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COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

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PUBLIC HEARING VIA CONFERENCE CALL :
RE: :
: :
UMASS MEMORIAL HEALTH CARE, INC. :
DON APPLICATION #UMMMHC-22042514-HE :
SUBSTANTIAL CAPITAL EXPENDITURE :
SUBSTANTIAL CHANGE IN SERVICE :
UMASS MEMORIAL MEDICAL CENTER :
55 LAKE AVE NORTH
WORCESTER, MA 01655

- -x

BEFORE:

Hearing Officer Elizabeth Kelley, Director of Department of Public Health

(All Participants Appeared by Conference Call)

6:02 p.m.
Tuesday, August 23, 2022

Jane M. Werner, Registered Merit Reporter

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I N D E X

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P R O C E E D I N G S

THE MODERATOR: Welcome, and thank you for standing by. At this time, all participants are placed in a listen-only mode. Today's call is being recorded. If you have any objections, please disconnect at this time. I would now like to turn the conference over to Elizabeth Kelley.

Thank you. You may begin.

HEARING OFFICER KELLEY: Thank you very much. Good evening. My name is Elizabeth Kelley, and I am the Director of the Bureau of Health Care Safety and Quality at the Massachusetts Department of Public Health.

I'm here tonight representing the Determination of Need Program. For clarification, you'll hear me refer to the Determination of Need program as the "DON program" and Department of Public Health as "DPH."

Joining me today from the Department is my colleague, Lucy Clarke. This hearing has been called pursuant to an application submitted by UMass Memorial Health Care, who we will refer to as the "applicant" or "UMass" moving forward.

Upon receipt of the application, DON staff

reviewed it. And after finding it to be in compliance with the DON statute and regulation for filing, assigned it a filing date of July 25, 2022.

This DON application is for UMass Memorial Health Care. And the enabling statute for the DON program requires that any person or government agency intending to undertake a substantial capital expenditure and substantial change in service, as defined in the DON regulation and guidance, must apply for DON approval before engaging in such a project.

The proposed UMass project includes the renovation of a six-story building adjacent to UMass' university campus that will contain 72 additional medical/surgical beds, one additional CT unit and shelf space for future build-out, 19 additional med/surg beds on UMass Memorial's campus, and other renovation projects across the Memorial and University campuses. The total value of the proposed project, based on the maximum capital expenditure, is $143,242,167.

This public hearing is an effort to gather information and to hear the opinions of interested parties about the proposed project. It is not

intended to be a question-and-answer session. No questions will be permitted.

The DON program will take all relevant information into account in preparing its recommendation for the Massachusetts Public Health Council, whose decision on whether to approve the DON for the proposed project will be made at one of its upcoming monthly meetings.

We will accept written comments on this application for ten days following the hearing. As this is a virtual hearing, the logistics are different from in-person hearings. I will review our process for today.

We're using a moderated conference call line, so a moderator will manage the queue for speaking. As noted, this meeting is being recorded and transcribed.

As indicated in the notice for the meeting, press "Star 1" if you would like to testify. This will put you in the queue. You will not be told where you are in the queue, nor will you get much notice that you're about to testify.

When it is your turn, you will be told that you are now the speaker and will experience a short

silence and will then be a speaker. If you've muted your phone, you may need to unmute.

Please begin by stating your name, affiliation or town of residence, and please spell your name. That will help our transcriber accurately get that captured for you. Please speak clearly, so that our transcriber can record everything.

We ask that you limit your testimony to approximately three minutes. If you have a written copy of your remarks, regardless of length, please feel free to submit it to the Department by email or via postal service. You can email us at dph.don@state.ma.us, and that's also available at the mass.gov website.

If you are going to use postal mail, it will get to us more quickly if it is sent to the Determination of Need Program at 67 Forest Street, Marlborough, Massachusetts 01752. Again, that address is available on the website. Be assured that the Department will consider all comments, whether presented orally or in writing. Whether you comment or not, please know that the Department greatly values and appreciates your participation in

the DON process.

Before we open the line to the general public, the Applicant will go first and will be allotted four minutes to present information about the proposed project. Two representatives of the Applicant will speak for a total of four minutes.

I will now ask Dr. Eric Dickson, the President of UMass Memorial Health, to talk about the project.

DR. DICKSON: Thank you. And on behalf of UMass Memorial Health, I would like to thank the Department of Public Health for hosting today's public hearing regarding our inpatient bed expansion proposal.

My name is Eric Dickson. I'm the president and CEO of UMass Memorial Health; but perhaps more pertinent to today's conversation is that I've been a practicing emergency physician at UMass Memorial Medical Center for the better part of three decades.

UMass Memorial Medical Center is the only tertiary medical center in central Massachusetts. It's the only Level 1 trauma center. It's the only Level 3 NICU. It is the only JCAHO-certified stroke center. It is the only Level 3 liver transplant

center. The only pediatric emergency department. The list goes on and on of the things that only UMass Memorial Medical Center can do in central Massachusetts.

And as the only tertiary Medical Center in the region, it plays an absolutely vital role in supporting all other hospitals and all of the people in this region. All day every day, acutely ill and injured individuals are seen at community hospitals and transferred to the tertiary Medical Center when they are require care beyond the capabilities of that community hospital.

When the Medical Center can't take those transfers, those patients are then transferred a further distance and have a delay in their care. And for those patients, that delay can make the difference between life and death.

What I have witnessed over the last 30 years is degradation of our ability to take transfers of critically ill individuals because of our lack of inpatient beds. It's simple math for the region.

In western Massachusetts, there's 2.28 beds per 1,000 population. Here in central Mass.,

there's 1.9, 20 percent less. We have 15 percent less beds than eastern Massachusetts, including the Cape and the Islands.

The people of central Massachusetts desperately need us to expand the inpatient capacity at the Medical Center, and we greatly appreciate your considering our proposal.

Now let me turn it over to Michael Gustafson, President of UMass Memorial Medical Center.

Dr. Gustafson.

DR. GUSTAFSON: Thanks Eric, thanks Elizabeth, and thanks to the DPH for hosting this call tonight.

Since I arrived at UMass Memorial four years ago, in addition to leading the region's Pandemic response, we've been laser-focused on trying to find new and great ways to meet the overall patient demand from our community.

While many of our ED and inpatient flow interventions have been successful, our patient volumes, acuity and need for inpatient care continue to grow, and we simply have outstripped our ability to keep up.

This means our average occupancy rate for inpatients is consistently about 90 percent and frequently reaches 100 percent on both campuses. Our average daily census count is up 9 percent over just the past year. And these numbers do not capture our patients in alternative care spaces, our recovery rooms or our many ED boarders.

As Eric said, as the only academic medical center and tertiary hospital for approximately 1.5 million people in central Mass., we are the lifeline of this region.

Because we are a trauma center, stroke center, transplant center and so many other things, it results in unpredictable demand for our services that cannot be handled at our current size and scale. In fact, for the 12 months ending in February of this year, the Medical Center had to decline 43 percent of all patient transfer requests from the community due to capacity constraints. That represents 3,500 patients in one year who needed our care, but whom we could not accommodate. Many of those patients had to leave the region entirely to receive the necessary treatment.

Today's proposed project will dramatically

improve our ability to treat those patients. It will expand our med/surg capacity by 91 total beds, including 72, as part of a renovated facility immediately adjacent to the University campus and 19 within our Memorial facility.

These plans represent the most economical and the fastest route to gain beds on both campuses and have received wide support from the community.

This project will relieve the flow congestion that paralyzes our caregivers today and will allow us to accept patients from the region, and these renovations will create an enhanced patient and family experience, complete with private rooms and technology-enabled patient care.

I'm a surgeon by training. I've also been a patient and I've sat with many loved ones in need of care. I know how our capacity constraints are impacting people today. I want to do better for them, for their families and for our caregivers. This project will allow us to do that.

I humbly request that you endorse our proposal. Thank you very much.

HEARING OFFICER KELLEY: Thank you, both. We now have public officials who have asked to

speak. We will begin with State Senator Harriette Chandler.

SENATOR CHANDLER: I'm calling because of the inequities that I see in the current system. We have 20 percent fewer beds per 1,000 residents in western Massachusetts, 15 percent fewer than eastern Massachusetts, and substantially below the national average.

Dr. Dickson has talked about this. I've been in the legislature 28 years, and I voted for the merger of UMass Memorial, so that we would not have to take our tertiary patients elsewhere. And at the rate we're going, because of the lack of beds, that's exactly what's happening.

I also am concerned because we are the second busiest emergency department in the Commonwealth. We have a high patient acuity level. And this is where the big crisis is most apparent.

This is a very serious burden and problem in the ED. And we have got to straighten this out. It is for non-psychiatric ED patients who require admissions. They board for as much as 17 hours in the ED, and they also board -- in the Medical Center, they have increased by 91 percent for fiscal

year '18 to fiscal year '21.

I should mention that this part of Massachusetts has grown substantially in the last decade, as our regional business has just shown us. So the need is incredibly great. We have found that it has -- they have done everything they can at the Medical Center to implement multiple other strategies to ease capacity constraints, but it is still not sufficient.

Among those who are impacted by ED delays and transfer denials are many of the most vulnerable residents of central Massachusetts. This is particularly unfortunate. I must tell you that I and my husband are both senior citizens, and we have seen it ourselves in the emergency room, where we have had to stay for hours on end because there are just no beds on the floors. Just no beds. And that is totally unacceptable.

This is a hospital that is proud of the work it does, proud of the people that they serve, and proud of the care that they give.

And so I would truly hope that you will look favorably on their request for the Determination of Need. I thank you for listening to

me. Thank you very much.

HEARING OFFICER KELLEY: Thank you, Senator Chandler. We'll now go to State Representative David LeBoeuf.

STATE REPRESENTATIVE LeBOEUF: Thank you very much. I'm David LeBoeuf, State Representative for the 17th Worcester District.

And I just want to echo my colleagues' comments and offer my support to this effort for expanding more capacity at UMass Memorial.

