**1 COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

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**PUBLIC HEARING VIA CONFERENCE CALL : 4 RE: :**

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1. **Determination of Need application : materials received by the Department :**
2. **of Public Health for Shields : Healthcare of Cambridge, Inc. – :**
3. **DoN-Required Equipment, Filed 3/1/22. :**

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**BEFORE:**

**10**

**Hearing Officer Elizabeth Kelley, Director**

**11 Bureau of Healthcare Safety and Quality 12**

**(All Participants Appeared by Conference Call)**

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**16 6:04 p.m.**

**17 Tuesday, May 24, 2022**

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**22 (Alexander K. Loos, Registered Diplomate Reporter) 23**

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| **1** | **ORDER** | **OF** | **SPEAKERS** |  |
| **2** | **NAME** |  |  | **PAGE** |
| **3** | **Carmel Shields** |  |  | **7** |
| **4** | **Anthony Lasala** |  |  | **12** |
| **5** | **Michael Croke** |  |  | **14** |
| **6** | **Jonathan Joyner** |  |  | **17** |
| **7** | **Julie Glassman** |  |  | **19** |
| **8** | **Nicholas Elia** |  |  | **21** |
| **9** | **Evan Ehemy** |  |  | **23** |
| **10** | **Victoria Gomes** |  |  | **25** |
| **11** | **Stephen Sweriduk** |  |  | **27** |
| **12** | **Brad Field** |  |  | **29** |
| **13** | **Tiron Pechet** |  |  | **32** |
| **14** | **Brittany Arseneault** |  |  | **35** |
| **15** | **Lisa Campisi** |  |  | **37** |
| **16** |  | | | |
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1. **P R O C E E D I N G S**
2. **THE MODERATOR: Welcome, and thank you for**
3. **standing by.**
4. **All participants will be on a listen-only**
5. **mode until we open the lines to speak. At that**
6. **time, if you would like to speak, you may press Star 7 1.**
7. **Today's conference is being recorded. If**
8. **you have any objections, please disconnect at this**
9. **time.**
10. **I would like to now turn your conference**
11. **over to Elizabeth Kelley.**
12. **Thank you. You may begin.**
13. **HEARING OFFICER KELLEY: Thank you, Julie.**
14. **Good evening. My name is Elizabeth Kelley,**
15. **and I am the Director of the Bureau of Healthcare**
16. **Safety and Quality of the Massachusetts Department**
17. **of Public Health, and I'm here tonight representing**
18. **the Determination of Need Program.**
19. **Before we begin, we would like to take just**
20. **a moment to acknowledge the tragedy in Texas today,**
21. **and we will be proceeding with the hearing but**
22. **wanted to -- just to pause to acknowledge what's**
23. **happening -- happening in Texas and take a moment.**
    1. **(Pause)**
    2. **For this evening, we are here to take**
    3. **testimony in a Determination of Need application.**
    4. **For clarification, you will hear me refer to**
    5. **Determination of Need Program as the "DoN" program,**
    6. **and the Department of Public Health as the "DPH."**
    7. **Joining me today from the Department, my**
    8. **colleague, Nazmim Bhuiya.**
    9. **This hearing has been called pursuant to an**
    10. **application submitted by Shields Healthcare of**
    11. **Cambridge, Incorporated, who we will refer to as**
    12. **"the applicant" or "Shields" moving forward.**
    13. **Upon receipt of the application, DoN staff**
    14. **reviewed the application; and after finding it to be**
    15. **in compliance with the DoN statute and regulation**
    16. **for filing, assigned it a filing date of March 1,**
    17. **2022. Again, this application is for Shields**
    18. **Healthcare of a Cambridge, Inc. The enabling**
    19. **statute for the DoN program requires that any person**
    20. **or government agency intending to add DoN-required**
    21. **equipment, as defined in DoN regulation and**
    22. **guidance, must apply for DoN before engaging in such**
    23. **a project.**
    24. **The Shields project:**
24. **The DoN application is for a project**
25. **located at Shields MRI Brighton at 385 Western**
26. **Avenue in Brighton, Massachusetts, for a 1.5 Tesla**
27. **magnetic resonance imaging, or MRI unit. The total**
28. **value of the proposed project based on the maximum**
29. **capital expenditure is $2,292,401.**
30. **This public hearing is an effort to gather**
31. **information and hear the opinions of interested**
32. **parties about the proposed projects. It is not**
33. **intended to be a question-and-answer session. No**
34. **questions will be permitted.**
35. **The DoN program will take all relevant**
36. **information into account in preparing its**
37. **recommendation to the Massachusetts Public Health**
38. **Council, whose decision on whether to approve the**
39. **DoN for the proposed project will be made at one of**
40. **its upcoming monthly meetings.**
41. **We will accept written comments on this**
42. **application for ten days following this hearing.**
43. **As this is a virtual hearing, the logistics**
44. **are different from in-person hearings. I'll review**
45. **our process for today.**
46. **We are using a moderated conference line,**
47. **so our moderator, Julie, will manage the queue for**
48. **speaking.**
49. **This meeting is being recorded and**
50. **transcribed. As indicated in the notice for the**
51. **meeting, please press Star 1 if you would like to**
52. **speak. This will put you in the queue.**
53. **You will not be told where you are in the**
54. **queue, nor will you get much notice that you are**
55. **about to testify. When it is your turn, you will be**
56. **told you are now the speaker and will experience a**
57. **short silence and then will be the speaker. If**
58. **you've muted your phone, you may need to unmute.**
59. **Please begin by stating your name and**
60. **either affiliation or town of residence. Please**
61. **speak clearly so that our transcriber can record**
62. **everything accurately. We ask that you limit**
63. **testimony to approximately three minutes.**
64. **If you have a written copy of your remarks,**
65. **regardless of length, please feel free to submit it**
66. **to the Department via e-mail or by the postal**
67. **service. We can be e-mailed at** [**dph.don@state.ma.us,**](mailto:dph.don@state.ma.us)
68. **and that's also available on the mass.gov website.**
