



Massachusetts Department of Public Health

Public Health Council Meeting November 13, 2024

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the November 13 Public Health Council listing.



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Native American Heritage Month



Keynote speaker Dr. Cedric Woods (left) leads a panel discussion with Tribal and Indigenous leaders at the 2024 Massachusetts Tribal and Indigenous Health Summit.

Recognizing Veterans and Military Families



Wildfires in MA



Wildfire Smoke Events

Climate change is causing increased droughts, extreme heat, and pest damage in forests across North America, leading to more extreme wildfires. Smoke from wildfires, even thousands of miles away, may cause poor air quality in Massachusetts.

This poor air quality can make allergies worse and cause respiratory infections especially for people with heart disease, asthma, and other lung diseases.



Who is at higher risk?

Some people may be more at risk during a wildfire smoke event because of where they live, their access to official government information, availability of resources to prepare and respond, and whether they already have health problems. These people include:

- Children under 5 and people over 65
- Pregnant people
- People of color due to systemic racism
- People who speak little or no English who may not receive emergency messages in their native language
- People with disabilities
- People with pre-existing medical conditions such as heart disease, asthma, lung diseases and respiratory allergies
- People that work or exercise outdoors

What can we do about it?

- Talk to your doctor about using asthma medications during a wildfire smoke event
- [Stay up to date on local air quality information and air quality alerts in your community](#)
- Plan to move outdoor activities indoors during wildfire smoke events
- Close windows and vents in homes and vehicles during wildfire smoke events
- Use high-efficiency (HEPA) air filters in heating and cooling systems
- [Learn how to create a clean air room in your home using a box fan](#)
- Have a supply of N95 masks, learn how to use them and practice having your child wear small N95 or surgical masks

Learn more at
mass.gov/ClimateAndHealth



Bureau of Climate and Environmental Health
Environmental Toxicology Program
Massachusetts Department of Public Health

mass.gov/info-details/climate-fact-sheet-wildfire-smoke-events

Respiratory Illness





REMINDER

It's time to book your
flu and COVID shots.

SCHEDULE YOUR VACCINES TODAY



mass.gov/SeasonalVaccines



**Stay well to stay
connected.**

**RISK LESS.
DO MORE.**
Get this season's vaccines



Massachusetts Department of Public Health

Determination of Need:

Weymouth Endoscopy, LLC

Substantial Change in Service-Ambulatory Surgery Center

Dennis Renaud

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

- Weymouth Endoscopy, LLC, (WE) is a for-profit, freestanding, single specialty ambulatory surgery center located at 1085 Main St. in Weymouth.
- The ASC has been in operation since 2004 and is licensed by DPH as a clinic and certified by Medicare and MassHealth.
- Limited block time at South Shore Hospital.
- Weymouth Endoscopy, LLC is owned and operated by a group of six physicians who are also the owners of an independent professional corporation, South Suburban Gastroenterology PC.

Proposed Project Description

- Weymouth Endoscopy, LLC, filed a Determination of Need (DoN) application to relocate and expand its existing ambulatory surgery center (ASC). The Applicant is proposing to relocate the ASC from its current location at 1085 Main Street, Weymouth, MA to 97 Libbey Industrial Parkway, Weymouth, MA, two miles from the current location.
- The Applicant is also proposing to increase the number of procedures rooms from 3 to 6 as well as increase the number of pre-post procedure beds from 11 to 17.
- The total value for the Proposed Project is \$5,346,983.00. The Community Health Initiative (CHI) contribution to the Statewide Initiative Fund is \$267,349.15.

Proposed Project Description (cont.)

The Applicant asserts that its essential to transfer the location of the ASC for the following reasons.

- Lease for the ASC expires in August 2025.
- Current site is insufficient to address current and projected Patient Panel need.
- Significant scheduling delays for procedures.
- Recent closures of endoscopy services at hospitals on the South Shore.
- Prevalence of gastrointestinal disorders and related chronic conditions.

Six Factors of a Determination of Need (DoN) Application

Factor 1	Patient Need, Public Health Value and Operational Objectives
Factor 2	Health Priorities
Factor 3	Compliance
Factor 4	Financial Feasibility and Reasonableness of Expenditures and Costs
Factor 5	Relative Merit
Factor 6	Community Health Initiatives

Factor 1: Patient Need, Public Health Value and Operational Objectives — Requirements

In Factor 1, the Applicant must demonstrate the project will positively impact three areas.

