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Morse Family Chief Medical Officer
Dana-Farber Cancer Institute

April 25, 2024

Susan F. Smith Center
for Women's Cancers
Breast Oncology Center

Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
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Re: Determination of Need Application DFCI-23040915-HE

Dear Director Renaud:

As a breast medical oncologist and the Chief Medical Officer for Dana-Farber Cancer Institute, I am writing to express the need for an inpatient cancer hospital in Boston. There are countless reasons why we need this hospital, but I am going to focus on three specific ones.

At Dana-Farber our singular focus is cancer, which means that all we do is treat cancer. According to validated, published data, patient outcomes are better for cancer patients treated in a dedicated cancer hospital than those who receive care in an integrated general hospital setting, inclusive of academic medical centers. And this indisputable fact has the added benefit of being intuitive. The more you do of something, the better you are at it. When all the physicians and medical teams are focused on cancer, when all the nurses are oncology trained—something that doesn't currently exist in any hospital in New England, much less Boston, when the entire focus is on the care of the cancer patient, you are more familiar with the disease, its treatments, and its side effects. You see things others miss. You pick up things earlier, when you can intervene earlier and prevent bad outcomes, and you save money and improve the patient experience.

A clear illustration of this is an oncology-specific urgent care clinic we developed at the Dana-Farber. If you are a cancer patient and you seek urgent care in an emergency room, there is an 80% chance you will be admitted to the hospital. When we created a clinic, staffed by oncology trained clinicians who were familiar with the disease, its treatment and side effects, we reduced emergency room visits by 20%. And of those patients seen in the clinic, instead of 80% being admitted, 80% were treated and sent home—improving the patient experience and dramatically decreasing cost and unnecessary inpatient care.

The diagnosis of cancer and the ensuing treatment and supportive care are not only difficult for patients, but also for their family members and loved ones who help to care for and transport patients for treatments. To be clear, we have no intention of taking patients out of their communities for their care. That has *never* been our model of care. Our history demonstrates that we strive to keep care local. For 20 years, we have provided ambulatory cancer care in local communities and partnered with local hospitals to keep patients in their communities. We partner with many hospitals in providing care in the community and are proud of our record in this regard.

In our unique community-based model, Dana-Farber operates outpatient medical oncology and chemotherapy programs under its license in collaboration with community hospitals, which provide inpatient oncology care and ancillary services. These local providers include Milford Regional Medical Center, Holy Family Hospital and Lawrence General Hospital in Merrimack Valley, South Shore Health in Weymouth, St. Elizabeth's in Brighton, among others. I invite you to speak with any of these hospitals to confirm that our collaboration helps to keep patients' care local, seamlessly coordinated and of the highest quality.

An important final point is that currently **all** the oncology patients cared for in beds at the Brigham are Dana-Farber patients, cared for by Dana-Farber medical oncologists who also provide oversight of Dana-Farber-employed advanced practice providers. There are no Brigham medical oncologists. The only Brigham-employed clinicians on the oncology teams are the interns and residents who are being trained by, and have oversight by, Dana-Farber medical oncologists. *These are our--Dana-Farber--patients.*

On any given day, Dana-Farber utilizes 200 to 220 inpatient medical oncology beds, located in the Brigham facility. This includes the 30 beds on our license and those on Brigham's license (again, all being Dana-Farber patients). We need a place to admit our patients-- which is very complicated now and is another reason why we need the new building. As you consider this, there are several points to keep in mind:

- The Brigham does not have *any* medical oncologists of its own or medical oncology physician assistants and has not for nearly 30 years;
- These patients all have a Dana-Farber medical record number;
- *All* of the oncology team members taking care of them, writing their orders, and responsible for them--attending and physician assistants--are Dana-Farber employees. In fact, there is not a patient in these beds that is seen by a primary attending or has an attending of record, other than a Dana-Farber attending.
- The only medical oncologists caring for patients at the Brigham are Dana-Farber medical oncologists; and,
- The only members of any of the clinical teams responsible for the care of these patients that are Brigham employees are the housestaff (the interns and residents) who are being trained by and have oversight by a Dana-Farber medical oncologist as part of their training, or non-medical oncology specialists.

