

Department of Public Health – Determination of Need Questions and Responses – Part 1

- 1. With respect to the Patient and Family Advisory Council, please describe how members are selected, whether the committee is open to all, and how do you determine the degree to which it is representative of the patient panel?**

As discussed in the Determination of Need narrative, the Applicant has two Patient and Family Advisory Councils (“PFACs”) – one for adult oncology care and one for pediatric oncology care. Each of these PFACs is comprised of up to twenty members, including patients, family members, caregivers and staff members who collectively seek to ensure that the Applicant provides patient- and family-centered care with a commitment to dignity and respect, information sharing, participation and collaboration. For the Proposed Project, the Applicant engaged its Adult PFAC given that only adult patients will be seen at the New Hospital Satellite Facility.

Membership of the Applicant’s Adult PFAC is governed by written policies and procedures and is open to all of the Applicant’s patients (aged 18 and over), family members and/or caregivers. The Applicant defines “caregiver” as any family member, friend or partner who has accompanied a patient to most of his/her appointments at the Applicant’s facilities and has spent time caring for the patient at home. To become a member of the Adult PFAC, a patient, family member or caregiver must complete an application. Currently, the application process is being simplified to accept online applications, rather than hardcopy materials only. Upon completion of an application, the Applicant’s Program Manager for the Adult PFAC reviews the application and then schedules a formal interview with the potential PFAC member. After an initial meeting, the Program Manager schedules interviews for the potential PFAC member with the Co-Chairs of the applicable PFAC. At this time, the potential PFAC member also is scheduled to observe an Adult PFAC meeting. Once this process is completed, a decision is made about the potential PFAC member’s application by the PFAC Co-Chairs and the Applicant’s staff.

To determine the degree to which the PFAC is representative of the Applicant’s patient panel, staff frequently compare PFAC member demographics to high level demographic trends in the Applicant’s patient panel. Moreover, the Applicant is currently reviewing its application and “onboarding” process for new PFAC members to ensure straightforward and user friendly procedures. The Applicant also is exploring ways in which patients, family members and caregivers who are unable to participate in the PFAC may provide input and feedback on a range of topics.

- 2. Please confirm whether pediatric patients will be treated at this site? Is the site only for adult patients?**

The New Hospital Satellite Facility will offer adult oncology services only.

- 3. With respect to Factor 5, please explain why this site, at this geographic location was determined to be better, on balance, to alternative locations.**

As discussed in its Determination of Need Application, the Applicant has experienced growing capacity constraints at its Main Campus. This issue, coupled with projected future demand, made it clear that the Applicant needed to plan for its ability to meet the needs of its patient panel in the future. To that end, the Applicant began to evaluate potential locations for a new hospital satellite facility that would allow the Hospital to shift volume from its Main Campus in an efficient and patient-focused manner. In order

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to find the most appropriate location for a new hospital satellite facility, the Applicant conducted an analysis of both where its patients live, as well as an evaluation of available sites in the region.

Based on a geographic origin analysis for patients at the Main Campus, the Applicant determined that a new hospital satellite location should be situated along the Route 9 corridor outside of Boston as a large number of its patients reside in this area or could easily access services in this area. Consequently, the Applicant's facilities management staff evaluated all available properties within the vicinity. Through this process, the Chestnut Hill site was identified and best met the criteria for a new hospital satellite location. This site was appealing for a number of reasons, including: 1) its location within the identified service area and accessibility from a number of highway exchanges, making the site a convenient location for patients from the north, south and west; 2) the feasibility of renovating the existing space to offer the proposed services and the accessible layout of the facility; 3) its close proximity to the Applicant's Main Campus to allow for efficiently leveraging existing resources; and 4) the large number of amenities afforded to patients at the site, such as ample parking – with a garage containing 1,000 covered parking spots. Accordingly, although alternative sites were evaluated for the Proposed Project, the Applicant determined that the Chestnut Hill site was the best option based on location, proximity to its Main Campus, feasibility of renovation to accommodate the proposed services and the noted amenities and features.

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1. Which of the complementary and supportive services provided on your main campus (e.g. care navigation) will be extended to DFCH-CH?