The legislature recently took up a comprehensive mental health bill that dealt specifically with the challenges regarding ED boarding, because we have seen that this has been an issue across the state. But in our region, it's been impacted at such a different level. And this is a real regional equity issue.

I'm sure many of you remember during the COVID Pandemic, at the height of it, we learned about the concept of negative beds, because of the fact that there just wasn't enough capacity in our entire healthcare ecosystem in the county.

We need to have more services; and especially, we need to have more services that have

access to the types of specialized care that is only accessible in Boston.

The majority of the patients that UMass Memorial serves are individuals of low income; who are on MassHealth or other types of Government-sponsored assistance. To not have the capacity to take these individuals really is hurting some of the most critical neighborhoods that are impacted by racial inequity and also the health inequity.

I hope that the Department of Public Health will look at this project and will recognize that adding any more beds, especially that are treating this to the ecosystem, is the only thing we have to do. And any opposition to this is not based on any medical evidence. It's based on illogical philosophies that go against the trends that we've seen during this crisis.

So I hope you will approve this project and continue to make sure that every individual in this county, regardless of ZIP Code, has access to quality care. Thank you.

HEARING OFFICER KELLEY: Thank you, Representative LeBoeuf.

I'd now like to call on Dr. Mattie Castiel.

(No response)

HEARING OFFICER KELLEY: It looks like we're having a technical issue for Dr. Castiel, so we will come back to her.

But I think I see Chief David Hurlbut from the Sterling Fire Department.

FIRE CHIEF HURLBUT: My name is David Hurlbut, H-U-R-L-B-U-T, and I'm the Fire Chief in the Town of Sterling, and I'm also the Chairman of Fire District 8, which is comprised of 33 cities and towns in central Massachusetts, serving northern Worcester County. Most of these departments transport patients to UMass and are impacted by the bed shortage that is being discussed tonight.

I wanted to take a couple minutes of your time to help paint a picture of what happens when there is no place to put our patients due to the lack of available beds, which also may be defined tonight as "holding the wall."

When an emergency ambulance transports a patient, there is a reasonable expectation that upon our arrival, we will report to the patient intake desk, get them registered, and bring them to an

assigned room in the emergency room. The crew will give the report to the nurse and transfer patient care to the emergency room staff.

But what happens when there's no room or bed to put our patient. This is when the crew and the patient find a place to stage or, quote, "hold the wall" until a bed becomes available. This holding the call creates two issues.

The first is for the patient. As we all know, there are many reasons the patient calls for an ambulance, but the result is they call because they feel they are needed to be seen by a doctor.

There are all levels of illness and injury, but having no available beds does not discriminate against that level. The responsibility of our crews is to advocate for our patients as if they were the only patient being wheeled through the ER doors.

The second issue -- and one you may not have as much knowledge to -- is the impact on the city or town from which that ambulance comes from and the delay in their returning to their respective community; a delay, no matter how slight, prevents that ambulance from being available for the next call. Some communities may only have one add-on,

and some communities may only have one available crew.

Having that ambulance and crew tied up for 20, 30 or even up to 60 minutes due to bed shortages has an impact not only on the hospital system, but for the entire emergency services system.

UMass has worked diligently to remedy this situation. However, due to demand and sheer patient volumes, there is still time that holding the wall is necessary and begins a series of events of previous feared.

For that reason, I offer my support on behalf of the central Mass. fire chiefs and ambulance services and to approve the additional bed space proposed by UMass Memorial Medical Center.

Thank you again for allowing me the opportunity to speak before you this evening.

HEARING OFFICER KELLEY: Thank you, Chief Hurlbut.

We have our technical issue resolved, and we have Dr. Mattie Castiel.

DR. CASTIEL: Hello. My name is Dr. Mattie Castiel, and I'm here today to testify in my role as Commissioner of Health and Human Services for the

City of Worcester on the bed expansion application.

We certainly have a lack of beds here in Worcester, which is now an equity issue for our community. We know that patients are boarding in the emergency room, waiting for a bed to open up, for an average of 17 hours.

This lack of inpatient beds not only affects the citizens of the second largest city in New England, but it ends up affecting our entire region.

This ratio of bed shortage per 1,000 residents is lower than that seen nationally. As one of the most progressive states in the country, we need to be able to have more access to beds and eliminate this ER boarding and provide the high quality medicine that UMass is known for.

Most concerning to me is that our bed shortage affects the very people who need our help most: People in low income neighborhoods, our communities of color, those who live in housing developments, all who can't afford to have their care for that of a loved one transferred to Boston at a high cost that they can't afford.

Quite frankly, I don't care which of our

local hospitals actually build a facility to house these beds, whether it's St. Vincent or UMass Memorial. It doesn't matter. The point is an inpatient facility will save thousands of lives now and in the future.

And since UMass memorial has put in an application for a Determination of Need to create a place for 91 inpatient beds, I'm here to say I fully support this application.

I'll add that UMass Memorial stepped up during the COVID Pandemic and was an amazing partner to our department when we needed their expertise. I had the pleasure of co-chairing the Worcester COVID Board with Cheryl Lapriore from UMass Memorial and had many other leaders and clinicians from their organization join together with members of the community to help us get through the worst public health crisis that we've ever seen.

The partnership in our community has been active for all and has improved healthcare outcomes during COVID, where without their support, I think we would have seen more deaths and chronic cases.

Their support in standing our COVID hospital at the DCU was also an incredible asset.

It was gratifying to see how dedicated every single member of the task force was and to be able to roll up their sleeves and do the work needed to save as many lives as possible. And for that, we are indebted to them.

UMass Memorial was instrumental in getting mobile COVID testing throughout our community. This was a tremendous help with communities of color who were testing higher than other communities. Therefore, people, when found positive, could quickly isolate. They also later were able to stand up to the Mercantile Center in Downtown Worcester to provide both the testing and subsequently the vaccinations.

And most importantly, UMass Memorial gave us their analytic experts and access to realtime data, so that we could share with a good proportion of agencies in Worcester and communities, so that we could bring all the resources needed to the affected area.

UMass Memorial brought their Ronald McDonald Care Mobile, deployed all available services, education and outreach, so that everyone in Worcester had access to care.

I'm glad to see UMass Memorial asking for this increase in beds to provide the high level inpatient care that we need in this region.

I wholeheartedly support their application to build up this much-needed inpatient facility and hope that you will take into consideration the Worcester community and its needs to provide accessible healthcare for all.

Thank you for your consideration.

HEARING OFFICER KELLEY: Thank you, Dr. Castiel. We will now open the line for speakers.

So as a reminder, if you would like to testify, please press "Star 1" to get into the queue. And again, we're asking that you hold your testimony to about three minutes.

So, Madison, do we have our first speaker?

THE MODERATOR: Yes. Our first speaker's name is Sharon Henderson. Once I open up Sharon's line, if you're please able to spell your name. Thank you.

Sharon, your line is open.

MS. HENDERSON: Thank you. My name is Sharon Henderson, S-H-A-R-O-N H-E-N-D-E-R-S-O-N, and I'm testifying in support of UMass Memorial's

application to add 91 inpatient beds.

I've been involved in central Massachusetts and the Worcester community for many years and in different roles. I've been an executive leader in the private sector with Digital Equipment Corporation, a member of the Worcester Infant Mortality Task Force, community and religious organizations like the YMCA, Central Mass. Agency on Covenant-St. Andrew's United Methodist Church. And in all these roles I've seen firsthand the need for healthcare in our community. Whether it be pregnant women, children or families served by the Y, seniors at the Aging on Aging, or members of the church congregation, access to health is front for many.

Since the COVID Pandemic, this concern has only grown. Community members need to be able to access healthcare more now than ever before. Many of our residents rely on UMass Memorial. In fact, when it comes to the highly specialized services, we all rely on it, because they're the only academic Medical Center in central Mass. It is the only local hospital with a whole host of high acuity services as well. This includes a Level 1 trauma center, Level 3 NICU, pediatric ICU and the highest

level of stroke and cardio care, just to name a few.

Think of it. There are six academic medical centers in Massachusetts. The other five are all in the Boston area. As a result, UMass Memorial is the sole provider of many highly complex services for patients from a huge geographic area, but it doesn't have enough beds to meet the demand.

This region has owned 20 percent fewer beds per capita than western Mass. and 14 percent fewer than eastern Mass. This results in long waits for those who need high acute care at UMass Memorial.

In a Zoom meeting every week, with about 60 or 70 communities, called "Worcester Together, we regularly hear about the high demand for beds at UMass Memorial and the large number of patients waiting in the emergency department.

Worcester is a collaborative place, and I'm happy that UMass Memorial Medical Center works with the community organizations to promote public health.

For example, during COVID, I worked directly with UMass Memorial and Covenant-St. Andrew's United Church to set up an equity vaccine clinic to do testing and issue vaccines to many

people of color in our communities.

Worcester Together collaborative is an outstanding gathering of community organizations across the city, and they have dealt with the needs of many communities as COVID struck.

But fortunately, you can do something about this particular issue we are talking about today; approving and improving the bed accessibility. Although adding these 91 beds won't fully close the gap with eastern and western Mass., it will definitely improve their dire situation and bring our region's residents a bit closer to equity with their peers across the state. It would take, really, about 300 beds to fully close the gap.

Thank you for this opportunity to speak, and I hope you'll approve this application.

HEARING OFFICER KELLEY: Thank you very much.

Madison, do you have our next speaker?

THE MODERATOR: Our next speaker is Justin Precourt.

Justin, your line is open.

MR. PRECOURT: Great. Thank you. My name is Justin Precourt, J-U-S-T-I-N P-R-E-C-O-U-R-T, and

I am testifying in support of UMass Memorial Medical Center.

I am the Chief Nursing Executive for UMass Memorial Health and the Chief Nursing Officer for UMass Memorial Medical Center. I am also one of the executive sponsors of this project, and I appreciate all of you allowing me to speak with you tonight.

As I sit here tonight, I can't help but think about the magnitude of this and what this really means for central Mass. and, in particular, Worcester.

