



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Hospital/Clinic Substantial Capital Expenditure	Application Date:	04/26/2019 3:33 pm
Applicant Name:	Partners HealthCare System, Inc.		
Mailing Address:	800 Boylston Street, Suite 1150		
City:	Boston	State:	Massachusetts
		Zip Code:	02199
Contact Person:	Andrew Levine, Esq.	Title:	Attorney
Mailing Address:	One Beacon Street, Suite 1320		
City:	Boston	State:	Massachusetts
		Zip Code:	02108
Phone:	6175986700	Ext:	
E-mail:	alevine@barrettsingal.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	The General Hospital Corporation d/b/a Massachusetts General Hospital		
Facility Address:	55 Fruit Street		
City:	Boston	State:	Massachusetts
		Zip Code:	02114
Facility type:	Hospital	CMS Number:	220071
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	nonprofit
1.2 Applicant's Business Type:	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	PHS
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5.a If yes, what is the legal name of that entity?	Partners HealthCare System, Inc., inclusive of Partners HealthCare Accountable Care Organization, LLC
1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?	<input type="radio"/> Yes <input checked="" type="radio"/> No

- 1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ☐ Yes ☒ No
- 1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

Partners HealthCare System, Inc. ("Applicant") located at 800 Boylston Street, Suite 1150, Boston, MA 02199 is filing a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health for a substantial capital expenditure and acquisition of new technology by The General Hospital Corporation d/b/a Massachusetts General Hospital ("MGH" or "the Hospital") located at 55 Fruit Street, Boston, MA 02114. This Application requests approval for the following: (1) renovation and expansion of the Electrophysiology ("EP") Lab; (2) renovation and expansion of the emergency department ("ED"); (3) renovation and expansion of the endoscopy service; (4) acquisition of a PET/MR unit for part-time PET/MR clinical use and part-time MRI-only use; and (5) other renovation projects to maintain and improve existing services and facilities (collectively, the "Proposed Project").

A. Renovation and Expansion of the EP Lab

The Hospital's EP Lab requires renovation and expansion to address existing physical plant constraints that impede access, ensuring that the Hospital can meet the demand for these services as its patient panel continues to age and requires access to advanced cardiac procedures. The original lab was designed 30 years ago and the demand for services, surgical intervention methodologies and care processes for patients have substantially changed over time. MGH's EP Lab is comprised of 3 rooms, including 2 rooms to perform cardiac ablations and 1 room for implantable devices. There is a single recovery bay for the 3 procedure rooms. The small number of rooms within the facility presents challenges to meet current demand for procedures in a timely manner. Moreover, the current layout of this space creates capacity constraints leading to operational inefficiencies. The EP Lab has very limited pre- and post-procedure space, hampering throughput and causing delays, which frequently lead to overcrowding and necessitate the transfer of patients to the inpatient setting for recovery services. These inefficiencies lead to longer lengths of stay, constrained discharge processes and dissatisfaction by patients with their overall care experience.

Through the Proposed Project, MGH will renovate the current EP Lab and expand its footprint into adjacent areas to accommodate additional pre- and post-procedure space and designated areas for supplies and equipment. MGH will increase the number of EP procedure rooms from 3 to 5 and expand its recovery bays from 1 to 10. Additionally, existing outpatient clinic space, physician office space and a surgical family waiting area will be relocated to other parts of MGH's main campus to accommodate the EP Lab expansion.

B. Renovation and Expansion of the ED

Over the last three fiscal years, the demand for acute psychiatric services ("APS") in MGH's ED increased, with an expected annual patient volume of approximately 7,600 patients by FY25. Currently, the MGH ED has only 6 secured bays for APS. Due to demand, the number of patients requiring APS in the ED is consistently above available capacity in the APS area. Through the Proposed Project, MGH will renovate 6,700 square feet on the first floor of the Hospital's main campus to create a secured APS unit with 20 treatment rooms. This expanded, designated treatment space will create care efficiencies that allow more APS patients to receive expedited care in a therapeutically appropriate clinical setting.

Moreover, through this Project, the Hospital will renovate 9,500 square feet of the ED, part of which currently contains the APS. This renovated space will provide additional patient bays with cardiac monitoring and medical gas capabilities, allowing greater flexibility to treat more complex and higher acuity patients. This renovation will allow ED staff to redesign workflows by creating pathways for patients based on acuity level. Triaging patients based on acuity level will lead to greater throughput, ensuring more timely care, faster discharge processes and admission procedures. The renovation will also improve privacy and patient satisfaction.

