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

APPLICANT QUESTIONS #8

Responses should be sent to DoN staff at <u>DPH.DON@State.MA.US</u>

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).
- 1. In responses to DoN Questions #7, the Applicant states that it currently employs 51 medical interpreters (pg.1)
 - a. How many languages are covered by the Applicant's medical interpreters? The Applicant's medical interpreters cover 17 languages.
 - b. How many languages are covered by the Applicant's interpreter services program? The Applicant's interpreter services program covers over 200 languages.
 - c. What were the top five interpreter services languages requested by the Applicant's Patient Panel in the most recent year available?

The top five languages requested by the Applicant's patient panel in FY24 were Spanish, Arabic, Chinese (Mandarin & Cantonese), Portuguese, and Russian.

- 2. The Application narrative states the Applicant estimates that seven patients per day are unable to be transferred into the Applicant's facility because the Applicant is able to offer transfer for only one patient per day (pg.17).
 - a. Is the Applicant unable to accept transfer to a DFCI licensed bed only, or is the Applicant unable to accept transfer to a DFCI licensed bed or to a BWH-licensed bed managed by a DFCI medical oncologist?

Both. The Applicant estimates that seven patients per day cannot be transferred to either a Dana-Farber licensed bed or to a BWH-licensed bed managed by a Dana-Farber medical oncologist.

- 3. Responses to DoN Questions #2
 - a. Please confirm that outpatients listed on pg. 26, only includes outpatients on the Longwood campus, and not outpatients at all DFCI sites.

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Confirmed, but please note that the "Longwood Medical Campus" is defined in the Application to include patients seen in Boston as well as at the site in Chestnut Hill. Dana-Farber does not distinguish between Boston and Chestnut Hill for data tracking purposes.

- 4. Responses to DoN Questions #4 states that as part of the existing collaboration between BWH and the Applicant, BWH provides surgical oncology services, radiology services, pathology services, and radiation therapy services (pg.1).
 - a. What services does DFCI provide as part of the clinical affiliation?

Dana-Farber provides all medical oncology services to BWH, which includes all inpatient and outpatient medical oncology and hematologic malignancy care. Of the 15 inpatient teams, Dana-Farber attendings staff all 15 teams, and Dana-Farber employed inpatient physician assistants staff 12 teams. Dana-Farber provides oversight of the house staff (interns, residents, and fellows) who are training on the inpatient service as well. In addition, Dana-Farber provides all Palliative Care providers. Dana-Farber attendings also provide all inpatient consultative medical oncology and hematologic malignancy services throughout BWH (e.g. for surgical, gynecology, orthopedic teams).

Furthermore, Dana-Farber provides oncology consultative services for the BWH pharmacy. Dana-Farber also provides research support for the conduct of inpatient oncology clinical trials.

In the overall care model, Dana-Farber provides many other services in related areas, including immunotherapy and related services, radiation oncology, imaging/radiology, psycho-oncology, social work, palliative care, genetics and associated counseling, blood and cell processing/manufacturing.

5. Provide the equation used to calculate ADC 2022 and ADC 2032 in Table 11 on pg.21 in the DoN application narrative?

For Table 11, the below equations were used to calculate ADC 2022 and ADC 2032:

- ADC for 2022 = Actual Patient Days (sourced from CHIA for 2022) / 365
- For 2032, the forecast was applied to discharges with the average length of stay ("ALOS") kept flat. Forecasted Patient Days was calculated by multiplying forecasted discharges by ALOS. ADC for 2032 = Forecasted Patient Days/365.
- 6. The application narrative and responses to DoN Questions state that the Applicant conducted three patient open forums.
 - Were the forums open to the public?

No, the patient open forums were for Dana-Farber patients only.