

November 20, 2019

Ms. Margo Michaels, Director
Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108

RE: PHS-19083011-HE

Dear Director Michaels:

Thank you for the opportunity to submit written comments relative to the Partners HealthCare System, Inc. – MGPO Determination of Need (DoN) Application for the expansion of MGPO's existing licensed imaging clinic through the acquisition of three 3T MRI units. PHS-19083011-HE. As a local orthopedic surgeon practicing in this community, I have concerns over the Proposed Projects impact on my patients and the Commonwealth as a whole. Furthermore, I do not believe that the Applicant has provided sufficient evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, or meaningfully contribute to the Commonwealth's goals for improved public health outcomes, and delivery system transformation.

I am an orthopedic surgeon practicing on Montvale Avenue in Stoneham, which is close to the site of the proposed MRI center. I am in a group of seven orthopedic surgeons. We order a high volume of MRIs daily. I have not experienced any difficulty ordering imaging services for my patients working with local providers. Additionally, I believe that my patients have more than adequate access to high-quality low-cost follow up care within the community.

If approved, I worry that Partners will use these MRI services to funnel patient care into their high-priced downtown Academic Medical Centers for services that could otherwise be offered at a lower cost to consumers in the community. As you know, patients are often blind to provider market share and patient referral strategies. An expansion of this type will only further guise those efforts and leave patients feeling like they are without a choice in seeking more convenient less costly health care services.

As the Department of Public Health evaluates this application, I would ask that you request certain information from the Applicant that I believe will demonstrate that this request will not meaningfully contribute to the Commonwealth's goals for improved public health outcomes, and delivery system transformation. At the very least, I respectfully request that the Department of Public Health seek the following:

1. Hours of operation and annual scan volume at each of PHS's existing magnets.
2. The 5 year volume projections specific to this Application.
3. Data that reflects how the 6 recently approved magnets will impact volume across its fleet of existing magnets and how that impacts the 5 year volume projections for this Application.

4. Further evaluation of alternatives like partnering with existing providers in the area to provide MRI services to the Patient Panel to increase efficiencies, especially those providers who already offer these services at lower freestanding rates.
5. Why the Partners is not coupling any expansion of out-of-hospital MRI capacity with a corresponding reduction in in-hospital MRI capacity.
6. Will the MPFS schedule referenced in the application only apply only to patients covered under CMS, i.e. Medicare patients?
7. An understanding of commercial rates and payor mix to truly assess the impact

Based on the Application as written, I do not believe that an anticipated Patient Panel of approximately 9,000 patients warrants the addition of three new, top-of-the-line expensive technologies. Furthermore, I believe Partners should have to justify why they didn't consider repurposing any of its existing MRIs for this population. As the state continues to focus on delivery system transformation, I think specific attention should be paid to ensure that well-funded high-priced providers are not creating an arms race to "build new" when there are existing providers in the community that offer similar services. Without this level of review, patients, like mine, have a greater risk of getting pulled into higher-priced systems without any benefits of increased quality or convenience.

Thank you in advance for your attention to this important matter.

November 20, 2019

Ms. Margo Michaels, Director
Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108

RE: PHS-19093011-HS

Dear Director Michaels:

Thank you for allowing me the opportunity to submit written comments relative to the Partners HealthCare System, Inc. – MGPO Determination of Need (DoN) Application for the expansion of MGPO's existing licensed imaging clinic through the acquisition of three 3T MRI units in Somerville, PHS-19093011-HS. I believe this project will have a negative impact on existing community providers and does not compete on the basis of price, total medical expenses, and provider costs or meaningfully contribute to the Commonwealth's goals for improved public health outcomes, and delivery system transformation.

Community providers like MelroseWakefield Healthcare have shown that they are committed to relentlessly focusing on helping people achieve better health by delivering high-quality value-based health care in the community. Two examples of this commitment are our recently approved freestanding ambulatory surgery center that will provide high-quality surgical services at a lower cost in the community and our 5% increase in inpatient case mix index over the last 2 years. These milestones have been reached by working with our Wellforce colleagues, specifically Tufts Medical Center, to keep more complex care local. This application, in addition to the multiple other DoN's recently filed by Partners HealthCare System, threaten access to high value community healthcare.

