SUPPLEMENTAL APPLICANT QUESTIONS

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary

1. **Overall-- SDoH Screening and Referral**

   We understand that all 133 Partners primary care practices that are participating in the MassHealth Accountable Care Organization ("ACO") Program are screening patients for SDoH needs, and that the PCP (as risk holder) holds responsibility for SDOH screening and referral.

   In fully assessing health equity, we still lack understanding of how Applicant/MGH meets the needs of the MassHealth ACO patients when presenting outside the PCP to any of these 4 services described in the application. Please provide MGH protocols for SDOH screening or referral when a covered patient presents in each of the Service Lines. Since we understand that MGH's long term goal is to implement an SDoH screening program for all patients, it is particularly important to understand these protocols.

   Here are two examples that help illustrate our need to understand continuity in addressing SDOH needs:

   i. **A covered lives patient who has not been screened by his PCP for SDoH needs ends up seeking care in the ED, when it appears he is hungry**
   ii. **A covered lives patient has been screened by a PCP for SDoH needs but clearly has ongoing needs, when she explains she has no way to get home from endoscopy service**

As discussed in the Applicant's initial response to questions around its universal SDoH screening program, Massachusetts General Hospital's ("MGH") long term goal is to implement a universal screening program for all patients. To this end, the hospital is a member of the Boston Area Hospital Collaboration on the Social Determinants of Health. This Collaboration is comprised of hospitals within Boston and seeks to establish a consistent screening tool for evaluating individual and family social determinant of health ("SDoH") needs.

Through this Collaboration, Boston healthcare institutions have come together to discuss collecting SDoH information consistently across institutions and implementing best practices for referrals to community services. This Collaboration engaged Health Resources in Action ("HRiA") in 2017 to facilitate a process to: (1) identify common SDOH screening questions that will allow hospitals to meet MassHealth ACO requirements and (2) explore pooling data for collaborative projects, such as a joint community health needs assessments. HRiA is examining the SDOH measures that the institutions already collect; facilitating a consensus-building process for data collection on similar SDoH domains; conducting key informant interviews; and examining workflow and referral pathways for data capture and referral to social services. Next steps include assessing options and best practices for social needs screening workflows, building consensus on common social needs screening questions, and ensuring that the Collaboration's plans align with MassHealth ACO requirements.

Based on information from the Collaboration, Partners and MGH are being thoughtful about the implementation of a universal SDoH screening program, recognizing that there is a limited amount of capacity within the community-based organizations that patients will be "linked" to for services and understanding a staggered approach to implementation is best, so that Partners and MGH (as well as other hospitals) do not overwhelm the available resources.

In regard to specific SDoH screening processes, as noted in the question, this responsibility lies with a patient's primary care physician ("PCP") and his/her staff. However, recognizing that the two aforementioned scenarios may occur with patients making their needs known to emergency department ("ED") and specialty care staff, the Applicant submits the following information on MGH's screening processes:

Emergency Department: In regard to screening within the MGH ED, navigators do an initial chart review on all MassHealth ACO patients seeking services (including a review of all completed SDoH screen(s) found within the Partners' electronic health record system, Epic). Post-review, an ED Navigator approaches these patients to determine if they have any additional SDoH needs and to determine if their current needs are being met. Regardless of whether an initial SDoH screen has been completed, ED Navigators approach MassHealth ACO patients to discuss all SDoH needs (e.g. has the patient notified anyone of these needs, what are his/her needs, what resources may be helpful, etc.). Although ED Navigators do not conduct formal screens of ED patients, they utilize their conversations with these patients to establish trust, so they may have a better understanding of what a patient is experiencing, especially around SDoH needs. Navigators probe on similar domains as the SDoH screening tool, such as food and housing insecurity, childcare, a lack of health insurance, lack of employment, etc., and refer patients to internal and external programs and community-based organizations. Post-patient-discharge, ED Navigators follow-up telephonically with patients around referrals and connections to primary care and specialty clinics.

Accordingly, if a MassHealth patient that has not been screened by his/her PCP presents to the MGH ED with SDoH needs, such as food insecurity, this person will be rounded upon by an ED Navigator. This Navigator will work with the patient to address his/her immediate needs, with the ED Navigator reaching out to the patient's PCP, as well as linking the person with community based

organizations and internal programming. Finally, the ED Navigator will follow-up with the patient telephonically to ensure the patient is linked to appropriate services.