69. **Postal mail will get to us more quickly if it's sent**
70. **to: Determination of Need, Massachusetts Department**
71. **of Public Health, 67 Forest Street, Marlborough**
72. **Massachusetts 01752. Again, also available on the**
73. **website.**
74. **Be assured that the Department will**
75. **consider all comments, whether presented orally or**
76. **in writing. Whether you comment or not, please know**
77. **that the Department greatly values and appreciates**
78. **your participation in the DoN process.**
79. **Before we open the line to the general**
80. **public, the applicant will go first, and will be**
81. **allotted four minutes to present information about**
82. **the proposed project.**
83. **I will now ask Carmel Shields, executive**
84. **vice-president, Shields Healthcare Group,**
85. **representing Shields Healthcare Cambridge, Inc., to**
86. **talk about the project. After she is done, the**
87. **moderator will unmute the first speaker.**
88. **MS. SHIELDS: Shall I begin?**
89. **HEARING OFFICER KELLEY: Please do.**
90. **Thank you.**
91. **MS. SHIELDS: Thank you. Yes.**
92. **And our thoughts and prayers are with those**
93. **in Texas.**
94. **Good evening. My name is Carmel Shields,**
95. **and I am an executive vice-president of Shields**
96. **Healthcare Group.**
97. **I would like to express my appreciation to**
98. **the Department of Public Health for providing me the**
99. **opportunity to briefly highlight our application to**
100. **add a second licensed MRI unit at the clinic at 385**
101. **Western Ave.**
102. **By way of background, Shields was founded**
103. **in Brockton 1972 by Tom and Mary Shields and opened**
104. **the Commonwealth's first independent regional MRI**
105. **center in 1986. Over the next 36 years, Shields has**
106. **come to manage 40 MRI and PET-CT facilities**
107. **throughout New England. We remain a family-owned**
108. **and operated healthcare provider focused on**
109. **high-quality, affordable outpatient care.**
110. **Through the proposed project, Shields seeks**
111. **to support the unique needs of its patient panel by**
112. **offering enhanced access to high-value, freestanding**
113. **imaging services.**
114. **At present, our Allston-Brighton clinic**
115. **operates a Hitachi Oasis 1.2T unit which is the**
116. **first open-sided freestanding MRI unit in Boston and**
117. **one of only a handful of similar units in the**
118. **Greater Boston region. The 1.2 unit provides**
119. **tremendous value for claustrophobic and bariatric**
120. **patients and for those who self-identify as having**
121. **severe anxiety.**
122. **It has been our learned experience, and**
123. **confirmed by national providers, to successfully**
124. **scan this particular patient population results in**
125. **longer scan times. Thus, the Hitachi unit is**
126. **currently operating at approximately 85 percent**
127. **capacity.**
128. **Based on the modeling of current and future**
129. **demand for high-value imaging services in an aging**
130. **population, the applicant respectfully contends that**
131. **the Allston-Brighton clinic will require a second**
132. **licensed unit to meet the growing needs of its**
133. **patient panel.**
134. **Specifically the University of**
135. **Massachusetts Donahue Institute projects the**
136. **Commonwealth's largest population growth will be**
137. **attributed to residents within the 50-plus age**
138. **cohort. The patient panel served by the**
139. **Allston-Brighton clinic skews older than the general**
140. **population. For example, the Commonwealth's average**
141. **age is 39; the MRI patient panel is, on average,**
142. **47 years old, and the 60-plus age cohort makes up**
143. **approximately 31 percent of the total patient panel.**
     1. **Currently, the most frequently scanned**
     2. **areas of the body at our Alston-Brighton site**
     3. **include the brain, upper and lower extremities, and**
     4. **lumbar. Furthermore, data from the advisory board**
     5. **shows freestanding MRI volume is expected to grow**
     6. **6. -- 16.6-plus percent within a five-mile radius of**
     7. **the Allston-Brighton clinic over the next five**
     8. **years.**
     9. **Through the proposed project, Shields seeks**
     10. **to relicense the Siemens Espree 1.5T MRI unit that**
     11. **is currently housed, but not operational, at this**
     12. **location.**
     13. **The gold standard for MRI imaging in a**
     14. **clinical setting includes a 1.5T high-field MRI**
     15. **scanner. A 1.5 machine produces faster scan times**
     16. **than lower-strength units, and it is ideal for**
     17. **abdomen, prostate, breast and chest scans.**
     18. **As a result of the proposed project, the**
     19. **total patient panel will have enhanced access to**
     20. **higher quality, low-cost, convenient MRI imaging in**
     21. **their community, and patients in need of breast**
     22. **scans will be able to once again receive them at a**
     23. **clinic.**
     24. **The proposed project supports both the**
         1. **Commonwealth's goal of containing the rate of growth**
         2. **of total medical expense and the findings of the HPC**
         3. **variation in imaging spending report, which found**
         4. **that prices can be twice as high when MRIs are**
         5. **performed at hospitals, outpatient, or other**
         6. **facilities.**
         7. **It is for these reasons I respectfully**
         8. **request the Department of Public Health look**
         9. **favorably -- look favorably upon this application.**
         10. **Thank you for your time and attention.**
         11. **HEARING OFFICER KELLEY: Thank you.**
         12. **We will now open the lines for speakers.**
         13. **As a reminder, please press Star 1 if you**
         14. **would like to speak. And when you begin to speak,**
         15. **please state clearly your name. And please actually**
         16. **spell your name; that will help our transcriber**
         17. **accurately get your -- get your name.**
         18. **So Julie, I think we're ready for the first**
         19. **speaker.**
         20. **THE MODERATOR: Thank you.**
         21. **As a reminder, if you would like to speak,**
         22. **please press Star 1. If you would like to remove**
         23. **your line, it is Star 2. Once again, to open your**
         24. **line to speak it is Star 1.**

