

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

APPLICANT QUESTIONS #5 – UPDATED

November 13, 2024

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. The application states that the Applicant projects that by 2032, there will be a need by its Patient Panel for approximately 384 inpatient beds dedicated to the advanced cancer care provided by the Applicant (pg. 18). Responses to DoN Questions #2 state that a 300-bed inpatient hospital is all that can be accommodated on the land available, given applicable budgeting, design, and permitting constraints (pg.2). In written comments provided to the Department, Dr. Bunnell states, "In addition, this number [300 beds] does not reflect any future growth, although we know the cancer census is growing as both cancer incidence and cancer prevalence are increasing at accelerating rates."
 - a. How does the Applicant plan to address the increasing need for inpatient beds when the Proposed Project only has the capacity to address Dana-Farber's and BIDMC's current need for inpatient beds?

Dana-Farber expects that there will be some efficiency gains because of the New Cancer Hospital's exclusive focus on cancer and investments in care coordination. Nonetheless, the New Cancer Hospital may not satisfy the full need demonstrated by Dana-Farber in its Application. Dana-Farber will continue to assess how best to address the needs of its Patient Panel.

2. In written comments to the Department. Dr. Bunnell states. "Finally, I want to emphasize that the request for 300 beds is a conservative one. As noted, Dana-Farber currently utilizes 200 to 220 inpatient medical oncology beds on a daily basis. Similarly, our new collaborative partner, BIDMC, utilizes 80-100 inpatient medical oncology beds on average."

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- a. Is the proposed hospital intended to absorb all of the inpatient cancer care that BIDMC currently provides, or will it supplement the current inpatient cancer care that BIDMC provides?

Yes, the New Cancer Hospital is intended to absorb all inpatient medical oncology from BIDMC.

3. The Application states, "Further, the Applicant's inpatient structure in its existing unit and across the inpatient care it manages at BWH has been developed to continue this model of integrated, specialized, and subspecialized care across the care continuum from the outpatient setting into the acute care inpatient setting" (pg.35). Additionally, the Applicant's Total Unique Outpatients increased by 26% between FY18 and FY23.
 - a. Using data, describe the Applicant's experience with the growing shift in cancer care from the inpatient setting to the outpatient setting, and the subsequent impact on need for inpatient cancer care capacity.

Over the past several decades, Dana-Farber has made tremendous strides in its understanding of the basic science behind the development and growth of cancer. This has resulted in a substantial expansion of the types of therapies outside of traditional cytotoxic chemotherapy, including targeted therapy, immunotherapy, and cellular therapy. This has led Dana-Farber to critically examine how it utilizes its inpatient capacity. In 2019, Dana-Farber evaluated its elective inpatient chemotherapy administrations and successfully moved several treatment regimens for hematologic malignancies from the inpatient to the outpatient setting. Similarly, Dana-Farber has been able to move some cell therapy treatments into ambulatory settings in recent years. Cellular therapy, including stem cell transplant and immune effector cells therapies, like CAR T-Cell therapy, is a rapidly growing area within oncology. Historically, these therapies were only administered in the inpatient setting. As described in the Application, Dana-Farber's historical average length of stay (or "ALOS") for patients receiving a cellular therapy is 23.9 days¹, which is the highest ALOS for any treatment provided by Dana-Farber. Currently, however, Dana-Farber has three CAR-T cell products and three transplant options available for outpatient administration and in FY24 administered 147 cellular infusions in the outpatient setting, a more than 100% increase from FY23. The hospital days saved were equivalent to five inpatient beds saved. Dana-Farber has continued to invest in the outpatient infrastructure to continue to grow the ambulatory cell therapy program. Dana-Farber has also made T-Cell engager and bispecific antibodies (a novel class of therapeutic oncology agents) more available on an outpatient basis. When using these agents in multiple myeloma treatment previously, patients were required to remain as inpatients in the hospital for at least a week's time. Now, doses can be administered in the outpatient setting, so long as the patient stays in the local area for seven days to monitor for any adverse events.

While Dana-Farber has successfully begun offering a number of treatments in the outpatient setting, many of those treatments continue to be offered in the inpatient setting, as well, to the extent doing so is determined to be in the best interest of the patient. Further, sufficient inpatient capacity plays a vital role in offering many of the state-of-the-art, novel treatments Dana-Farber provides to its patients. For example, Dana-Farber uses a bispecific antibody known as Tarlatamab to treat patients with small

¹ Dana-Farber Determination of Need Application. Table 11 Projected Inpatient Bed Demand.