1. Patient Panel Need
2. Public Health Value
3. Operational Objectives

Factor 1: Patient Panel Need Analysis

The Applicant attributes need for the Proposed Project to the following:

1. Historic utilization and scheduling delays
2. Colorectal cancer trends
3. MassHealth contracting
4. Patient choice

Factor 1: Patient Panel Need Analysis (cont.)

Annual Procedure Volume at WE and SSH

	FY17	FY18	FY19	FY20	FY21	FY22	FY23	% Change
WE	4,733	5,739	7,085	5,479	8,072	8,450	9,205	94%
WE at SSH	623	809	2,021	1,390	1,547	1,498	1,652	165%

Factor 1: Patient Panel Need Analysis (cont.)

Colorectal Cancer Trends

The Applicant affirms that demand for colorectal cancer screening and other diagnostic endoscopic procedures has generally increased due to the following.

1. Expanding screening guidelines
2. Increased awareness of the importance of CRC screening
3. Increasing indications for screening procedures based upon better understanding of the implications of a wide variety of genetic abnormalities

Factor 1: Patient Panel Need Analysis (cont.)

MassHealth Contracting

- The Applicant states that as a single-specialty ASC, it was not eligible to receive a provider contract with MassHealth until 2022.
- In the one year since contracting with MassHealth, the number of MassHealth patients seen at the ASC has increased substantially from 268 in 2022 to 454 in 2023.
- The Applicant anticipates that its Medicaid caseload will continue to grow as availability is publicized, and notes further that the proposed site with expanded and convenient access will facilitate access for MassHealth recipients.

Factor 1: Patient Panel Need Analysis (cont.)

Patient Choice

- Greater convenience and control over their care
- Lower cost setting with improved clinical outcomes

Factor 1: Patient Panel Need Analysis (cont.)

Projected Volume

Volume	Volume for the year ended December 31, 2023	Projected 2025 volume in the New Center	Projected 2026 volume in the New Center	Projected 2027 volume in the New Center	Projected 2028 volume in the New Center	Projected 2029 volume in the New Center	% Change Rate 2023-2029
Total Procedures Performed	9,934	10,805	11,886	13,074	14,382	15,820	59%

Factor 1: Public Health Value

Improved Outcomes and Quality of Life

- Appointments within two months of scheduling
- Improved patient compliance with screening and follow-up care
- Optimizing preventative care, improving patient outcomes, patient satisfaction and quality of life

Factor 1: Public Health Value (cont.)

Health Equity

- Interpreter Services
- Cultural Competency Training
- Social Determinants of Health (SDoH) Screening
- Improved Site Accessibility
- Increased MassHealth Participation
- Increased Community Programming
- Addressing Disparities in Access and Utilization

Factor 1: Operational Objectives

Efficiency, Continuity, Coordination of Care Analysis

Care Coordination

Electronic Medical Record

Efficiency

Factor 2: Health Priorities — Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project supports Commonwealth Cost containment goals and improved public health outcomes.

Factor 2: Analysis — Cost Containment

- ASCs provide a lower-cost alternative to higher-cost HOPDs for the same surgical procedures by keeping overhead costs low and maximizing operational efficiencies.
- Benefits from a reduction in wait times.
- Medicare reimbursement rates for ASCs are 58% of the amount paid to HOPDs on average for all eligible procedures, including endoscopy.

Factor 2: Analysis — Improved Public Health Outcomes

Early cancer detection

Shorter procedure times/faster recovery

Lower readmission and infection rates

Factor 3: Compliance — Key Requirements and Analysis

The Determination of Need Program has determined that the Applicant has provided evidence of compliance and good standing with federal, state, and local laws and regulations.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs — Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide evidence that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

As a result of the CPA's analysis, they concluded the following:

“The projections were not likely to result in insufficient funds available for ongoing operating costs necessary to support the Applicant. Based upon our review of the projections and the relevant supporting documentation, we determined Weymouth Endoscopy LLC's continued operating income is reasonable and based upon feasible financial assumptions.”

Factor 5: Relative Merit — Requirements

When conducting an evaluation and articulating the relative merit determination, Applicants 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.

Factor 5: Analysis — Alternatives Considered to the Proposed Project

Alternative #1: Continue status quo or expand at the current location.

- A new lease was not offered to the Applicant.
- Current site could not have accommodated the additional building footprint and associated parking to support an expansion.

