

**BILH Winchester Hospital
DoN Application #BILH25102211-AS**

DoN RESPONSES #1

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.**

Factor 1a: Patient Panel Need

1. Please provide the dates of the Applicant's fiscal year.

October 1 – September 30.

2. What are Winchester Hospital Endoscopy Center's (the Center's) current hours of operation.

Monday-Friday, 7am-5pm

3. Provide the number of endoscopy operating rooms at Winchester Hospital's main campus.

The Hospital's main campus has two (2) endoscopy rooms.

4. To compare age cohorts across Patient Panels, please provide the following age cohorts for the BILH and Winchester Hospital Patient Panels: 0-27, 28-45, 46-54, 55-64, and 65+.

Please see Attachment A

5. The Winchester Hospital Endoscopy Patients Race Categories do not include American Indian/Alaska Native or Native Hawaiian/Other Pacific Islander (while BILH and Winchester Hospital do). Does the Applicant have data to share on these racial categories for Winchester Hospital Endoscopy patients?

Due to patient confidentiality, exact numbers for these categories cannot be shared. The tables provided for Question 6 have been updated to include rows for these categories.

6. To better understand patients served by the Center, please provide a breakdown of the Winchester Hospital Endoscopy Patients by the Winchester Hospital main campus and the Center, separately, and for both, include the following demographic information for endoscopy patients: age, race/ethnicity, payer mix¹, and patient origin.

See Attachment A.

¹ Format for payer mix should include Commercial, Medicare, Managed Medicare, Medicaid, and Managed Medicaid.

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7. To better understand Patient Panel access to the Center, please provide percentage of the Center’s FY25 volume that is from Winchester Hospital patients, from patients across the rest of the BILH system and from Atrius patients, separately.

Winchester Hospital patients comprise 64% of the Center’s patients and Atrius patients comprise the remaining 36% of patients.

8. What criteria are used to determine which patients are treated at the Center and which are treated at the Main Campus?

The following are some of the criteria used to determine which patients may not be clinically appropriate for services at the Center:

- **Pregnancy,**
- **BMI over 50 (BMI between 45 and 50 must be approved by Anesthesia),**
- **ASA score of 4 (American Society of Anesthesiology),**
- **History of malignant hyperthermia or family history of the same,**
- **Difficult airway,**
- **Known active severe GI bleed,**
- **Severe lung disease,**
- **Severe heart disease,**
- **MI, stroke, neuro crisis within the last 6 months,**
- **Cirrhosis,**
- **Patients with Pacemakers must receive cardiac and Anesthesia clearance.**

9. The application states that the Center’s procedure volume increased by 199% since FY22.

- a. Please provide an explanation for the Center’s increasing volume, including the 81% increase from FY22 to FY23.

Since FY22, seven additional providers started performing procedures at the Center. These provider additions account for over 5,500 cases at the Center in FY25.

Location	FY22	FY23	% Change FY22-23	FY23	FY24	% Change FY23-24	FY24	FY25	% Change FY24-25	% Change FY22 to FY25
Endoscopy Center	3,674	6,634	81%	6,634	8,671	31%	8,671	11,079	28%	202%
Main Campus	1,194	1,622	36%	1,622	2,456	51%	2,456	2,720	11%	128%
Total Procedure Volume	4,868	8,256	70%	8,256	11,127	35%	11,127	13,799	24%	183%

10. The Application states average wait times for procedures at the Center are between six weeks and six months. The application notes that the average wait times for patients of Winchester’s GI group and Digestive Health Associates is one to two months, which accounts for 65% of the Endoscopy Center’s volume, and the remaining 35% of volume comes from Atrius GI providers,

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whose patients are waiting an average of six months due to limited block time at the Endoscopy Center (pg.9)

- a. What is Digestive Health Associates?

Digestive Health Associates (DHA) is a private group of physicians that provide GI services in the Winchester and surrounding community. DHA physicians are credentialed by Winchester Hospital to provide endoscopy at the Center.

- b. Explain the Center's referral relationship with Atrius Health.

Atrius is a private physician group that does not have its own outpatient endoscopy facilities in the Winchester service area. Winchester Hospital offers surgical block time to Atrius GI physicians to treat their own patients at the Center.

- c. What is the block time for the Center's existing providers?

Winchester GI, DHA, and Atrius each have 90 hours of block time a week.

- d. Why do wait times differ between Winchester GI group and Digestive Health Associates and Atrius GI providers?

