

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

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 **January 2, 2026**.

1. Please provide endoscopy specific utilization data for the MG Waltham and Newton Wellesley sites to better elucidate the capacity issues driving the request for the Cambridge ASC.

MG Waltham Endoscopy Operating Capacity, 2022 to 2025¹

Fiscal Year	Number of Dedicated Rooms	Total Volume	Cases per Room	Case Capacity Per Room ²	Operating Capacity
2022	0.4	1,274	1,274	1,134	112%
2023	0.4	1,324	1,324	1,184	112%
2024	2	4,823	2,412	3,138	77%
2025	2	5,095	2,548	3,138	81%

Newton Wellesley Endoscopy Operating Capacity, 2022 to 2025³

Fiscal Year	Number of Dedicated Rooms	Total Volume	Cases per Room	Case Capacity Per Room ⁴	Operating Capacity
2022	8	13,651	1,706	2,564	67%
2023	9	16,822	1,869	2,564	73%
2024	9	16,633	1,848	2,564	72%
2025	9	17,794	1,977	2,564	77%
2026 ⁵	9	20,275	2,253	2,564	93%

2. Please confirm the historical data and add missing data points for the table below reporting on shift of cases from MGH Main Campus to MG Waltham.

¹ Two dedicated endoscopy rooms opened in FY2024. Prior to FY2024, endoscopy procedures at MG Waltham were performed in one OR room 2 days per week.

² Case capacity increased year-over-year due to decreasing case lengths: 30 minutes in FY22, 29 minutes in FY23, 26 minutes in FY24, and 25 minutes in FY25.

³ NWH opened a ninth endoscopy room in FY2023 to perform interventional endoscopy.

⁴ Case capacity per room represents a weighted average of interventional case lengths and all other case lengths.

⁵ Projected volume and capacity for FY2026 are based on i) Q1 actual volume, ii) Q1 utilization, and iii) increased physician capacity.

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See Attachment A.

For further background, the original Waltham OR DoN was to add six (6) ORs to the existing four (4) ORs at MG Waltham, for a total of 10 ORs. The ORs were approved for multi-specialty use, including endoscopy. For FY22 and FY23, endoscopy cases at MG Waltham were performed in an OR two (2) days per week (equal to 0.4 dedicated rooms). MGH subsequently received DoN approval to transfer two (2) dedicated endoscopy rooms from MGH Main Campus to MG Waltham. Those two (2) dedicated rooms opened in 2024 and nearly all endoscopy procedures have since been performed in the dedicated rooms. With the move of endoscopy to dedicated rooms starting 2024, the average case length in the 10 ORs increased with change in case mix which directly impacts total volume.

The case volumes in the attached table illustrate the shift of cases from MGH Main Campus to MG Waltham, limited to cases that can be performed at both facilities, including endoscopy. All cases performed at MG Waltham represent a shift of cases because all surgeries completed at MG Waltham would otherwise have been performed at the Main Campus. The percentage of cases shifted from the main campus initially increased and, as MG Waltham utilization nears capacity, is reaching a plateau because there is not available capacity to take more cases. This utilization indicates that the MG Waltham expansion has met its objective.

3. The total number of unique patients from MGB AMC's in the Proposed Patient Panel Data (Table 1 from Round 1 Responses) did not demonstrate any significant drop, which would have been expected after implementation of the MG Waltham multispecialty ASC. Please provide an explanation for why the number remained relatively unchanged.

The Proposed ASC and Waltham serve different service areas. As a reminder, the Proposed Patient Panel Data is for a subset of MGB AMC patients who are most likely to receive services at the Proposed ASC. Namely, the volume provided in the Application is for patients who reside in the towns specifically listed for the Proposed Patient Panel.⁶ As a result, the total volumes for the Proposed Patient Panel would not capture all MGH patients and as such the shift of patients from MGH main campus to MG Waltham would not be reflected in the Proposed Patient Panel Data. As noted in the most recent DoN Annual Report filed for the MG Waltham DoN, the largest increases in patient volume at that location have come from those regions surrounding Waltham, including patients with zip codes located along the Mass Pike, Route 2, and Central Massachusetts. To that end, the Applicant would not expect a noticeable shift of patients from MGH to be reflected in the Proposed Patient Panel Data.

4. Is the Proposed ASC going to be on MGB's Epic electronic medical record?

Yes.

5. In the Round 2 Response to question 10, the table of wait times shows that nearly every wait time has decreased from 2024 to 2025 at BWH and some at MGH. Please provide an explanation for this trend.

While wait times decreased from FY2024 to FY2025, the decrease was 6.2% at BWH and 5% at MGH, compared to an overall increase FY2022 to FY2025 of 21.3% at BWH and 18.6% at MGH.

⁶ Boston, Cambridge, Revere, Chelsea, Somerville, Brookline, Medford, Everett, Winthrop, Malden, Arlington, Belmont, Newton, Watertown.

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The decreases in wait times from FY24 to FY25 did not reduce wait times to FY2022 levels but do illustrate that MGB’s initiatives to shift volume from the AMCs’ main campuses to MG Waltham, for example, is working to reduce wait times. However, there is no additional capacity available to shift more patients to community sites and reflected in response #1 above.

6. In the Historical Utilization data presented by Table 4 of the Narrative (and supplemented by data in the Round 2 Response to question 8), please explain why BWH utilization has decreased year over year and is down from 2022 volume.

As noted above, the data provided in Table 4 of the Narrative and supplemented in the Round 2 responses is limited to i) ASC-eligible outpatient endoscopy cases for ii) the Proposed Patient Panel, which is defined by a limited number of zip codes. Accordingly, the BWH data provided in the Narrative and responses and is not reflective of all BWH endoscopy volume. To fully understand utilization trends at BWH, it is important to look at all endoscopy volume as detailed in the table below.

ASC-eligible outpatient endoscopy volume among the Proposed Patient Panel has remained relatively unchanged from FY23-FY25, while total outpatient volume increased 4% from FY24 to FY25. Similarly, inpatient volume at BWH has increased each year from FY22-FY25, with FY25 volume representing a 32% increase from FY22 and a 22% increase from FY24. At the same time, wait times for inpatient endoscopy (as provided in question 5 of Round 1) have increased from 1.44 days in FY22 to 2.97 days in FY25, a 94% increase. Outpatient volume at BWH’s main campus has been limited in order to prioritize higher acuity (e.g., inpatient) procedures.

BWH Main Campus Endoscopy	FY22	FY23	FY24	FY25
All Outpatient	8,784	8,132	8,205	8,524
<i>Subset: Proposed Patient Panel ASC-Eligible Endoscopy Volume</i>	2,496	2,007	2,055	1,965
All Inpatient	2,062	2,064	2,229	2,715
All Emergency	32	29	21	19
Other (Observation, Surgery Admit, Unspecified)	208	218	265	222
Total Main Campus Endoscopy Volume	11,086	10,443	10,720	11,480