C. Renovation and Expansion of the Endoscopy Service

MGH's Endoscopy Unit requires renovation and expansion to address physical plant constraints that impact access to care. The demand for services, surgical intervention methodologies and care processes for patients requiring endoscopy services have substantially changed in the 20 years since the existing unit opened and cannot accommodate the latest technological devices for certain endoscopic procedures. Through the Proposed Project, MGH will renovate the Endoscopy Unit and add 3 new procedure rooms, bringing the total number of rooms to 13. MGH also will expand the Endoscopy Unit's pre-and post-procedural space by adding 10

additional bays for a total of 31 bays, allowing for improved patient privacy. Other renovations to the clinical space include dedicated provider workstations for fellows, nurse practitioners and on-call physicians; centralized workstations for resource nurses; and the relocation of the scope cleaning and reprocessing area to MGH's Central Sterile Processing Unit. These renovations will allow the Hospital to maximize the clinical space on the floor and redesign patient throughput, leading to greater efficiencies in care processes, including reduced wait times for discharge and an overall shorter length of stay for patients.

D. Acquisition of a PET/MR Unit for Part-Time PET/MR Clinical Use and Part-Time MRI Use

MGH will add a PET/MR unit that will be utilized for multiple purposes. This scanner will be the first of its kind at MGH and will be used as a resource for both part-time research and clinical use. With respect to clinical use, the unit will be deployed part-time for PET/MR imaging and also will be used to perform MRI only imaging to address the backlog for MRI services on MGH's main campus. As the population in the 65+ age cohort continues to rapidly grow within the Commonwealth, so too will the incidence of certain conditions, such as oncologic and cardiovascular conditions that may be diagnosed by PET/MR. Additionally, this modality may be used to diagnose pediatric, and neurologic conditions. PET/MR has proven to be an important tool in obtaining the necessary data to diagnose, stage and treat specific conditions within these sub-specialties.

E. Other Renovation Projects

Finally, the Applicant submits this Application for approval of other renovation projects at MGH to improve access to and the quality of existing services and facilities. As provided in further detail below, renovations will be performed in various departments on the Hospital's main campus. These additional renovation projects are included in this Application as the Hospital's combined planned capital expenditures exceed the applicable inpatient minimum capital expenditure threshold.

The additional renovation projects at the Hospital's main campus include the following:

- Renovation and expansion of MGH's existing physical therapy ("PT") and occupational therapy ("OT") space to meet patient demand and operational efficiencies. Specifically, the Hospital is seeking to reconfigure the PT/OT space by expanding the waiting and reception areas and creating 5 new treatment bays, 2 new treatment rooms and installing a new exercise gym. This renovation and reconfiguration will allow greater access to PT/OT services and improve a patient's overall care experience while receiving services.
- Renovation of MGH's MRI changing room area located on the 2nd floor of the Ellison Building. The renovated MRI changing room area will include secure lockers for patients to store their belongings and will ensure privacy.
- Renovation of MGH's pharmacy located in the Jackson Building. This renovation will allow the Hospital to add sterile and hazardous compounding hoods to the pharmacy to comply with new regulations.
- Renovation to add 2 additional private inpatient beds to the 18th floor of MGH's Ellison Building, which is the pediatric inpatient floor for children and adolescents from 8-19 years old. The Hospital seeks to add the additional private inpatient beds to meet occupancy demands and benefit patients and family members. These private beds are child- and adolescent-friendly, accommodate parents staying overnight with their child, and thereby promote respectful care in a patient-centered and family-centered way.
- Construction and renovation to support MGH's perioperative space and operating rooms. Specifically, the Hospital will renovate to: (1) add a cart washer in the Central Sterile Processing and Supplies department for sanitizing procedure case carts; and (2) add a medical gas manifold to support the operating rooms.
- A multi-year initiative to repair and upgrade 3 inpatient units. The scope of the work will include floor replacement with MGH's standard Nora rubber flooring, mill work rehabilitation, patch and paint with all wallpaper removal as needed, biomed infrastructure, new cove base, replacement of obsolete and damaged patient room furniture, modification to shift linen hampers and other carts out of the halls to meet regulatory requirements, general maintenance and repair, as well as unit specific rehabilitation work in public spaces and lounges and replacement of equipment and furniture as needed. As part of the room work, monitoring cabling and electrical upgrades will be completed to facilitate monitoring system replacement without future room closure. Additionally, multi-departmental preventative maintenance will be performed on all in-room systems when the room is closed.
- Renovation and build out of the 1st floor of MGH's Cox Building to accommodate the Bridge and West End Clinics for the treatment of patients with substance use disorders. Currently, the Bridge Clinic, which offers transitional care for MGH patients who need addiction care but lack community-based providers, is located in MGH's Founders Building and the West End Clinic, which offers outpatient care for those with substance use disorders and co-occurring mental health disorders, is located in the West End House. The new floor plan will include enough clinical and group spaces for patients, allow for co-location of the two clinics, and ensure continuity of care. The new location will also ensure compliance with the current American with Disabilities Act ("ADA") accessibility standards.
- Various, ongoing renovations to upgrade aging facilities to the current ADA standards.
- Minor renovation of MGH's existing inpatient psychiatric unit on the 11th floor of the Blake Building. Specifically, the work will include redesigning the front entrance and the clinical nurse workstation. With these renovations, the Hospital seeks to enhance patient safety and efficiency by decreasing elopement risk; improve overall functionality; and address staff safety, work flow, comfort, and egress.
- Renovation of MGH's existing outpatient gastrointestinal ("GI") space on the 5th floor of the Wang Building. The goal of this work is two-fold: (1) limited renovations will support the outpatient GI clinic; and (2) the work will also allow expansion space for the major endoscopy renovation detailed throughout this narrative.

