APPLICANT RESPONSES

Overall Questions

1. **Information about payer mix or APM contracts is not included in your description of the patient panels for the Applicant, the Foxborough Center, nor the Center's Imaging Panel. Please provide the information for each as follows.**

Managed Care Contracts List percentages	**Payor Mix-List percentages**
☐ ACO and Managed Care Contracts ☐ Non- ACO and Managed Care	☐ MassHealth (Private Medicaid/Medicaid MCOs) ☐ Private Medicare/Medicare Advantage ☐ Private Medicaid/Medicaid MCOs ☐ Commercial PPO/Indemnity ☐ Commercial HMO/POS ☐ Other

Partners ACO and Managed Care Contracts

The percentage of Partners HealthCare's primary care lives covered in risk contracts is 57.9%.[1] This percentage is derived from the number of **primary care lives** within the patient panels of the Partners HealthCare's primary care physicians ("PCP") that are covered under risk contracts (Partners HealthCare bears risk). This data **does not include** referral patients as such patients are not managed by a Partners PCP and are not included in Partners HealthCare's risk contracts.

Of note, the data used to determine the percentage of lives covered in Partners Health Care's risk contracts differ from the Partners' patient panel data that is included in the DoN narrative as the risk contract data is based on primary care lives; whereas patient panel data is a standard report of all of Partners' patients that received care over the last three fiscal years from one of the five Partners acute care hospitals and or hospital physicians, including referral patients.

Moreover, in regard to the methodology for collecting system-wide patient panel data, as well as data associated with primary care lives, this process is evolving at Partners HealthCare, particularly with the system-wide adoption of Epic (Partners' electronic health record system). Previously, each regional service organization ("RSO") would have to manually pull the data in order to calculate a system wide total primary care lives. The implementation of Epic has changed the manual process of data extraction, allowing for a more centralized and standardized way of obtaining aggregate data. Currently, there are some Partners HealthCare affiliates that are not on Epic and some RSOs have just converted to Epic; typically, it takes approximately one

[1] The number of risk members is for CY2018 and includes members from the following risk contracts: Medicare ACO - NextGen, BCBS AQC and BCBS PPO, HPHC, TAHP, AllWays Commercial, and Medicaid ACO. The total number of patients within a PCP's panel are for FY 2017 adult and pediatric patients.

year for the Epic data to be "clean." Given that there are some gaps in the Epic data and that some RSOs are still ramping up on the system, **historical FY17 primary care covered lives data** is being used for this calculation. Accordingly, as Partners HealthCare staff develop additional data and methods for providing this information, the percentage may change.

In regard to non-ACO and/or non-managed care contracts, Partners HealthCare staff are working on how best to provide this information. From a Partners' primary care perspective, all lives are managed by a PCP, leading to no non-managed lives. However, if "non-managed lives" are defined as primary care lives that are in external risk contracts, there are numerous factors to consider when developing this calculation and Partners HealthCare staff are working through how this information may be reported to the Department of Public Health. Although it would seem an inverse calculation of the ACO/managed care contracts could be conducted to provide this data point, there are other factors that require additional consideration.

Payor Mix List Percentages

Please refer to the tables below for the payer mix of Partners HealthCare System for FY15, FY16, and Foxborough Center FY17 and FY16, FY17 and FY18 patient panels.

Table 1: Partners HealthCare Payer Mix Percentages[2]			
Payers by Category / **Category**	**FY15**	**FY16**	**FY17**
Commercial	60.9%	61.2%	59.6%
Managed Medicaid	4.4%	4.5%	5.3%
MassHealth	4.0%	3.5%	3.8%
Commercial Medicare	2.7%	3.4%	3.8%
Medicare FFS	23.1%	22.9%	22.7%
Other	4.9%	4.6%	4.8%

[2] Please note the following regarding the Partners HealthCare data: (1) Reflects aggregate Partners HealthCare revenue for the 2016, 2017 & 2018 Cost Hearing Submissions for P4P Contracts, Risk Contracts, FFS Arrangements and Other Revenue; (2) Data includes MGH, BWH, NSMC, NWH, BWFH, MGPO, BWPO, NSPG & NWMG. Payer specific information for other PHS providers (McLean, Spaulding Network, MVH, and NCH) is not available; and (3) Revenue based on payments minus denials, bad debt, free care surcharge, and uncompensated care assessment.

Table 2: The Foxborough Center Payer Mix Percentages	
Payer group	**% of Total**
Commercial PPO/Indemnity	35%
Commercial HMO/POS	27%
Medicare FFS	27%
Other	4%
Managed Medicaid	3%
Commercial Medicare	3%
Mass Health	2%
Grand Total	**100%**

Please note, that the Health Policy Commission and the Center for Health Information and Analysis require annual payer mix reports from the Applicant; however, revenue for these reports is broken down via a standard template, which contains the following categories: commercial (specifically naming plans); Medicaid; and Medicare.