The Applicant will extend a full complement of its supportive services to the Chestnut Hill site, including on-site adult social workers, resource specialists, pharmacy resource specialists, financial counselors, dietitians and interpreters. Social workers provide assistance on a number of issues, such as dealing with depression and anxiety, concerns about drug and alcohol use, coping with advanced cancer, finding local supportive resources and supporting family and caregiver concerns. Resource specialists assist patients in obtaining local transportation, short-term accommodations during treatment, and other special needs (such as fuel and food assistance, as well as referrals to community resources and applications for foundation assistance). Pharmacy Resource Specialists help patients who cannot afford retail prescriptions and/or on-label infusion therapies obtain treatment-related medication and chemotherapy drugs. Financial counselors aid patients with insurance questions and concerns and/or assess patients for eligibility to participate in the Applicant's financial assistance program. Dietitians provide nutrition counseling and other dietary services. Interpreters assist patients in language interpretation. The New Hospital Satellite Facility will have an onsite Spanish-speaking interpreter (depending on patient need) and over time, the Applicant will assess if additional interpretation services are needed for patients and their caregivers at this site. For all other language needs, the Applicant will utilize a language line for interpretation services. Finally, the Applicant will utilize program and infusion nurses at the New Hospital Satellite Facility to facilitate linkages between patients and necessary supportive services, such as referrals and "warm hand-offs" to social workers, resources specialists and financial counselors.

In regard to complementary services, the Applicant is in the process of determining which services will be available at the New Hospital Satellite Facility, including which Zakim services will be available, as well as support groups and exercise classes. For any service not available at the New Hospital Satellite Facility, a patient may participate in this service at the Applicant's Main Campus. Furthermore, at the New Hospital Satellite Facility, the Applicant will provide patients with access to durable medical equipment, such as post-surgical garments, hats and scarves, wigs and skin care products.

2. How will barriers to access and health equity be addressed at this satellite –please describe specific barriers and strategies.

As a leading center for cancer prevention, treatment, and discovery, the Applicant is committed to providing the best possible care for patients with cancer and seeking tomorrow's cures through research. Central to this mission is the Applicant's dedication to meet the health needs of high-risk and medically underserved populations in the region. The Applicant recognizes the profound burden that cancer has on residents in Boston and its surrounding neighborhoods, especially among communities of color. The Applicant's efforts to lessen this burden include a broad range of public health programs designed to reduce cancer incidence and mortality, support community development, and ensure every patient receives equitable and culturally appropriate care.

The Applicant has implemented strategies at its Main Campus and satellite facilities to address barriers to care, such as timely access to services, including next day appointments and equitable care through the provision of supportive services. Barriers to care, including health equity issues will be addressed at

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the New Hospital Satellite Facility by the Applicant's staff. Frequently, patients have social determinant of health barriers to receiving care, such as a lack of timely access to services, a lack of housing while having treatment, a lack of appropriate food and/or a lack of transportation. To address these barriers, the Applicant's supportive services staff work with patients on a myriad of issues. Resource specialists at the New Hospital Satellite Facility will assist income-eligible patients in obtaining the following services: short-term accommodations while in treatment (such as lower-rate rooms for qualifying patients, access to the Astrazeneca Hope Lodge operated by the American Cancer Society, or access to Hospitality Homes); obtaining local transportation; financial assistance; pro bono legal services; and assisting with other special needs, such as food assistance through local partnerships with Project Bread, Community Servings and other community partners.

Additionally, as discussed more fully in the response to Question One, the Applicant will provide patients with access to on-site adult social workers, pharmacy resource specialists, financial counselors and interpreters at the New Hospital Satellite Facility. Given that some patients have language barriers that prevent them from participating fully in their care, the Applicant has adopted the Culturally and Linguistically Appropriate Service ("CLAS") standards (specifically, the Communication and Language Assistance Standards) set forth by the U.S. Department of Health and Human Services Office of Minority Health. Consequently, the Applicant provides effective, understandable, and respectful care with an understanding of patients' cultural health beliefs and practices as well as preferred languages. Medical interpreters are provided at no charge to patients and families who speak a language other than English. These medical interpreters are trained professionals who speak a patient's language, share a patient's culture, have knowledge of medical terminology, and support a patient and their care team. Through the Proposed Project, these services will be extended to the New Hospital Satellite Facility through the placement of a Spanish-speaking interpreter in Chestnut Hill. Additionally, a language assistance line will be available for patients in need of other translation services.

