

Boston Outpatient Surgical Suites, LLC
DoN # BOSS-22051213-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. **Please provide alternative payment method (APM) contract percentages for patients of the Applicant for the most recent year available.**

- **Applicant Response:** The Applicant has 0% alternative payment method (APM) contracts. Many ACO contracts are administered by hospitals, and the Applicant is an independent free-standing ASC, and not part of a hospital system.

2. **The application states that specialized equipment needed to perform procedures and meet Patient Panel demand require greater OR size? (pg.2). By how much will the size of the ORs increase (existing size vs. proposed).**

- **Applicant Response:** The Applicant OR size will increase by approximately 36%, increasing from 400 sq ft to 545 sq ft on average. Many Orthopedic surgery procedures increasingly require multiple instrumentation sets, use of x-ray equipment, and microscopes and, increasingly, orthopedic procedures utilize robotic and AI-generated navigation systems, all of which require space. The specialized patient beds utilized for these procedures, and the positioning devices are also larger than the traditional patient bed and positioning devices of the past.

3. **In the application, procedures by specialty for 2023 is based on Jan-June data that has been annualized. (pg.7) If possible, please provide procedures by specialty for 2023, Jan to Dec.**

- **Applicant Response:** The table on page 7 of the Applicant's Narrative document, provides cases by specialty, not procedures by specialty. In response to this question, the Applicant is providing 2023 cases by specialty as well as 2023 procedures by specialty.

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Applicant Cases by Specialty (Jan - Dec 2023)

Specialty	2023 Cases	2023 % Cases
Orthopedic Surgery	3,145	92.8%
General Surgery	157	4.6%
Pain	86	2.6%
Total 2023 Cases	3,388	100.0%

Applicant Procedures by Specialty (Jan - Dec 2023)

Specialty	2023 Procedures	2023 % Procedures
Orthopedic Surgery	7,529	95.4%
General Surgery	217	2.7%
Pain	148	1.9%
Total 2023 Procedures	7,894	100.0%

The Application provides ASC cases by specialty. (pg.7). Please provide a breakdown of total surgical cases by age cohort for the year 2023 Jan to June Annualized (Or Jan-Dec). Combine cell counts that are less than 11.

- **Applicant Response:** Due to limitations in the Applicant's EMR reporting capabilities, the Applicant is unable to provide a count of surgical cases by age cohort; however, the Applicant is able to provide a count of patients by age cohort.

Age Cohort	# BOSS Patients 2023	% BOSS Patients 2023
<18	57	1.7%
19-44	994	30.3%
45-64	1,520	46.3%
65+	711	21.7%
Total	3,282	100%

4. The Application provides the cities/towns where the top 20% of patients reside for 2023 Jan to June Annualized. (pg.6) To better understand Patient Panel need for the Proposed Project, please provide the cities/towns where 75% of the Applicant's patients reside from highest to lowest. If the count is <11 use Other and specify which cities/towns are included in that category.

- **Applicant Response:** In 2023, 75% of the Applicant's patients resided in 129 different cities and towns. Free-standing ASCs generally have much broader service areas than community hospitals, and patients are willing to travel further for an elective surgery at an ASC.

City/Town	# BOSS Patients 2023	% BOSS Patients 2023
Cambridge	120	3.7%
Somerville	62	1.9%
Waltham	59	1.8%