2. **You note that Partners has a number of MRI and CT units located in the Boston area, and provide data from BWH and BWFH on the number of MRI and CT exams performed. While you cite the need for imaging services close to home, efficiencies of co-location, and meeting the needs of additional physicians who will be located at the center, clarify:**

   a. **How this proposed expanded capacity relates to other CT and MRI in the system.**

      - **To what do you attribute the "current demand...in the Foxborough region" (p.11) as compared to any other region in the Partners system?**

We believe the current demand is due to the Foxborough Center being the only comprehensive Partners facility within this geographical catchment area. Please see Section F1.a.ii(B) of the Project Narrative for a discussion regarding distance and drive times to BWH and other BWH facilities. Across the Partners HealthCare system, there are a number of other facilities that offer MRI and CT services. However, looking at the closest to the Foxborough Center, Newton-Wellesley Hospital ("NWH") offers similar services; for a 9:00 a.m. week day appointment, traveling to NWH from the Foxborough Center is a 21-23 mile drive taking approximately 45 minutes to an hour and forty minutes.[3] During non-rush hour traffic, driving time from the Foxborough Center to make a 1:00 p.m. appointment at NWH the drive takes approximately 25-

[3] Google Maps, leaving from 20 Patriot Place, Foxborough Massachusetts with a proposed arrival, at NWH, time of 9:00 a.m. https://www.google.com/maps/dir/20+Patriot+Place,+Foxborough,+MA/Newton-Wellesley+Hospital,+2014+Washington+St,+Newton,+MA+02462/@42.2121806,-71.3435902,11z/data=!3m1!4b1!4m18!4m17!1m5!1m1!1s0x89e47cb874eb5515:0x67aafb18d85834e1!2m2!1d-71.2661235!2d42.0928312!1m5!1m1!1s0x89e383b699a57093:0x7e8b371b516cb85c!2m2!1d-71.2448606!2d42.3311565!2m3!6e1!7e2!8j1566982800!3e0

50 minutes.[4] Clearly, drive times and accessibility is even more difficult for other Partners facilities offering MRI and CT services.

Since 2017, ending July 31, 2019, approximately six hundred (600) patients living in Foxborough have received MRI or CT services at either BWH or BWFH.

3. Attachment 4[5] contains data showing 18,491 MRI and CT were performed in a year period. However, the chart at the bottom does not make sense given that total. Provide an updated table showing clearly the # of CT and MRIs performed by age each year for the last 3 year period.

The 18,491 figure in Attachment 3 shows the total number of patients. The chart at the bottom of Attachment 3 represents the total number of scans. We have broken down the CT and MRI Exams by Patient Age Group, 1/1/17 through 7/31/19, in the chart below.

Exams	**Year/Modality**									
	2017		**2017 Total**	**2018**		**2018 Total**	**2019**		**2019 Total**	**Grand Total**
Patient Age Group	**CT**	**MR**		**CT**	**MR**		**CT**	**MR**		
Under 18	20	76	96	41	143	184	34	123	157	437
18-25	184	310	494	167	309	476	97	204	301	1,271
26-45	657	1,052	1,709	765	1,167	1,932	481	817	1,298	4,939
46-65	2,390	2,437	4,827	2,601	2,639	5,240	1,608	1,801	3,409	13,476
65+	2,900	1,492	4,392	3,060	1,618	4,678	1,728	1,055	2,783	11,853
Grand Total	**6,151**	**5,367**	**11,518**	**6,634**	**5,876**	**12,510**	**3,948**	**4,000**	**7,948**	**31,976**

Foxborough CT and MRI Exams by Patient Age Group; 1/1/17 Through 7/31/19

Exams	**Year/Modality**									
	2017		**2017 Total**	**2018**		**2018 Total**	**2019**		**2019 Total**	**Grand Total**
Patient Age Group	**CT**	**MR**		**CT**	**MR**		**CT**	**MR**		
Under 18	20	76	96	41	143	184	34	123	157	437
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65+	2,900	1,492	4,392	3,060	1,618	4,678	1,728	1,055	2,783	11,853
Grand Total	**6,151**	**5,367**	**11,518**	**6,634**	**5,876**	**12,510**	**3,948**	**4,000**	**7,948**	**31,976**

[4] Google Maps, leaving from 20 Patriot Place, Foxborough Massachusetts with a proposed arrival, at NWH, time of 1:00 p.m. https://www.google.com/maps/dir/20+Patriot+Place,+Foxborough,+MA/Newton-Wellesley+Hospital,+2014+Washington+St,+Newton,+MA+02462/@42.2121806,-71.3435902,11z/data=!3m1!4b1!4m18!4m17!1m5!1m1!1s0x89e47cb874eb5515:0x67aafb18d85834e1!2m2!1d-71.2661235!2d42.0928312!1m5!1m1!1s0x89e383b699a57093:0x7e8b371b516cb85c!2m2!1d-71.2448606!2d42.3311565!2m3!6e1!7e2!8j1566997200!3e0

[5] For purposes of this response, we have assumed the intended reference is to Attachment 3.

