

**Emerson Endoscopy & Digestive Health Center
DoN #EDHC-25021711-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. Footnote 1 states that the Applicant does not collect information related to patients' race or ethnicity as part of its intake process.

a. Responses to DoN Questions #1 (pg.1) from the 2021 DoN approval states "The ASC will continue to collect race/ethnicity during patient registration.." ¹

i. Explain why the Center does not collect race/ethnicity information.

Historically, self-reporting race and ethnicity was optional and most patients chose not to self-report. Effective April 29, 2025, the Center collects race and ethnicity data during check-in.

2. Does Patient Panel data (demographics, geographic origin, payer mix) represent calendar year or fiscal year?

a. Please provide the dates of the Center's fiscal year.

The Center's fiscal year is the calendar year.

b. Why doesn't the Applicant's 2022 payer mix (96%) not total 100%?

Please see corrections to the payer mix table below in red. MassHealth Primary was inadvertently missed from the Medicaid category in 2022, 2023, and 2024.

Narrative Table 3: Patient Panel Payer Mix	2022	2023	2024
Commercial (PPO/Indemnity and HMO/POS)	60%	72.6%	80.7%
Medicare	20%	15%	12.3%
Commercial Medicare (Private Medicare/ Medicare Advantage)	11%	11%	4.8%
Medicaid	8%	1.4%	1.9%
All Other	1%	.5%	.3%

¹ <https://www.mass.gov/doc/emerson-endoscopy-and-digestive-health-center-responses-to-don-questions/download>

Emerson Endoscopy & Digestive Health Center
DoN #EDHC-25021711-AS

3. In Table 2:Geographic Origin, what is included in the category “All Other”.

Additional towns that represent 75% of the Center’s patients for CY2024 include Lincoln, Framingham, Bolton, Townsend, Shirley, Billerica, and Lancaster.

4. Please complete the ACO Contracts Table listed below.

Please note this information has been reported to the DoN Program as part of the Holder’s Annual DoN Reporting.

Response Table 1: APM Contracts	2022	2023	2024
ACO and APM Contracts	0%	0%	0%
Non-ACO and APM Contracts	100%	100%	100%
Total % (must=100%)	100%	100%	100%

5. To what does the Applicant attribute the 101% increase in case volume from CY2022 to CY2023?

The Center opened in April of 2022 so the volume for 2022 is not a full year. Moreover, as a new ASC, the Center was still ramping up volume in 2022 and into 2023.

6. What does the Applicant attribute to the 21% decrease in the age 70+ patient population between 2023 and 2024?

Please see the tables below which have been updated to reflect full year 2024 data.

Accounting for the full year of data, the 70+ patient population actually grew in volume.

Narrative Table 1: Demographics	2022 Count	2022 Percent	2023 Count	2023 Percent	2024 Count	2024 Percent
Gender: Female	1,042	64.7%	1,883	58.6%	2,697	56.3%
Gender: Male	568	35.2%	1,327	41.3%	2,093	43.7%
Age: 18-49	441	27.3%	1,030	32%	1,810	37.8%
Age: 50-69	861	53.4%	1,723	53.6%	2,439	50.9%
Age: 70+	308	19.1%	457	14.2%	541	11.3%
Total	1,610	100%	3,210	100%	4,790	100%

Narrative Table 2: Geographic Origin	2022 Count	2022 Percent	2023 Count	2023 Percent	2024 Count	2024 Percent
Concord	134	8.3%	310	9.6%	379	8%
Acton	123	7.6%	275	8.5%	383	8%
Sudbury	100	6.2%	200	6.2%	269	6%
Westford	96	5.9%	184	5.7%	237	5%
Bedford	75	4.6%	118	3.6%	162	3%
Maynard	66	4%	150	4.6%	209	4%
Littleton	58	3.6%	110	3.4%	177	4%
Groton	54	3.3%	111	3.4%	225	5%
Stow	52	3.2%	102	3.1%	118	2%
Hudson	44	2.7%	68	2.1%	89	2%

Emerson Endoscopy & Digestive Health Center
DoN #EDHC-25021711-AS

Carlisle	36	2.2%	48	1.4%	98	2%
Chelmsford	35	2.1%	63	1.9%	129	3%
Boxborough	34	2.1%	58	1.8%	110	2%
Harvard	34	2.1%	62	1.9%	97	2%
Leominster	33	2%	63	1.9%	91	2%
Ayer	30	1.8%	55	1.7%	91	2%
Marlborough	29	1.8%	71	2.2%	70	1%
Lexington	27	1.6%	70	2.1%	87	2%
Lunenburg	26	1.6%	43	1.3%	66	1%
Pepperell	26	1.6%	53	1.6%	74	2%
All Other	498	31.6%	996	31%	1,629	34%
Total	1,610	100%	3,210	100%	4,790	100%

7. How many patients seen at the Center in 2024, were patients of Emerson Hospital?
4,354, or 90.1%
8. Explain methodology used, including data sources, to determine that one additional procedure room and 3 pre/post op beds are needed to meet Patient Panel need for the Center's services.

