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November 21, 2019

Margo I. Michaels, MPH  
Program Director  
Determination of Need Program  
Commonwealth of Massachusetts  
Department of Public Health  
250 Washington Street  
Boston, MA 02108

Re: DoN Application Number PHS – 19072212-RE, Partners HealthCare System, Inc.  
Application for a Proposed Project for Approval of DoN-Required Equipment and Services  
Brigham and Women’s/Mass General Healthcare, 20 Patriot Place, Foxborough, MA 02035

Dear Ms. Michaels:

We write on behalf of Partners HealthCare System, Inc. (the “Applicant”) and the Brigham and Women’s Hospital (“BWH”) to thank the Department of Public Health (the “Department”) for its diligent review of the above-captioned Determination of Need (“DoN”) application.

Pursuant to 105 CMR 100.510(C), the Applicant hereby submits written comments with respect to certain of the proposed conditions contained in the Department’s Staff Report to the Public Health Council (the “Staff Report”).

1. Staff Report, Page 4. The Overview of Proposed Project and Factor Review requires that the Applicant, “Report on use of clinical decision support tool”. The Applicant believes this is the same issue/report called for under condition number 2. (Report, p. 20.) Please confirm.
2. Condition No. 1. (Report on improvement of measures outlined in Attachment 1.) The Applicant has carefully reviewed the Required Measures for Annual Reporting and seeks to clarify the following:

RM 3. BWH treats Important Finding Alerts (“IFAs”) and critical value reports (“CVRs”) radiologists performed in the same manner and, therefore, has no mechanism to measure CVRs radiologists performed over the total number of IFAs. The Applicant can provide a total raw number of CVRs issued.

Accordingly, the Applicant requests that the Department revise this measure to read as follows:

Holder shall report on:

- (a) Number of critical value radiologist reports issued
- (b) Any policy changes instituted as a result of increasing critical value reporting.

3. Condition No. 2. The Applicant's annual report to CMS pursuant to the Protecting Access to Medicare Act of 2014 ("PAMA") will contain the data the Department requests in this condition. Therefore, to satisfy this condition, the Applicant hopes that the Department will accept the last annually submitted PAMA report 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. Please confirm.
4. CHI Conditions.

With respect to Condition 4 regarding the Determination of Need – Community Health Initiative ("CHI"), the breakdown of funding found on page 20 of the Staff Report does not provide for the requested evaluation monies. Therefore, the Applicant requests that, as with other DoN approvals, the Department allows the Applicant to utilize CHI funds to carry out the evaluation requirements of the CHI process by reducing the total amount that is distributed to local approaches. This request was made in the DoN Application consistent with the Department's past practice with respect to evaluation funding. Accordingly, the Applicant requests that of the \$409,372.18 designated for local approaches, \$40,937.22 may be used for evaluation purposes, including technical assistance and appropriate evaluation of CHI-funded projects, leaving \$368,434.96 for distribution to local approaches.

Thank you for your consideration of these comments. Please contact me or David Chorney if you have any questions regarding this letter or the proposed changes. We will also be available to meet with you to discuss these comments prior to the December 11, 2019 Public Health Council meeting.

Very truly yours,



M. Daria Niewenhous

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