Finally, I want to emphasize that the request for 300 beds is a *conservative* one. As noted, Dana-Farber currently utilizes 200 to 220 inpatient medical oncology beds on a daily basis. Similarly, our new collaborative partner, BIDMC, utilizes 80-100 inpatient medical oncology beds on average. These numbers reflect the average daily census for our respective services. Higher census days are 10-15% above the average daily census. So, looking at Dana-Farber and BIDMC together, there is a clear and present need for 300 beds. In addition, this number does not reflect any future growth, although we know the cancer census is growing as both cancer incidence and cancer prevalence are increasing at accelerating rates, as the population lives longer (age being the greatest risk factor for cancer), as our therapies extend the lives of our cancer patients who then require ongoing care, and as several of our newer therapies used in an increasing number of different cancers, while life-saving, require inpatient stays (e.g. CAR T, cellular therapies, bispecific antibodies, etc.).

For all these reasons, and to ensure that we can continue to provide the best cancer care to the citizens of our Commonwealth, I strongly urge you to support the application of Dana-Farber.

Sincerely,

A handwritten signature in black ink, appearing to read "Craig A. Bunnell". The signature is fluid and cursive, with a large, stylized "C" at the beginning and a long, sweeping underline.

Craig A. Bunnell, MD, MPH, MBA
DANA-FARBER CANCER INSTITUTE

CAB/lfc

April 27, 2024

Mr. Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752

Dear Director Renaud:

My name is Chuck Stravin, and I am a resident of Quincy, Massachusetts. I spoke on the call earlier this week, but I also wanted to send along my written letter of support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

As I mentioned on the call the other night, I am 56 years old, the father of four daughters and living with advanced stage 4 renal cell cancer since 2015. I am proud to be part of the patient advocacy team which is in *full* support of the new *dedicated* cancer hospital and *know* it will make a difference in the lives of others fighting cancer. Without Dana-Farber the last 9 years, I would not be here. I have exhausted all standard of care and alternative care protocols. I am on my sixth protocol and 4th Dana-Farber led clinical trial. I am living proof of what happens when you are treated by the amazing team at Dana-Farber. The amazing Dr Toni Choueiri leads my team. Others aren't so lucky.

There are 200+ diseases that we call "cancer." Two million Americans are diagnosed with cancer annually. 611,720 Americans will die from cancer every year. Kidney cancer impacts almost 80K folks per year. Only 12% of kidney cancer patients with metastatic disease, patients like me, survive for 5 years or longer. Kidney cancer kills 14k patients a year in the US like me. That's forty of us per day. I am one of the lucky ones. I am living proof of what happens when you are treated at Dana-Farber.

All patients with aggressive cancers like mine deserve to be treated in facilities where defying cancer is the mission and all they do is cancer. It's time that New England has a *forward-looking model* for cancer care that further advances the patient and caregiver experience, expands access to value-driven care and fosters scientific discovery.

From a patient perspective, The Dana-Farber Beth Israel Deaconess Cancer Collaboration will benefit families like mine and others fighting cancer because it will:

- 1) Provide an enhanced patient experience in an inpatient facility focused solely on the needs of oncology patients.
- 2) Offers a state-of-the-art facility, where we can adapt to the rapid advances in oncology care.

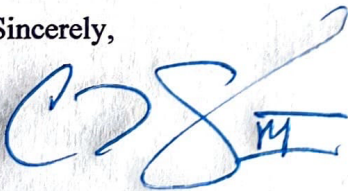
3) Provide an additional three hundred proposed beds to meet the growing incidences of cancer and ensure timely access to care.

4) Drive seamless, integrated care supported by teams of Dana-Farber, Beth Israel Medical Center, and Harvard Medical Faculty Physicians and clinicians.