In its Application, PHS repeatedly states that its current fleet of MRIs is operating "at/near capacity", leading to "inefficient and ineffective patient access". However, the Applicant does not provide evidence to support this claim. At the very least, the Department should request following data from Partners:

- Hours of operation, capacity and annual scan volume at each of the existing magnets within Partners Healthcare
- The Applicant's 5 year volume projections specific to this Application
- Data that reflects how the 6 recently approved magnets will impact volume across its existing magnets, their anticipated capacity, hours of operation and volume projections.

This additional information will be helpful in determining if patients in Massachusetts really need three new high cost imaging machines in this market. I believe the Department should also inquire as to whether the Partners is willing to repurpose any of its existing, more costly hospital-based MRIs to serve the Applications' stated purpose.

As you know, a report released by the Health Policy Commission last year detailed how Massachusetts stands out as the 4th highest in the nation for Medicare spending on medical imaging services. The Application asserts there will be an increasing need for imaging services in the growing population of people aged 65 and up. While this can seem like a logical argument when only matching the University of Massachusetts' Donahue Institute's Long-Term Population Projections for Massachusetts report with literature that shows higher imaging utilization rates for senior citizens, it fails to take into account that Medicare- the predominant payer of medical services for the elderly population - has been highly critical of the skyrocketing rates of imaging services and is implementing the new Medicare Appropriate Use Criteria program. This program is intended to curtail inappropriate advanced diagnostic imaging services provided to Medicare beneficiaries and will undoubtedly curb the rate of utilization in this population.

Furthermore, it is our understanding that if approved, PHS will have a total fleet of 55 MRIs (exhibit provided below). Table 1 of the Application identifies approximately 1.5M unique patients in Fiscal Year 2018. If industry standards assume that approximately 10% of patients will require an MRI in a given year, this equates to roughly 150,000 scans. If we assume an average of one scan per patient, this equates to approximately 2,735 scans per magnet. That means Partners would be running its machines at roughly to 34% capacity across its system.¹

Specifically to the Somerville market, table 3 of the application identifies only 9,139 unique patients in this service area that will require an MRI. Assuming again 8,000 scan capacity per magnet¹, the Applicant has far from demonstrated the need for three new MRIs which would be able to handle 24,000 scans per year.

It is with these facts in mind that I question the Applicants ability to adequately demonstrate the need for three additional imaging machines within the state's highest cost healthcare system. If approved, I believe this technology will undermine much of the hard work that has gone to strengthening existing community providers and ensuring patients have lower cost choices for routine and highly complex care within their communities. I appreciate the time and attention the Department of Public Health is putting into a rigorous analysis of this request to determine if it is truly necessary, actually beneficial for healthcare consumers and aligns with the State's goals of lowering healthcare costs and enhancing access to critical services throughout communities, like primary care and behavioral health.

¹ Capacity per MRI assumed to be 8,000 scans per machine. Calculated as 16 hour days, 30 minutes per scan time equates to 32 scans per day, multiplied by 250 business days (excluding weekends and Holidays)

Exhibit 1

Partners Location	Existing Magnets	Recently Approved/In-process Magnets	Total
B&W Faulkner	(2) 1.5T units	-	2
B&W Hospital	(12) 1.5T/3T units	(1) 7T unit	13
B&W Coolidge Corner	(1) 1.5T unit	-	1
B&W Chestnut Hill	(1) 1.5T unit	-	1
B&W Foxboro	(1) 3T unit	(1) 1.5T unit	2
B&W Bridgewater	(1) 3T unit	-	1
B&W Harbor Medical (Braintree)	(1) 1.5T unit	-	1
B&W Westwood	-	(1) 1.5T unit	1
Cooley Dickinson	(2) 1.5T units	-	2
Martha's Vineyard	(1) 1.5T unit	-	1
Nantucket Cottage	(1) 1.5T unit	-	1
Mass Eye & Ear	(1) 1.5T unit, (1) 3T unit	-	2
MGH Boston	(5) 3T units, (5) 1.5T units	(1) PET/MRI Unit	11
MGH Somerville	-	(3) 3T units	3
MGH Chelsea	(1) 1.2T unit, (1) 3T unit	-	2
MGH Waltham	(2) 1.5T unit	(2) 3T units	4
MGH Danvers	(1) 3T unit	-	1
Newton-Wellesley Hospital	(2) 1.5T units, (1) 3T unit	-	3
North Shore Medical Center (Centennial Drive)	(1) 1.5T unit, (1) 3T unit	-	2
North Shore Medical Center (Salem)	(1) 3T unit	-	1
All Partners Locations	46	9	55