Alternative #2: The Applicant operates the Proposed Project at another location.

- The Applicant worked with two real estate brokers over a 12-month period.
- The proposed site was the only one that met the location and size requirements.

Factor 6: Community Health Initiatives — Requirements and Analysis

The Proposed Project does not require the submission of CHI forms. Weymouth Endoscopy, LLC, will fulfill Factor 6 requirements by directing their full CHI contribution of \$267,349.15 to the Statewide Community Health and Healthy Aging Funds (CHHAF).

Other Conditions

- In order to support equitable access to Weymouth Endoscopy services, the Holder will report on annual efforts to promote health equity at the ASC.
- In addition to the Holders obligation to participate in MassHealth, pursuant to 105 CMR 100.310(11), the Holder must certify annually that all physicians and health professionals who practice at the facility are enrolled as participating providers of MassHealth to support equitable access to all clinicians at the facility regardless of payer.
- The Holder shall report on ongoing efforts to increase Medicaid in its payer mix, detailing the strategies being implemented to achieve this goal.

Thank you for the opportunity to present this information today.

Please direct any questions to:

Dennis Renaud

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Bureau of Health Care Safety and Quality

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Massachusetts Department of Public Health

Public Health Hospitals System Overview

Valenda Liptak

Director, Bureau of Public Health Hospitals

Ted Constan

Deputy Commissioner for the Public Health Hospital System

Public Health Hospitals System Overview



Lemuel Shattuck Hospital
Jamaica Plain Campus — 15 acres



Tewksbury Hospital
Tewksbury Campus — 800 acres



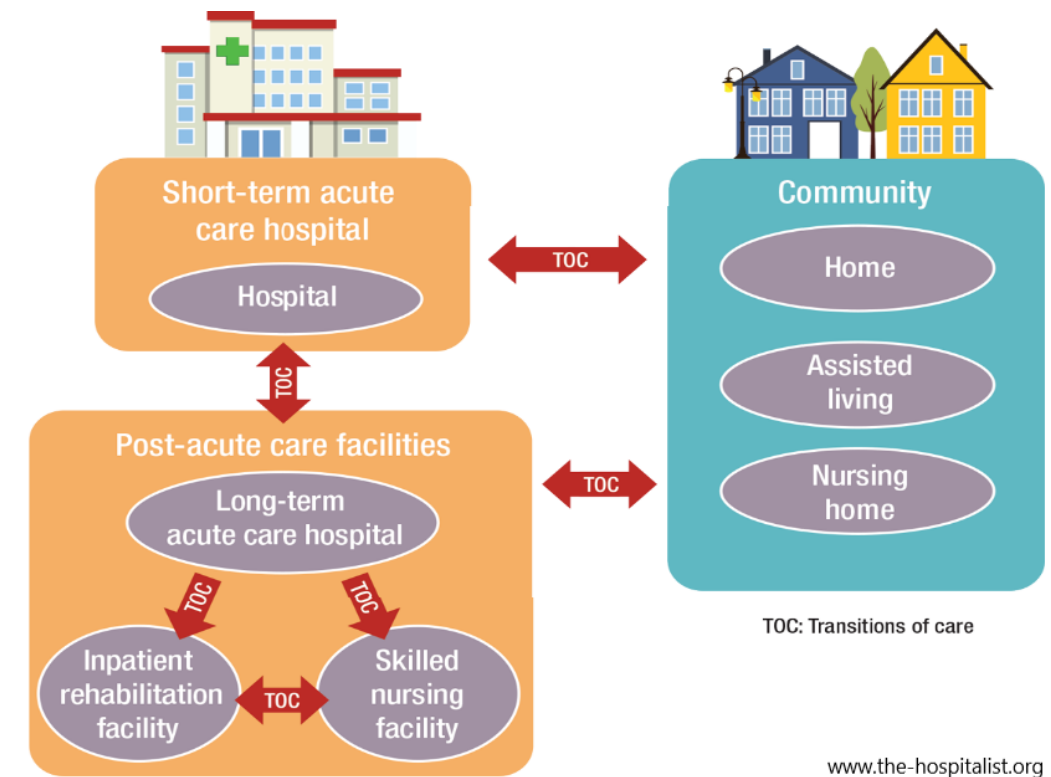
Pappas Rehabilitation Hospital for Children
Canton Campus — 160 acres



Western Massachusetts Hospital
Westfield Campus — 186 acres

Long-term acute and chronic care hospitals fill a gap in the health care continuum.

