, and developing educational programs for staff members. None of the individual members has an equity interest in the Applicant, which is a non-profit organization.

Finding- Factor 2

Based upon the above analysis, Staff finds that the Applicant meets the requisite 90% minimum capacity requirement, as well as the required documentation of its Clinical Oversight Committee, and is consistent with the DoN Health Care Requirement standards to expand its MRI service.

Factor 3 - Operational Objectives

The operational objectives of the Guidelines set out three Standards relevant to hospital-based MRIs. The first standard is that MRI Services be staffed to ensure quality of care and efficient use of resources. To meet

that standard, the Guideline sets out five (5) measures relating to the Applicant's plans for meeting minimum quality standards regarding physician and staff credentials and training, the availability of physicians on site, access to other imaging modalities, quality assurance activities, patient safety, and provision of MRI education and training to area physicians.

NWH has provided the curriculum vita of its MRI Medical Director, indicating the appropriate credentials. The staffing plan submitted with the application indicated appropriate coverage for technical and support staff. The Applicant has indicated that all staff physicians are board certified with the appropriate training in physics instrumentation and MRI clinical applications, and that a physician is onsite at least 50% of the time when patients are undergoing MRI scans. The Applicant has confirmed that all MRI staff is trained in basic emergency life support.

The second Standard is that other support services shall be available to ensure the program's capability to make a diagnosis in the most efficient and effective manner possible. Patients of NWH have convenient access to a full range of other imaging modalities and diagnostic and treatment services at the Hospital.

The third standard is that MRI devices must be proven safe and effective for clinical use. The Applicant indicated that the new Siemens Magnetom Aera 48 XQ MRI 1.5 Tesla unit has FDA pre-market approval.

The final standard is that all MRI Units shall develop and describe training and education plans. NWH has provided a description of its training and on-going education programs for technologists, and physicians at the Hospital. NWH requires that all MRI technologists be certified by the American Registry of Radiologic Technologists.

The Department's Office of Health Equity ("OHE") recently conducted a review of the interpreter and language access services available to limited- and non-English proficient patients at NWH. Improvements recommended by OHE at the Hospital are presented in Attachment 2 of this Staff Summary, and have been included as a condition of approval.

Finding- Factor 3

Staff finds that, with adherence to certain conditions, the project meets the operational objectives requirements of the Guidelines.

Factor 4 - Standards Compliance

As interpreted in the Guidelines, it is required that the project meet all relevant construction standards including shielding requirements of the manufacturer. NWH submitted schematics showing the location of the new MRI unit with a control room in a small newly constructed space, 644 GSF, adjacent to the other MRI units. Also 2,043 GSF contiguous to the new unit will be renovated for corridor access, waiting and exam areas. The final architectural plans will go through plan review following project approval.

The Applicant has agreed to meet relevant standards necessary to operate the proposed MRI unit, including all plan review and licensure standards of the Division of Health Care Quality.

Finding- Factor 4

Based upon the above, Staff finds that the project meets the compliance standards of the Guidelines.

Factor 5 - Reasonableness of Expenditures and Cost

As stated in the Guidelines, the Applicant must articulate how the capital and operating costs estimated were derived, present any projects cost savings, and the equity contribution shall be a minimum of 20% of the approved MCE.

1. Maximum Capital Expenditure

The requested maximum capital expenditure ("MCE") for the proposed project is \$6,472,562 (January 2017 dollars). The \$2,684,729 Fixed Equipment not in Contract is for the proposed 1.5T MRI unit and is based on a price quote from the manufacturer. This price is higher than the costs of recent DoN approvals for 1.5T MRI units which ranged from \$1.40M to \$1.95M, unadjusted for inflation. Upon staff inquiry, the Applicant explained that this is an initial quote and that upon project approval, Partners' procurement process will negotiate a more reasonable price. Staff recommends that as a condition of approval, the Applicant's 1.5T Unit cost be capped at \$2 million and that the MCE be reduced by \$684,729 (to reflect that overage) to \$5,787,883 (January 2017 dollars). With the Staff recommended condition capping the price for the magnet, the costs are itemized as follows:

	New Construction	Renovation	Total	Revised
Construction Costs:				
Depreciable Land Development	-	-	-	-
Construction Contract	\$1,614,240	\$1,739,374	\$3,353,614	\$3,353,614
Fixed Equipment NOT in Contract	2,684,729	-	2,684,729	2,000,000
Architectural Cost	181,081	195,119	376,200	376,200
Pre-filing Planning & Development	27,927	30,092	58,019	58,019
Net Interest Expense during Construction	-	-	-	-
Major Movable Equipment	-	-	-	-
Total Construction Costs	4,507,977	1,964,585	\$6,472,562	\$5,787,883
Total Financing Costs	-	-	-	-
TOTAL	\$4,507,977	\$1,964,585	\$6,472,562	\$5,787,883

Assuming that the Applicant accepts the lower equipment cost cap of \$2 million, and the recommended MCE of \$5,787,883 (January 2017 dollars) the projected cost per total GSF is \$2,387 (January 2017 dollars) (new construction of 677 GSF + renovation of 2,043 GSF = 2,720 total GSF). Staff notes that this is above the approximate cost /GSF range (\$608 - \$1,563) of previously approved MRI DoN projects.

In support of the higher cost/GSF, staff notes that physical plant of Newton Wellesley Hospital includes several buildings of differing construction dates on a hilly site in a densely populated suburban area. The Applicant reports that the additional proposed MRI will occupy a small newly constructed addition to the Hospital in a confined courtyard. Given the physical plant and site, there are construction challenges. First an existing cement patio needs to be jack hammered and the debris removed, then a new foundation that can accept the weight of the magnet will need to be poured, followed by construction of the 644 GSF room which meets the shielding requirements for proper installation and operation. Much of the construction and

renovation work will be done on overtime because the contiguous areas within the hospital are occupied by clinical services that are being used during the daytime. All of these factors raise the cost significantly.

Staff has consulted the Marshall and Swift Valuation Service (“Marshall”) regarding the construction and renovation building costs to accommodate MRI units. While Marshall does not provide cost standards specific to MRI space, Marshall stated that building reinforced floors and shielding space to accommodate the MRI units could add significantly to the projected cost/GSF for the project and that smaller building projects that encompass higher intensity services result in a higher cost per GSF.

From this analysis, Staff finds the proposed MCE of \$6,472,562 (January 2017 dollars) to be high based upon similar, previously approved projects and recommends that as a condition of approval, the Applicant’s 1.5T Unit cost be capped at \$2 million, and that accordingly, the MCE be reduced to \$5,787,883 (January 2017 dollars).

2. Incremental Operating Costs

The incremental operating costs of \$1,800,325 (January 2017 dollars) for the project at normal operating levels following project implementation are itemized below:

Incremental Operating Costs

Salaries, Wages and Fringe	\$794,784
Supplies and Other Expenses	\$193,225
Depreciation	\$812,316
Interest	—
Total	\$1,800,325

Included in the above incremental costs is the addition of 5.6 full time equivalent (“FTE”) MRI Technologists to accommodate two shifts and weekend hours. Based on this, staff finds the proposed incremental operating costs to be reasonable. All operating costs are subject to review and approval by the Center for Health Information and Analysis and third party payers according to their policies and procedures.

Finding- Factor 5

Staff recommends that as a condition of approval, the Applicant’s 1.5T Unit cost be capped at \$2 million and that the MCE be adjusted to \$5,787,883 (January 2017 dollars). Staff also recommends that the Applicant be held to their existing charge structure for scans and not be permitted to transfer the costs to patients or payers.

Factor 6 - Financial Feasibility and Capability

The Guidelines require that the Applicant shall disclose all sources of revenue applicable to their projects that may be available and shall provide information on the number of projected scans by payer, and that Applicant make adequate provision for free care of patients requiring scans, based on probable third-party reimbursement and on area providers’ expectations regarding the need for free care. In response, Applicant indicated 1) that all funds for this project are currently available on their balance sheet as unrestricted, and 2)

that all patients are provided care regardless of insurance or the ability to pay. Implementation of this project will enhance NWH's ability to care for poor, medically indigent and/or Medicaid patients.

