

APPENDIX 3:
FACTOR 1 MATERIALS

APPENDIX 3A:

FACTOR 1 MATERIALS – SUPPLEMENTAL PATIENT PANEL INFORMATION

Table 1: East Boston Neighborhood Health Center ("EBNHC") Patient Panel¹

Demographic	CY20		CY21		CY22 ²	
	Count	%	Count	%	Count	%
EBNHC Total Unique Patients	76,757		80,744		81,886	
Gender						
Female	42,513	55.4%	44,883	55.6%	45,548	55.6%
Male	34,244	44.6%	35,861	44.4%	36,338	44.4%
Age						
0-19	22,559	29.4%	23,283	28.8%	23,476	28.7%
20-64	48,253	62.9%	50,890	63.0%	51,376	62.7%
65+	5,945	7.7%	6,571	8.1%	7,034	8.6%
Race³						
American Indian/Alaska Native	117	0.2%	120	0.1%	120	0.1%
Asian	786	1.0%	894	1.1%	908	1.1%
Black/African American	6,391	8.3%	7,004	8.7%	7,072	8.6%
Native Hawaiian/Pacific Islander	362	0.5%	332	0.4%	290	0.4%
White/Caucasian	61,189	79.7%	65,018	80.5%	66,372	81.1%
Other ⁴	7,912	10.3%	7,376	9.1%	7,124	8.7%
Ethnicity⁵						
Hispanic/Latino	53,873	70.2%	57,073	70.7%	56,648	71.6%
Non-Hispanic/Latino	20,633	26.9%	21,504	26.6%	21,118	25.8%
Unreported/Refused to Report Ethnicity	2,251	2.9%	2,167	2.7%	2,120	2.6%
Geographic Origin						
East Boston (02128)	22,333	29.1%	23,065	28.6%	23,119	28.2%
Revere (02151)	13,061	17.0%	13,965	17.3%	14,551	17.8%
Chelsea (02150)	11,391	14.8%	11,763	14.6%	11,985	14.6%
Everett (02149)	3,980	5.2%	4,417	5.5%	4,549	5.6%
Lynn (01901-01905)	3,891	5.1%	4,294	5.3%	4,768	5.8%
Winthrop (02152)	3,677	4.8%	3,803	4.7%	3,849	4.7%
Dorchester (02121, 02122, 02124, 02125)	2,496	3.3%	2,499	3.1%	2,403	2.9%
South End (02118)	2,241	2.9%	2,116	2.6%	1,858	2.3%
Malden (02148)	1,601	2.1%	1,795	2.2%	1,851	2.3%
Roxbury (02119, 02120)	1,348	1.8%	1,363	1.7%	1,258	1.5%
All Other	10,738	14.0%	11,664	14.4%	11,695	14.3%
Payer Mix⁶						
Private Insurance	26,051	33.9%	27,091	33.6%	22,982	28.1%
Medicaid	25,046	32.6%	29,457	36.5%	31,336	38.3%
Medicare	3,682	4.8%	4,226	5.2%	3,847	4.7%
Other Public Insurance	2,740	3.6%	3,339	4.1%	3,878	4.7%
All Other ⁷	19,238	25.1%	16,631	20.6%	19,843	24.2%
APM Contract Percentages (for any EBNHC-affiliated Primary Care Physicians)						
APM and ACO Contracts	34.7%		35.9%		37.0%	
Non-APM and Non-ACO Contracts	65.3%		64.1%		63.0%	

Data obtained on 5/3/2023

Source: EBNHC's EPIC EHR (which aligns with the U.S. Health Resources & Services Administration ("HRSA") Uniform Data System ("UDS") filings for CY20-22)

¹ Entities include: EBNHC (including 20 Maverick Square, 79 Paris Street, and 10 Gove Street locations); EBHS School Based Health Center; Winthrop Community Health Center; and South End Community Health Center (including 1601 Washington Street and 400 Shawmut Ave locations).

² Please note that EBNHC's data is based on the calendar year rather than the fiscal year, as this is consistent with how the community health center reports to the federal government.

³ Race data is based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that EBNHC provides to HRSA in its UDS requirements.

⁴ "Other" includes: Unreported/Refused to Report Race, and More than One Race.

⁵ Ethnicity data is based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that EBNHC provides to HRSA in its UDS requirements.

⁶ EBNHC is not able to easily isolate its payer mix data according to the Department's typically requested categories of: "Commercial", "MassHealth", "Managed Medicaid", "Commercial Medicare", "Medicare FFS", and "All Other". However, in an effort to offer a complete payer mix for the patient panel, "Private Insurance", "Medicaid", "Medicare", "Other Public Insurance", and "All Other" have been provided as alternative payer mix categories, which is consistent with the reporting that EBNHC provides to HRSA per its UDS requirements.

⁷ "All Other" includes: None/Uninsured (including Self-Pay and HSN).

Table 2: DotHouse Health ("DotHouse") Patient Panel¹

Demographic	CY20		CY21		CY22 ²	
	Count	%	Count	%	Count	%
DotHouse Total Unique Patients	19,867		21,312		20,629	
Gender						
Female	11,437	57.6%	12,225	57.4%	11,863	57.5%
Male	8,430	42.4%	9,087	42.6%	8,766	42.5%
Age						
0-17	4,414	22.2%	5,204	24.4%	5,054	24.5%
18-64	12,674	63.8%	13,283	62.3%	12,537	60.8%
65+	2,779	14.0%	2,825	13.3%	3,038	14.7%
Race/Ethnicity³						
American Indian/Alaska Native	15	0.1%	18	0.1%	28	0.1%
Asian	7,226	36.4%	7,844	36.8%	7,477	36.2%
Black/African American	4,858	24.5%	5,118	24.0%	4,943	24.0%
Hispanic/Latino	3,533	17.8%	3,817	17.9%	3,792	18.4%
Native Hawaiian/Pacific Islander	213	1.1%	237	1.1%	218	1.1%
White/Caucasian	2,212	11.1%	2,134	10.0%	1,842	8.9%
Other ⁴	1,810	9.1%	2,144	10.1%	2,329	11.3%
Geographic Origin						
Dorchester (02121, 02122, 02124, 02125)	11,954	60.2%	12,475	58.5%	11,865	57.5%
Quincy (02169, 02171)	999	5.0%	1,138	5.3%	1,109	5.4%
Randolph (02368)	920	4.6%	1,004	4.7%	1,034	5.0%
Roxbury (02119, 02120)	565	2.8%	623	2.9%	556	2.7%
Mattapan (02126)	524	2.6%	555	2.6%	524	2.5%
Brockton (02301, 02302)	481	2.4%	551	2.6%	562	2.7%
Hyde Park (02136)	320	1.6%	366	1.7%	386	1.9%
Braintree (02184)	296	1.5%	373	1.8%	377	1.8%
South Boston (02127)	254	1.3%	268	1.3%	237	1.1%
Boston (02111, 02112, 02115, 02116, 02118)	173	0.9%	191	0.9%	180	0.9%
All Other	3,381	17.0%	3,768	17.7%	3,799	18.4%
Payer Mix						
Commercial	5,503	27.7%	5,216	24.5%	5,552	26.9%
MassHealth	2,324	11.7%	1,211	5.7%	1,306	6.3%
Managed Medicaid	7,470	37.6%	8,937	41.9%	8,516	41.3%
Commercial Medicare	2,165	10.9%	1,234	5.8%	1,442	7.0%
Medicare FFS	1,132	5.7%	823	3.9%	888	4.3%
Free Care/HSN	417	2.1%	337	1.6%	453	2.2%
All Other	856	4.3%	3,554	16.7%	2,472	12.0%
APM Contract Percentages (for any DotHouse-affiliated Primary Care Physicians)						
APM and ACO Contracts	54.8%		53.9%		54.5%	
Non-APM and Non-ACO Contracts	45.2%		46.1%		45.5%	