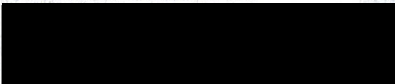
Statistics show that patients in dedicated cancer centers have better outcomes and a better patient experience than those cared for in general hospitals. Patients like me deserve a chance to be treated in a facility where cancer is *all* they do. You don't call a plumber when you have an electrical problem. You don't go to a tire expert when you need your transmission worked on. As cancer patients, we need to be treated in a facility where the focus provides unparalleled expertise that benefits us and where all the collective energy is focused exclusively on cancer and treating cancer patients. If any of you need to see firsthand how special the team at Dana-Farber is, join me someday in the clinic. Reach out to me. I am happy to take you along so you can witness what I witness each time I am there. Once you do that, you'll see why I am in *full* support of Dana-Farber's plan for a new, *dedicated* cancer hospital.

Please don't hesitate to reach out if you have any questions or would like to talk more. Thank you.

Sincerely,



Charles J Stravin III



4/20/24

April 28, 2024

Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street,
Marlborough, MA 01752

Dear Director Renaud:

My name is Steven Koppel and I am a resident of Brewster, Massachusetts. I have also been a member of the Dana-Farber Board of Trustees since 2007. I am writing to express my support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

As a Trustee of Dana-Farber, I have been privy to the thoughtful care that has been given by the Institute in deciding to move forward with a new hospital. The entire process has been focused on the needs of cancer patients, and the importance of delivering world class care.

I firmly believe that a new stand-alone cancer inpatient hospital is strongly needed, given the increasing occurrence of cancer and the associated complexity of treating cancer. There is also a significant need for expanding access and improving the patient experience, and I believe that the model of a stand-alone cancer hospital is the best way of meeting these important objectives.

With this new hospital, Dana-Farber will work to ensure that cancer patients are seen quickly and provided with the specialized patient centered cancer care that all patients deserve.

Dana-Farber and BIDMC share a deep commitment to fostering a culture of diversity, equity and inclusion and dismantling barriers to care. All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and ensure that the best care in the world will be available in our region.

Sincerely,

Steven Koppel

A large black rectangular redaction box covering the signature and any handwritten notes or dates that might have been present.

Michael L. Reney
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April 29, 2024

Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752
DPH.DON@massmail.state.ma.us

Re: Determination of Need Application DFCI-23040915-HE

Dear Director Renaud:

My name is Michael Reney, and I am a resident of the South End in Boston, Massachusetts. I am also proud to be the Executive Vice President, Chief Finance and Business Strategy Officer for the Dana-Farber Cancer Institute. I am writing to express my support of Dana-Farber Cancer Institute's proposed cancer hospital and new clinical collaboration with Beth Israel Deaconess Medical Center.

Dana-Farber has a unique mission founded upon providing care and leading research to reduce the impact of cancer. We believe that an inpatient facility solely dedicated to cancer patients is essential to continuing this critical mission. At the Public Hearing, you heard from many clinical leaders, patients, and families of Dana-Farber. They touched on the severity of the cancer cases we treat, the immediacy of care that is required and why this new hospital is needed from the patient care perspective.

As Dana-Farber's CFO, I have taken a close look at publicly available data to assess the potential impact on total medical expenditures in the Commonwealth. We believe that with a new inpatient cancer hospital, Dana-Farber will be better positioned to provide cancer care in the most cost-effective way possible. This collaboration with Beth Israel Deaconess will maintain or reduce health care costs altogether as patients seeking cancer care shift from Brigham and Women's Hospital, a higher-cost provider to Dana-Farber and Beth Israel Deaconess, lower-cost providers.

Late last year, the Health Policy Commission (HPC) published their annual cost trends report that shows inpatient pricing for both Beth Israel Deaconess Medical Center and Dana-Farber are well below that of MGB's flagship hospitals. In the new collaboration, inpatient medical oncology will move from BWH to Dana-Farber. Surgical cancer services, both inpatient and outpatient, will move from the Brigham and Women's Hospital to Beth Israel Deaconess. Both moves are expected to result in lower costs for patients

We also believe that the increased competition in the marketplace will apply downward pressure on rates and overall medical costs. Currently, Massachusetts General Hospital, which forms the MGB network with Brigham and Women's, also provides subspecialty-level inpatient cancer care in Boston. Dana-Farber's inpatient hospital, along with the new collaboration with Beth Israel, will clearly establish Dana-Farber as a competitor to the MGB network. We believe that this fact will serve to promote competition in the health care market over-all and be better for patients.

