APPLICANT RESPONSES #2

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

While you may submit each answer as available, please

- List guestion number and guestion 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 order in one final document.
- Submit responses in editable WORD or EXCEL format.
- Whenever possible, include a table with the response.
- For HIPAA compliance Do not include numbers <11.

Respond by February 7, 2025

Questions regarding Factor 5

1. Please provide a second alternative proposal such as extending Hours at the Satellite and explain in more detail why that is not a feasible option.

In response to DPH's questions, the Applicant has drafted two new alternatives to more fully explain why possible alternatives to expand CT access are not comparable to the Proposed Project.

First Alternative: Placement of an additional CT unit at the Satellite.

Quality:

This alternative does not address the need of Baystate Longmeadow's patient population to have an additional option for CT in the community. Continuing to only offer CT in Springfield ignores the large number of patients who rely on Longmeadow for their outpatient healthcare, not only because it might be closer to their home, but because of the convenience of the services available without traveling into Springfield. Inconvenient services, such as those that require long travel or wait times, can lead to delays in diagnosis and ultimately delayed treatment, which can adversely impact patient outcomes and quality of life.¹

Longmeadow is easily accessible by car and bus making it more convenient for patient travel and includes ample parking. Though only 12-minutes from the Satellite, it provides patients a close

¹ "The inability to access important components in the care path, such as medical imaging, can have a dramatic effect on health outcomes. ... Medical imaging strongly contributes to establishing accurate antimely diagnoses, informs and guides treatment decisions, and contributes to improving treatment outcomes." *Improving Access to Medical Imaging for More Patients*, GE Healthcare (Nov. 27, 2022), https://www.gehealthcare.com/insights/article/improving-access-to-medical-imaging-for-more-patients?srsltid=AfmBOorzocXYUd0Dix fTAOrxPVUA5wF5qHZPvCE0bnTRtDtUUR5yCN6. See also Samina T. Syed et al, *Traveling Towards Disease: Transportation Barriers to Health Care Access*, JOURNAL OF COMMUNITY HEALTH (Dec. 13, 2014), https://pmc.ncbi.nlm.nih.gov/articles/PMC4265215/ ("Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use.")

alternative without travel into or across downtown Springfield. Further, continuing to only offer CT in Springfield does not provide patients with co-located services, whereas the Proposed Project seeks to place CT alongside existing services including primary and urgent care, and specialty practices such as neurology, oncology, and pulmonary.

By co-locating CT services with the existing practices at Longmeadow, many Baystate patients will be able to receive imaging in the same location as their other health care providers, making them much more likely to receive the required imaging tests and increasing their quality of care.² Lastly, it costs patients and payers more to receive CT at the Satellite than it will at Longmeadow. The average commercial reimbursement for CT is higher for the hospital-based Satellite than it would be at Baystate Longmeadow, which could impact a patient's decision whether or not to receive CT imaging.³ As noted in Section F2.a.iii, CT services offered by BRI are, on average, 53% of the cost of the same service when performed at the Satellite. By offering patients a lower-cost alternative, Baystate is improving access to CT for its Patient Panel through the Proposed Project.

Efficiency:

This alternative would be able to use existing resources, such as the waiting room and registration staff; However, the cost of CT would continue to be hospital-based and does not provide any cost savings for patients or payers compared to the Proposed Project.

Capital Expense:

This alternative would not offer considerable savings and would be similar in cost to the Proposed Project due to the renovation needed to accommodate another CT unit.

Operating Costs:

Operating costs would be similar to the Proposed Project under this alternative but recruitment and staffing would be more challenging. As an outpatient only location that operates from 8 AM to 5 PM Monday-Friday, Longmeadow is a more desirable work location so the same challenges facing Baystate now to fill technologist positions at BMC and the Satellite would apply to additional staffing needs through this proposal, potentially increasing operating costs as a result of recruitment efforts as well as the use of travelers as needed .

Second Alternative: Expand hours at the Satellite.

Quality: This option does not promote quality because it is not preferred by patients or staff due to the isolated location of the Satellite. The Satellite is a large medical office building that is not located on the Hospital's campus, but rather is separated from Baystate Medical Center by a highway. Because all other practices and offices in the building close at 5:00 PM, patients coming for later appointments park in an empty parking lot and walk into an empty building. Baystate has previously tried extending hours at the Satellite and patients declined to accept after-hours

hospital-care-costs-much-more-care-doc-offices-surgery-centers-blues-research.

