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

APPLICANT QUESTIONS #9 - Updated

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).**

1. To better understand oncology services in the Longwood Medical Area, and any changes resulting from the Proposed Project, please complete the following tables:

Dana-Farber anticipates the following changes as a result of the Proposed Project. The information included in the below table is consistent with the information provided included in Dana-Farber's Change in Service Form submitted as part of its Application for a Determination of Need.

	Dana-Farber Current		Dana-Farber After Project Implementation	
	Number	**Location**	**Number**	**Location**
Inpatient Beds				
M/S	30	Longwood	280	Longwood
ICU	0	N/A	20	Longwood
Imaging Equipment				
CT	3	Longwood	5	Longwood
MRI	2	Longwood	4	Longwood
PET/CT	2	Longwood	3	Longwood
Radiation Oncology Equipment				
CT Simulator	0	Longwood	2	Longwood
LINAC	3	Longwood	6	Longwood

Dana-Farber is not able to provide responses on behalf of other institutions.

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	BIDMC Current		BIDMC After Project Implementation	
	Number	**Location**	**Number**	**Location**
Inpatient Beds				
M/S				
ICU				
Imaging Equipment				
CT				
MRI				
PET/CT				
Radiation Oncology Equipment				
CT Simulator				
LINAC				

	BWH Current	
	Number	**Location**
Inpatient Beds		
M/S		
ICU		
Imaging Equipment		
CT		
MRI		
PET/CT		
Radiation Oncology Equipment		
CT Simulator		
LINAC		

2. Responses to DoN Questions #2 states that Dana-Farber cares for 200 to 230 inpatient oncology patients every day (pg.4).
    a. To better understand Patient Panel need for the Proposed Project, provide data to demonstrate that Dana-Farber cares for 200 to 230 inpatient oncology patients every day.

    In addition to data previously provided from CHIA, Dana-Farber has analyzed patients where Dana-Farber serves as <u>the</u> attending physician, as reflected in the medical record

and in professional claims data. Based on health care claims submitted by Dana-Farber's clinicians for services provided to inpatient oncology patients for which a Dana-Farber medical oncologist served as the attending physician, Dana-Farber served as the attending, directed the care, and treated an average of 211 distinct inpatient oncology patients each day for the period between October 2024 and January 2025.

3. Responses to DoN Questions #2 states, "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." (pg.4)
    a. Explain how a DFCI medical record number distinguishes a DFCI patient from a BWH patient.

    The medical record number underscores the existence of the treatment relationship between Dana-Farber and its patients admitted to BWH beds. More importantly, the associated medical records from the admission reflect that Dana-Farber-employed medical oncologists and hospitalists are those patients' attendings of record, that the DFCI medical oncologist directs the care of these patients during their inpatient admission and, in nearly all cases, that a DFCI medical oncologist had a previously existing treatment relationship with them (as reflected in data previously submitted and as referenced in the Independent Cost Analysis).

    b. Does the Applicant attribute oncology patients that receive some of their oncology care (i.e. surgical interventions) from BWH physicians in BWH beds solely to the Applicant? If so, please explain.

    On occasion a patient for whom a Dana-Farber clinician serves as the attending will require certain services from BWH, including surgical interventions. These are still Dana-Farber patients, Dana-Farber clinicians are still directing that patient's inpatient care, and these are patients Dana-Farber would expect to see in its future cancer hospital following the completion of the Proposed Project. As previously communicated, Dana-Farber has made conservative assumptions in assigned patients to these beds in the data we have submitted. Additionally, in the instances in which Dana-Farber physicians provide consultations for patients with a BWH attending physician, Dana-Farber has not attributed those patients to Dana-Farber.

4. The Applicant narrative states, "In addition to its own licensed beds, the Applicant provides care to patients in certain BWH-licensed beds, which are dispersed across multiple locations within BWH (two separate buildings and at least seven different floors)."(pg.2)

    The Application also mentions oncology beds that the Applicant manages in partnership with BWH (Narrative, pg.17), the inpatient care that it [the Applicant] manages at BWH (Narrative, pg.35), and patients being admitted to a BWH-licensed bed that is managed by the Applicant (Responses to DoN Questions #2, pg. 12).

a. Explain the management structure of BWH-licensed beds, vs. Dana-Farber licensed beds?
b. Does the Applicant manage BWH-licensed beds in partnership with BWH, and if so, what does each provider contribute to the management of BWH-licensed beds?

A uniform inpatient medical oncology management structure has been implemented across Dana-Farber- and BWH-licensed beds. Key personnel within that management structure include the Medical Director and Associate Medical Director for Inpatient Medical Oncology, the Director of Inpatient Clinical Operations, Safety & Quality, the Medical Director for Physician Assistants, and the Medical Director for Hospitalists. These professionals are all employed by Dana-Farber. As noted in 3(a) above, from a clinical perspective, care is directed by Dana-Farber-employed medical oncologists and hospitalists. BWH physicians provide surgical and other non-oncology consultative services to Dana-Farber patients who need those services.

5. Responses to DoN Questions #2 states "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. To better understand Patient Panel need for the Applicant's services, describe the services that Dana-Farber provides that other hospitals in the Commonwealth lack expertise in.

Dana-Farber is one of only a few hospitals in the Commonwealth equipped to provide sophisticated and complex cancer therapies, like induction therapy for acute leukemia patients, CAR T-cell therapy, bispecific T-cell engager therapy, and stem cell and bone marrow transplantation. These treatments require lengthy inpatient stays. Capacity constraints[1] at the few other Massachusetts hospitals capable of offering these services mean that inpatient beds may not be available to provide care to all that need it.

From a care model standpoint, Dana-Farber medical oncologists are the attending physicians for all inpatients. At many other hospitals, cancer patients have a general hospitalist attending and overseeing their care, while consulting with a medical oncologist, as necessary. Dana-Farber's method reinforces its commitment to and expertise in the treatment of cancer. From the moment cancer patients are admitted under the care of a Dana-Farber attending, the expertise of the DFCI medical oncologist remains the central and critical determinant of that patient's entire hospital course.

[1] Steve Walsh, "Mass. Hospitals are Teetering on the Edge," CommonWealth Beacon (Nov. 6, 2024), available at https://commonwealthbeacon.org/opinion/mass-hospitals-are-teetering-on-the-edge/; Alysha Palumbo, "Some Hospitals in Mass. Moved to 'High Risk' Due to Capacity Crunch," NBC Boston (Feb. 6, 2024), available at https://www.nbcboston.com/news/local/some-hospitals-in-mass-moved-to-high-risk-due-to-capacity-crunch/3270141/; Morgan Rousseau, "Mass. General declares 'capacity disaster,'" Boston.com (Jan. 21, 2024), available at https://www.boston.com/news/local-news/2024/01/21/mass-general-declares-capacity-disaster/.