I think about the conversations we have each and every day with our patients who we're caring for on hallway beds, who are waiting on stretchers to be off-loaded by the EMTs and paramedics in the local communities.

I think about the conversations we have with the families who grow frustrated with the lack of privacy for their loved ones and the delays in their care, because we can't get them to the right locations.

And I think about the caregivers who really are doing their best in an environment that's not conducive to providing their best, yet always making

sure that they do what they can to meet the needs of our patients. And I think about this project and the impact it will have on all of those factors, and it really does make me quite excited.

As Dr. Gustafson noted in his opening comments, we work diligently, really, to create more capacity, without adding more beds, in every single way we can think of. We look at all of the evidence and really look across the nation to see what could we be doing differently to create additional capacity.

We have multiple physician and nursing teams, whose sole focus is really eliminating discharge barriers, and we've made a number of operational changes to increase and improve patient flow.

In this past year, we redesigned our emergency department operations to really make sure that we're maximizing every ounce of clinical space and helping to see as many patients as we possibly can. We've launched a successful hospital at-home program, and we've also utilized every square foot of the surg space we can each and every day that it's been allowed under the state regulations during

this most current public health emergency. And the truth of the reality is, it's just not enough.

Between fiscal year 2019 and fiscal year 2021, our hospital medical/surgical patient data has increased by 18 percent, and our overall bed occupancy has increased by 14 percent. We really have continued to enhance or coordination and collaboration with our community hospitals as well within the UMass Memorial Health System.

Seven days a week/365 days a year, we have a twice-a-day bed huddle with all of the hospitals within the system to ensure that all of our open beds are utilized for appropriate patients. By doing this, we've been able to increase our occupancy rate just in this past year at Marlborough Hospital, HealthAlliance-Clinton Hospital, and Harrington Hospital, where we've seen between 8 and 16 percent increases in their overall occupancy.

As the Chief Nursing Officer, I have the privilege of overseeing more than 3,000 caregivers. These caregivers are talented, loyal and really proud of the role they serve in this community. They take great pride in saving and improving patient lives every single day, and they do it

compassionately, and they want to do the best they can on behalf of their patients. This project will continue to support their mission.

And despite the challenges that we've heard today, we continue to have success. For eight straight years, we've seen that likelihood to recommend increase; while nationally, there's been a decrease. Overall, we've seen a 16 percent increase at the Medical Center over the last eight years; yet nationally, on average, it has decreased by 4.8 percent. This is because the caregivers will show up each and every day to do the best they can.

As you can hear from the testimonies tonight, these beds are necessary for us to continue to provide the important services to the community in Worcester. And I appreciate you taking the time to listen to this testimony.

Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, do you have the next speaker?

THE MODERATOR: Our next speaker is Doug Brown. Just as a reminder, please spell your name.

Doug, your line is open.

MR. BROWN: Thank you so much. Good

evening. My name is Doug Brown, and I'm the Chief Administrative Officer for UMass Memorial Health.

Most of the testimony this evening will focus on healthcare. Mine will focus on health. The great care we provide at UMass Memorial is necessary to good health, but it is not sufficient. Healthcare contributes about 20 percent of the health of our patients, but most of their health is determined by things outside our walls. These are called "the social determinants of health," and the department has identified six as key priorities. These include things like housing, employment, and education, and I'd like to share tonight how UMass Memorial is addressing these priorities.

In 2018, the UMass Memorial Board adopted an Anchor Mission for our organization. This is a fundamental re-imagining of the role we play in our community. It takes our nationally recognized community benefits program and puts it on steroids. It does so by leveraging all of our organizational assets, intellectual and financial, in order to address social disadvantage and pervasive inequality.

We do so in three ways:

First, we reallocate 1 percent of our investment portfolio from stocks and bonds and into community investments.

Second, we target some of our hiring from the most vulnerable neighborhoods in our community.

And third, we substantially increase our purchasing from minority and women-owned businesses.

So far, we have invested over $4 million in 10 projects across central Massachusetts. These projects all target the DON health priorities and include a tiny home village for the chronically homeless, an ice cream shop providing employment opportunities to youth with developmental disabilities, and affordable commercial units for minority-owned businesses to counter the effects of gentrification.

We hired 20 individuals last year from the most vulnerable neighborhoods in our community; and this year, we will exceed 30. We have pledged to triple our purchases in minority and women-owned businesses over the next five years. And when we acquired Harrington Hospital last year, we built the same anchor mission requirements into the agreement.

We cannot do this work alone. And we are

partnering with numerous community groups. But this anchor approach will help us make good choices with our community partners on how to best to invest the community investment funds that are acquired from this project.

COVID laid bare the brutal inequities that continue to exist in society, and this has enormous implications on our health. COVID also uncovered the woeful under-investment in our public health system.

Hospitals around the country, including UMass Memorial, stepped up in heroic ways to fill that void, and we must continue to do so.

Our UMass Memorial caregivers work tirelessly to provide outstanding care to our community, and approval of this project will allow us to improve our ability to do so. But please know that we are equally tireless in using all of our resources to get outside our walls to create a more just society. We see that as inherent in our mission.

Thank you very much.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have our next speaker?

THE MODERATOR: Our next speaker is Carolyn Jackson.

Carolyn, your line is open.

MS. JACKSON: Thank you. Good evening. My name is Carolyn Jackson, C-A-R-O-L-Y-N J-A-C-K-S-O-N.

I am the chief executive officer of St. Vincent Hospital in Worcester and the representative of the St. Vincent Hospital Ten Taxpayer Group, which is registered as a party of record.

The Department should not approve the proposed project for three primary reasons, all of which were more fully explained in our previously submitted written comment to DPH, which are currently posed on the DON website.

One, there is no need for the project, because the greater Worcester region is already well served by existing high-quality, low-cost providers with enough unused capacity to total or even exceed the 91 requested med/surg beds.

Two, the project is counter to the Commonwealth's goal for cost containment and, in fact, if DPH approves the project, healthcare cost and spending will needlessly increase.

And three, better and less expensive alternatives exist to improve the public health outcomes identified in the application. I will address each of these three points separately.

Need. There is no community need for UMass' proposed 91 new beds. St. Vincent Hospital, also a tertiary hospital, located just .6 miles from UMass Memorial and 1.9 miles from UMass University, has 63 available med/surg beds today that can be open without construction or capital outlay.

In fact, St. Vincent is beginning to open those beds now to help with the need that UMass has identified. St. Vincent is capable of treating and does currently treat 100 percent of the types of patients that UMass anticipates treating in the proposed new beds.

Additionally, UMass's own affiliate hospitals -- Clinton, Marlborough and Harrington -- have available capacity today.

In addition, if UMass redirected a fraction of the proposed funding for the new beds toward reducing its excessive observed to expected length of stay, it could create its own additional bed capacity without any construction.

UMass is ranked in the third quartile for large academic medical centers nationwide, with an observed to expected length of stay of 1.27, which means patients stay an average of 27 percent longer at UMass than they should.

If UMass were able to improve its operations to equal the average of the national second quartile, it would effectively create 64 new beds without swinging a hammer or spending any capital dollars.

Through existing market capacity and operational improvements at UMass, central Massachusetts could easily add many more than 91 additional med/surg beds.

Cost containment. As an initial matter, we want to express our disappointment that DPH failed to require an independent cost analysis. We raised very serious objective concerns about the project being antithetical to DPH's goals for healthcare cost containment.

DPH should have obtained an independent, objective and complete analysis of the project to measure the cost increase it will cause. We were surprised by DPH's decision, as each time a TPG has

requested an independent cost analysis in connection with a substantial capital expenditure, DPH has agreed that the applicant should undergo an ICA. We implore DPH to reconsider.

As detailed in our written comments, the project will increase healthcare cost to patients, payers, employers and the Commonwealth and will counteract DPH's cost containment goals.

UMass is the highest cost provider in the region. For commercial payers, UMass is reimbursed 9 percent higher than the Massachusetts average and 14 percent higher than St. Vincent.

UMass' affiliate hospitals are also lower cost providers; but rather than add specialists to enable more patients to be cared for at those hospitals, UMass requires the transfer of patients from the lower cost affiliates to the higher cost Memorial and University campuses.

Further, UMass' cost structure and operational inefficiencies promote wasteful spending. The proposed new beds have an operating cost of $1.3 million per bed per year, which far exceeds the natural average of 600,000, the Massachusetts average of 950,000, and the St.

Vincent's cost of 880,000.

The high cost of the proposed new beds is due, in part, to the infrastructure of a large academic medical center, as well as the added cost of a proposed 72-bed tower, which needlessly duplicates infrastructure and ancillary services, given that it is not physically connected to any existing UMass hospital.

Additionally, UMass already has 51 percent market share in the region. So approving an expansion, especially when coupled with the proposed addition of Heywood and Athol Hospitals, would further increase UMass' near monopolistic pricing power, potentially weakening the financial viability of local lower cost hospitals. This is not an acceptable outcome and is not consistent with DPH's regulations or the purpose of the DON program.

Improve public health outcome. The project will not improve public health outcome in the manner UMass promotes, but the alternative outlined will actually better improve health outcome. ED boarding could be immediately addressed by utilizing available beds at St. Vincent and UMass affiliate hospitals. Together, these resources provide more

than adequate capacity to meet the needs described by UMass and do so in a matter that promotes cost containment, while keeping patients in their own communities.

Additionally, reducing length of stay at the UMass University and Memorial campuses will do more to reduce patient falls and pressure ulcers than adding more beds will.

In conclusion, patients in the greater Worcester region deserve high quality and timely care in their community at the lowest possible cost. The project will not deliver this. Instead, the project will create 91 new beds at a cost that is much greater than the cost of care that could be provided by using existing high quality, lower cost providers with unused capacity.

There is no need for the 91 new beds. There is no need to increase healthcare spending in the region. There is no need to jeopardize the ability of lower cost providers to continue to operate, leaving the highest cost provider as the only alternative.

