**APPLICANT RESPONSES**

*Responses should be sent to DoN staff at* [DPH.DON@State.MA.US](mailto: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 * Whenever possible, include a table with the response * Responses must be available in PDF and source document (Excel preferred for data and Word for narrative). |
| --- |

**Factor 1a: Patient Panel and Need**

1. **The application describes the current (pg.5) and proposed location and hours of operation of MRI and PET-CT services.**

|  | **Existing setup** | **Proposed setup** |
| --- | --- | --- |
| Heywood Hospital | 1. Part-time MRI unit   M-F, 7am-10pm  Sat/Sun 7:30am-2:45pm   1. PET-CT   One day per week | 1. 1.5T Fixed MRI services, six days a week |
| Athol Hospital | 1. Part-time MRI unit   M,T,Th, 8am-5pm | 1. Part-time, mobile PET-CT services   One day per week |

**For the purposes of understanding current and proposed levels of access to MRI and PET-CT imaging, provide the following information:**

1. **An explanation of the distinction between part-time and full-time services.**

Part-time services, for operational purposes, equates to less than five days per week and/or less than 24 hours per day.

1. **The hours of operation of the current PET-CT services at Heywood Hospital, and the proposed MRI services at Heywood Hospital and proposed PET-CT services at Athol Hospital.**

|  | **Current** | **Proposed** |
| --- | --- | --- |
| Heywood MRI | Monday-Friday, 7:00am-10:00pm | Monday, 7am-6pm  Tuesday-Thursday, 7am-10pm  Friday, 7am-8pm  Saturday, 7am-4pm |
| Heywood PET/CT | Saturday, 8:00am-2:00pm | N/A |
| Athol PET/CT | Saturday, 7:30am-3:00pm | Saturday, 7am-5pm |

1. **The application states that the Proposed Project will provide continued access to MRI and PET-CT services (pg.1) and are a replacement of the existing services at these locations (pg.2). However, currently MRI services are offered at Heywood and Athol Hospitals and PET-CT services are offered at Heywood Hospital (pg.5) but through this project, MRI will be offered at Heywood Hospital and PET-CT services will be offered at Athol Hospital.**
   * 1. **Why is the Applicant discontinuing MRI services at Athol Hospital?**

MRI services at Athol Hospital are only provided (3) days per week, with an average of 5-6 patients per day. Due to the limited number of MRIs done on this campus, it is not sustainable for Heywood Healthcare, or for its vendor, to continue to provide this service at Athol Hospital.

* + 1. **How will replacing MRI services at Athol Hospital with PET-CT services impact Patient Panel access to MRI services.**

Heywood Hospital is only 14 miles from Athol Hospital and will be the closest provider of MRI services for patients in the Athol service area. Many of Heywood Healthcare’s patients currently access services at both hospital campuses.

* + 1. **Why is the Patient Panel best served with MRI services at Heywood Hospital and the PET-CT unit at Athol Hospital?**

PET/CT services are currently offered only at Heywood Hospital, one day per week. This is a mobile unit with services offered on Saturdays, primarily due to availability of parking lot space at Heywood (for the mobile PET/CT unit) on weekends. The parking lot at Heywood is too congested on weekdays to be able to offer PET/CT during the week. With the PET/CT at Athol, the space constraint is removed and we have the ability to offer the services on different and/or additional days as volume dictates.

1. **Complete the table below**

**PET-CT patients were not included in this question because application says that the Applicant does not have access to the payer mix data for these patients (pg.4)**

|  | **Heywood Hospital** | **Athol Hospital** |
| --- | --- | --- |
| APM Contracts  ACO and APM Contracts  Non-ACO and Non-APM Contracts |  |  |

Heywood Total Patient Population - 26,481 Heywood ACO patients - 1,101 (represents about 4% of total Heywood population)

Athol Total Patient Population - 6,900

Athol ACO Patients - 2,268 (represents 32% of total Athol population)

1. **Heywood Hospital and Athol Hospital Patient Panel Data**

**Is the category Hispanic captured in the collection of ethnicity data? Provide the percent of Heywood Hospital and Athol Hospital patients identifying as Hispanic for FY20 and the percent Unknown, or no information provided.**

Yes, the category Hispanic is captured in the ethnicity data.  The percentage of Hispanic patients for FY20 is 3% for Heywood and 2% for Athol.

* 1. **Appendix 3A provides demographic information for MRI and PET-CT patients.**

**The table does not include race/ethnicity. Provide race/ethnicity data for MRI and PET-CT patients.**

Race/ethnicity data for MRI and PET-CT patients is not currently tracked and therefore this data is unavailable.

1. **The Application provides five years of projections (pg.5).** 
   1. **What is the first year of operation?**

The first year of operation is 2022.

**Factor 1b Public Health Value**

1. **The application states that the Proposed Project will support integrated care because patients will be able to receive all of their care within Heywood Healthcare System (pg.13).**
   1. **Briefly explain with examples how care will be more integrated with the Proposed Project.**

With the addition of the new state-of-the-art MRI technology, Heywood Hospital will be able to provide additional services, such as non-invasive prostate studies, that patients have historically had to seek elsewhere. The newer MRI technology will also allow Heywood to offer Breast MRI in the future, which will enhance care coordination and further prevent fragmented care.

