Weymouth Endoscopy, LLC
WE-24062414-AS

APPLICANT QUESTIONS #1

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen
- **Whenever possible, include a table with the response**
- **For HIPAA compliance Do not include numbers <11.**

Factor 1a: Patient Panel Need

1. **Provide the dates of the Applicant's fiscal year.**
   The Applicant's fiscal year is calendar year 1/1 – 12/31.

2. **What is the size of the current ASC?**
   The size of the current ASC is 5090 sq ft.

3. **The application provides Patient Panel data for WE and SSH patients. Is it possible, in any given year, that a patient at WE could also be a patient at SSH, and thus be counted twice?**
   Yes. A patient may have a Procedure at SSH and then require a follow-up at WE. We estimate approximately 10 such patients per year.

4. **To better understand Patient Panel need for the WE's services, please provide the following:**
   a. **Annual volume at Main Site and SSH from FY18 to FY23**
      The annual volume of Procedures at Main Site and SSH from FY18 and FY23 was as follows:

	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23
WE	4733	5739	7085	5479	8072	8450	9205
SSH	623	809	2021	1390	1547	1498	1652

   a. **For each of the years, provide % of SSH volume that was due to medical necessity and percent attributed to overflow patients.**
      Approximately 50% of SSH volume was due to medical necessity and 50% was attributable to overflow patients.

b. Annual volume at Main Site and SSH for FY23 broken down by age cohort

	WE	SSH
0-44	974	376
45-50	1006	62
50-69	5346	647
69+	1879	567
Total	**9205**	**1652**

c. An explanation for any increases or decreases in procedure volume from FY18 to FY23.
The increases in Procedure volume from FY18 to FY23 are due to a variety of factors including, but not limited to, rising colon cancer trends among younger adults, changes to the Preventive Services Task Force screening guidelines for colorectal cancer from 50 to 45, increased awareness of the importance of CRC screening, increased screening because of a better understanding of the implications of a wide variety of genetic abnormalities, the use of home test kits, and higher Adenoma Detection Rate ("ADR") by the Applicant which leads to more frequent recalls for repeat Procedures. Additionally, recent expected and unexpected temporary and permanent closures of hospitals in the South Shore have caused a decrease in access to hospital space for endoscopy procedures, which has resulted in an increase in Applicant's volume.

The decreases in Procedures at both the ASC and SSH locations in FY20 were due to COVID-19. The decrease and/or slower growth rate for Procedures at SSH is generally due to SSH's increasing need to use their endoscopy rooms for inpatients, which in turn limits the amount of time available to WE.

5. **The Application states that South Shore Hospital has been operating at 110% to 120% capacity during the last 4-5 months, which may also contribute to more referrals to Applicant for Procedures (pg.9).**
    a. **How many operating/procedure rooms are at SSH?**
    SSH has 2 procedure rooms for endoscopy – SSG uses one and Harbor Medical uses the other one.

    b. **What has the utilization rate been at SSH over the past three years?**
    WE's outpatient utilization rate over the past 3 years at SSH has been 100%. This is because WE cannot book beyond the block of time that is available to them.

    c. **What has the utilization rate been at WE over the past three years?**
    The utilization rate at WE has averaged 103% over the past 3 years. This exceeds 100% because it includes physician overtime.

6. **The application provides five year projections of ASC volume after project implementation (pg.8)**
    a. **What is the first year of project implementation**
    The first year of project implementation is 2025.

b. **Where does the Applicant expect new volume will originate?**
The Applicant expects to see new volume originate from 2 places: (i) recall procedures and (ii) referral partners. For the recall procedures, about 60% of Procedures performed by WE generate a recall within 5 years. For referrals, WE's referral partners South Shore Medical Center, Health Care South, and Manet Community Health Center all have growing primary care physician panels and WE is the preferred provider of endoscopy services for them. Lastly, the Applicant is also receiving 4-5 calls a day from patients receiving care at Carney Hospital.

c. **Provide projected utilization for each year of projected volume.**
The Applicant expects to achieve 100% utilization within the first year of the Proposed Project. Thereafter, the Applicant expects to maintain utilization at 100%.

