



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108

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March 18, 2020

Andrew Levine, Esq.
Barrett & Singal
One Beacon St, Suite 1320
Boston, MA 02108

VIA EMAIL

RE: Notice of Final Action DoN # PHS-19092711-HE

Dear Mr. Levine:

At their meeting of March 11, 2020, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §25(c) and the regulations adopted thereunder, to approve the Determination of Need (DoN) application filed by Partners HealthCare System Inc. for a proposed project by Newton-Wellesley Hospital consisting of five component parts: establishing a permanent observation unit, renovation and expansion of endoscopy services, expansion of special care nursery services, renovations to the psychiatric unit, acquisition of a cardiac CT, and other renovation projects. This Notice of Final Action incorporates by reference the Staff Report, the Addendum to the Staff Report, and the Public Health Council proceedings concerning this application

This Application was reviewed pursuant to M.G.L. c. 111, § 25(c), and the regulatory provisions of 105 CMR 100.000 et seq. Based upon a review of the materials submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application for a Substantial Capital Expenditure and Substantial Change in Service subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to Other Conditions listed below. The total capital expenditure for the Proposed Project is \$58,394,045.00, and the required CHI contribution is \$2,919,702.25.

In compliance with the provisions of 105 CMR 100.310 A (2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and also include a written attestation of participation or intent to participate in MassHealth.

In compliance with the provisions of 105 CMR 100.310 A (12), which require a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

Other Conditions:

In order to demonstrate improved health **and** public health outcomes for endoscopy are met, Holder shall

1. Provide a description of any programs or initiatives designed to increase CRC screening or rescreening behaviors according to appropriate intervals among the **Patient Panel**. This shall include:
 - a. Program description and length (if applicable)
 - b. Description of program recruitment (if applicable) and number reached out to
 - c. Total number of participants
 - i. Percentage of participants from racial /ethnic minority groups, to the extent possible based on follow up with existing patients
 - d. Any outcomes measured

Numbers of participants shall increase each year post-baseline*

2. Provide a description of any programs or initiatives designed to either reduce risk factors for CRCs and/or increase CRC screening or rescreening behaviors according to appropriate intervals in the **broader community**. This shall include:
 - a. Program description and length (if applicable)
 - b. Description of program recruitment (if applicable) and number reached out to
 - c. Total number of participants
 - i. Percentage of participants from racial /ethnic minority groups
 - d. Any outcomes measured

Numbers of participants shall increase each year post-baseline

3. In order to ensure appropriate use of Cardiac CT, Holder shall a report on
 - Numerator: Number of cardiac CTs performed for indication of diagnosing coronary disease where evaluation does not demonstrate any disease.
 - Denominator: Number of all cardiac CTs performed for indication of diagnosing coronary disease.

Such rate shall not increase post-baseline*.

***If rates do not improve, Holder shall report on reasons why and outline plans for improvement.**

CHI Conditions to the DoN

1. Of the total required CHI contribution of \$2,919,702.25
 - a. \$708,027.80 will be directed to the CHI Statewide Initiative
 - b. \$2,124,083.38 will be dedicated to local approaches to the DoN Health Priorities of which up to 10% of these funds may be used for evaluation purposes
 - c. \$87,591.07 will be designated as administrative costs to be retained by NWH and used per plans outlined in the Community Engagement Plan
2. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$708,027.80 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.

Attachment 1: Required Measures for Annual Reporting

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

***If rates do not improve, Holder shall report on reasons why and outline plans for improvement.**

The following measures were initially suggested by Applicant and subsequently revised by staff.

- I. Observation Unit
 6. Overall Rating of Care (Press Ganey Survey Engagement Survey)
Collapsed responses (collapse responses Fair, Poor and Very Poor). Holder shall report on the following (include only patients served in this particular service area) :
 - a) Any category receiving a "Fair" or less rating
 - b) Overall patient response rate and a breakdown of respondent rate by race
 - c) Policy changes¹ instituted as a result of Holder's evaluation of lower ratings

Holder shall Report on progress in making reductions in:

7. Wait Times for Observation Unit: Holder shall report on the amount of time a patient waits in the ED after he/she has been assigned outpatient status with observation services.
 - a) Length of stay for ED patients that have been assigned to the Observation Unit.
 - b) Policy changes¹ instituted as a result of Holder's evaluation
8. Length of Stay: Holder shall report on the amount of time patients are in the Observation Unit to facilitate timely discharge.
 - a) Length of stay for patients in the Observation Unit
 - b) Policy changes¹ instituted as a result of Holder's evaluation

¹ Holder stated that data will be reviewed quarterly

II. Endoscopy

9. Overall Rating of Care (Press Ganey Survey Engagement Survey)
Collapsed responses (collapse responses Fair, Poor and Very Poor). Holder shall report on the following (include only patients served in this particular service area):
 - a) Any category receiving a “Fair” or less rating
 - b) Overall patient response rate and a breakdown of respondent rate by race
 - c) Policy changes² instituted as a result of Holder’s evaluation of lower ratings