- Stable discharges from acute care hospitals with **acuity too high** for SNF, nursing home, or home. Usually with co-morbidities, these patients may improve over time to be discharged. For example:
 - Prolonged ventilation and pulmonary care
 - Complex wound care
 - Complex resistant infections
 - Post-surgical complications
- **Chronic conditions** requiring long-term hospital level of care (daily physician intervention / 24-hour availability of medical service). For example:
 - Huntington's Disease
 - Traumatic brain injury



LTACs / Chronic care hospitals benefit patients and the health system by 1) providing the right care at the right time, 2) freeing up short-term acute (higher cost) beds for more acute patients, and 3) reducing re-admissions from settings with less clinical support.

In addition to applying clinical criteria, PHHS accepts patients with significant barriers to care.

- Patients needing increased supervision/staffing for behaviors
- Patients involved in the criminal justice system
- Uninsured or underinsured patients due to immigration status, guardianship concerns, incomplete MassHealth applications, spend down requirements, and need for long-term care conversion
- Patients needing specialized programs coordinated with other state agencies, such as mental health and substance use disorder services
- Patients facing economic and social barriers such as lacking a home or family support / guardianship

Private-sector health care facilities, even if the patient is clinically appropriate, often reject admissions or seek discharges of patients needing increased resources for these reasons.

Lemuel Shattuck Hospital

Services

Medical Units	Psychiatric Units	Ventilator Unit
Surgical Services	Inpatient Hemodialysis Services	Infectious Disease Services
Ambulatory Care Services	County and State Correctional Services	Community Services

Statistics

	Medical	Correction Medical	Psychiatric	Total
Beds (on-line)	98	29	97	224
Census (current)	90	8	95	193
Occupancy %	91.8%	27.6%	97.9%	86.1%
FY 24 Average Length of Stay (Days)	157.3	24.6	-	-

Tewksbury Hospital

Services

Medical Units

Psychiatric Units

Medically
Enhanced Dual
Diagnosis Unit

Neuro
Rehabilitation
Unit

Huntington's
Disease Unit

Male with
Forensic History
Medical Unit

Department of
Developmental
Services Unit

Inpatient
Hemodialysis
Services

Extensive
Community
Services

Statistics

	Medical	Psychiatric	Total
Beds (on-line)	213	170	383
Census (current)	197	165	362
Occupancy %	92.5%	97.1%	94.5%
FY 24 Average Length of Stay (Days)	202.2	-	-

Pappas Rehabilitation Hospital for Children

Services

Medical Unit

Behavioral Health
Services

Orthopedic
Services

Rehabilitation
Services

Adapted Devices
and Assistive
Technology
Services

Respite Services

On-site Special
Education

Community
Services

Statistics

	Total
Beds (on-line)	41
Census (current)	40
Occupancy %	97.6%
FY 24 Average Length of Stay (Days)	427.8

Western Massachusetts Hospital

Services

Ventilator Unit

Neuromuscular
Care Unit

Huntington's
Disease Unit

Chronic Care Unit

Secured Dementia
Unit

Community
Services

Statistics

	Total
Beds (on-line)	87
Census (current)	80
Occupancy %	92%
FY 24 Average Length of Stay (Days)	608.7

Over past year, we worked on several hospital initiatives to improve daily operations and create efficiencies.



