

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

APPLICANT QUESTIONS 3

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 **February 18, 2025**.

Factor 2: Cost Containment

1. In response to the reasoning behind tying the Satellites to BIDMC, the Applicant stated, "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 be available if the Satellites were licensed under the local hospitals." Given that BILH is a health system:
 - a. Explain why the services listed cannot be licensed under Milton Hospital and BID-Plymouth which serve the Quincy and Plymouth regions?

As demonstrated in the Application, the Plymouth and Quincy regions will continue to see an increase in demand for cancer care and other services. To accommodate this demand, the Applicant is committed to expanding access and capacity to ensure these critical services are delivered through community-based settings and located in the community. While the Applicant's operating model has consolidated corporate functions, such as human resources, IT and Finance, clinical and operational oversight is maintained locally and aligned with hospital licensure.

The ability of BID Plymouth to continue to provide cancer services under the current cost structure is untenable. Specifically, the high cost for BID Plymouth to acquire the drugs necessary to operate a full-service cancer center is not sustainable in the long term. Additionally, neither BID Milton nor BID Plymouth have a provider model that can recruit and staff the number of physicians required to operate the proposed services offered by the Proposed Project. Further, BID Milton and BID Plymouth do not have the clinical specialization to provide all of the services proposed to be provided by BIDMC under the Proposed Project. It is because of the Applicant's operating model that the Applicant is able to leverage this construct – a clear benefit of the BILH system of care.

The ability to extend cancer clinical trials and novel treatments to the Satellites requires that these sites become licensed HOPD sites of BIDMC. The depth and breadth of clinical research trials and novel treatments that will be available to these communities through Satellites that are licensed sites of BIDMC is larger than what BID Milton and BID Plymouth would be able to access individually. Further, alignment of these Satellites

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with other BIDMC-licensed sites will help to harmonize the care and research provided across the Applicant's cancer service line.

2. In response to the reasoning behind tying the Satellites to BIDMC, the Applicant stated, "BID Milton does not have the provider resources nor operational structure to support the development of the Quincy Satellite..." Given that BILH is a health system:
 - a. Please explain in greater detail why BID Milton does not have the provider resources, nor the operational structure to support the development of the Quincy site?

BID Milton lacks the resources to scale provider billing, recruitment, and employment capabilities to build the size of the clinical programs proposed for the Quincy Satellite. BID Milton does not have the experience nor bandwidth necessary to maintain and operate large ambulatory practices in cancer, infusion, cardiology and obstetrics & gynecology. Most of the subspecialty providers who currently practice at BID Milton are from BIDMC. Additionally, many of the providers who will support the Quincy Satellite will also practice at BIDMC, share in call coverage at BIDMC, admit patients and/or deliver newborns at BIDMC, etc. As such, clinical oversight of these providers and coordination between their ambulatory and other responsibilities will be key to an efficient operation.

By licensing the Quincy Satellite under BIDMC, the Applicant will be able to expand BIDMC's ambulatory operational structure from an array of already existing, large ambulatory sites including Chelsea, Chestnut Hill and Lexington, thus reducing redundancies within the Applicant's system.

3. Explain the reasoning why the Cordage Park Satellite is not being licensed to BID-Plymouth?

As noted in prior responses, the Cordage Park Satellite in Plymouth is being licensed under BIDMC for a number of reasons. First, patients being cared for at the Cordage Park Satellite will have access to a greater number and variety of clinical offerings - including oncology clinical trials, complex and high-cost pharmaceutical infusion treatments and sub-specialized physicians - than BID Plymouth would be able to access on its own as an independent, community cancer center. Second, the cost structure of the Proposed Project is expected to be significantly lower with BIDMC operating the Plymouth site because of lower pharmaceutical expenses. This will allow cancer services to remain in a lower-cost community setting in Plymouth, and it would also allow the Applicant's system to expand capacity to meet the ever-growing demand for cancer services in the Plymouth region. Lastly, aligning clinical and operational oversight for this Satellite will reduce redundancy and support a more efficient operation of the Applicant's cancer service line.

4. In response to the reasoning behind tying the Satellites to BIDMC, the Applicant stated, "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."
 - a. Please provide greater detail on why the cost structure would be lower under the BIDMC license versus the BID Plymouth and BID Milton licenses?

The ability of BID Plymouth to continue to provide cancer services and other services that rely on high-cost pharmaceuticals under the current cost structure is untenable. For BID Milton, the cost to expand infusion (for both cancer and non-cancer care) is cost-prohibitive due to pharmaceutical costs. However, the Applicant is committed to expanding access and capacity to ensure critical cancer services are delivered through lower-

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cost community-based settings. The cost for BIDMC to procure cancer/infusion pharmaceuticals is lower than BID Milton or BID Plymouth. Additionally, to establish and operate the Quincy Satellite, BID Milton would need to expend significant resources to build a provider employment capability to scale to the size of programming proposed in the Quincy Satellite, and invest in resources experienced in running large clinical ambulatory operations – capabilities that do not currently exist at BID-Milton. The Proposed Project, instead, eliminates the need for redundant expenditures when licensing under BIDMC provides for employment under the same operational and leadership structure.

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

The Applicant does not have data upon which it can appropriately compare net patient service revenue across community hospital outpatient centers in the Plymouth region.

Health Equity

1. The Applicant states that they will “employ a culturally competent staff to ensure each patient’s experience meets their needs.” How many of the transitioning staff noted in Round 2 Question Responses (questions 6 and 7) would meet the definition of culturally competent staff?

All of the Applicant’s employees and BILH-entity employees are required to pass two educational programs annually focused on 1) workplace harassment and cultural diversity, and 2) healthcare equity. As such, all transitioning staff meet the definition of culturally competent. Additionally, for many years, the Applicant has supported the numerous organizations to help build a thriving healthcare workforce, such as the Quincy Asian Resources Inc., which have been focused in and around the greater Quincy area and focused on the region’s growing Asian American population. The Applicant intends to build upon these workforce programs to provide job opportunities to the local Asian population, and other diverse populations, and invest in staffing resources that will provide a culturally sensitive and rich environment.

Quality Metrics

2. Are the Blood Pressure Control and A1C Control and Compliance Measures going to be tracked and reported for both Satellites or only for Quincy?

The Applicant confirms that the Blood Pressure Control and A1C Control and Compliance Measures are going to be tracked for primary care patients at the Quincy Satellite.