

Mass General Brigham, Inc
DON # MGB-24120209-RE

APPLICANT RESPONSES #1

Responses should be sent to DoN staff at DPH.DON@mass.gov

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
- We accept answers on a rolling basis however, when providing the answer to the final question, submit all questions and answers in order in one final document.
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. **Whenever possible, include a table in data format (NOT pdf or picture) with the response.**

In order for us to review this project in a timely manner, please provide the responses by **February 13, 2025**.

Factor 1ai: Patient Panel

1. The geographic origins of the Patient Panel and patient populations are aggregated into general headings.
 - a. Tables 1 and 3 of the Narrative refer to patient origins as HSA 1-6. Please verify that this link accurately defines these patient origins. (If not, please provide accurate definitions of HSA 1-6) https://matracking.ehs.state.ma.us/eohhs_regions/eohhs_regions.html

Yes. The link accurately defines the HSA definitions.

- b. Table 5 of the Narrative describes Patient Origins as Primary, Secondary, and Tertiary. Please provide a definition of the cities/towns covered by each of these headings.

The following towns comprise the primary, secondary and tertiary service areas.

Primary	Secondary	Tertiary
Salem	Beverly	Stoneham
Lynn	Wenham	Reading
Marblehead	Middleton	North Reading
Danvers	Manchester	North Andover
Peabody	Gloucester	Rowley
Swampscott	Rockport	Georgetown
Nahant	Essex	Groveland
Lynnfield	Hamilton	Byfield
Saugus	Ipswich	Newbury
	Topsfield	West Newbury
	Boxford	Newburyport
	Revere	Salisbury
	Malden	Amesbury
	Melrose	
	Wakefield	

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2. Please provide the FY2024 Payer Mix for:
- Mass General Brigham overall Patient Panel
 - Salem Hospital Outpatient CT patient population.

Payer Group	Salem OP CT FY24	MGB FY24
Commercial (PPO/Indemnity) ^[1]	13.72%	38.30%
Commercial (HMO/POS) ^[2]	17.73%	17.58%
Medicare ^[3]	37.54%	20.39%
Commercial Medicare	18.17 %	8.66%
MassHealth	4.66%	3.92%
Managed Medicaid	5.01%	4.85%
Other ^[4]	3.17%	6.31%
Total	100.00%	100.00%

Factor 1a: Patient Panel Need

3. Page 8 of the Narrative states, “Even with extended hours of operation, the units are operating above 90% capacity and outpatient appointments have a wait time of 30 days.”
- How does this wait time compare with the average wait time for CT appointments at MGB community hospital outpatient settings?

Newton Wellsley Hospital: 29 days
Cooley Dickinson Hospital: 45 days

- How does this wait time compare with the average wait time for CT appointments nationally?

The American College of Radiology recommends that non-urgent imaging should generally not be delayed beyond a few weeks, with some guidelines indicating a typical target wait time of 2-4 weeks for routine imaging needs. ¹

4. Page 9 of the Narrative states that the existing CT units are being overutilized due to the expanded hours.
- What is the recommended utilization for the current machines?

Target utilization is 80%.

^[1] Commercial plans without an identified product type were included in the PPO/Indemnity product category.

^[2] Includes ConnectorCare plans.

^[3] Includes Medicare supplements.

^[4] Includes Free Care, TriCare, VA, Uninsured COVID-19 tests, Workers Compensation, International, and other uncategorized plans.

¹ Sandler, K. L., Henry, T. S., Amini, A., Saeed Elojeimy, Aine Marie Kelly, Kuzniowski, C. T., Lee, E., Martin, M. D., Morris, M. F., Peterson, N. B., Raptis, C. A., Silvestri, G. A., Sirajuddin, A., Tong, B. C., Renda Soylemez Wiener, Witt, L. J., & Donnelly, E. F. (2023). ACR Appropriateness Criteria® Lung Cancer Screening: 2022 Update. *Journal of the American College of Radiology*, 20(5), S94–S101. <https://doi.org/10.1016/j.jacr.2023.02.014>

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- b. Please cite references for the recommended utilization.

MGB established a system-wide utilization target for CT focused on patient satisfaction that improves access and creates better throughput efficiency. When utilization is around 80%, providers are able to schedule same-day urgent add-ons that mitigate reliance on imaging in the ED while also accounting for patient no-shows.²

5. On Page 9 of the Narrative, it is noted that, “The number of downtime hours increased 65% in FY2024 to 227 hours.”
- a. Please provide a table of data on the number of downtime hours for both outpatient units from FY2022-FY2024.