Staffing Controls
based on industry
standards



Learning &
Development / DEI



Quality
Improvement and
Compliance



Data
Monitorization



Implementation of
New Electronic
Health Record



Facility and
Campus
Infrastructure



Public Safety and
Security

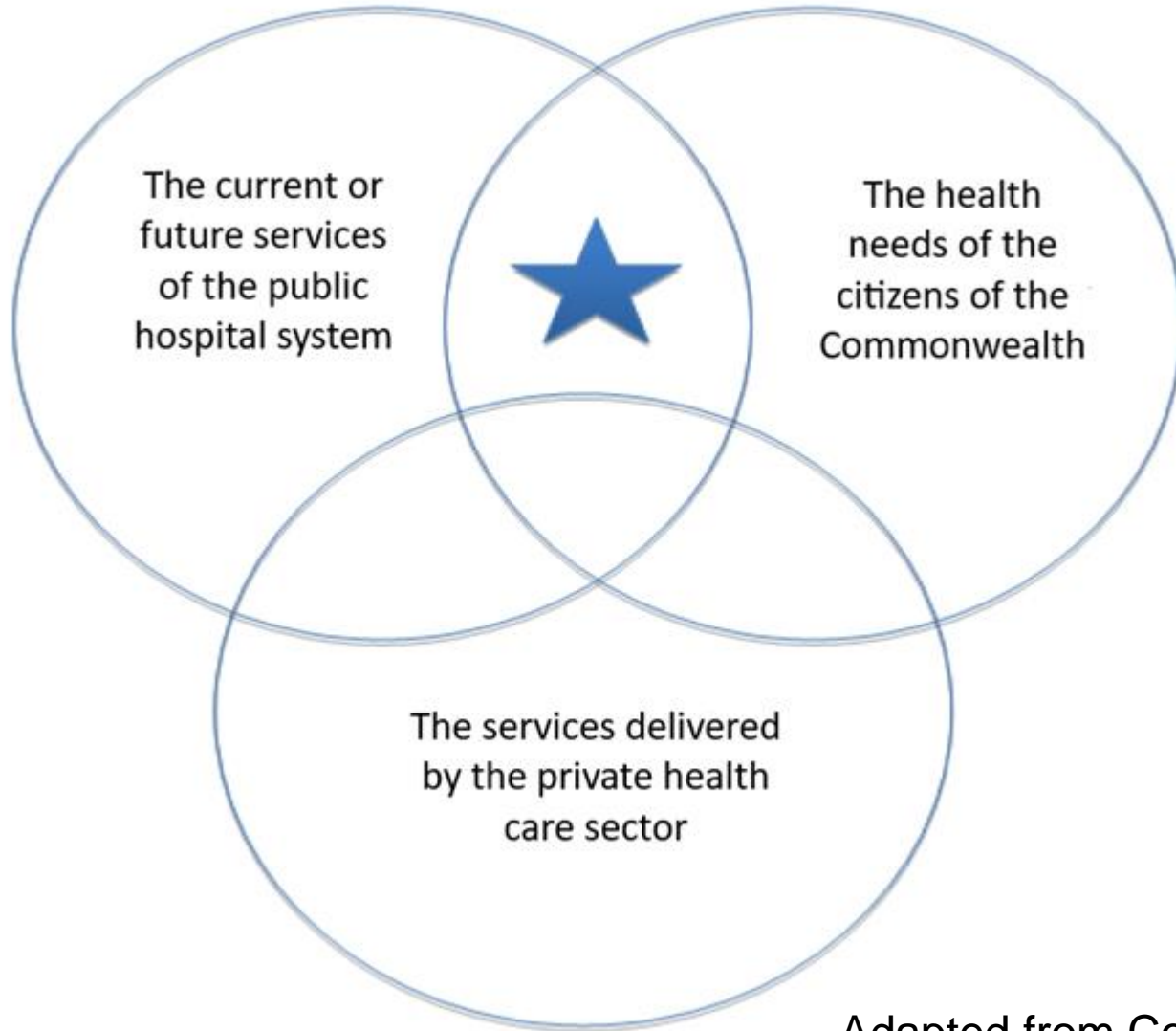


Lemuel Shattuck
Hospital East
Newton Pavilion
relocation



Community
Partners

PHHS has analyzed its service lines to determine the scope, size and complexity of future programs and facilities.