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2 Lasala. 3

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Our first comment comes from Anthony

Your line is open.

MR. LASALA: Thank you.

My name is Anthony Lasala. That's

1. **L-a-s-a-l-a. I currently serve as a regional**
2. **business director overseeing five locations for**
3. **Shields.**
4. **I have been with Shields since graduating**
5. **Mass. College of Pharmacy and Health Sciences in**
6. **2012, and I have worked at both outpatient-only and**
7. **hospital locations. My roles grew from staff tech,**
8. **lead tech, chief tech to now being a director of**
9. **operations. I also spent a short time on the sales**
10. **and marketing team to help strengthen my knowledge**
11. **of the referring community.**
12. **Thank you for the opportunity to show my**
13. **support for Shields Healthcare and their application**
14. **for a second MRI in Brighton. The proposed project**
15. **will provide a better patient experience, reduce**
16. **wait times, and provide for specialty patient scans**
17. **through optimizing the use of both machines.**
18. **Being so close to Boston, our Brighton**
19. **location is lucky enough to accommodate the needs of**
20. **many different types of patients. These patients**
21. **range from those who are seeking annual follow-ups,**
22. **to those -- to those who have recently experienced**
23. **an injury that may require further treatment, to**
24. **local college and professional athletes who are**
25. **seeking time-sensitive care in order to map out**
26. **their treatment planning to get them back to full**
27. **competition, and everything in between.**
28. **At this point, the community need for care**
29. **is beginning to encumber the capability of a**
30. **one-magnet center. Our goal is to be available for**
31. **all patients without the need of unnecessary**
32. **triaging that could result in patient care being**
33. **delayed. Moreover, with the continued influx of**
34. **claustrophobic patients, it is important for us to**
35. **be able to continue offering a quick turnaround for**
36. **the referring community so that each patient has an**
37. **opportunity to be seen quickly and comfortably,**
38. **allowing their medical team to provide the necessary**
39. **treatment as soon as possible.**
40. **The addition of the Siemens Espree to this**
41. **location will allow us to do just that: Offer more**
42. **availability and more flexibility to accommodate the**
43. **increased demand of MRI services within the Greater**
44. **Boston region.**
45. **I respectfully request that the Department**
46. **of Public Health approve this application as to**
47. **allow for more patients like myself to receive**
48. **high-quality care at an affordable price.**
49. **Thank you.**
50. **HEARING OFFICER KELLEY: Thank you.**
51. **I think we're ready for our next speaker.**
52. **THE MODERATOR: Our next comment comes from**
53. **Michael Croke.**
54. **Your line is open.**
55. **MR. CROKE: Good evening.**
56. **My name is Michael Croke -- last name**
57. **spelled C-r-o-k-e -- and I appreciate the**
58. **opportunity to speak tonight in support of the**
59. **Shields Healthcare application for a second MRI unit**
60. **at the freestanding facility located in**
61. **Allston-Brighton.**
62. **For the past five years, I have served in**
63. **various healthcare-related roles with patient care,**
64. **revenue cycle, and most recently as a business**
65. **development analyst for Shields Healthcare Group.**
66. **Before Shields installed the new Hitachi**
67. **open MRI in 2020, claustrophobic patients in Suffolk**
68. **and Middlesex Counties were severely limited with**
69. **available options to access a true open-bore MRI.**
70. **By the end of 2021, Shields provided over 570 new**
71. **claustrophobic patients with the opportunity to**
72. **access care that was previously unobtainable,**
73. **preventing significant delays in diagnoses.**
74. **Over the next five years, the**
75. **claustrophobic patient population is anticipated to**
76. **continue to grow, and Shields will need to relicense**
77. **the Espree 1.5T unit to accommodate the demand of**
78. **patients that cannot typically complete scans on a**
79. **regluar 1.5 or 3T unit.**
80. **Claustrophobics -- claustrophobic patients**
81. **also typically require additional time to complete**
82. **their scans, with routine scans in 2021 on the**
83. **Hitachi unit completed on average in 40 minutes and**
84. **contrast exams completed closer to 55. This has**
85. **increased lead times for access at the facility. By**
86. **relicensing the Espree unit, which is the gold**
87. **standard for MRI imaging in a clinical setting,**
88. **Shields will be able to shift scans of patients that**
89. **are more clinically appropriate to be done on a 1.5T**
90. **magnet away from the Hitachi unit. This will allow**
91. **for better image quality and increased capacity for**
92. **a vulnerable claustrophobic patient population to**
93. **access the Hitachi unit that is operating near full**
94. **capacity after completing 4300 scans in 2021.**
95. **The addition of a second MRI unit is also**
96. **in line with the state's cost containment goals.**
97. **According to the -- to HPC's variation in spending**
98. **report, the price of a service when performed at a**
99. **HOPD setting is twice as high as one done at a**
100. **freestanding location, such as the Allston-Brighton**
101. **facility. Increasing the accessibility to**
102. **affordable, lower-price options at a freestanding**
103. **facility will help patients access care that could**
104. **be either delayed or forgone due to financial**
105. **distress from the pandemic and a rising inflation**
106. **rate. The relicensure of the Espree unit will help**
107. **patients receive high-quality, affordable care away**
108. **from a HOPD setting.**