4. Attachment 3 shows growth in CTs and MRIs performed at the Center. To what do you attribute the initial growth at the Center in exam volume in CY17 and then a drop in CY 18? Why would we not anticipate a further drop?

The updated chart below shows the CT and MRI Exam volume for the Foxborough Center by calendar year.

Year	CT	MR	Total
2017	5,731	5,368	11,099
2018	6,139	5,861	12,000
2019 (Annualized)	6,768	6,857	13,625

Data shows year over year growth within both MRI and CT. For calendar year 2019, the chart reflects annualized volume/projected growth based on the year to date run rate for each MRI and CT unit currently at the Foxborough Center. The Foxborough Center is also subject to a number of closures (lost slots/volume) that are unique to this location due to Patriot Place public events (Patriots football games, concerts, soccer, etc.). The number of closures is monitored, and alternative hours/days of week are offered to patients, if possible, to make-up for the closed schedules.

5. Please describe the current MRI and CT units. How many scans are needed to reach full capacity on current units (CT currently at 86% capacity) and MRI currently at 94% capacity?

a. How many scans are needed to reach full capacity when you have the additional two new units?

MRI:

While average utilization for MRI is 94%, weekly, the Foxborough Center MRI is currently booked and scheduled at 100% capacity. The 6% utilization drop on a weekly basis includes no shows, cancellations and lost slots due to stadium events, equipment maintenance or unplanned downtime.

For the additional MRI unit to mirror current hours of operations, a total of 136 scans per week will be added.

CT:

While overall utilization for CT at the Foxborough Center is 86%, weekly, utilization from 8:00 a.m. -5:00 p.m. Monday-Friday is at 90%. Open scheduling slots are available outside of these hours. At 86% utilization, there are 29 CT appointments available per week at the Foxborough Center. For the additional CT unit to mirror current hours of operations, a total of 207 scans per week will be added.

The Foxborough Center's goal is to provide real-time/same-day CT and MRI appointment availability in the building so that its patients will not have to make an additional trip to the Foxborough Center or elsewhere for Imaging Services. While there are available appointments

during off-hours, when the scanner is open for urgent care center services, the additional units will provide the ability to accommodate those real-time/same-day requests without delaying care for urgent care center patients.

6. Based on the projected growth rate of the patient panel, what is the anticipated growth in the volume of scans?

Based on the ramp up period for the referring providers we anticipate an initial 9% increase in CT and 14% increase in MRI. This does not include the additional exam types that will be offered with the new CT and MRI units, and that were not previously offered at the Foxborough Center.

7. While you state that most MRI and CT referrals are from Internal Medicine and Orthopedics, provide a list of the most common CPT codes currently used for MRI and CT, and what changes in that list are anticipated with the acquisition of the two new units?

CPT Code		MR
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	1,230
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	983
70553	MRI BRAIN STEM W/O W/CONTRAST MATERIAL	714
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	636
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	618
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	504
70551	MRI BRAIN STEM W/O CONTRAST MATERIAL	335
70544	MRA HEAD W/O CONTRAST MATERIAL	186
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	148
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	143
CPT Code		**CT**
74177	CT ABDOEN & PELVIS W/CONTRAST MATERIAL	1,271
71250	CT THORAX W/O CONTRAST MATERIAL	1,020
71260	CT THORAX W/CONTRAST MATERIAL	761
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	475
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	448
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	368
74178	CT ABDOMEN & PELVIS W/O&W CONTRAS	342
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	340
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	167
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	151

It is anticipated that the following CPT codes will be added:

74261 – CT Colonography DX w/o Contrast
74263 – CT Colonography DX w/ Contrast
74263 – CT Colonography Screening

76497 – CT Cardiac Calcium Scoring
G0297 – Low Dose CT Lung Screening
72197 – MRI Pelvis W/O & W/Contrast

Another offering will be for patients with implanted cardiac devices to be scanned at the Foxborough Center. This patient population could be across any of the CPT codes offered at the Foxborough Center. Currently these patients are all required to come to Boston for scanning on a 1.5T magnet.

