APPLICANT QUESTIONS 3 – Supplemental Response

1. **As stated on page 2 of the Narrative, "the majority of BMC patients mainly reside in the Boston/Greater Boston area with 'pockets' of patients in the suburbs, including Bedford, MA and Middlesex County." Since it does not appear outpatient imaging patients from the BMCHS will be the main source of volume for the facility, please provide an analysis of where the proposed Patient Panel are currently receiving imaging services.**

Demand for Services in the PSA: As discussed in the Determination of Need application, BMCHS patients within the Primary Service Area ("PSA") will be one source of patients for the new clinic, and additional individuals – new patients – will be a second source. Trilliant data provide that individuals residing in Bedford and the surrounding towns within the PSA had long wait times for scans, with 20% of individuals (6,596) waiting greater than 30 days for a CT scan, and 17% of individuals (4,364) waiting greater than 30 days for an MRI scan. Consequently, over 10,000 individuals in the PSA waited longer than 30 days to receive imaging services (see Table 1). Data also provide that a third of patients had to travel more than 10 miles from their homes to obtain a scan.

Table 1: Wait Times for Individuals in the PSA to Receive Necessary Scans

CT			
Min Days	Max Days	Count	%
(10000)	-	-	
-	5	8,218	25.00%
6	10	6,687	20.30%
11	15	4,402	13.40%
16	20	2,743	8.30%
21	25	2,349	7.10%
25	30	1,928	5.90%
31	10,000	6,595	20.00%
Total		**32,922**	**100%**
Over 30 days		6595	

MRI			
Min Days	Max Days	Count	%
(10000)	-		
-	5	6,584	26.30%
6	10	5,417	21.60%
11	15	3,568	14.30%
16	20	2,194	8.80%
21	25	1,683	6.70%
25	30	1,218	4.90%
31	10,000	4,364	17.40%
Total		**25,028**	**100%**
Over 30 days		4,364	

Additionally, through the Proposed Project Site, the Applicant will be able to offer expedited services to BMCHS' patients across the system – another source of patients for the new imaging clinic. Over the past year, BMC's main campus has implemented a number of efficiencies to ensure increased availability of appointments. However, current data provide that for time to third next available appointment – approximately 12% of patients needing a CT scan (7,827) and 27% of patients needing an MRI scan (8,113) are waiting greater than 30 days (see Table 2). The Proposed Project Site has capacity to address this need and ensure patients receive timely care.

Table 2: Time to Third Available Appointment at BMC Main Campus

CT			
Min Days	Max Days	Count	%
(10000)	-	-	
-	5	48,667	73.20%
6	10	1,800	2.70%
11	15	2,105	3.20%
16	20	1,988	3.00%
21	25	2,542	3.80%
25	30	1,590	2.40%
31	10,000	7,827	11.80%
Total		**66,519**	**100%**
Over 30 days		7,827	

MRI			
Min Days	Max Days	Count	%
(10000)	-		
-	5	9,881	32.80%
6	10	1,594	5.30%
11	15	1,967	6.50%
16	20	2,263	7.50%
21	25	3,715	12.30%
25	30	2,563	8.50%
31	10,000	8,113	27.00%
Total		**30,103**	**100%**
Over 30 days		8,113	

Note: This is a point in time estimate of wait times for scans developed in January 2026. Wait times are calculated retrospectively based on a prior visit.

Aging Population in the PSA: The Applicant's defined PSA (Table 3) includes municipalities with **high proportions of residents age 65+**, including several communities with >20% of older adults. [1] Older adults account for a disproportionate share of advanced diagnostic imaging utilization due to higher prevalence of musculoskeletal degeneration, cancer incidence, vascular disease, and neurologic disorders.[2] [3] [4]

Table 3. Primary Service Area – Age Statistics

Community (MA)	Population	Persons 65+ (%)	Estimated Persons 65+
Acton	24,021	18.3%	4,396
Weston	11,397	22.2%	2,530
Belmont	27,295	17.8%	4,858