November 27, 2019

Ms. Margo Michaels, Director
Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108

RE: PHS-19093011-HS

Dear Director Michaels:

Please accept the following as additional testimony to the in person testimony I gave at the public hearing on November 21st, 2019.

The Applicant fails to make a clear and convincing demonstration that the Proposed Project meets each Determination of Need Factor set forth within 105 CMR 100.210. Specifically, the Application fails to meet at least the following three factors; (1.) Applicant Patient Panel Need, Public Health Value, and Operational Objectives. (2.) Health Priorities and (5.) Relative Merit. Below are specific points we hope The Department will probe to a greater degree to determine if in fact the proposed project actually meets the factors for approval.

- We respectfully request that the department understand the wait times for MGPO MRI's in more detail. The application states a wait time of twenty-three days for an MRI at MGH's main campus, utilizing the third next available appointment on a Monday-Friday schedule between 8AM – 5PM. However, it does not provide detail about capacity or operational efficiency of the other 50+ MRI's within Partners Healthcare System, some approved very recently by the Department, or within the patient panel region. Furthermore, proponents for proposed project provided oral testimony at the public hearing that spoke to extended hours of operation at MGH to help patient wait times, which seems contradictory to the information contained within the application.
- The patient panel in the application is not exclusive to the Partners Healthcare System. Patients have choice and do visit multiple healthcare providers and Health Systems. The geographic region described as "within four miles of Somerville or in zip codes convenient to the MBTA orange line" is served by multiple healthcare organizations, all of which are ultimately lower cost providers than the State's highest cost system. The patients defined in the patient panel

have very likely also received care from the other healthcare providers within this defined geography, therefore it is reasonable to consider that other MRI services are available to them, negating the need to add more imaging services. Growth by MGPO in this service area will have negative impact on these community providers and threaten their ability to deliver high value community healthcare.

- To fully understand the cost this project will have on consumers it will be critical to analyze the referral patterns and downstream utilization of care for the MGPO Patient Panel. Importantly the Department should explore where patients go for care after they receive a MRI and what the projections are for post MRI healthcare utilization for the Somerville MRIs. Specifically, what are the types and utilization of hospital services after a MRI scan, where are those services provided, and what is the relative cost of those services compared to the statewide median?
- Verify the applicants' ability to compete on price. While for the applicant states it will be billing under MPFS and not HOPD, it is not clear if this will be the billing structure for 100% of the care provided at this site or for how long the applicant will hold true to this rate structure. The Department should understand the commercial rates for the MGPO compared to MGH HOPD and other MRI providers in the market, as well as the fee structure and anticipated payer mix for all care at the site.

While we appreciate the diligent work of the Determination of Need Program staff, we feel a proposed project of this magnitude merits consideration by the full Public Health Council. On September 13, 2017, the Public Health Council (PHC) voted to delegate review and approval of all MRI, CT, and PET DoN Applications to the Commissioner, and 105 CMR 100.630(6) includes DoN-Required Equipment Applications by a certified ACO-Applicant in the list of projects eligible for Delegated Review.

However, in accordance with 100.630(C), the Commissioner may choose, in his or her discretion, to direct the preparation of a Staff report and refer certain Applications eligible for delegated review to the Public Health Council for consideration and Final Action. Due to the nature of this Application and the concerns noted, above, we respectfully request that the Commissioner directs the preparation of a Staff Report and refers this Application to the Public Health Council for consideration.