Operational improvements, more efficient and appropriate use of UMass' affiliate hospitals

and utilization of current market capacity would more easily solve the problems and at a lower cost than the project claims to solve.

Until all of the beds in central Massachusetts are open and reach a certain critical occupancy and until UMass is able to improve its excessive observed to expected length of stay, no bed expansion should be approved.

We appreciate the opportunity to present to DPH tonight and appreciate DPH's close review of the proposed project and our previously provided written comments.

Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have our next speaker?

THE MODERATOR: Yes, we do. Our next speaker is David McManus.

David, your line is open.

MR. McMANUS: Good evening. This is David McManus, D-A-V-I-D M-C-M-A-N-U-S, and I'm testifying on behalf of UMass Memorial Medical Center.

I'm the Chair of Medicine at UMass Memorial and one of the executive sponsors of the proposed project. I would add that I'm also a resident of

Holden.

In my role, I see the impact of our capacity challenges on a daily basis. It frustrates all involved; providers, patients, loved ones, and everyone in between. I would like to share a recent example from one of my patients.

Mr. C, a patient from Holden, was hospitalized while on vacation. He was given a diagnosis of a previously undiagnosed heart rhythm problem and was frightened by this diagnosis and reached out, as I had cared for him for years.

He contacted my office from the ED. We spoke, and he requested to be treated at UMass, given our expertise in heart care. Given the 70 patients that were waiting for beds in our emergency room, my patient could not be cared for by me or by his preferred health team at his hospital.

He sat alone and without the specialty care that he needed in this outside emergency department. And unfortunately, stories like this one abound. It is the most frustrating thing in the world to be unable to care for patients from the region -- including my neighbors, my friends and my family -- owing to a lack of acute care beds.

Rather than continuing to focus on how frustrating this problem is and the truth of this challenge, I'm focused on the solution that's been presented to the DPH and is before us. I thought I'd talk a little bit more about how the clinical operations in the setting would work if we are fortunate enough to receive approval for the project.

The additional 19 beds on our Memorial campus will be created simply by renovating an existing space into inpatient clinical use. These will be what are called "med/surg beds" and be seamlessly integrated into our Memorial campus.

With respect to the 72 inpatient private beds that are proposed on the University campus, these are being created by and for patients and their families. And we've engaged patients in the design process.

Each room will have a separate family sitting area, which will allow the family to participate in rounds with the clinical teams. And as you've heard from Dr. Gustafson, you've heard the technology and forward-thinking design in patients' rooms will afford us an opportunity to review test

results, scans and notes, thereby providing efficient patient-centered care at the point of care.

We view the proposed beds at the adjacent property as an extension of our University campus. In fact, we will contact our pneumatic tube system to the facility to allow for seamless delivery of medications, laboratory samples and blood products.

The clinical leadership team in the building will be extensions of those teams at the University campus, and we've used a very thoughtful process evaluating existing data from our census to identify common patient conditions and types that can be safely cared for in this setting.

I would add that we have experience doing this from when we had to step forward to design the DCU center the first time, second time and the hospital at-home program that's been mentioned.

Through improved access to inpatient services, we anticipate that emergency department throughput will improve and as a result, length of stay, ED crowding and boarding.

With improvements to crowding, patients will be able to also receive better and more timely

care, reducing the numbers of patients who leave without being seen, while also improving patient satisfaction and health.

I'm eager to be part of the solution that will provide patients across central Massachusetts from my hometown with the care they deserve.

I humbly request your support for the project, and thank you for the opportunity to speak on behalf of my patients and my community. Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have our next speaker?

THE MODERATOR: We do. Our next speaker is Tina Dixson.

Tina, your line is open.

MS. DIXSON: Good evening. My name is Tina Dixson, D-I-X-S-O-N. I'm the Executive Director of Central Mass EMS, the Region 2 EMS Council. Thank you for allowing me to speak.

Our organization aids the Department of Public Health in a cooperative effort to coordinate, maintain and improve the EMS system throughout central Mass. We offer EMS system planning, educational and technical assistance to the 76

communities we represent.

One positive thing we've gained through the COVID Pandemic is that it brought our region and our statewide EMS services closer than before. We achieved better coordination and collaboration.

Throughout COVID, though, our statewide in surgeons' calls revealed that whether the virus was in a lull or fully surging, Region 2 always had the least bed availability of any other region in the state. COVID exacerbated it, but our hospitals and, in turn, EMS has been struggling with a bed shortage for years now.

When UMass specifically is overcapacity and cannot accept transfers, as often happens, EMS personnel is forced to transfer patients further away for definitive care, often out of the region or out of state.

Over the last two years, units especially in northern Worcester County that would normally transfer to UMass have doubled or tripled some of their transfer times. This dramatically reduces ambulance availability in the region; not to mention the impacts to patients and their families.

Likewise, when UMass is facing capacity

constraints, EMS crews are forced to hold the wall, as you've already heard, meaning that they have to wait with their patients in the emergency department for an extended period of time and can't transfer care until there is a space in the ED for the patients. Those spaces don't open up until a bed upstairs become available to have a patient admitted.

Holding the wall creates a negative ripple effect throughout the entire region. Hospital capacity directly affects the EMS system. There's a real-life scenario that happens often. Worcester EMS has multiple transports going to UMass. They end up holding the wall of the transfer of care. Now they must call mutual aid to cover 911 calls that come in while those crews are delayed. The next town over is called, and they may only have one crew available. They respond, but then end up needing mutual aid to cover their next 911 call. This actually back-to-back call happens quite often; even in towns that aren't traditionally busy.

If a private ambulance service responds to cover these 911 calls, that often brings the crews off of a transfer or delays them on a transfer to

discharge a patient.

Now the charge transfer is late, and the ED can't send a patient to the bed upstairs because it hasn't opened up yet, and the ED backs up further. It's a vicious cycle that really needs to stop.

This is not about hospital competition or diverting ambulance traffic away from other facilities.

The reality is that nearly twice as many patients go to UMass by ambulance from the next busiest hospital in our region, due to the level of care needed or patient choice. Expansion of bed capacity in our region will positively impact every community in central Mass.

Thank you for your time.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have another speaker?

THE MODERATOR: Our next speaker is Anthony Izzo.

Anthony, your line is open.

MR. ANTHONY: Hi there. My name is Anthony Izzo, A-N-T-H-O-N-Y I-Z-Z-O. I'm the president of the medical staff at St. Vincent Hospital.

It's been brought up already a couple of

times on this call that sometimes patients have to be transferred out of our region to Boston. And transfers to Boston obviously increase cost of care for patients.

Cost of care at the University campus, even compared to UMass' own satellite campuses, has already increased. Extra beds at University campus will lead to higher cost of care for the people of central Massachusetts.

St. Vincent, where I work, already offers lower procedures in the UMass service area and has the capacity, as Carolyn Jackson, mentioned to house more patients.

One thing that I feel is important is fairness and that we all are held to the same standard in healthcare, especially. Last year, DPH mandated an independent cost analysis for MGB's Woburn, Westborough and expansion proposal.

Since it does not seem that the UMMMC expansion will help lower healthcare cost in central Massachusetts, I feel that a similar analysis is in order to help verify UMass' claims that patients will benefit by the expansion.

Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have another speaker?

THE MODERATOR: Our next speaker is Rick Muhr.

Rick, your line is open.

MR. MUHR: Thank you very much. My name is Rick Muhr, R-I-C-K M-U-H-R.

Good evening and thank you for allowing me to speak tonight. I'm a resident of Grafton, Massachusetts, and I'm able to speak to you tonight because of the quality of care that I received at UMass Memorial.

Last October, I set out for a long bike ride on a quiet Sunday morning, as I've done my entire life, when I was accidentally struck by a vehicle. I suffered a collapsed lung, broken clavicle, ten broken ribs, a shattered shoulder, four compression fractures, left shoulder dislocation, left humerus fracture and lots of cuts and abrasions.

After having several surgeries, I spent weeks at UMass Memorial Medical Center, more time than I ever imagined spending there, to say the least. I certainly got to know the place well and

the staff.

They were absolutely meticulous and determined to put me back together. So meticulous, that they discovered a heterogeneous lesion on my right kidney, which turned out to be cancer.

Today, just ten months later, I feel like I'm in better shape than I was before the accident, something that was unfathomable the days and weeks and months following my accident.

I'm back to exercising. I turned 64 on July 30th and was able to ride 66 miles on my bike. And on my one-year anniversary from the accident, my plan is to complete 100 miles on my bike. I'm cancer-free, and I'm living the life that I've always loved.

I don't deserve much credit for my recovery. The people that cared for me deserve most, if not all, of the credit. Those people showed up, and they did so much more than their job. Every day they lifted my spirit when I was at the lowest point in my life. And they weren't just nurses, doctors and personal care assistants. They were people that came in my room. They emptied my trash can, they came in and boosted me when I slid

down in my bed, which seemed to be 20 or 30 times a day. They were people who would bring me a popsicle at 2:00 in the morning when I was totally dehydrated. Those people, to me, are the true heroes. I am where I am today because of them.

When I go out for a bike ride or run, every time, I think about those people and the impact that they've had on my life. The amount and quality of care that I received was certainly beyond my expectation and well beyond my imagination.

To me, it's been a complete honor to be treated at UMass. They will be a part of my life forever, because they restored the hope and faith that I desperately needed throughout my stay there.

During my time at UMass, I witnessed firsthand how busy they are, how constrained the work space is, and how darn hard they work. Please afford them the opportunity to improve other people's lives just as they did mine by approving this proposed project.

Thank you so much for your consideration.

HEARING OFFICER KELLEY: Thank you. Madison, do we have another speaker?

THE MODERATOR: Our next speaker is Janet

Cutman.

Janet, your line is open.

MS. CUTMAN: Good evening. My name is Janet Cutman, spelled J-A-N-E-T C-U-M-H-A-M. I'm a retired professional and a 44-year resident of the City of Worcester.

I've been seen at UMass Memorial on multiple occasions, including multiple hospitalizations over the last 15 years. I've always liked and appreciated the care I've received at UMass. My primary care doctor and my numerous specialists are all connected to the UMass system.

