

Addendum to Staff Report PHS-19072212-RE

On November 7 2019 and pursuant to 105 CMR 100.510, the Massachusetts Department of Public Health (DPH) Determination of Need (DoN) Program staff forwarded to all Parties of Record its written Staff Report relative to above DoN application filed on behalf of Partners HealthCare System, Inc. with regard to Brigham and Woman's/Mass General Healthcare (Foxborough Center). In accordance with the regulation, Parties of Record were authorized to submit written comments related to the Staff's recommendation and any other conditions recommended in the Staff report. On November 21 2019, the TTG representing Sturdy Hospital sent a letter to DPH outlining its concerns with the Report and its accompanying conditions. Staff acknowledges receipt of this letter and the concerns expressed. The TTG made the following requests of DPH (staff responses follow in bold):

1. Whether the former Disaggregation Guidelines apply to this Proposed Project and other construction at the Foxborough Center
Because this application was filed prior to October 1, 2019, the former Disaggregation Guidelines do apply. Under those Guidelines, as well as statute (M.G.L. c. 111, §25B), DPH is required to evaluate applications proposed by individual licensed health care facilities.
Because Patriot Place includes a number of health care facility licensees, DPH is constrained from evaluating the entire location in question.
2. Adding an additional condition, requiring reporting on the number of patients accepted into the Foxborough Center's primary care practice that previously had a primary care provider or not, to address Sturdy's concern that commercially insured patients in Sturdy's service will increasingly obtain their primary and specialty care services at the Foxborough Center.
DPH bases its analysis on Patient Panel need as outlined in Factor 1. The Applicant has described the Partners' Patient Panel need for the MRI and CT services being requested, and DPH has added a condition requiring reporting on the percentage of orders for CT and MRI coming from Partners' affiliated providers, and the percentage coming from other providers. The additional condition requested by the TTG is beyond the scope of the Application and the analysis required pursuant to the DoN regulation.
3. If the Community-Based Health Initiative (CHI) could require that the Applicant's Community Health Initiative program incorporate both participation by and funding to the impacted Independent Community Hospital.
The CHI requirement is designed to support community-based activities that improve health for populations in the geographic area of where a DoN project is proposed. It is not designed to benefit particular patient panels or specific healthcare facilities or institutions. DPH cannot require that an Independent Community Hospital be funded through a CHI.
DPH appreciates that there may well be a role for an Independent Community Hospital to be involved in the planning of the CHI. Under current CHI Guidelines, DPH assesses whether particular sectors are represented (housing, transportation, etc.) on local Community Advisory Committees; Independent Community Hospitals are not currently a required sector in the Guidelines. It is the role of the Community

Advisory Committee to decide to include other sectors (such as an Independent Community Hospital) in its membership, and said members' role in decision-making processes.

On November 21 2019, the Applicant also sent a letter to DPH outlining its concerns with some of the language used in the report and its accompanying conditions. Staff also acknowledges receipt of this letter and the concerns expressed. The Applicant made the following requests of DPH (staff responses follow in bold):

1. Clarification on the term "Report on use of clinical decision support tool" in Overview of Proposed Project and Factor Review (Page 4)
DPH confirms that this is the same issue/report called for under Condition number 2.
2. Revise suggested Condition on annual reporting on "percentage of MRI scans that triggered an Important Finding Alert (IFA) that the radiologist conducted a critical value report."
Based on discussions with the Applicant around their capability of reporting on this condition, DPH has revised the Condition in red text below.
3. Revise ending reporting period for four [CMS Outpatient Imaging Efficiency \(OIE\)](#) measures, regardless of when data is due to the Department as a function of the date of first service of the approved MRI and CT units.
Based on discussions with the Applicant around CMS reporting, DPH has clarified the reporting period accordingly in red text below.
4. Allow CHI funding to carry out the evaluation requirements of the CHI process by reducing the total amount that is distributed to local approaches.
DPH recognizes the value and need for locally conducted evaluations of Community Health Initiative (CHI) investments. DPH also recognizes that the total amount needed for evaluation depends on the types of projects being implemented. Accordingly, and as with past projects, the Applicant is allowed to utilize up to 10% of the total amount dedicated to the implementation of the local CHI. This is clarified in red text below.

Based on this letter, DPH agrees to make 3 changes to the conditions outlined in the Staff Report. We copy pages 20-21 below from the original Staff Report, and list changes in red on these pages.