Respectfully submitted,
Ryan Fuller

November 27, 2019

Ms. Margo Michaels, Director
Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108

RE: PHS-19093011-HS

Dear Director Michaels:

My name is Eileen Dern. I am a registered nurse and proudly serve as Director for Community Services and Community Benefits for MelroseWakefield Healthcare (MWHC). My work experience includes more than 30 years of community program development and monitoring in the north suburban Boston area, at the state level, and at the federal government. Thank you for this opportunity to testify.

I am writing to express my thoughts related to the proposed Partner Healthcare MRI Project in Somerville. I agree that great health care, delivered in the community for a lower cost is what is best for residents of the Commonwealth. However, I am not convinced that this proposed MRI expansion in Somerville is needed or will be cost saving.

- When describing the need for Magnetic Resonate Imaging (MRI) expansion, the applicant describes a lack of capacity for MRI at MGH in Boston, including long patient wait times and a projected backlog for MRI.
 - This leads me to wonder if there is MRI capacity at other Partners Healthcare affiliated sites such as at Brigham and Women's Hospital, MGH Chelsea, MGH Revere, or North Shore Medical Center.
 - Is there capacity at any other non-affiliated local hospitals such as MWHC, Cambridge Health Alliance (CHA) or other local practice locations that might be able to offer MRI for MGH patients through a contractual relationship or business model?
 - This proposed process has the potential to capitalize on existing underused MRI services, reduce new building costs, and allow for further collaboration between providers in benefit to communities such as Somerville.
- Recently, The MGH Center for Community Health Improvement (CCHI) partnered with Cambridge Health Alliance (CHA) and MelroseWakefield Healthcare on the North Suffolk CHNA-CHIP Collaborative, as well as the Malden-Everett CHNA-CHIP Collaborative. The spirit of the work has been focused on sharing knowledge and addressing community needs, as all three healthcare systems serve these areas.
- Contracting with CHA on a Community Health Needs Assessment (CHNA) and Community Health Initiative (CHI) for Somerville is commendable. While it is a way for MGH to support the local safety net health system and capitalize on the strengths of community hospitals and health systems in serving community needs, I wonder if this may also be seen as a competitive and/or business alliance with the intent of driving more services to MGH and Partners Healthcare. Also does this contracting with CHA hinder opportunity for physicians in the community to freely comment on the application?
- As a provider of services in the region, MelroseWakefield Healthcare would be more than willing to support this process as we also provide health services to the community in Somerville. We have demonstrated this strength in our prior work together.

In closing, I truly believe in healthcare cost-containment, partnership, and the spirit of equitable collaboration where all sizes and types of healthcare organizations work together to benefit their communities. I respectfully thank MDPH for considering the aforementioned options to best serve community needs and optimize the use of existing MRI services rather than build new.

November 20, 2019

Margo I. Michaels, Director
Determination of Need

Dear Ms. Michaels,

I want to share with the Committee how difficult it was to have imaging done at MGH rather than at a possible satellite location at Assembly Row.

My husband, Dr. Eugene Aron, passed away 16 months ago from pancreatic cancer. He was fortunate to survive 32 months. During that time he had many imaging tests done. We lived in the Navy Yard in Charlestown, MA.

Our first challenge in getting to MGH for scans was getting to Staniford Street. The traffic was very congested. Once on Staniford Street it took 15 minutes, sometimes longer to get to streets leading to the hospital. Every side street was backed up as well as cars coming in from Cambridge Street. Every street led to a convergence of traffic trying to get to the Main entrance, the Yawkey building, as well as a back-up from the Mass Eye and Ear hospital drop off area. Even when a police officer was assigned to direct traffic it did not hasten our trip. My husband was very ill. He then had to be put in a wheelchair and wait for me in the lobby. I then had to park the car and run to him to get him to the appointment. It took us one hour to get to MGH. We then had to wait in line to register and wait in line to get the imaging done.

One day, I distinctly remember having to pull over and get him out of the car when he bent over and proceed to get sick. The congestion of the traffic was too much for him to bear that day.