8. You state that delayed access to care (in this case, imaging) affects health outcomes and quality of life, and that "lengthy" wait times for CT is 1-2 days (at 86% capacity) and MRI is 4-5 days (at 94% capacity):

a. You suggest that with the new equipment, wait times will decrease for CT by 1 day and for MRI by 2-3 days. While this seems like it will certainly help the current patients of the Center, explain how this calculation takes into account the increased number of primary care patients anticipated as well as those "getting specialty care at Boston locations"

Internal Medicine/Primary care currently makes up ~17% of MRI referrals and ~25% of CT referrals to the Foxborough Center. With the addition of another unit for each modality, there will be enough capacity to accommodate new exam offerings. As stated previously, our initial growth rate for Imaging Services with the provider growth is 9% for CT and 14% for MRI.

b. How are you defining "wait times" for appointments? How does action by the patient in making an appointment affect wait times?

Wait time is defined as the 3rd next available appointment. Patient action doesn't necessarily affect wait time in the context of 3rd next available appointment unless the patients calls the day of the appointment to cancel or reschedule their appointment.

c. Please describe how your wait times compare to other sites within Partners and how that compares to national trends.

The Foxborough Center's current wait times are comparable to the Applicant's facilities of similar size (one unit per modality) or with similar geographical placement. Many of the Applicant's larger facilities like BWFH book and perform at 100% capacity and utilization. Any other available capacity in the Applicant's system is located at Applicant's urban core locations associated with a hospital's main campus or locations that are not comprehensive locations.

The Applicant has researched but has been unable to find national trends associated to wait times for CT and MRI.

d. When did the Centers hours expand to weekends?

- **provide wait time data before and after this expansion took place.**

Expanded hours for CT and MRI were implemented at the Foxborough Center as follows:

MRI:

Saturday Coverage – 7:30 a.m. – 4:00 p.m. - **October 2012**
Tuesday, Wednesday and Thursday coverage expanded to 9:00 p.m. - **January 2014**
Monday and Friday coverage expand to 9:00 p.m. and Sunday coverage started 7:30 a.m. – 4:00 p.m. - **June 2017**
Monday – Thursday coverage expand to 11:00 p.m. & Saturday and Sunday coverage expanded to 8:00 p.m. - **June 2019**

CT:

Saturday and Sunday coverage from 7:30 a.m. - 4:00 p.m. - **April 2019**

Prior to expanding the Foxborough Center MRI weekend hours, the average wait time was 10 days. After this hours expansion, in January of 2014 the Foxborough Center needed to add evening coverage on Tuesday, Wednesday and Thursday due to wait times increasing back up to 10 days. From January 2014 thru June 2017, wait times again increased to 10 days at which time the Foxborough Center added Sunday coverage and extended Monday and Friday evening coverage. Running at 95% utilization in June 2019, the Foxborough Center expanded evening coverage Monday through Thursday until 11:00 pm and expanded weekend coverage until 8:00 pm.

e. How are slots reserved for urgent appointments, and how will they be reserved with the two new machines?

Currently the Foxborough Center adds CT urgent exams into the existing CT schedule. However, this causes 5-10 minute delays to patient wait times for pre-scheduled patients. The wait is typically only 5-10 minutes due to the speed of the scanner. Depending on that day's utilization of the CT scanner, these 5-10 minute delays can cause delays to all patients scheduled after the urgent scan if the Foxborough Center is unable to catch-up. As such, if multiple urgent scans are scheduled, this can cause further ripple-effect delays for patients who follow.

A second CT scanner will allow immediate access for urgent cases and create redundancy to address scanner equipment malfunction issues, eliminate cancelling and rescheduling of patients and reduce delays associated with urgent scans. The Foxborough Center reserves a single MRI slot daily for same day add-on and urgent MRI requests. Same day patient cancellations are also made available for urgent add on exams. This practice will continue with the additional scanner.

9. You state you expect to provide patients with access to a "continuous quality health care experience." Please explain:

a. How the 10 hour median time interval for radiology report factors into communication with the patient around their CT/MRI results, which provider is responsible for reporting, and how language and education needs are addressed in that communication

The 10-hour median time interval represents the median time interval for final signature by an attending radiologist. Resident and/or fellow review of radiology studies is performed within 2-3

hours of the exam being completed. If an urgent finding is noted by a technologist or radiology resident or fellow (at the time of scanning), an attending radiologist will immediately review with the radiology resident or fellow and an alert of critical results will be generated to the referrer for immediate action/notification of such findings. The referrer is responsible for communicating imaging results to the patient and educating the patient about those results, whether the findings are critical, urgent or routine. An interpreter is made available as needed to help a Partners HealthCare referring provider communicate results to a patient in need of interpretative services. The referring provider is responsible for ensuring the patient or health care proxy fully understands the results.

b. How follow up is coordinated between the PCP and the specialists

If a patient needs further follow up with a specialist, the patient's primary care physician will inform the patient and a referral to a specialist is entered into the patient's electronic medical record. A specialist will then examine the patient and review treatment plans and recommendations with the patient. If the patient's primary care physician needs to be informed, the specialist will notify the primary care physician. Partners Healthcare's specialist's progress notes are available to primary care physician in the patient's electronic medical record. If notes from specialists outside of the Partners Healthcare network are received, such notes will be reviewed by the patient's primary care physician and scanned into the patient's electronic medical record.

