

# BILH Winchester Hospital DoN Application #BILH-25102211-AS

## DoN QUESTIONS #2

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; 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. Responses to DoN Questions #1 states Winchester Hospital patients comprise 64% of the Center's patients and Atrius patients comprise the remaining 36% of patients (pg.2).
  - a. Are DHA patients counted separately from Winchester Hospital's GI groups' patients?  
**Yes.**
  - b. Digestive Health Associates patients comprise what percentage of the Center's patients?  
**30%.**
2. Explain the reason for the decrease in Medicaid, in the Center's payer mix from FY23 to FY25, as well as strategies that Applicant is implementing to increase Medicaid in the Center's payer mix.  
**Medicaid, inclusive of Managed Medicaid, increased from 298 covered patients in FY23 to 442 covered patients in FY25, demonstrating increased access to endoscopy by patients with Medicaid. The Applicant further notes that the decrease in Medicaid patients as a percentage of the Center's payer mix is reflective of payer mix in Massachusetts overall. In 2025, fewer patients were enrolled with MassHealth statewide compared to 2023. For reference, 1,590,000 individuals were enrolled in MassHealth in 2023 and the number decreased to 1,270,000 in 2025, reflecting a 20% decline.<sup>1</sup> The Applicant attributes the decline at Winchester Hospital to the decline at the state level.**

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<sup>1</sup> <https://www.chiamass.gov/enrollment-in-health-insurance/>

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3. For comparison purposes, please provide current wait times for endoscopy procedures at Winchester Hospital – Main Campus Endoscopy.

**Wait time for endoscopy at the Hospital's main campus are one to three months depending on when the patient's GI physician has available block time.**

4. Responses to DoN Questions #1 states, Winchester GI, DHA, and Atrius each have 90 hours of block time a week (pg.3).
- a. What will be the allotted block time for Winchester GI, DHA and Atrius after implementation of the Proposed Project?

**Block time has not been determined at this time because it will be driven by utilization trends reflective of the period of time when the additional rooms open.**

5. Responses to DoN Questions #1 states, the Hospital anticipates most positions will be filled by internal applicants. To the extent external applicants are needed, the Hospital will recruit internally from its medical/surgical service. The Center offers career advancement from medical/surgical positions that are highly sought after by staff. As a result, the Hospital does not anticipate any staffing challenges for the proposed expansion (pg.4).
- a. Explain the difference between an internal candidate and an external candidate, for the purposes of recruiting and staffing the Center, including differences in affiliation to Winchester Hospital.

**The Center is part of the licensed Hospital and operated by the same legal entity. Therefore, internal candidates are all individuals currently employed by Winchester Hospital.**

- b. How will the recruitment of staff from Winchester Hospital to the Center impact Winchester Hospital's staffing? Will Winchester Hospital experience any staffing challenges as a result of the internal recruitment of medical/surgical staff to the Center?

**No. The number of new staff needed at the Center is unlikely to impact staffing at the Hospital.**

6. Given that HOPD's higher reimbursement for common procedures when performed in the ASC setting, and ASCs lower operating costs, how does the Proposed Project, including the expansion of access to endoscopy services in the HOPD setting compete on the basis of price?<sup>i,ii</sup>

**While the Center is a hospital outpatient department, cost implications other than price were important considerations for the Applicant in determining that the proposed expansion of the Center is needed for its Patient Panel. The Center is a well-established endoscopy provider with the staffing and payer contracting infrastructure and physical space for an expansion. Constructing a new freestanding ASC would require a significantly higher capital expenditure and more time, resulting in costly and unnecessary delays in expanding access to diagnostic and preventative health care.**

**As noted in the Application, the Center's expansion will lower health care spending and total medical expenditure through the provision of preventative care. Early detection of colorectal and other gastrointestinal cancers via routine endoscopic screening enables the identification and removal of precancerous polyps, significantly reducing the incidence of advanced-stage**

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cancers that are far more costly to treat.<sup>[1]</sup> Preventative endoscopy not only improves patient outcomes and survival rates but also reduces the need for later expensive interventions, potential hospital admissions, and complex oncologic treatments associated with late-stage disease.<sup>[2]</sup> Increasing procedural capacity at the Endoscopy Center will support earlier, less invasive, and more cost-effective care, ultimately decreasing the overall financial burden on patients, payers, and the Commonwealth's healthcare system. Whereas the establishment of a new ASC would add years to the timeline for bringing expanded access to the Patient Panel. Lastly, as an existing provider of endoscopy services, there will be no change in price because of the Proposed Project.

7. The application states interpreter services are available for more than 100 languages, including American Sign Language, and can be used 24 hours a day 7 days a week (pg.16).

- a. Please confirm that interpreter services are available during the Center's hours of operation (Monday-Friday, 7am-5pm).

**Yes, as the Center is a service of the Hospital, interpreter services are available during the Center's hours of operation.**

- b. Are interpreter services available to all of the Center's patients (Winchester Hospital GI group, DHA, and Atrius)?

**Yes.**

- c. Provide the number of interpreter service requests in the past year by the Center's patients, as well as top languages requested.

**Interpreter services are available by service, in this case, outpatient endoscopy. Therefore, the data previously provided is inclusive of patients at the main campus and the Center and cannot be further broken down.**

8. The application states staff also receive ongoing training on health equity, disability, interpreter services, and social determinants of health through department meetings and online learning modules (pg. 17).

- a. Does this include the Center's staff? If not, please discuss any required training for the Center's staff.

**Yes. The Center is part of the Hospital and as such the Center staff are employed by the Hospital and subject to the same training as all hospital staff.**

9. The applicant states that all Winchester Hospital patients are screened for SDoH during the initial consultation by nurse staff (pg.16).