All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer and have access to the most cost-effective care. Please support Dana-Farber's proposed new inpatient cancer hospital and assure that the best care in the world will be available in our region.

Sincerely,

A handwritten signature in black ink, appearing to read 'MLR', with a long, sweeping horizontal line extending to the right.

Michael L. Reney

April 29, 2024

David E. Avigan, MD

Director of the Beth Israel Deaconess Medical Center Cancer Center

Senior Vice President of Cancer Services at Beth Israel Lahey Health

Professor of Medicine, Harvard Medical School

davigan@bidmc.harvard.edu

Massachusetts Department of Public Health

Determination of Need Program

67 Forest Street, Marlborough, MA 01752

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As Director of the Beth Israel Deaconess Medical Center Cancer Center, I appreciate this opportunity to share my perspective and express my support for Dana-Farber Cancer Institute's Determination of Need Application and proposal to develop New England's first freestanding dedicated cancer hospital.

In my current role, I have the privilege of working with so many dedicated professionals at the BIDMC Cancer Center. Our multidisciplinary care teams work seamlessly together to deliver compassionate, specialized, culturally competent care to all patients. An important aspect of the BIDMC approach to cancer is our primary nursing model, through which one nurse serves as the primary point of contact and caregiver for patients and their loved ones throughout a patient's care.

In addition, BIDMC has a steady commitment to translating research discoveries into clinical care. The BIDMC Cancer Research Institute is an interdisciplinary center of extraordinary researchers with a common goal: curing cancer. With more than 650 active clinical studies exploring a variety of emerging therapeutics, we are expanding treatment options for many cancer types. We consistently strive to provide the best possible care for all our patients, and our research teams play a critical role in this mission.

We have a longstanding relationship with Dana-Farber, both for clinical care and research, as patients often receive care from collaborative care teams working across institutions. Through this new formal partnership with Dana-Farber, we can leverage our combined strengths in care, research and creating innovative therapies to further improve patient experience and ensure even more people can access world-class cancer care. The COVID pandemic and growing awareness of systemic inequalities in health care access has provided a moment of national reckoning in which the fundamental mission of centers of leadership must be to address the inequities and create access for everyone to these transformational changes in cancer care.

BIDMC has a strong network of primary care providers and affiliations with community health centers, and this foundation enables us to bring cancer screening services closer to where patients live and work, and more seamlessly connect patients from all backgrounds to diagnostic and treatment services when needed. Working together with Dana-Farber, we are dedicated to making equity and access a foundational principle of this collaboration for people in Boston and the surrounding region.

Given the ongoing need¹ for effective, high-quality cancer care, I fully support Dana-Farber's proposal to build a dedicated adult cancer hospital and thereby expand the capacity of cancer services in the Boston area. We are excited to partner with our colleagues at Dana-Farber and combine the strengths of each organization to improve access to cancer screening, precision diagnostic, and treatment services for patients in our community.

David E. Avigan, MD

Director of the BIDMC Cancer Center

Senior Vice President of Cancer Services at Beth Israel Lahey Health

¹ 2015-2019 Massachusetts Cancer Incidence Statewide Report. Massachusetts Department of Public Health.
www.mass.gov/lists/cancer-incidence-statewide-reports

Cheryl McCloud

April 29, 2024

Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752

Dear Director Renaud:

My name is Cheryl McCloud, and I am a Boston, Massachusetts resident. I am writing to express my wholehearted support for Dana-Farber Cancer Institute's proposed cancer hospital and its new clinical collaboration with Beth Israel Deaconess Medical Center.

It is critical we increase our capacity for vital cancer treatment and preventions. As a cancer survivor seeking a diagnostic mammogram because I had a concern I called around to every hospital within my health network to schedule the procedure and they were booking out at least two months MINIMUM! Imagine worrying every day for two months if your cancer is back! Would you want your loved one to go through that experience?

