*Responses should be sent to DoN staff at* [DPH.DON@State.MA.US](mailto: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; include a table in data format (NOT pdf or picture) with the response. * When providing a table of data, provide a narrative explaining the trends or significance of that information (such as what reason for the year over year changes are attributed to and how it relates to information already provided.) |

To keep on track and review this project in a timely manner, **please return by October 28th.** You may respond on a rolling basis with all of the responses amalgamated in order into one final document.

1. Will the ASC be available only to Atrius patients (given they’re a closed system), or can non-Atrius patients access services? Given increase in MassHealth patients in its panel, does Atrius anticipate any transportation challenges for this population (and others) to access the ASC vs HOPDs where they may currently receive care?

Yes, the Center will only be available to patients seen by Atrius Health specialists.

Atrius Health does not anticipate any new challenges given the increase in MassHealth patients in its Patient Panel. Atrius Health’s social work team assists all Atrius Health patients that have transportation challenges and need assistance enrolling in an appropriate transportation program. The social work team will be able to assist patients who have transportation challenges and need assistance with getting to and from the Center. In addition, Atrius Health has a transportation program to help eligible patients access care who are not eligible for other transportation programs that could assist eligible patients with getting to and from the Center.

1. Given the # of Compass patients that came to the Patient Panel, is the increase seen ’22-’23 solely due to Compass? Is the decrease experienced related to COVID or were patients not entering the Atrius system prior to Compass acquisition?

The growth in the Patient Panel between ’22-’23 is not solely due to Compass. The Patient Panel grew during this period due to expanding capacity to meet patient demand at existing Atrius Health practice locations.

As stated in the application, the Patient Panel had a slight decrease of 1.7% because of the ongoing impact of COVID-19 and reductions in primary care physicians.

1. The projected case volume continues to increase after CY27, pushing the ASC beyond the built in 83% utilization.  Will there be enough cushion in the longer run to not exceed capacity? Also, when applying the anticipated volume % (that you provided) that will shift to the ASC the Volume exceeds projections by 15%. Will you have sufficient capacity built into the new facility to satisfy need? See table below

| **Site of Surgery** | **Actual  CY 23 (Table 6)** | **% Shifting to New ASC** | **Totals** |
| --- | --- | --- | --- |
| ASC | 1,971 | 20% | 394 |
| HOPD | 10,225 | 68% | 6,953 |
| IP Hospital | 2,507 | 11% | 276 |
| Other | 1,537 | - | - |
| Total | 16,240 | - | 7,623 |
| Projections 2030 (Table 9) | - | - | 6,615 |
| % Exceeding Projections | - | - | 15% |

If there is additional need in the future, the Applicant will consider its options for expanding the Center and adding additional operating rooms (ORs). There is additional space at the location that could be used for ORs, and the Applicant would seek to amend the DoN to expand the ORs, if there is a need.

This table does not accurately represent the Center’s projected growth as described in the Application. In the Application, the projected case volume for Year 2 (2027) estimates that 1,264 cases would shift to the Center from an ASC, 4,242 cases would shift to the Center from a HOPD, and 727 cases would shift to the Center from a HIPD, totaling 6,233 cases. This results in 20% of total projected volume shifting from other ASCs, 68% shifting from HOPDs, and 11% shifting from HIPDs.

**Case Source: Current Setting of Care for Projected Total Cases for Year 2 (2027)**

|  | **ASC** | **HOPD** | **HIPD** | **Projected Total Cases CY 2027** |
| --- | --- | --- | --- | --- |
| Total Cases | 1,264 | 4,242 | 727 | 6,233 |
| Percent of Cases | 20% | 68% | 11% | 100% |