I regularly have to see my primary, my oncologist, my renal specialist, my neurologist, my heart specialist, my urologist and my endocrinologist.

I feel fortunate to live so close to my high quality care. However, when my breast cancer metastasized to my spine in December, I had to have urgent major neurosurgery, which led to a nine-day hospitalization and, I might add, an additional nine days in the rehab center. I can't imagine having that surgery anywhere else. I had an awesome surgeon, I had a remarkable surgery experience, and

now I get to appreciate a full recovery of function.

For me, going to another hospital because UMass was at capacity, it just wasn't an option. UMass is where I get my care. UMass is where I see specialists that I can't find anywhere else in central Mass. Most of the time, I have specialists who work as a team, which is absolutely essential when you have serious medical conditions such as I do.

I need coordinated care within a system where I am comfortable with all of my physicians and I am comfortable that they can and do work together.

I anticipate there will be a time when my health will deteriorate. When -- and I want to say, or if that happens, I want my care where I'm most comfortable and closest to those medical professionals that know me best; and that is UMass.

Please ensure there's a bed for me by approving this project.

Thank you for considering my reasons and my opinions as you assess this request for additional beds within the UMass Memorial system. Thank you.

HEARING OFFICER KELLEY: Thank you. Massachusetts Commission Against Discrimination, do

we have another speaker?

THE MODERATOR: Our next speaker is Mari Gonzalez.

Mari, your line is open.

MS. GONZALEZ: Good evening. My name is Mari Gonzalez. It's M-A-R-I. Last name is G-O-N-Z-A-L-E-Z.

So I am the Executive Director of the El Buen Samaritano Food Program, an organization that has been serving the Worcester community for the last three decades.

And we are a team of volunteers that distributes food from the Worcester County Food Bank. We actually, in addition, provide resources, health resources, clothing, furniture, and all types of resources that a community needs.

I'm testifying here to support the UMass Memorial Medical Center's plan to add 91 inpatient beds. And I hope that the DPH approves this application.

Worcester is a growing city; we all know that. And its residents' needs for healthcare services has grown along with it. Many Worcester residents rely upon UMass Memorial, as for me and my

family, for their inpatient care; especially for the highly specialized services that no other hospital in central Mass. provides.

In my role at El Buen Samaritano, I have seen that UMass Memorial has been very active in engaging the Worcester community and that partners with organizations like ours to improve community health, and it's wonderful to have that for the backup.

We appreciate the type of partnerships with the Medical Center, but we simply do not have enough beds to provide timely access for people who need inpatient care. No amount of community partnership can fix that.

UMass Memorial has one of the busiest emergency rooms in the state, and it serves a diverse population, including many patients who lack economic resources, like the clients that we serve at El Buen Samaritano. And I'm seeing 800 households monthly at the organization that I serve.

But because of the inpatient bed shortage, many ER patients have to wait for hours and hours on end. In fact, an ER patient who is admitted to the hospital spends an average of 17 hours waiting for a

bed. And I know that for a fact because that happened to me with me and my foster daughter.

This is because central Mass. has fewer hospital beds per person than both eastern and western Mass. I believe residents of Worcester and central Mass. deserve the same timely access to healthcare when any emergency strikes. Worcester should not take that back seat to Boston or anyplace else.

Approving this application to add beds will promote health equity and it will promote regional equity. It's important for you to consider that those two things are exactly what the state legislators had in mind 25 years ago when it mandated by law that UMass Memorial should provide highly specialized clinical services not provided by anyone else in central Mass.

Adding the 91 new beds will truly help improve the situation, and we really have to do better. Our community is growing and we need your help.

So thank you for your time. And I hope you approve this application. Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have another speaker?

THE MODERATOR: Our next speaker is Kathleen Buchanan.

Kathleen, your line is open.

MS. BUCHANAN: Good evening. I am a longtime patient of UMass Memorial from Princeton, Mass. And my name is spelled K-A-T-H-L-E-E-N B-U-C-H-A-N-A-N.

I have utilized UMass Memorial for a number of treatments over the years, including three major surgeries. My husband has also utilized UMass as well for two cardiac procedures, and we both have utilized the ER on a number of occasions.

In March of 2022, I was sent to the ER at University by my family doctor. He wanted me to have a complete cardiac workup due to a spell that I had had earlier that day.

The ER was responsive and thorough. They admitted me for further testing the next day. But due to the lack of beds on the cardiac floor, they put me on a unit that had eight or ten patient beds and three or four nurses. It had one shared patient bathroom. Clearly, not what I was hoping for or expecting.

While I received good patient care and the staff was tentative and caring, it was not conducive to healing. They needed to open up a bed in the ER at the same time, because they had no open beds upstairs for me.

In the end, I received great care, as I always do at UMass. If you were to ask ten people in central Massachusetts where they want to go if they need to be hospitalized, nine of them will tell you "UMass Memorial." My husband and I are no different.

UMass Memorial has our doctors and our records. And we are familiar with their routine. And most of all, we trust them. It is clearly the best place to get care in central Massachusetts.

The only problem is that people in central Mass. can also tell you how busy UMass is and that the wait times can be quite lengthy.

The caregivers are great, but they cannot do their jobs effectively if they do not have the facility they need to help people heal. Using overflow units created for a Pandemic is not conducive to good medicine or to sound operation of a regional medical center.

Adding permanent state-of-the-art patient rooms to increase the capacity alleviates pressure on the ER, which allows those who need care to get it in a timely manner.

Like many others, I feel better knowing that UMass Memorial is ready to care for me should I need their assistance, especially in an emergency. I just want there to be space.

Please pass this proposed project. It is truly necessary. And I thank you for your time and consideration of this project.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have another speaker?

THE MODERATOR: Our next speaker is Kavita Babu.

Kavita, your line is open.

DR. BABU: Hi there. Good evening everyone, and thank you for the opportunity. My name Kavita Babu. K-A-V-I-T-A, and my last name is B-A-B-U. And I am an emergency physician at UMass Memorial Medical Center.

I'd like to say thank you to our patients and our community partners for sharing the powerful testimony. As an emergency physician who has been

practicing at UMass for the past ten years, you've all highlighted critical need, and I am here to testify in support of the proposed project.

So you will hear and have heard tonight about the reasons that the beds in central Massachusetts are critical with respect to long wait times, high order statistics, and the alarming rate of transfer declines. And you will also hear about the innovative and endless ways in which my colleagues have really tried to maximize all available space and all available resources to improve the situation without adding beds.

I'm here to tell you a little bit about the challenges as they impact our community, but also as someone who has been on the ground, helping caring for patients, again, during the Pandemic. And I've never seen a time where our patients have had to wait longer or have been sicker.

I respectfully ask you to think about the people that you treasure. And when they reach out to you saying that they have an illness or an injury and they come to us for emergency care, you may find that the hospital is so crowded, that they face a wait of 12 hours before they even see a provider; or

that once they're seen, they're actually seen in a hallway.

When you consider all of the boarding statistics, I'll tell you what boarding looks like to me. It looks like an elderly woman on a stretcher at hour 16 who is trying to get comfortable or who hasn't gotten any sleep in the bright lights and chaotic hallways where they're waiting and knowing that she has a counterpart that's sitting in a chair in our waiting room.

No one on the emergency staff wants any of our patients to wait. And this burdens us all. Please understand that the sickest people and those with life-threatening situations are seen first, and they're seen fast. In fact, our teams have worked hard to create processes that make sure that that's true. But our patients who don't present with life- or limb-threatening illnesses deserve accessible and timely care, too.

I worry about our patients. As a resident of this community -- I live in Shrewsbury -- I worry about my family and how boarding and the lack of capacity could impact their care, impact their waits. But what I don't worry about is the quality

of care that they'll receive once they're in front of a provider.

Outside of the emergency department, I serve another role. I am the Director of the Mobile Addiction Service that serves patients in Worcester who are experiencing homelessness and who also have substance abuse disorders. This project is funded by Massachusetts DPH.

In the 16 months that we've been seeing patients, we've had over 2,000 encounters. We have people living in central Massachusetts today safely in sobriety because we met them where they were.

The problem, though, is that sometimes these individuals need more than a mobile service can offer, and that requires a trip to the hospital. But if when they get to the emergency department, it takes 15 hours to be seen or they're boarded in a hallway waiting for a bed, the odds dramatically increase that they will leave before their treatment is completed and will lose the immediate opportunity for their care. We may never get that chance back.

I love caring for our patients in the emergency department. I love caring for our community. I expect better access, though, for the

families when they need care. And I am hopeful that by the end of the night, not only will it be apparent that this proposal should pass, but it has to pass quickly, because we needed these beds even before this.

Thank you so much. Thank you for your help, and I hope you approve this proposal.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have another speaker?

THE MODERATOR: Our next speaker is Arvin Garg.

MR. GARG: Hi. Thank you. My name is Dr. Arvin Garg, A-R-V-I-N G-A-R-G, and I'm a pediatrician at UMass Memorial Medical Center, as well as Associate Chief Audit officer for Health Equity for the UMass Memorial Health System.

I'm here today to testify on behalf of the Medical Center in my role as the leader and champion to improve health equity for our health system, for our region, for our state; and most importantly, for the vulnerable population that don't have access to the healthcare that they need and deserve.

UMass Memorial has made considerable investment in resources to address the racial and

ethnic inequities that we see in the overall healthcare system; not just here in our institution, but across the healthcare industry.

That's why my position was created; to focus on improving the care and overall treatment we provide to under-represented patients and making sure that we do it in a compassionate, culturally sensitive way.

Other investments include creating an office of diversity, equity, inclusion blending as an important resource for all of our employees systemwide; creating a health equity steering committee to guide our clinical healthcare equity work; co-training a COVID-19 equity task force, a partnership with Dr. Castiel and the City of Worcester to address racial inequities related to COVID-19; and also developed a $1 million program to fund ideas for developing equity in healthcare delivery and fostering a more equitable inclusive workplace culture.