7. **The Application states that there is no guarantee that the current block at SSH will continue to be available to the Applicant to the same extent that it is now (pg.4 footnote 2). Additionally, the current overflow scheduling will be reduced and Procedures performed by Applicant at SSH will primarily be for reasons of medical necessity (pg.25)**
   a. **Will the Applicant continue to have sufficient block time at SSH for patients who need to have their Procedures at SSH due to medical necessity?**
   The Applicant will continue to work with the administration to ensure the availability of a sufficient block time at SSH for patients who need to have their Procedures at SSH due to medical necessity.

   b. **If so, how much volume does the Applicant expect to perform annually at SSH after project implementation?**
   The Applicant expects to perform the same volume of Procedures at SSH after the project implementation as it does now.

8. **The application states that recent expected and unexpected temporary and permanent closures of hospitals in the South Shore area have caused a decrease in access to spaces in the region for performing endoscopy procedures and an increase in Applicant's volume (pg. 9).**
   a. **What hospital closure have impacted the Applicant and by how much has the Applicant's volume increased as a result of the closures?**
   The closures of Brockton Hospital and Good Samaritan Medical Center have impacted the volume. Patients have been reaching out to WE independently and through the emergency room. Most recently, WE has been getting calls from patients from Carney Hospital. The Applicant does not have exact data on the volume increase as a result of the closures, but the Applicant is fielding calls every day.

9. **The application states that the Applicant evaluated its historical utilization and scheduling delays to determine that with the addition of 3 procedure rooms (and the assumed recruitment of 2-3 additional physicians), the Proposed Project would reach full operating capacity within the first year of operations (pg.7).**
    a. **Describe the methodology used to determine that three procedure rooms were needed to address Patient Panel need.**
    The Applicant's methodology for projecting the size of the new facility/number of procedure rooms is based on evaluating its volume and wait time data and doing a simple calculation as to the number of Procedures per room.
    - Current capacity:
        - WE: 625 patients per month
        - SSH: 140 patients per month.
        - Both are booked for the next 7-8 months
    - Waiting list: WE also has a waiting list on top of its 6 months wait for an appointment for the following -
        - 65 patients that should be seen within a 2-week period ideally due to medical indications (rectal bleeding, positive Cologuard test, change in bowel habits, dysphagia)
        - 258 new patients waiting for the next schedule to be available
    - Recalls: Approximately 350 per month
    - Additional patient needs:
        - Approximately 350 patients per month for whom a Procedure is newly recommended after an office visit for their presenting condition.
        - New patients who are referred from their PCPs for screening procedures.
    - Total monthly capacity:
        - 765 seen,
        - 673 more waiting to be seen or recalled, plus approximately 350 patients per month whose office visit generates new Procedures and additional new patients.

    This translates into more than double the number of patients currently being served, so a doubling of space is a minimum requirement.

        i. Explain why the Proposed Project will reduce but not eliminate the pent-up need for WE's services (pg.1).
        As discussed in the methodology above, the current unmet need is more than double the Applicant's capacity and because the Applicant is only doubling the space, the Proposed Project will reduce but not eliminate the pent-up need for WE's services.

b. **Define what is meant by full operating capacity.**
Each of the 6 rooms will have an annual capacity of over 2,600 Procedures annually.

10. **Explain the referring origin of current (and anticipated) WE patients.**
WE's referrals come from primary care physicians located on the South Shore, patients who independently reach out to WE for Procedures and through the emergency room, as described in question #8 above. Another major source of the Applicant's volume is WE's own patient panel. As described in the Application, the Applicant's ADR is higher than the national benchmark. This results in a large number of Applicant's patients needing more frequent follow-up Procedures than patients with no risk factors.

