

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 Hannah Theodat and I am a resident of Roslindale, Massachusetts. I am writing to express my deepest support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

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.

As the Senior Director for the Department of Psychosocial Oncology and Palliative Care at Dana-Farber, I have the distinct pleasure of bearing witness to the extraordinary care provided to patients and their families every day at Dana-Farber. The clinicians that I work with are without a doubt the most caring, compassionate, and dedicated medical professionals that I have met. They always put the patient first and go above and beyond every day to ensure that they are receiving the best care possible. The providers in our department care for the entire patient; they ensure that patients and their families are receiving care that best matches their values, they address pain and symptom management, goals of care, and the emotional distress that comes from having a serious illness. Not only are the faculty in our department amazing clinicians, but they are also leaders in their field academically, researching communication skills, innovative treatment modalities such as psilocybin-assisted therapies, medical cannabis, and how to utilize AI in the electronic medical record to name just a few.

A new stand-alone cancer inpatient hospital would allow us to innovate further and expand our already extraordinary offerings to more patients and families. Every person who receives a cancer diagnosis should be able to access the expert care at a place such as Dana-Farber and have access to social workers, psychiatrists, psychologists, and palliative care providers. The Dana-Farber/Beth-Israel collaboration will further oncology care, best practices, and research for the patients of today, tomorrow, and for generations to come.

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 care in the world will be available in our region.

Thank you for your consideration,

A handwritten signature in cursive script, reading "Hannah Theodat".

Hannah Theodat, MSW, MBA



From: [REDACTED]
To: [DPH-DL - DoN Program](#)
Subject: Support for Dana-Farber's Proposed Inpatient Hospital Dedicated to Cancer Patients
Date: Monday, April 29, 2024 4:59:40 PM

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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

Dear Director Renaud:

My name is Maura Finnemore and I am a resident of Somerville, Massachusetts. 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.

I've worked at Dana-Farber for almost 20 years and have focused on planning research, clinical and other initiatives to support the development of innovative research and high-quality patient care. A recurring theme over this time has been how to broaden DFCI's ability to impact more patients in our community in a cost-effective way. I believe that a stand-alone, DFCI inpatient cancer hospital is the most efficient and best way to achieve this objective.

DFCI is the only institution in the region focused exclusively on cancer, and the only one balancing research and patient care equally. All cancer patients deserve to have access to the quality of care we provide at DFCI, and care provided by doctors and nurses whose singular focus is cancer. 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.

Maura Finnemore, Senior Director, Planning and Consulting, DFCI

[REDACTED]
[REDACTED]

Maura_finnemore@dfci.harvard.edu

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April 29, 2024

Determination of Need Program
Massachusetts Department of Public Health
250 Washington Street, Boston, MA 02108
Sent via E-mail to: DPH.DON@massmail.state.ma.us

To Whom It May Concern:

On behalf of the 80,000+ members of the Massachusetts Division of 1199SEIU, we write to offer these comments relative to the April 17th public hearing on Determination of Need Application DFCI-23040915-HE as submitted by the Dana-Farber Cancer Institute, Inc (DFCI). Additionally, these comments are submitted by the 1199SEIU Ten Taxpayer Group formed to represent the interests of the more than 15,000 nurses, unlicensed assistive personnel, service, maintenance, clerical, professional and technical worker members of the Massachusetts division of 1199SEIU who work in acute care settings across the commonwealth.

We have concerns about this application and the proposed construction of a new 300-bed adult inpatient hospital facility. With these written comments, we are asking that the DPH perform additional analyses, and request additional information from the applicant prior to a final vote on approval.

First, we are concerned that a new facility in Boston focusing exclusively on cancer care will pull patients from safety net hospitals in metro Boston and potentially across the state, and thereby constitute a financial threat to the survival of these hospitals, which are themselves economic engines and social anchors in their communities. Additionally, we are very concerned about the implications of a new 300-bed facility for the already-strained healthcare workforce in the Commonwealth. How do BID-Lahey and DFCI intend to staff the new facility in an environment already facing substantial workforce shortages?

The 1199SEIU Ten Taxpayer Group is hopeful that DoN staff might undertake an analysis of the extent to which net revenues at Massachusetts acute care hospitals flow from oncology care and the importance of these revenues to a hospital's financial stability. Although every diagnosis and treatment plan will be unique, we can imagine that many oncology patients will experience a surgical intervention as part of their plan of care. Whether performed on an inpatient or outpatient basis, surgery tends to be a service line that usually covers its own costs and is even able to act as a subsidy for other hospital-provided services that are not adequately reimbursed by public or private payers.

We appreciate hearing about the experience of Dana Farber patients who feel they received additional options for, or, more nuanced care at DFCI compared to their initial treatment providers. We also strongly support the DEI programs that DFCI has in place and their other efforts to make sure that patients are always treated with dignity, and that care is always tailored to a patient's individual linguistic and cultural needs. We can agree that every patient and family in

Massachusetts deserves the best culturally-competent care available, and that Dana Farber has long been recognized as a provider of such care.

Nevertheless, 1199SEIU is concerned about the financial effect on other Massachusetts hospitals, particularly community and safety net hospitals, if every oncology patient in the state (or some percentage thereof), or in the metro-Boston area, were to seek their care at the new DCFI facility. We would like to see the development of enhanced modeling and planning to address the potentially negative impacts of a facility such as is being proposed.

Absent such careful planning, the Dana Farber proposal also threatens to exacerbate the current healthcare worker staffing crisis.¹ As the state works to meet increasing demand and to address growing costs, growth must be balanced with processes and procedures that mitigate any unintended negative impact on the healthcare workforce. The 199SEIU-represented hospital members are already being asked to continue to provide quality care without sufficient staffing, and most hospitals continue to have difficulties recruiting and retaining an adequate workforce in the current labor market. If the DCFI project goes forward, it must be accompanied by a comprehensive plan to recruit and retain sufficient staff as needed for 300 new inpatient beds as well as operating rooms, imaging services, and all other planned services. And these recruitment and retention efforts should not be at the expense of other hospitals or healthcare providers.

The new facility proposed by the applicant has the potential to make cutting edge oncology care available to more Massachusetts patients, as well as to patients that come from across the US and abroad. That is an admirable goal that 1199SEIU can and does support. But this particular proposed addition to the Massachusetts healthcare market has the potential for negative impacts on other healthcare providers, on workers, and on our communities. We urge the Determination of Need staff and Public Health Council to consider the concerns we have raised and to share with the public any financial modeling or workforce planning that will contribute to an informed vote to approve the DCFI project.

For these reasons, **we ask the Department to perform additional financial analysis, and to seek clarifying information from the applicant concerning their staff recruitment and retention planning, and to carefully consider this information when determining whether approval of this application is appropriate.** Thank you for your time and attention in this important matter.

Sincerely,

Dana Alas
Vice President – BMC & Community
1199SEIU – MA Division

¹Widespread staffing shortages have been repeatedly and extensively reported by 1199SEIU hospital workers, by Boston Medical Center, and by our other hospital employers. The late October 2022 report published by the Massachusetts Hospital Association found that *“An estimated 19,000 acute care hospital positions are unfilled. Wait times have increased as hundreds of patients are boarding in emergency departments and other units... These challenges, which are resulting in care delays and reduced access to services, are now evident to many patients and families entering a healthcare facility or trying to address*

their care needs. Workforce shortages have not significantly improved in the 18 months since this report was issued.