Holder shall Report on progress in making reductions* in

10. Wait times: Time interval from when colonoscopy was initiated for scheduling in EPIC to the date of the colonoscopy procedure.
Holder shall report average annual time intervals between scheduling and performance date by procedure category
11. Rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare fee-for-service (FFS) patients aged 65 years and older. (NQF 2539)
Holder shall report NQF 2539 on all patients
Rate shall not increase* for any year post baseline
12. Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (NQF measure 0658)
Holder shall report the total number of patients receiving screening colonoscopy and the percentage with the appropriate follow up interval as specified in NQF 0658, by age, race/ethnicity.
Rates shall not decrease* for any year post baseline

III. Special Care Nursery

13. Overall Rating of Care (Press Ganey Survey Engagement Survey)
Collapsed responses (collapse responses Fair, Poor and Very Poor).
Holder shall report on the following (include only patients served in this particular service area):
 - a) Any category receiving a “Fair” or less rating
 - b) Overall patient response rate and a breakdown of respondent rate by race
 - c) Policy changes² instituted as a result of Holder’s evaluation of lower ratings

² Holder stated that data will be reviewed quarterly

Holder shall Report on progress in making reductions* in

14. Transfers to Other Facilities: The number of (non level III) infants and/or mothers that have to be transferred to other facilities for care.

Holder shall report on retrotransfers received from hospitals with level III maternal newborn services

IV. Psychiatric Unit

15. Hours of Physical Restraint Use

Holder shall report on

- a) hours that patients spend in physical restraints per patient day.
- b) Policy changes³ instituted as a result of Holder's evaluation

16. Patient Satisfaction with Medication Education through the Psychiatric Units' Patient Satisfaction Survey: Collapsed responses for Overall Rating of Care (collapse responses Fair, Poor and Very Poor and Good and Very Good) Holder shall report on the following:

- a) The two categories above
- b) Overall patient response rate and a breakdown of respondent rate by race
- c) Policy changes² instituted as a result of Holder's evaluation of lower ratings

V. Cardiac CT

17. Patient Satisfaction:

Overall Rating of Care (Press Ganey Survey Engagement Survey***) Collapsed responses for Overall Rating of Care (collapse responses Fair, Poor and Very Poor) Holder shall report on the following (include only patients served in this particular service area):

- a) Any category receiving a "Fair" or less rating
- b) Overall patient response rate and a breakdown of respondent rate by race
- c) Policy changes² instituted as a result of Holder's evaluation of lower ratings

18. Measure on number of elective diagnostic cardiac catheterization procedures performed at other Partners hospitals

Holder shall report using

- Numerator: Number of elective diagnostic cardiac catheterization procedures performed at other Partners hospitals
- Denominator: number of elective diagnostic cardiac catheterization procedures that are referred to other Partners hospitals by NWH cardiologists.

Such rate shall not increase post-baseline*.

³ Holder stated that data will be reviewed quarterly

Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Contact for submitting contribution to the Statewide Community Health Initiative:

Finally, to comply with the obligation to contribute to the Statewide Community Health Initiative, , please submit a check for \$708,027.80 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) **within 30 days** from the date of this Notice of Approval. Please notify DPH (CHI contact staff) when the payment has been made. Payment should be sent to:

Health Resources in Action, Inc., (HRiA)
2 Boylston Street, 4th Floor
Boston, MA 02116
Attn: Ms. Bora Toro

Sincerely,



Margo Michaels MPH
Director
Determination of Need Program

c: Sherman Lohnes, Division of Health Care Facility
Licensure and Certification
Elizabeth Kelley, Bureau of Health Care Safety and
Quality
Daniel Gent, Division of Health Care Facility
Licensure and Certification
Rebecca Rodman, General Counsel's Office
Samuel Louis, Office of Health Equity

Mary Byrnes, Center for Health Information Analysis
Steven Sauter, MassHealth
Katherine Mills, Health Policy Commission
Ben Wood, Office of Community Health Planning
Elizabeth Maffei, Office of Community Health
Planning
Eric Gold, Attorney General's Office

**Acknowledgment of Receipt of Determination of Need and
Attestation Regarding Participation in MassHealth**

Pursuant to 105 C.M.R. § 100.310(A)(2) we, the undersigned chief executive officer and board chair of _____ (the "Holder"), hereby acknowledge that the Holder is in receipt of the Determination of Need Notice of Final Action, dated _____, issued by the Massachusetts Department of Public Health (the "Department") with respect to Application No. _____. This attestation is being provided to the Department and to all Parties of Record within thirty (30) days of the Determination of Need Notice of Final Action.

In addition, pursuant to 105 CMR 100.310(A)(11), we hereby attest that _____ (the Health Care Facility or Facilities for which the Notice of Determination has been issued) [participates, or intends to participate] in MassHealth pursuant to 130 CMR 400.000 through 499.000.

IN WITNESS WHEREOF, the undersigned have duly executed this Attestation on this _____ (date)

Name, Chief Executive Officer and signature

Name, Board Chair and signature