

MGB Ambulatory Surgery - Cambridge, LLC
DON # MGB-C-25070908-AS

APPLICANT QUESTIONS 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 **October 24, 2025**.

1. Please provide the following background information on Regent Surgical Health, LLC
 - a. In which states does Regent operate ambulatory surgery centers?
Regent manages surgery center locations in AK, AL, FL, IL, IN, MI, NJ, NY, OH, OR, TN, TX, and WI.
 - b. What services does Regent's ambulatory surgery centers offer?
Services include gastroenterology, ophthalmology, orthopedics (including total joint replacement), otolaryngology, pain management and general surgery.
 - c. Is Regent considered non-profit or for profit?
Regent is a for profit entity.
 - d. What is the percent interest that Regent has in the joint venture?
Regent's ownership interest in the joint venture is 30%.

2. To what does the Applicant attribute the decline in the number of unique patients in FY2024?

The Applicant attributes the decline in outpatients within the Proposed Service Area in FY2024 to the departure of several providers who previously were performing at MGH and BWH main campuses as well as an increase in inpatient procedures. However, as illustrated in Table 1 below, unique patients increased in FY2025 demonstrating that appropriate changes have been made to improve access at the main campuses.

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3. In Table 1, the age categories appear to overlap (0-20, 20-40). Please clarify the age categories (Should it be 0-19, 20-39, etc.?)

Please see Table 1 below which more accurately reflects the age categories. Additionally, full year FY25 data is being provided.

Table 1: Patient Panel Demographics Data	FY22 Count	FY22 %	FY23 Count	FY23 %	FY24 Count	FY24 %	FY25 Count	FY25 %
Total Unique Outpatient Endoscopy Patients	8,184	100%	8,422	100%	7,716	100%	9,160	100%
Gender: Female	4,529	55%	4,625	55%	4,299	56%	5,111	56%
Gender: Male & Other/Unknown	3,655	45%	3,797	45%	3,417	44%	4,049	44%
Age: 0-19	160	2%	187	2%	190	2%	209	2%
Age: 20-39	1,096	13%	1,100	13%	1,133	15%	1,337	15%
Age: 40-59	3,264	40%	3,349	40%	2,820	37%	3,178	37%
Age: 60-79	3,168	39%	3,388	40%	3,186	41%	3,959	41%
Age: 80-100	496	6%	398	5%	387	5%	477	5%
Race: White	5,281	65%	5,585	66%	5,132	67%	5,986	67%
Race: Black or African American	962	12%	860	10%	779	10%	1,028	10%
Race: Asian	596	7%	677	8%	555	7%	635	7%
Race: Other/Unknown	1,345	16%	1,300	15%	1,250	16%	1,511	16%
Ethnicity: Hispanic	1,365	17%	1,281	15%	1,210	16%	1,521	16%
Ethnicity: Not Hispanic	6,353	78%	6,674	79%	6,008	78%	7,078	78%
Ethnicity: Other	466	6%	467	6%	498	6%	561	6%

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4. In discussing the number of FY2024 endoscopy procedures that could have been performed in an ASC, page 7 of the Narrative states, “Of those ASC-eligible procedures at the MGB AMCs, 9,879 procedures were for patients residing in the Proposed Service Area.” Given that this sentence is referring to FY2024 numbers, should the figure be 9,449 procedures?

Yes.