Data obtained on 6/8/2023

Source: DotHouse's OCHIN EPIC EHR (which aligns with the U.S. Health Resources & Services Administration ("HRSA") Uniform Data System ("UDS") filings for CY20-22)

¹ Includes DotHouse's location at 1353 Dorchester Ave.

² Please note that DotHouse's data is based on the calendar year rather than the fiscal year, as this is consistent with how the community health center reports to the federal government.

³ Race/ethnicity data is based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that DotHouse provides to HRSA in its UDS requirements.

⁴ "Other" includes: Unreported/Refused to Report Race/Ethnicity, and More than One Race.

Table 3: South Boston Community Health Center ("SBCHC") Patient Panel¹

Demographic	CY20		CY21		CY22 ²	
	Count	%	Count	%	Count	%
SBCHC Total Unique Patients	14,335		15,412		16,782	
Gender						
Female	8,004	55.8%	8,623	55.9%	9,445	56.3%
Male	6,331	44.2%	6,789	44.1%	7,337	43.7%
Age						
0-17	2,314	16.1%	2,458	15.9%	2,562	15.3%
18-64	10,146	70.8%	10,873	70.5%	11,964	71.3%
65+	1,875	13.1%	2,081	13.5%	2,256	13.4%
Race/Ethnicity³						
American Indian/Alaska Native	28	0.2%	26	0.2%	30	0.2%
Asian	315	2.2%	347	2.3%	359	2.1%
Black/African American	848	5.9%	882	5.7%	763	4.5%
Hispanic/Latino	1,774	12.4%	1,942	12.6%	2,011	12.0%
White/Caucasian	9,630	67.2%	10,086	65.4%	8,776	52.3%
Other ⁴	1,740	12.1%	2,095	13.6%	4,843	28.9%
Geographic Origin						
South Boston (02127)	6,646	46.4%	7,250	47.0%	7,234	43.1%
Dorchester (02121, 02122, 02124, 02125)	1,890	13.2%	2,063	13.4%	1,991	11.9%
Quincy (02169-02171)	1,353	9.4%	1,488	9.7%	1,324	7.9%
Boston (02114, 02115, 02118, 02210)	544	3.8%	627	4.1%	688	4.1%
Braintree (02184)	275	1.9%	296	1.9%	281	1.7%
Randolph (02130, 02368)	224	1.6%	215	1.4%	220	1.3%
Roxbury (02119)	206	1.4%	207	1.3%	153	0.9%
Hyde Park (02136)	152	1.1%	149	1.0%	167	1.0%
East Boston (02128)	143	1.0%	154	1.0%	194	1.2%
Revere (02151)	118	0.8%	159	1.0%	129	0.8%
All Other	2,784	19.4%	2,804	18.2%	4,401	26.2%
Payer Mix⁵						
Commercial	7,619	53.1%	8,136	52.8%	9,052	53.9%
Medicaid	4,086	28.5%	4,552	29.5%	4,923	29.3%
Medicare	1,786	12.5%	2,021	13.1%	1,985	11.8%
Free Care/HSN/Uninsured	844	5.9%	703	4.6%	822	4.9%

Data obtained on 5/3/2023

Source: SBCHC's OCHIN EPIC EHR (which aligns with the U.S. Health Resources & Services Administration ("HRSA") Uniform Data System ("UDS") filings for CY20-22)

¹ Includes three SBCHC locations: 386 West Broadway, 409 West Broadway, and 505 Congress Street.

² Please note that SBCHC's data is based on the calendar year rather than the fiscal year, as this is consistent with how the community health center reports to the federal government.

³ Race/ethnicity data is based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that SBCHC provides to HRSA in its UDS requirements.

⁴ "Other" includes: Unknown/Unreported, Refused to Report Race/Ethnicity, and More than One Race, as well as "Native Hawaiian/Pacific Islander" for confidentiality due to regulations related to data with counts <11.

⁵ SBCHC is not able to easily isolate its payer mix data according to the Department's typically requested categories of: "Commercial", "MassHealth", "Managed Medicaid", "Commercial Medicare", "Medicare FFS", and "All Other". However, in an effort to offer a complete payer mix for the patient panel, "Commercial", "Medicaid", "Medicare", and "Free Care/HSN/Uninsured" have been provided as alternative payer mix categories, which is consistent with the reporting that SBCHC provides to HRSA per its UDS requirements.