10. The Health Policy Commission describes in their <u>2018 Cost Trends Report</u> that "Massachusetts ranks 4th in the nation in Medicare spending for imaging, reflecting both higher utilization and greater use of higher-priced hospital outpatient departments.... Common diagnostic imaging includes X-rays, CT scans, and MRIs. Many of these imaging services have been shown to have no diagnostic value for certain conditions.[2]" Given these findings, explain any protocols in place to ensure that MRI and CT imaging is performed appropriately, including any clinical decision support (CDS) tools in use.

Currently, all outpatient orders entered through the Partners EPIC system go through the American College of Radiology (ACR) clinical decision support tool "ACR Select – NDSC". Once the order for CT and/or MRI is placed, each order is reviewed and protocoled by a Radiologist to ensure appropriateness of the study to include modality, contrast use, coverage area, etc. Any discrepancy in referrer order and Radiologist protocol results in a provider to provider conversation to determine appropriate next steps.

11. With respect to community engagement in Factor 1,

a. provide an agenda for the June 2019 community meeting

Please see Attachment 8.

b. explain how many members of the public (other than staff, consultants or clinicians providing services at Partners, MGH, BWH or the Center) attended your meeting

There was one community attendee who was not in some respect affiliated with the Applicant, William Keegan, the Town Manager for Foxborough. However, five of the attendees who are affiliated with the Applicant reside in the communities served at the Foxborough Center and/or have received services there.

c. expand how those in attendance represent "a community coalition statistically representative[6]" of the Center's patient panel

Consistent with the regulations and as described in the Project Narrative, in an effort to ensure appropriate community engagement, the Applicant hosted a community meeting on the evening of Thursday, June 6, 2019 to provide the public with information about the Proposed Project. Patients, providers, area residents and community and business leaders were encouraged to attend and to provide feedback. The community meeting also addressed Imaging Services in the context of the overall expansion of services at the Foxborough Center. The Department of Public Health's Community Engagement Standards for Community Health Planning Guideline released in January 2017 does not require evidence that a community coalition statistically representative of the patient population likely to receive the proposed services attend the meeting. Rather, the Guideline calls for the Applicant to "engage its Patient Panel in the context of determining the need of the Proposed Project." The Applicant did review the following factors: age, gender, sexual identity, ethnicity, disability status, socio-economic status and health status when determining engagement. However, the Proposed Project is for all patients within all of the noted categories. Consequently, efforts were made to have various patients and community members attend the community forum.

In planning for the community meeting, the Applicant took great care to utilize both broad public announcements geared toward reaching an audience statistically representative of the Foxborough Center and targeted outreach to those who serve as community touchpoints for the Foxborough Center's Patient Panel. The Applicant looked beyond the Foxborough Center's Patient Panel and worked to engage the communities served at-large. Flyers were posted throughout the Foxborough Center (including in the Imaging Services Department), and in the town halls, post offices and libraries in Foxborough, Franklin, Mansfield and Walpole. In addition, email communications regarding the community meeting, including an offer to reach out with any questions, were sent to the following:

Pauline Zajdel, Health Director, Town of Foxborough
Chief William Baker, Foxborough Police Chief
Chief Michael Kelleher, Foxborough Fire Chief
William Keegan, Town Manager of Foxborough
Thomas O'Rourke, President, Neponset River Regional Chamber of Commerce (covering the communities of Canton, Dedham, Foxborough, Medfield, Milton, Norfolk, Norwood, Randolph, Sharon, Stoughton, Walpole, and Westwood)
Kara Griffin, President, Tri-Town Chamber of Commerce (covering the communities of Foxborough, Norton and Mansfield)

[6] 105 CMR 100.210:(A)(1)(e)
[2] Massachusetts Health Policy Commission. 2018 Annual Health Care Cost Trends Report available: https://www.mass.gov/files/documents/2019/02/20/2018%20Cost%20Trends%20Report.pdf

Brian Earley, VP and General Manager, Patriot Place
Diana Griffin, Director of Marketing, Patriot Place

Several recipients of the invitation expressed thanks for the invitation and indicated that they would not attend the meeting. The flyers also invited members of the public to reach out to the Foxborough Center via email. That email account is still monitored and, to date, one inquiry has been received. On August 22nd, CHNA 7 reached out to the DoN Program requesting additional information and a copy of the application. The DoN Program responded and the Foxborough Center reached out to CHNA 7 and offered to answer any questions CHNA 7 may have. The Foxborough Center looks forward to continuing its good working relationship with CHNA 7. No other inquiries have been received. A copy of the flyer, the meeting agenda and the meeting presentation materials is included at Attachment 8.