Finding- Factor 6

Based upon the above information, Staff finds the project to be consistent with the MRI Guidelines, and within the financial capability of the Applicant.

Factor 7 - Relative Merit

The Guidelines require the Applicant to 1) describe any alternatives to the proposed project from the perspective of quality, efficiency and cost and 2) demonstrate the ability to provide adequate patient access and a high standard of care to all those within its service area who require such care, regardless of ability to pay.

NWH reviewed four alternatives to the present expansion project. One involved an increase in the hours of operation for the main campus units. However, it was determined that it was not feasible to expect patients to utilize the service after 11:00 P.M. for non-emergent exams.

The Applicant states that two other sites were considered and determined to not be viable from efficiency and cost effective perspectives. The NWH site is densely developed on a hill. Both of the locations the Applicant considered are far from the MRI department. The sites considered were the basement of the west garage and in the shell space in the Applicant's emergency department ("ED"). Both the west garage and the ED had complicated construction issues. The garage setting would require fortification of the garage, and the shell space would require removal of one hospital wall to move the scanner in. At either of these locations, patients would need to register at the main radiology department and then be escorted to the new scanner. The planned location is conveniently located across the corridor from the current MRI department.

The Applicant also investigated placing the MRI in the shell space at their ambulatory care center at 159 Wells Ave. However, considerable construction would be needed to finish off the shell space, and because there are buildings on either side, expansion would not be possible and parking is an issue. The Applicant stated that by co-locating all of the MRI scanners together in the hospital, operational savings would be gained by not having to hire additional receptionists and technologist supervisors. In addition, if there are any issues or concerns, the location is close to the radiologists and specialists who are in the contiguous medical office buildings on the NWH campus.

Following the review of the above four alternatives, the Applicant determined that from the perspective of quality, efficiency and cost, the site proposed in the DoN application is preferable.

Consistent with the Guidelines, the Applicant has submitted its policy on free care, indicating that ability to pay is not considered in the scheduling of patients for MRI services.

Finding- Factor 7

Staff finds that the project meets the relative merit requirements of the Guidelines.

Factor 8 – Environmental Impact

DoN Review of this factor requires that the Applicant provide assurances that all feasible measures will be taken in the execution of the project to avoid or minimize damage to the environment. DoN Applications submitted by acute care hospitals for new construction or gut renovation are subject to the Determination of Need Guidelines for Environmental and Human Health Impact (“Green Guidelines”).

The Applicant has submitted the Green Guidelines for Health Care LEED checklist (“Checklist”) to demonstrate its commitment to green building standards for the proposed project. The proposed new addition will achieve the required minimum of 50% of the total credits for compliance with the standard of the Department’s Determination of Need Guidelines for Environmental and Human Health Impact (“Environmental Guidelines”). The Applicant reports that the areas where the majority of credits will be focused are in Materials and Resources Environmental Quality and Sustainable Sites. The reuse of the existing building, the use of sustainable materials and maximizing sustainable construction practices will be a primary focus.

Finding - Factor 8

Based on the above information, Staff finds that NSMC meets the environmental requirements of the DoN regulations.

Factor 9 - Community Health Initiatives (“CHI”)

The Applicant must indicate the funding for CHI and plan for expenditure and shall, pursuant to the regulations and Guidelines, file reports with the Program Director detailing compliance and, to the extent practicable, an evaluation of the health effects thereof.