[1] U.S. Census Bureau. (2024). QuickFacts: Selected Massachusetts municipalities. American Community Survey 5-Year Estimates (2019–2023). Retrieved December 23, 2025, from https://www.census.gov/quickfacts
[2] Elgaddal N, Kramarow EA, Weeks JD, Reuben C. Arthritis in adults age 18 and older: United States, 2022. NCHS Data Brief, no 497. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: https://dx.doi.org/10.15620/cdc:145594
[3] Centers for Disease Control and Prevention. (2024). Arthritis in adults age 18 and older: United States, 2022 (NCHS Data Brief No. 497). National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db497.htm (CDC)
[4] National Cancer Institute. (2025). Risk factors: Age. https://www.cancer.gov/about-cancer/causes-prevention/risk/age

Community (MA)	Population	Persons 65+ (%)	Estimated Persons 65+
Arlington	46,308	16.8%	7,780
Watertown	35,329	14.6%	5,158
Waltham	65,849	15.3%	10,075
Lexington	34,743	21.0%	7,296
Stoneham	22,748	19.8%	4,505
Winchester	22,970	20.6%	4,732
Wilmington	23,282	18.9%	4,401
Westford	25,142	17.6%	4,425
Tewksbury	31,796	20.1%	6,391
Reading	26,041	20.5%	5,338
North Billerica (CDP)	3,373	15.9%	536
Lowell	115,554	13.2%	15,253
Chelmsford	36,626	17.1%	6,264
Billerica	42,119	17.4%	7,332
Burlington	27,693	14.9%	4,125
Woburn	43,895	15.6%	6,848
Wayland	13,943	21.5%	2,998
Sudbury	19,196	21.4%	4,109
Lincoln	6,996	20.5%	1,434
Concord	18,491	23.4%	4,327
Carlisle	5,317	21.3%	1,132
Hanscom AFB (CDP)	1,540	7.1%	109
Bedford	14,955	18.1%	2,706
Total (Service Area)	**793,619**	—	**~135,478**

Age-associated, high-prevalence disease burden drives sustained demand for MRI/CT Services: In Massachusetts, **37% of adults** report having **at least one major chronic condition**, including asthma, cancer, diabetes, heart disease, stroke, chronic obstructive pulmonary disease ("COPD"), or kidney disease.[5] These conditions are among the **highest drivers of (initial and) repeat CT and MRI utilization** in outpatient settings.

Table 4. Chronic Disease Burden – Massachusetts Adults

Indicator	Value	Source
Adults with ≥1 major chronic condition	37%	MA Dept. of Public Health

[5] Population Health Information Tool, Massachusetts Department of Public Health.

Indicator	Value	Source
Adults with ≥2 chronic conditions	17%	MA Dept. of Public Health

Moreover, population-based evidence shows arthritis prevalence increases sharply with age, reaching **54% among adults age 75+** nationally.[6] This disease prevalence increases the need for outpatient MRI services for spine/joint evaluation and related care pathways. Cancer incidence also rises markedly with age, supporting sustained CT and MRI utilization for diagnosis, staging, and surveillance.[7]

Outpatient placement supports access and system efficiency: Given the chronic-disease-driven and repeat-use nature of MRI/CT in older adults, outpatient imaging sites can improve access through **scheduling timeliness and hospital capacity relief** by shifting non-urgent imaging from hospital outpatient departments when clinically appropriate.

The proposed facility is intended to meet **medically necessary** diagnostic imaging demand generated by a PSA with a substantial older-adult cohort and high-prevalence chronic conditions. Medicare data show that CT and MRI intensity varies meaningfully by region; this variation reflects both practice patterns and access constraints.[8] The Applicant's Proposed Project is positioned as **incremental outpatient capacity** intended to improve timely access for indicated MRI/CT studies rather than to duplicate emergency/inpatient/other imaging services. Locating MRI/CT services in Bedford improves geographic access for multiple municipalities listed in Table 1, including communities with high prospective patients aged 65+. Situating a clinic in Bedford supports reduced travel burden for all residents, including older adults, and facilitates compliance with follow-up imaging intervals frequently required in chronic disease care pathways (oncology surveillance, spine/joint disease, neurocognitive evaluation). Furthermore, Middlesex County is the second fastest growing county in Massachusetts, exceeding 4% since 2020 – and additional medical services will be needed to support the ongoing growing population.