109. **For these reasons, I respectfully request**
110. **the Department of Public Health approve this**
111. **application.**
112. **Thank you.**
113. **HEARING OFFICER KELLEY: Thank you.**
114. **THE MODERATOR: Our next comment comes from**
115. **Jonathan Joyner.**
     1. **Your line is open.**
     2. **MR. JOYNER: Good evening.**
     3. **My name is Jonathan Joyner, last name**
     4. **spelled J-o-y-n-e-r. Thank you for the opportunity**
     5. **to share my support for Shields Healthcare's DoN**
     6. **application for a second MRI at its freestanding MRI**
     7. **location in Brighton.**
     8. **For over ten years, I have served in**
     9. **various marketing intelligence and business planning**
     10. **roles in the Massachusetts healthcare market, most**
     11. **recently as director of corporate development for**
     12. **Shields Healthcare Group.**
     13. **In the winter of 2020, Shields identified**
     14. **an unmet need for the claustrophobic population in**
     15. **Greater Boston. Shields invested in the new Hitachi**
     16. **1.2T open MRI to offer new -- a new point of access**
     17. **for a population that was previously unable to**
     18. **receive critical diagnostic care. Prior to 2020,**
     19. **claustrophobic patients in the Greater Boston area**
     20. **only had one other option within a 50-mile radius.**
     21. **By way of context, the Hitachi 1.2T offers**
     22. **advanced imaging technology in a sandwich-style**
     23. **format rather than the traditional cylindrical bore,**
     24. **thus greatly enhancing patient comfort and ability**
116. **to complete the scan.**
117. **By the end of 2021, the Brighton location**
118. **saw 570 new patients that had self-identified as**
119. **claustrophobic, and the demand for this critical**
120. **service continues to grow. A recent study published**
121. **by psychological medicine determined that**
122. **2.2 percent of any given population experiences**
123. **claustrophobia, equating to over 28,000**
124. **claustrophobic patients living within the Brighton**
125. **center's primary service area, further demonstrating**
126. **ample need for the service.**
127. **Notably, our -- after our first year of**
128. **operation, we have observed that scan times for this**
129. **population are up to 50 percent longer than the**
130. **non-claustrophobic patients, therefore limiting**
131. **machine capacity. In FY21, the Hitachi scanned 4300**
132. **patients, operating at 85 percent utilization.**
133. **Following projections for this center suggests 7600**
134. **patients within the next five years.**
135. **Given current and anticipated demand, a**
136. **single magnet cannot accommodate this need. A**
137. **second magnet would offer the ability for the**
138. **Hitachi to focus primarily on meeting the need of**
139. **this claustrophobic population.**
     1. **Lastly, it is important to note that the**
     2. **Shields retains a still technologically viable 1.5**
     3. **Siemens Espree at this location, thus negating the**
     4. **additional expense to acquire a new machine, a cost**
     5. **which would normally be passed along to patients.**
     6. **In the same vein, the proposed second MRI**
     7. **would remain on a freestanding rate structure across**
     8. **both government and commercial payers. This is an**
     9. **important point as the Health Policy Commission's**
     10. **report on variation in imaging spending illustrates**
     11. **that prices vary significantly based on site of**
     12. **service, with hospital outpatient departments**
     13. **costing members of the Commonwealth twice as much**
     14. **for the same service offered at a freestanding**
     15. **location.**
     16. **For these reasons, I respectfully request**
     17. **that the Department of Public Health approve this**
     18. **application.**
     19. **Thank you.**
     20. **HEARING OFFICER KELLEY: Thank you.**
     21. **THE MODERATOR: Our next comment comes from**
     22. **Julie Glassman.**
     23. **Your line is open.**
     24. **MS. GLASSMAN: Hello, and good evening.**
140. **My name is Julie Glassman, and my last name**
141. **is spelled G -- as in "goal" -- l-a-s-s-m-a-n. I**
142. **appreciate the opportunity to share my support for**
143. **Shields Healthcare's recent application for a second**
144. **MRI unit located at its freestanding MRI center in**
145. **Brighton.**
146. **I am currently employed as the director of**
147. **patient care at Shields Healthcare Group and have**
148. **been with the organization for 14 years.**
149. **The proposed project will provide a better**
150. **patient experience, reduce wait times and provide**
151. **speciality patient scans through optimizing the use**
152. **of both machines: One catering to the**
153. **claustrophobic patient population; and the other a**
154. **1.5 unit, which is the gold standard for MR imaging**
155. **in a clinical setting. This project will also**
156. **restore and/or increase access to high-quality MR**
157. **imaging services in the community. As a result,**
158. **Shields MRI Brighton expects that patients will be**
159. **more likely to seek and comply with treatment if**
160. **they do not experience significant delays in**
161. **diagnosis.**
162. **I respectfully request that the Department**
163. **of Public Health approve this application. Approval**
164. **of this request will allow for more patients like**
165. **myself to receive high-quality care at an affordable**
166. **price.**
167. **Thank you for your time tonight.**
168. **HEARING OFFICER KELLEY: Thank you.**
169. **THE MODERATOR: Our next comment comes from**
170. **Nicholas Elia.**
171. **Your line is open.**
172. **MR. ELIA: Good evening, everyone.**
173. **My name is Nicholas Elia, spelled E-l-i-a,**
174. **and I appreciate the opportunity to share my support**
