

Dana-Farber Cancer Institute, Inc.
DoN # DFCI-23040915-HE

APPLICANT QUESTIONS #4

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 one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen
- **Whenever possible, include a table with the response**
- **For HIPAA compliance Do not include numbers <11.**
- **When providing data, includes dates, and indicate whether it is Calendar (CY) or Fiscal Year (FY).**

Factor 1a: Patient Panel Need

1. Provide the dates of the Applicant's fiscal year. **The Applicant's fiscal year runs from October 1 through September 30.**
2. The Applicant states that BWH and Dana-Farber have successfully collaborated to provide world class cancer care for many years (pg. 2)
 - a. Describe the cancer care provided by BWH as part of that collaboration. **As part of the existing collaboration between BWH and the Applicant, BWH provides surgical oncology services, radiology services, pathology services, and radiation therapy services.**
3. The Application states that as the Proposed Project relates only to adult oncology care, and not to pediatric oncology care, all data presented includes only adult patients (pg.4).
 - a. Why has the Applicant chosen to focus on adult care at the proposed hospital? **The Applicant collaborates with The Children's Hospital Corporation ("Boston Children's") for the provision of pediatric oncology services on the Longwood Medical Campus. The Proposed Project and the Applicant's proposed relationship with BIDMC will not impact the Applicant's relationship with Boston Children's.**
4. Responses to DoN Questions #2 state that nearly all cancer patients presenting at the BWH ED have been previously seen by Dana-Farber in the outpatient setting, and were already established under Dana-Farber care (pg.4).
 - a. Provide data to support this assertion. **While the Applicant is unable to share proprietary BWH ED data, it can provide information regarding its own admissions. From FY21 through FY23, 93% of patients in the Applicant's licensed beds had a prior outpatient encounter with the Applicant. Based on clinical experience, the Applicant expects a similar share of its patients in BWH licensed beds to have had a prior encounter with the Applicant. The Applicant's medical oncologists often recommend that their current patients present at the BWH ED if they experience a cancer-related medical emergency, which often results in an inpatient admission. As such, the Applicant expects the subset**

Dana-Farber Cancer Institute, Inc.

DoN # DFCI-23040915-HE

of its patients admitted through the BWH ED to have had prior encounters with the Applicant at similar rates to its overall patient population.

5. In Responses to DoN Questions #2, the Applicant states that Dana-Farber omitted FY20 from several tables (CMI, ALOS, % of Admissions, ADC, and Patient Days) due to COVID-19.
 - a. If possible, provide FY20 data, and note any variance due to the COVID-19 pandemic. **The COVID-19 pandemic had a significant impact on the Applicant's operations, particularly in the pandemic's initial months. In March, April, and May of 2020, the Applicant's daily census in its licensed beds decreased by approximately 13%, 59%, and 21%, respectively, as compared with the average daily census for CY19. Overall, the Applicant's daily census for March through December 2020 was down approximately 16% as compared with the average daily census for CY19. Data from FY20 is not readily available and would be burdensome to produce, given the need for patient-by-patient categorization as described in more detail in the Applicant's initial application.**
6. Responses to DoN Questions #2 states that other hospitals in the Commonwealth are not able to meet the need both because they lack the expertise to provide a number of services that Dana-Farber provides and because they generally lack inpatient capacity (pg.3).
 - a. Provide data to support this assertion.

Expertise. The Applicant has distinguished itself as the leader in the provision of the most complex, sophisticated, and innovative oncology care in the Commonwealth. Examples of its expertise include:

- **Between 2022 and 2023, there were seven providers in the Commonwealth offering at least one of the two types of bone marrow transplants (allogenic and autologous) and six, including the Applicant, offering both. Not only did the Applicant perform more transplants than any other provider, it performed more than 75% of all such transplants in the Commonwealth over the same period and more than five times the amount of the next most frequent provider.¹**
- **Similarly, between 2022 and 2023, there were six providers in the Commonwealth offering chimeric antigen receptor T-cell therapy ("CAR T-cell therapy"). The Applicant was one of only three that offered the greatest variety of CAR T-cell therapy products to patients and performed more CAR T-cell therapy than any other provider. Again, the Applicant performed approximately 75% of all CAR T-cell therapy in the Commonwealth between 2022 and 2023, more than five times the amount of the next most frequent provider.²**

Capacity. The inadequate capacity at general acute care hospitals in the Commonwealth are well-documented. As of February 2024, the Commonwealth's Department of Public

¹ Directory of Transplant Centers, available at <https://bmtinfonet.org/transplantcenters>.