The Applicant has worked with representatives of the Department of Public Health’s Bureau of Community Health and Prevention (BCHAP) to identify community planning partners for the development of a specific funding plan for the Initiative(s) which includes at its core: the Applicant’s community benefits advisory committee, CHNA’s 17 and 18 and other community groups and municipalities working on the priority issues of mental health and substance use. The Applicant will ensure that the funds are directed to community health initiatives that will improve health for vulnerable populations, reduce health disparities, and strive to create policy and system change. Specifically, \$323,628 will be distributed over five (5) years at \$64,726 per year, to fund community health initiatives to be agreed upon with BCHAP’s Office of Community Health Planning and Engagement. Funding of the initiatives will begin within forty five (45) days of the project implementation and notification to the Office of Community Health Planning and Engagement at least three weeks prior to implementation of the project. The Applicant will also file all reports as required by the Department.

Finding- Factor 9

Staff finds the proposed community health initiative funding to be consistent with the DoN regulations and has included its funding as a condition of approval of this application.

III. STAFF RECOMMENDATION

Based upon the above analysis Staff finds that the Applicant satisfies the standards applied under 105 CMR 100.533, subject to the mandatory terms and conditions set forth in 105 CMR 100.551 as well as the conditions discretionary with the Department, pursuant to 105 CMR 100.552.

Staff recommends approval with conditions of Project Number 4-3C62 filed by NWH Hospital to expand the capacity of its magnetic resonance imaging ("MRI") service at the Hospital's main campus with the acquisition of a fixed MRI system.

The recommended conditions are listed below. Failure of the Applicant to comply with the conditions may result in department sanctions.

1. The Applicant shall accept the recommended maximum capital expenditure of \$5,787,883 (January 2017 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.635.
2. The Applicant shall contribute 100% equity of the final approved maximum capital expenditure.
3. Applicant shall not consider ability to pay or insurance status in selecting or scheduling patients for MRI services.
4. The Applicant shall agree to operate MRI equipment that has pre-market approval by the Food and Drug Administration.
5. The Applicant shall continue to provide language access services at Newton Wellesley Hospital with the improvements described in the document prepared by the Office of Health Equity ("OHE"), as amended from time to time by agreement of the Applicant and OHE, which is attached hereto as Attachment 2, and is incorporated herein by reference.
6. Newton Wellesley Hospital has agreed to provide \$64,725.62 per year over 5 years for a total of \$323,628.10 to fund community health initiatives (CHI) that are agreed upon with the Office of Community Health Planning and Engagement and detailed in Attachment 3. CHI payments will start upon implementation of the project.

Attachments

1. Facility license
2. Language Access
3. Community Health Initiatives



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH

HOSPITAL LICENSE

In accordance with the provisions of the General Laws, Chapter III, Sections 51-56 inclusive, and the regulations promulgated, thereunder, a license is hereby granted to:

Newton-Wellesley Hospital
Name of Applicant

for the maintenance of **Newton-Wellesley Hospital** at **2014 Washington Street, Newton, MA 02162**

and satellites as listed below. The license is valid until **February 27, 2018** subject to revocation or

suspension, either wholly or with respect to a specific service or specific services, or a part or parts thereof.

SERVICES LICENSED

TO DELIVER

INDICATED BY AN X

HOSPITAL SERVICES

BEDS

Medical/Surgical	X	133
Intensive Care Unit	X	12
Pediatric Service	X	24
Obstetrics Services	X	51 (Level IIB)
Psychiatric Service	X	45

TOTAL NUMBER OF BEDS

265

Well Infant Nursery
Special Care Nursery
Ambulatory Care Services
Emergency Services
Primary Stroke Services
Medical Control Service

X
X
X
X
X
X

56
12

Commissioner of Public Health

February 28, 2016
Date Issued

LICENSE No 2075

POST CONSPICUOUSLY

Attachment 1



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH

HOSPITAL LICENSE

In accordance with the provisions of the General Laws, Chapter III, Sections 51-56 inclusive, and the regulations promulgated, thereunder, a license is hereby granted to:

for the maintenance of **Newton-Wellesley Hospital** at **2014 Washington Street, Newton, MA 02162**
and satellites as listed below. The license is valid until **February 27, 2018** subject to revocation or suspension, either wholly
or with respect to a specific service or specific services, or a part or parts thereof.