1. **Describe existing Clinical Decision Support Tools in place for curbing overuse of imaging.**

The interpreting radiologists protocol all orders prior to moving forward with the MRI. This ensures the proper exam is being performed in the correct modality. It also ensures that Contrast vs. No contrast is appropriately ordered for the exam.

1. **The application includes measures that the Applicant will use to assess the impact of the Proposed Project (pg.15). Provide a description of numerators and denominators where applicable.**

* **Patient Satisfaction Measures:** To ensure a service-excellence approach, patient satisfaction surveys will be distributed to all patients receiving imaging services with specific questions around a) satisfaction levels with pre-appointment communication; and b) satisfaction around the wait time for services.
  + **MRI:** The minimum monthly patient participation is expected to be 40% response rate. This translates into on average 166 responses per month in year 1. (5,000 year 1 annual MRI scans divided by 12 months times 0.4). The overall satisfaction minimum per month is 90% satisfaction rating.
  + **PET/CT:** The minimum monthly patient participation is expected to be 40% response rate. This translates into on average 7.4 responses per month in year 1. (222 year 1 annual PET scans divided by 12 months times 0.4). The overall satisfaction minimum per month is 90% satisfaction rating. Any critical responses will be acted upon within 30 days.
* **Wait Time Measure:** **Measure:** Time interval from when the case was initiated for scheduling to the next available appointment.
  + **MRI:** Applicant will measure from the date and time order received to the date and time exam scheduled
  + **PET/CT**: Projections: PET/CT values timeliness to treatment in correlation with the referring and treating community. The proposed project will maintain a traditional 7-10 day appointment time and will measure wait times for new referrals monthly for deviation. Many returning patients are booked for future appointments at time of first PET/CT appointment. These cases will be taken into consideration when measuring true wait time from referral to appointment.
* **Quality of Care - Important Finding Alert (IFA) & Critical Findings Measure:** 
  + **MRI:** When important findings or abnormal test results are registered within an electronic medical record for a patient, the referring physician is notified via electronic communication. A benefit of having an integrated electronic medical record and PACS system is the ability to send these messages to a referring physician, so that clinical decisions may be expedited.
  + **PET/CT: Projections:** Baseline: 100% Year 1: 100% Year 2: 100% Year 3: 100%
* **Quality of Care Measure – Repeat Scans**: The number of repeat MRI scans performed on patients within a 48-hour period from the date of the original scan.
  + **MRI:** Applicant flags the return visits by additional value-Applicant is able to monitor the number of additional values by the flag in electronic room
  + **PET/CT Projections:** Baseline: 0.3% Year 1: 0.3% Year 2: 0.3% Year 3: 0.3%
  + **PET/CT Provider Satisfaction**: **Projections:** Baseline: 95% Year 1: 96% Year 2: 97% Year 3: 100%

**Factor 1e Community Engagement**

1. **The application describes the Applicant’s community engagement efforts (pg.19-20).** 
   1. **The applicant mentions that the Proposed Project was presented at Heywood Healthcare’s Patient and Family Advisory Council (PFAC). The community engagement slides mention Heywood Hospital PFAC. Please clarify if there is one PFAC for Heywood Hospital and Athol Hospital.**

Since the onset of the pandemic, Heywood Healthcare has had one combined PFAC for both hospitals.

* 1. **How many members are on the PFAC? Does the demographic make-up of the PFAC reflect the demographics of the Patient Panel?**
     + - Heywood PFAC Membership is (14); (12) family/community and (2) Heywood employees
       - Athol PFAC Membership is (12); (9) family/community and (3) Athol employees

The combined PFAC committee does represent the demographics of the patient panel and includes men and women, ages 40-79, some of whom are retired. Members are Caucasian, Black, Hispanic/Latino, and several are bi-racial and bi-ethnic; some speak Spanish and/or Swahili. There is representation from almost all towns in Heywood Healthcare’s service area as well.

* 1. **The application states a presentation was made to the Heywood Healthcare PFAC and Multicultural Group. What is the Multicultural Group and how many members are on it?**

The Multicultural Group is now called Diversity, Equity and Inclusion. A total of 41 members are invited to every meeting. Representatives from many different organizations are invited, such as Gardner Area Interagency Team (GAIT), Community Health Centers, Leominster Haitian American Community Center, North Central Mass Minority Coalition.

**Factor 5 Relative Merit**

1. **The application states that for Option 1, Alternative Quality, the benefits of the Proposed Project include a new MRI unit and a PET-CT that can perform advanced scans not currently available (23).** 
   1. **Please clarify that the Proposed Project does include new MRI and PET-CT equipment.**

The MRI technology included in the Proposed Project will be a new scanner. Shields will utilize a currently owned PET-CT mobile unit for the Proposed Project.

* 1. **Briefly describe the types of advanced scans that will be performed that are not currently available. Specifically, what members of the patient population are not currently served who will be with the new imaging units.**

Advanced scans that will be performed include prostate MRI with and without contrast to diagnose prostate cancer, and breast MRI with and without contrast to diagnose breast cancer. These new MRI services will be important to individuals most at risk for cancer, including those with a family history and those whose age increases the risk of cancer. Advanced PET-CT services include tumor finding flourodeoxyglucose scans for standard tumor imaging, which will be available until broader industry access is provided to novel tracers, not dictated by Shields. This advanced imaging will again be beneficial to those individuals at risk for cancer.