Shields Healthcare of Cambridge, Inc.

DoN# 22020311-RE

*Responses should be sent to DoN staff at* [DPH.DON@State.MA.US](mailto:DPH.DON@State.MA.US)

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| 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 * Responses must be available in PDF and source document (excel preferred for data and word for narrative) |

1. Projections on total scan volume is provided in a table on page 6 and shown below. Explain why the 1.2T unit will do the larger majority of the scans.

Total Scan Volume Projections for Brighton by Unit:

|  | **Current** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| --- | --- | --- | --- | --- | --- | --- |
| **Hitachi 1.2T** | 4,300 | 3,800 | 4,050 | 4,051 | 4,300 | 4,440 |
| **Espree 1.5T** | -- | 1,200 | 1,650 | 2,150 | 2,700 | 3,200 |
| **Total Volume** | **4,300** | **5,000** | **5,700** | **6,300** | **7,000** | **7,600** |

**Answer:**

* The 1.2T Hitachi unit will do the larger share of scans at the center because it will be the magnet better suited for a larger portion of scan types performed.

1. Describe any Clinical Decision Support tools or Preauthorization tools in use currently and their effectiveness in curbing unnecessary MRI imaging.

**Answer:**

* Shields does provide a Clinical Decision Support tool (American College of Radiology) to referring physicians who are leveraging electronic ordering, and this is primarily referring physician driven. The physicians leverage the tool to identify if an MRI scan is appropriate/necessary for the patient, and then they determine the final order (MRI, CT, or no imaging) based on the results of the tool. This essentially means that Shields will never schedule and scan a patient that would be categorized as “unnecessary” by a referring MD for an MRI order.

1. There are two measures the Applicant proposed to assess Project impact that need further clarification. (pg. 20 and Follow-up Response 3.29.2022)
   1. For Wait Times: Access-Backlog measure, the Applicant said it would measure “The number of times scanning day utilization is greater than 90% and adjustments need to be made to the schedule.” In a follow-up question, the numerator and denominator was to be defined as (*Date of order/referral to date of appointment*), however, it is unclear how it relates to this measure.

**Answer:**

In the DoN narrative it was stated that scanning day utilization would be the measure used, but the actual measure for wait time/backlog/access will be as follows…

* **Timeframe between the “Order Date” and “Date of Appointment”.**
* This measure tracks how fast Shields patients are able to get into the schedule once an order is received, with the target being less than 48 hours.
  1. For the Important Finding Alert ("IFA") measure, is the measure for the number of IFAs or the number of IFAs for which radiologists conducted a report?

**Answer:**

* The measure will be the number of IFAs for which a radiologist conducted a report. For Shields, all MRI scans that trigger an IFA need to have a corresponding critical value/finding report from the Radiologist.