Beth Israel Lahey Health Surgery Center Plymouth, LLC DON # 22062915-AS

APPLICANT RESPONSES #2

Responses should be sent to DoN staff at 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 June 5, 2024.

Factor 1ai: Patient Panel

1. Please provide the number of unique patients served for FY2018 and FY2019 in the table below.

	FY2018	FY2019
BID Plymouth ¹	81997	81709
PBOA Surgical Panel ²	1316	1700
BID Plymouth Orthopedic Surgical Population ³	2274	2251

2. Given the lack of racial diversity reflected in the Patient Panel, please describe efforts the Applicant plans to implement at the new ASC to reach underserved racial populations in Primary Service Area.

Response: Please see the response to Question 3.

3. The Applicant reports a low percentage of Medicaid participants among BID Plymouth Orthopedic and PBOA Orthopedic Patient Population. Please describe plans to improve Medicaid participation.

Response to Q2 and Q3: In addition to the financial assistance, language tools and transportation services mentioned in the main narrative that are consistent with priority activities identified through BID Plymouth's Community Health Needs Assessment, the ASC will be integrated into the Beth Israel Lahey Health Performance Network, including practices that integrate care across the continuum and policies that ensure all of the employed primary care physicians across BILH participate in the MassHealth ACO, which will provide greater opportunity for the ASC to reach Medicaid patients throughout the Plymouth region.

The ASC will collaborate with and serve as a resource to BID Plymouth's Community Health Implementation Strategy (IS), which identified Equitable Access to Care for racially, ethnically and linguistically diverse populations as an area of priority focus and investment. The ASC will broaden the

¹ Fiscal year October – September.

² Fiscal year January – December.

³ Fiscal year October – September.

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reach of populations served through outreach and joint initiatives with identified IS partners, such as Healthy Plymouth and the Quincy Asian Resources Inc.

4. In the response to Question 7 in the first round of questions, the PBOA Orthopedic Surgical Panel totals do not match the total unique patients on Table 5 of the Narrative. Please explain the difference in totals.

Response: The discrepancy in Table 5 in the Narrative is because PBOA and BID Plymouth do not share the same fiscal year. PBOA's fiscal year is January through December and BID Plymouth's fiscal year is October through September so the number of patients seen during each entity's fiscal year is unlikely to align given the mismatch in months included.

5. The surgical volume provided in Question 7 of the first round of questions notes the vast majority of PBOA surgeries were performed at BID Plymouth with very low numbers (<11-32 patients) of PBOA surgeries performed outside of BID Plymouth. In FY2022 and FY2023, the PBOA Surgical Panel totals (provided on pages 4 and 6 of the narrative) are higher (between 227-350 patients) than the BID Plymouth Orthopedic Surgical Population numbers. Please explain the discrepancy in these figures.

Response: Consistent with the response to Q4 above, the discrepancy is due to the different fiscal years used by the entities.

Factor 1a.ii. - Patient Panel Need

- 6. The response for Questions 9a and 9b on the first round of questions stated that wait time data was not tracked and couldn't be pulled but the expectation is that the ASC will reduce wait times by 50%
 - a. Please provide a description of how wait time is calculated.

Response: Wait time is measured as the time between a consultation that results in mutual agreement between the surgeon and the patient that surgery is the next best course of action and the day the patient's surgery is scheduled.

b. What is the Applicant's plan to assess a 50% reduction without foundational wait times?

Response: In response to the first round of questions, the Applicant highlighted that current wait times stand at approximately six (6) weeks. Accordingly, that will be considered the foundational wait time and anticipate reducing the average wait time to approximately three (3) weeks with the opening of the ASC.

7. In response to question 8 on the first round of questions, Foot and Ankle surgeries saw a precipitous drop in volume in FY2023. Please explain the sudden drop in volume for this surgery.

Response: In pulling the data, Podiatry was unintentionally left off the FY23 dataset. The correct number of Foot and Ankle surgeries for FY2023 is 109.

- 8. Pages 8-9 of the Narrative state, "Additional volume will come from within the BILH system where patients in the service area historically had travelled for orthopedic surgery as the ASC will present a more convenient location closer to home."
 - a. Is there data to support this statement?

Response: In FY23, 79 outpatient orthopedic cases from BILH Primary Care practices in the BID Plymouth area went to BILH hospitals other than BID Plymouth, primarily New England Baptist Hospital. These cases only represent outpatient surgical cases where the patient had a BILH primary care doctor and underrepresents the number of Plymouth County residents who left the service area for treatment. The Proposed ASC will not be limited to patients with a BILH affiliation, nor surgeons

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with a BILH affiliation, and therefore will improve access for all residents seeking outpatient orthopedic surgery in their community.

b. Where have the BILH patients in the service area historically travelled for orthopedic surgery?

Response: In FY23, patients of BILH Performance Network practices in the Plymouth region traveled out of the market for orthopedic surgery to the following: South Shore Health, New England Baptist Hospital, Good Samaritan Medical Center, Cape Cod Hospital, and Brigham and Women's Hospital.