

West Bridgewater MA Endoscopy ASC, LLC
CEC-24082115-AS

APPLICANT QUESTIONS #3 Respond by January 8, 2025

Responses should be sent to DoN staff at 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 order in one final document.
- Submit responses in editable WORD or EXCEL format.
- Whenever possible, include a table with the response.
- **For HIPAA compliance Do not include numbers <11.**

1. Factor 1(c) Efficiency, Effectiveness and Coordination of Care- Please provide additional detail about the benefits to address factor 1(c) overall and with the upgrade to Provation APEX. What are the benefits of the improved interface with ALLSCRIPTS. You state "The Provation system is used by all of the physicians who practice at the Facility to capture operating notes, but Provation does not provide functionality for physician practices." Please explain, further. Are you referring to referring physicians? Is there a portal available for the PCPs to receive and review notes?

Response: *The updated Provation APEX system will include the following capabilities:*

- *Ability to generate pathology letters to patients;*
- *System is 98% paperless, with only discharge letters printed for patients to take home. Patient's PCP will receive the report once it is completed by the physician creating the report;*
- *Ability to collect health information from patients prior to visit, which will drop into nursing notes before the patients arrive for their appointment, allowing staff to screen for patients who require a higher acuity setting;*
- *Web-based portal to allow physicians greater access to system, as well as better security safeguards;*
- *Includes the ability to track patients from arrival through discharge; and*
- *Coding upgrades stay current so there is no need to wait for upgrades for accurate coding.*

Additionally, the Applicant has confirmed that Provation APEX will allow the Facility to collect and report on race and ethnicity information for each patient.

2. In the previous Response #2 you had responded to a question about the Staffing Plan with the following:

Response: *The Applicant has a plan in place to add new staff to accommodate the additional capacity that will be required following completion of the Project. The Applicant plans to begin recruiting following approval of the Application and does not anticipate significant difficulties in recruiting new staff given the considerable benefits of working in an ASC (i.e. better work-life balance, more predictable schedules), especially for healthcare workers who have experienced burnout working in other settings.*

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- Please provide additional information of Staffing plan that included the numbers of new staff and their level/type of training. (e.g RN, aide, technical...).

Response: *The Applicant's staffing plan anticipates the following:*

- *Nursing: 9 full time equivalents ("FTE") (current staffing 3.8 FTE)*
- *Technicians: 6 FTE (current staffing 3 FTE, plus 2 per diem)*
- *Administrative Staff: 6 FTE (current staffing 4.75 FTE)*
- *Management: 2 FTE (current staffing 2.6 FTE)*

3. The Applicant states that with implementation of the Proposed Project, it will continue to work with patients and primary care providers from the initial intake through procedure follow-up to identify SDOH needs. Further, it states that should such needs be identified, staff at the ASC will follow up with the patient's primary care provider to inform them of the patients' needs in order to ensure appropriate follow up.

- Explain further how you will ensure that identified needs are followed through on and addressed.

Response: *As noted in the Application and in previous responses, conversations around SDOH are typically better suited to the primary care setting because primary care providers have a more holistic view of the patient's background and they have more touchpoints with the patient as compared with a specialty provider like the Applicant. The Applicant's intake staff conducts screening relevant to the GI procedures being performed (for example, confirming that the patients have transportation to and from the procedure and ensuring that appropriate translators are available), and any relevant issues are documented in the reports that are provided to the referring providers, but the Applicant appropriately relies on the patients' primary care relationships to address SDOH. In the event that the patient requires follow-up GI care, the Applicant takes steps to ensure that the patient's needs with regard to future GI services are met, including for example, referring the patient to another provider that better suits the patient's needs.*

4. With regard to wait times please explain the following-
 - Describe how you have captured/determined these wait times.
 - Are you able to differentiate between diagnostic vs screening wait times?

Response: *The wait times listed in the Application for the existing physicians were provided by the Applicant's staff members who handle scheduling based on how far out they are typically booking appointments. The longer wait times listed for the New Physicians were self-reported by the New Physicians. The wait times do not reflect any delays experienced by the patients in scheduling appointments with their primary care providers or other referring specialists. The Applicant is not able to differentiate between wait times for diagnostic versus screening wait times, but if the Applicant receives a referral for a diagnostic, urgent or direct screening exam, scheduling is expedited as much as possible.*