William Keegan, the Town Manager for Foxborough, was the only attendee who was not in some way affiliated with the Applicant. Mr. Keegan is knowledgeable about the Foxborough Center and he asked about technologies associated with the proposed CT and MRI units, as well as how the technology differs from the technology of the units currently in place at the Foxborough Center and other technologies available. Applicant staff provided the explanation and there was a discussion of how the technologies will meet different imaging needs for the Foxborough Center's Patient Panel. Staff were able to address Mr. Keegan's questions/concerns, and he provided positive feedback regarding the Proposed Project.

Although part of the BWH, the Foxborough Center is a small community location and its representatives strive for meaningful engagement with the communities that the Foxborough Center serves. The Foxborough Center is committed to continual engagement with public health and civic leaders, senior groups and others who are the touchpoints for these communities. Through Press Ganey and other data, including comments and feedback from patients, the Foxborough Center has received feedback from its Patient Panel regarding the value the Foxborough Center provides and the ability to get BWH care close to home.

As demonstrated in this Application, the Proposed Project is based on current utilization and projected future Imaging Services needs. As such, this Proposed Project is intended to ensure that the Foxborough Center has the capacity to serve the Imaging Services needs of the Foxborough Center's Patient Panel and to provide prompt access to Imaging Services. The email line for feedback and questions remains open and all emails will be promptly addressed.

The Applicant will continue to engage with the communities it serves, both generally and in connection with the Proposed Project. In addition, the Applicant's Community Health Initiative and Community Engagement Plan will further serve to foster community engagement.

d. Provide a list of questions that were asked, since you stated answers were provided.

Question: A specific question was asked to provide an example why a patient would be scanned on a 1.5 T scanner vs. 3T scanner.

Response: Due to certain types of surgical implants, a lower field of MRI is deemed safe to perform exams that cannot be performed on a higher field magnet. A higher field magnet also creates artifacts due to certain surgical implants which can affect image quality.

As noted in the response to 11.c., above, further discussion took place regarding the technologies associated with the proposed CT and MRI units, as well as how the technology differs from the technology of the units currently in place at the Foxborough Center, other technologies available, and how the technologies will meet different imaging needs.

12. With respect to Health Equity, explain

a. how language assistance is offered and at which points of care, including initial appointment inquiry, throughout the MRI/CT scan, as well as reporting of results. Be sure to include

- **how will interpreter and translation services be arranged for patients receiving same-day scans**

The Brigham Health Office of Interpreter Services contracts with outside interpreter services agencies and private free-lance interpreters for the deaf, as well as for languages for which interpreters cannot be found from within the Brigham Health system.

- **how patients receiving scans be made aware of the interpretation and language access and assistive services that are offered**

Language Identification Cards are available and displayed in multiple areas throughout Brigham Health to inform patients of interpreter services. If the LEP patient's language is not listed on the Language Identification Card, they can request the assistance of the outside agencies customer service associates who are skilled in determining target languages. Interpreter services may be scheduled or available for same-day scans.

b. which languages are requested and percentage of live vs video/telephone

At any time (including same day add on exams), all languages can be requested however Spanish and Portuguese are predominately requested.

- 80% of interpreter services require onsite interpreters due to the nature of the scan.
- 20% of the patients utilize telephone interpreters.

c. how you will promote the availability of the pilot project of the MBTA to facilitate access

See answer under (d) directly below.

d. how you will promote the FISH program to facilitate patient access

Starting this fall, the Foxborough Center's community resource table will have flyers and pamphlets on the MBTA pilot project. Additionally, details of the pilot project will be added to

the Foxborough Center's website and lobby television screens. The Foxborough Center has reached out to town officials for flyers and resource information on the FISH program to provide to patients. While the Foxborough Center does not currently have FISH program flyers, Foxborough Center staff in the lobby are trained to assist patients with all forms of transportation, including the FISH program.