Table 4: Codman Square Health Center ("Codman") Patient Panel¹

Demographic	CY20		CY21		CY22 ²	
	Count	%	Count	%	Count	%
Codman Total Unique Patients	23,616		24,723		23,695	
Gender						
Female	9,617	40.7%	10,172	41.1%	10,184	43.0%
Male	5,474	23.2%	5,943	24.0%	6,207	26.2%
Other/Unknown	8,525	36.1%	8,608	34.8%	7,304	30.8%
Age						
0-17	4,760	20.2%	6,013	24.3%	5,655	23.9%
18-64	15,668	66.3%	16,226	65.6%	15,360	64.8%
65+	3,188	13.5%	2,484	10.0%	2,680	11.3%
Race/Ethnicity³						
American Indian/Alaska Native	53	0.2%	59	0.2%	74	0.3%
Asian	284	1.2%	265	1.1%	298	1.3%
Black/African American	16,674	70.6%	17,705	71.6%	17,659	74.5%
Hispanic/Latino	2,331	9.9%	2,461	10.0%	2,388	10.1%
Native Hawaiian/Pacific Islander	66	0.3%	64	0.3%	76	0.3%
White/Caucasian	1,447	6.1%	1,182	4.8%	1,086	4.6%
Other ⁴	2,761	11.7%	2,987	12.1%	2,114	8.9%
Geographic Origin						
Boston (02108-02137, 02199, 02203, 02205, 02210, 02215)	19,728	83.5%	19,945	80.7%	17,938	75.7%
Randolph (02368)	1,103	4.7%	1,278	5.2%	1,097	4.6%
Brockton (02301, 02302, 02304)	1,003	4.2%	1,256	5.1%	1,161	4.9%
Quincy (02169-02171)	483	2.0%	659	2.7%	444	1.9%
Milton (02186)	254	1.1%	281	1.1%	221	0.9%
Stoughton (02072)	189	0.8%	224	0.9%	248	1.0%
Weymouth (02188-02191)	166	0.7%	192	0.8%	175	0.7%
Braintree (02184)	106	0.4%	130	0.5%	104	0.4%
Norwood (02062)	83	0.4%	143	0.6%	13	0.1%
Dedham (02026)	81	0.3%	115	0.5%	89	0.4%
All Other	420	1.8%	500	2.0%	2,205	9.3%
Payer Mix⁵						
Private Insurance	8,519	36.0%	7,262	29.4%	6,514	27.5%
Medicaid	9,890	41.9%	11,881	48.1%	12,922	54.5%
Medicare	2,417	10.2%	1,981	8.0%	2,201	9.3%
Other Public Insurance	118	0.5%	505	2.0%	199	0.8%
All Other ⁶	2,672	11.3%	3,094	12.5%	1,859	7.8%

Data obtained on 6/9/2023

Source: Codman's EPIC EHR (which aligns with the U.S. Health Resources & Services Administration ("HRSA") Uniform Data System ("UDS") filings for CY20-22)

¹ Entities include: Codman and TechBoston Academy School Health Center.

² Please note that Codman's data is based on the calendar year rather than the fiscal year, as this is consistent with how the community health center reports to the federal government.

³ Race/ethnicity data are based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that Codman provides to HRSA in its UDS requirements.

⁴ "Other" includes: Unknown/Unreported, Refused to Report Race/Ethnicity, and More than One Race.

⁵ Codman is not able to easily isolate its payer mix data according to the Department's typically requested categories of: "Commercial", "MassHealth", "Managed Medicaid", "Commercial Medicare", "Medicare FFS", and "All Other". However, in an effort to offer a complete payer mix for the patient panel, "Private Insurance", "Medicaid", "Medicare", "Other Public Insurance", and "All Other" have been provided as alternative payer mix categories, which is consistent with the reporting that Codman provides to HRSA per its UDS requirements.

⁶ "All Other" includes: None/Uninsured (including Self-Pay and HSN).

Table 5: Greater Roslindale Medical & Dental Center ("GRMDC") Patient Panel¹

Demographic	FY20		FY21		FY22	
	Count	%	Count	%	Count	%
GRMDC Total Unique Patients	6,392		6,105		8,274	
Gender						
Female	3,695	57.8%	3,525	57.7%	4,466	54.0%
Male/Other/Unknown ²	2,697	42.2%	2,580	42.3%	3,808	46.0%
Age						
0-17	1,488	23.3%	1,685	27.6%	1,790	21.6%
18-64	4,115	64.4%	3,691	60.5%	5,412	65.4%
65+	789	12.3%	729	11.9%	1,072	13.0%
Race/Ethnicity³						
Asian	180	2.8%	170	2.8%	293	3.5%
Black/African American	1,726	27.0%	1,898	31.1%	2,540	30.7%
Hispanic/Latino	1,106	17.3%	1,089	17.8%	1,824	22.0%
White/Caucasian	2,368	37.0%	2,023	33.1%	2,789	33.7%
Other ⁴	1,012	15.8%	925	15.2%	828	10.0%
Geographic Origin						
Roslindale (02131)	2,239	35.0%	2,037	33.4%	2,626	31.7%
Hyde Park (02136)	868	13.6%	893	14.6%	1,130	13.7%
Boston ⁵	734	11.5%	713	11.7%	910	11.0%
Dedham (02026)	330	5.2%	348	5.7%	457	5.5%
Dorchester (02121, 02122, 02124, 02125)	276	4.3%	262	4.3%	350	4.2%
Norwood (02062)	264	4.1%	256	4.2%	386	4.7%
Jamaica Plain (02130)	261	4.1%	175	2.9%	236	2.9%
Mattapan (02126)	185	2.9%	195	3.2%	242	2.9%
Randolph (02368)	112	1.8%	134	2.2%	169	2.0%
Brockton (02301-02304)	97	1.5%	100	1.6%	187	2.3%
All Other	1,026	16.1%	992	16.2%	1,581	19.1%

Data obtained on 5/6/2023

Source: GRMDC's EPIC EHR

¹ Includes GRMDC's location at 4199 Washington Street. GRMDC's FY is from 10/1 – 9/30.

² Includes "Male" and "Other/Unknown" for confidentiality due to regulations related to data with counts <11.

³ Race/ethnicity data is based on patient self-reporting.

⁴ Includes "Other", "American Indian/Alaska Native", and "Native Hawaiian/Pacific Islander" for confidentiality due to regulations related to data with counts <11.

⁵ Boston zip codes include: 02104, 02108-02118, 02123, 02127, 02128, 02132, 02133, 02163, 02196, 02199, 02201, 02205, 02206, 02210, 02212, 02215-02217, 02241.