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City/Town	# BOSS Patients 2023	% BOSS Patients 2023
Arlington	58	1.8%
Quincy	56	1.7%
Boston	48	1.5%
Watertown	47	1.4%
Medford	46	1.4%
West Roxbury	41	1.2%
Brockton	40	1.2%
Belmont	38	1.2%
Natick	37	1.1%
Brookline	34	1.0%
Framingham	34	1.0%
Braintree	33	1.0%
Dedham	32	1.0%
Plymouth	31	.9%
Lexington	31	.9%
Wayland	31	.9%
Canton	31	.9%
Concord	28	.9%
Dorchester	28	.9%
Woburn	27	.8%
Medfield	27	.8%
Norwood	26	.8%
Lowell	26	.8%
Milton	24	.7%
Nantucket	23	.7%
Dorchester	23	.7%
Taunton	23	.7%
Malden	23	.7%
Stoughton	22	.7%
Needham	22	.7%
Worcester	21	.6%
Marshfield	21	.6%
Reading	21	.6%
Franklin	21	.6%
Melrose	21	.6%
Sudbury	20	.6%
Randolph	19	.6%
Peabody	19	.6%
Jamaica Plain	19	.6%
Hingham	19	.6%
Tewksbury	19	.6%
Middleboro	19	.6%
Billerica	18	.5%
Newton Center	18	.5%
Marlborough	18	.5%

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City/Town	# BOSS Patients 2023	% BOSS Patients 2023
Bedford	18	.5%
Walpole	18	.5%
Hudson	18	.5%
Chelmsford	18	.5%
Acton	18	.5%
No Andover	17	.5%
Brighton	17	.5%
Wilmington	17	.5%
Methuen	17	.5%
New Bedford	17	.5%
Scituate	16	.5%
Haverhill	16	.5%
Lynnfield	16	.5%
Westwood	16	.5%
No Reading	16	.5%
Leominster	15	.5%
Sharon	15	.5%
West Newton	14	.4%
Burlington	14	.4%
Hyde Park	14	.4%
Mansfield	14	.4%
Wellesley Hills	14	.4%
Westford	14	.4%
Ashland	14	.4%
So Boston	14	.4%
Abington	14	.4%
So Weymouth	13	.4%
Maynard	13	.4%
Winchester	13	.4%
Hanson	12	.4%
No Dartmouth	12	.4%
Whitman	12	.4%
Salem	12	.4%
Dover	12	.4%
Attleboro	12	.4%
Fairhaven	11	.3%
Beverly	11	.3%
Lincoln	11	.3%
Rockland	11	.3%
East Boston	11	.3%
Duxbury	11	.3%
Norton	11	.3%
Pembroke	11	.3%
Other* (patient count < 11)	324	64.6%
Total	2,548	75.0%

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Other* towns (count=38) in alpha order: Andover, Bridgewater, Carlisle, Chestnut Hill, Danvers, Dracut, Fairhaven, East Falmouth, Everett, Fall River, Fitchburg, Hull, Kingston, Lakeville, Littleton, Marblehead, Mattapan, Medway, Milford, Nashua (NH), Needham Heights, Natick, Needham Heights, New Bedford, Newton, Newtonville, No Attleboro, No Billerica, No Easton, Northborough, Rochester, Roslindale, Roxbury, Stoneham, Stow, Wakefield, Wellesley, Westborough, Westminster, Weston, Windham, Winthrop.

5. **How many surgeons are on staff at the current ASC by specialty, and how many will be on staff at the proposed site?**

- **Applicant Response:** There are currently 33 physicians at the current ASC site and 63 will be on staff at the new site.

Specialty	Current Site	Proposed Site
Sports Medicine	19	25
Joint Replacement	2	12
Spine	2	7
Foot/Ankle/Podiatry	2	6
Hand	5	6
General Surgery	2	3
Pain Management	1	4
Total	33	63

Where will the new surgeons come from? Where are they currently performing their surgeries?

- **Applicant Response:** Many of the surgeons who perform surgeries and procedures at the current Applicant site belong to larger surgical group practices. Approximately 17 surgeons from these surgical group practices have inquired about performing surgeries at the Applicant's current ASC site but have been unable to do so, due to the limited number of available ORs at the current site. These new surgeons have communicated that they will perform surgeries at the new ASC site when access to available ASC ORs is increased. In addition to surgeons at these larger surgical practices at least 13 new surgeons in private practices have expressed strong interest in performing surgeries in a Waltham-based ASC when increased OR access is available. The majority of new surgeons who will be joining the Applicant's medical staff at the new site are members of Beth Israel Lahey Performance Network (BILPN), a comprehensive network of physicians. The new surgeons operate at multiple medical facilities including, but not limited to, New England Baptist Hospital and Mount Auburn Hospital.

