

STAFF REPORT TO THE COMMISSIONER FOR A DETERMINATION OF NEED	
Applicant Name	UMass Memorial Health Care, Inc.
Applicant Address	One Biotech Park, 365 Plantation Street Worcester, MA
Filing Date	October 24, 2025
Type of DoN Application	Substantial Change in Service – DoN-required Equipment
Total Value	\$2,195,943.00
Project Number	UMMHC-25080814-RE
Ten Taxpayer Groups	None formed
Community Health Initiative (CHI)	\$109,797.15
Staff Recommendation	Approval with Conditions
Delegated Review	Commissioner Approval
<p style="text-align: center;"><u>Project Summary and Regulatory Review</u></p> <p>UMass Memorial Health Care, Inc. (Applicant or UMMHC) filed a Determination of Need (DoN) application to acquire a computed tomography (CT) unit for installation at the Applicant's planned Satellite Emergency Facility (SEF) in Groton, MA (Proposed Project). The Applicant is proposing to open a SEF to fulfill a need for emergency services resulting from the closure of Nashoba Valley Medical Center (NVMC) in Ayer. CT services are required pursuant to the Department of Public Health's Hospital Licensure Regulations, 105 CMR 130.000, for all SEFs operating in the Commonwealth. The total value for the Proposed Project is \$2,195,943.00. The Community Health Initiative (CHI) contribution to the Statewide Initiative Fund is \$109,797.15.</p> <p>Review of Applications for DoN-required Equipment is under the DoN regulation 105 CMR 100.000. The Department must determine that need exists for a Proposed Project, on the basis of material in the record, where the Applicant makes a clear and convincing demonstration that the Proposed Project meets each Determination of Need Factor set forth within 105 CMR 100.210. Upon review of a request from the Applicant, the Department waived the Factor 4 requirement entirely, as well as Factor 1(c), 1(e) and 1(f), pursuant to 105 CMR 100.815, and therefore it is not addressed in this staff report. The report does address the remaining required factors set forth in the regulation.</p> <p>The Department did not receive any public comments on this DoN application, nor did any Ten Taxpayer Groups (TTGs) form in connection with this DoN application.</p>	

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Background: UMass Memorial Health Care, Inc.; and Application Overview

The Applicant, UMass Memorial Health Care, Inc. (“UMMHC”), is a Massachusetts nonprofit corporation that owns and operates an integrated health care system comprised of a network of five acute care hospitals (on multiple campuses), including one academic medical center (UMass Memorial Medical Center or UMMMC) and four community acute care hospitals^{1, 2} as well as other health care providers³ that serve the residents of Central Massachusetts. UMMHC is the sole corporate member of UMass Memorial Community Entities, Inc. and certain other affiliates. UMMHC’s mission is to care for the diverse communities of Central Massachusetts, provide health care services to under-resourced patient populations, and serve as the clinical partner to UMass Chan Medical School, the only public medical school in the state.

Table 1 depicts the acute care facilities by type and by public payer percentages. The Center for Health Information and Analysis (CHIA) defines a High Public Payer (HPP) Hospital as a hospital that has reported a minimum of 63% of gross patient service revenue from public payers. UMMHC’s hospitals are consistently HPP Hospitals (Table 1). Further, staff notes that the most recently published 2023 data indicates the percentage of payments from public payers has increased across all UMMMC hospitals within the system since 2022.

Table 1: UMMHC Acute Care Hospitals

Acute Hospital	Type (Per CHIA Category) ^a	Public Payer Mix % 2022	Public Payer Mix % 2023
UMass Memorial Medical Center	Academic Medical Center	66.7%, HPP Hospital	68.2%, HPP Hospital
Harrington Memorial Hospital	Community High Public Payer	68.8%, HPP Hospital	71.4%, HPP Hospital
HealthAlliance Clinton	Community High Public Payer	72.8%, HPP Hospital	74.2%, HPP Hospital

¹ HealthAlliance Clinton Hospital is a 152-bed community-HPP hospital with campuses in Clinton and Leominster. Harrington Memorial Hospital is a 119-bed community-HPP hospital with two campuses. The Department approved the affiliation with Milford Regional Medical Center (“MRMC”) # UMMHC-24021420, July 17, 2024; it is a 148-bed community hospital located in Milford.