11. **The application states both the Applicant and South Shore Hospital have a significant schedule delay for procedures (pg.1). The application states further that WE will continue to have the reserved block time at the South Shore Hospital currently used for approximately 50% overflow patients and 50% for patients who have a medical necessity to have their Procedures in a hospital setting. WE's longest scheduling delays currently are for medically complex patients that require Procedures at the South Shore Hospital (pg.2)**
    a. **Provide wait times for WE patients, for patients who have medical necessity, and for overflow patients.**
    The Applicant actively manages its schedule to accommodate Procedures that need to be seen sooner due to medical necessity. For example, the Applicant attempts to accommodate a patient with active bleeding or anemia within 2 weeks. Likewise, patients with bleeding, positive Cologuard tests, and positive Fecal Occult Blood Test ("FOBT") are accommodated as soon as possible. The Applicant is able to accommodate these patients through managing its cancellations. This allows most medically necessary appointments to be scheduled within 3 months.

    The scheduling delay or wait times for overflow WE patients is 7-8 months.

    b. **Please provide any industry standard/ national benchmarks for optimal wait times for the procedures performed at WE.**
    There is limited information available on industry standard/ national benchmarks for optimal wait times for the Procedures. A 2020 study published in the NIH National Library of Medicine[1] researched whether the increasing CRC screening in the United States resulted in longer wait times for colonoscopy and influenced CRC diagnosis. The study referenced guidelines in Canada which recommend a maximum wait time of 2 months for diagnostic colonoscopy and 6 months for screening colonoscopy and noted that data on wait times in the United States is limited.

[1] Jeffrey Hubers, *Trends in Wait Time for Colorectal Cancer Screening and Diagnosis 2013-2016*, NIH NAT'L LIB. OF MED. (Jan 2, 2020), available at Trends in Wait Time for Colorectal Cancer Screening and Diagnosis 2013-2016 - PMC (nih.gov)

12. **The application states the procedure rooms at the proposed site will be more spacious than the procedure rooms in the current ASC, allowing it to better accommodate the clinical staff and equipment for improved collaborative teamwork and efficiency (pg.1).**
    a. **By how much will the size of the procedure rooms increase?**

    Existing

Room 1:	256 sf
Room 2:	248 sf
Room 3:	248 sf

    Proposed

Room 1:	296 sf (+40 sf)
Room 2:	296 sf (+48 sf)
Room 3:	296 sf (+48 sf)
Room 4:	296 sf (net add)
Room 5:	258 sf (net add)
Room 6:	258 sf (net add)

    b. **Will any new equipment that be used in the new space.**
    3 sets of equipment will be re-used/relocated, and the remaining 3 rooms will have new equipment.

Factor 1: b) Public Health Value, Improved Health Outcomes And Quality Of Life; Assurances Of Health Equity

13. **The application states that compared to the national benchmark for ADRs which is 25% overall, the Applicant's ADR in the year 2023 ranged from 45-52% (pg.11).**
    a. **How is the Applicant's ADR calculated.**
    ADR is measured only within the following patient population: patients who are 45 years and older, have no family history of colon cancer, and have no clinical symptoms. It equals the number of patients that have at least 1 adenoma removed divided by the number of patients that present for their initial screening.

    b. **Provide the Applicant's ADR for 2022 and 2021.**
    2022 – 691/1498 46%
    2021 – 535/1131 47%

14. **Describe protocols in place in case of an emergency, including the plan for transferring patients who need emergency medical care from the ASC to a hospital.**
    There is a policy in place covering the transfer of a patient to a hospital facility when the patient requires services that exceed the scope of capabilities of Weymouth Endoscopy:
    A – The Applicant notifies the transporting ambulance via 911 or direct call.

    B – The Applicant maintains all necessary care, including resuscitative measures (ACLS, BLS) if necessary, until the arrival of the unit.

C – The WE physician notifies the accepting facility (i.e. SSH emergency room physician) of the transfer of the patient and provides the history and the reason for transport to SSH.

D – A copy of the patient's record is sent with them.

E – The RN in charge will call the accepting facility and prepare the patient and family for safe transport.

15. **How many of the current surgeons accept MassHealth and how many will at the proposed facility?**
    All physicians accept MassHealth and will continue to do so at the proposed facility.

16. **The application states that as a single-specialty ASC, the Applicant was not eligible to receive a provider contract with MassHealth until 2022 (pg.12)**
    a. **What changes occurred that allowed the Applicant to begin contracting with MassHealth.**
       In July 2020, MassHealth began allowing single-specialty ASCs to enroll as providers. Please see the linked bulletin https://www.mass.gov/doc/freestanding-ambulatory-surgery-center-bulletin-4-change-to-provider-eligibility-requirements-0/download.