175. **for Shields Healthcare's recent application for a**
176. **second MRI unit located at its freestanding center**
177. **in the Brighton-Allston area.**
178. **I currently serve as a senior business**
179. **development analyst for Shields Healthcare Group and**
180. **have been in this role for the past two years and**
181. **with the organization for the past five years.**
182. **In 2020, Shields installed a new Hitachi**
183. **1.2T open MRI unit at the center. This is due to an**
184. **unmet need for claustrophobic patients, primarily in**
185. **Suffolk and Middlesex Counties, in the limited**
186. **options of true open-bore units in these markets.**
187. **In 2021, the location saw 570 new claustrophobic**
188. **patients, in addition to the existing claustro**
189. **patient panel being scanned. These numbers are**
190. **expected to Grow significantly over the next five**
191. **years within the center's service area,**
192. **demonstrating the initial need for the unit.**
193. **Since the 1.2T has been operational, scan**
194. **times have increased, compared to historical**
195. **numbers, as more time is needed to accommodate these**
196. **claustrophobic patients. The addition of the**
197. **Siemens Espree 1.5T unit to the center will free up**
198. **volume backlog currently seen on the 1.2T due to**
199. **these longer scan times and will accommodate all**
200. **patient needs from a scheduling and wait time**
201. **perspective.**
202. **The addition of a second magnet will also**
203. **help accommodate non-claustrophobic patients who are**
204. **better suited to be scanned on the 1.5T, as there is**
205. **a subset of scans that are clinically more**
206. **appropriate. These includes once such as abdomen,**
207. **pelvis, breast, prostate, chest and MR-CT scans.**
208. **Finally, the addition of a second magnet at**
209. **the center will contribute to the state's cost**
210. **containment goal, as patients being scanned there**
211. **will be billed on a freestanding rate structure.**
212. **This is massive cost savings advantage for patients**
213. **who reside in the area and resonates with the HPC's**
214. **report on variation in imaging spending.**
215. **For all these reasons, I respectfully**
216. **request that the Department of Public Health approve**
217. **this application.**
218. **Thank you for your time.**
219. **HEARING OFFICER KELLEY: Thank you.**
220. **THE MODERATOR: Our next comment comes from**
221. **Edmond Ehemey. Your line is opened.**
222. **Edmond, please hit your mute button. Your**
223. **line is open.**
224. **MR. EHEMEY: Sorry. I put Evan.**
225. **THE MODERATOR: I'm sorry, Evan. I**
226. **apologize.**
227. **MR. EHEMEY: That's all right.**
228. **THE MODERATOR: I didn't get your recording**
229. **very clear. Sorry.**
230. **MR. EHEMEY: That's okay.**
231. **Hi. My name is Evan Ehemey. The last name**
232. **is E-h-e-m-e-y. I appreciate the opportunity to**
233. **share my support for Shields Healthcare of**
234. **Cambridge's DoN application for a second MRI at its**
235. **freestanding center in Brighton.**
     1. **I'm here today both as a previous patient**
     2. **and employee of Shields Healthcare Group. As a**
     3. **prior patient, I was cared for at the Brighton MRI**
     4. **center on three separate occasions and was very**
     5. **pleased with the high-quality and high-value care I**
     6. **received.**
     7. **The proposed project seeks to implement the**
     8. **gold standard of MR images, a 1.5 Tesla high-field**
     9. **MRI scanner, which means that it can produce**
     10. **higher-quality images in less time. The proposed**
     11. **project will also restore and/or increase the access**
     12. **to high-quality MR imaging services in the community**
     13. **and, as a result, the Shields MRI Brighton expects**
     14. **that patients like me will be more likely to comply**
     15. **with treatment if they don't have to experience**
     16. **delays in diagnosis.**
     17. **Approval of this request will allow more**
     18. **patients like myself to receive high-quality care at**
     19. **an affordable price. I respectfully request that**
     20. **the Department of Public Health approve this**
     21. **application.**
     22. **Thank you.**
     23. **HEARING OFFICER KELLEY: Thank you.**
     24. **THE MODERATOR: Our next comment comes from**
         1. **Victoria Gomes.**
         2. **Your line is open.**
         3. **MS. GOMES: Thank you.**
         4. **Hi, everyone.**
         5. **My name is Victora Gomes, G-o-m-e-s. I**
         6. **appreciate the opportunity to share my support for**
         7. **Shields Healthcare's application for a second MRI at**
         8. **its freestanding MRI center in Brighton.**
         9. **And I am currently working as a Boston**
         10. **territory sales representative for Shields**
         11. **Healthcare Group. I've been in the role for the**
         12. **past year and a half, and I've also held roles in**
         13. **marketing and patient care throughout my six years**
         14. **with Shields.**
         15. **When Shields installed the new Hitachi**
         16. **1.2 Tesla open MRI in 2020, I was just starting my**
         17. **role in sales and was able to see the impact it made**
         18. **on the patient community from a unique perspective.**
         19. **This truly made a world of difference for our**
         20. **claustrophobic patients who otherwise would not be**
         21. **able to have their scans performed.**
         22. **However, because they were seeing an**
         23. **increased volume of anxious and claustrophobic**
         24. **patients, this resulted in our team having to adjust**
236. **scan and prep times, therefore decreasing the number**
237. **of available slots for other routine patients.**
238. **Our Brighton facility is conveniently**
