

**Beth Israel Lahey Health, Inc**  
**DON # BILH-24080714-HE**

**APPLICANT QUESTIONS 2**

*Responses should be sent to DoN staff at [DPH.DON@mass.gov](mailto:DPH.DON@mass.gov)*

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
- We accept answers on a rolling basis however, when providing the answer to the final question, submit all questions and answers in order in one final document.
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. **Whenever possible, include a table in data format (NOT pdf or picture) with the response.**

In order for us to review this project in a timely manner, please provide the responses by **January 2, 2025**.

**Factor 1ai: Patient Panel**

1. The BILH Health System Patient Panel is required for this application. Please verify that the table below provides accurate demographic information for the BILH Health System (Taken from the most recently approved BILH Application).

**The Applicant confirms this table is accurate.**

**BILH Patient Panel Demographics**

	FY2023 Count	FY2023 Percent
Total	1,398,921	100.00%
Age: 0 to 17	98,201	7.0%
Age: 18 to 64	848,076	60.6%
Age: 65+	452,644	32.4%
Gender: Male	573,059	41.0%
Gender: Female	819,131	58.6%
Gender: Other <sup>1</sup>	6,731	0.5%
Race: White	1,057,436	75.6%
Race: Black or African American	79,023	5.6%
Race: American Indian or Alaska Native	1,819	0.1%
Race: Asian	95,061	6.8%
Race: Native Hawaiian or Other Pacific Islander	934	0.1%
Race: Other	66,961	4.8%
Race: Unknown	78,252	5.6%
Race: Patient Declined	19,435	1.4%
Ethnicity: Hispanic or Latino	52,818	3.8%
Ethnicity: Not Hispanic or Latino	1,242,712	88.8%
Ethnicity: Other	30,306	2.2%
Ethnicity: Unknown	67,382	4.8%
Ethnicity: Patient Declined	5,703	0.4%
Payer: Commercial	706,050	50.5%
Payer: Medicare	419,994	30.0%
Payer: Medicaid	224,892	16.1%
Payer: Other <sup>2</sup>	46,685	3.3%
Payer: Unknown	1,300	0.1%

<sup>1</sup> Includes genders other than male/female, as well as patients for whom a gender is not specified, and whose gender varies across visits over the time period.

<sup>2</sup> Includes self-pay, health safety net, and liability coverage other than worker's compensation for an injury event.

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1. Please provide an explanation for the drop in volume at BID-Plymouth from FY21-FY23 (Table 1 in the Narrative, page 5).

**The Applicant would like to note that Table 1 reflects unique patients served, not volume. Volume at BID Plymouth Hospital increased in nearly all categories. Please see a sampling in the below chart.**

**BID Plymouth Patient Panel Data**  
**Volume**

<b>Variables</b>	<b>FY2021 Count</b>	<b>FY2022 Count</b>	<b>FY2023 Count</b>	<b>FY21-FY23 % Change</b>
Total Discharges	11,402	11,309	12,439	9.1%
Emergency Visits	40,180	42,367	43,609	8.5%

2. Based on the demographics table provided in the first round of Question responses, please provide an explanation for the drop in visits at BILH Urgent Care Quincy from FY22-FY23.

**The Applicant used the BILH Urgent Care Quincy Center as a Covid testing site and experienced a drop-off in Covid testing between FY22 and FY23.**

3. Gender demographics for BILH Primary Care Quincy indicate that 3/4 of patients are female. Please provide an explanation for the higher than usual proportion.

**The Applicant notes that 3 of the 4 providers in the BILH Primary Care Quincy practice are female.**

4. Table 1 in the Narrative (page 5) indicates that the total unique patients for 2023 was 81,364. However, the total number of patients in the Race section of the profile totals 82,151. Please provide an explanation or correction to the race demographics for 2023.

**BID Plymouth Patient Panel Data**  
**Race**

	<b><u>Revised Submission</u></b>	<b><u>Original Submission</u></b>
	<b>FY2023 Count</b>	<b>FY2023 Count</b>
Race - American Indian or Alaska Native	95	95
Race - Asian	502	502
Race - Black or African American	1,878	1,878
Race - Native Hawaiian or Other Pacific Islander	34	6,673
Race - Other	6,673	821
Race - White	72,182	72,182
Race - Unknown	0	0
Total	81,364	82,151

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5. The MassHealth/ Medicaid levels for BID-Oncology, BILHPC Quincy and BILH Urgent Care Quincy stand out as low in comparison to the hospital percentages. Please provide an analysis on why these rates are so much lower and what steps the Applicant will take to increase Mass Health levels at the new Satellite sites.