² On July 10, 2025, UMMHC’s DoN Application (# UMMHC-25012116-TO) seeking transfer of ownership of Marlborough Hospital through a proposed merger between Marlborough Hospital and UMass Memorial Medical Center (“UMMMC”). Following the proposed merger, UMMHC will establish Marlborough Hospital as a licensed campus of UMMMC. The Applicant states that effective 1/1/2026, Marlborough Hospital will become a campus of UMMMC.

³ UMass Memorial Medical Group, Inc. is an integrated multispecialty group medical practice in Worcester and throughout Central Massachusetts. UMass Memorial Managed Care Network is a group of primary and specialty care physicians who are either employed by their hospitals or medical groups or are in independent private practice. UMass Memorial Accountable Care Organization is an ACO that was developed to participate in the Medicare Shared Savings Program (MSSP). Community Healthlink is a community-based provider of mental health, substance abuse, rehabilitation, homeless and related services in Central Massachusetts.

Acute Hospital	Type (Per CHIA Category) ^a	Public Payer Mix % 2022	Public Payer Mix % 2023
Marlborough Hospital ⁴	Transitioning from Community Hospital to Satellite	66.1%, HPP Hospital	68.5%, HPP Hospital
Milford Regional Medical Center	Community Hospital	55.8%	57.5%

UMass Memorial Medical Center (UMMMC) is a licensed 826-bed tertiary academic medical center that operates at the University Campus located at 55 Lake Avenue North, Worcester, MA 01655 (University Campus), the Memorial Campus located at 119 Belmont Street, Worcester, MA 01605 (Memorial Campus), and the recently approved Marlborough Hospital Campus. The University Campus operates the only Level 1 Adult and Pediatric Trauma Center in Central Massachusetts, is a designated Primary Stroke Service (PSS) hospital, and is one of nine organ transplant centers in Massachusetts.

Application Overview

In May 2024, Steward Health Care System, LLC (Steward), announced that it had filed for protection under Chapter 11 bankruptcy laws. In August 2024, during the bankruptcy proceedings, Steward closed Nashoba Valley Medical Center (NVMC) in Ayer, MA. The Applicant plans to operate a satellite emergency facility (Planned SEF)⁵ in Groton, MA, to address the need for emergency services in the Nashoba Valley Region, resulting from the closure of NVMC. The Final Report of the Nashoba Valley Health Planning Working Group, a group that was convened by Governor Healey in 2024 to examine the rising health care needs associated with the closure of NVMC states, “Closure of NVMC presented significant challenges for the region, impacting access to emergency and inpatient care, straining nearby healthcare facilities, and requiring residents to travel farther for certain medical services.”^b The Applicant states that the Working Group and Health Care For All’s work in collaboration with the Department and community-based organizations on the NVMC closure, both identified a strong community need for local access to emergency services, including diagnostic services such as CT imaging, and recommended restoration of emergency care, including diagnostic services, as a top priority for the communities that were served by NVMC.^{c,d}

In response to the urgent health care access challenges facing the Nashoba Valley region following the closure of the NVMC, UMMHC proposed opening the Planned SEF. The Planned SEF will be a 24/7, DPH-licensed facility offering the same scope and level of emergency care as traditional hospital emergency departments. The Planned SEF will also be located in one of the communities

⁴ On July 10, 2025, UMMHC’s DoN Application (# UMMHC-25012116-TO) seeking transfer of ownership of Marlborough Hospital through a proposed merger between Marlborough Hospital and UMass Memorial Medical Center (“UMMMC”). Following the proposed merger, UMMHC will establish Marlborough Hospital as a licensed campus of UMMMC.

⁵ Hospital Licensure Regulations 130.020: Satellite Emergency Facility (SEF) means a health care facility off the premises of a hospital that is listed on the license of the hospital, at which the hospital is authorized pursuant to 105 CMR 130.820 through 130.836 to accept patients transported to the SEF by ambulance, and which operates on a seven day per week 24 hour per day basis. SEFs must comply with all requirements of the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

most impacted by the loss of emergency services, due to the town's central location within the region and its distance from other emergency services. The Applicant states that it engaged in community engagement and collaboration with the Nashoba SEF Committee (the Committee), which includes members of the Nashoba Valley Health Planning Working Group and representatives from local health and safety organizations including fire department and emergency management services (EMS) officials, physicians, veterans' advocates, and community health leaders, to support a patient-centered approach that is responsive to the region's unique and immediate needs.