Finally, the Applicant's nursing staff also plays a vital role in patients receiving equitable care. For example, patients are provided with an infusion nurse. This infusion nurse provides care to the patient at each appointment, ensuring continuity to the patient, family and care team. Infusion nurses also play a key role in educating and assisting patients in accessing necessary supportive services, with nurses frequently providing patients with linkages to these necessary supports. Moreover, the Applicant's program and research nurses also play a key role in patients receiving equitable care. Program nurses facilitate the appropriate and efficient delivery of healthcare services, both within and across systems, and serve as the key contact to promote optimal outcomes while delivering patient-centered care. These nurses assess patient needs upon initial encounter and periodically throughout a patient's care, matching unmet needs with appropriate services and referrals and supportive services, such as palliative care, dietitians, medical providers, social work, pre/rehabilitation, and legal and financial services. Research nurses assist patients participating in research studies, including clinical trials, to orient them to the research process. Through all of these efforts, the Applicant ensures that all patients have access to equitable, high quality oncology services at all of its locations.

3. How will barriers to access and health equity be addressed at the Main Campus, following implementation of this project –please describe specific barriers and strategies.

The strategies to address access and health equity barriers at the Applicant's Main Campus will not change based on the Proposed Project. Rather, the Applicant will continue to refer and link patients with

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necessary services to address access and equity issues. As discussed fully in the response to Question Two, the Applicant has a vast array of programs to address the needs of its patient panel and ensure appropriate linkages to social services. These services will continue to be offered at the Applicant's Main Campus and all hospital satellite facilities.

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1. Using the Change in Service form, please provide additional information on your satellite locations including the range of treatments (imaging, infusion, radiation therapy, exam rooms etc.) total annual volume of infusion therapy and exams treated.

Attached is a revised Change in Service Form, as well as Exhibit 1: Dana-Farber Cancer Institute – Hospital Satellite Facilities Information.

2. For each of the 4 satellites, please provide the following information:
 - a. number of unique patients served; and
 - b. number who are from the ten mile targeted service area of this Chestnut Hill site.
- a. Table 1 provides the number of unique patients served by the Applicant's Massachusetts hospital satellite facilities. Please note, data for the Dana-Farber Cancer Institute at Libbey Park in Weymouth is included in the Weymouth: Dana-Farber Cancer Institute at South Shore Hospital data:

Table 1: Number of Unique Patients Served by the Applicant's Massachusetts Hospital Satellite Facilities

	Milford: The Dana-Farber Cancer Institute at Milford Regional Medical Center			Weymouth: Dana-Farber Cancer Institute at South Shore Hospital**			Brighton: Dana-Farber Cancer Institute at St. Elizabeth's Medical Center		
	FY15	FY16	FY17	FY15	FY16	FY17	FY15	FY16	FY17
Total Unique Patients	4,150	4,447	4,774	4,458	4,614	5,652	1,680	1,690	1,921

**** Please note this data includes data for Dana-Farber Cancer Institute at Libbey Park**

- b. Table 2 shows the number of patients who received care from the four hospital satellite facilities and reside within ten miles of the New Hospital Satellite Facility in Chestnut Hill.

Table 2: Number of Patients Who Reside within Ten Miles of the New Hospital Satellite Facility

	Milford: The Dana-Farber Cancer Institute at Milford Regional Medical Center			Weymouth: Dana-Farber Cancer Institute at South Shore Hospital**			Brighton: Dana-Farber Cancer Institute at St. Elizabeth's Medical Center		
	FY15	FY16	FY17	FY15	FY16	FY17	FY15	FY16	FY17
Patients from zip codes within 10miles of the Chestnut Hill site	83	112	97	1,048	1,162	1,277	1,195	1,212	1,363

**** Please note this data includes data for Dana-Farber Cancer Institute at Libbey Park**

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It is important to note the Applicant does not anticipate that a significant number of satellite patients will receive services at the New Hospital Satellite Facility in Chestnut Hill because these patients have established relationships with providers at the noted satellite facilities, and accordingly, will likely continue to seek services and receive high quality oncology care at their current facility. Furthermore, when determining the number of patients that may potentially shift to the Chestnut Hill site, the Applicant evaluated patient panel data for its Main Campus only (i.e. how many patients receiving services at its Main Campus may shift to the Chestnut Hill site). Consequently, the Applicant did not rely on projected volume at its satellite facilities when evaluating the demand for services at the New Hospital Satellite Facility in Chestnut Hill.

3. Do you anticipate that this project will impact volume, access, and coordination of care at your satellites and physician practices? If so how?