13. With respect to Health Equity and the "#123 Equity Pledge Campaign," explain how the cultural competency training is being implemented/will be implemented at the Center. Be sure to discuss exactly what is required of clinicians and other staff, how such efforts are initiated and tracked, and how success is measured

The American Hospital Association's ("AHA") #123forEquity Campaign to Eliminate Health Care Disparities ("#123Equity Pledge Campaign" or "the Campaign") seeks to ensure that "every person in every community receives high quality, equitable and safe care."[7] To accelerate these efforts in hospitals, in 2015, the AHA in collaboration with the American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States and America's Essential Hospitals launched the Campaign to reduce disparities by implementing the following goals: "(1) Increasing the collection and use of race, ethnicity, language preference and other socio-demographic data; (2) Increasing cultural competency training; (3) Increasing diversity in leadership and governance; and (4) Improve and strengthen community partnerships."[8] Hospitals and health systems also take the pledge and commit to working on efforts within their organization or in the community related to health equity and diversity and inclusion even if the efforts do not fit clearly under one of the pledge goals listed above.

With regard to the Campaign's first goal, BWH, like all member hospitals of Partners HealthCare, and the Foxborough Center use EPIC as its EHR. The EPIC platform allows BWH and the Foxborough Center to collect better, more detailed patient demographic data, including race, ethnicity, language preference and other socio-economic data. Informed by the patient data collected through EPIC, BWH has implemented and/or participated in the following initiatives to meet the goals of the Campaign and ensure all patients receive equitable care.

(1) Center for Diversity & Inclusion: In 2018, BWH established a Center for Diversity & Inclusion ("Center") that incorporates both employee and patient experience. This Center expands Brigham Health's current infrastructure to support diversity and inclusion initiatives across BWH. Nawal Nour, MD, MPH serves as the Chief Diversity and Inclusion Officer for Faculty, Trainees and Students; and Tim Ewing, PhD is the Vice President for Employee Diversity, Inclusion & Experience. The Center aims to enhance workforce diversity by providing career advancement and professional development opportunities and through promoting increased recruitment and retention among all diverse faculty, trainees and staff. The Center's mission is to promote a vibrant, diverse and inclusive professional community where every person thrives. The Center is currently focused on: (a) Unconscious Bias Training (run monthly and based on the Cook Ross curriculum – cookross.com); (b) Diversity & Inclusion Dialogues and Trainings (including cultural competency, inclusive

[7] http://www.equityofcare.org/
[8] *Id.*

leadership training for managers, safe zones (LGBTQ awareness provided by Partners HealthCare), racial justice and equity – provided by Southern Jamaica Plain Health Center); (c) Career Development Roundtables/Lectures/Luncheons; (d) Leadership Programs; (e) Formal Personal Consultations; (f) Mentoring; (g) Reflection Rounds; (h) Guidance and Facilitation with Academic Promotions; (i) Advisory Committees; and (j) Community Building (Receptions, Social Events). In addition, Partners HealthCare holds an annual diversity, equity & inclusion summit for all BWH employees. The summit is also offered via webcast through the geographically distributed campus. Partners HealthCare monitors participation through PeopleSoft and participants complete evaluation at the conclusion of training sessions to help inform and develop future programs.

A. To demonstrate their commitment to diversity and inclusion, BWH offers several programs and support a variety of employee resource groups.

B. Brigham Health's efforts to build a more diverse staff are critical in providing equitable care to all patients, as both hospitals understand that the physician-patient relationship has an important impact on disparities in medical care and often can ensure health equity for underserved populations. For example, African-American and Hispanic patients are more likely to report dissatisfaction with their relationships with physicians, report less continuity of care, and perceive poorer quality of care. Relationship-oriented factors, such as trust and physician communication style, have been linked to disparities in patient satisfaction,[9] delivery of preventive care services,[10] appropriate use of referrals, and patient follow-through on treatment.[11]

C. Concordance has emerged as an important dimension of the patient-physician relationship that may be linked to health care disparities. As a concept, concordance is most often defined as a similarity, or shared identity, between physician and patient based on a demographic attribute, such as race, sex, or age. Some evidence supports this view, especially with respect to racial concordance. Patients' trust, satisfaction, utilization of services, and involvement in decision making have been reported higher when the patient and physician share the same race or ethnicity. Accordingly, increasing opportunities for racial/ethnic match between minority patients and physicians can have important consequences. Studies have found that minority patients in race/ethnic concordant relationships are more likely to use needed health services, are less likely to postpone or delay seeking care, and report a higher volume of use of health services.[12] Patients in race concordant patient–provider relationships also report greater satisfaction[13] and better

[9] Fiscella K, Meldrum S, Franks P, et al. Patient trust: Is it related to patient-centered behavior of primary care physicians? Med Care. 2004;42 (11):1049–1055

[10] Cabana MD, Jee SH. Does continuity of care improve patient outcomes? J Fam Pract. 2004;53 (12):974–980; Williams GC, McGregor HA, King D, Nelson CC, Glasgow RE. Variation in perceived competence, glycemic control, and patient satisfaction: relationship to autonomy support from physicians. Patient Educ Couns. 2005;57 (1):39–45

[11] Richard L. Street, Jr, Kimberly J. O'Malley, Lisa A. Cooper, and Paul Haidet, Annals Journal Club: Understanding Concordance in Patient-Physician Relationships: Personal and Ethnic Dimensions of Shared Identity Ann Fam Med 2008 6:198-205; doi:10.1370/afm.821

[12] Saha et al. 2000; LaVeist and Nuru-Jeter 2002

[13] LaVeist and Nuru-Jeter 2002

patient–provider communication. Given these findings, it is critical that hospitals, including BWH, have a diverse clinical staff that may be matched with ethnically and racially diverse patients to ensure exceptional care and the best possible health outcomes.