Furthermore, MGH has resources within the hospital's ED to address the needs of specific patient populations. For example, those patients diagnosed with a substance use disorder ("SUD") are provided with access to a Recovery Coach. These coaches (similar to community health workers) assist SUD patients with accessing outpatient treatment, providing emotional support and advocacy, as well as addressing housing, transportation, educational and legal needs. It is also important to note, that almost all of the MGH Emergency Medicine physicians are now X-Waivered, and along with nurse practitioners specially trained in addiction medicine, can refer patients to the MGH Bridge Clinic for longitudinal treatment of opioid addiction.

MGH also offers the Violence Intervention Advocacy Program ("VIAP") with staff assisting patients in the ED. VIAP provides direct services to victims of community violence (patients with stab wounds, gunshot wounds and assaults). The mission of the Program is to assist victims of violence to recover from physical and emotional trauma and empower these patients with skills, services and opportunities, so they may return to their communities, make positive changes in their lives, strengthen others who have been affected by violence and contribute to building safer and healthier communities.

Specialty Services: MassHealth ACO patients that are seeking specialty services are referred to these services by their PCP. If a SDoH is known at the time of referral, the PCP's staff will work the patient to address any needs. For example, if a MassHealth ACO patient does not have transportation to or from a colonoscopy appointment, the PCP staff will ensure a patient has a voucher and that transport is scheduled.

However, on the day of an appointment, if a patient makes his/her ongoing needs known to staff within a specialty clinic (such as the Endoscopy Unit, the EP lab or when receiving radiology services), staff within each area, such as a social worker or community health worker will assist the patient. These staff members confirm that a request for assistance has been made by the patient. Upon confirmation, the staff member may assist the patient directly or refer the patient to a community-based organization that may be able to provide specific services or supports. The patient's SDoH need(s) and circumstances determine the intensity of follow-up that is provided. These patients also are referred back to their PCP for further assistance with SDOH needs.

All SDoH screens are tracked in a patient's EHR in the Epic system. Tracking includes whether a SDoH screen was conducted, if there were positive responses indicating the patient needs assistance, and if the patient was provided with written support materials ("Tip Sheets") or referred to a support person. Moreover, case managers and other staff assisting patients with SDoH needs may provide notes in the Epic system as to where the patient is in the process of accessing resources to address his/her SDoH needs.

2. Endoscopy Renovation and Expansion

In order to better understand Partners' rationale for improved public health outcomes, we need to understand how preventative screening works and more about the procedures and equipment in the suite.

a. On page 5 of the Endoscopy DoN Application narrative, you listed the most prevalent underlying conditions associated with endoscopy patients at MGH. Is it possible to provide the following:

i. Percentage of all procedures that are routine screening (asymptomatic patients) vs. those that are diagnostic, and if possible, those that are both diagnostic and treatment

The following percentages of endoscopic procedures were performed at MGH in FY18 (this includes procedures performed at the hospital's main campus and its satellite location at Charles River Plaza): routine screening: 24% of procedures; and 76% of procedures were diagnostic and/or treatment procedures.

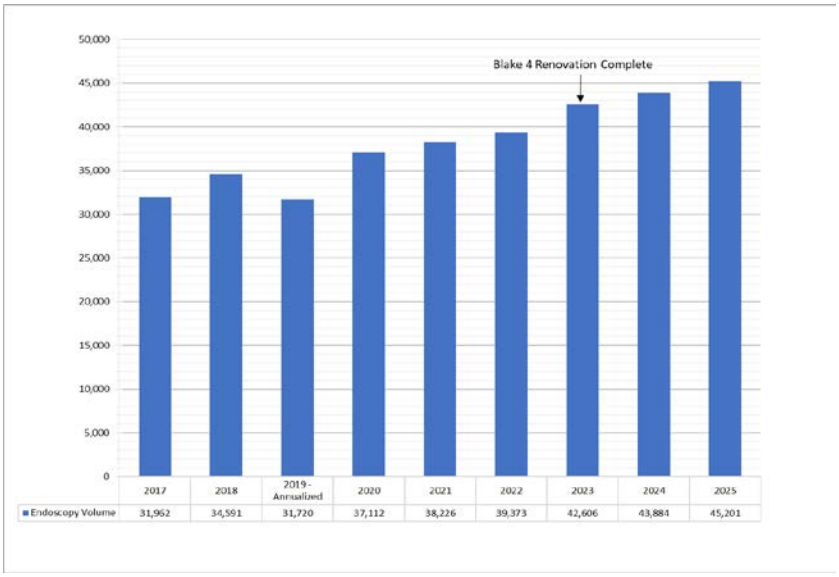
ii. Additional information on the diagnostic category "other," which accounts for over 50% of diagnoses

