



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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

February 19, 2020

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

VIA EMAIL

RE: Notice of Final Action DoN # PHS-19093011-HS

Dear Mr. Levine:

At their meeting of February 12, 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 Massachusetts General Physician's Organization (MGPO) for the expansion of its existing imaging clinic to a new satellite at Assembly Square, Somerville, with the addition of three MRI units and associated limited renovations. 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 DoN-Required Equipment 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 \$14,983,573.00, and the required CHI contribution is \$749,178.65.

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 that Proposed Project will add measurable public health value in terms of improved health outcomes, quality of life, and to further demonstrate the need of the Applicant's Patient Panel, the Holder shall, on a yearly basis:

1. Report on differential use of inpatient and outpatient MRI at the MGH Main Campus, and 3 MGPO Sites, at baseline and at the end of each reporting year, in order to fully assess the impact of shifting utilization of MRIs away from the MGH main campus. Such reports shall include the total volume by site, differentiating outpatient and inpatient scans, and also the most common CPT codes for each of the following, enabling easy comparison across the 4 sites:
 - a. MGH main campus only
 - b. MGPO Waltham
 - c. MGPO Chelsea
 - d. MGPO Assembly Row

*** Overall, such use shall not appreciably increase over the projections included in this Staff Report.*

2. Report on the percentage of orders for MRI coming from Partners' affiliated providers vs. those from any other provider.
3. In order to demonstrate appropriate use of MRI, report on the effectiveness of the MGPO Assembly Row site providers' use of the American College of Radiology (ACR) Clinical Decision Support tool "ACR Select" for Adult MRI imaging orders (or any subsequent CDS). Holder shall provide, at minimum
 - a) data showing yearly changes in "low utility" or "marginal utility" MRI orders; and
 - b) percentage of provider response to alerts provided by ACR Select (or any subsequent CDS)
4. Report on improvement of measures outlined in Attachment 1.

CHI Conditions to the DoN

5. Of the total required CHI contribution of \$749,178.65
 - a) \$181,675.82 will be directed to the CHI Statewide Initiative
 - b) \$545,027.48 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) \$22,475.35 will be designated as the administrative fee
6. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$181,675.82 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.
7. Within three months post approval, the Holder shall submit to DPH a detailed report on activities based on feedback and input from additional community meetings and engagement regarding community conditions.
8. Within four months post approval, the Holder shall submit to DPH the completed Health Priorities Strategy Form, as required in the Community Engagement Standards for Community Health Planning Guideline.

It is important to note that while Cambridge Health Alliance will implement the CHI processes, Partners as the Holder will be ultimately responsible for timely communication with and submission of deliverables to DPH.

Attachment 1: Required Measures for Annual Reporting

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

9. Patient Experience/Satisfaction (Press Ganey)

Overall satisfaction of care provided (fair or lower only) *

Holder shall report on the following:

- a) Satisfaction rate for patients receiving MRI
- b) Patient response rate with a breakdown of respondents by race
- c) Any policy changes instituted as a result of Holder's evaluation of fair or lower ratings

Holder shall report on progress in making (ongoing) reductions* in

10. Wait Times: Holder shall Report on the following:

Time interval (in days) from when the case was initiated for scheduling in EPIC, to the next available outpatient appointment, across 4 sites¹. Holder shall Report on the following:

- a) Median number of days between ordering elective MRI and imaging test performed.
- b) Median number of days from the completion of a patient's MRI service at the MGPO Assembly Row site to finalization of radiology report
- c) Any policy changes instituted as a result of Holder's evaluation of increasing days
- d) Operating hours for each of the 4 sites
- e) Wait times and the rate of cancellations and "no shows" by race and ethnicity and by payer

11. Percentage of MRI scans that triggered an Important Finding Alert (IFA) that the radiologist conducted a critical value report. Holder shall report on the following:

- a) % of IFAs where critical value report indicated
- b) % of critical value reports radiologists performed over the total number of IFAs
- c) Any policy changes instituted as a result of increasing critical value reporting

Holder shall also report on imaging efficiency*

12. Imaging Efficiency Measures

As is required for calendar year (CY) 2020 payment determinations, the Holder will report on one [CMS Outpatient Imaging Efficiency \(OIE\)](#) measure that are publicly reported within the Hospital Outpatient Quality Reporting (OQR) Program:

- a) MRI Lumbar Spine for Low Back Pain (OP-8)

This publicly reported OIE measure is calculated using data from hospital outpatient claims paid under Medicare's Outpatient Prospective Payment System (OPPS). These publicly reported OIE measures are calculated using data from hospital outpatient claims paid under Medicare's Outpatient Prospective Payment System (OPPS). Since these data are calculated quarterly and reported to CMS

¹ 4 sites:

- a. MGH main campus only
- b. MGPO Waltham
- c. MGPO Chelsea
- d. MGPO Assembly Row

yearly, Holder shall report these data on an annual basis, up to the most recent quarter. As will be required for all DoN annual reports, these data are reported 60 days after the close of a quarter (or December 1, March 1, June 1 and September 1), depending on the due date of said report.

***If improvement (e.g., decrease or increase from baseline) is not achieved, Holder shall report on reasons why and outline plans for improvement**

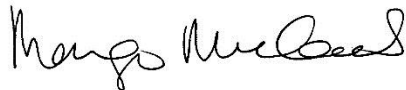
Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

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 \$181,675.82 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