² M. Bonciani et al., *The Benefits of Co-Location in Primary Care Practices: The Perspectives of General Practitioners and Patients in 34 Countries*, BMC HEALTH SERVICES RESEARCH (2018), https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-2913-4; see also Could Colocation of Healthcare Services Improve Patient Outcomes?, KENAN INSTITUTE OF PRIVATE ENTERPRISE (Oct. 27, 2021), https://kenaninstitute.unc.edu/kenan-insight/could-colocation-of-healthcare-services-improve-patient-outcomes/. ³ See generally: Hospital Outpatient Prices Far Higher, Rising Faster Than Physician Sites, BlueCross BlueShield (Dec. 14, 2023), https://www.bcbs.com/news-and-insights/white-paper/ambulatory-payment-classifications-site-neutral-analysis; see also Frank Diamond, Outpatient Hospital Care Costs Much More Than Care At Doctors' Offices, Surgery Centers: Blues Research, Fierce Healthcare (Sep. 14, 2023), https://www.fiercehealthcare.com/payers/outpatient-

appointments. Furthermore, Baystate continues to face staffing shortages and is most challenged by second shift placements. As a result, there are several open CT technologist positions at BMC reflecting these challenges..

Efficiency:

This alternative lacks efficiency because in previous attempts to extend hours at the Satellite, Baystate was unable to book those appointments. Patients chose to wait longer than to come to the Satellite after 5:00pm. Moreover, Baystate would not be able to cost-effectively staff on-site radiologist for after-hours appointments. Without a radiologist on-site, imaging would be limited to CT without IV contrast as a radiologist must be on-site for scans with IV contrast. For reference, in FY2024, just over half of all outpatient CT scans were with IV contrast. Furthermore, due to staffing challenges, Baystate would likely need to pull resources from the CT service at Baystate Medical Center to ensure coverage for these after-hours.

Under the Proposed Project, Longmeadow will have a radiologist on-site during operating hours. In addition, because Longmeadow will offer diagnostic mammography, the radiologist at Longmeadow will be able to oversee both diagnostic mammography and CT, promoting efficiency of a valuable resource. Diagnostic mammography is not offered at the Satellite.

Lastly, extended hours will only provide a limited amount of additional CT capacity. The only way to extend hours would be to operate the existing machines from 7:00 AM to 7:30 PM. This would provide 3 and a half additional hours of scan time per machine, resulting in approximately 12 additional scans per day or 2,496 scans per year. Assuming patients utilize these early and late openings, this alternative provides not only less overall volume than the Proposed Project, but will not increase access to CT with IV contrast do to the inability to staff a radiologist after hours.

Capital Expense:

There would be no additional capital expense under this alternative.

Operating Costs:

This alternative would have higher operating expenses than the Proposed Project due to the resources needed to ensure staffing for early and late appointments. Moreover, if Baystate did staff a radiologist after-hours, the cost of a radiologist after 5:00 PM would come with a 65% pay premium. In addition, Baystate would need to pay for administrative staff, such as registration, solely for CT when currently registration also assists ultrasound and X-ray.

- 2. Alternative Quality: This alternative does not address the need of Baystate Longmeadow's patient population to have timely, centralized access to CT imaging in their community. Inconvenient services can lead to delays in diagnosis and ultimately delayed treatment, which can adversely impact patient outcomes and quality of life.
 - a. Please explain further with a citation and
 - b. Explain further in terms of travel distances and travel times for the Longmeadow patients.
- 3. Furthermore, the average commercial reimbursement for CT is higher for the Satellite than it would be at Baystate Longmeadow, which could impact a patient's decision whether or not to receive CT imaging.

- a. Please explain further with citation and
- b. Explain in terms of comparative savings for each alternative.
- 4. **Alternative Efficiency:** While this alternative would provide additional CT capacity and reduce wait times for the Patient Panel, it does not address the need for Baystate Longmeadow's patients to have access to high-quality imaging in their community.
 - a. Please explain further in terms of "efficiency" rather than access and quality.
- 5. Moreover, while the Applicant considered extending the hours of operation, this option is not preferred by patients due to security concerns and could further compound staff shortages due to staff preference.
 - a. Please explain the security assertion further since this alternative is in proximity to the Hospital that operates 24/7.
 - b. Please explain how you have determined staff preference, through survey attempts at recruitment etc.
- 6. Alternative Capital Expenses: Capital costs for this alternative would be higher due to the required renovation of existing hospital-licensed space and the potential need for new construction to accommodate an additional CT unit and/or increased patient load, such as additional exam and waiting areas.
 - a. Please provide more specific information about this assertion and how this compares to the Proposed Project.
- 7. Alternative Operating Costs: Operating costs would be similar or slightly higher than the Proposed Project under this alternative. due to the costs associated with an outpatient hospital facility. For example, staff and overhead costs are both higher at the Satellite than at Baystate Longmeadow.
 - Further, operating expenses would increase as a result of extended hours of operation because of the need for multiple shifts instead of the current single staff shift.
 - a. Please explain, you have stated earlier that you did not intend to expand hours of operation is that a third alternative? It is not clear why operating expenses would increase more than at the Longmeadow site. Please provide a staffing plan for each alternative.