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ☐ Yes ☒ No

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☒ Yes ☐ No

5.2 If yes, is Applicant or any affiliated entity thereof a HPC-certified ACO? ☒ Yes ☐ No

5.2.a If yes, Please provide the date of approval and attach the approval letter:

12/29/2017

5.3 See section on DoN-Required Services and DoN-Required Equipment in the Application Instructions

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ☐ Yes ☒ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Hospital/Clinic Substantial Capital Expenditure

12.1 Total Value of this project:

\$102,204,696.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$5,110,234.80

12.3 Filing Fee: (calculated)

\$204,409.39

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

\$17,782,977.00

12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

See Attached Narrative.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

See Attached Narrative.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

See Attached Narrative.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

See Attached Narrative.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

See Attached Narrative.

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

See Attached Narrative.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

See Attached Narrative.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

See Attached Narrative.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

See Attached Narrative.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

See Attached Narrative.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

See Attached Narrative.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

See Attached Narrative.

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

See Attached Narrative.

F2.c **Delivery System Transformation:**

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

See Attached Narrative.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
<input type="checkbox"/> <input type="checkbox"/>	PHS-17071716-TO	02/14/2018	Transfer of Ownership	Massachusetts Eye and Ear Infirmary
<input type="checkbox"/> <input type="checkbox"/>	PHS-17111513-HE	03/06/2018		Brigham and Women's Hospital
<input type="checkbox"/> <input type="checkbox"/>	PHS-18022210-HE	06/13/2018		Massachusetts General - Waltham
<input type="checkbox"/> <input type="checkbox"/>	PHS-18090711-HS	01/03/2019	Hospital/Clinic Substantial Change in Service	Massachusetts General Physicians Organization - Waltham

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
Land Costs				
	Land Acquisition Cost	\$0.	\$0.	\$0.
	Site Survey and Soil Investigation	\$0.	\$0.	\$0.
	Other Non-Depreciable Land Development	\$0.	\$0.	\$0.
	Total Land Costs	\$0.	\$0.	\$0.
Construction Contract (including bonding cost)				
	Depreciable Land Development Cost	\$0.	\$0.	\$0.
	Building Acquisition Cost	\$0.	\$0.	\$0.
	Construction Contract (including bonding cost)	\$0.	\$70057333.	\$70057333.
	Fixed Equipment Not in Contract	\$0.	\$22742928.	\$22742928.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost	\$0.	\$8109851.	\$8109851.
	Pre-filing Planning and Development Costs	\$0.	\$483436.	\$483436.
	Post-filing Planning and Development Costs	\$0.	\$0.	\$0.
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Net Interest Expensed During Construction	\$0.	\$0.	\$0.
	Major Movable Equipment	\$0.	\$0.	\$0.
	Total Construction Costs	\$0.	\$101393548.	\$101393548.
Financing Costs:				
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc	\$0.	\$811148.	\$811148.
	Bond Discount	\$0.	\$0.	\$0.
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Total Financing Costs	\$0.	\$811148.	\$811148.
	Estimated Total Capital Expenditure	\$0.	\$102204696.	\$102204696.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

See Attached Narrative.

Quality:

See Attached Narrative.

Efficiency:

See Attached Narrative.

Capital Expense:

See Attached Narrative.

Operating Costs:

See Attached Narrative.

List alternative options for the Proposed Project:

Alternative Proposal:

See Attached Narrative.

Alternative Quality:

See Attached Narrative.

Alternative Efficiency:

See Attached Narrative.

Alternative Capital Expense:

See Attached Narrative.

Alternative Operating Costs:

See Attached Narrative.

Add additional Alternative Project

Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

See Attached Narrative.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☐ Limited Liability Company agreement
- ☐ Partnership agreement
- ☐ Trust agreement
- ☒ Community Engagement Plan form
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit

Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 04/26/2019 3:33 pm

E-mail submission to
Determination of Need

Application Number: PHS-19040915-HE

Use this number on all communications regarding this application.

☒ Community Engagement-Self Assessment form