² Directory of CAR T-Cell Therapy Centers, available at <https://bmtinfonet.org/car-t-cell-therapy-center-directory>.

Dana-Farber Cancer Institute, Inc.

DoN # DFCI-23040915-HE

Health has designated all hospitals in Eastern Massachusetts as having “high risk for or active constraints” in capacity.³

7. In written comments provided to the Department, Heidi Conway, Dana-Farber’s Senior Vice President, Human Resources and Chief People Officer stated, “We expect there to be approximately 2,400 new jobs when the new hospital is fully operational - jobs at all levels including administrative, clinical, nursing, support services, radiation oncology, imaging, lab services, pharmacy, management/supervisor, etc.
 - a. How many of these new jobs will be full-time equivalent (FTE) jobs? **The Applicant estimates that the New Cancer Hospital, when fully operational, will yield approximately 2,400 new FTEs.**
8. Responses to DoN Questions #2 states that Dana-Farber has updated its LINAC need analysis (Tables A-1, A-2, A-3 and 18 from the Application) below using finalized Dana-Farber data for FY23 (pg. 29).
 - a. Please update the narrative in Appendix A – Projecting Demand for 2032 LINAC Sessions in the application to reflect any updates to the calculation of need for LINACs. **The narrative for “Appendix A – Projecting Demand for 2032 LINAC Sessions” is amended and restated in its entirety below to reflect the revised Tables A-1, A-2, A-3, and 18:**

“To determine annual demand for LINAC sessions, the Applicant utilized 2023 patient data to estimate the percentage of its patients that require LINAC therapy (the “LINAC Conversion Ratio”). Under its current arrangement with BWH, the Applicant’s patients receiving LINAC therapy on the Longwood Medical Campus do so at facilities operated by the Applicant or facilities operated by BWH, depending on the particular patient’s disease center. In light of confidentiality restrictions on disclosing information regarding patients treated in collaboration with BWH, the Applicant first utilized data for the three disease centers (breast, head and neck, and thoracic) for which it administers LINAC therapy in its own facilities most frequently. To determine the LINAC Conversion Ratio for the other disease centers, the Applicant utilized data from its site at South Shore Hospital in Weymouth, Massachusetts (“SSH”), at which it provides LINAC therapy for the other disease centers. The percentage of patients receiving LINAC therapy for all applicable disease centers is shown in the first column of Table A-2, below. An adjustment is necessary, however, as a greater proportion of patients receive LINAC therapy at community sites than at urban academic medical centers. To calculate the adjustment factor, the Applicant compared the proportion of patients that received LINAC therapy on the Longwood Medical Campus to the proportion that received LINAC therapy at SSH for the breast, head and neck, and thoracic cancer disease centers. A weighted average adjustment factor was calculated, as shown in Table A-1—namely, 4.58x. The percentages of patients receiving LINAC therapy for those other disease centers at SSH were divided by the adjustment factor to arrive at estimated percentages of patients receiving LINAC therapy for those disease centers at the Longwood Medical Campus—i.e., the LINAC Conversion Ratio. The Applicant then multiplied the LINAC

³ Felice J. Freyer et al., “‘It is by far the worst we’ve seen it’: Eastern Mass. Hospitals see a resurgence in discharge delays,” *The Boston Globe* (Feb. 6, 2024), available at <https://www.bostonglobe.com/2024/02/06/business/some-mass-hospitals-at-tier-3-risk-due-to-capacity-issues-report-says/?event=event12>; Massachusetts Department of Public Health Capacity Planning and Response Guidance for Acute Care Hospitals (July 28, 2022).

Dana-Farber Cancer Institute, Inc.