APPENDIX 3B:

FACTOR 1 MATERIALS – COMMUNITY ENGAGEMENT MATERIALS



Boston Medical Center HEALTH SYSTEM

Determination of Need (DoN) Update Patient & Family Advisory Council

- Diana Diaz, Director, Radiology Operations
- Brendan Whalen, Senior Director of Design and Construction, Boston Medical Center
- Megan Sandel, MD, MPH, Co-Director of the GROW Clinic, Boston Medical Center
- Kathleen Harrell, Esq. MPH, Outside Legal Counsel

June 15, 2023

Agenda

- Overview + Introductions
- Overview of the Determination of Need Process
- Description of the Technology Project
- Overview of the Community Health Initiative Process
- Frequently Asked Questions and Next steps

Boston Medical Center – Determination of Need

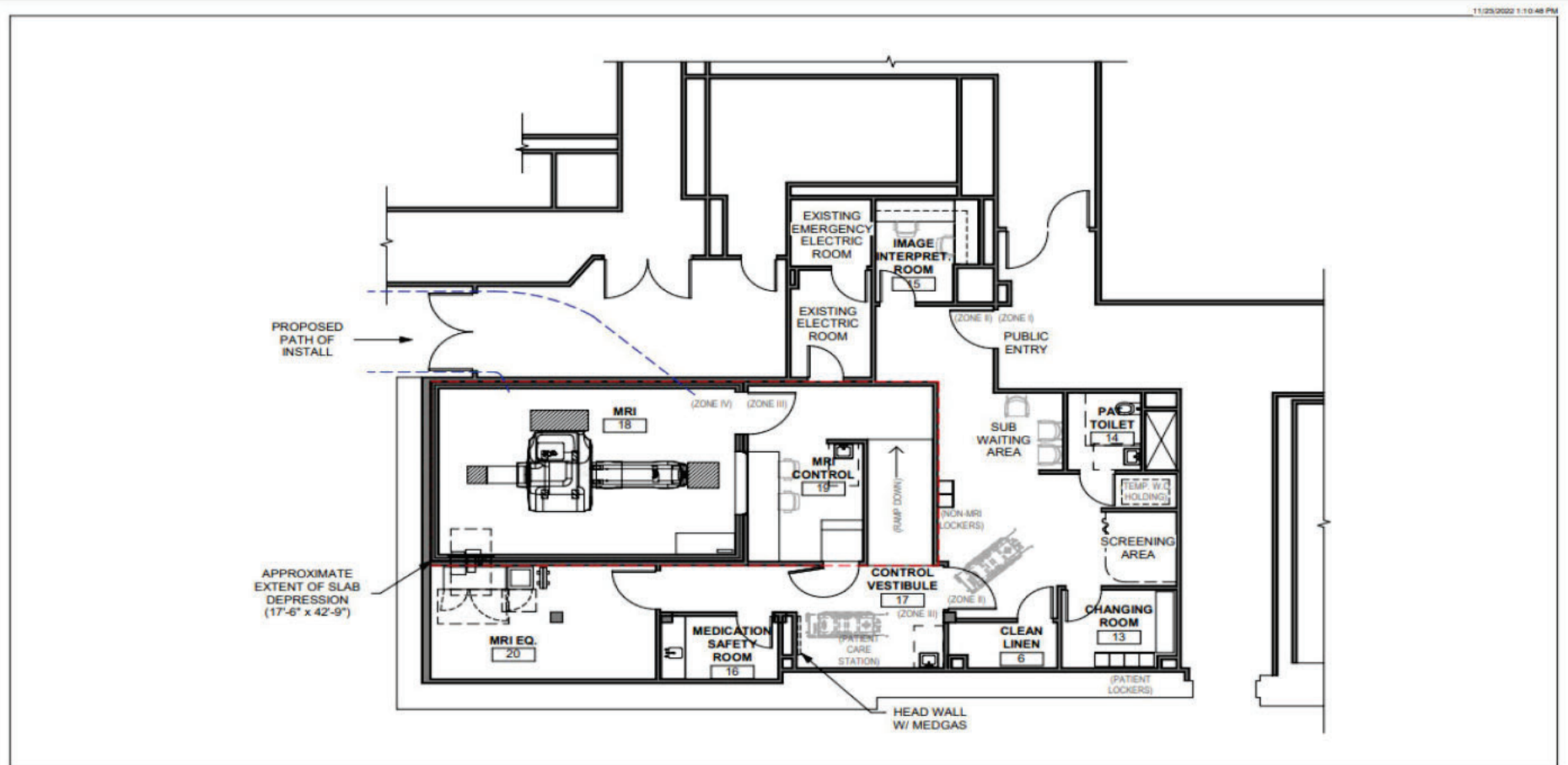
- The Determination of Need (DoN) regulations require certain Applicants such as health systems and hospitals to seek approval from the Department of Public Health and the Public Health Council for capital projects that are innovative (e.g., technology) or over a certain monetary threshold.
- Boston Medical Center (BMC) will be submitting a Determination of Need application to the MA Department of Public Health for a capital project to purchase new technology.
- The Medical Center has a need for increased MRI capacity and it seeking to add a new 1.5T MRI unit to the Medical Center's campus.

Technology Project Description

- As BMC radiology recovered to normal patient volumes through the COVID-19 pandemic, leadership began to review the need for additional MRI scanning capacity.
 - Current demand has surpassed target utilization of BMC's three units, which are currently at 90% capacity.
 - The third next available appointment – a common metric used to determine access availability – is ~50 days on average.
- BMC Radiology launched a comprehensive assessment of existing hours of operations, and based on data, made adjustments to increase capacity; however, at current demand level, the existing resource base is insufficient to provide timely access to care for patients.
- MRI Operations staff recommended installing an additional MRI unit that will create approximately 8,000 scheduling slots per year.
- This capital investment (between the purchase of the MRI and required construction) is approximately \$8M.

Description of Technology Project

BMC identified the need for additional MRI scanning capacity.



Schematic Design - 11/22/22

SCALE: 1/8" = 1'-0"

n|e|m|d architects, inc.
architects | planners | interiors
1 Virginia Avenue, Suite 202
Providence, Rhode Island 02905
T: 401.436.3532 | F: 401.436.3712
www.nemid.com | nemid@nemid.com