Year	Downtime Hours
FY22	145
FY23	138
FY24	227

6. Page 9 of the Narrative states, “patients for lung cancer screenings or cardiac CT have wait times of six weeks out.”
- a. How does this wait time compare with the average wait time for CT appointments at MGB community hospital outpatient settings?

Most MGB community hospital locations can schedule lung cancer screening exams within 2-3 days. However, due to the size of Salem Hospital’s service area, the demand for lung cancer screening, and the limited number of hospital CT units, Salem Hospital is not able to book lung cancer screening exams as quickly without reducing access for more urgently needed CT.

- b. How does this wait time compare with the average wait time for lung cancer screenings or cardiac CT appointments Nationally?

As stated in the response to 3.b., the ACR recommends a wait time of 2-4 weeks for routine screenings, including lung cancer screening.

7. Page 9 of the Narrative states, “In FY2024, Salem Hospital’s outpatient CT department’s missed appointment rate was 7%”
- a. Please provide Salem Hospital Outpatient CT Department’s missed appointment rate for FY2022-FY2023.

	FY22	FY23	FY24	FY25 YTD
Missed Appointment Rate	7.3%	7.4%	7.0%	7.9%

² On average approximately 12 patients per day are urgently scheduled for a same day appointment at Salem Hospital.

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8. For Table 7 of the Narrative is labeled as “Annual Scans – Lynn Only” projections:
- a. Does this title mean that the projections are based only on Salem Hospital’s CT patients originating from Lynn?

Table 7 illustrates CT projections for the proposed CT unit at the Healthcare Center in Lynn.

- b. Please explain the methodology used for these projections.

To develop projections for the Proposed Project, Salem Hospital reviewed current volume and wait times, including missed appointments. Based on the existing need for CT, coupled with the growing need for CT in the community for age-related and lung cancer screening, urgently needed CT, and cardiac coronary CT angiography, Salem Hospital determined that an additional CT unit running 14 hours a day, seven days a week would be required to ensure timely access. In line with other MGB CT services, the projections in Table 7 include a ramp up of utilization from 75% to 95% of the service’s maximum capacity. As noted in the response to #4, target utilization is 80% and it is likely that utilization at Salem Hospital will exceed this target with the scanners available, including the Proposed Project.

Factor 1aiii - Competition

9. The Narrative Page 11 makes the following statements – please cite a reference supporting each of these statements
- a. “Moreover, delayed diagnosis often not only results in delayed treatment, but also treatment of a more advanced concern.”

***Improving Access to Medical Imaging for More Patients*, GE Healthcare (Nov. 27, 2022), https://www.gehealthcare.com/insights/article/improving-access-to-medical-imaging-for-more-patients?srltid=AfmBOorzocXYUd0Dix_ftAOrxPVUA5wF5qHZPvCE0bnTRtDtUUR5yCN6.**

- b. “In turn, the overall cost of care increases significantly as the patient’s medical condition worsens.”

Reddy, S. R., Broder, M. S., Chang, E., Paydar, C., Chung, K. C., & Kansal, A. R. (2022). Cost of cancer management by stage at diagnosis among Medicare beneficiaries. *Current Medical Research and Opinion*, 38(8), 1285–1294. <https://doi.org/10.1080/03007995.2022.2047536>

Factor 5: Relative Merit

10. Page 20 of the Narrative states that only one alternative option to the project was considered. Please provide a second alternative option that was not reflected in the Narrative.

In order to improve access to CT in Salem Hospital’s service area, additional capacity is required. One option is to add an additional CT unit at the main campus or at one of the hospital’s satellites, such as the Mass General Brigham Healthcare Center at Danvers. The Danvers location currently offers CT with wait times comparable to Salem Hospital. Given that Danvers is within the hospital’s primary service area, it would be a convenient location for

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some of the hospital's patients. However, Danvers is located about 15 minutes north of Salem Hospital and 20 minutes north of Lynn. Because it is located at the northern edge of Salem Hospital's service area, it would not improve access to CT for patients to the south. Moreover, the Healthcare Center in Danvers already offers CT whereas there is no advanced imaging currently at the Healthcare Center in Lynn. The Proposed Project specifically addresses the need for greater availability of healthcare services in Lynn. By offering CT services at the Healthcare Center, patients will have access to more comprehensive healthcare in their community, co-located with their primary, specialty, and urgent care. Further, the provision of CT in Lynn will reduce some of the transportation and time related barriers that make accessing care harder for historically under-resourced communities like Lynn. Therefore, providing additional capacity for CT in Danvers is not an alternative that would benefit Salem Hospital's patients to the same extent as the Proposed Project.