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cell lung cancer. Currently, all patients receiving Tarlatamab are required to be admitted for at least 24 hours, as is recommended by its manufacturer.

Finally, as noted in the Application, the incidence of cancer is increasing (particularly among young people) and people are living longer with cancer. Longer exposure to cancer treatments can lead to the development of toxicities and complications that require inpatient hospitalization. While these patients will receive the majority of their care in an outpatient setting, availability of adequate inpatient capacity will remain important.

4. Responses to DoN Questions #4 state that as part of the existing collaboration between BWH and the Applicant, BWH provides surgical oncology services (pg. 1). The application states that, similarly, the Applicant anticipates that a significant percentage of patients currently receiving surgical oncology services at BWH (and some receiving surgical oncology services at MGH) will begin receiving such services from BIDMC (pg.28).
 - a. Describe any differences in the provision of surgical services between the existing setup with BWH and the proposed setup with BIDMC, such as the need for patient transfers to receive surgical services, and wait times to receive surgical services.

Dana-Farber does not expect that the set-up will differ significantly. Dana-Farber is limited in its ability to describe the specifics of its current collaboration due to confidentiality restrictions in its agreements with BWH. Nonetheless, similar to its current arrangement, Dana-Farber inpatients requiring surgical services will be able to obtain those services from BIDMC, while Dana-Farber beds will continue to be used, as they always have been, for the provision of medical oncology services. Patient transitions will be facilitated by the building design of the New Cancer Hospital, including connecting bridges and tunnels between the facilities (subject to regulatory approval).

5. Responses to DoN Questions #2 states, “Dana-Farber cares for 200 to 230 inpatient oncology patients every day. Thirty of these beds are located in Dana-Farber-licensed space, while the remaining are located in BWH-licensed space. Regardless of licensee, these patients are all Dana-Farber patients. All have Dana-Farber medical record numbers. During their inpatient stay, Dana-Farber-employed medical oncologists and hospitalists direct the care of the patients in these beds. No oncology patient in these beds is seen by a primary attending physician other than a Dana-Farber employee. Dana-Farber employs every physician assistant providing care to these patients. BWH does not employ any medical oncologists or medical oncology advanced practice providers of its own. The only BWH employees that are part of a patient’s clinical care team are individuals without specialties in medical oncology or, during their training by Dana-Farber medical oncologists, members of the BWH house staff (residents and interns). Their care and consultations of these inpatient patients are all immediately overseen by Dana-Farber-employed clinicians”(pg.4).
 - a. Do Dana-Farber medical oncologists and hospitalists direct the care of patients receiving surgery for cancer, and patients with cancer who are cared for in the ICU?

The medical oncologist is the “quarterback” for the entire course of a patient’s cancer care. While patients will receive care from different members of their care team (e.g., radiation oncologists and

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surgical oncologists) at different points in their cancer care journey, the medical oncologists are responsible for effectively coordinating that care throughout their patients' course of treatment.

With respect to surgical oncology specifically, if patients receive surgery as part of an inpatient stay at the New Cancer Hospital, the medical oncologist will direct the care of the patient and work closely with the surgical team performing the surgery at BIDMC. Patients requiring a hospital stay for a cancer-related surgery would be admitted to BIDMC and the medical oncologist would act as a consultant during the patient's stay.

With respect to the New Cancer Hospital's ICU specifically, intensivists will be responsible for directing patient care. As with surgeries, the medical oncologist will serve as a consultant to the intensivist, visiting with patients and their families during the course of an ICU stay.

Are all CT simulators used in the provision of care for Dana-Farber patients owned by BWH?

All CT simulators used by Dana-Farber on the Longwood Medical Campus are owned and operated by BWH. Dana-Farber owns and operates two CT simulators outside the Longwood Medical Campus at its Radiation Oncology locations in Weymouth, Massachusetts.

6. Responses to DoN Questions #4 state that 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 (pg.1).
 - a. Explain with data why new inpatient beds dedicated to pediatric cancer care are not needed at the proposed hospital?

Dana-Farber has a longstanding collaboration with Boston Children's pursuant to which inpatient pediatric oncology care is provided at Boston Children's. Both Dana-Farber and Boston Children's assert, with the support of published research,² that pediatric inpatient oncology care is unique and is best provided in a facility, like Boston Children's, that is specifically designed for the provision of care to children. Dana-Farber and Boston Children's continually evaluate and address the needs of their shared, specific patient population through their collaboration.

