

AMDG
Review of DON APPLICATION # 22111516
to expand services at Good Samaritan Medical Center (GSMC)

Summary

The DON incorporates numerous deficiencies (see particulars below) which make it impractical and unrealistic.

Recommendation

In view of an acute shortage of inpatient behavioral health beds, DPH should approve an amended DON focused on local needs coupled with a requirement that Steward build a 20 inpatient unit on the campus of Norwood Hospital as allowed in DON 20121611.

There are numerous errors and inconsistencies in the testimony, but only the major ones are listed in the following.

FACTORS

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix

There is a fundamental flaw the definition of the Patient Panel. The panel as defined for the DON covers all of the Steward facilities statewide. However some of those sites are so far removed from Brockton that they will never use the facility. A more realistic definition would use transportation times as a criterion, eg. Average transportation times less than 20 minutes.

Does the applicant or DPH really think applicants from Ayer Mass will be serviced at the proposed GSMC? It's a distance of 53.7 miles and travel times over an hour Yet the patient stats from the Nashoba Valley Medical Center which includes Ayer are included in definition of the Patient Panel.

Please note the a geographic breakdown by zip codes is lacking in the provided data.

This specious definition of the Patient Panel pervades the whole DON.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

The process is not described in the narrative. The analysis is faulty, based on a defective definition of the patient panel.

The applicant is not fulfilling its commitment to replace the Norwood beds. It is merely doing numbers game, without practical application.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The applicant proposes a seemingly irrefutable argument. More beds will decrease boarding times.

Yet the argument is specious. Consider the situation at Norwood Hospital. Prior to the flood it provided 61 psych beds serviced by 4 designated rooms in ER. The DON proposes a replacement of these and 16 existing psych beds at GSMC (a total of 77 beds) in the expanded GSMC. The psych patient load from Norwood will likely continue at 61. Ditto for the 16 previous beds at GSMC. However, according to the applicant's narrative the new facility is expected to serve "**Brockton and 22 neighboring communities**". So when a Norwood patient needs psych inpatient services those 61 designated beds will likely be filled by patients from other towns. The inescapable conclusion is **patient boarding days at Norwood Hospital will increase dramatically.**

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

The need is certainly there. The need may may not be met with a centralized facility if the transportation factor is not addressed and solved. The applicant may believe it is meeting a regional need, whereas in reality it may only serve a much smaller localized need.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

The response neglects any mention of a transportation problem. How many prospective patients would be deterred because transportation was inadequate thus increasing boarding times in other facilities?

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's needbase, please justify how the Proposed

Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

A good standard answer, but an outreach component and an educational component would be appreciated.

F1.b.iv

Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

Again the deficiencies in the definition of the patient panel become apparent. Prove it for the Ayer community.

F1.c

Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

The applicant's response assures nothing. How about specifics for Norwood residents?

F1.d

Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project

It appears the applicant has not consulted with the Department Mental Health about certifying its psych beds.

F1.e.i Process for Determining Need/Evidence of Community Engagement:

For assistance in responding to this portion of the Application, Applicant is encouraged to review Community Engagement Standards for Community Health Planning Guideline. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project

Admirable for the local scene. This factor, however, is specified for the deficient Patient Panel. It does not appear that Ayer or even Norwood groups were consulted

F1.e.ii

Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

Answered only locally, but severely deficient as a regional response.

F2.a. Cost Containment:

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

Maybe, but possibly it could increase costs. The prospective payees should have been consulted for their opinion

F2.b. Public Health Outcomes:

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

Applicant does not appear to understand the role of a psch hospital can only a partial solution to a continuum of care. How it supports the outside parts of the continuum, or contributes to its existence and functioning does not appear to be appreciated by the applicant.

F2.c. Delivery System Transformation:

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

Please read the response with Ayer in mind. The response would then appear wholly inadequate.

F5.a.i

Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant 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.

The alternative of a reduced GSMC and a build out on the campus of Norwood Hospital seems much more satisfactory. It does not appear the applicant has considered this alternative.

Respectfully submitted
JRBreton, PhD
President SNAMI