6. **Explain the referring origin of current (and anticipated) BOSS surgical patients.**

- **Applicant Response:** As a free standing ASC, the Applicant has a medical staff comprised of surgeons and pain specialists from independent practices and larger surgical group practices who perform surgeries and procedures at the current ASC site. The physicians receive patient referrals from their respective networks of primary care physicians, third party contracts, insurers, employers, and workers compensation sources. The surgeons who perform cases at

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the Applicant's ASC also perform cases at other ASCs and Hospitals and may be affiliated with large hospital systems. The Applicant does not capture Patients' PCPs or other entities who may refer patients to surgeons who perform cases at the Applicant's ASC in its EMR. The majority of new surgeons who will be joining the Applicant's medical staff at the new site are members of Beth Israel Lahey Performance Network (BILPN), a comprehensive network of physicians. These surgeons operate at multiple medical facilities including, but not limited to, New England Baptist Hospital and Mount Auburn Hospital.

7. **The Applicant's cases were paid primarily by a commercial payer (74% pg.6) and the CPA report states that it is forecasted that the Proposed ASC patients will be significantly comprised of higher-paying commercial insurance and worker's compensation beneficiaries and less Medicare and Medicaid beneficiaries than industry averages. (pg. 5)**
 - **How many of the current surgeons accept MassHealth and how many will at the proposed facility?**
 - **Applicant Response:** All of the existing physicians (surgeons and pain specialist) on the Applicant's medical staff, accept Medicaid and Medicare beneficiaries as patients, and the Applicant is expecting that the 30 new physicians joining the medical staff will also participate in the Medicaid and Medicare programs - resulting in an increase of 30 providers on the Applicant's medical staff accepting Medicaid and Medicare beneficiaries.
 - **The application states that the Applicant also anticipates an increase in Medicare and Medicaid payer mix with the addition of a pain management specialist who will perform procedures at the Proposed Project. (pg.6) Describe any other efforts underway to increase the percentage of MassHealth in the payer mix.**
 - **Applicant Response:** The Applicant anticipates more patients from all payors with the increase in number of ORs. The Applicant and existing providers on the Applicant's medical staff participate in Medicare and Medicaid, and the Applicant will require providers at the new ASC site to do so as well. The Applicant will seek to increase the percentage of MassHealth in its payer mix by focusing on recruitment of surgeons and other proceduralists, like the pain specialist, who have MassHealth as part of their payer mix. Furthermore, over the coming months, the Applicant plans to evaluate additional means to increase its percentage of MassHealth patients.
8. **The Applicant states that with the additional five operating rooms, most of the surgeons will be able to book their surgeries sooner and the joint surgeons expect to be able to reduce their wait times to two months. (pg. 8).**
 - **By how much will most of the surgeons be able to reduce wait times for surgery? Are there optimal wait times for the procedures performed?**
 - **Applicant Response:** Elective surgical procedures can generally be performed at the patient's and surgeon's "elected" timeframe; however, many of the orthopedic, spine, podiatric and pain patients are in need of more urgent elective procedures due to debilitating pain and/or the negative impact of their injury or condition on their mobility and quality of life. Some of these procedures, such as fractures and tendon ruptures, require access to an available OR within 24 hours. Given the limited number of ORs currently and the advanced booking of these ORs,

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surgeons are rarely able to book last minute cases for urgent/emergent cases at the ASC. The Applicant's providers have communicated that they are booking their patient surgeries out weeks to months based on limited availability of ORs at the Applicant's ASC and at the Hospital ORs at which they currently perform surgeries. These wait times vary from 2-3 weeks for some of the sports medicine surgeons, to up to 6 months for joint surgeons, because the latter's surgeries require longer blocks of time to perform. The Applicant and the physicians on the medical staff estimate that surgical wait times will be reduced significantly, by as much as 50% in most cases when more ORs are available at the proposed site.