A location at Assembly Row would have made our lives much easier. We would have had very little traffic and would have been there in 10 minutes. We could have parked together and arrived in the building to begin the process of getting Gene his imaging test.

Getting rid of the arduous trip through the maze of traffic in front of and around MGH would be a benefit for ALL patients. We had a sense of dread every time that we had to go to MGH for images. I fully support a satellite at Assembly Row for images.

Thank you for listening to our experience.

Lauren Aron



MASSACHUSETTS
GENERAL HOSPITAL
CANCER CENTER



HARVARD
MEDICAL SCHOOL

Michelle Specht, M.D.
Assistant Professor of Surgery
Division of Surgical Oncology
55 Fruit Street, Yawkey 7B
Boston, Massachusetts 02114
Tel: 617-726-0340, Fax: 617-724-3895

November 20, 2019

To Whom It May Concern,

I am a Breast Surgical Oncologist in the Department of Surgery at the Massachusetts General Hospital, where I have cared for breast cancer patients here since 2004. I am writing this letter to alert you of need to expand MRI capabilities at MGH.

Patients who are diagnosed with breast cancer are often required to have supplemental imaging with a breast MRI to rule out a contralateral cancer or evaluate the extent of the known cancer. The current availability for the necessary MRI scan is 4-5 weeks out. We hope to be able to expand MRI services so that patients with newly diagnosed breast cancers can be scanned in a timely fashion and not delay their definitive surgery.

In addition, patients with dense breast tissue and a family history of breast cancer require breast MRI screening to detect tumors at small and treatable size. Increasing availability of MRI scans will allow for that early detection and subsequent cure.

Currently, we must call a supervisor in the radiology department to fit the patient into the MRI schedule. *I encounter this scheduling issue at least 1-2 times per week in my practice.* Increased MRI access will allow my colleagues and I to take optimum care of our breast patients. Therefore, I support the addition of MRI resources at Assembly Row.

Sincerely,

Michelle Specht, MD
Co-Director, Avon Comprehensive
Breast Evaluation Center
Massachusetts General Hospital



Department of Neurosurgery
Massachusetts General Hospital
Harvard Medical School

November 20, 2019

Massachusetts Department of Health

Subject: Comments Regarding Mass General Imaging - Determination of Need Request

Dear Authorities,

I am Chief of Neurosurgery at Mass General and a Neuro-Oncologist who cares for patients with brain tumors. These patient populations often require family or caregiver assistance to go to appointments. An MRI exam is needed to determine a treatment plan and/or to monitor their condition. The current availability for the routine MRI scans is 4-6 weeks out. To avoid delays in treatment, we must call a supervisor in MRI to fit the patient into the schedule on an expedited, urgent basis. I encounter this scheduling issue at least 1-2 times per week in my practice. Based on my experience I believe Mass General needs more MRI access to facilitate patient care. I support the addition of MRI resources to Assembly row.

In addition, we desire to offer an FDA approved technology called MRI guided focused ultrasound that will allow us to treat our patients minimally invasively (e.g. without brain surgery). This technique is currently in demand by our patient population. Our current backlog of scans on our existing scanners is hindering our efforts to implement this technology and new MRI capacity will greatly facilitate us making this option for brain tumor treatment available to our patients.

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "Bob S Carter".

Bob S Carter MD PhD
Chief of Neurosurgery
Massachusetts General Hospital
William and Elizabeth Sweet Professor of Neurosurgery
Harvard Medical School



MASSACHUSETTS
GENERAL HOSPITAL
CANCER CENTER



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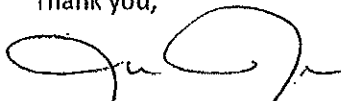
Justin T. Jordan, M.D., M.P.H.
Clinical Director
Pappas Center for Neuro-Oncology
Family Center for Neurofibromatosis
Harvard Medical School

November 19, 2019

To Whom It May Concern:

I am writing this letter in support of expanding access to MRI imaging within the Massachusetts General Hospital network by addition of three new MRI scanners to be built in Somerville, MA. I serve as the clinical director of the Pappas Center for Neuro-Oncology and the Family Center for Neurofibromatosis at Massachusetts General Hospital, where I care for patients with tumors of the brain, spinal cord, and nerves. The primary mode of monitoring disease status and response to therapy for these tumors is MRI, and current availability for medically necessary MRI scans within our own hospital system may be as long as 4-5 weeks' wait. As therapeutic options improve, and experimental trials increase for yet-incurable cancers, access to timely MRI scans is paramount to provide the safest and highest quality of care. Further, need for urgent imaging is a common reason for emergency room visits, which may be reduced by additional outpatient MRI availability. In summary, based on my daily experience in caring for patients, believe that Massachusetts General Hospital needs more MRI access to facilitate patient care, and I support the addition of MRI resources to Assembly row.

Thank you,



Justin T. Jordan, MD, MPH



MASSACHUSETTS
GENERAL HOSPITAL



MassGeneral Hospital
for Children



HARVARD
MEDICAL SCHOOL

Chief, Division of Pediatric Surgery
Massachusetts General Hospital
Surgeon-in-Chief, MassGeneral Hospital for Children
55 Fruit Street, Warren 1153
Boston, MA 02114

Allan M. Goldstein, M.D.
Marshall K. Bartlett Professor of Surgery
Harvard Medical School
Tel: 617.726.0270 / Fax: 617.726.2167
Email: agoldstein@partners.org

November 18, 2019

To Whom It Concern:

I often need an urgent MRI exam (typically MRI of the abdomen and pelvis) for my high-risk pediatric patients in order to determine whether or not they require surgery or for pre-operative planning. Currently, however, there are rarely available appointments until four to six weeks out, which is not a reasonable time frame for children in need of urgent imaging. If we're lucky, these urgent patients end up being squeezed into the schedule and, unfortunately, they often end up displacing other patients who then need to be rescheduled.

The unnecessary stress of finding an MRI appointment can be overwhelming for families caring for a sick child and also challenging for the providers requesting these studies. Having more MRI resources within our system would help address this problem and allow us to take better care of our young pediatric surgical patients. For this reason, I strongly advocate for the addition of MRI resources at Assembly Row.

Sincerely yours,

Allan M. Goldstein, MD
Surgeon-in-Chief, MassGeneral Hospital for Children
Chief, Pediatric Surgery
Director, Neurogastroenterology Program



Mass General Hospital
for Children



Administrative Office

175 Cambridge Street, CPZS-588
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Shannon E. Scott-Vernaglia, MD

John C. Robinson Chair in Pediatrics

Pediatric Residency Training Director

Massachusetts General Hospital

Assistant Professor of Pediatrics

Harvard Medical School

November 17, 2019

To Whom It May Concern,

I am a primary care pediatrician at Massachusetts General Hospital. I am writing in support of the proposal for Mass General Imaging to expand MRI access with the addition of 3 new scanners to be built in Somerville, MA. While I do not order many MRIs for my primary care patients (although many have them ordered by subspecialists), I am writing about my own family's personal experience, I have had reason in the last six months to arrange MRIs for my daughter and an elderly relative both of whom were receiving subspecialty care at MGH.

Even as a staff physician at MGH, I found the difficulty in scheduling these MRIs surprising. For both, the limited availability of time slots for MRI led to delays in them getting the appropriate imaging care they needed. The earliest time slots were all in the very early or very late hours of the day, not ideal times for children or for the elderly. In addition, one suffers from claustrophobia and required an open MRI scanner which has even less availability. For both, it took several times working closely with wonderful schedulers to find a time that would possibly work for them to come at a time that would allow for healthy sleep. More access to MRI scanners would have dramatically improved their experiences as patients and would have made their medical care more timely and appropriate.

I thank you for your careful consideration of this proposal, both for my patients and for my own family.