There's a lot more, but I know I have limited time here. And I want to make sure you know that we are particularly concerned with the health inequity's impact, caused by the lack of inpatient

beds in our region.

Because UMass Memorial Medical Center is the only federally designated safety net hospital in our region, we care for a high percent of patients who fall below the poverty benchmark, many of those who are low income.

Most of our patients come from communities of color and historically marginalized communities and often don't have access to healthcare because of various issues such as lack of transportation, insurance or lack of financial employment ability to seek care.

When under-resourced patients who need acute level care have to be transferred outside of their region, often to higher-class facilities because of the lack of inpatient beds, they bear a higher, more significant burden in getting the care they need because of these critical barriers.

I ask you to seriously consider our application that will add these 91 beds that are crucial to our ability to provide the equitable care that is needed for the patients in central Massachusetts, particularly those who need our care the most. I think there are many prior speakers who

have echoed this as well.

Thank you for this opportunity to speak, and I hope you approve this application, which will help us advance health equity in the region. Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have another speaker?

THE MODERATOR: Our next speaker is Charles Cavagnaro.

Charles, your line is open.

DR. CAVAGNARO: Thank you and good evening. My name is Charles Cavagnaro. I'm an internist, and I serve as the chief medical officer for UMass Memorial Health's Marlborough Hospital and HealthAlliance-Clinton Hospital. These are two of the community hospitals that are part of the UMass Memorial Health System.

On a daily basis, the lack of inpatient beds in our region adversely affects our community hospitals and our overall health system, which is why I'm testifying to support the Medical Center's Determination of Need application. I would add 91 much-needed inpatient beds to central Massachusetts and the Metrowest area.

I've been working closely with the Medical Center's leadership team over the past few years to leverage bed space across the system, making sure we optimize our inpatient space at Marlborough and HealthAlliance-Clinton, taking care of the right patients with the right level of care in the right setting.

This has led to increased community hospital capacities. For example, Marlborough hospital's med/surg capacity has increased by 13 percent between June of fiscal year '21 and fiscal year '22 year-to-date.

At HealthAlliance-Clinton Hospital, the med/surg capacity increased by 8 percent in the same time frame.

And at our newest community hospital that joined our system last year, Harrington Hospital in Southbridge, they had a 16 percent increase in med/surg capacity for the same time period.

And while we do our best to keep our patients in the community setting, so that they can receive the care they need conveniently located near their homes, we can't always do that.

When very sick patients need specialized

care, we must transfer them to a larger medical center that has specialists 24/7. For us, that first choice is UMass Memorial Medical Center, who we can transfer patients to our colleagues who we know and work with, where there's a unified medical record for these patients, which helps support their care and quickens access to their care.

But when a medical center is at capacity and can no longer accept any transfers, even from hospitals within our system, we have no other choice but to send these very sick patients outside of our region. Most often to a Boston hospital; but of late, we've always had to send outside of the Commonwealth.

This causes an incredible strain on the patient and their families, as you might imagine. They have to travel from their hometowns to a bigger city, with heavy traffic, challenging parking, often to have to stay in a hotel to be near their loved ones, all at a higher cost to them; not to mention a higher cost to their insurance company and their employer; that is, if they have insurance.

These capacity challenges also put an incredible strain on our clinicians, who struggle to

keep up with this unsustainable pace and then, quite frankly, are tired after two years of an ongoing Pandemic.

In addition, calls to other systems for beds have often met with responses that, as we are part of the UMass Memorial Health System, unaffiliated hospitals -- that is, standalone hospitals with no affiliation -- should have preference to their beds, and we should wait for UMass Memorial Medical Center beds.

Failure to act on these conditions will only result in more care delays and ultimately, they'll lead to adverse health outcomes.

Adding 91 beds to our region will help improve this situation. It will result in improved outcomes throughout the UMass Memorial Health System, as there is simply no replacement for the timely availability of tertiary and coronary beds in our academic system.

So thank you for your time, and I hope you'll approve this application.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have another speaker?

THE MODERATOR: Our next speaker is Jesus

Suarez.

Jesus, your line is open.

MR. SUAREZ: Good evening. My name is Jesus Suarez, J-E-S-U-S S-U-A-R-E-Z. I'm the president and CEO of Renaissance Medical group.

Renaissance provides 360 degrees healthcare service to our clients, including primary care, prenatal health, pharmacy, adult day center, and home service. It also offers a food program, transportation and senior service to improve social determinants of health and thereby keeping people healthy in the first place.

Renaissance was founded in Southbridge to serve the need of the Latino community in town. They have since expanded into Worcester, Lawrence and Springfield.

Our growth in Worcester is designed not only to meet the need of the city-large Latino community, but also to access the health needs of immigrants from non-Hispanic-speaking countries as well.

Our multilingual staff provides tertiary, responsive care, designed around the individual needs of our members.

For example, in partnership with the Worcester Housing Authority, last year, we launched the Buen Provecho Meal delivery program that provides nutritious, precooked, shelf-stable and culturally responsive meals to residents.

For years, Renaissance has partnered in Southbridge with Harrington Hospital, and more recently has begun to coordinate efforts in Worcester with UMass Memorial.

We are optimistic about the good effects this collaboration will have on the health and well-being of Renaissance clients in both communities.

As the only one of the state's six academic medical centers that is located outside the City of Boston, UMass Memorial Medical Center is the only provider of the wide range of high equity healthcare service across a huge geographic region.

I can only state how valuable local access to the expertise of an academic medical center is. Not only for residents of Worcester, but also for residents of Southbridge and similar communities.

So the regional bed shortage in central Mass. causes overcrowding at UMass Memorial and

impedes the ability to provide this valuable service to everyone who needs it. Overcrowding at the Medical Center often forces it to decline transfer requests to community hospitals like Harrington. When a patient needs highly specialized service, but instead of being transferred to Worcester, this patient now transfers to Boston instead, this is extremely difficult for them and their families.

And for patients who seek care directly through the Medical Center ER, the delay causes overcrowding. Patients are waiting many hours and hours to get a bed after they are admitted.

Because UMass Memorial is a safety net hospital, many of the patients are low income and many are on MassHealth. Unlike wealthier patients from this region, who can afford to travel to Boston for the care if they must, low income patients often simply cannot afford to do so. The good news is that that problem can be fixed, and UMass Memorial is trying to fix it.

Adding 91 beds will entirely close the dispersity between central Mass. versus the rest of the state. It is a very significant first step that will absolutely include access to highly specialized

care for central Mass. Residents. For patients who will otherwise be stuck in the ER for hours waiting for a bed, this will make a big difference. And for patients in community hospitals like Harrington, who need to be transferred to an academic medical center for highly specialized care, it will make a big difference, too. For Renaissance clients in both Southbridge and Worcester, improving local access to the entire range of health service is of tremendous value.

On their behalf, I respectfully ask the DPH to approve the UMass Memorial's request without delay, so that they can begin to build out these new beds and thereby enable all central Mass. residents to access the full range of health service locally.

Thank you for your consideration.

HEARING OFFICER KELLEY: Thank you.

Madison, can we have our next speaker, please?

THE MODERATOR: Our next speaker is Michelle Muller.

Michelle, your line is open.

MS. MULLER: Thank you. My name is Michelle Muller, M-I-C-H-E-L-L-E M-U-L-L-E-R. I'm a

family nurse practitioner and the Interim Senior Director for the Department of Community Benefits for the UMass Memorial Health System.

UMass Memorial has a long history of recognizing that working with community and addressing social factors outside the hospital walls is vital to improving the health and well-being of vulnerable populations. Our community benefits invests in programs such as Workforce Development for At Risk Use and develop and support interventions that address poverty, violence, school attendance, education, food and security and hunger, access to care and services that target many social factors that impact health.

As a partner in many community groups within the City of Worcester and central Massachusetts, UMass Memorial helps to initiate and sustain multiple community programs which address social determinants of health.

The social determinants of health are a group of conditions that influence a person's health and wellbeing. Addressing these community needs are recognized by the Massachusetts Department of Public Health and the Affordable Care Act as a significant

opportunity to eliminate the health disparities and improve health equity.

With the new inpatient building expansion, UMass Memorial Health is poised to award Community Partners a substantial financial distribution of funds through the Determination of Need process, totalling 5 percent of the total project cost.

These funds will be distributed to community programs through a community health improvement committee made of diverse multi-sectorial stakeholders addressing community health prior needs identified in our 2021 Greater Worcester Community Health Needs Assessment.

The five priority focus areas identified in the assessment include mental health, substance use, social determinants of health, including food, security and housing, chronic and complex conditions and disparities with the COVID Pandemic.

Factors that contribute to all of these focused areas are racism, discrimination and health equity.

While each of these factors represent significant community health needs and priority focus areas prior to COVID, the Pandemic greatly

exacerbated and highlighted the critical need for addressing these.

Additionally, many community-based organizations which have a focus of improving our community's health and wellbeing have been faced with the challenge of identifying funding sources, which are required to reach and serve vulnerable populations.

The Determination of Need's funding generated from the new inpatient building will provide significant support to community-based efforts addressing these social determinants of health and help to prove priority focus areas, playing a critical role in advancing the work of our community partners and improving the outcomes identified in the community health needs assessment priority areas.

I'm grateful for your time and consideration of the approval of this application. Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, can we have our next speaker, please?

THE MODERATOR: Our next speaker is Terence

Flotte.

Terence, your line is open.

MR. FLOTTE: Hi. This is Dr. Terence Flotte. T-E-R--E-N-C-E F-L-O-T-T-E. And I'm speaking as the provost and executive deputy Chancellor of UMass Chan Medical School and the dean of T.H. Chan School of Medicine.

As a resident of central Massachusetts -- I live in Holden -- I'm very concerned about the negative impacts of the hospital bed shortage on patient care in our region.

In my role as dean of the state's only public medical school, I also have another unique perspective: Educating and training future generations of Massachusetts physicians is the central mission of UMass Chan.

Our relationship with UMass Memorial, as the primary clinical partner of the medical school, is instrumental to our capacity to train the doctors who care for patients in our community on into the future.