Cutting-edge cancer treatment shouldn't only be accessible by the wealthy. As a community ambassador volunteer, I know first-hand the work DFCI is doing to improve access to DFCI to diverse, underrepresented populations who live and work not only near their locations but in communities across Massachusetts. That commitment comes from the top. I have been in working groups with local community advocates, DFCI researchers, compliance officers, and doctors at the highest levels of Dana Farber. They have been working tirelessly to increase diversity and remove barriers to under-represented peoples' access in every area - such as potentially lifesaving (or at least-life-extending) clinical trials.

A new stand-alone cancer inpatient will create jobs, make our institutions more competitive as far as seeking to attract diverse patients, expand access, provide a better quality of life for some, and could save the lives of many others— in total it is a reasonable investment now to benefit generations to come.



Joseph R. Betancourt, MD, MPH

Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752

Re: Determination of Need Application DFCI-23040915-HE

Dear Director Renaud:

My name is Dr. Joseph Betancourt and I am a resident of Cambridge, Massachusetts. By way of background, I am President of The Commonwealth Fund, a national health care foundation based in New York, and a primary care doctor at Massachusetts General Hospital. I have been a resident of Massachusetts for 23 years and am writing in my capacity as a health professional dedicated to health equity at the national, state, and local level. I served on the Boston Board of Health for nine years, and on multiple Massachusetts State and Boston City health equity advisory boards over the course of my career. I am currently on the Board of the Massachusetts Health and Hospitals Association, and the Health Equity Compact. Nationally, I am a member of the National Academy of Medicine.

I am writing to express my strong and unequivocal support of Dana-Farber Cancer Institute's (DFCI) proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center (BIDMC). Over the years I have worked with Dana Farber as part of the Dana Farber-Havard Cancer, focusing on strategies to address health disparities, and collaborated with BIDMC as part of regional COVID-19 efforts.

A new stand-alone cancer inpatient hospital would improve the patient experience, expand access, and could provide more cost-effective care—ensuring better care for our community, now and for generations to come. The collaboration between DFCI and BIDMC represents a transformational opportunity to increase access, address cancer disparities and foster economic prosperity in the Greater Boston Area.

In addition, the relationship with BIDMC is a differentiator in increasing access to diverse and low-income patients. Based on publicly available FY21 data, Medicaid cancer discharges at BIDMC, at 14%, are double the rate of other Longwood cancer collaborations; all government payer cancer discharges are 63%, compared 42% for other Longwood cancer collaborations.

Cancer disparities related to screening, incidence and mortality rates, continue to disproportionately impact communities of color, particularly Black patients. As an example, based on the Boston Health Report, Black males had a mortality rate of 218.9 deaths per 100,000 residents, 52% worse than the Boston average. Both DFCI and BIDMC have a history of commitment to addressing these disparities and the collaboration will bring such commitments to scalable and transformational level. Leadership at both organizations have a proven track record in addressing health disparities, particularly under the leadership of Juan Fernando Lopera, BILH's Chief DEI Officer and co-founder of the Health Equity Compact and Dr. Christopher Lathan, Chief Clinical Access and Equity Officer at DFCI. I have worked closely with both of them over the years, and they are both outstanding leaders.

Lastly, this collaboration will result in significant new job construction jobs, contracts with underrepresented business enterprises, and investments in community through the Determination of Need process.

Almost everyone in Massachusetts has a story about a loved one who received outstanding care at Dana-Farber. It is the only institution in the region focused exclusively on cancer, and the only one balancing research and patient care equally. Now, as cancer incidence rises at an alarming rate, it's imperative that the State meets the need for more inpatient beds for cancer patients.

We know that we need more inpatient beds because of the many stories from people who have had to wait in the ER because no inpatient beds were available—a situation that can be alleviated by this proposed new hospital. Further, both Dana-Farber and BIDMC share a deep commitment to fostering a culture of diversity, equity and inclusion and dismantling barriers to care.

All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and assure that the best, most equitable care in the world will be available in our region.

Sincerely,

Joseph R. Betancourt, MD, MPH
President, The Commonwealth Fund