Per the Department's Hospital Licensure regulations (105 CMR 130.000), a CT unit is a required component of a SEF and essential for timely diagnosis and treatment of conditions such as stroke, trauma, and acute abdominal pain. The Applicant is proposing to acquire a CT unit for installation at the Applicant's Planned SEF to comply with licensure requirements, to support the provision of timely and accurate emergency care, and to meaningfully contribute to the Commonwealth's goals of cost containment, improved public health outcomes, and delivery system transformation.

Waived Factor Requirements

After review and consideration of the Applicant's waiver request, the DoN program finds that there is a need for the Proposed Project, without the full DoN Factor review due to the following:

- The proposed SEF will address a need for emergency services resulting from the closure of NVMC, and the proposed CT unit is a requirement for the operation of a SEF.⁶
- Without on-site CT services, the Applicant's Planned SEF would be unable to meet the minimum regulatory requirements for SEFs related to emergency diagnostic services, making it ineligible for licensure by the Department, and subsequent operation.
- The Department's Division of Health Care Facility Licensure and Certification approved the Applicant's plan to establish a SEF.
- The Department has sufficient information from recent CPA reports submitted with other UMMMCs DoN applications to demonstrate the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's Patient Panel.

The Department agreed to an abbreviated application review with certain Factors of the review waived as described below:

- The Department waived Factor 1(c), Factor 1(e) and Factor 1(f) because the proposed CT unit is an essential component of the Applicant's Planned SEF that meets a community need for emergency services as a result of the closure of NVMC.

⁶ Hospital Licensure Regulations 130.834: Ancillary Services and Support

Each SEF shall have:

- (A) on site basic diagnostic radiology available 24 hours per day;
- (B) the capability of performing on site basic laboratory testing with results available in less than one hour;
- (C) laboratory services capable of performing blood gas analysis and routine hematology and chemistry available 24 hours per day;
- (D) radiology services including CT scans and ultrasound with a clinically appropriate turnaround time from the ordering to the reporting of results; if done off-site the SEF must have in place appropriate transport protocols; and
- (E) plain film radiography available on site with technicians available 24 hours per day.

- The Department waived Factor 4 because CT services are required to meet the minimum regulatory requirements for SEFs and a CT unit has low relative cost compared to UMMMC's operating budget. Additionally, the Applicant submitted two Certified Public Accountant (CPA) reports this year with their previous DoN application submissions, and the Department determined those prior CPA reports demonstrated availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's Patient Panel.

Factor 1: a) Patient Panel Need

In this section, staff assesses if the Applicant has sufficiently demonstrated need for the Proposed Project components by the Applicant's Patient Panel. As discussed above, on-site CT capabilities are necessary for the Planned SEF to meet the regulatory standards and provide the level of care necessary for emergency patients.

The Applicant attributes Patient Panel need for a CT unit to its centrality to the licensure and clinical effectiveness of the Applicant's planned SEF that will address need for emergency services in the region.

- SEFs are DPH-licensed hospital satellites that are open 24 hours a day, seven days a week, providing the same scope and level of adult and pediatric emergency services as a traditional ED.⁷ The Applicant's Planned SEF will include a helipad for emergency transport by helicopter, beds for emergency care or observation, and certain imaging services.
- SEFs must provide 24/7 emergency services and radiology services including CT scans and ultrasound, per the Department's hospital licensure regulations.⁸
- SEFs can provide access to emergency care for trauma patients, who can be triaged and stabilized by the SEF before transport via helicopter or ambulance to an appropriate hospital.

The Applicant states that beginning January 1, 2026, per the Department's hospital licensure regulations (130.1402: Stroke Services and 130.1403: Acute Stroke Ready Service Written Care Protocols) all Massachusetts EDs and SEFs will be required to provide at a minimum, acute stroke ready services and meet the acute stroke ready service requirements, which includes adhering to the Department's time targets for stroke care, including door to CT initiation within 25 minutes of arrival to the SEF (door-to-CT time). The Applicant maintains that the proposed CT unit will help the SEF to adhere to time targets for stroke care and meet the regulatory requirements for licensed SEFs operating in the Commonwealth. The Applicant expects 4,858 scans in the CT unit's first year of operation. The Applicant states that imaging will only be provided to patients presenting to the SEF for emergency services; CT imaging will not be available on an outpatient basis to other ambulatory patients.