239. **located right outside of the city and only minutes**
240. **away from several large colleges and universities.**
241. **We have built strong relationships with many of them**
242. **and work together to get their students and faculty**
243. **the scans they need.**
244. **From what we've seen, the majority of the**
245. **younger population of our patients do not experience**
246. **the same anxiety and claustrophobia that others**
247. **coming into Brighton for their scans do; and,**
248. **therefore, they would benefit from being scanned on**
249. **the 1.5 Tesla Espree.**
250. **The proposed project will provide a better**
251. **patient experience, reduce wait times, and provide**
252. **for specialty patient scans through authorizing the**
253. **use of both machines.**
254. **I respectfully request that the Department**
255. **of Public Health approve this application.**
256. **Thank you.**
257. **HEARING OFFICER KELLEY: Thank you.**
258. **THE MODERATOR: Our next comment comes from**
259. **Dr. Stephen Sweriduk.**
     1. **Your line is open.**
     2. **DR. SWERIDUK: Thank you, and good evening.**
     3. **My name is Dr. Stephen Sweriduk,**
     4. **S-w-e-r-i-d-u-k. I've served as the medical**
     5. **director of Shields Healthcare for the past**
     6. **34 years. The following comments are in support of**
     7. **the DoN application for the Shields Brighton**
     8. **location reactivation of the 1.5 Tesla MRI machine.**
     9. **As stated by the previous speakers, it's**
     10. **clear that routine MRI scans performed on bariatric**
     11. **and claustrophobic patients are best imaged using**
     12. **the 1.2 Tesla Fuji open-sided MRI system.**
     13. **However, I would like to touch on a few**
     14. **indications that only be imaged on a high-field open**
     15. **1.5 Tesla system:**
     16. **First of all, we'll discuss implanted**
     17. **devices. More and more patients who need MRI scans**
     18. **have implants that require special imaging**
     19. **parameters and stringent testing for safety.**
     20. **However, there has been no testing of these implants**
     21. **on the 1.2 Tesla Fuji (sic) MRI machine, so many**
     22. **patients with implanted devices cannot be safely**
     23. **scanned on the 1.2 Tesla Fuji, including the**
     24. **patients with pacemakers, programmable brain shunts**
260. **and nerve stimulators, as well as drug delivery**
261. **devices.**
262. **We also perform advanced neurological**
263. **applications much better on the 1.5 Tesla system.**
264. **High-field MRI is necessary for 3D imaging for**
265. **quantitative analysis of multiple sclerosis plaques,**
266. **for determining brain volume for dementia patients,**
267. **as well as using diffusion tensor imaging for**
268. **patients with brain tumors.**
269. **MRI has also become a critical tool for**
270. **treating and diagnosing patients with prostate**
271. **cancer. High-field MRI in this quality is necessary**
272. **for prostate cancer detection, staging, and lesion**
273. **localization for biopsy planning.**
274. **Abdominal imaging is also much better**
275. **performed on the 1.5 Tesla system. When we perform**
276. **MRI scans of the liver, we use high-field dynamic**
277. **MRI studies, and we can't do that on the 1.2 Tesla**
278. **system. We can only -- we can only perform those**
279. **studies on the 1.5 Tesla system. And we do that**
280. **basically to determine -- to evaluate and**
281. **characterize liver lesions which are found on**
282. **routine CT and ultrasound studies.**
283. **So for these reasons, I would respectfully**
     1. **ask that you consider our application, and I thank**
     2. **you for allowing me to speak.**
     3. **HEARING OFFICER KELLEY: Thank you.**
     4. **THE MODERATOR: Our next comment comes from**
     5. **Brad Field.**
     6. **Your line is open.**
     7. **MR. FIELD: Good evening.**
     8. **My name is Brad Field, F-i-e-l-d. I am the**
     9. **center manager and chief technologist for the**
     10. **Shields MRI Western Ave. Center with Shields**
     11. **Healthcare.**
     12. **Before joining Shields, I trained in MRI at**
     13. **Mass. General Hospital from 1984 to 1986. I joined**
     14. **Shields in late 1986 and assisted in opening the**
     15. **first DPH-licensed outpatient imaging center. I**
     16. **have greatly valued spending the past 36 years as a**
     17. **career with them. I also serve as a protocol**
     18. **manager for Shields MRI with the responsibility of**
     19. **overseeing the imaging protocols for the network.**
     20. **I appreciate the opportunity to share my**
     21. **support for this DoN application to add a second MRI**
     22. **at Shields' freestanding MRI center in Brighton.**
     23. **I would like to outline the differences**
     24. **from a patient perspective between the currently**
284. **operational Hitachi Oasis and the conventional 1.5T**
285. **imager like the Siemens Espreee.**
286. **The Hitachi was purchased and installed to**
287. **provide access to high quality MRI imaging to**
288. **claustrophobic and bariatric patients who otherwise**
289. **could not be imaged in conventional bore imagers.**
290. **Unique to the Hitachi, it is the only high-field**
291. **scanner which provides a horizontally wide-open**
292. **patient experience. Several patients who have**
293. **previously been imaged on our conventional scanners**
294. **have sought out the Hitachi in hopes of overcoming**
295. **their claustrophobia.**
296. **Though Hitachi has provided an improved**
297. **patient experience for claustrophobics and**
298. **bariatrics, there are some scans that are more**
299. **suitable for the traditional 1.5T Espree.**
300. **For example, we are currently unable to**
301. **image patients with active implants, such as pumps,**
302. **bone growth and neural stimulators, cardiac**