According to data shared by the Applicant, the Medicaid payer mix for BILH Primary Care Quincy was 27% and for BILH Urgent Care Quincy was 13%, both of which are higher than or in concert with Medicaid payer mix for BID Milton Hospital, which was 14.4%. While the BID Plymouth-Oncology program's Medicaid rate appears out of sync with BID Plymouth Hospital's Medicaid rate, 60% of patients of the BID Plymouth-Oncology program had Medicare insurance compared to just 37% for BID Plymouth Hospital overall. This disproportionate share of patients with Medicare insurance in the BID Plymouth-Oncology program is the result of advancing age being the primary risk factor for cancer with incidence rates that climb steadily as age increases.<sup>3</sup>

**Factor 1a: Patient Panel Need**

6. How many physicians and other staff currently at the BID-Plymouth Hematology-Oncology Clinic are expected to transfer to the Cordage Park Satellite?

**The Applicant will transition seven physicians, two advanced practice providers, and 44 staff to the new Cordage Park Satellite.**

7. Please provide the number of new hire physicians and other staff as well as the number of physicians/ other staff expected to transition to the Quincy Satellite.

**The Applicant will recruit/hire or transition staff to the new Quincy Satellite as follows:**

**Quincy Satellite Staffing Model**

	New Hire	Transition
Providers <sup>4</sup>	17.0	13.2
Staff	153.7	34.0

**Factor 1f: Competition**

8. Please provide an explanation (with references cited) to support that improving access to hematology-oncology, infusion, primary and specialty care, urgent care, lab, and diagnostic imaging services would reduce the cost of care (without reiterating the cost comparison table provided in round 1 questions.)

<sup>3</sup> National Cancer Institute, *Age and cancer risk* (March 5, 2021), [https://www.cancer.gov/about-cancer/causes-prevention/risk/age#:~:text=According%20to%20the%20most%20recent,diagnosed%20in%20this%20age%20group;Andrei%20V.%20Gudkov,%20PhD,%20Does%20cancer%20risk%20increase%20with%20age%3F,Roswell%20Park%20Comprehensive%20Cancer%20Center,\(June%2025,%202020\),https://www.roswellpark.org/cancertalk/202006/does-cancer-risk-increase-age#:~:text=Unfortunately%2C%20yes.,for%20recruiting%20cancer%20initiating%20cells.](https://www.cancer.gov/about-cancer/causes-prevention/risk/age#:~:text=According%20to%20the%20most%20recent,diagnosed%20in%20this%20age%20group;Andrei%20V.%20Gudkov,%20PhD,%20Does%20cancer%20risk%20increase%20with%20age%3F,Roswell%20Park%20Comprehensive%20Cancer%20Center,(June%2025,%202020),https://www.roswellpark.org/cancertalk/202006/does-cancer-risk-increase-age#:~:text=Unfortunately%2C%20yes.,for%20recruiting%20cancer%20initiating%20cells.)

<sup>4</sup> Decisions to recruit new providers (e.g., physicians, PAs and NPs) or transition/rotate existing specialty providers are still under development. Additionally, over 100 physicians who provide rotating shift coverage for the current Quincy urgent care center will transition and continue to provide rotating shift coverage at the new Quincy Satellite and are not included in the above count. Lastly, the Applicant anticipates that the Quincy Satellite will serve as a destination site for services including imaging, infusion, lab and pharmacy which comprise 44% of new hires.

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Foregoing or delaying appropriate and necessary care, particularly for chronic conditions, results in deteriorating health, exacerbated symptoms and an increase in overall costs to the health care system.<sup>5</sup> In a study reviewing cost of care for breast cancer, which included two years of post-diagnosis claims data analyzed by stage at diagnosis, researchers found that the average cost per patient at disease stages III and IV were between 64% and 154% higher than the cost of those patients treated at Stage 0, I and II.<sup>6</sup> Missed medical appointments, annual check-ups, and preventive screenings such as mammograms and colonoscopies, can result in unmanaged symptoms, particularly for individuals with chronic disease, leading to emergency room visits or hospitalizations that are far costlier than outpatient care.<sup>7</sup>

Further, medication adherence can be negatively impacted as a result of lack of transportation to and from a doctor's office and/or a pharmacy.<sup>8</sup> One study concluded that the annual estimated cost of prescription drug morbidity and mortality resulting from non-optimized medication therapy, including medication non-adherence, was over \$500 billion in 2016 dollars.<sup>9</sup>