Wait times differ due to the number of patients and providers within each practice.

11. The application states approximately 2,700 Winchester Hospital patients have an outstanding order from their primary care physician and are waiting for their screening colonoscopy to be scheduled (pg.9). Additionally, there currently are 4,100 Winchester Hospital patients eligible for colonoscopy screening but do not yet have an order from their PCP (pg. 10).

- a. What percentage of these patients does the Applicant believe the Center could serve with the expanded capacity that would be provided through the Proposed Project?

The three (3) new procedure rooms will accommodate approximately 5,700 additional cases annually. The Applicant anticipates approximately 5,000 of those cases will be for screening colonoscopies. As a result, 74% of existing eligible patients can be accommodated annually through the Proposed Project.

12. The application states the Applicant anticipates additional capacity at the Center will improve access across the [BILH] system, providing a system-wide solution addressing the Patient Panel's need for expanded access to outpatient endoscopy (pg.10).

- a. To better understand access to endoscopy services across the BILH system, provide the location of all BILH facilities performing outpatient endoscopy procedures, and the current average wait time for endoscopy procedures at each location.

See Attachment A.

- b. To better understand access challenges to endoscopy services across the BILH system, list the facilities in the BILH system where Lahey Primary Care patients, and BIDMC Gastroenterology patients are experiencing long wait times of 12 months and five months, respectively.

Please see the response to Question 11a.

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13. The application states that three procedure rooms are needed to address Patient Panel need for endoscopy services and help alleviate access challenges across the BILH system.

- a. Explain, with data, the Applicant’s methodology for determining that three procedure rooms are needed to address Patient Panel need for endoscopy services at the Center and to help address long wait times across the BILH system.

Each procedure room can be scheduled for up to 12 cases per day; however, the average cancellation rate is 10% so the Center typically completes 10 patient cases per day which equates to a utilization rate of 80-85%. The Center is open 245 days a year (M-F, no holidays or the days following holidays). This equals approximately 2,450 cases per room.

To accommodate existing waiting and eligible patients (6,800) and absorb capacity from other BILH facilities with significant wait times, the Applicant determined that at least three procedure rooms will be required.

It’s also important to note that the expansion will be within the Center’s existing physical footprint and therefore it is limited in how many additional rooms can be accommodated. Given the significant wait times noted in response to Question 11, the Proposed Project will address capacity constraints at Winchester Hospital but will not meaningfully reduce wait times across BILH.

- b. Provide a breakdown of anticipated sources of projected “New Volume” at the Center after project implementation.

Volume Source	Anticipated Annual Volume
Existing volume	11,000
Patients waiting with orders	2,000
Eligible colonoscopy patients without current orders	3,000
Atrius patients	800
Total	16,800

14. Describe the current staffing of the Center; and explain the staffing that will be required for the Proposed Project, as well as the Applicant’s strategy for recruiting and hiring new staff.

On average, the Center requires approximately 30 full-time employees (FTE). The three additional rooms will require the following additional FTEs: seven (7) Registered Nurses, one (1) Endoscopy Technician, one (1) Anesthesia Technician, one (1) Administrative Assistant, and one (1) Surgery Scheduler. The Hospital anticipates most positions will be filled by internal applicants. To the extent external applicants are needed, the Hospital will recruit internally from its medical/surgical service. The Center offers career advancement from medical/surgical positions that are highly sought after by staff. As a result, the Hospital does not anticipate any staffing challenges for the proposed expansion.

15. Describe protocols in place at the Center in case of an emergency.

In case of emergency, the Center’s protocol is to call 9-1-1.

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Factor 1b: Public Health Value

16. What is the Adenoma Detection Rate for the Center?

In December 2025, the ADR for the Center was as follows:

- **Male: 17.65%**
- **Female: 18.48%**
- **Overall: 18.42%**

17. How is Winchester Hospital leveraging the health equity work of BILH and BIDCO to identify and address disparities in access and outcomes at the Center?

BILH Performance Network (BILHPN) is committed to advancing population health and achieving quality performance measures outlined in at-risk payor contracts, including colon cancer screening. This commitment ensures accountability in providing appropriate screening for all patients, with a focused effort to address disparities among Asian, Black, and Hispanic populations, per payor contract criteria.