303. **pacemakers and other active implants. FDA requires**
304. **that manufacturers test their devices for MRI**
305. **safety. They all perform this testing on the**
306. **horizontal field imagers and develop conditional**
307. **statements which have to be met to image these**
308. **patients safely. We are not aware of any**
309. **manufacturer who has performed this testing in a**
310. **vertical magnetic field; therefore, we cannot**
311. **perform imaging on any of these patients on our**
312. **Oasis.**
313. **Additionally, there are certain scans that**
314. **are more clinically appropriate on the 1.5T. These**
315. **include examinations of the pancreas. We do not**
316. **visualize this organ well enough on the 1.2 Oasis.**
317. **We are not scanning MR enterography. The diffusion**
318. **and post-contrast imaging is not diagnostic enough**
319. **on the Oasis. Certain examinations of the pelvis,**
320. **such as prostate examinations, require 1.5T to**
321. **provide adequate imaging for these studies.**
322. **Furthermore, the coil designs, to work with the**
323. **vertical fields, are suboptimal compared to designs**
324. **that have been perfected to work on traditional**
325. **scanners.**
326. **In our service area of Greater Boston, most**
327. **instances where patients are not a candidate for the**
328. **Hitachi require them to have more expensive and less**
329. **convenient hospital-based imaging. We at Shields**
330. **are committed to providing each patient with a**
331. **high-quality, affordable examination that best meets**
332. **their unique needs. Reopening the Espree 1.5T will**
333. **allow us to continue to live up to our commitment.**
334. **It is for these reasons I respectfully**
335. **request the Department of Public Health approve this**
336. **application.**
337. **Thank you.**
338. **HEARING OFFICER KELLEY: Thank you.**
339. **THE MODERATOR: Our next comment comes from**
340. **Dr. Tiron Pechet.**
341. **Your line is open.**
342. **DR. PECHET: Hi. Good evening.**
343. **My name is Dr. Tiron Pechet. I'm going to**
344. **spell that. First name is T-i-r-o-n; last name is**
345. **P -- as in "Peter" -- e-c-h-e-t. I currently serve**
346. **as assistant medical director and chief medical**
347. **information officer at Shields Healthcare. Before**
348. **joining Shields, I attended Harvard College and**
349. **Harvard Medical School and completed my training at**
350. **Newton-Wellesley Hospital and Lahey Clinic. I**
351. **joined Shields in 1996.**
352. **I appreciate the opportunity to share my**
353. **support for this DoN application to add a second MRI**
354. **at Shields' freestanding MRI center in Brighton.**
355. **I would like to outline the clinical**
     1. **differences and similarities between the currently**
     2. **operational Hitachi Oasis and the industry-standard**
     3. **1.5T machines, like the Siemens Espree.**
     4. **The Hitachi was purchased and installed to**
     5. **give high-quality medical care and access to a class**
     6. **of patients who, for the reason of claustrophobia,**
     7. **were unable to tolerate examination in conventional**
     8. **MRI systems, and whom were, therefore, generally**
     9. **unable to access diagnostic information from MRI.**
     10. **This has been very successful and now we can serve**
     11. **the needs of many more claustrophobic and bariatric**
     12. **patients in an outpatient setting.**
     13. **However, the physics of allowing the size**
     14. **of a magnet to be open require trade-offs that**
     15. **result in some areas of relative deficit with**
     16. **respect to a machine like the Espree.**
     17. **Time: Examinations take longer in the**
     18. **Oasis. This is because of a combination of lower**
     19. **field strength and differences in the design related**
     20. **to the vertical field of the magnet as opposed to**
     21. **the horizontal field of a conventional MR system.**
     22. **For example, examinations on the Espree are roughly**
     23. **50 percent longer -- excuse me, examinations are**
     24. **roughly 50 percent longer on the Hitachi as opposed**
356. **to the Espree.**
357. **And quality: While many examinations have**
358. **equivalent diagnostic quality to examinations**
359. **performed on a conventional machine, albeit while**
360. **taking longer, there are some that, for technical**
361. **reasons, are frankly not as good. While we offer**
362. **these examinations to patients for whom it's their**
363. **only choice, we do not offer those to**
364. **non-claustrophobic patients whose needs are better**
365. **served in a magnet of conventional design, like the**
366. **Espree. These examinations include many**
367. **examinations of the chest and abdomen, prostate**
368. **imaging, breast imaging, examinations of the vessels**
369. **called angiography, examination on a growing patient**
370. **population with implants that are not compatible**
371. **with the unique design of the Oasis.**
372. **The Hitachi is a very good machine, but**
373. **it's a special-purpose magnet meant to expand our**
374. **ability to serve -- to provide high-quality MRI to**
375. **an underserved segment of the patient population.**
376. **By reopening the Espree, we will be able to provide**
377. **each patient with the examination that best matches**
378. **their unique needs and to provide the optimum**
379. **quality images in the lowest amount of time for that**
380. **particular patient.**
381. **I respectfully request the Department of**
382. **Public Health to approve this application.**
383. **Thank you.**
384. **HEARING OFFICER KELLEY: Thank you.**
385. **THE MODERATOR: Our next comment comes from**
386. **Brittany Arseneault.**
387. **Your line is open.**
388. **MS. ARSENEAULT: Good evening, everyone.**
389. **My name is Brittany Arseneault. That's**
390. **A-r-s -- as in "Samantha" -- e-n-e-a-u-l-t. And I**