Please see Attachment 1, which contains the diagnosis codes for all endoscopic procedures performed at MGH's main campus, including those captured in the "other" category for the past three fiscal years and the first quarter of FY 19.

b. On page 8 of the Endoscopy DoN Narrative, you report that 34,591 procedures were performed in 2018. Can you tell us the number of procedures performed in the inpatient vs. outpatient setting?

The 34,591 procedures discussed on page 8 of the Endoscopy Determination of Need narrative (and outlined below in Table 1) encompass the endoscopy volume for MGH's main campus (Blake 4) and MGH's hospital satellites at – Charles River Plaza in Boston and the Mass General/North Shore Center for Outpatient Care in Danvers. Table 1 below outlines historical volume trends for endoscopy procedures, as well as future demand for these services at these sites, with demand for these services continuing to grow in future years.

Table 1: Endoscopy Services Volume Projections



In regard to billing status, in FY18, 13% of all endoscopic procedures were inpatient and 87% of endoscopic procedures were outpatient. It is important to note that not all patients may have endoscopic procedures in the outpatient setting, rather some patients are too sick with co-morbidities to have procedures in this setting. Accordingly, in these instances, qualifying patients must have their endoscopic procedures at MGH's main campus.

The volume from the three MGH sites was included in the historical volume trends and future projections for planning purposes, as some of these patients will need to have care at MGH's main campus.

c. On page 11, you describe endoscopy's use as a screening, diagnostic, and treatment tool. Can you provide description of which procedures would be considered both diagnostic and treatment?

As discussed within the Determination of Need narrative (page 11), endoscopy is frequently used as a diagnostic tool to evaluate stomach pain, ulcers, gastritis, digestive tract bleeding, changes in bowel habits, and polyps or growths in the colon.[1] Upon diagnosis, in some instances, clinicians then utilize endoscopy as a treatment tool to remove polyps or stop bleeding. In these instances, endoscopy is used both for diagnosis and treatment.

d. On page 5 of the Endoscopy DoN Narrative, you state that existing clinical space cannot accommodate the latest technological devices for certain endoscopic procedures, and that the renovated and new procedure rooms will allow clinicians to perform interventional and routine endoscopy. Please describe the new technologies that the current suite will not allow that the renovation will allow for.

[1] *Colorectal Cancer Screening,* AM. SOC'Y FOR GASTROINTESTINAL ENDOSCOPY, https://www.asge.org/home/about-asge/newsroom/media-backgrounders-detail/colorectal-cancer-screening (last reviewed July 2017).

MGH developed a renovation and expansion plan for the Endoscopy Unit that will increase procedural and peri-procedural space. These renovations will allow staff to utilize endoscopic equipment, such as endoscopic ultrasound, cryotherapy, and technology associated with radiofrequency ablations, with ease in the procedure rooms – safely moving the equipment when necessary and ensuring space for appropriate staff.

Renovations to the procedural space will allow clinicians to perform endoscopic procedures that are currently not provided within the Endoscopy Unit due to a lack of space. For example, Peroral Endoscopic Myotomy ("POEM"), a therapeutic endoscopic procedure that uses high-definition upper endoscopes is currently not offered at MGH. This procedure treats achalasia and spastic esophageal disorders not responding to medical therapies (e.g., diffuse esophageal spam, nutcracker esophagus, etc.). Additionally, larger procedures rooms will allow clinicians to perform Gastric Peroral Endoscopic Myotomy ("G-POEM"), which has been regarded as a novel and minimally invasive therapy for refractory gastroparesis and Transoral Incisionless Fundoplication ("TIF"), which is a minimally invasive treatment for gastroesophageal reflux disease ("GERD").