As noted in Question #10 below, current capacity at the Center is 75% which is the optimal operating capacity of the Center to allow for add-on cases. With higher volume projected in future years beginning with the current year, additional capacity will be needed in order to ensure timely access to endoscopy. At the Center's present operating capacity, additional block time is not available and as a result, wait times and scheduling backlogs will continue to grow. The current wait time for endoscopy is one month for Emerson GI patients. The wait time for Atrius' open access patients (those without a GI referral) is three months. Additional operating capacity will allow the Center to accommodate more than 9,000 patients annually which it cannot do with only two procedure rooms. Therefore, to maintain and reduce current wait times for all patients, a third procedure room is needed.

9. The application states that the Center can accommodate a maximum of 3,500 cases per room per year (pg.), which would be 7,000 cases for the two procedure rooms at the Center.
- a. Given there were 4,873 cases in 2024, why is additional capacity needed now?

Please refer to the response provided to Question #8. Given the importance of timely screening and diagnosis of colorectal cancer, it would be detrimental to public health to require a backlog of cases to build before allowing additional capacity. The Applicant is starting to see wait times increase for patients to access the ASC and wait times will continue to increase. It would not be prudent to wait to begin to build this additional capacity until access becomes even more difficult. Taken together with the increased incidence in younger populations and the recent change in guidelines for screening age, the Applicant is taking a proactive approach to addressing this known public health need for timely access in the community to colorectal screening and treatment.

Emerson Endoscopy & Digestive Health Center

DoN #EDHC-25021711-AS

10. Provide the Center's operating capacity for each year of operation (2022 to 2024) and projected operating capacity for each year of the projections (2027 to 2031).

Response Table 2: Calendar Year	(Projected) ² Cases per Room	(Projected) Operating Capacity
2022 ³	891	25%
2023	1,791	51%
2024	2,436	69%
2025 (Annualized) ⁴	(2,628)	75%
2026	(1,855)	(53%)
2027	(2,188)	(63%)
2028	(2,521)	(72%)
2029	(2,855)	(82%)
2030	(3,105)	(89%)

- a. What is the optimal operating capacity for the ASC?
75% - 85%
- b. How does the Applicant's historical operating capacity demonstrate need for an additional procedure room?

The applicant's operating capacity has steadily increased since the ASC opened in 2022 and wait times are developing. This location has available space to build out a third room to meet the existing and increasing need for access in a cost effective manner. As detailed throughout the narrative, colorectal cancer is a leading cause of death in men and women. However, colorectal cancer is one of the few cancers where the same screening test can actually prevent cancer. Research found the availability of screenings, coupled with community education, resulted in a 25.5% reduction in annual CRC incidence, and a 52.4% reduction in cancer mortality between 2000 and 2015.⁵ Moreover, colorectal cancer is rising among younger adults, before routine screening is recommended.⁶ Given the direct link between colorectal cancer screening and colorectal cancer prevention, public health indicates an immediate need to expand access to colonoscopy in convenient, low-cost settings to prevent delayed access to endoscopy.

11. Please provide data on the average wait time for procedures for each year of operation.
- a. Does the Applicant anticipate the Proposed Project will reduce wait times for procedures?

² Parentheses used to denote projected figures.

³ The Center opened in April 2022.

⁴ Annualized volume/capacity is based on April and May cases to account for low volume in earlier months due to a provider's leave of absence.

⁵ T. R. Levin, *Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large Community-Based Population*, <https://doi.org/10.1053/j.gastro.2018.07.017> (last visited January 15, 2025).

⁶ *Can Cancers in Young Adults Be Prevented?*, AMERICAN CANCER SOCIETY, <https://www.cancer.org/cancer/types/cancer-in-young-adults/prevention.html> (last visited June 20, 2025).

Emerson Endoscopy & Digestive Health Center

DoN #EDHC-25021711-AS

Yes. The Center anticipates that wait times for diagnostic procedures to remain under two months.

- b. Please include any industry standard/ national benchmarks for optimal wait times for the procedures performed.

While the United States has not developed a wait time measure, the Canadian Association of Gastroenterology established guidelines for a maximal wait time of two months for diagnostic colonoscopy and 6 months for screening colonoscopy. Paterson WG, Depew WT, Pare P, et al. Canadian consensus on medically acceptable wait times for digestive health care. Can J Gastroenterol 2006;20:411–23.

