

MGB Ambulatory Surgery - Cambridge, LLC
DON # MGB-C-25070908-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 **December 1, 2025**.

1. Does the Applicant anticipate any collateral alleviation of endoscopy backlog at any other MGB hospitals or just the Academic Medical Centers?

The primary goal of the Proposed Project is to shift volume from MGB's AMCs to the ASC. The Proposed Project is part of larger objective to alleviate the system-wide backlog of endoscopy procedures.

2. Please explain whether a lack of capacity at MGB's community hospitals and other outpatient locations act as a barrier to help decant endoscopy from the AMCs.

Yes, there are capacity constraints at all MGB locations which prevents the AMCs from shifting volume.

3. At the bottom of page 2 of the Narrative, the Applicant describes the towns with the highest need for outpatient endoscopy and receiving care at the MGB AMCs.

a. Do the towns listed represent currently unmet need, or vastly delayed need because the AMC is currently the only option?

The towns listed represent the highest need for endoscopy at the AMCs based on historical volume and proximity to the proposed ASC. The current need for endoscopy by MGB patients extends across the region because current capacity is insufficient to meet patient need.

b. Is there capacity at Waltham or MGB community hospitals (e.g., NWH) to assist with the backlog in these areas?

No, capacity is not available at alternative MGB facilities to assist with the backlog.

4. Please share the Applicant's plan to increase their Medicaid patients.

The Applicant is a newly formed entity and does not currently have patients. When the Center opens, the Applicant will accept Medicaid patients.

5. Approximately what percentage of the current backlog of outpatient endoscopy patients are waiting for colonoscopies?

78% of the current backlog of endoscopy patients are waiting for colonoscopy.

MGB Ambulatory Surgery - Cambridge, LLC
DON # MGB-C-25070908-AS

6. Page 6 of the Narrative states, “In FY2024, the MGB AMCs performed 35,195 endoscopy procedures, including 29,723 outpatient procedures.” Page 7 of the Narrative states, “In FY2024, MGB and BWH performed 20,117 endoscopy procedures which could have been performed in an ASC.”

a. Please explain the difference in the number of outpatient procedures referenced?

The statement on page 6 refers to all endoscopy patients, while the statement on page 7 refers only to patients who could have had their endoscopy procedure in an ASC. Not all patients are clinically appropriate to have their outpatient procedures performed in an ASC and will continue to be treated in a hospital outpatient department.

b. How many of the outpatient endoscopy procedures that could have been performed in an ASC were colonoscopies?

16,207 of the ASC-eligible endoscopy procedures were colonoscopies.

7. Page 7 of the Narrative states that, “26,586 MGB patients are waiting for their endoscopy procedure to be scheduled at MGH and BWH.” Please provide historical backlog data from FY2022 to FY2024 to better illuminate the increase in backlog over time.

Backlog reports can only be run to provide a snapshot of the data as it currently exists therefore a report cannot be run for the backlog that existed historically. Orders are added to the endoscopy queue daily and exceed the number of procedures performed each day. As a result, MGB has continued to see the backlog grow even as endoscopy volume has increased. This is demonstrated by wait time data provided in the response to question 10 below, which generally shows that wait times have increased across endoscopy procedures¹ at both AMCs by an average of 20% since FY22.

8. Regarding Table 4 in the Narrative:

a. Is the endoscopy data provided focused only on colonoscopy procedures or does it include all endoscopy procedures?

This is all ASC-eligible endoscopy volume for the Proposed Service Area.

b. Please provide the count and percentage for FY2025

Table 4: Historical Utilization	FY 2025	FY 2025
Outpatient Endoscopy Volume Total	10,241	100%
Facility: BWH	1,965	19%
Facility: MGH	8,276	81%
Category: Diagnostic	4,598	45%
Category: Procedural/Screening	4,184	41%
Category: Other ²	1,459	14%
Type: Upper	2,784	27%
Type: Lower + Other	7,457	73%

¹ Upper Endoscopy Ultrasound saw a 1.8% decrease at MGH from FY22 to FY25.