The Association of American Medical Colleges projects a national physician shortfall by 2034 of between 38,000 and 124,000 physicians.

Massachusetts is not immune from this national trend, as has been made clear by the physician workforce challenges presently confronting hospitals in central and western Mass.

This is where the central role of UMass Chan becomes critical. Because unlike other medical schools in Massachusetts, most of our students are from Massachusetts and most remain here to pursue their careers. They are truly the Commonwealth's future physician workforce.

Adding these 91 proposed new beds will be of tremendous value to medical education. Expanding our class size at UMass Chan is instrumental to increasing the Massachusetts physician workforce, but doing so is only possible if there is sufficient clinical training opportunities for those students.

Those beds will not only increase training opportunities for medical students, it will also expand residency training opportunities for new medical school graduates.

The new beds will enable UMass Chan's internal medicine residency program to expand significantly, with five additional trainees entering each year and thus, creating five

additional graduates per year entering the primary care physician workforce.

The bed expansion will also support the growth of translational and clinical research efforts by UMass Chan, which often involves model innovative patient treatments that require dynamic inpatient care capacity and volume.

To ensure the Medical Center's expanded clinical capacity optimizes the physician education and translational research opportunities, UMass Chan leadership has been directly engaged in the design process.

For the past quarter century, the unique public/private partnership between the Commonwealth's only public medical school, UMass Chan, and its private non-profit clinical partner, UMass Memorial, has yielded tremendous benefits for all the residents of the state and for central Mass, in particular.

This is exactly what was envisioned by the legislature when it enacted the law authorizing the relationship between these two institutions. Overall then, from an educational and research perspective, our collaboration benefits all

residents of Massachusetts by training the physicians of tomorrow and by developing innovative treatments and clinical protocols that advance the health of all.

For all of these reasons, I the DPH to approve this application.

Thank you for allowing me to testify.

HEARING OFFICER KELLEY: Thank you.

Madison, can we have our next speaker please?

THE MODERATOR: Our next speaker is Dr. Greg Volturo.

Greg, your line is open.

DR. VOLTURO: Thank you. My name is Greg Volturo. I'm an emergency physician, and I am chair of the Department of Emergency Medicine at UMass Memorial.

I oversee all of the emergency departments in the UMass system. I've also practiced in central Massachusetts for over 40 years at this point. Thank you for giving me the opportunity to speak tonight.

UMass Memorial Medical Center's emergency department is one of the busiest in the

Commonwealth, with over 120,000 visits annually and a very high patient acuity level.

On the University campus, 28 percent of our patients require admission. 1 out of every 4 patients who come to our emergency department require admission to the hospital. Admissions are only slightly less on the Memorial campus, at 24 percent. But the capacity issue we are now facing at the Medical Center presents many challenges in caring for our patients and meeting the medical needs of our central Mass. community.

Through July fiscal year '22 year-to-date, the Medical Center saw an average daily, Emergency Department census, of 335 patients a day. Through the month of August thus far, we are seeing an average of 340 patients per day, with 65 percent of these patients being seen on the University campus, many requiring tertiary care services.

To put it into perspective, very conservatively, at any given moment in time, there's an average of 157 patients in our emergency department. And it's almost twice the number of patients that we have beds for. That's a 35 percent increase over the fiscal year '19 level, and I

anticipate fiscal year '22 is going to be even a bit worse.

With a high volume of patients and high acuity requiring admission, there are insufficient beds in the Medical Center to accommodate the number of patients needing to be admitted.

This consistent lack of open beds leads to emergency department backups and necessitates the use of hallway beds and patient boarding. On any day, between 50 and 80 medical/surgical patients are boarding in our emergency department.

Nonpsychiatric ED boarder hours have increased 91 percent from fiscal year '18 through fiscal year '21. These boarders are spending, as you have heard, an average of 17 hours waiting for a bed. That is an average. Many patients have to wait much longer. That doesn't include the time, either, that they have to potentially spend waiting to get into the emergency department.

The bed shortage is unsustainable and especially impacts the highest acuity patients who require specialized care that is available only in an academic medical center setting, including some of the most vulnerable members of our Worcester

community.

This also impacts those patients from the broader central Massachusetts community, where conditions or outcomes are highly dependent on access to rapid treatment, which are only variable at a tertiary care center.

Due to current capacity issues, it is not unusual for physicians working in our community emergency departments to have to call multiple hospitals, both within the state, as well as in the surrounding states, to transfer a patient who needs care not available in the community.

Well documented research has shown that prolonged delays in accessing care for high acuity patients leads to the increased likelihood of those patients experiencing adverse health outcomes, including mortality.

Research also shows that delays lead to longer length of stays and increase likelihood that a patient will need costly post-discharge treatment.

We have excellent caregivers at our institution, but they need space and resources to do their jobs. We've done all we can to make our situation work within the capacity constraints that

exist; but ultimately, the safety and health of our patients in our community are at risk if we don't take a more aggressive action.

Thank you for your consideration of this proposal.

HEARING OFFICER KELLEY: Thank you.

Madison, can we have our next speaker, please?

THE MODERATOR: Our next speaker is Monsignor Peter Beaulieu.

MONSIGNOR BEAULIEU: Good evening. Monsignor Peter Beaulieu, P-E-T-E-R B-E-A-U-L-I-E-U.

I'm a member of the Board of Trustees of St. Vincent's and trained in medical ethics.

We've heard a lot of talk about equity, and one of the things I think is important is that we have a kind of definition. And much of these things are procedural. So I see one of the differences of opinion being settled by having someone independent of all of us assessing what's best for the area and for the patients that we serve. And so this should be a kind of independent analysis of this proposal, and that would help everyone do what's right and what's right for the community.

We also know that there's questions about availability of beds here or elsewhere. I think those things could be also analyzed by that particular approach.

St. Vincent's is available and has some capacity; but yet, with also the acuity of care in a proper setting. So I think my high recommendation to the Department of Public Health or the Determination of Need crowd is that there be that analysis, so that we can all be confident that what the outcome is in regard to this proposal is fair and equitable for the people and for all who are members of this community. Whether it's people who are in minorities or majorities, it makes no difference.

I think a procedural question would be, Let's have this equity seen and what's procedural, what's available, and what's fair. And that's how I think you do it by that independent analysis.

We can move people around if we have to. We always do that. But I think if we know that, in fact, this is fair to all people in this neighborhood, it is important.

My question is, then, that there be an

independent analysis for this proposal and not be expedited, but that it be done properly and in a coherent fashion.

Thank you for your listening to what I have to say, and I hope that fairness will prevail. Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, can we have our next speaker, please?

THE MODERATOR: Our next speaker is Missa Bats.

Michelle, your line is open.

MS. BATS: Hi, good evening, everyone. My name is Missa Bats, spelled M-I-S-S-A B-A-T-S. I'm a nurse manager at St. Vincent Hospital.

So I've been listening a lot about the expansion of beds, but I also want to emphasize that you want to have beds available at a low cost that we can afford. So I would like to really focus on three points here today.

One is lower healthcare cost, bed availability existing available beds, and an independent cost analysis.

So lower healthcare cost is already

available right now at St. Vincent Hospital and other hospitals, at a lower cost than UMass University and Memorial campuses. So any more spaces going to UMass would have to do with higher healthcare cost.

St. Vincent also has bed availability. There are 51 licensed beds that are in the process of reopening, as well as we have 12 additional beds that are ready for demand surgery. We can use these beds for any patients UMass Memorial feels it cannot hold at their current capacity.

It is also a good idea to investigate large proposals. An independent cost analysis has been used before for proposed hospital expansions, and I think this application qualifies for one.

Parties without ties to either hospital looks at the DON application and keeps in mind for all of us that the UMass proposal promotes cost containment.

And to summarize it, I would like to emphasize that the proposed project is unnecessary to existing lower cost available market capacity.

I would request you to closely analyze whether the proposed project meets the need for

local and state healthcare priorities, such as healthcare cost containment and improving public healthcare outcome.

Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, can we have our next speaker, please?

THE MODERATOR: Our next speaker is Janet Wilder.

Janet, your line is open.

MS. WILDER: My name is Janet Wilder, J-A-N-E-T W-I-L-D-E-R. I'm an organizer with the SHARE/AFSCME Union.

SHARE represents more than 3,000 healthcare workers at UMass Memorial Medical Center and UMass Marlborough Hospital. We're nursing assistants and mental health counselors, secretaries and schedulers, Xray technologists, respiratory therapists and a bunch more.

Thank you for the opportunity to voice SHARE members' serious concerns about the number of beds available for patients who need them at our hospital and in support of the proposed bed expansion.

So lots of people's testimonies have focused on the numbers; how under-bedded central Mass. is (20 percent fewer), the number of hours that ED boarders wait for a bed on average (17), how many boarders we have here every day (50 to 70).

I want to give you a tiny piece of a picture of what's it's like to work in UMass Memorial's emergency department, the second busiest in the state, with very high acuity patients.

We are so full. It's especially hard on the staff in the emergency room, where patients get stuck because there's no patient rooms available upstairs.

One CAT scan technologist was telling me that the demand for CAT scans in the ED is so high, they often have lots of beds just in the hallways outside of CAT scan to accommodate the overflow, which means a long wait for the patients, no privacy, and the delays in getting the care.

This past Saturday night was busy, with patients waiting seven or eight hours just to get their CAT scans. The technologists have a long list of inhouse patients waiting for a scan, but they need to taken the traumas and emergencies first, of

course.

For example, UMass Memorial Medical Center is a Level 1 trauma center with stroke certification. So stroke patients take precedence over everybody else waiting.

SHARE members are proud to do this work. We're the only certified comprehensive stroke center in central Mass. The staff clear the CAT scan table when the stroke patient rolls into the ED and holds it for them. We all know that time is brain for stroke patients.

But the ED staff feel awful making any patient wait. This tech I was talking to stayed late on Saturday night, until 1 a.m. She just didn't feel like she could leave. And it's exhausting to work that way; always running, always worrying about how to fit in the next patient.