12. Are patients experiencing difficulty accessing the ASC due to increasing volume? If so, please provide measures to demonstrate access challenges.

As noted in the response to Question #8, wait times continue to increase and are currently upwards of one month for Emerson GI patients and a minimum of three months for Atrius patients.

13. Provide a breakdown of historical case volume (Table 4: Historical Volume) by upper endoscopy and lower endoscopy.

Narrative Table 4: Historical Volume	CY2022	CY2023	CY2024
Cases at the Center	1,782	3,583	4,873
Upper	433	759	951
Lower	1,349	2,824	3,922

- a. Provide a breakdown of projected volume (Table 5: Projected Volume) by upper endoscopy and lower endoscopy.

Narrative Table 5: Projected Volume	2027	2028	2029	2030	2031
Total Cases	5,564	6,564	7,564	8,564	9,314
Upper	1,169	1,378	1,589	1,798	1,956
Lower	4,395	5,186	5,975	6,766	7,358

14. The application states that per population projections, 3,900 residents from the Center's top 5 towns will be screened every year in compliance with guidelines. (pg. 21).

- a. Please explain how the Applicant determined 3,900 residents would be screened every year.

The 45-74 age cohort in the Center's top five towns are expected to have a population of 39,000 by 2030. The screening guidance for all residents in that age range is at least once every ten years.⁷ Therefore, a minimum of 3,900 residents

⁷ American Cancer Society Guideline for Colorectal Cancer Screening, AMERICAN CANCER SOCIETY, <https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html> (last visited June 20, 2025).

Emerson Endoscopy & Digestive Health Center

DoN #EDHC-25021711-AS

will require CRC screening each year. Residents with a higher risk of CRC will require more frequent screening. This number also does not account for residents referred for diagnostic colonoscopy due to presenting symptoms.

15. The Applicant expects new volume to come as a result of the closure of NVMC and from its clinical affiliation with Atrius Health.

- a. Explain Emerson Hospital's clinical affiliation/referral relationship with Atrius Health as it relates to endoscopy services.

As described on the page 4 of Appendix 2, Emerson Hospital and Atrius Health are parties to an affiliation agreement. Because of the relationship between the Center and Emerson Health, the Center provides access to preventative and diagnostic endoscopy for patients of Atrius Health's primary care providers and gastroenterologists. This affiliation results in the referral of approximately 45 cases per month to the Center. Beginning in late 2025, this rate is expected to grow to approximately 75 cases per month and increase steadily in future years.

- b. How much of the Center's projected volume will come from the closure of NVMC, separately how much will come from referrals from Atrius Health referrals?

The Applicant anticipates approximately 500 – 1,000 cases will come from the closure of NVMC.

Approximately 2,000 referrals are expected from Atrius, based on requests for OR block time.

16. The Change In Service Form indicates that the Proposed Project will include 6 "Pre/Post Operative beds".

- a. Are the pre/post op beds going to be used interchangeably?

Please note the Change in Service Form indicates the Proposed Project will include three (3) pre/post operative care bays.

Yes, these bays are used interchangeably for pre-operative and post-operative care.

17. How many physicians are currently on staff at the Center?

There are currently eight (8) physicians with privileges at the Center.

- a. Are additional staff needed to support the proposed increase in procedure rooms and pre/post op beds?

With the additional procedure room, two (2) Registered Nurses and 1.5 Endoscopy Techs will be needed.

With respect to physicians, the Center doesn't hire or employ physicians. Rather, it provides procedural block time to physicians with privileges. Recently the GI practices that are affiliated with the Center have hired physicians who have requested OR time for their patients. A total of three providers have been hired – two by Emerson Health's GI group and one by Atrius. Given current

Emerson Endoscopy & Digestive Health Center

DoN #EDHC-25021711-AS

utilization, the Center does not have available block time to accommodate these requests, thus contributing to a backlog of cases.

- b. If so, where will new staff come from?

The Center will recruit for these new positions through job postings on its internal websites (SCA Surgery and Emerson Health) and external job boards such as Indeed.

Factor 1b: Public Health Value

18. Table 3: Patient Panel Payer mix, shows a decrease in the Applicant's Medicaid percentage in its payer mix since 2022, and 0% Medicaid percentage in 2023.

- a. Explain the reason for the decrease in the Medicaid percentage in the Applicant's payer-mix since 2022, alongside concurrent increases in the Commercial percentage.

The largest driver of this shift has been the recent change in screening guidelines which reduced the recommended age for screening colonoscopy from 50 to 45, which lead to a significant increase in the percentage of patients aged 18-49 in 2024 compared to 2022. Given that the majority of patients in this age group have commercial insurance, there was an increase in commercial payer mix and a corresponding decrease among other payers. As noted in the response to #2, the Medicaid percentage did drop in 2024 but was incorrectly noted in the application and was in fact 1.9% for the year.