In collaboration with multiple payor plans, BILHPN is expanding access to at-home screening options and ensuring timely follow-up care, including colonoscopy for patients with positive results. Monthly reports of positive cases are reviewed by population health specialists, who confirm that each patient has an order, scheduled appointment, or completed colonoscopy.

Additionally, BILHPN works closely with the BILH Ambulatory Safetynet (ASN) team to address gaps in care. If a patient has not received appropriate follow-up within 90 days of a positive result, an ASN navigator conducts outreach to ensure care is provided as needed.

18. Provide a breakdown (by count and percentage) of the primary languages spoken by Winchester Hospital Endoscopy patients for the most recent year available.

Language	Requests Made	Percent of Total
Spanish	32	16%
Chinese Mandarin	28	14%
Haitian Creole	17	9%
Korean	14	7%

19. Describe Winchester Hospital’s established processes to ensure that interpreters have specialized training in endoscopy-related terms and are able to operate in such a specialized setting.

Winchester Hospital only contracts with vendors who employ certified interpreters that undergo initial and regular training to ensure quality of interpretation in various healthcare settings, including surgical services and procedures such as endoscopy.

20. Describe Winchester Hospital’s evidence-informed guidelines for staff to choose the most effective and appropriate modality for language services at the point of care.

The Hospital offers all patients access to video remote interpreting (VRI) which ensures timely access to accurate medical translation services. Coordination for patients requiring additional assistance is arranged prior to the patient’s procedure to ensure all services needed are available.

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21. Describe Winchester Hospital's current or planned adjustment in their MIS program structure to ensure:
- a. patient safety,
 - b. timely response and delivery of language services, including ASL, to increasing demands,
 - c. appropriate number of interpreters who are readily accessible when needed,
 - d. translated pre-and-post endoscopy documents for patients, including, but not limited to, pre and post procedural instructions,
 - e. guidance for selecting pre-and-post oral instructions; translated informed consent document regarding procedure, anesthesia, and other relevant and legal information,
 - f. and reasonable accommodation for patients with disabilities.

Winchester Hospital is committed to ensuring patients not only receive high-quality care but understand all communications relevant to their experience at the Center, including not only care at the facility but also instructions before and after their procedure. To that end, all patients are provided with the opportunity to receive interpreter services. As noted above, VRI is the primary method which allows the Center to maintain timely (less than 15 minutes) access for all patients. However, while VRI is the primary method of translation, it is not the only available option, and the Hospital is committed to ensuring it provides language services that are most appropriate for the patient on a case-by-case basis. All pre and post procedure instructions are translated by a medical interpreter as are consent forms required for anesthesia and treatment. When discharge instructions are printed in a language other than English, they are reviewed by an interpreter.

Factor 1c: Care Coordination

22. Explain the process of patient record sharing, for the Center's patients that are not part of the BILH system.

As a point of clarification, all patients at the Center are treated by a GI provider with whom they have an established relationship with prior to their endoscopy procedure. Additionally, the GI provider is responsible for all documentation prior to, during, and after the procedure and similarly ensuring their patients receive access to follow up notes and test results. Therefore, while all providers who operate at the Center are affiliated with BILH and are able to access its EMR, the Center itself does not play a role in record sharing.

Factor 1e: Community Engagement

23. Provide any materials related to the Applicant's community engagement efforts.

See Attachment B.

Factor 5: Relative Merit

24. Given that the Proposed Project is intended to address long wait times for endoscopy services at the Center and across the BILH system (pg.26), how did the Applicant determine that expanding access to endoscopy services at the Center (as opposed to another facility in the BILH system that provides outpatient endoscopy procedures) is the best option for addressing the Center's and the BILH system's need for endoscopy services at this time?

BILH looked at several factors when assessing the need to expand outpatient endoscopy capacity. The Center is an existing, highly functioning outpatient center. The Hospital has

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improved its operations at the Center over the years to take on the incremental volume created by demand for screening colonoscopy. Its scheduling blocks are utilized efficiently, but cannot fully meet the needs of the region, including patients at Lahey and BIDMC, as seen by the data shared in this response.

In addition to running efficiently, the Center has the physical space to expand in a cost-effective manner without significantly disrupting care. Moreover, it's a geographically convenient option for Lahey Burlington, Peabody, and Arlington patients, as well as patients of BIDMC GI and Mount Auburn. Notably, the Lahey and Mount Auburn locations have very long wait times and limited expansion options within their existing footprints, further supporting the decision to expand capacity at the Center.