Factor 1b: Public Health Value/Health Equity

7. The application states, "To further these efforts, the Applicant maintains a strategic alliance with Boston Medical Center ("BMC"), which allows BMC patients and physicians to access Applicant's clinical trials, thereby promoting access to innovative studies and investigational products" (pg.33).
 - a. Explain the increased access to the Applicant's clinical trials for BMC patients, as compared to patients from other providers.

All patients, including BMC patients, can participate in clinical trials at Dana-Farber facilities. Dana-Farber also maintains relationships with a set of providers, including BMC, with which it hosts multi-

² Georges Casimir, *Why Children's Hospitals Are Unique and So Essential*, Front Pediatr. (2019), available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC6664869/>.

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site Dana-Farber clinical trials on the campuses of those providers. Offering these multi-site clinical trials offsite expands access to these cutting-edge, potentially lifesaving studies. Since 2020, 79 BMC patients have participated in Dana-Farber clinical trials on the BMC campus. Additionally, there has been an 88% increase in BMC patients receiving care at Dana-Farber from FY21, when Dana-Farber became an in-network provider in BMC's WellSense Health Plan, to FY23. This increased clinical access for patients to Dana-Farber facilities likewise increases access to cancer clinical trials. Dana-Farber is committed to equitable, accessible cancer care to all who need it, and to provide that care in spaces where every patient feels a sense of inclusivity and belonging.

Factor 1c - Operate Efficiently and Effectively

8. Responses to DoN Questions #2 states, "At the New Cancer Hospital, all staff will be singularly focused on cancer patients. All care team members will have a sophisticated level of expertise and appreciate the specific challenges of a cancer patient's journey which will ultimately create efficiencies in care coordination" (pg.21).
 - a. Describe the coordination of care and access to providers for current patients with cancer who present with non-cancer-related conditions, and whether their care coordination will differ in the proposed hospital dedicated to cancer care.

Dana-Farber expects that patient access to non-cancer specialty care under the new collaboration will be similar in manner and scope to that under Dana-Farber's current collaboration.

Dana-Farber understands that close collaboration with a comprehensive academic medical center like BIDMC is critical to the maintenance of a successful freestanding cancer hospital. Through that collaboration, Dana-Farber cancer patients who present with non-cancer-related illness can be supported by best-in-class non-cancer specialists, like cardiologists and infectious disease specialists, who can, because of the collaboration, be easily integrated into the patient's oncology care team, maximizing the coordination of care.

In addition, Dana-Farber has always strived, and will continue to strive, to coordinate with patients' local care providers, including primary care providers. The diagnosis of cancer and the ensuing supportive care and treatment is not only difficult for patients but also for their family members and loved ones who help to care for and transport patients for treatments. In developing a New Cancer Hospital, Dana-Farber intends to maintain and strengthen its commitment to collaborating with local community hospitals, community health centers, and primary care physicians to ensure both that necessary care is provided in the appropriate setting and that care of all kinds (cancer and non-cancer) is coordinated as closely as possible.

Factor 2: Delivery System Transformation

9. Responses to DoN Questions #2 states, "Dana-Farber screens patients for health-related social needs (HRSNs) in both the ambulatory and inpatient settings" (pg.23).
 - a. Provide the number of patients screened in the ambulatory setting and the inpatient setting for the most recent year available.

Setting	Patient Volume in FY24*
Ambulatory	25,196

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Inpatient**	271
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* Ambulatory data captures patients screened through the Dana-Farber CARES (Collecting and Responding to Social Needs) program and Cancer Care Equity Program (CCEP) Patient Navigation. Inpatient data captures screening reported by Nursing.

** Inpatient data reflects the Dana-Farber 30-licensed beds from February 2024 through September 2024, when screening went live for the inpatient setting.

Corrected Response to Question 4.a. in “APPLICANT QUESTIONS #3 Updated”

In response to Question 4.a in the Determination of Need staff’s questions for Dana-Farber labeled, “APPLICANT QUESTIONS #3 Updated,” Dana-Farber inadvertently duplicated a column in its payor mix percentages table. A corrected table is included below:

Payor Mix Percentage (Gross Revenues)
Longwood Medical Campus

Payor	FY 2018	FY 2019	FY 2023
Blue Cross	23.5%	23.3%	21.9%
HMO, Commercial, Other	29.2%	28.9%	25.2%
Medicaid	6.3%	6.0%	6.7%
Medicare	40.3%	41.0%	46.0%
Self-Pay	0.7%	0.7%	0.2%