⁷ The SEF is a stand-alone facility that does not have inpatient beds or a full-service hospital onsite.

<https://www.ummhealth.org/about-us/welcome-nashoba/satellite-emergency-facility-FAQ#:~:text=SEFs%2C%20in%20contrast%20to%20emergency,a%20full%20hospital%20on%20site>

⁸ SEFs may provide radiology services at an alternative site with appropriate transfer protocols only if they can ensure a clinically appropriate turnaround time. If a SEF cannot provide the clinically appropriate turnaround time, then the SEF must provide radiology services at the facility. <https://www.mass.gov/doc/105-cmr-130-hospital-licensure/download>

Analysis

Staff finds that the Applicant has demonstrated need for a CT unit to support operation of the Applicant's Planned SEF, to provide timely access to high-quality imaging services in the region, and to support improved quality of care and health outcomes. CT is proven to be effective in the ED in diagnosing life-threatening conditions early, and accurately, and guiding treatment decisions.^e As a result, Staff finds that the Proposed Project meets the requirements of Factor 1a.

Factor 1: b) Public Health Value

The Applicant states that the Planned SEF will operate as a licensed satellite of UMMMC, following approval of the proposed CT unit. The Applicant also states that the Planned SEF will provide emergency services in a community that is currently without access to nearby emergency services due to the closure of NVMC on August 31, 2024. The Applicant plans to locate the SEF in Groton, MA due to its central location within the region and its distance from other emergency services. The Applicant chose the location of the Planned SEF in collaboration with the region's fire and EMS chiefs and with members of the Committee.

The Planned SEF will provide CT services for the surrounding areas that currently lack a local hospital or ED, which has resulted in residents traveling farther distances to receive emergency services. The Applicant cites Steward's Transition and Closure Plan, which states that the nearest comprehensive Massachusetts emergency services are in Concord, Leominster, and Lowell, with distances ranging from 14 to 18 miles away with travel times of 27 to 30 minutes.^f

Table 2 shows the distance from Groton Town Hall to nearby hospitals, demonstrating a minimum approximately 27 minutes drivetime to each of the hospitals.

Table 2: Distance from Groton Town Hall to Nearest Hospitals

From Groton Town Hall to:	City	Mileage	Travel Time in Minutes
Lowell General Hospital	Lowell	13.9	30
HealthAlliance-Clinton Hospital, Leominster Campus	Leominster	16.7	27
Emerson Hospital	Concord	18.2	28

The Applicant states that the distances to the nearest Massachusetts facilities with emergency services poses a barrier to accessing emergency services, and particularly so for those residents without reliable transportation. The Applicant also states that distance to CT services is significant for patients requiring emergency services, and that delayed access to CT imaging, especially for patients experiencing trauma and stroke, can adversely impact the course of treatment, and health outcomes.

The following drive times included in Table 3 are from the Town Hall of key towns to the Applicant's planned SEF:

Table 3: Estimated Drive Times to the Applicant's Planned SEF in Groton, MA⁹

Location	Minutes (Estimated)
Ayer Town Hall	10
Devens Common	16
Groton Town Hall	3
Harvard Town Hall	18
Littleton Town Hall	18
Pepperell Town Hall	6
Shirley Town Hall	16
Townsend Town Hall	11

The Applicant maintains that the Planned SEF with accompanying imaging services will help to eliminate transportation-related barriers that contribute to delays in treatment, which lead to poorer health outcomes and increased healthcare spending.

Analysis

Staff finds that providing access to CT services is a necessary component of the Applicant's Planned SEF and can improve health outcomes for the Applicant's Patient Panel and for patients in the region in need of emergency services. As a result, Staff finds that the Applicant meets the requirements of the Public Health Value: Health Outcomes part of Factor 1b.

Factor 1: c) Efficiency, Continuity of Care, Coordination of Care

Requirement waived by the Department

Factor 1: d) Consultation

The Applicant has provided evidence of consultation, both prior to and after the Filing Date, with all government agencies that have licensure, certification, or other regulatory oversight, which has been done and will not be addressed further in this report.