- b. Describe any initiatives that Applicant is using to increase MassHealth in its payer mix, and the results of such efforts.

To increase the number of MassHealth patients served at the Center, the Applicant is currently planning to implement an open access referral system which would allow patients to call the Center directly to request an appointment without a GI referral. Patients will be screened for certain criteria to determine which patients are eligible for a colonoscopy without a physician referral.

- c. Do all providers at the Center accept MassHealth? **Yes**

19. Please provide the following information concerning the Applicant's Interpreter services:

- a. Languages covered: **All languages are available through LanguageLine.**
b. Number of requests in 2024: **44**
c. Top languages requested: **Mandarin, Spanish, Portuguese, Korean, Haitian Creole**

20. Given that the Center does not currently collect race/ethnicity data, and has a low percentage of patients insured through Medicaid, what efforts does the Center plan to implement for the goal of Health Equity, beyond SDoH screenings, staff training and language translation services?

Emerson Endoscopy & Digestive Health Center

DoN #EDHC-25021711-AS

As described in #18(b), the Applicant is seeking to improve health equity through easier access to endoscopy by implementing an open access self-referral system. This process will remove barriers to care, in turn improving access to cancer screening.

21. The Applicant states that it is part of a national quality program.

- a. What is the name of the national quality program, and what measures does the Applicant track as part of its participation in the quality program?

The Center submits Adenoma Detection Rate data to GIQuIC for national benchmarking. The Center also reports the following metrics as part of the CMS ASCQR (Ambulatory Surgical Center Quality Reporting) Program:

- **ASC-1 – Patient burn**
- **ASC-2 – Patient fall**
- **ASC-3 – Wrong site, wrong side, wrong patient, wrong procedure, wrong implant**
- **ASC-4 – All-cause hospital transfer/admission**
- **ASC-9 – Appropriate follow-up interval for normal colonoscopy in average risk patients**
- **ASC-15 – Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS-CAHPS) (as of 1/1/25, as this measure was previously voluntary)**
- **ASC-20 – COVID-19 vaccination coverage among healthcare personnel**

Factor 1c: Care Coordination

22. Please describe how electronic medical records are shared, including processes for sharing patient records with primary care providers and specialists, and coordination of follow-up care.

Procedure notes are shared directly by the operating physician with the primary care provider via Epic. All follow-up care is managed and coordinated by the physicians and their care teams.

23. Describe protocols in place in case of an emergency, including the plan for transferring patients who need emergency medical care from the ASC to a hospital.

The Center maintains a transfer agreement with Emerson Hospital, which is located 1.2 miles away. In the case of an emergency, 9-1-1 is called and emergency services are requested.

Factor 1e: Community Engagement

24. Did the Applicant receive any feedback as a result of posting flyers about the Proposed Project?

- a. If so, how much and what was the feedback received?

No feedback was received as a result of the Center's patient education materials. Please note flyers remain posted around the Center.

25. How many PFAC members were in attendance at the November 21st meeting?

Emerson Endoscopy & Digestive Health Center

DoN #EDHC-25021711-AS

15 attendees, including 13 PFAC members and two (2) staff members.

Factor 1f: Competition

26. The Applicant provided Procedure Costs in ASC vs. HOPD for 2024. Please provide the same data for 2025, if available.

Narrative Table 6: Procedure Cost in ASC Versus HOPD ⁸	2025 ASC Cost	2025 HOPD Cost	2025 ASC Savings	ASC Savings Change from 2024
Colonoscopy	\$666	\$1,088	39%	+1 point
Colonoscopy with biopsy	\$824	\$1,371	40%	+1 point
Endoscopy	\$1,001	\$2,033	51%	+1 point
Endoscopy with biopsy	\$1,016	\$2,048	50%	NC
EGD	\$621	\$1,055	41%	+1 point
EGD with biopsy	\$635	\$1,069	41%	+2 points
Sigmoidoscopy	\$203	\$966	79%	+1 point
Sigmoidoscopy with biopsy	\$559	\$981	43%	+1 point

Factor 2: Delivery System Transformation

27. Does the Center have a process in place to screen patients for SDoH needs?

- a. If so, please describe the screening process including screening domains screened for.

The Center does not have a formal process to screen patients for SDoH needs. Patients are screened for transportation to ensure each patient has a safe ride home from their procedure. As discussed in section F2.c., if a need is identified, Center staff will provide the patient with referral resources and update the medical record so that the patient's primary care provider is aware of the need for follow-up.

⁸ Total cost data based on Medicare's 2025 payments and copayments rates as reviewed on June 2, 2025.