Conditions

In order to demonstrate that Proposed Project will add measurable public health value in terms of improved health outcomes, quality of life, and to further demonstrate the need of the Applicant's Patient Panel, the Holder shall, on a yearly basis:

1. Report on improvement of measures outlined in Attachment 1.
2. In order to demonstrate appropriate use of both MRI and CT, report on the effectiveness of the Foxborough Center providers' use of the American College of Radiology (ACR) Clinical Decision Support tool "ACR Select - NDSC" for Adult MRI or CT imaging orders (or any subsequent CDS). Holder shall provide, at minimum,
 - a) data showing yearly changes in "low utility" or "marginal utility" CT and MRI orders; and
 - b) percentage of provider response to alerts provided by ACR Select-NDSC (or any subsequent CDS)
3. In order to further demonstrate the need for MRI and CT among Partners' Patient Panel, report on the percentage of orders for CT and MRI coming from Partners' affiliated providers vs those from any other provider.

CHI Conditions to the DoN

4. Of the total required CHI contribution of \$473,810.40:
 - a) \$45,485.80 will be directed to the CHI Statewide Initiative
 - b) \$409,372.18* will be dedicated to local approaches to the DoN Health Priorities
 - c) \$18,952.42 will be allowable for administrative costs

The Applicant is allowed to utilize up to 10% of the total amount dedicated to the implementation of the local CHI* dollars for evaluation.

5. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$45,485.80 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
 - a) The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval
 - b) The Holder must promptly notify DPH (CHI contact staff) when the payment has been made
6. The Holder shall provide DPH with results of the plan to implement enhanced engagement strategies as described in the Community Engagement Plan Supplement and specific to the Foxborough community within four months of the date of the Notice of Approval.

Required Measures for Annual Reporting

The Holder shall provide, in its annual report to the Department, reporting on the following measures. These metrics will become part of the annual reporting on the approved DoN, required pursuant to 105 CMR 100.310(A)(12).

1. Patient Experience/Satisfaction (Press Ganey)

Overall satisfaction of care provided (**fair or lower only**)

Holder shall Report on the following:

- a) Satisfaction rate for patients receiving MRI and/or CT
- b) Patient response rate with a breakdown of respondents by race
- c) Any policy changes instituted as a result of Holder's evaluation of fair or lower ratings

Holder shall Report on progress in making (ongoing) reductions in

2. Wait Times: Holder shall Report on the following:

Time interval (in days) from when the case was initiated for scheduling in EPIC, to the next available outpatient appointment. Holder shall Report on the following:

- a) Median number of days between ordering elective MRI and imaging test performed.
- b) Median number of days between ordering elective CT and imaging test performed.
- c) Median number of days from the completion of a patient's CT/MRI service at the Foxborough Center to finalization of radiology report
- d) Any policy changes instituted as a result of Holder's evaluation of increasing days

~~3. Percentage of MRI scans that triggered an Important Finding Alert (IFA) that the radiologist conducted a critical value report.~~ Holder shall Report on the following:

- ~~a) % of IFAs where critical value report indicated~~
- ~~b) % of critical value reports radiologists performed over the total number of IFAs~~
- ~~c) Any policy changes instituted as a result of increasing critical value reporting~~

3. Percentage of MRI scans that triggered a critical value alert ("CVA"). Holder shall report on the following:

- a) % of MRI scans that triggered a Level I (red), Level 2 (orange), or Level 3 (yellow) CVA
- b) % of compliance with Holder's policy for response to CVAs
- c) Any policy changes instituted as a result of compliance with the policy
- d) The Holder's most recent policy for (1 hour, 3 hours and 15 days, respectively) for Level 1,2 and 3 CVAs

Holder shall also report on imaging efficiency

4. Imaging Efficiency Measures

As is required for calendar year (CY) 2020 payment determinations, the Holder will report on four [CMS Outpatient Imaging Efficiency \(OIE\)](#) measures that are publicly reported within the Hospital Outpatient Quality Reporting (OQR) Program:

- a) MRI Lumbar Spine for Low Back Pain (OP-8)
- b) Abdomen Computed Tomography - Use of Contrast Material (OP-10)
- c) Thorax CT - Use of Contrast Material (OP-11)
- d) Simultaneous Use of Brain CT and Sinus CT (OP-14)

These publicly reported OIE measures are calculated using data from hospital outpatient claims paid under Medicare's Outpatient Prospective Payment System (OPPS).

Since these data are calculated quarterly and reported to CMS yearly, Holder shall report these data on an annual basis, up to the most recent quarter. As will be required for all DoN annual reports, these data are reported 60 days after the close of a quarter (or December 1, March 1, June 1 and September 1), depending on the due date of said report.