Sincerely,

Shannon E. Scott-Vernaglia, MD

November 20, 2019

I am a neurosurgeon who specializes in the treatment of pituitary tumors. These patients require MRIs pre-and postoperatively and then approximately yearly, as they have benign tumors that require ongoing follow-up. To schedule an MRI at MGH takes at least 1-2 months. Although we can schedule at outside facilities, many patients want to focus their care at MGH and have their images reviewed by MGH neuroradiology. Additional MRI facilities would improve access and improve patient care. I support the addition of MRI resources at Assembly Row.

Brooke Swearingen, MD

Egan, Natalie

From: Dahling, Lynn E
Sent: Tuesday, November 19, 2019 11:15 AM
To: Egan, Natalie
Subject: Letter for Mri

Hello,

My name is Lynn Dahling and I am a patient coordinator level three (scheduler) for Massachusetts General Hospital Cancer Center. I have worked in the Cancer Center over 15 years. Needless to say there have been some great changes to better service our patients and improve patient care. There are also some additional challenges that effect the patients care, including MRI access.

Getting an MRI scheduled in a timely and effective manner has been extremely difficult, not only for the patient coordinators, but also the doctors and nurses, the patients, the patient's family, and the research team. Time does matter to every patient but it is especially crucial to a cancer patient. An MRI exam needs to be performed quickly because of clinical necessity for the patient. The reason is simple. An MRI exam helps us detect if the cancer has spread and gives more information to include with the signs and symptoms. An MRI helps us detect if we need to take charge and change the plan of care for the patient.

Every week I reach out to managers and staff of radiology begging for MRI exams to be moved up to a sooner appointment, since we are booking months out. Of course we all work as a team for countless hours to make this happen, You might ask, "Why do you not use outside resources?" I've seen that the patient who does this often has a poor quality read or image. In the long run, their MRI exam needs to be redone at MGH and the patient will get billed from their insurance. My heart is all for MGH getting more MRI machines.

As I stated earlier time does matter. I am addressing the powers to be to make this happen, If anything we need to show that we are for the people of Massachusetts In sickness and health

Warmest Regards,
Lynn E Dahling
Patient Coordinator Level III
Thoracic Oncology

Egan, Natalie

From: Saylor, Philip J.,M.D.
Sent: Tuesday, November 19, 2019 12:40 PM
To: Egan, Natalie
Subject: MRI access

Two Whom It May Concern,

I am writing as a genitourinary medical oncologist at MGH to document that our system clearly needs expanded and timely access to MRI imaging. Additional scanners built locally in Somerville MA would be very helpful to all patients in our system.

Philip Saylor MD

Egan, Natalie

Subject: FW: MRI Expansion

From: Sequist, Lecia, M.D.
Sent: Friday, November 15, 2019 4:03 PM
To: Egan, Natalie <NEGAN@PARTNERS.ORG>
Subject: RE: MRI Expansion

Thank you Natalie --

As a medical oncologist who cares for lung cancer patients, a population that unfortunately has a high incidence of brain metastases, I confirm that it is very difficult to get urgent brain MRI's when they are needed w/ the current number of MRI slots available. New neurological symptoms in a lung cancer patient warrants an urgent MRI and this situation comes up at least 2-3 times a month in my clinic alone. It is not uncommon for us to send the patients to the emergency room solely to get access to an MRI scanner in a timely fashion, even if this is not otherwise indicated. It would be extremely helpful in the care of patients at MGH to have additional MRI slots. I hope this is helpful information.

Best,
Lecia Sequist

Egan, Natalie

To: Natalie Egan
Subject: FW: Mri Expansion

From: Destasio, Paula
Sent: Monday, November 18, 2019 2:45 PM
To: Egan, Natalie <NEGAN@PARTNERS.ORG>
Subject: RE: Mri Expansion

Dear Natalie,

Thank you so much for reaching out to me regarding the lack of system-wide MRI access. I have been in Neurosurgery for approximately 10 years, and the scheduling of MRI's for our patients has always been a difficult challenge! As you are aware, most of the patients we treat are diagnosed with brain tumors. Most of the time we need imaging the same day. Also, many patients are scheduled for the OR within a week from their office visit and require pre-op imaging. Unfortunately, the scheduling of these exams is becoming more and more difficult to obtain, which results in outsourcing to outside facilities. More importantly, it is effecting patient care and continuity of care.