9. **The application states that the ASC will experience a 122% increase in surgical cases in Year I over 2023 and that the addition of a new pain management specialist will result in 1,100 new procedures. (pg.9)**
- **By how much will each of the other sources of new surgical cases (existing surgeons with new block time, new surgeons and market shift in joint arthroplasty and spine cases from HOPD to ASC) contribute to the increase in surgical cases in Year I?**
 - **Applicant Response:** The Applicant has based its year one forecasts primarily on existing surgeons with new block time and new surgeons joining the Applicant's medical staff with new block time due to increase in number of ORs at the proposed site. Inherent in these growth assumptions by surgeon, is the market shift in joint arthroplasty and spine cases from Inpatient to ASC sites of service.

Year 1 surgical case growth assumptions	growth in surgical cases	% of net growth
Existing surgeons with new block time	1,743	55%
New surgeons with block time	1,415	45%
Total growth in cases (excl. 1,100 pain management cases)	3,158	100%

10. **The application states the Applicant applied 2-7% growth by specialty based on aging demographic, increasing health conditions requiring orthopedic intervention, changing care patterns to increase value and consumer choice as noted below. (pg.9).**
- **Using the data provided in the application (Historical Surgical Volume, Population Projections, Projected Increase in Demand, Projected Obesity, Projected Arthritis), explain why a 2-7% growth range is appropriate to address need for the proposed ASC.**
 - **Applicant Response:** In calculating volume forecasts for Years 1-5, the Applicant estimated growth rates of 2-7% by considering aging demographic, health conditions requiring orthopedic intervention, changing care patterns, and consumer choice as noted in the question above, in addition to feedback and input from surgeons on their intention to perform more surgeries at the Applicant's new site when more ORs are available. The surgeons are very frustrated with limited access to free-standing ASCs in the Greater Boston area, and some surgeons have been taking patients from the Commonwealth to New Hampshire ASCs for their outpatient surgeries. Upon further review of its DoN Application, the Applicant acknowledges that it did not articulate this reality in connection with the forecast assumptions on page 9. The Applicant also

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inadvertently did not include the Sg2 forecasted growth rates related to "changing care patterns" section on page 13 that is used in its 5 year forecast assumptions. "ASCs will see 12 percent and 22 percent growth in the next 5 and 10 years, respectively, according to Sg2's 2023 Impact of Change Forecast Highlights."¹ Outpatient surgical volumes related to total joint, lumbar/thoracic spine fusion, and revision knee replacement are forecasted to grow 18%, and rotator cuff by 17% by 2033.²

Market Growth Assumptions	5 year Growth rates
Aging Population	65+ 17% (17% in v2022) 45+ 6% (4% in v2022)
Health conditions <ul style="list-style-type: none"> Obesity Arthritis 	20+ 4% (1% in v2022) Adult 4% (2% in v2022)
Changing Care Patterns - shifts from HOPDs to ASCs data source: Sg2 2023 Impact of Change Forecast Highlights	12% (5 yr ASC growth rate) 18% (5 yr OP shift total joint, spine, knee replacement) 17% (5 yr OP shift rotator cuff)
Patient Consumer Choice	no specific growth % - assumed to be included in changing care patterns
Insufficient Access to free-standing ASCs in Massachusetts	growth assumptions from current and future surgeons interested in Applicant's new site when more ORs are available.

In considering various sources supporting positive growth rates in ASC volume over the next 5 years and the input from surgeons, the Applicant applied the following growth rates to each specialty.