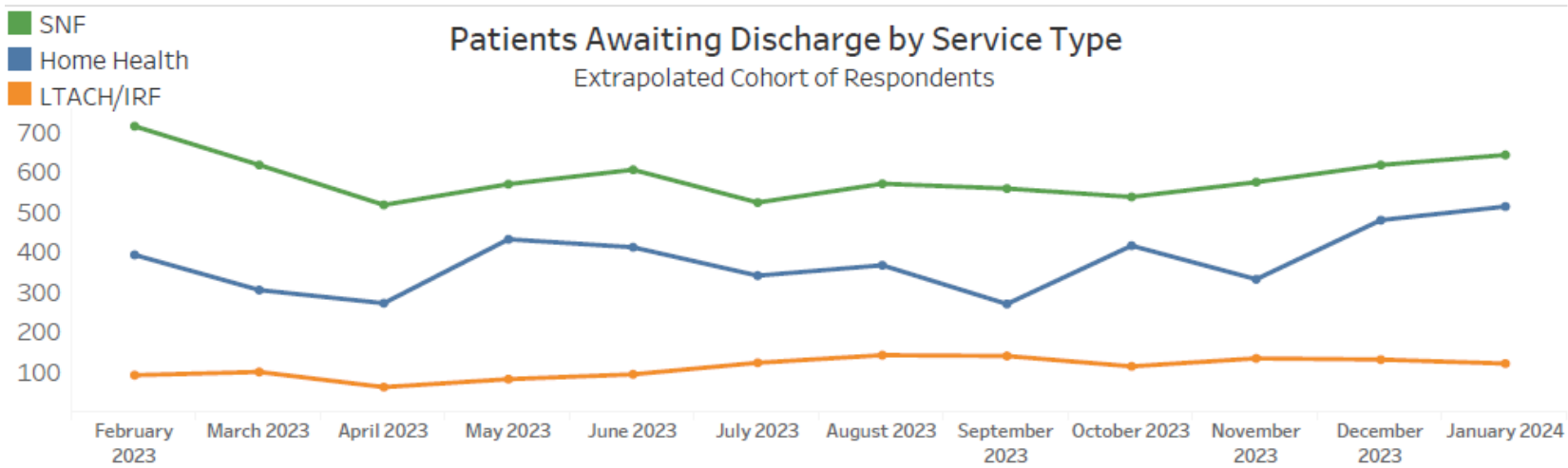


The PHHS strategic “sweet spot” is providing needed services unmet by the private health care sector.

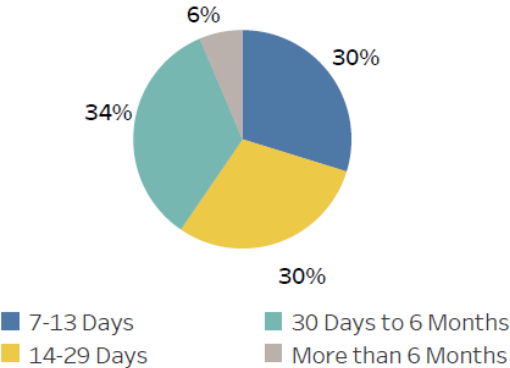
Adapted from Collis & Rukstad, 2008

Demand

Mass Hospital Association monthly “Throughput Report” (Jan. 2024) confirms steady demand for post-acute LTACH level of care, despite CMS moratorium on new beds.



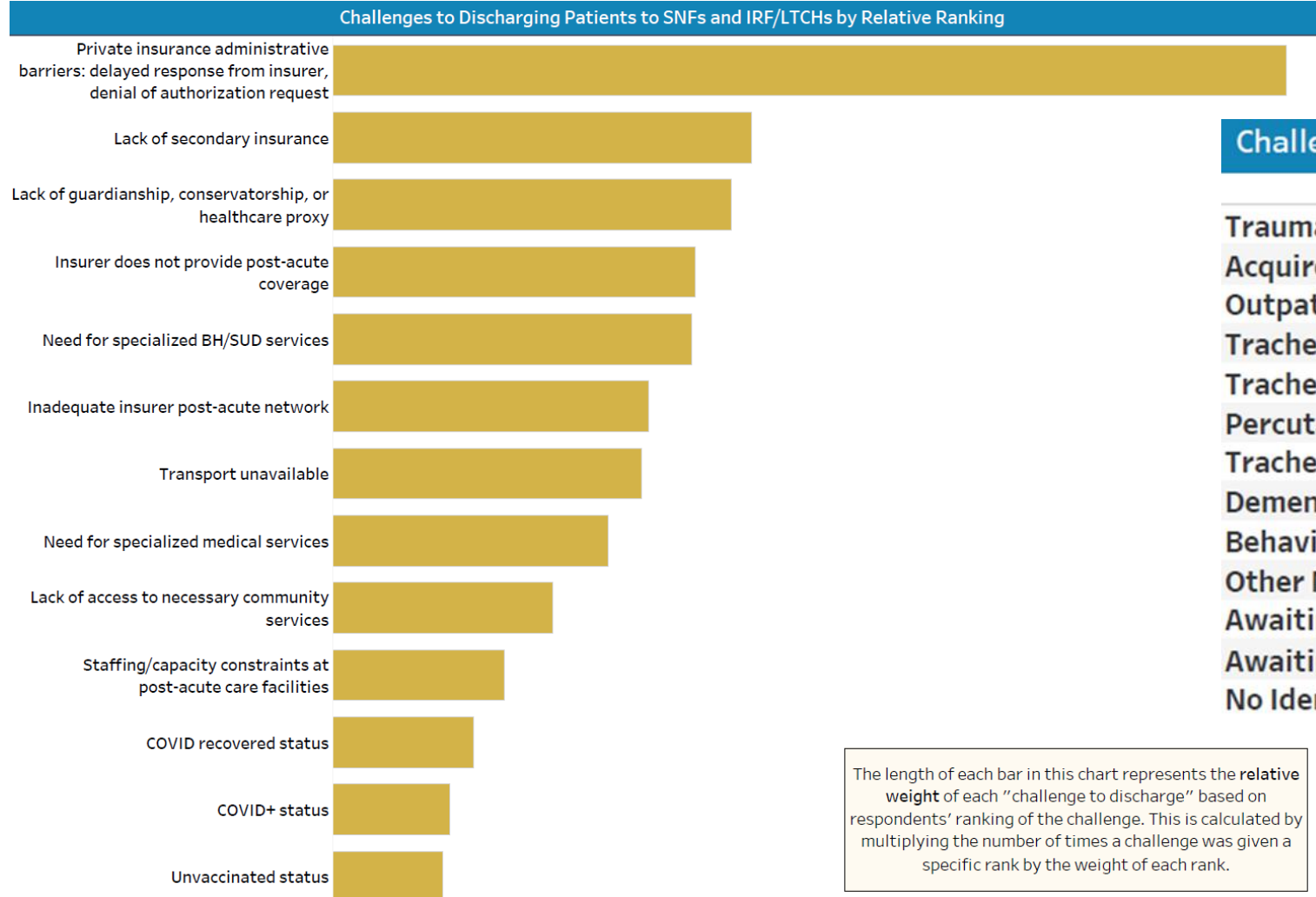
Percentage Distribution of Patients Awaiting Discharge
LTACH