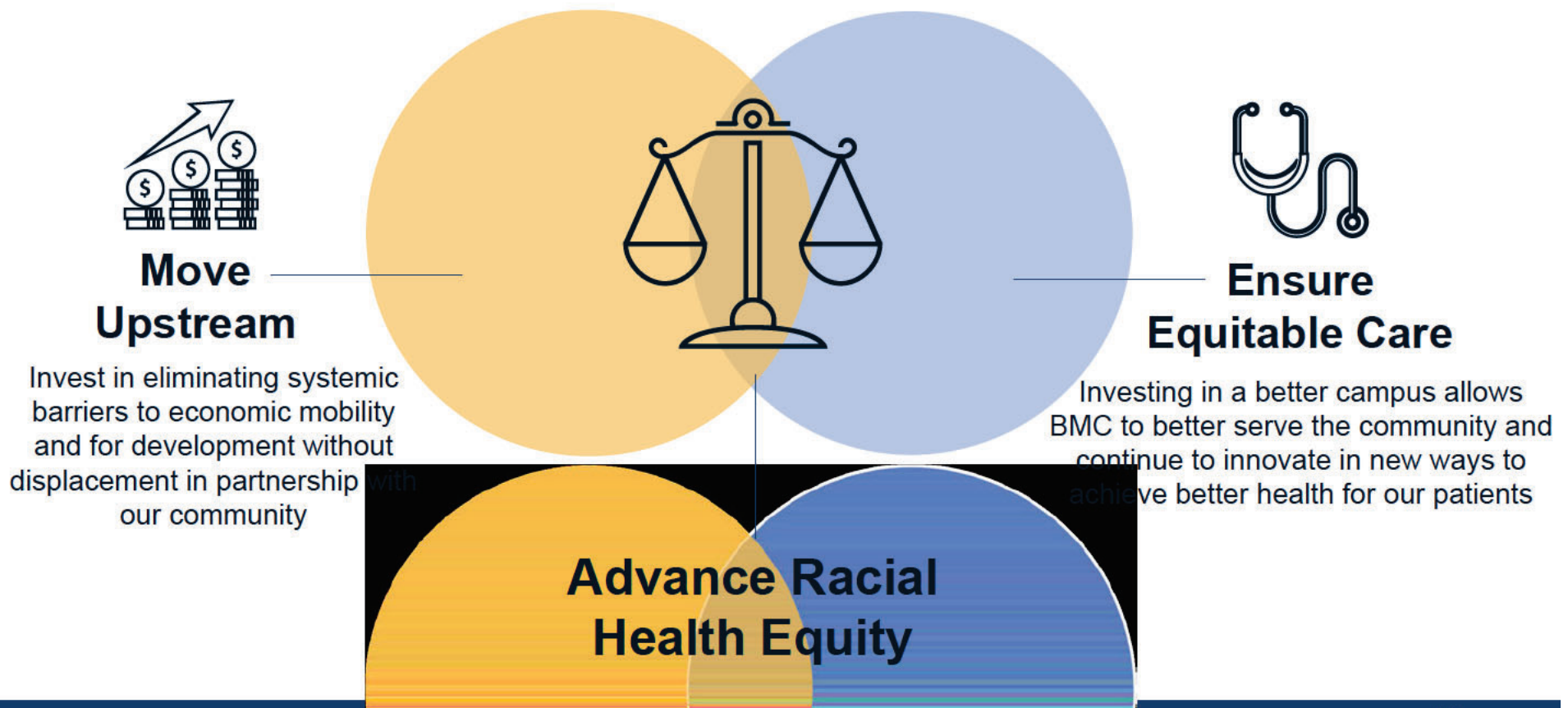
BMC MRI Installation
FLOOR PLAN

Determination of Need – Community Health Initiatives

- The DoN regulations require certain Applicants (such as health systems) to develop Community Health Initiatives (CHI).
- Through CHI, the DoN process serves to connect hospital/health system expenditures to public health goals by making investments in DoN Health Priorities.
- The Department of Public Health's (DPH) CHI Program goals are:
 - Appropriate community engagement throughout the planning, implementation, and evaluation of the CHI process;
 - Transparency in CHI decision-making;
 - Accountability for planned CHI activities; and
 - Demonstrating community health impact through strategies and initiatives that influence the social determinants of health (SDoH) and intentionally reduce health inequities.

BMC sees this Community Health Initiative as an Opportunity to synergize with other efforts to Advance Racial Health Equity

The Community Advisory Board will strategically advise how best to use investments to catalyze change, and leverage other city, state, federal and other philanthropic investments



We are hoping to align the upcoming Community Health Initiative with ongoing work at BMC in areas of Housing and Economic Mobility



BOS Collaborative

Leading a new **community-driven** approach to open pathways to **employment and affordable housing** and create **new investing strategies** to support wealth creation.



Housing Initiative

Our housing initiatives rooted in **policy change**, **community partnerships**, and **housing investing**, to create stable, affordable housing, resulting in more consistent health and stable well-being



THRIVE

Our THRIVE program is a wide-spread **SDoH screener** that identifies social needs of our patients – one of the most common areas patients want help is in employment and education opportunities.



Financial Health

Health is Wealth! Expanding **financial coaching** allows BMC to address wealth building to our patients and other community members

Our BMC Health Equity Accelerator is the cross-cutting strategic initiative that will give RISE to transformation