DoN # DFCI-23040915-HE

Conversion Ratio by the number of Longwood Medical Campus outpatients in each disease center (as shown in Table 5 and in Table A-2). This results in an estimate of the Longwood Medical Campus patients that required LINAC therapy in 2023. The Applicant estimates, based on internal data, that each patient requires, on average, 20.3 LINAC sessions. The Applicant then multiplied the total number of LINAC patients by the average number of sessions per patient to derive the total number of LINAC sessions required in 2023, as shown in Table A-3. To calculate the combined LINAC need at the new Facility and at BIDMC, the Applicant combined its estimated 2023 sessions with 2022 LINAC session data from BIDMC (18,080), as shown in Table 18. Consistent with Sg2 and The Advisory Board Company's projections regarding radiation therapy, the Applicant assumed flat growth to project 2023 numbers to 2032. Thereafter, LINAC need was derived as shown in Table 18 and as described in the narrative accompanying it."

9. Through the Proposed Project, the Applicant is proposing to increase inpatient adult bed capacity to increase access to the advanced cancer care provided by the Applicant.
 - a. What steps will the Applicant take to make sure that the increased inpatient capacity, provides access for patients requiring the specialized level of care that the Applicant provides, and does not draw patients from other hospitals that may be equipped to meet their oncology care needs? **The Applicant does not anticipate the Proposed Project to draw patients from other hospitals. The need demonstrated by just the Applicant's and BIDMC's existing patient population already exceeds the anticipated bed capacity of the New Cancer Hospital.**

The Applicant is otherwise committed to ensuring that patients receive their cancer treatment in the most appropriate setting. In service of that commitment, the Applicant provides consultation services to a number of other providers in the Commonwealth (including those community hospitals proximate to the Applicant's regional outpatient locations) aimed at keeping care local as much as possible. The Applicant has also established a process that requires all outside hospital transfers to be accepted by one of the Applicant's attending physicians, who reviews the proposed transfer to determine whether care is most appropriately delivered on the Longwood Medical Campus or at the hospital requesting the transfer (including community hospitals). The Applicant anticipates maintaining, and even expanding on, these efforts following the completion of the Proposed Project.

10. Please provide the following reference: Anamika Chaudhuri et al., Impact of an oncology acute care clinic (ACC) in a comprehensive cancer care setting to reduce emergency visits and subsequent hospitalizations: A pilot study, 37 J. OF CLINICAL ONCOLOGY 110 (2019). **The published abstract for this study is available at the following link: https://ascopubs.org/doi/10.1200/JCO.2019.37.27_suppl.110. The full analysis of the impact of the ACC was not published in the Journal of Clinical Oncology.**

1b. Public Health Value/Health Equity

11. The application states that the Applicant employs financial counselors who work closely with patients to remove access barriers by ensuring patients fully understand their available insurance coverage and any sources of potential financial assistance. Through its recent contract with WellSense, formally the Boston Medical Center HealthNet Plan, the second largest

Dana-Farber Cancer Institute, Inc.

DoN # DFCI-23040915-HE

MassHealth managed care plan in the Commonwealth, the Applicant expanded access to thousands of MassHealth patients, which raised the percentage of MassHealth members in Massachusetts who were enrolled in a health plan that offered access to the Applicant from 67% to 88% (pg.33-34).

- a. What barriers does the MassHealth population encounter in accessing the Applicant's services?
 - **PCP Assignment:** MassHealth patients do not always have a relationship with their primary care provider ("PCP"), since PCPs can be automatically assigned. There is a delay in care when PCPs want to see their patients prior to providing the necessary approvals for services, including out-of-network ("OON") patients that wish to access Dana-Farber (see further discussion of OON issues below).
 - **Cohort of Covered Services:** While MassHealth covers a significant amount of cancer services, certain newer treatment modalities/oncology drugs often ordered or prescribed by the Applicant are not always covered. Examples of drugs not covered by MassHealth include Pluvicto (approved by the U.S. Food and Drug Administration ("FDA") in 2022 to treat certain types of prostate cancer) and Enhertu (approved by the FDA in 2019 to treat certain types of breast, gastric, and esophageal cancers).
 - **ACO Contracts:** The Applicant minimized OON issues for its MassHealth patients by contracting with a majority of the MassHealth accountable care organizations ("ACOs"). There are three MassHealth ACOs, however, that are OON for the Applicant: (1) Fallon 265 Care ACO; (2) Berkshire Fallon Health Collaborative ACO; and (3) Health New England BeHealthy ACO. These ACOs generally serve a patient population outside of the Applicant's primary service area, though members of its patient panel are enrolled in these ACOs. Patients in these non-contracted ACOs may only receive care from the Applicant if the patient's PCP is willing to provide an OON authorization. Even with an OON authorization in hand, subsequent prior authorization for particular procedures/treatments is also required. Further, even though the Applicant contracts with the majority of MassHealth ACOs, the ACO model incentivizes those health systems that own and operate ACOs to keep care within their respective system. As such, the Applicant (which does not own or operate its own ACO) often only sees MassHealth ACO patients when they require certain advanced quaternary services that the owner/operator health system does not provide.
- b. Describe any other plans and/or strategies for increasing MassHealth in the Applicant's payer mix. **To support enhancing patient access and improving cancer care outcomes, the Applicant is committed to the advancement of greater health equity across the cancer care continuum. Studies have shown that the expansion of Medicaid under the Affordable Care Act has led to improvements in cancer-related health outcomes and a**