Factor 1: e) Evidence of Sound Community Engagement through the Patient Panel

Requirement waived by the Department

⁹ UMMHC Satellite Emergency Facility FAQ. *What are the estimated drive times from each of our key towns to the location of the SEF?* <https://www.ummhealth.org/about-us/welcome-nashoba/satellite-emergency-facility-FAQ>

Factor 1: f) Competition on price, total medical expenses (TME), costs and other measures of health care spending

Requirement waived by the Department

Summary, Factor 1

As a result of information provided by the Applicant and the regulatory requirement for SEFs to provide CT services, staff finds that with the responses, and in light of the waived responses, the Applicant has demonstrated that the Proposed Project has met Factor 1.

Factor 2: Cost containment, Improved Public Health Outcomes and Delivery System Transformation

As discussed above, on-site CT capabilities are necessary for the Planned SEF to meet the regulatory standards and provide the level of care necessary for emergency patients.

Cost Containment

The Applicant states that the Proposed Project advances the Commonwealth's cost containment goals by expanding timely access to high-quality CT imaging services for patients in a clinically appropriate setting. Access to healthcare services has been shown to be dependent in part on distance.^g The Applicant's Planned SEF, and the proposed CT unit, will help to decrease patient transport times for emergency care. This will reduce delays in accessing emergency CT imaging, which is critical for timely diagnosis and treatment of a wide variety of medical emergencies including stroke as well as traumatic injuries. The Applicant notes that in addition to improved diagnostic accuracy and health outcomes, shorter times to CT imaging for emergency conditions has been shown to decrease costs.^h The Applicant states that emergency patients, particularly trauma and stroke patients, can be triaged and stabilized at the Applicant's Planned SEF, and that without the proposed CT unit, these patients would experience a delay in receiving CT imaging which could negatively impact their course of treatment.

Analysis: Cost Containment

Staff finds that the Applicant demonstrated how the Proposed Project aligns with the Commonwealth's cost containment goals through ensuring timely diagnosis and treatment of emergency medical conditions that require CT imaging and enhancing care coordination which improves health outcomes and lowers health care costs. Therefore, DoN Staff conclude that the Proposed Project will likely meet the cost containment component of Factor 2.

Improved Public Health Outcomes

The Applicant states that CT is a critical diagnostic tool in emergency care with the following benefits:

- CT images of internal organs, bones, soft tissue, and blood vessels provide greater detail than traditional x-rays.^{i,j}

- Use of CT to identify disease or injury within various regions of the body such as the heart, the head, and the lungs. CT imaging can diagnose potentially life-threatening conditions such as hemorrhage, blood clots, and cancer; CT is also useful when imaging complex bone fractures, severely eroded joints, or bone tumors.^k
- CT imaging is a key component of stroke management, with time targets calling for an ED door-to-imaging time of 25 minutes or less.^l Delays in receiving treatment after arrival to the hospital has been shown to reduce years of healthy life for patients experiencing stroke.^m Research on the timeliness of in-hospital stroke care found that every hour of delay between arrival at the hospital and treatment has been shown to reduce life expectancy by up to 11 months, and for every 10-minute delay between arrival at the ED and the start of stroke treatment for patients with a severe stroke may lead to the loss of eight weeks of healthy life.ⁿ Stroke-related care costs in the United States exceed \$56 billion between 2019 and 2020.^o

PSS Time Target Recommendations¹⁰ recommend best practices for stroke care and outline the critical importance of patients receiving immediate medical treatment when experiencing a stroke due to the rapid decline in brain function as a stroke progresses. This includes receiving a CT within 25 minutes (door-to-CT time) and interpretation of the CT scan within 45 minutes.

Analysis: Public Health Outcomes

Staff finds that the Applicant demonstrated how the proposed CT can improve patient care and health outcomes. Therefore, DoN Staff conclude that the Proposed Project will likely meet the Public Health Outcomes component of Factor 2.

Delivery System Transformation

The Applicant states that the Planned SEF reflects the needs of the community, and this Proposed Project supports delivery system transformation. The Committee met several times in April and May 2025, to advise the Applicant on emergency service coordination and public education efforts. The Applicant states that UMMHC continues to evaluate and expand Committee membership to support broad representation from towns within the SEF's service area. The Applicant states that it also launched a targeted public information campaign in accordance with DPH Hospital Licensure Regulations (105 CMR 130.827)¹¹, and that the initiatives are designed to inform residents of

¹⁰ Primary Stroke Services Time Target Recommendations. <https://www.mass.gov/doc/pss-time-target-recommendations-0/download>