So this is just one tiny glimpse of what thousands of people are going through and the patients are going through every day, every week at UMass Memorial Medical Center. We need more CT scanners and we need more beds.

Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, can we have our next speaker, please?

THE MODERATOR: Alex, your line is open.

MR. GUARDIOLA: Good evening. My name is Alex Guardiola. I'm the Vice President of Government Affairs and Public Policy for the Worcester Regional Chamber of Commerce. I'm here to testify in support of UMass Memorial's application to add the 91 inpatient beds.

The Worcester Regional Chamber of Commerce is the largest chamber in New England, representing over 2,100 business members of all industries and sizes, and our service area is 37 cities and towns in central Massachusetts.

Worcester and the region are growing at an exponential rate. The 2020 census data showed that Worcester County grew at a faster rate than the state average. And the City of Worcester was the fastest growing city; over 100,000 in New England, surging to a population of over 206,000 people from 185,000.

The business employees that are here as residents are attracted to central Massachusetts by a variety of factors, including the region's quality

of life and comparative affordability in contrast to the immediate Metro Boston and Boston Proper area.

In terms of quality of life and affordability, healthcare is a foremost factor considered by businesses. They want their employees to have a convenient local access to the entire range of health services, including any types of highly specialized tertiary care only available at academic medical centers, and they want to be able to afford and ensure the cost of insurance that will remain sustainable for employers and employees alike. The Chamber of Commerce supports the bed expansion proposal because it advances both of these goals.

Regarding the quality of life, as the only one of Commonwealth's Medical Centers that is located outside of the City of Boston, UMass Memorial Medical Center offers highly specialized care locally that otherwise would require local patients to travel into the City of Boston.

And in terms of cost, it's the state's most -- a consistently low academic medical center.

Data from the state agency tracking healthcare costs, the Center for Health Information

and Analysis, shows that four out of the last six years, UMass Medical Center had the lowest inpatient costs of all academic medical centers; and in the other two years, it was a close second.

As things presently stands, central Mass. substantially has fewer beds per thousand residents than either eastern or western Mass. In fact, it would take about 300 additional beds, in total, to actually level this out.

This means, ordinarily, long waits of patients who seek care at the emergency department. It also means -- you also have heard from others here today that the Medical Center oftentimes must decline transfer requests of local community hospitals for patients whose acuity is too high for them to provide care. As a result, many of these patients are transferred to academic medical centers in Boston.

Transferring thousands of local community hospital patients to Boston, instead of the Medical Center here in Worcester, is burdensome for patients and for their families, who must travel further to actually visit them.

Moreover, it adds the cost of share in the

Commonwealth, since patients end up being treated by the highest cost academic Medical Centers, rather than the lowest cost. These provide upwards pressure on healthcare insurance cost for both employers and employees.

For these reasons, of both quality of life and affordability, the Chamber urges DPH to approve the bed expansion and application. While it may not entirely close the gap of 300 beds in the region, it will substantially improve the urgent situation.

In closing, while this is not a factor for consideration of the DPH, it is important to note that this project will have a positive economic impact on the Worcester region.

In the short-term, it will employ local people in construction and other fields to complete this project. And in the long-term, it will employ approximately 500 new permanent FTEs, contributing even more to Worcester's impressive growth.

I want to thank you on behalf of the Worcester Chamber of Commerce and hope that you look favorably on this application.

Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, can we have our next speaker please?

THE MODERATOR: Our next speaker is Nicole Karico.

Nicole, your line is open.

MS. KARICO: Hi. Good evening. My name is Nicole Karico, K-A-R-I-C-O, and I am a registered nurse at the UMass Memorial Medical Center emergency room department. I do appreciate the opportunity to speak with you tonight.

I've been a nurse for the last 21 years at UMass Memorial. I love my job, I love the people I work with, and I love taking care of our patients.

UMass Memorial has had a beds capacity issue for many years, but it has reached a point that it is seriously impacting our patient and caregiver experience.

When there are no beds upstairs, which happens just about every week, patients who have been admitted to the hospital wind up staying in ED until a bed opens. Our ED is nice and it is well maintained, and we do our best to make everything work for the patients down there. But the reality is it was never designed to care for admitted

patients for several days and/or having patients waiting in the hallways. But that is what happens, because the incoming flow of new patients never slows down, and there is not enough space upstairs for them to receive care.

Our emergency room and hospital really are busy 24 hours a day/7 days a week. This overcrowding in the ED leads to less than an ideal care environment and an exhausted staff.

We have patients in the hallways that could be receiving blood, there are monitors, they have to have orthopedic splinting or wound care in the hallways.

Getting rest is virtually impossible when you are laying in a packed be ED with bright lights and disruptive situations. As nurses, it frustrates us that we don't have a better solution to offer our patients.

The patients sometimes feel that they are in the way, and their family members often get upset that their loved ones don't have the privacy that they deserve.

The overcrowding at our hospital is not good for anyone, and our leaders have run out of

ideas to ease the congestion. It's not the hospital's fault, it's not our patients' fault; it's not upstairs. It's really no one's fault. We simply have more patients that turn to us for care than we have space for. It's because they trust that we will take good care of them. And we will. I am proud of that. And I just want the space to do it.

I would like to thank you so much for hearing us out and please allow the proposal to proceed.

Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have any more speakers?

THE MODERATOR: We have no further speakers at this time.

HEARING OFFICER KELLEY: Great. Thank you so much. I'm going to give people just a minute to give anyone a last chance. Remember, it's "Star 1" if you would like to speak.

(Pause)

HEARING OFFICER KELLEY: It looks like we may have one more speaker, so we're going to hold just a second.

THE MODERATOR: We do have another person in queue; Dr. Max Rosen.

Dr. Rosen, your line is open.

DR. ROSEN: Great. Thank you and good evening. Thanks for your time this evening. I'm Dr. Max Rosen, and I'm the Chair of Radiology at UMass Memorial Medical Center.

At the Medical Center's University campus, the number of inpatient and outpatient CT scans performed on our existing three CT units has increased year over year. Between FY '19 and 21, inpatient and outpatient CT utilization increased 17 percent.

As you might have heard tonight, the proposed project will accommodate a wide range of hospital general medicine patients with a variety of medical conditions and complications.

We've studied these existing inpatient populations and have documented an expected need for 8 to 10 CT scans per day or approximately 2,500 CT scans annually, which would be from the new facility.

The additional CT scanner placed as part of the project will reduce the need for transporting

patients back and forth on campus for advanced imaging. This will help ensure patients receive the majority of their care within the same building.

Having a CT scanner on site will be especially important to be able to diagnose acute potentially life-threatening conditions that may occur in these hospitalized patients that are diagnosed by CT. These conditions include, but are not limited to, acute stroke, pulmonary embolism, aortic dissection and bowel perforation.

The building's clinical support space will also include other diagnostic testing capabilities, such as X-ray, ultrasound, cardiac echo, and minor interventional procedures. However, we also anticipate being able to use the additional CT capacity in other areas.

To maximize the proposed unit's efficiency, we anticipate approximately 7,500 outpatient scans will also be performed by the proposed CT unit, resulting in a total of 10,000 CT scans annually for Year 1 through 5 post-implementation.

The increased outpatient capacity provided by the NIV CT scanner will create additional CT capacity for inpatients at the University and

Memorial campuses whose access to immediate CT scans may be delayed if outpatients are being scanned during an acute inpatient need.

Where will these additional scans come from? Several areas. Eligible Massachusetts firefighters, as part of the Department of Fire Services' Cancer Awareness Program Protection and Prevention can be screened on this new scanner.

2,200 additional chest CT scans can be performed based on historical utilization, as well as newly expanded eligibility guidelines for lung cancer screening and corresponding increased insurance coverage for these scans.

An additional 1,500 scans will be performed as a result of a newly launched program at UMass to help patients receive timely care outside of the ED. In this program, patients with acute abdominal pain who were seen in their primary care's physician's offices are sent directly to radiology, obviating he need for triage in the Ed. If the CT scan is abnormal and the patient requires immediate attention, radiology then sends the patient directly to the ED with the CT-confirmed diagnosis.

Another 1,200 scans annually will be

performed for vascular and cardiac disease patients through a recently expanded program to increase cardiac imaging in the acute setting. This coronary CT program also helps reduce the need for inpatient observation for patients presenting with chest pain to the ED who do not have a known cardiac condition.

Approximately 2,300 outpatient scans will be performed as a result of the 2 percent annual CT growth across the UMass system. Given historical growth between FY '19 and 21 for outpatient CTs, this portion of CT procedures represents modest growth for outpatient CT services.

In conclusion, not only does UMass Memorial need more beds, but we also need more CT scan availability as well, to provide the best care for our patients. I ask you to please approve this project.

Thank you.

HEARING OFFICER KELLEY: Thank you.

Madison, do we have any more speakers in queue?

THE MODERATOR: We actually have no further speakers in queue.

HEARING OFFICER KELLEY: Thank you very

much. Thank you to everyone who participated this evening, whether it's through testifying or listening in.

As a reminder, we will accept written comments through the 2nd of September, and all of the information about where to send them can be found on our website.

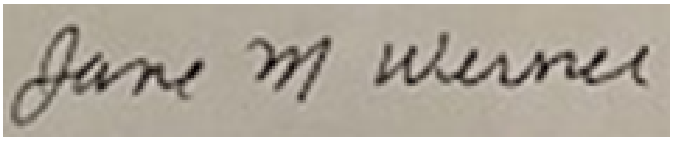
Thank you again, and have a good evening.

THE MODERATOR: That concludes today's conference. Thank you for participating. You may disconnect at this time.

(Whereupon, the hearing was concluded at 7:54 p.m.)

C E R T I F I C A T E

I, Jane M. Werner, Registered Merit Reporter, do hereby certify that the foregoing transcript, Volume I, is a true and accurate transcription of my stenographic notes taken on Tuesday, August 23, 2022.



Jane M. Werner

Registered Merit Reporter

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