Dana-Farber Cancer Institute, Inc.

DoN # DFCI-23040915-HE

reduction in some cancer disparities.⁴ For this reason, the Applicant has undergone great effort to ensure that it is contracted with the majority of MassHealth ACOs in the Commonwealth. However, the Applicant understands that additional effort is needed to ensure that Medicaid enrollees are aware of these relationships. In its continuing mission to serve all patients, the Applicant established its CCEP in 2012 (as discussed in greater detail in the Applicant's responses to DON Questions #2). The CCEP has developed a comprehensive patient navigator onboarding program that includes clinic shadowing and evidence-based trainings as well as ongoing education to ensure staff are equipped with the skills and knowledge to best support patients of all backgrounds and with a variety of needs. The CCEP is now a national model for reducing disparities in marginalized communities that we are working to enhance and expand.

In addition, the Applicant's Community Health Program (with initiatives including the mammography van discussed below and skin cancer awareness and screening programs) continues to support the Institute's mission to reduce cancer risk among medically underserved populations through a variety of outreach, education, prevention, and screening programs.

Further, once the Proposed Project is complete and the Applicant's affiliation with BIDMC receives all applicable regulatory approvals, the Applicant expects that its MassHealth payor mix will increase, due in part to the efforts BIDMC has made in recent years to increase its MassHealth population and the preferred provider relationship that will exist between the Applicant and BIDMC.

12. Responses to DoN Questions #2 states that Dana-Farber will also identify and pursue opportunities to improve patient financial access and reduce cost barriers for patients, including opportunities for financial assistance policy alignment with BIDMC (pg. 20).
 - a. Describe strategies under consideration to improve patient financial access and reduce cost barriers. **Following the completion of the Proposed Project, the Applicant is committed to revising its financial assistance policy to track BIDMC's policy. In its current form, BIDMC's policy provides for a 100% discount to patients at or below 400% of the Federal Poverty Guidelines as in effect from time to time. Under its current policy, which, given their overlapping patient populations, tracks BWH's financial assistance policy, the Applicant provides a 100% discount to patients at or below 150% of the Federal Poverty Guidelines, with other, lesser discounts to patients with higher incomes. Revising its financial assistance policy to track BIDMC's will allow the Applicant to provide more generous discounts and greater access to its poorest patients.**
 - b. Describe any plans for reducing cost barriers to mammography screenings on Dana-Farber's mammography van (B-2). **In order to promote access and reduce cost barriers to mammography screenings, starting in June 2024, patients are able to obtain a**

⁴ A. Hotca et al., The Impact of Medicaid Expansion on Patients with Cancer in the United States: A Review, 30 CURR ONCOL. 6362 (2023), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10378187/pdf/curroncol-30-00469.pdf>.

Dana-Farber Cancer Institute, Inc.

DoN # DFCI-23040915-HE

screening on the Applicant's mammography van with no out of pocket responsibility, regardless of insurance status, structured in a manner to comply with applicable law.

For years, the Applicant has supported and continues to lead a coalition of medical societies, hospitals, and patient advocacy organizations in advocating for the passage of Bill H.4918, An Act relative to medically necessary breast screenings and exams for equity and early detection. This legislation, if enacted, would ensure expanded coverage by insurance companies of, and limit patient cost sharing for, critical mammography screening services. While not specific to Dana-Farber's mammography van, the passage of this critical legislation will help ensure that patients do not delay or forgo follow-up breast exams due to the financial barrier of out-of-pocket costs.