¹¹ 130.827: Public Education: A hospital proposing to establish an SEF shall develop and implement a public education plan that, at a minimum, shall include: **(A)** written notification to ambulance services and regional councils, of the services to be provided at the SEF and a description of the type of ambulance transport that is appropriate for the SEF; **(B)** a public information campaign about the services available at the SEF, modifications in preexisting services, and the circumstances under which it is appropriate to call "911"; **(C)** the creation of a community network for the early and ongoing exchange of information regarding emergency services (for example, a hospital may establish a community advisory committee composed of representatives of ambulance services, local police and fire departments, public officials and other community members to assist in the development of an effective education campaign for all cities and towns in the hospital's service area); **(D)** a list of meetings to be held with public officials and the affected parties listed in 105 CMR 130.823; **(E)** a clear and understandable description of the services available at the SEF and any

available services and empower access to emergency care and preventive services. The initiative included local city and town events to raise awareness about emergency services and health safety, hosting information tables at public meetings and events, disseminating public safety and prevention education through print and online media channels, and ongoing collaboration with the Committee and community health related coalitions to provide messaging that is responsive to community needs.

Analysis: Delivery System Transformation

The Applicant demonstrated how the proposed CT was evaluated with community input to support meeting the needs of patients. Therefore, DoN Staff can conclude that the Proposed Project will likely meet the Delivery System Transformation component of Factor 2.

Summary, Factor 2

As a result of information provided by the Applicant and the regulatory requirement for SEFs to provide CT services, staff finds that the Applicant has demonstrated that the Proposed Project has met Factor 2.

Factor 3: Relevant Licensure/Oversight Compliance

The Applicant attested to its compliance and good standing with federal, state, and local laws and regulations. As noted in the Applicant's concurrent pending DoN Application #UMMH-25021208-HE, a subsidiary of UMMHC licensed by DPH did not adhere to the Department's substance use disorder treatment program closure requirements set forth at 105 CMR 164.087; the subsidiary has since closed. Staff note that this is being addressed in the staff report for DoN Application #UMMH-25021208-HE with the recommendation of an "Other Condition" requiring UMMHC's adherence to closure procedures for DPH licensees operating thereunder. As a result of information provided by the Applicant, staff finds the Applicant has reasonably met the standards of Factor 3.

Factor 4: Financial Feasibility

Requirement waived by the Department

changes in services previously provided at the SEF site; a plan for the dissemination of the description of services at the hospital, providing copies to the affected parties listed in 105 CMR 130.823 and including it in a public information campaign using local print and electronic media; **(F)** a list of alternative facilities that provide emergency services to residents of the hospital's service area; **(G)** a plan to provide accurate and appropriate road signage in the hospital's service area; **(H)** notice of the date when the SEF will commence operations; and **(I)** public information and education initiatives that address public safety issues and prevention including, but not limited to, operation of motor vehicles while under the influence of alcohol or drugs, seat belt awareness, helmet use, recognition of the symptoms of heart attack, stroke and pediatric illnesses.

Factor 5: Assessment of the Proposed Project's Relative Merit

As discussed above, on-site CT capabilities are necessary for the Planned SEF to meet the regulatory standards and provide the level of care necessary for emergency patients. The Applicant has provided sufficient evidence that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs identified by the Applicant pursuant to 105 CMR 100.210(A)(1). Evaluation of 105 CMR 100.210(A)(5) shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Timely access to CT services are a requirement for all SEFs, per 105 CMR 130: Hospital Licensure. The Applicant states that because there are no CT units close enough to the planned SEF to provide CT imaging within a clinically appropriate turnaround time, the planned SEF needs to have its own CT, on-site to provide timely access to imaging and treatment for patients. Therefore, there are no alternatives to the Proposed Project.

Analysis

As a result of information provided by the Applicant, in consideration of the regulatory requirement for SEFs to provide CT services, there are no viable potential alternatives to the Proposed Project, therefore staff finds that the Applicant has reasonably met the standards of Factor 5.

Factor 6: Fulfillment of DPH Community-based Health Initiatives Guideline

Summary and relevant background for this application: Standard practice for this type of application is to contribute the full CHI contribution to the Statewide Funds. In this case, the Applicant and DPH agreed to allow UMMMC to contribute to both the Statewide Funds and a local CHI project. The Applicant will have additional touch points with the CHI team throughout CHI project planning and implementation. UMMMC will work with their newly established Groton Community Advisory Body (GCAB) to utilize the Nashoba Associated Board of Health's (NABH) 2025 Community Health Needs Assessment (CHNA) findings to inform and ensure that local CHI investments align with upstream principles and health priorities.