SATELLITES (IF APPLICABLE)

Name of Satellite	Address	City/State	Zip Code	Type of Services	
				Outpatient	Inpatient
Newton-Wellesley Family Medicine	111 Norfolk Avenue, 1st Floor	Walpole, MA	02081	X	
Newton-Wellesley Urgent Care - Waltham	Devincent Building 9 Hope Avenue 1st Floor, Suite 150	Waltham, MA	02453	X	
Newton-Wellesley Hospital Hand Therapy at Chestnut Hill	830 Boylston Street 2nd Floor, Suite 212	Chestnut Hill, MA	02467	X	
Newton-Wellesley Ambulatory Care Center - Natick	307 West Central Street, 1st Floor	Natick, MA	01760	X	
Newton-Wellesley Sleep Center at Newton Marriott	2345 Commonwealth Avenue Building C, 1st Floor	Newton, MA	02446	X	
Newton-Wellesley Hospital Remote Radiology Unit	2000 Washington Street	Newton, MA	02462	X	
Newton-Wellesley Outpatient Surgery Center	25 Washington Street	Wellesley, MA	02481	X	
Newton-Wellesley Ambulatory Care Center - Newton	159 Wells Avenue	Newton, MA	02459	X	

LICENSE No

2075

February 28, 2016

Date Issued

Attachment 1



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

February 28, 2017

Michael R. Jaff, DO
President
Newton-Wellesley Hospital
2014 Washington Street
Newton, MA 02462

Dear Mr. Jaff:

The Office of Health Equity (OHE) works with the Determination of Need (DoN) Program to ensure that applicants adequately address language access for patients. On February 22, 2017, I met with Barbara Lightizer, Manager, Risk Management, Interpreter Services and Patient Relations, to discuss and review submitted documentation pertaining to language access services.

After conversation and review of materials, the following pages outline the conditions placed on Newton-Wellesley Hospital to ensure the needs of limited English proficient, non-English speaking, and American Sign Language patients are met.

If you wish to discuss any of the conditions, or other areas covered at the visit, please contact me at (617) 624-5905 or at samuel.louis@state.ma.us.

Sincerely,

A handwritten signature in dark ink, appearing to read 'S. Louis', with a stylized flourish extending from the end.

Samuel Louis, M.P.H., M.Div.
Health Care Interpreter Services Coordinator

Cc: Barbara Lightizer, Manager, Risk Management, Interpreter Services and Patient Relations
Lynn Conover, Analyst, Determination of Need Program
Lydie Ultimo, MSW, Director, Office of Health Equity

Enclosure

NEWTON-WELLESLEY HOSPITAL

The Office of Health Equity has concluded that in order to meet the needs of limited English proficient, non-English speaking, and American Sign Language patients, Newton-Wellesley Hospital and all sites operating under its license shall continue to enhance its capacity to ensure the availability of timely and competent interpreter services and have in place the following elements of a professional medical interpreter services:

1. Strengthen its oversight mechanism to ensure growth, assess quality of services, and hold contracted services accountable to optimum services
2. Enhance its tracking mechanism to comprehensively monitor, assess utilization and impacts, analyze demands, capture all activities related to Interpreter Services, and look at its overall capacity to render timely and efficient interpretation services
3. Monitor over the next 12 months its Interpreter Services Program and implement specific activities in response thereof, including but not limited to, support to the Coordinator of Interpreter Services, increase in personnel, resources and equipment, participation in language services forums and entities, and appropriate training for all staff
4. Revise its policy and procedures to include:
 - Direct, clear, succinct, and simple language that reflects its models of operation for adherence by all users
 - Grievances procedures with internal and external contact information, and language that ensures continued quality in health services upon the filing of a grievance
 - Specific procedures on the use of telephonic and Video Remote Interpreter (VRI). Categories may include but are not limited to the types of medical situations or services that are optimal for either telephonic or VRI, nature of patients, and training
 - Availability of interpretation services 24/7
5. Ensure that the revised policy and procedures is implemented
6. Develop translation procedures and guidelines for developing timely, accurate, competent, and culturally appropriate patient educational materials
7. Continue to provide on-going training to all staff, new hires, and volunteers on the appropriate use and services offered through the Interpreter Services Program and emerging issues
8. Continue to post signage at all points of contact and public points of entry informing patients of the availability of interpreter services at no charge
9. Provide the Office of Health Equity with a plan of its implementation of the Culturally and Linguistically Appropriate Services (CLAS) standards. The plan must include specific goals and objectives, action steps, targeted staff/departments, evaluation, and outcomes