(2) Sperling Executive Leadership Program Discussion Groups: Brigham Health's top 80 leaders meet regularly to discuss diversity, equity and inclusion and review cases in an effort to develop best practices in these areas.

(3) Search Committee Practices to Advance Equity: Brigham Health has convened a task force to create evidence-based guidelines for minimizing bias in the search process and promoting equal opportunity in hiring processes.

(4) The Brigham Health Board Composition: The Brigham Health Nominating & Governance Committee is reviewing the current composition of the Board of Directors with the goal of ensuring it reflects the population served by both BWH.

Moreover, BWH seeks to ensure that all staff have cultural competency training (another goal of the Campaign), so these staff may provide culturally competent care to all patients.

14. With respect to Health Equity, you state that there are a "number of programs to connect patients with social service organizations." While we understand that Partners Primary Care Providers holds risk for its managed patients, we need to better understand the protocol for SDOH screening or referral when a covered patient presents for screening services. Detail:

a. how staff reviews the EHR for evidence of screening

Please see answer to (c) below.

b. how staff approaches and screens patients for social determinants of health (SDoH) prior to receiving imaging services

Please see answer to (c) directly below.

c. how referrals are made for positive screening, and whether they are made to clinical social workers who work at the Center or directly to outside organizations

Eligible patients with Medicaid as their primary source of insurance are screened for SDoH in the primary care level at either their new patient or annual physical exam visits.

Currently, each of the acute care hospitals within the Partners HealthCare System has a screening and referral program for the social determinants of health ("SDoH"). While variation exists amongst the hospitals as to the populations that are screened and the logistics for screening – at a minimum, all of the 133 Partners primary care practices that are participating in the MassHealth Accountable Care Organization ("ACO") Program, are screening patients for SDoH needs.

All of the Partners' hospitals and practices conducting SDoH screens utilize a similar screening tool. This tool explores eight domains of SDoH needs (housing, food insecurity, violence, etc.),

inquiring if patients have issues with any of the domains and whether they would like assistance. Screens are conducted via iPads that are linked to the Partners' electronic health record ("EHR") system, Epic. If the hospital or practice is not on the Epic system, the screening tool is available in an alternate electronic form via iPads or on a paper-based form. The SDoH screening tool is currently available in eight different languages – the most common languages spoken by Partners' patients.

When a patient has a positive SDoH screen, varying staff at each hospital or practice follow-up with the patient, such as a social worker or community health worker. 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.

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. Currently, Partners is working to implement a data exchange system with external community-based partners that will enable Partners practices and providers to understand the final disposition of the patient if referred to an external organization for support.

Currently, Partners staff are collecting data utilizing the information that is provided in Epic to better understand the SDoH needs of patients, including information on the most common SDoH needs, and if those SDoH needs vary by geography; ethnicity and race; or other demographic factors. These data inform staff about the demand for community-based resources in specific geographies, so staff can understand if these organizations need additional capacity to help patients. Partners and MGH staff want to ensure that the most vulnerable patients are able to access services more quickly than patients that may currently have stability.

d. how "success" is measured in addressing social determinants of health (SDoH) needs

Partners reviews quality metrics to determine the success of the SDoH screening programs. One measure that is reviewed for MassHealth ACO patients is "How many patients have been screened" with a goal of screening all MassHealth ACO patients for SDoH. Furthermore, Partners has created an interactive dashboard with specific quality metrics around SDoH screening, including how many patients have been screened, how many completed screens have occurred, what are the most common SDoH needs among patients and whether a referral was made, so the patient may access community-based resources.

e. how any of these processes differ for patients in particular ACOs

As discussed in the previous response, currently MassHealth ACO and other ACO patients are screened for SDoH needs. Partners is implementing a 2-3 year strategy to ensure that all patients

are screened for SDoH needs. However, Partners understands that currently, there is not enough capacity within the community-based organizations to screen every patient and refer them to services. Accordingly, Partners is monitoring available patient data on SDoH needs to better understand what the most common needs are among patients, so the organizations can build a strategy to create more capacity for community-based partners.