Regional Need for Services: The aforementioned population and chronic disease data are based on various sources, including a Need/Market Assessment conducted by the Applicant in conjunction with a leading technology vendor focused on automation, digitalization, and infrastructure. This Assessment found pockets of need for imaging services in the PSA by analyzing claims data for imaging services and projected need for such services – noting a large gap between the two elements. The Assessment also outlined larger gaps within certain geographic areas within the PSA when analyzed for claims versus projected need. **Consequently, the Proposed Project Site was selected given the large aging population, current need for services, high county growth, projected capacity, and BMC's patient population that resides in the PSA.**

Other Benefits of the Proposed Project: As noted in the DoN narrative, the Applicant seeks to increase access to community-based, high-quality, low cost, outpatient diagnostic imaging services for individuals in the PSA. There are a number of ways the Proposed Project will ensure equal access to the health benefits created by the Proposed Project and promote health equity, including after-hours care,

[6] Centers for Disease Control and Prevention. (2024). Arthritis in adults age 18 and older: United States, 2022 (NCHS Data Brief No. 497). National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db497.htm (CDC)
[7] National Cancer Institute. (2025). Risk factors: Age. https://www.cancer.gov/about-cancer/causes-prevention/risk/age
[8] I.K. Ip et al. Use of public data to target variation in providers' use of CT and MR imaging among Medicare beneficiaries. Radiology (2015)

acceptance of as many forms of insurance as possible (e.g., MassHealth, Medicare, commercial payors, etc.), providing transparent pricing, and ensuring implementation of modalities that offer high quality images (similar to that of hospital imaging services).

Additionally, the Proposed Project seeks to meet Massachusetts' goals for cost containment. The Commonwealth's goals for cost containment are focused on creating high-quality, low-cost care alternatives. To this end, the Health Policy Commission ("HPC") seeks to control health care spending while improving access and quality of care. The provision of timely care in an appropriate setting has proven to reduce mortality and morbidity for chronic conditions, which translates to better patient clinical outcomes and reduced costs.[9]

The Proposed Project will meet the noted goals in the following ways – first, an increase in CT and MRI capacity in the outpatient setting will allow the patient panel, including the 65+ age cohort to seek services in a lower cost environment that does not compromise the quality of care. Studies provide that non-emergent imaging conducted in the outpatient setting is 30-50% less than in the inpatient or hospital-outpatient department settings without sacrificing high resolution image quality. Second, additional outpatient imaging capacity will allow for more timely access to care and treatment. When patients have access to services earlier in the disease phase, both health outcomes and overall health care costs are improved based on staging and the efficacy of treatment. Third, the Applicant, after much consideration, determined that a 1.5T MRI is the better option for the new outpatient facility – given that a greater number of patients may be scanned on this machine, offering more timely access to care for the majority of patients. For these reasons, the Applicant asserts that the Proposed Project meets Massachusetts' goals for cost containment. Of note, the Health Policy Commission reviewed the Proposed Project with the Applicant – inquiring about pricing and price transparency and allowed the project to move forward.

[9] Chartbook on Access to Health Care, Elements of Access to Health Care: Timeliness, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, HTTPS://WWW.AHRQ.GOV/RESEARCH/FINDINGS/NHQRDR/CHARTBOOKS/ACCESS/ELEMENTS3.HTML (last visited Jan 6, 2026); Kaplan & Porter, The Big Idea: How to Solve the Cost Crisis in Health Care, HARVARD BUSINESS REVIEW (2011), https://hbr.org/2011/09/how-to-solve-the-cost-crisis-in-health-care.