Transform healthcare to deliver health justice and well being

research &
education

clinical
care

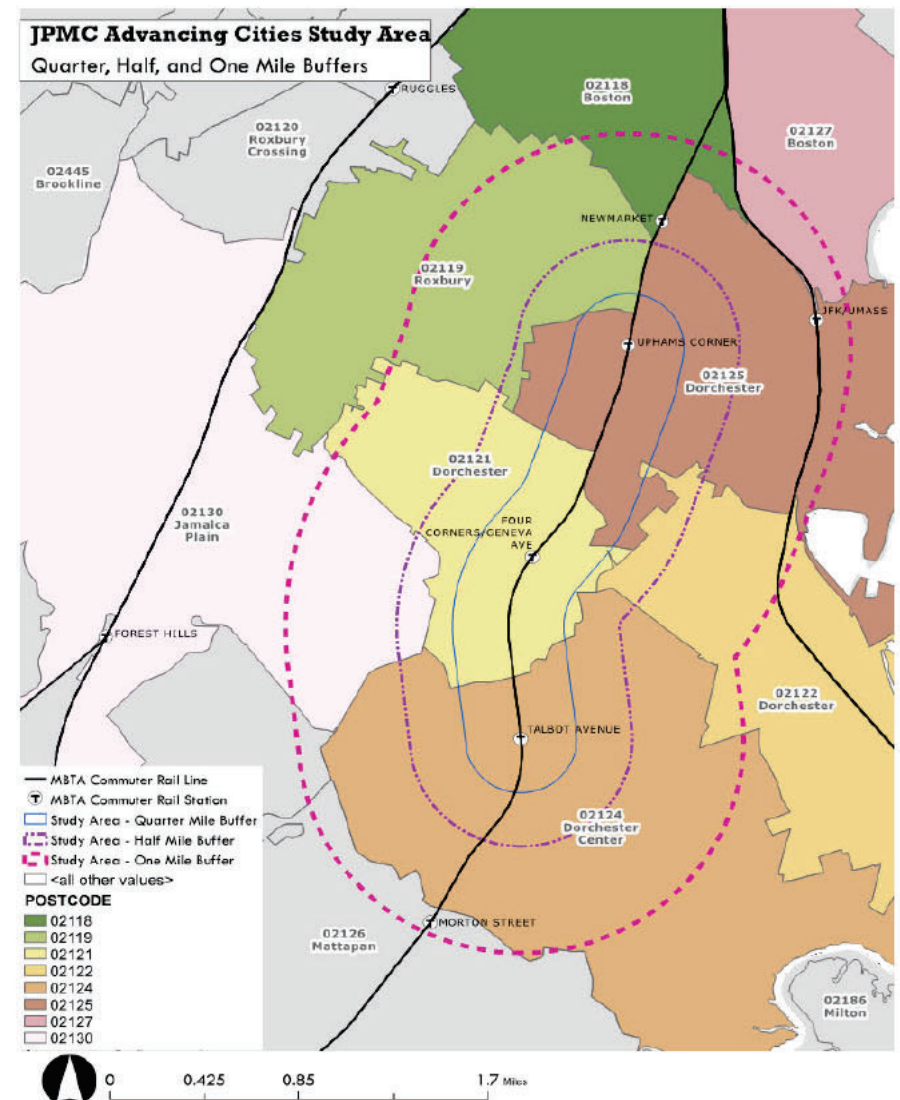
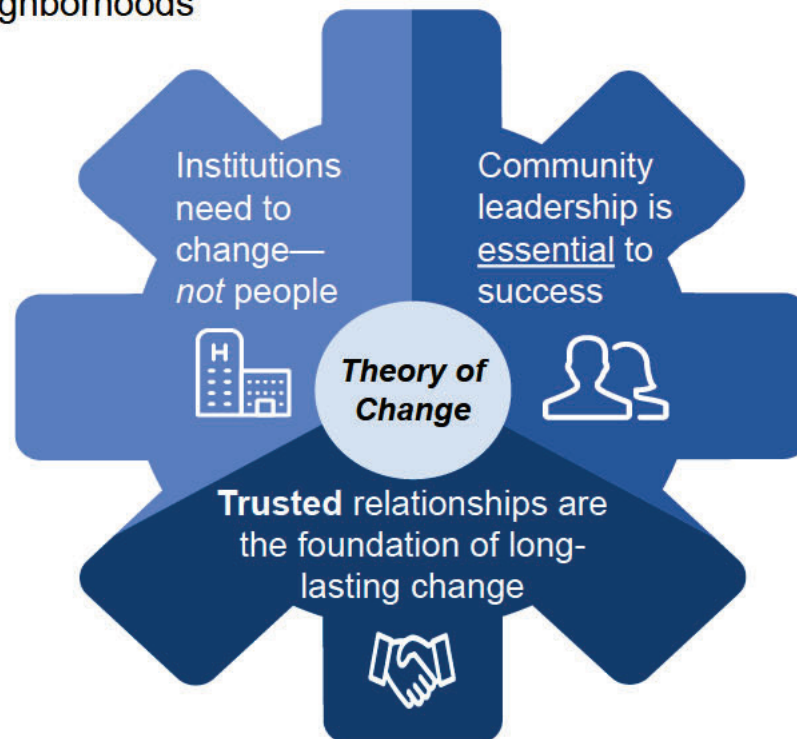
community
& SDoH

policy &
advocacy

Racial equity focus **I**nterrogate root causes **S**upport improvement **E**xpand to cultural transformation

BOS Collaborative is leading a *Systems Change* approach in a *Place-Based* way that will inform geography of Community Health Initiative

Beginning in the Bowdoin-Geneva, Codman Square, Upham's Corner, and Nubian Square neighborhoods of Boston and expanding to other adjacent neighborhoods, The BOS Collaborative is working to **address systemic problems that drive differences in economic opportunity** within segregated neighborhoods, while leveraging vibrant social connections within those neighborhoods



Types of Investments from previous Determination of Need

Housing Support Services Collaboration

The Community Builders

Madison Park* Community Development Corporation

Cambridge Housing Authority/Cambridge Health Alliance*

Hybrid Housing Project Investment

Boston Housing Authority

Housing Project Investments

Codman Square Neighborhood Development Corporation

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Innovative Stable Housing Initiative

Flex Fund

Upstream Fund

Resident Led

- Questions and Next Steps

Boston Medical Center

MRI Main Campus Expansion – Information Session



Join Boston Medical Center staff, patients, and neighbors for a presentation on the MRI Main Campus expansion

Meetings will take place virtually on the following dates/times:

June 26, 2023 09:00 AM Eastern Time Register in advance for this time via link:

https://bostonmedicalcenter.zoom.us/j/6tEuc-2srTkqGNG_Cl8FAVW2S66FCLQzIHNH

OR

June 29, 2023 05:00 PM Eastern Time Register in advance for this time via link

https://bostonmedicalcenter.zoom.us/j/6tEuc-2srTkqGNG_Cl8FAVW2S66FCLQzIHNH

After registering, you will receive a confirmation email containing information about joining the meeting.

Questions about registration issues or to request translation support, please contact Erica.Cuevas@bmc.org



Boston Medical Center HEALTH SYSTEM

Main Campus MRI Determination of Need - Community Meetings

- Diana Diaz, Director, Radiology Operations
- Brendan Whalen, Senior Director of Design and Construction
- Thea James, MD, MBA, Vice President of Mission, Associate Chief Medical Officer and Associate Professor of Emergency Medicine
- Gina Patterson, BOS (Boston Opportunity System) Collaborative Director

June 26 and 29, 2023

Agenda

- Overview + Introductions
- Overview of the Determination of Need Process
- Description of the Technology Project
- Overview of the Community Health Initiative Process
- Frequently Asked Questions and Next steps