5. Page 7 of the Narrative states, “In FY2024, the AMCs performed 5,435 inpatient procedures and are on track to perform 6,902 inpatient procedures in FY2025, a 27% increase.” Please provide the FY2022-FY2024 data for the BWH and MGH in the following areas:

BWH Main Campus	FY2022	FY2023	FY2024	FY2025
Total Inpatient Endoscopy Procedures Performed	2,062	2,064	2,229	2,715
Inpatient Wait Times for Endoscopy (Days)	1.44	2.00	2.04	2.79
Template Utilization (%)	85%	87%	87%	88%

MGH Main Campus	FY2022	FY2023	FY2024	FY2025
Total Inpatient Endoscopy Procedures Performed	3,236	3,210	3,303	3,591
Inpatient Wait Times for Endoscopy (Days)	1.53	1.37	1.29	1.30
Template Utilization (%)	71%	80%	82%	75%¹

6. With historical utilization of outpatient endoscopy procedures at the AMC’s (among patients in the service area) routinely over 9,000, please provide methodology used to determine that three operating rooms will satisfy the Patient Panel need, given that the new ASC is only predicted to have a annual maximum capacity of 9,000 procedures once fully operational.

This project is not anticipated to fully address the need for decanting all ASC eligible patients out of the MGB academic medical centers, but the proposed ASC will provide significant new capacity at a lower cost access point for MGB patients. The location that has been secured for the project was a former ASC that can be renovated to meet current standards for endoscopy and its footprint is limited to accommodating 3 procedure rooms. Due to its prior use, this location will allow for a lower expenditure required to renovate compared to other locations in the identified geography, making it a cost-effective option for providing needed access to endoscopy for the patient panel. Through their partnership, MGB and Regent continue to explore additional opportunities to create more access across ASC and MGB locations.

7. Please provide details on how many staff would be employed at the new ASC.

¹ As noted in the Narrative (fn 19), MGH opened a second procedure room in the afternoon which is why inpatient volume increased while utilization decreased.

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The Applicant expects to employ 14 FTE clinical staff and 9 FTE non-clinical staff.

8. How does the Applicant plan to recruit staff for the new facility?

The Applicant will implement a strategic, scalable approach to recruiting, hiring, and developing both management and clinical staff, ensuring the Center is staffed with high-performing professionals who support quality outcomes and operational efficiency. The Applicant will recruit experienced ASC leaders through national talent networks and partnerships, with a focus on clinical quality, cost management, and staff retention. The center's staff will be sourced with a focus on licensure, certifications, and ambulatory surgery experience, though training and experience will be available for some of the positions to be hired. Additionally, MGB is committed to responsible workforce planning and will continue to collaborate with MGH Institute for Health Professions and other academic institutions to develop RN graduate training programs to ensure a stable and sustainable nursing workforce across care settings.

9. Page 15 of the Narrative states that MGB's Colorectal Cancer Screening Campaign, "aims to eliminate variations in colorectal cancer outcomes by increasing colorectal cancer screening for residents in Chelsea, Revere, Mission Hill, Lynn, Salem, Dorchester, Hyde Park, Mattapan, Jamaica Plain, and Chinatown." Is the intention for MGB to direct patients in these areas to the new ASC (for clinically appropriate procedures) once operational?

The ASC will be available to patients based on physician scheduling and patient preference will always factor into surgery location.

10. Page 16 of the Narrative states, "As the patient is part of the MGB health system, integration with these platforms will ensure clinical documentation flows directly into the broader health system."
a. Will the ASC be open to patients outside the MGB system as well?

No, patients must have or be assigned to an MGB physician with privileges at the ASC to receive services at the ASC.

- b. If so, how will information be shared with providers outside the MGB network to ensure care coordination?

Not applicable.

11. Does the proposed ASC have a plan to conduct SDOH Screenings on site in order to connect the medical services it provides with social support or are they relying solely on the MGB primary care practices to conduct the screenings?

The ASC does not plan to conduct SDOH screenings. However, given that the ASC will serve MGB patients, patients receive SDOH screening through MGB primary care practices.

12. Is there a plan to screen individuals outside of the MGB network for SDOH?

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No, as noted in the response to 10.a., patients must have an MGB physician to be eligible for services at the proposed ASC and will then be considered an MGB patient.

13. Describe any direct involvement the ASC will have in connecting patients to community resources?

Through the discharge process, the ASC will provide patient education and instructions that may include support services from community resources like home helpers, support groups, social workers and transportation resources.