	Year 2	Year 3	Year 4	Year 5
Existing cases	4%	4%	4%	4%
New Joint Arthroplasty	7%	7%	7%	7%
New Spine	4%	4%	2%	2%
New Orthopedics and Podiatry	4%	4%	2%	2%
New General Surgery	4%	4%	2%	2%
New Pain Management	4%	4%	2%	2%

¹ <https://www.ascfocus.org/ascfocus/content/articles-content/articles/2023/digital-debut/sg2-2023-annual-report-forecasts-significant-growth-in-asc-volume#:~:text=G1%2C%20ophthalmology%20and%20orthopedic%20procedures%20will%20see%20the%20highest%20increases&text=ASCs%20will%20see%2012%20percent,Impact%20of%20Change%20Forecast%20Highlights.> on 2/13/24

² https://wieck-vizient-production.s3.us-west-1.amazonaws.com/release/inlineImages/00bd06595543eea0ae263e9e687235a61034a325?response-content-disposition=inline%3B%20filename%3D%22Sg2_2023.pdf%22%3B%20filename%2A%3DUTF-8%27%27Sg2_2023_Impact_of_Change_Forecast.pdf&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Date=20240213T172802Z&X-Amz-SignedHeaders=host&X-Amz-Expires=600&X-Amz-Credential=AKIA36STRBJM3OJPFQWB%2F20240213%2Fus-west-1%2Fs3%2Faws4_request&X-Amz-Signature=7f7976a899aa9d68c5758ed0678859b46d36fc334c41e6c30b2fb9e9594e82e5 on 2/13/24

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11. The application includes UMass Donahue Population projections V2018. Please update the projections with the most recent [\(V2022\)](#) population projections.³

- **Applicant Response:** Please see updated Population Projection tables below - originally found on pages 10-13 in the Applicant's narrative document. The data has been updated to reflect v2022 UMass Donahue Population projections as requested (*file: UMDI_v2022_Long_Term_Population_Projections, MCD, County, RPA, State_Age_Sex_detail2010-2050.xls*)

2020 Population by County	All Ages	0-19	20-44	45-64	65+	45+
Middlesex	1,632,018	361,623	586,748	433,258	270,289	703,547
Suffolk	797,938	177,929	368,844	176,126	102,926	279,052
Essex	809,837	189,062	251,654	220,430	148,671	369,101
Norfolk	725,982	165,757	231,546	201,802	131,496	333,298
Plymouth	530,812	123,801	153,008	148,505	103,915	252,420
5 County Total Population	4,496,587	1,018,172	1,591,800	1,169,248	717,367	1,886,615
5-yr Projected Change	78,410	20,342	22,432	-42,910	119,230	76,320
5-yr % Change	2%	-2%	1%	-4%	17%	4%
10-yr Projected Change	174,419	-8,716	23,415	-62,444	222,164	159,720
10-yr % Change	4%	-1%	1%	-5%	31%	8%

Population and Projected Growth for Towns within 10 miles of Applicant*	All Ages	0-19	20-44	45-64	65+	45+
2020 Population	856,308	186,163	330,105	202,783	137,257	340,040
2025 Population	863,459	182,343	329,490	199,394	152,232	351,626
5-Year Projected Growth	7,151	-3,820	-615	-3,389	14,975	11,586

³ <https://donahue.umass.edu/business-groups/economic-public-policy-research/massachusetts-population-estimates-program/population-projections>

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Population and Projected Growth for Towns within 10 miles of Applicant*	All Ages	0-19	20-44	45-64	65+	45+
5-Year Projected Growth %	1%	-2%	0%	-2%	11%	3%
2030 Population	874,604	184,605	323,362	202,836	163,801	366,637
10-Year Projected Growth	18,296	-1,558	-6,743	53	26,544	26,597
10-Year Projected Growth %	2%	-1%	-2%	0%	19%	8%

**Communities within 10 miles of Applicant include: Arlington, Bedford, Belmont, Burlington, Cambridge, Concord, Lexington, Lincoln, Medford, Newton, Somerville, Sudbury, Waltham, Watertown, Wayland, Weston, Winchester, and Woburn in Middlesex County, and Brookline, Needham, and Wellesley in Norfolk County.*

Increase in Demand for Outpatient Surgery in PSA	Increase in 65+ Population	% having at least one surgery	% of all surgeries which are Outpatient	Estimated increase in Outpatient Surgeries on Persons aged 65+
2020-2025 (5-year growth)	119,230	50%	65.90%	39,286
2020-2030 (10-year growth)	222,164	50%	65.90%	73,203

