

To: DPH.DON@massmail.state.ma.us

Dear MA Determination of Need Program,

On behalf of the more than 71,000 members of the MA Division of 1199SEIU, I write to you today to express concerns about Shields MRI's recent Determination of Need application (Application #22020311-RE).

Shields MRI proposes to bring online a 1.5 Tesla MRI unit at its Brighton location, while continuing to operate the 1.2 Tesla currently in place. If approved, this application would allow Shields MRI to operate two MRI units in Brighton. In the application, Shields MRI describes how the addition of the 1.5 Tesla unit will help the Brighton site deal with current and expected increases in volume, and that such machines are the "gold standard" in clinical settings.

It is worth noting that Steward St. Elizabeth's Medical Center's Imaging Department already operates two 1.5 Tesla MRI units in Brighton. Steward's care model prioritizes low-cost, high-quality care while keeping care local. And while St. Elizabeth's Medical Center is an academic medical center, the hospital's commercial relative price in CY19 was 1.067, meaning its prices are in-line with its teaching hospital peers and generally lower than relative prices at Boston's academic medical centers. St. Elizabeth's Medical Center is a high public payer hospital - 68.2% of its FY 2020 revenue was from public sources,¹ and its operating margins were -0.9% in FY 2019, and -5.7% in FY 2020.² The application notes that Shields has seen an increasing number of MassHealth patients over the past three years. Allowing this proposal to proceed may threaten St. Elizabeth's finances and endanger a provider which already provides high-quality, low-cost MRI services in the Brighton neighborhood.

The applicant states that this project will support the Commonwealth's cost containment goals by expanding services and ensuring all patients receive timely care. However, the addition of a third 1.5 Tesla unit in Brighton may surface the same healthcare tensions the Commonwealth experienced in 2021 when Dana Farber proposed the construction of an imaging center eleven miles from Sturdy Memorial Hospital's existing cancer center. At the time, Meredith Rosenthal, Harvard T.H. Chan School of Public Health's Department of Health Policy and Management commented "In general, when we see health care providers expanding the capacity to provide elective surgery or to provide for high-cost imaging, that almost always increases costs."³

In addition, this proposal threatens to exacerbate the current healthcare workforce shortage by increasing competition for MRI and Radiology Techs in the area, further threatening a hospital where 1199SEIU represents nearly 1,000 workers. If approved, this proposal could hamper community access to imaging services at St. Elizabeth's by causing further staffing shortages and other backlogs while taking workers from a workplace where they have a voice and other protections offered by union membership to one where they have no such representation.

Finally, I would like to note that Shields MRI has partnerships with several other Massachusetts hospitals, including Tufts Medical Center, Lowell General Hospital, and Signature Healthcare Brockton. It may be helpful to understand whether or not Shields MRI ever explored such a relationship with St. Elizabeth's Medical Center.

For these reasons, I ask the Department to carefully consider whether approval of this application is appropriate. Thank you for your time and attention in this matter.

Cari Rivera
Vice President, Health Systems
1199SEIU United Healthcare Workers East – MA Division

¹ St. Elizabeth's Medical Center 2020 Hospital Profile, the Center for Health Information and Analysis, Accessed 6.1.2022 at <https://www.chiamass.gov/assets/docs/r/hospital-profiles/2020/st-eliz.pdf>.

² MA Acute Hospital Profiles FY 2020 accessed online at: <https://www.chiamass.gov/hospital-profiles/#tableau-interactive>

³ *The Cost of Expansion*, by Jessica Bartlett, The Boston Business Journal, October 22, 2021. Accessed online on 6.1.2022 at <https://www.bizjournals.com/boston/news/2021/10/22/mass-regulators-say-hospital-growth-drives-spendi.html>



Via Email – elizabeth.d.kelley@mass.gov

Elizabeth Kelley, MPH, MBA, Interim Director
Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108-4619

Re: Determination of Need Application #22020311-RE

Interim Director Kelley,

We write to provide comments with respect to the Determination of Need (“DoN”) filed by Shields Healthcare of Cambridge, Inc. (“Shields”) to request a section MRI unit at its Brighton, MA clinic. This project raises concerns with respect to the lack of notice and coordination with area hospitals and providers, the payor mix of the patient panel, and the impact on the workforce of area hospitals – namely Steward St. Elizabeth’s Medical Center (“SEMC”) also located in Brighton. The following is a summary of our concerns.

This Applications seeks approval from the Department of Public Health for a second MRI unit at its Brighton clinic which is located 1.6 miles away from SEMC. The Application states that a second unit is needed to serve its patient panel which consists of the greater Allston-Brighton community. As the application reports, the clinic historically has not operated at a high volume and replaced its existing unit with an open bore scanner, pulling patients from outside of its service area. The stated purpose of the second unit is to address the needs of patients in the service area for access to 1.5T MRI imaging. However, in concluding that there is future need for another MRI unit, Shields did not engage with SEMC - the local community hospital for Allston-Brighton. This lack of engagement raises questions as to how care will be coordinated for patients affiliated with SEMC primary care and specialty providers.

In addition to serving as the community hospital for the Brighton/Allston area of Boston, SEMC is a High Public Payer hospital, with a public payer mix of nearly 70%. In contrast, the payer mix for the Shields’ clinic is nearly 70% commercial insurers, with only 2.49% MassHealth. The clinic also does not participate in significant ACO or risk-based contracts in order to coordinate and manage the cost of care. Conversely, SEMC is a member of the 2nd largest MassHealth Accountable Care Organization in the Commonwealth with approximately 130k members. SEMC patients in the service area not covered under MassHealth are covered under alternative payment contracts in both the Medicare and commercial markets. As a result, if the clinic’s volume increases with the addition of another MRI Unit and its payor mix is held constant or its’ commercial share increases, SEMC will be weakened in its ability to cover losses incurred by treating a disproportionately high percentage of patients with government insurance or no insurance at all.



Finally, with the current health care workforce shortage, SEMC is concerned about staff retention. By adding a second MRI unit in Brighton, Shields will need to hire additional staff. Loss of MRI staff, such as radiology and imaging technicians at SEMC could affect the future operation of its MRI service, which would adversely impact patient access, particularly for the large MassHealth population served by the hospital.

For these reasons, we request the Department to carefully review Shields' application for a second MRI unit in close proximity to SEMC to determine whether it has demonstrated that the service area needs another MRI unit.

Sincerely,

Michael Callum, MD
Interim President
St. Elizabeth's Medical Center