The Applicant seeks to improve adherence to healthcare regimens by expanding services in the local community and reducing the need for patients to travel outside of their local community to receive care. A literature review of 61 studies concluded that transportation barriers, particularly for individuals with lower incomes or who are un- or under-insured, are a key barrier to healthcare access.<sup>10</sup>

**Factor 2: Cost Containment**

9. Please define "Blended + Discount" in the Comparison of Average Costs table provided in round 1 questions.

The Applicant defines "Blended" as the sum of net patient service revenue per visit across three payer categories (Commercial, Medicare and Medicaid/Other) and the payer mix for each specialty. "+ Discount" then reduces the Blended rate by 40% percent to reflect off-campus Hospital Outpatient Department rates.

10. In order to support the statement that the Satellite is likely to reduce the cost of care:

- a. Please explain the reasoning behind licensing the Satellites as HOPD's connected to BIDMC, one BILH's most expensive hospitals, instead of attaching to one of BILH's community hospitals.

The Applicant's decision to license the Satellites under BIDMC is based on a number of factors. First, the Satellites will enhance clinical offerings for patients in the Plymouth and Quincy regions, including expanding access to a greater variety of oncology clinical trials, sustaining access to increasingly complex, high-cost pharmaceutical infusion treatments and sub-specialized physicians from BIDMC that would not

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<sup>5</sup> Stephanie P. Hales, The Role of Appropriate Access to Care in Reducing Health System Costs, THE REGULATORY REV. (May 13, 2019), <https://www.theregreview.org/2019/05/13/hales-appropriate-access-care-reducing-health-costs/>.

<sup>6</sup> Helen Blumen, MD, et al., *Comparison of Treatment Costs for Breast Cancer by Tumor Stage and Type of Service*, 9AM. HEALTH DRUG BENEFITS 23, 23-32 (2016).

<sup>7</sup> Sumathi Reddy, *The consequences of skipping medical appointments during the Covid pandemic*, WALL STREET JOURNAL, (May 3, 2021), <https://www.wsj.com/articles/the-consequences-of-skipping-doctor-appointments-during-the-covid-pandemic-11620067142>.

<sup>8</sup> Dan Klein, *Medication non-adherence: a common and costly problem*, PAN FOUND, (April 2020), <https://www.panfoundation.org/medication-non-adherence/>.

<sup>9</sup> Jonathan H Watanabe, et al., *Cost of prescription drug related morbidity and mortality*, 52(9) ANN PHARMACOTHER 829, 829-837, (Sept. 2018), <https://pubmed.ncbi.nlm.nih.gov/29577766/>.

<sup>10</sup> Samina T. Syed, et al., *Traveling Towards Disease: Transportation Barriers to Health Care Access*, J COMMUNITY HEALTH 38, 976-993 (Mar. 31, 2013), <https://link.springer.com/article/10.1007/s10900-013-9681-1>.

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be available if the Satellites were licensed under the local hospitals. Second, BID Milton does not have the provider resources nor operational structure to support the development of the Quincy Satellite which is anticipated to add significant health services capacity in a region that is forecasted to have an increase in population growth and unmet healthcare demand in a number of areas, and that has experienced losses in medical services due to the Steward hospital closures in Quincy and Dorchester. Lastly, the cost structure of the Proposed Project is expected to be significantly lower under the BIDMC license. BIDMC is lower cost than numerous other Greater Boston academic medical centers. As a system, the Applicant has a record of bringing more complex care closer to patients within their communities, while also ensuring care that should be provided in a community hospital setting remains in that setting. The Proposed Project will improve health outcomes, patient satisfaction, and quality of life by providing timely access to critical healthcare services in a lower-cost outpatient setting.

- b. Please provide a comparison of the NPSR per visit for the Quincy Satellite services compared to the NPSR Per Visit for Community Hospital Licensed Outpatient Centers.

Please see the table below for a comparison of the net patient service revenue (“NPSR”) of the Quincy Satellite versus other Applicant’s urgent care centers located throughout Eastern Massachusetts, licensed as either an off-campus hospital outpatient department or a physician office and that are billing for urgent care services.

**Comparison of Quincy Satellite and Community Hospital Licensed Outpatient Center NPSR per visit**

	<b><u>Community Site 1</u></b>	<b><u>Community Site 2</u></b>	<b><u>Community Site 3</u></b>	<b><u>Community Site 4</u></b>	<b><u>New Satellite</u></b>
NPSR per visit for Urgent Care	\$ 148.96	\$ 145.00	\$ 142.00	\$ 165.00	\$ 143.38