Projected Obesity in PSA - Population by Age	Age 20+	20-24	25-34	35-44	45-54	55-64	65+
Obesity Rates - USA	n/a	19.50%	30.90%	35.50%	38.10%	36.30%	29.30%
Obesity Rates - MA	n/a	12.60%	21.40%	28.90%	26.10%	29.60%	24.90%
2020 PSA Population	3,777,749	329,413	696,332	566,055	576,824	891,758	717,367
2020 PSA Estimate with Obesity	947,247	41,506	149,015	163,590	150,551	263,960	178,624
2025 PSA Population	3,851,405	290,875	688,932	634,425	541,733	858,843	836,597
2025 PSA Estimate with Obesity	971,353	36,650	147,431	183,349	141,932	254,218	208,313

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Projected Obesity in PSA - Population by Age	Age 20+	20-24	25-34	35-44	45-54	55-64	65+
5-Year Change in Obesity	24,106	-4,856	-1,584	19,759	-9,159	-9,743	29,688
5-Year % Change in Obesity	1%	-1%	0%	3%	-2%	-1%	4%
2030 PSA Population	3,927,941	275,820	664,113	675,822	564,137	809,058	939,531
2030 PSA Estimate with Obesity	992,782	34,685	142,120	195,313	147,240	239,481	233,943
10-Year Change in Obesity	45,535	6,821	-6,895	31,723	-3,311	-24,479	55,319
10-Year % Change in Obesity	5%	-2%	-1%	6%	-1%	-3%	8%

PSA Population with Arthritis and Related Limitations on Activities	Adult Population	Doctor-Diagnosed Arthritis - %	Doctor-Diagnosed Arthritis - Estimated Persons	Arthritis-Related Limitations in Activities: %	Arthritis-Related Limitations in Activities: Estimated Persons
2020 PSA Population	3,777,749	23.70%	895,327	43.90%	393,048
2025 PSA Population	3,851,405	23.70%	912,783	43.90%	400,712
2030 PSA Population	3,927,941	23.70%	930,922	43.90%	408,675
Change 2020-2025	73,656		17,456		7,663
5-year % Change 2020-2025	2%		2%		2%
Change 2020-2030	150,192		35,596		15,626
10-year % Change 2020-2030	4%		4%		4%

SOURCE: Theis KA, Murphy LB, Guglielmo D, et al. Prevalence of Arthritis and Arthritis-Attributable Activity Limitation - United States, 2016-2018. MMWR Morb Mortal Wkly Rep 2021;70:1401-1407 with population from UMass Donahue Institute.

12. In forecasting ASC volume, did the Applicant consider the impact of surrounding ASCs on its market share, and the potential impact on need for the Applicant's services?

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- Applicant Response:** The Applicant does not have access to ASC market share data in the Commonwealth of Massachusetts to compare the Applicant's existing market share to surrounding ASCs or to its future potential impact. However, the Health Policy Commission (HPC) has reported that the Commonwealth of Massachusetts has the 4th fewest ASCs per capita at 8 ASCs per million population, compared to the national average of 18, and 23 ASC operating rooms per million population, compared to the national average of 56.⁴ The HPHC has also reported that although orthopedics is the most common ASC service nationally, it is the fifth most common service provided at Massachusetts ASCs, and in 2023, Massachusetts had 1.7 orthopedics ASCs per one million population compared to a national average of 6.7.⁵ Free standing ASCs, like the Applicant's, are dependent upon the surgeons on their medical staff for patient referrals. Federal laws, including Federal regulatory Safe Harbors, limit surgeons from being on staff at multiple ASCs; therefore the Applicant is assuming in its volume forecasts, that future volume growth will come from existing surgeons on staff as well as other surgeons in their existing practices and other independent practices who have expressed a strong desire to perform outpatient surgeries at the Applicant's proposed site, rather than at an HOPD (for many reasons including improved efficiency and lower cost). Outpatient surgeries performed at an HOPD are typically paid 50-100% more than at ASCs.⁶