- a. Do Winchester Hospital's SDoH screening and referral processes include all of the Center's patients (Winchester Hospital GI group, DHA, and Atrius)? If not, please explain.

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<sup>[1]</sup> See, e.g., Mehak Gul Mastoi et al., *Advances In Endoscopic Techniques For Early Detection And Treatment of Gastrointestinal Cancers: A Systematic Review*, MEDICINE (Oct. 2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12537103/>.

<sup>[2]</sup> Goede SL, Kuntz KM, van Ballegooijen M, et al. Cost Savings to Medicare from Pre-Medicare Colorectal Cancer Screening. MEDICAL CARE. 2015;53(7):630-638.

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**All Center patients are screened for safety at home and BILH Find Help Resources included on every patient After Visit Summary at discharge. If an issue is disclosed to Center staff, referrals will be made to the appropriate resource.**

10. Responses to DoN Questions #1 states BILH Performance Network (BILHPN) is committed to advancing population health and achieving quality performance measures outlined in at-risk payor contracts, including colon cancer screening (pg.5).

- a. Does BILHPN's work to advance population health and achieve performance measures described on page 5 of Responses to DoN #1 include all patients of the Center (Winchester Hospital GI group, DHA, and Atrius patients)? If not, please explain.

**Yes, as the Center is a satellite of the Hospital, it is included in BILHPN's work.**

11. The benchmark for ADRs is 25% overall, 30% in men, and 20% in women.<sup>iii,ivv</sup>

- a. How is the Center's ADR calculated?

**Number of colonoscopies with at least one polyp finding/total number of colonoscopies.**

- b. Explain the reason for the Center's ADR in 2025 (lower than the benchmark) as reported in Responses to DoN Questions #1 (pg.5), and any strategies in place to improve the Center's ADR.

**The Center historically has been unable to capture Atrius results, so the ADR provided did not include Atrius patients in the numerator, but did capture all procedures in the denominator, thus skewing the ADR negatively.**

12. The application states that the Proposed Project will address a need for endoscopy services in the BILH system, particularly among Lahey and BIDMC GI patients.

- a. Explain the referral process for Lahey and BIDMC GI patients. Are patients referred directly to the Center for a procedure or are they screened by Winchester Hospital GI providers?

**BILH is currently utilizing two processes to facilitate care for BIDMC and Lahey patients at the Center. First, Winchester Hospital is providing block time (seven days per month) at the Center to one BIDMC GI provider which will allow approximately 1,000 BIDMC patients annually to receive their care at the Center with their existing GI provider. Second, Winchester Hospital is working directly with Lahey Primary Care patients who have colonoscopy orders to schedule their procedures at the Center with the next available provider.**

- b. BIDMC and Lahey patients will make up what percentage of the Center's projected new procedure volume?

**Lahey patients currently make up approximately one-third (1/3) of the Center's screening colonoscopy referral volume and the Applicant anticipates Lahey patients will similarly comprise one-third (1/3) of additional screening volume through the Proposed Project. The Applicant anticipates an additional 1,000 BIDMC will have access to endoscopy at the Center following the proposed expansion.**

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13. The application states all BILH-affiliated providers receive case notes following the endoscopy procedure at the Center (pg.17)

- a. Does this include for DHA and Atrius providers? If not, please explain processes for sharing case notes.

**Yes, DHA and Atrius providers are BILH-affiliated providers.**

14. Responses to DoN questions #1 states that the Applicant's fiscal year is from October 1 – September 30 (pg.1).

- a. Are the fiscal years referenced in the application and follow-up questions the same as the Applicant's fiscal year (Oct 1-Sept 30). If not, please provide fiscal years for the data where it differs from the Applicant's.

**Yes. The Applicant is the provider organization and all entities within that organization are on the same fiscal year, October 1 – September 30.**

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<sup>i</sup> Commercial prices 78% higher in HOPDs than ASCs: Study. Becker's ASC Review.

<https://www.beckersasc.com/asc-coding-billing-and-collections/commercial-prices-78-higher-in-hopds-than-asc-study/#:~:text=Commercial%20insurers%20paid%20an%20average,safely%20performed%20in%20ASC%20setting>

<sup>ii</sup> Hospital outpatient prices far higher, rising faster than physician sites.

<https://www.bcbs.com/news-and-insights/white-paper/ambulatory-payment-classifications-site-neutral-analysis>

<sup>iii</sup> Liem B, Gupta N. Adenoma detection rate: the perfect colonoscopy quality measure or is there more? *Transl Gastroenterol Hepatol.* 2018 Mar 21;3:19. doi: 10.21037/tgh.2018.03.04. PMID: 29682626; PMCID: PMC5897691.

<sup>iv</sup> Anderson JC, Rex DK, Mackenzie TA, Hisey W, Robinson CM, Butterly LF. Endoscopist adenomas-per-colonoscopy detection rates and risk for postcolonoscopy colorectal cancer: data from the New Hampshire Colonoscopy Registry. *Gastrointest Endosc.* 2024 May;99(5):787-795. doi: 10.1016/j.gie.2023.11.014. Epub 2023 Nov 21. PMID: 37993057; PMCID: PMC11039365.

<sup>v</sup> Quality indicators for colonoscopy. Rex, Douglas K.Anderson, Joseph C.Butterly, Lynn F.Day, Lukejohn W.Dominitz, Jason A.Kaltenbach, TonyaLadabaum, UriLevin, Theodore R.Shaukat, AasmaAchkar, Jean-PaulFarraye, Francis A.Kane, Sunanda V.Shaheen, Nicholas J. et al. *Gastrointestinal Endoscopy*, Volume 100, Issue 3, 352 - 381  
<https://www.giejournal.org/action/showPdf?pii=S0016-5107%2824%2903164-X>