² Includes follow-up for positive FIT/Cologuard and surveillance for history of polyps.

MGB Ambulatory Surgery - Cambridge, LLC
DON # MGB-C-25070908-AS

- 9. Page 1 of the Narrative states that the MGB AMCs, “have more than 25,000 patients waiting for their endoscopy procedures to be scheduled.” Are these patients waiting for only colonoscopies or other types of endoscopy procedures?**

This figure is inclusive of all endoscopy procedures.

- 10. Please provide the average wait times at MGH and BWH for all types of outpatient endoscopy procedures from FY2022-FY2025, separated by type of procedure if possible.**

BWH Main Campus Endoscopy Wait Times (Days)

Endoscopy Procedure	FY22	FY23	FY24	FY25	FY22-FY25
Colonoscopy	118	142.6	166.4	147	24.6%
Endoscopic Retrograde Cholangiopancreatography	26.4	28.6	36.6	34.3	29.9%
Esophagogastroduodenoscopy	70.8	80.5	94.9	84.4	19.2%
Gastroscopy Flexible	42.8	53.6	62.5	59.1	38.1%
Sigmoidoscopy Flexible	50.2	51.1	54	50.9	1.4%
Upper Endoscopic Ultrasound	61.5	65.5	68	73.7	19.8%
Other	86.2	98.8	113.8	100.3	16.4%

MGH Main Campus Endoscopy Wait Times (Days)

Endoscopy Procedure	FY22	FY23	FY24	FY25	FY22-FY25
Colonoscopy	121.8	164.5	162.8	148.1	21.6%
Endoscopic Retrograde Cholangiopancreatography	41.9	47.2	51.5	51.5	22.9%
Esophagogastroduodenoscopy	77.2	92.7	84.1	86.6	12.2%
Gastroscopy Flexible	62.4	66.9	70.5	76.4	22.4%
Sigmoidoscopy Flexible	40.5	45	47.8	51.3	26.7%
Upper Endoscopic Ultrasound	85.3	90.1	79.8	83.8	-1.8%
Other	101.5	133.5	127.9	120.4	18.6%

- 11. Round 1 responses (question 6) indicates that the projected capacity of the new ASC was determined by the size and particular features of the facility that was secured. Did the Applicant use any kind of methodology to determine the size of facility to seek for this project?**

To address the need for endoscopy by the Patient Panel, the Applicant looked for a suitable space within the Proposed Service Area that was 1) available for sale or lease, 2) easily renovated into an endoscopy center, 3) offered adequate space (e.g., one-room centers were not considered), and 4) convenient for the Patient Panel. While the Applicant would have been interested in larger spaces, Boston’s current real estate landscape did not allow for a new build and afforded very limited options. Rather than waiting for the perfect space, the Applicant chose a space that would significantly improve access within the most reasonable amount of time.

- 12. In round 1 responses (question 7), the Applicant stated they would hire 14 FTE clinical staff and 9 FTE non-clinical staff. The Applicant later clarified that in addition to these FTE’s, the ASC will also utilize three full-time equivalent GI physicians, one full-time equivalent anesthesiologist, and three full-time equivalent Certified Registered Nurse Anesthetists. Please provide details on the credentials or job titles of the 14 FTE of clinical staff proposed.**

All 14 of the proposed clinical staff positions will be Registered Nurses.

MGB Ambulatory Surgery - Cambridge, LLC
DON # MGB-C-25070908-AS

13. Please provide a list of the endoscopy procedures that the Proposed ASC plans to provide.

Please note this list is provided in the Narrative as FN 8:

- Colonoscopy - Diagnostic/Screening;
- Colonoscopy – Procedural; EGD – Diagnostic;
- EGD – Procedural; Anoscopy – Procedural;
- Enteroscopy – Diagnostic;
- Enteroscopy – Procedural;
- Esophagoscopy – Diagnostic;
- Esophagoscopy – Procedural;
- Other GI Procedures - Dilation – Esophagus;
- Other GI Procedures - GI Tube Insertion/Replacement/Service – Percutaneous;
- Other GI Procedures - Other Tube Placement;
- Proctosigmoidoscopy – Diagnostic;
- Proctosigmoidoscopy – Procedural; Sigmoidoscopy - Diagnostic/Screening;
- Sigmoidoscopy – Procedural.