13. **The application states that surgeries are expected to have a total time of 90 minutes of surgery and a 15-minute OR turnover. Based on these surgical case times, the Applicant projects a sustainable utilization rate of 72% which is considered to be in the optimal utilization rate range by Year 3 of operation. (pg.8).**

- How is utilization rate calculated?**
- Applicant Response:** The Applicant assumed the following in calculating utilization rate: 250 surgical days, 8 ORs and 8 available block time hours per day per OR for 16,000 maximum available hours and 960,000 maximum available minutes. The Applicant then calculated year 3 utilization in minutes by multiplying year 3 cases by average minutes per specialty and divided by the 960,000 maximum available minutes. The Applicant assumed 90 minutes surgical time and 15 minutes turnover time for Arthroplasty and Spine cases, 20 minutes total time for pain cases, and 75 minutes surgical time and 15 minutes turnover time for all other cases.

	Year 3 cases	Average total minutes (surgery+ turnover)	Total minutes
Arthroplasty and Spine	1,326	105	139,246
Pain	1,190	20	23,795
Other	5,899	90	530,914
Total	8,415		693,955
8 ORs at 100% utilization			960,000

⁴ Massachusetts Health Policy Commission, HPC Data Points, Issue 26, Trends in Ambulatory Surgical Centers in Massachusetts, accessed at <https://www.mass.gov/info-details/hpc-datapoints-issue-26#specialty-and-location->, on February 16, 2024.

⁵ Massachusetts Health Policy Commission, HPC Data Points, Issue 26, Trends in Ambulatory Surgical Centers in Massachusetts, accessed at <https://www.mass.gov/info-details/hpc-datapoints-issue-26#specialty-and-location->, on February 16, 2024.

⁶ Massachusetts Health Policy Commission, Findings from the 2023 Health Care Cost Trends Report, HPC Board Meeting slides, June 7, 2023, p.28

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Year 3 Average utilization (year 3 total minutes / 8 ORs at 100% utilization)			72%
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14. **The Applicant cites an article from 2011 stating that half of older adults aged 65+ have at least one surgery (pg.10).**
- **If possible, provide more recent data on surgeries performed on adults aged 65 and older.**
 - **Applicant Response:** The Applicant does not have access to the Medicare or State claims database and is unable to find a more recent article to reference for this particular statistic.
15. **Please clarify the Table titled *Projected Obesity in the PSA – Population by Age*. The table provides a list of age groups one of which differ from one that is listed in the [CDC Behavioral Risk Factor Surveillance System](#) for Massachusetts (18-24 vs. 20-24).**
- **Applicant Response:** The Applicant is not able to clarify or explain this difference at this time and assumes the site content has been updated/changed since the Applicant accessed the table while researching data to support the DoN in 2022.

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

16. **What perioperative processes will be in place to reduce medication use and ensure safe, appropriate medication use.**
- **Applicant Response:** The Applicant will utilize an on-line pre-registration system at the proposed site. This system is designed to ensure all medications utilized by patients are captured from patients themselves prior to surgery. In cases where the patients are unable to process their pre-registration online, the Applicant's staff will call the patient and enter the information into the pre-registration system. The Applicant's nursing staff, the surgeon and anesthesia will coordinate post-op use of medications and provide the patient with this medication reconciliation upon discharge. As part of the post-op medication protocol, surgeons on the Applicant's medical staff can also employ two current pharmacological interventions, when indicated. These interventions provide long lasting pain control through the critical first few days after surgery to enhance patient recovery and reduce the need for opioid use in the immediate post-op period.
17. **The Application mentions the use of technology to communicate with patients, for discharge planning, and to administer a Patient Assessment and Health Questionnaire (pg.24, pg.28). What languages will these be offered in?**
- a. **What efforts does the Applicant take to ensure equitable access for those experiencing barriers due to lack of access to technology? How will the Applicant support the variation in access to technology and digital literacy among its patients?**
 - **Applicant Response:** The Applicant has utilized a pre-operative health assessment questionnaire for many years and incorporated the use of technology for administering this