10. Include limited English proficient, non-English speaking, and American Sign Language patients in satisfaction surveys
11. Identify and report on the different mechanisms and/or projects the hospital has and will continue to use the data collected on race, ethnicity, and language to improve patient care and eliminate health disparities
12. Notify the Office of Health Equity of any substantial changes to its Interpreter Services Program
13. Provide an Annual Progress Report to the Office of Health Equity within 45 days at the end of the Federal Fiscal Year
14. Submit periodic progress reports on the aforementioned conditions

An implementation plan that addresses the aforementioned conditions and includes anticipated outcomes, actions steps, and evaluation is to be submitted within 30 days of DoN's approval to:

Preferred:

samuel.louis@state.ma.us

Or

Samuel Louis, M.P.H., M.Div.
Massachusetts Department of Public Health
Office of Health Equity
250 Washington Street, 5th Floor
Boston, MA 02108

It is imperative that Newton-Wellesley Hospital staff communicates with the Office of Health Equity to assure adequate monitoring, compliance, satisfactory implementation and progress to the implementation plan.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

To: Commissioner Bharel and Members of the Public Health Council

From: Ben Wood, Bureau of Community Health and Prevention

Date: 3/03/2017

Re: Community Health Initiative (CHI) for Factor 9; Newton Wellesley Hospital; Project 4-3C62; Expansion of MRI Service adding a 3rd MRI; MCE: \$6,472,562; CHI: \$323,628

The Applicant, Newton Wellesley Hospital (NWH), is committed to contributing an amount reasonably related to this Project for programs that provide primary care and preventative health services to underserved populations in its service area. As such, the Applicant will contribute five percent (5%) of the MCE upon project implementation for the Factor 9 requirements. This project is expected to be implemented in January 2019.

Consistent with the policies and procedures set forth in the Department of Public Health Bulletin ("Bulletin") of February 11, 2009 and amended August 2014, The Applicant has worked with representatives of the Department of Public Health's Bureau of Community Health and Prevention (BCHAP) to identify community planning partners for the development of a specific funding plan for the Initiative(s) which includes at its core: the Applicant's community benefits advisory committee, CHNA's 17 and 18 and other community groups and municipalities working on the priority issues of mental health and substance use. The Applicant will ensure that the funds are directed to community health initiatives that will improve health for vulnerable populations, reduce health disparities, and strive to create policy and system change. Specifically, \$323,628 will be distributed over five (5) years at \$64,726 per year, to fund community health initiatives to be agreed upon with BCHAP's Office of Community Health Planning and Engagement. Funding of the initiatives will begin within forty five (45) days of the project implementation and notification to the Office of Community Health Planning and Engagement at least three weeks prior to implementation of the project. The Applicant will also file all reports as required by the Department.

As stated in the Applicant's 2015 community health needs assessment, mental health and substance use are the areas of greatest need in the hospital's service area – Waltham and Newton. This is supported in the community health needs assessment with the following qualitative and quantitative data:

- Assessment participants expressed many concerns regarding substance use in their communities, including alcohol use and community acceptance of use, an increase in prescription drug and heroin use, and the link between substance use and mental health issues.
- Among NWH communities, Waltham reported the highest Rate of Admission to DPH Funded Treatment Programs at 821 per 100,000 populations for all causes, and 238.4 per 100,000 for admissions due to intravenous drug use.
- Waltham is the exception with 10% more youth having reported lifetime alcohol use than their peers across the state (30.4% vs. 20%). Waltham middle school youth also reported the highest rate of current alcohol use (14.5%) among towns in the NWH service area.
- Opiate use and overdoses were noted as pressing issues among assessment participants in several towns.
- Waltham high school students again were the exception, with 17% reporting lifetime drug misuse, which is slightly higher than the statewide rate (15%).
- Participants emphasized the connection between substance use and mental health issues as the most pressing health concern within the NWH service area.
- Participants noted that the community still struggles to accept and discuss substance use. This stigma was often viewed as a barrier to community residents actively seeking existing substance use services.
- NWH data (2013) provide for young adults ages 18-24 years, the top two emergency department diagnoses were alcohol use and depressive disorders. Affective psychosis and depressive disorders were the top two inpatient diagnoses among the same age group. Among middle aged adults (45-64 years), behavioral health diagnoses represent 3 of the top 10 inpatient diagnoses, and include depressive disorders, affective psychosis, and schizophrenia. Waltham is unique in having 2 of its top 5 inpatient diagnosis related to behavioral health-affective psychosis and depressive disorders.
- Participants shared concerns that communities in the NWH's service area are not as open to community dialogue about mental health issues.
- Youth, seniors and immigrant populations are disproportionately affected by mental health issues in NWH's service area. Newton and Waltham have large immigrant populations and adolescent children of immigrant parents have a significantly higher risk for substance use and mental health issues than non-immigrant children.

Based on these data, the Applicant will implement a modified RFR process targeted to mental health and substance use services in Newton and Waltham. The objective of this modified RFR process is to identify organizations that are capable of implementing strategies designed to impact these issues.

Currently, the Applicant has a Community Benefits Committee ("Committee") that advises NWH on community initiatives. The Committee is comprised of members from the health and school departments, as well as non-profit agencies that focus on low-income housing, behavioral health issues, children and elders. Committee members also have expertise in finance, human

resource management and health policy. Accordingly, given the Committee's expertise, the Applicant will develop a subcommittee of its members who can facilitate a modified RFR process. This subcommittee will consist of individuals who represent a cross-section of community interests, including NWH, as well as participants from diverse agencies.

The role of the subcommittee is to develop an understanding of the types of evidence-informed strategies (and are encouraged to identify strategies that have sustainable impact and that change social conditions, e.g. social determinants) that can be implemented with the scope and size of these resources, identify organizations in the community that meet the criteria discussed below and subsequently select organizations for funding. As previously discussed, there is strong interest from the community to support the prevention of substance use and address mental health issues. Consequently, agencies/organizations will need to meet the following criteria to be considered for funding:

- A focus on substance use and/or mental health
- A focus on those communities in NWH's catchment area where data show the greatest need for services
- A focus on the most at risk populations in communities, i.e., youth, homeless
- A focus on addressing stigma associated with substance use and mental health
- A focus on supportive mechanisms that go beyond the crisis of these issues

Based on the proposed criteria, the subcommittee will identify organizations/agencies that may apply for funding. Moreover, the subcommittee will evaluate proposals and allocate funding to approximately three agencies/organizations but may choose to focus on fewer funded strategies to maximize impact. The subcommittee will also determine grantee milestones and obtain data on the utilization and impact of funding. Additionally, the Applicant will consult with CHNAs 17 and 18 to discuss the overall modified RFR process to determine if they have any suggestions and/or changes.

The Applicant and partners will meet on an annual basis to review the outcomes of funded initiatives and confirm subsequent year investments of the community health initiative budget. Any modifications to the Factor 9 budget must be approved in advance by BCHAP.

Consistent with 105 CMR 100.551(J), the applicant is required to file written reports to the department, annually through the duration of each approved project, including a) reporting period; b) funds expended; c) recipient(s) of funds; d) purpose(s) of expenditures; e) project outcomes to date; f) proposed changes, if any, to the approved CHI; g) balance of funds to be expended over the duration of the project; and h) name of applicant's representative, including complete contact information. Reports may but are not required to include copies of printed materials, media coverage, DVDs, etc. Reports should be submitted electronically to the Bureau of Community Health and prevention @ DONCHI@state.ma.us.