

South Shore Health System, Inc.

DoN #21040109-HS

APPLICANT RESPONSES #2

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
- 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).

1. The application mentions that South Shore Health System's (SSHS's) MRI patient population ethnicity composition is slightly different to the larger system-wide Patient Panel in terms of race (pg.4).
 - a. In order to understand access to MRI services at the South Shore Hospital (SSH) where the proposed MRI will be implemented, provide the following for FY20:

Race / Ethnicity	Emergency	Inpatient	Outpatient	Grand Total
American Indian or Alaska Native	8.33%	41.67%	50.00%	100.00%
Asian	1.59%	50.79%	47.62%	100.00%
Black or African American	1.32%	62.72%	35.96%	100.00%
Decline to Answer	0.00%	40.00%	60.00%	100.00%
Native Hawaiian or Other Pacific Islander	0.00%	100.00%	0.00%	100.00%
Other	6.04%	42.26%	51.70%	100.00%
Unknown	3.13%	81.25%	15.63%	100.00%
White/Caucasian	3.03%	56.56%	40.41%	100.00%
Grand Total	3.07%	56.17%	40.76%	100.00%

Payer Mix	Emergency	Inpatient	Outpatient	Grand Total
All Other	0.29%	1.06%	1.02%	2.38%
Commercial HMO/POS	0.89%	7.79%	9.55%	18.24%
Commercial Medicare	0.06%	6.49%	4.88%	11.43%
Commercial PPO/Indemnity	0.57%	6.45%	6.49%	13.51%
Managed Medicaid	0.17%	1.57%	0.57%	2.31%
Mass Health	0.56%	4.18%	2.56%	7.30%
Medicare FFS	0.49%	28.15%	15.43%	44.08%
Self Pay	0.03%	0.46%	0.26%	0.76%
Grand Total	3.07%	56.17%	40.76%	100.00%

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***Provide a definition for the category “All Other”**

- For Race, we have the following options to select: American Indian or Alaska Native, Asian, Black or African American, Decline to Answer, Native Hawaiian or Other Pacific Islander, Other, Unknown, White Caucasian. If the patient does not fit the above options, “Other” is typically used. “Other” is not broken out in our system.
- For Ethnicity, “Other” is not an option.

2. The responses to DoN questions mention the collection of ethnicity data (pgs.1-2).

a. Is the category Hispanic captured in the collection of ethnicity data? Provide the percent of SSHS and SSHS MRI patients identifying as Hispanic for FY20.

- Below please find the percentages for the Hispanic Indicators in FY20 for all of SSHS and SSHS MRI:

Hispanic Indicator	SSHS	SSHS MRI Only
Cuban	0.02%	0.01%
Decline to Answer	0.50%	0.40%
Hispanic or Latino	0.16%	0.12%
Mexican, Mexican American, or Chicano/a	0.10%	0.09%
Not Hispanic, Latino/a, or Spanish origin	84.51%	94.40%
Other Hispanic, Latino/a, or Spanish origin	1.98%	1.25%
Puerto Rican	0.24%	0.13%
Unknown	10.60%	3.58%
(blank)	1.89%	0.01%
Grand Total	100.00%	100.00%

3. The responses to DoN questions state that the reason for each patient’s transfer is not tracked in their medical record, but notes that the most common reasons for patient transfers are 1) the patient is over the table limit at SSH; 2) the patient does not fit inside the MRI scanner at SSH due to body habitus; and 3) the patient has severe claustrophobia (pg.5). How does the proposed scanner address these issues?

- The Proposed scanner has a greater table limit and capable to receive patients up to 550 lbs. Our current table has a capacity limit of 300 lbs.
- The proposed scanner is wider in diameter to accommodate patients with a larger body habitus than the existing scanner. The current scanner is 60 cm, and the proposed scanner is 70 cm in diameter.
- For claustrophobic patients, the proposed scanner is not only wider in diameter, but shorter in length. The scanner includes a patient comfort system which is a series of mirrors to minimize the claustrophobic effect for the patient. This comfort system will allow the patient to see outside of the scanner into space that is designed with

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visual distractions. The overall scanner room and the patient spaces have been designed to evoke a sense of calmness and help reduce patient anxiety. An example within the scanner rooms includes an illuminated ceiling above the MRI table that mimics the outdoors with clouds or starry night skies. The design concept for finishes and materials evoke the natural environment in and around the South Shore - calm waves, water, marsh inlets, etc. which are all proven to reduce anxiety and create a calm environment.

4. The responses to DoN questions mention the breast program at the Cancer Center (pg.7). Provide a brief explanation of the breast cancer program, including enrollment criteria.

- Our Breast Care Center, in affiliation with Brigham and Women's and Dana-Farber Cancer Institute, is accredited by the American College of Radiology and is designated as a Breast Imaging Center of Excellence by the American College of Radiology. The team of specialists includes Brigham and Women's breast surgeons, medical and radiation oncologists from Dana-Farber Cancer Institute, and South Shore Hospital's radiologists and pathologists. The non-physician experts of the team include breast-certified nurse practitioners, nurses who have received specialized training in breast health, an oncology dietitian, oncology social workers, and experts in integrative therapies to help with the symptoms and side effects of cancer and some treatments.
- This Breast Care Center provides consultations for benign breast conditions, screening and diagnostic imaging including MRI and breast biopsy, high-risk and genetic counseling services, and comprehensive treatment of breast cancer. All imaging exams are performed by American Registry of Radiologic Technologists (ARRT)(R)(M)(MRI) registered mammographers and MRI technologists. All mammograms are read by board-certified radiologists. The Breast Imaging Navigator coordinates care with the multidisciplinary team.
- There are no enrollment criteria to receive services through the Breast Care Center. All patients seen in the Center have access to these services. Any patient can self-refer for screening mammography, and any subsequent or higher-level services are coordinated with patients' primary care provider.

5. The responses to DoN questions mention DOVE (pg7.) Provide a brief description of DOVE. Is the blog that is mentioned in the response located on the SSHS website or DOVE's website?

- DOVE is a 501©(3) charitable nonprofit organization and legal advocacy program that provides community based services and outreach programs for individual impacted by domestic or partner violence.
- The blog is located on the SSH Blog and the SSMC Newsletter. The link may be found here: <https://www.southshorehealth.org/wellness/blog/invisible-pandemic-domestic->

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violence-and-social-determinants-health. This blog is updated regularly as topics arise. There is not a set schedule for the updates.

6. The responses to DoN questions mention SSH's Mobile Integrated Health (MIH) Program (pg.8). Who qualifies for this program?

- MIH has two programs, the SNF at Home and Basic. It is a payer agnostic and is dependent on skilled need and service area.
- All patients are eligible for the MIH program through referral from MD Practices, care progression, and VNA regardless of their ability to pay.
- The MIH program currently serves: Abington, Braintree, Cohasset, Duxbury, Hanover, Hingham, Hull, Holbrook, Kingston, Marshfield, Norwell, Quincy, Pembroke, Plymouth, Randolph, Rockland, Scituate, Whitman, and Weymouth.

7. The responses to DoN questions mention THRIVE screening for Medicaid ACO (BACO) patients (pg.10). How many patients were members in the Medicaid ACO BACO in FY20?

- There are approximately 8,000 members. An approximation number is provided as membership fluctuates through the year as it is rolling enrollment. There are times where patients fall out per election of a different PCP. When we originally started in BACO, we have about 5,000 members. We have seen significant growth since inception, and anticipate there are approximately 8,000 members to date.

8. The application provides five years of projections for the Proposed Project (pg.8). What is the first year of operation?

- First year of operation is slated for calendar year 2022.