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questionnaire in the past two years. At this time, the Patient Assessment and Health Questionnaire as well as the texting tool used to support discharge planning are only available in English. The Applicant has found that most patients appreciate the convenience and ease of communicating through technology (cell phones, email, etc.); however, for those patients who require interpreter services, are not technology literate or do not have access to computers or smart phones, the Applicant conducts the patient health assessment questionnaire, discharge planning, and other communications via phone calls with the support of interpreter services when needed. The Applicant will continue to support variation in access to technology and digital literacy among patients with phone calls and continuously evaluates and considers other alternatives to meet these patients' needs as they become available.

18. The application states that patients will be evaluated for health needs and potential safety concerns. (pg.28)

- **Does this include screening for the social determinants of health (SDoH)? If so, please describe, including domains screened for and referral for positive screens.**
- **Applicant Response:** The Applicant does not currently screen specifically for social determinants of health (SDoH). The Applicant's staff does, however, reach out to patients via phone call prior to surgery to inquire into any potential physical barriers or safety concerns within their home that could negatively impact post-surgical recovery. Patient health needs are also evaluated directly by Applicant staff or through the patient's surgical team. If the Applicant's staff determine the patient's barriers or health or safety concerns cannot be resolved prior to surgery, the Applicant's staff will engage the surgeon to determine if the surgery needs to be cancelled or rescheduled. In addition, the Applicant requires patients to have a capable and willing caregiver to attend to the patient's needs at home during the post-op period. Over the coming months, the Applicant plans to evaluate additional means to evaluate, assess and respond to patients' SDoHs.

19. With respect to health equity, we understand that BOSS provides language access.

- **How many interpreter services requests were filled in the last year, and what were the primary languages requested?**
- **Applicant Response:** In 2023, the Applicant filled 12 interpreter services requests. Primary languages provided included: Spanish, Chinese-Mandarin, Cape Verdean, Chinese-Cantonese, Khmer/Cambodian, Portuguese/Brazilian and one for adaptive services.
- **Describe anything else BOSS is doing around CLAS. Refer to the guide on CLAS <https://www.mass.gov/lists/making-clas-happen-six-areas-for-action> if needed.**
- **Applicant Response:** The Applicant has focused on ensuring patients have access to high quality and timely interpreter services. The Applicant has not implemented other items in the CLAS guide as of this time but is in the process of further evaluating these issues.

Factor 1e: Community Engagement

20. The application states that all of the project presentations took place in 2022. (pg.26)

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- **Please provide an explanation for the length of time elapsed between the presentations and the submission of the DoN Application.**
 - **Applicant Response:** In 2021, the Applicant was notified by its landlord that the lease for its current ASC at 840 Winter St., Waltham, MA would expire without renewal rights, in May 2025. At this time, the Applicant began planning to move its ASC to a new site and as part of the planning and evaluation process, engaged the community, elected officials, and government agencies to provide feedback on the proposed new site. The community meetings as noted on pg. 26 of the Applicant's Application Narrative, took place in the summer of 2022. While planning for the proposed site continued, discussions were ongoing among the Applicant's current owners regarding certain ownership changes and the admission of additional physician owners of the Applicant (which are reflected in the Application Narrative). These ownership discussions/changes delayed somewhat the Applicant's DoN planning and submission process. Following these ownership discussions and actions, and in light of the positive feedback and support received at the community meetings, as well as the support expressed by elected officials and government agencies, the Applicant filed its DoN Application in Fall of 2023.
21. **How many people were in attendance at the community forums on June 23, 2022 and August 31, 2022?**
- **Applicant Response:** The Applicant held a community meeting on June 23, 2022 with 17 attendees, and on August 31, 2022 with 9 attendees (not including Applicant personnel).