The Applicant does not anticipate that the Proposed Project will impact volume, access or coordination of care at its hospital satellite facilities or physician practices for two reasons. First, through the Proposed Project, the Applicant seeks to address capacity constraints at its Main Campus only. To that end, the Applicant evaluated the patient panel receiving services at the Main Campus to determine which patients may find the New Hospital Satellite Facility, a convenient site for accessing care. Second, each of the Applicant's service locations have their own distinct patient panels. Again, these patients have established relationships with clinicians and staff and will continue to utilize the services at these facilities, as well as the referring providers to those locations. For example, a patient of South Shore Hospital and its affiliated physicians is likely to seek services in Weymouth.

4. Which towns are in that targeted service area of the proposed project?

The primary service area for the New Hospital Satellite Facility includes the following towns: Boston, Newton, Wellesley, Watertown, Needham, Dedham, Chestnut Hill, and Brookline.

Additionally, to address capacity constraints at its Main Campus, the Applicant conducted a geographic origin analysis for patients at this site only. A review of patient panel data found the following historical trends for the Applicant's patients who receive care from the Applicant's Main Campus, live within ten miles of the New Hospital Satellite Facility and receive services from disease centers that will be available at the New Hospital Satellite Facility:

Table 3: Potential Patients for the New Hospital Satellite Facility

	FY15	FY16	FY17
Unique Patients	12,106	11,164	11,639
Exams	38,732	41,084	43,295
Infusions	17,620	19,724	20,182

Based on location, the Applicant believes that the majority of these patients will find the New Hospital Satellite Facility in Chestnut Hill, a convenient alternative location to obtain care, including to obtain expedited imaging appointments. Consequently, the Applicant projects that there will be a potential shift of approximately 12,000 current or new patients each year from the Main Campus to the New Hospital Satellite Facility in Chestnut Hill. This shift will allow for additional capacity at the Applicant's Main

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Campus ensuring prospective or current patients have continued and increased access to expedited cancer care services at both locations.

Exhibit 1: Dana-Farber Cancer Institute – Hospital Satellite Facilities – Information

Satellite	Range of Treatments Offered	Annual Exam Volume	Annual Infusion Volume	Services Offered ¹
Milford: The Dana-Farber Cancer Institute at Milford Regional Medical Center	Exam, Infusion, Blood Transfusions	FY15: 16,510 FY16: 17,525 FY17: 18,773	FY15: 13,550 FY16: 14,191 FY17: 14,983	<ul style="list-style-type: none"> • Medical Oncology/Hematology • Radiation Oncology and Surgery (GI, GYN, Thoracic) provided by Brigham and Women's Hospital ("BWH") and Brigham and Women's Physician Organization ("BWPO") • Lab, Radiology, and Surgery (Breast) provided by Milford Regional Medical Center ("MRMC") • Clinical Trials • Genetic Counseling & High-Risk Screening • Integrative Therapies • Nutrition Services • Palliative Care • Social Work • Spiritual Care • Support Groups • Survivorship
Brighton: Dana-Farber Cancer Institute at St. Elizabeth's Medical Center	Exam, Infusion, Blood Transfusions	FY15: 6,628 FY16: 6,655 FY17: 7,174	FY15: 5,837 FY16: 6,342 FY17: 5,780	<ul style="list-style-type: none"> • Medical Oncology/Hematology • Imaging, Lab, and Surgery provided by St. Elizabeth's Medical Center ("SEMC")/Steward • Radiation Oncology provided by SEMC/UMass • Clinical Trials • Nutrition Services

¹ Services are provided by Dana-Farber Cancer Institute unless otherwise specified.

				<ul style="list-style-type: none"> • Social Work • Spiritual Care • Genetic Counseling
Weymouth: Dana-Farber Cancer Institute at South Shore Hospital	Exam, Infusion, Blood Transfusions, Radiation Therapy	Med Onc: FY15: 12,920 FY16: 13,355 FY17: 19,076 Rad Onc: FY15: 2,874 FY16: 2,881 FY17: 3,379	Med Onc: FY15: 13,658 FY16: 12,253 FY17: 14,138 Rad Onc Treatments: FY15: 20,054 FY16: 21,590 FY17: 18,496	<ul style="list-style-type: none"> • Medical Oncology/Hematology/Radiation Oncology • Multispecialty, Surgical Oncology, and Breast Care Center provided by South Shore Hospital ("SSH") and BWH • Imaging and Lab provided by SSH and BWH/Harbor Medical Associates ("HMA") • Clinical Trials • Genetic Counseling & High-Risk Screening • Nutrition Services • Social Work • Spiritual Care • Support Groups • Survivorship