391. **appreciate the opportunity to share my support for**
392. **Shields Healthcare's recent application for a second**
393. **MRI unit located at its freestanding MRI center in**
394. **Brighton.**
395. **I currently serve as a PTR manager for the**
396. **Boston and northern region for Shields Healthcare**
397. **Group. I have been in this role for the last two**
398. **years and have held different clinical and**
399. **administrative roles in the organization for a total**
400. **of nine years.**
401. **The Brighton MRI center has been designated**
402. **a Diagnostic Imaging Center of Excellence by the**
403. **American College of Radiology. The Diagnostic**
404. **Imaging Center of Excellence program is the pinnacle**
405. **of medical imaging care and an achievement that goes**
406. **beyond accreditation to recognize the best quality**
407. **imaging practices and diagnostic care. This**
408. **includes a comprehensive assessment of the entire**
409. **medical imaging enterprise, including structure and**
410. **outcomes. The Diagnostic Imaging Center of**
411. **Excellence designated -- excuse me, designation**
412. **recognizes excellence at multiple levels, including**
413. **the professional staff, the technology and the**
414. **policies and procedures the organization follows,**
415. **and superior patient care.**
416. **Patients throughout the Commonwealth travel**
417. **to our Brighton location where the recently**
418. **installed Hitachi 1.2 magnet provides exceptional**
419. **care to our claustrophobic and bariatric patients,**
420. **giving them the dignity and respect they deserve**
421. **when they arrive for their appointments and to help**
422. **complete their exams. This specific patient volume**
423. **requires additional time for their scans, limiting**
424. **our capability for one machine. The proposed**
425. **project will provide a better patient experience,**
426. **reduce wait times, and provide for specialty patient**
427. **scans through optimal use of both machines.**
     1. **Furthermore, due to economic impact of the**
     2. **pandemic and increasing inflation, many**
     3. **Massachusetts families and individuals are just**
     4. **barely making ends meet. The proposed project will**
     5. **ensure that patients have a continuation of access**
     6. **to high-value and high-quality imaging at a**
     7. **freestanding location.**
     8. **In closing, I respectfully request that the**
     9. **Department of Public Health approve this application**
     10. **in order for families like mine, and patients like**
     11. **me, can receive high-quality care at an affordable**
     12. **price.**
     13. **Thank you for your time.**
     14. **HEARING OFFICER KELLEY: Thank you.**
     15. **THE MODERATOR: As a remainder, if you**
     16. **would like to make a comment, please press Star 1.**
     17. **Once again, that is Star 1 to make a comment.**
     18. **Our next comment comes from Lisa Campisi.**
     19. **Your line is open.**
     20. **MS. CAMPISI: Good evening.**
     21. **My name is Lisa Campisi, spelled**
     22. **C-a-m-p-i-s-i. I appreciate the opportunity to**
     23. **share my support for Shields Healthcare of**
     24. **Cambridge's DoN application for a second MRI at its**
428. **freestanding MRI center in Brighton.**
429. **I'm the senior director of marketing at**
430. **Shields, and I've been with Shields in this field**
431. **for 12 years.**
432. **The proposed project seeks to supplement**
433. **the recently installed Hitachi 1.2 Tesla strength**
434. **magnet by reinstating the 1.5 Tesla unit. The**
435. **1.5 Tesla is considered the gold standard for MR**
436. **imaging in a clinical setting. By providing access**
437. **to, and optimizing the use of, both machines, the**
438. **proposed project will provide a better patient**
439. **experience, reduce wait times and provide for**
440. **specialty scans.**
441. **Further, this will ensure that these**
442. **patients have continued access to high-quality --**
443. **high-value, high-quality imaging procedures. Many**
444. **Massachusetts families and individuals are just**
445. **barely making ends meet due to the economic impact**
446. **of the pandemic and increasing inflation.**
447. **I respectfully request that the Department**
448. **of Public Health approve this application. Approval**
449. **of this request will allow for more patients like**
450. **myself to receive high-quality care at an affordable**
451. **price.**
     1. **HEARING OFFICER KELLEY: Thank you.**
     2. **THE MODERATOR: And as a remainder, once**
     3. **again, to make a comment, please press Star 1.**
     4. **We're standing by. I'm showing no comments**
     5. **at this time.**
     6. **HEARING OFFICER KELLEY: Thank you, Julie.**
     7. **We'll wait just another minute.**
     8. **(Pause)**
     9. **Well, thank you to everyone for**
     10. **participating this evening. And as a reminder,**
     11. **written comments will be accepted through June 3rd.**
     12. **Thank you very much.**
     13. **THE MODERATOR: Thank you for your**
     14. **participation.**
     15. **Participants, you may disconnect at this**
     16. **time.**
     17. **(Whereupon, the proceedings were**
     18. **concluded at 6:43 p.m.) 19**

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* + 1. **C E R T I F I C A T E**
    2. **I, Alexander K. Loos, Registered Diplomate**
    3. **Reporter, do hereby certify that the foregoing**
    4. **transcript, Volume I, is a true and accurate**
    5. **transcription of my stenographic notes taken on May 6 24, 2022.**

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1. **Alexander K. Loos**
2. **Registered Diplomate Reporter 13**

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| **01752** [7:1](#_bookmark6) | **7** |
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