If my schedule permits, I will do my best to attend the public hearing on Wednesday. Please feel free to reach out to me if I can be of any further assistance.

Best regards,

Paula DeStasio
Clinical Coordinator
Bob S Carter, MD, PhD
Chair, Department of Neurosurgery
William and Elizabeth Sweet Professor of Neurosurgery

Egan, Natalie

Subject: FW: Support for MRI Expansion

Importance: High

MGH Sports Medicine

From: Hazzard, Sean, P.A.-C.

Sent: Tuesday, November 19, 2019 7:30 AM

Brian,

Thank you for your inquiry. While I cannot speak to the need for inpatient MRI, I can certainly speak for the outpatient MRI need. In the outpatient knee and shoulder world, MRI is one of the most popular imaging modalities we use and certainly the most popular advanced imaging option. In an age where everyone wants acute results and satisfaction, availability is often king. With other regional companies offering a significant array of location options with satisfactory availability, our system must rely on availability over location. My current understanding is that despite the four main locations, slots for MRI can still be a few weeks if someone has a tight schedule. Improving availability is of paramount importance as long as quality is maintained.

MGH Physical Medicine and Rehabilitation

From: Zhao, Meijuan, M.D. <MZHAO@mgh.harvard.edu>

Sent: Monday, November 18, 2019 1:32:05 PM

We absolutely need additional MRI access to care for my MGH patients. Many of my patients with acute severe debilitating arm or leg pain from cervical or lumbar disc herniation, or acute sports injury with muscle/tendon serious tears or bone stress fracture, they need to have the MRI as soon as possible to help us to make next steps with the diagnosis, epidural injections, or guidance for the surgical vs. nonsurgical manage of sports related injury and to prevent permanent nerve injuries. Currently we often need to longer wait due to the limited access to MRI machines. With the additional MRI machines, we should be able to facility the diagnosis and appropriate management, and provide better quality of care.

Meijuan Zhao, MD

MGH Orthopedics

From: Fiore, Anne, N.P.

Sent: Monday, November 18, 2019 12:15 PM

Brian,

Thx for sending *me* the email as well as to the support staff –

I'm now the clinical director for ortho oncology...

So, I can speak clinically re the need for more available MRI slots for patients... for Ortho oncology and the Centers for Sarcoma and Chordoma

Anne

MGH Rheumatology

From: Collier, Deborah Saudek, M.D.

Sent: Monday, November 18, 2019 12:26 PM

It would be greatly helpful to our patients if there is an MRI facility in Assembly Row. Many of my patients who live in Charlestown or Somerville do not have cars and therefore find it difficult to travel to Chelsea or Boston for MRIs. Having a facility in Assembly Row will allow patients to use public transportation to get to the imaging facility. Thanks so much, Debbie

MGH Neurology

From: Kastin, Bruce R., M.D.

Sent: Monday, November 18, 2019 11:57 AM

Hi Brian,

We absolutely need greater MRI access if we are to evaluate and treat our patients urgently in the ambulatory setting rather than have them seen in the ED

Bruce

Bulfinch Medical Group- Primary Care

From: "Haff, Nancy, M.D." <NHAFF@PARTNERS.ORG>

Date: November 18, 2019 at 11:01:11 AM EST

I would strongly support this. I have had many inpatient MRIs significantly delayed due to volume. Having additional outpatient access to divert from main campus would help improve care for all our patients.

Thanks!

Nancy

Neurology- MGH Health Centers

From: Pasinski, Marie Elizabeth, M.D.

Sent: Monday, November 18, 2019 3:39 PM

As the neurologist for the MGH Health Care Centers in Chelsea, Charlestown and Revere, I often need to get urgent MRI imaging for my patients. When I'm unable to get an MRI within a reasonable time frame, my only choice is to refer these patients to the MGH ER which further slows down hospital efficiency. Additional scanners at Assembly Row would greatly improve patient care.

Sincerely,
Marie Pasinski, MD
MGH Neurology