State Hospital Questions	
Total number of patients awaiting discharge that are awaiting placement for a bed in a DPH state hospital	40
What is the maximum length of time in days that a patient at your facility has waited for a bed in a DPH hospital in the previous month?	440 days
Total number of patients awaiting discharge that are awaiting placement for a continuing care bed in a DMH state hospital	18
What is the maximum length of time in days that a patient at your facility has waited for a DMH continuing care bed in a state hospital in the previous month?	1,303 days

Additional Challenges for Stuck Patients

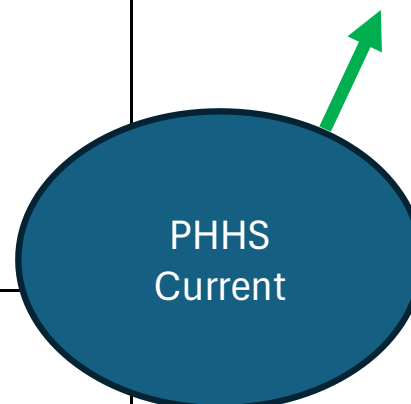
MHA “Throughput Report” (Jan. 2024)



Challenges for Patients Awaiting Long Term Care Beds	
	Statewide
Traumatic Brain Injury	19
Acquired Brain Injury	16
Outpatient Hemodialysis (HD)	19
Tracheostomy (Trache)	20
Trache and HD	4
Percutaneous Endoscopy Gastronomy (PEG)	20
Trache and PEG	25
Dementia Care Diagnosis	114
Behavioral Health Diagnosis	54
Other Neurocognitive Challenges	9
Awaiting Guardianship/Conservatorship	67
Awaiting Expansion of Guardianship	17
No Identifiable Guardian/Conservator	29

Serving higher acuity patients with high barriers of care will help address the Commonwealth's inpatient/ED overcrowding crisis and improve health equity.

Health Related Social Needs		
Medical Acuity Level	Low	High
Short-Term Acute Care		
Long-Term Acute Care		
Skilled Nursing		



The DPH Public Health Hospital (PHHS) strategic direction:

- Strengthen medical services to serve higher acuity patients, especially respiratory, cerebrovascular, infectious disease, and bariatric care
- Maintain and improve services for patients with high barriers of care
- Expand caregiver and medical respite capacity
- Improve **throughput**, including:
 - Optimized admissions procedures
 - Collaborative and patient-centered discharge efforts

Questions





Massachusetts Department of Public Health

**Next Meeting:
December 11, 2024**