Boston Medical Center – Determination of Need

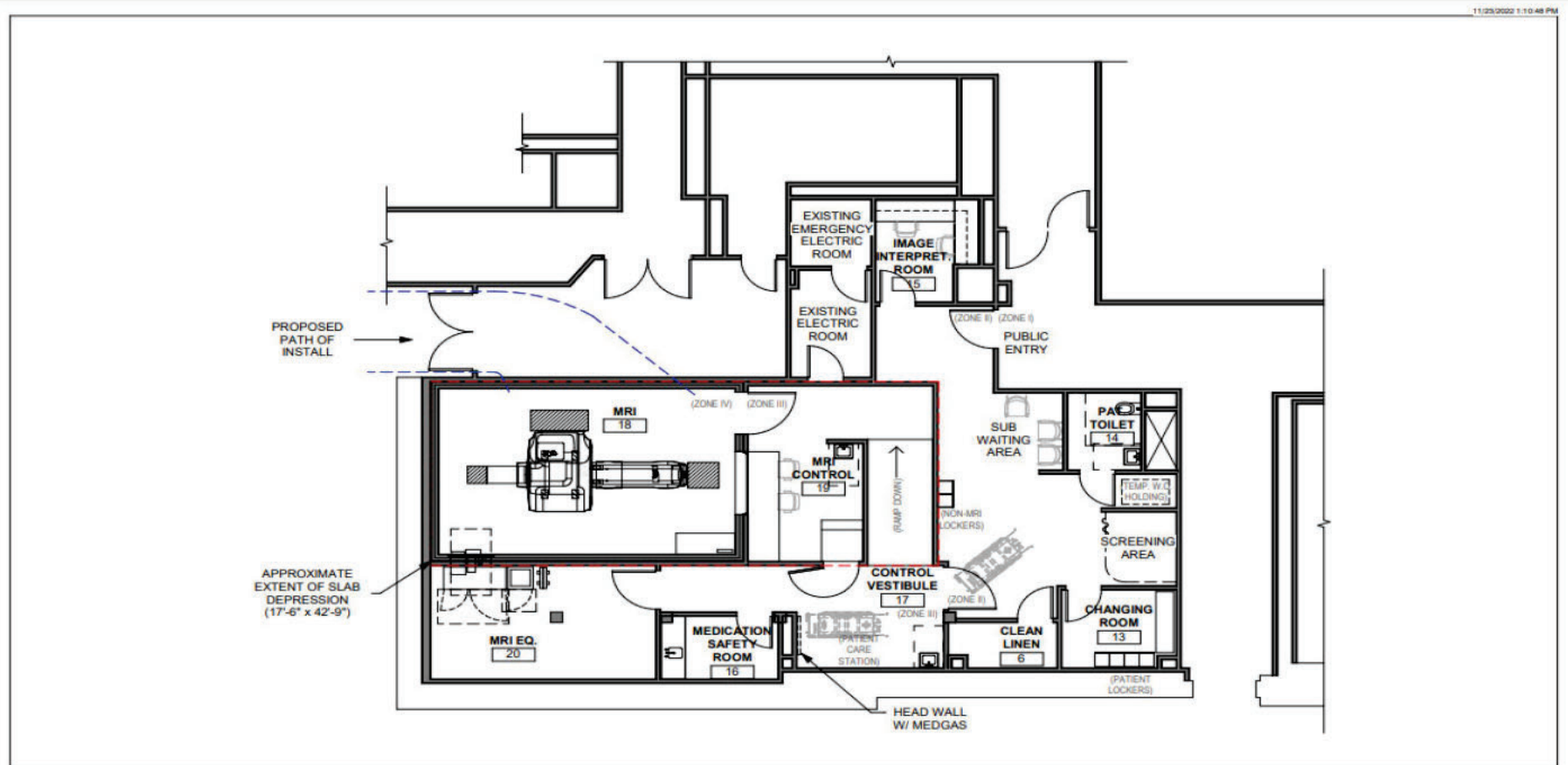
- The Determination of Need (DoN) regulations require certain Applicants such as health systems and hospitals to seek approval from the Department of Public Health and the Public Health Council for capital projects that are innovative (e.g., technology) or over a certain monetary threshold.
- Boston Medical Center (BMC) will be submitting a Determination of Need application to the MA Department of Public Health for a capital project to purchase new technology.
- The Medical Center has a need for increased MRI capacity and it seeking to add a new 1.5T MRI unit to the Medical Center's campus.

Technology Project Description

- As BMC radiology recovered to normal patient volumes through the COVID-19 pandemic, leadership began to review the need for additional MRI scanning capacity.
 - Current demand has surpassed target utilization of BMC's three units, which are currently at 90% capacity.
 - The third next available appointment – a common metric used to determine access availability – is ~50 days on average.
- BMC Radiology launched a comprehensive assessment of existing hours of operations, and based on data, made adjustments to increase capacity; however, at current demand level, the existing resource base is insufficient to provide timely access to care for patients.
- MRI Operations staff recommended installing an additional MRI unit that will create approximately 8,000 scheduling slots per year.
- This capital investment (between the purchase of the MRI and required construction) is approximately \$8M.

Description of Technology Project

BMC identified the need for additional MRI scanning capacity.



Schematic Design - 11/22/22

SCALE: 1/8" = 1'-0"

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Providence, Rhode Island 02905
T: 401.436.3532 | F: 401.436.3712
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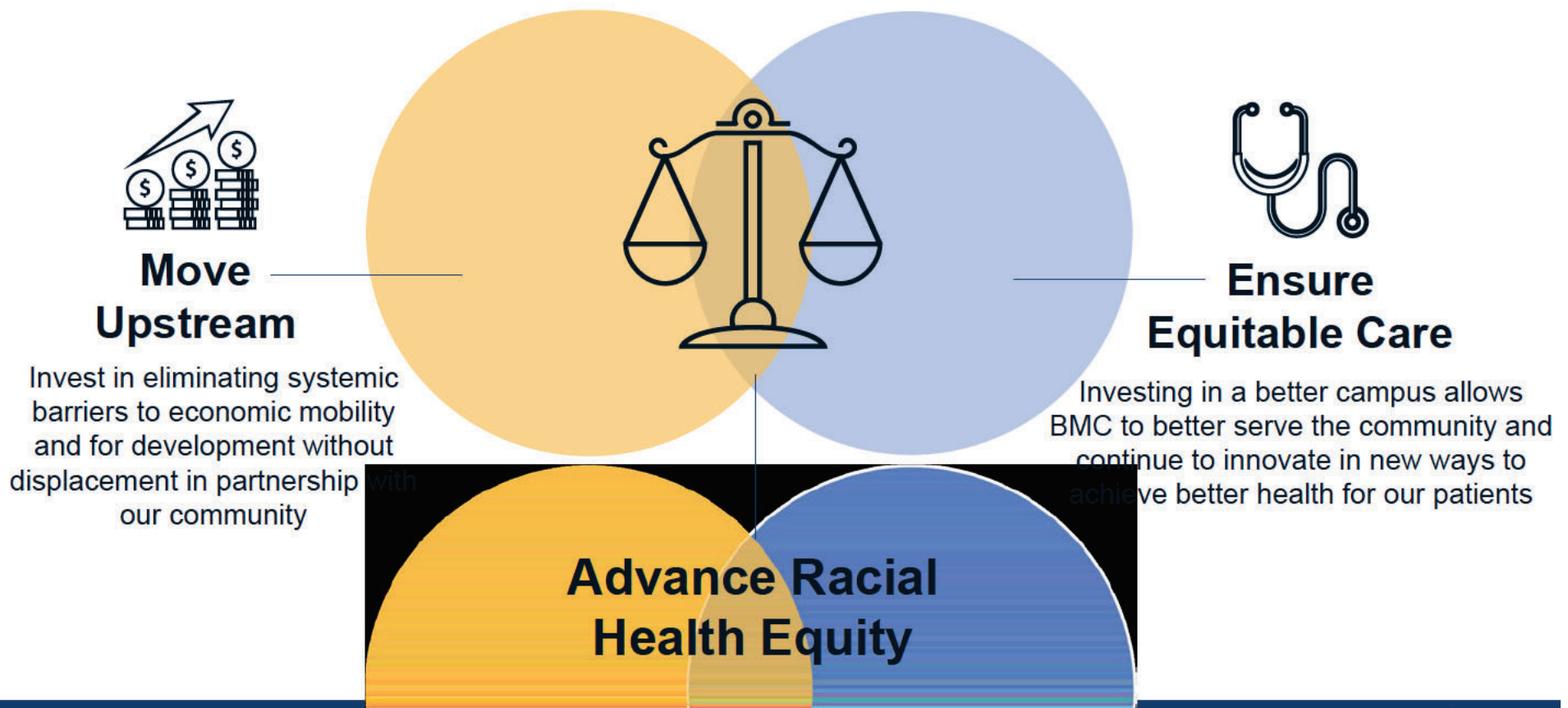
BMC MRI Installation
FLOOR PLAN