17. **The application states the Applicant became eligible to enroll in MassHealth in 2022 and experienced an immediate increase in its MassHealth patient population (pg.19).**
    a. **Describe any specific plans for increasing MassHealth participation at WE.'**
       In order to increase MassHealth participation at WE, the Applicant is planning to organize community education programs with Manet Community Health Center ("Manet") and other community partners which will target underserved populations in their service area. The Applicant will also continue to work with Manet to provide care for all their patients who are in need of the Applicant's services.

18. **Is there any required cultural competency training for ASC staff and physicians?**
    Yes, all staff and physicians must complete the cultural competency training upon hire and annually thereafter. The Applicant reviews the training annually.

19. **The application states for all Limited English Proficient (LEP) translation and American Sign Language (ASL) interpretation, services will be provided through qualified language interpretation services (pg.20).**
    a. **Are interpreters available in person or telephonically?**
    The Applicant tries to have the interpreters available in person. On occasions, due to scheduling conflicts, the Applicant will use telephonic interpreters to not delay care.

20. **Is the ASC still accredited by the Accreditation Association for Ambulatory Health Care, Inc. and recognized by the American Society for Gastrointestinal Endoscopy?**
    Yes, the ASC is accredited by the Accreditation Association for Ambulatory Health Care, Inc. and recognized by the American Society for Gastrointestinal Endoscopy.

Factor 1: c) Efficiency and Care Coordination

21. **The application states the Proposed Project will operate efficiently and effectively by furthering and improving the continuity and coordination of care for the Applicant's Patient Panel. At the New Center, the Applicant's physicians' clinical consultative practice will continue to adjoin the outpatient endoscopy practice at the Main Site for continued ease of access to seamless care for patients (pg.21).**
    a. **Will the consultative practice be located at the same site as the new ASC?**
    Yes, it will be adjacent to the new ASC.

Factor 1: f) Competition

22. **The Application states reimbursement rates for procedures performed in ASCs are approximately 60% of the rate for the same outpatient procedures performed in a hospital setting and patient coinsurance obligations are reduced. Thus, the Applicant receives lower reimbursement for Procedures performed at the Main Site than at the SSH Location, lowering industry costs, and providing patients with additional savings (pg.25).**
    a. **If possible, provide data to demonstrate lower reimbursement for Procedures at WE than at SSH, such as Medicare costs in ambulatory surgical centers, hospital outpatient departments from Medical Procedure Price Lookup.**

- Diagnostic colonoscopy: As of May 2019, the allowable payment rate for a diagnostic colonoscopy in an HOPD was $709.98, while the same procedure in an ASC was $369.84.[2]
- Facility fees: As of May 2023, a Johns Hopkins Bloomberg School of Public Health study found that hospitals' facility fees for colonoscopies covered by private health insurance were 55% higher than those at ASCs. For example, a study from December 2023 found that hospitals charged an average facility fee of $1,530 for a colonoscopy, while ASCs charged $989.
- Medicare: Medicare pays more for services delivered in HOPDs than ASCs.
Please see this linked article from JAMA: https://jamanetwork.com/journals/jama-health-forum/fullarticle/2812610

[22] David McMillan et. Al, HFMA, *HOPDs vs. ASC: Understanding Payment Differences* (May 19, 2019), available at: HOPDs vs. ASC: Understanding Payment Differences (hfma.org)

Factor 2: Delivery System Transformation

23. **The application states that prior to procedures patients are screened for transportation needs (pg.19-20).**
    a. **What format is used to screen for SDoH needs?**

    All patients complete a form that has demographic information. The Applicant also inquires about employment status and whether the patient smokes or uses alcohol or use of recreational drugs.

    b. **Does the Applicant screen for other SDoH needs beyond transportation?**
    Patients complete a health history and demographic packet prior to scheduling a procedure. Additionally, the Applicant receives any SDOH concerns from PCPs via the medical record.