To fulfill Factor 6 requirements, the Applicant submitted a CHI Narrative and a Community Engagement Plan.

The NABH 2025 CHNA will be completed in December 2025 and utilized by the Applicant to inform CHI project planning and implementation. The NABH serves as the Board of Health Agent for 16 member towns (including Groton) in north central Massachusetts, providing environmental and public health services to the region. The CHNA will assess the 16 municipalities NABH serves and will use primary (interviews, focus groups and a survey) and secondary data analysis and collection. Secondary data includes measures on demographics, built and social environment, education, employment, housing and subsequent health behaviors and outcomes.

Using the results from the CHNA, UMMMC will engage its GCAB to select funding priorities and identify implementation strategies for the local CHI funds associated with this proposed project.

The Community Engagement Plan provided background information for, and explanation of the Nashoba Regional CHI engagement and planning processes, including the utilization of the NABH CHNA findings and the establishment of the GCAB. Levels of engagement in all activity areas were identified for the CHI planning processes, as well as key CHI implementation phases from selecting health priorities to evaluation plans.

Partner Assessments (formerly known as Stakeholder Assessments) will be submitted to DPH within 3 months following the newly established GCAB's first meeting in relation to this CHI project. Assessments will be reviewed upon receipt and are expected to justify continued work on the existing community health improvement activities. Individuals who make up the Applicant's GCAB will provide information on their individual engagement levels (e.g., their personal participation and role) and their analysis of how UMMMC engaged the community in CHI planning processes.

The CHI Narrative provided justification for a local CHI project and the use of NABH's 2025 CHNA, as well as a timeline for Partner Assessment submissions. The justifications and proposed timelines were approved by DPH and are in line with CHI planning guidelines.

UMMMC will work with the GCAB to review the NABH 2025 CHNA findings, select priorities and implementation strategies, and may want to consider enhancing impact through fewer, larger investments given the small CHI total. DPH staff have determined that if the Applicant agrees to address community conditions and root causes, while engaging in ongoing work with the GCAB, CHI investment will align appropriately with the CHI Guidelines. The Applicant will also have additional touchpoints with DPH staff to share lessons learned to ensure sound processes for planning and implementation.

Summary Analysis: As a result of information provided by the Applicant and additional analysis, staff finds that with the conditions outlined below, and the ongoing communication outlined above, the Applicant will have demonstrated that the Proposed Project has met Factor 6.

Findings and Recommendations

Based upon a review of the materials submitted, Staff finds that, with the addition of the recommended Conditions detailed below, the Applicant has met each DoN Factor for the Proposed Project and recommends that the Department approve this Determination of Need, subject to all applicable Standard and Other Conditions.

Other Conditions

1. Of the total required CHI contribution of \$109,797.15.
 - a. \$10,540.53 will be directed to the CHI Statewide Initiative.

- b. \$94,864.73 will be dedicated to local approaches to the DoN Health Priorities.
- c. \$4,391.89 will be designated as the administrative fee.

2. To comply with the Holder's obligation to contribute to the CHI Statewide Initiative, the Holder must submit a check for \$10,540.53 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) **within 30 days** from the date of the Notice of Approval.

- a. Payments should be made out to:
Health Resources in Action, Inc. (HRiA)
2 Boylston Street, 4th Floor
Boston, MA 02116
Attn: MACHHAF c/o Bora Toro
DoN project #: UMMHC-25080814-RE
- b. Please send a PDF image of the check or **confirmation of payment** to DONCHI@Mass.gov and dongrants@hria.org

If you should have any questions or concerns regarding the payment, please contact the CHI team at DONCHI@Mass.gov

REFERENCES

- ^a Center for Health Information and Analysis. Massachusetts Hospital Profiles.
<https://www.chiamass.gov/massachusetts-acute-hospital-profiles>
- ^b Nashoba Valley Health Planning Working Group Final Report.
<https://www.mass.gov/doc/nashoba-valley-health-planning-working-group-report-pdf/download>
- ^c Nashoba Valley Health Planning Working Group Final Report.
<https://www.mass.gov/doc/nashoba-valley-health-planning-working-group-report-pdf/download>
- ^d Health Care For All. Steward Project Final Report. Nashoba Valley Medical Center Closure.
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