14. In the Narrative page 12, the Applicant cites a data saying that, “In Massachusetts alone, 2,770 new colorectal cancer cases and 820 related deaths are expected this year.” Can the Applicant cite any data about colorectal cancer rates and deaths specific to the proposed service area?

Based on the most recently available “Health of Boston” report, colorectal cancer was the fourth leading type of cancer mortality with 54 deaths recorded.

https://www.boston.gov/sites/default/files/file/2023/05/HOB_Cancer_2023_FINAL_May11.pdf

15. Page 9 of the Narrative states that expanded access to endoscopy will, “facilitate earlier detection of colorectal cancer.” Will the ASC provide earlier detection of colorectal cancer specifically, or will the endoscopy service provide timely detection in general?

The ASC facility will allow expanded access to timely screenings which will lead to earlier detection of colorectal cancer.

16. On page 10 of the Narrative, the Applicant cites that, “ASCs are projected to generate approximately \$73.4 billion in Medicare savings between 2019 and 2028.” Given that we are 7 years into this 10 year projection, are there actual reportable savings or a more recent projection?

As of 2024, annual savings to Medicare from ACSs was \$2.3 billion. <https://ascdata.com/wp-content/uploads/2025/02/ASC-Data-Industry-Overview-February-2025.pdf>

MGB Ambulatory Surgery - Cambridge, LLC
DON # MGB-C-25070908-AS

- 17. Round 1 responses (questions 11 and 13) indicated that the ASC will not conduct SDoH screenings but does plan to be involved in connecting patients to community resources. What process or criteria will be used to determine which patients are connected to community resources?**

The ASC will not conduct formal SDoH screenings, but it will incorporate structured clinical and situational assessments during the Pre-Admission Testing (PAT) process to identify barriers that may impact perioperative safety and post-operative recovery. This includes evaluating transportation reliability, caregiver availability, communication or health literacy needs, functional status, and the patient's ability to comply with discharge instructions, several of which align with common SDoH domains.

When these assessments identify a risk that could compromise a safe surgical experience, ASC staff follows a defined, nurse-led process to connect patients with appropriate community resources. Patients may be referred when they lack transportation or caregiver support, have difficulty understanding instructions, face challenges in their home environment, or experience barriers obtaining medications or supplies. ASCs are not positioned to manage SDoH longitudinally, so ASC staff will ensure timely referral to community organizations, health system partners, or local support services to promote safe discharge, reduce complications, and support a successful recovery.

Patients will also be connected to community resources through their MGB care teams, including primary care physician offices and gastroenterologists, and by making available information on services to support MGB patients.

- 18. Factor 5 analyzed the quality, efficiency, capital expense, and operating costs of alternative solutions to the Proposed Project. Please provide an analysis of these topics based on the use of other facilities in the MGB network such as Waltham or MGB community hospitals.**

MGB is experiencing a system-wide backlog of endoscopy cases because there is more demand for endoscopy than OR capacity. As a result, MG Waltham and the only MGB community hospital easily accessible to the Applicant's patient panel, Newton Wellesley Hospital, cannot accept enough volume to meaningfully address the need for endoscopy by the MGB AMC's patients.

- 19. Given that the Proposed Project is expected to reduce wait times for outpatient endoscopy procedures, please propose an Outcome Measure that defines "wait time" and tracks these wait times.**

Wait Time from Scheduling to Procedure: The Center will monitor and report the average time patients wait from the date the procedure is scheduled to the date the procedure is performed.

Measure: Average number of days between the date a procedure is scheduled and the date the procedure is performed.

Numerator: Total number of days waited by all patients from scheduling to procedure date.

Denominator: Total number of scheduled procedures.

- 20. For the proposed outcome measure for Adenoma Detection Rate: Is there a baseline or how is the target established?**

As a new facility, a baseline will be provided after the Center has been operational for one year.