Determination of Need – Community Health Initiatives

- The DoN regulations require certain Applicants (such as health systems) to develop Community Health Initiatives (CHI).
- Through CHI, the DoN process serves to connect hospital/health system expenditures to public health goals by making investments in DoN Health Priorities.
- The Department of Public Health's (DPH) CHI Program goals are:
 - Appropriate community engagement throughout the planning, implementation, and evaluation of the CHI process;
 - Transparency in CHI decision-making;
 - Accountability for planned CHI activities; and
 - Demonstrating community health impact through strategies and initiatives that influence the social determinants of health (SDoH) and intentionally reduce health inequities.

BMC sees this Community Health Initiative as an Opportunity to synergize with other efforts to Advance Racial Health Equity

The Community Advisory Board will strategically advise how best to use investments to catalyze change, and leverage other city, state, federal and other philanthropic investments

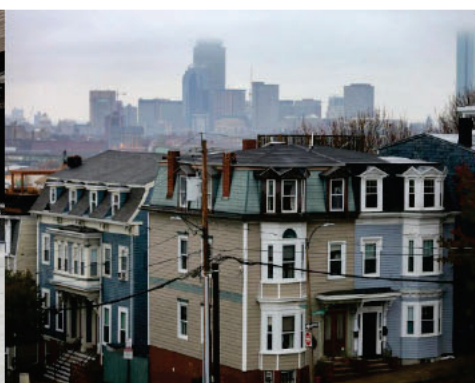


We are hoping to align the upcoming Community Health Initiative with ongoing work at BMC in areas of Housing and Economic Mobility



BOS Collaborative

Leading a new **community-driven** approach to open pathways to **employment and affordable housing** and create **new investing strategies** to support wealth creation.



Housing Initiative

Our housing initiatives rooted in **policy change**, **community partnerships**, and **housing investing**, to create stable, affordable housing, resulting in more consistent health and stable well-being



THRIVE

Our THRIVE program is a wide-spread **SDoH screener** that identifies social needs of our patients – one of the most common areas patients want help is in employment and education opportunities.



Financial Health

Health is Wealth! Expanding **financial coaching** allows BMC to address wealth building to our patients and other community members

Our BMC Health Equity Accelerator is the cross-cutting strategic initiative that will give RISE to transformation

Transform healthcare to deliver health justice and well being

research &
education

clinical
care

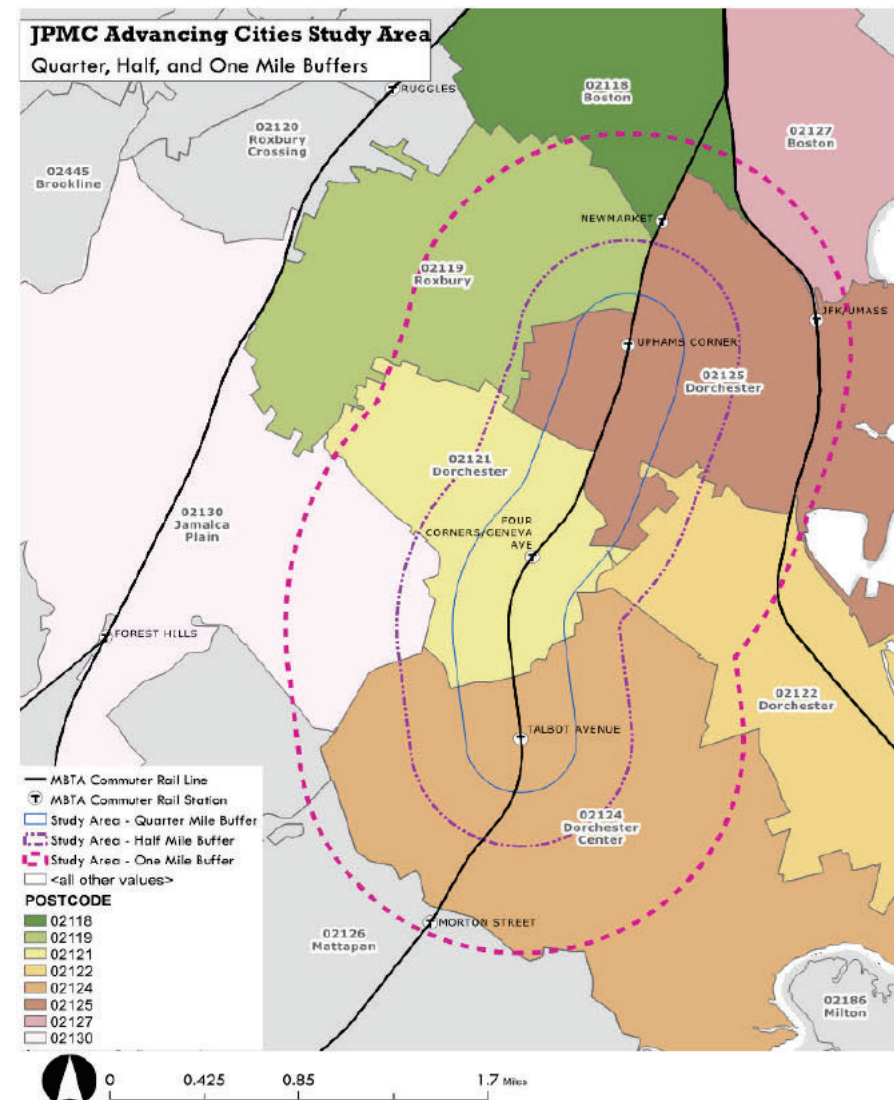
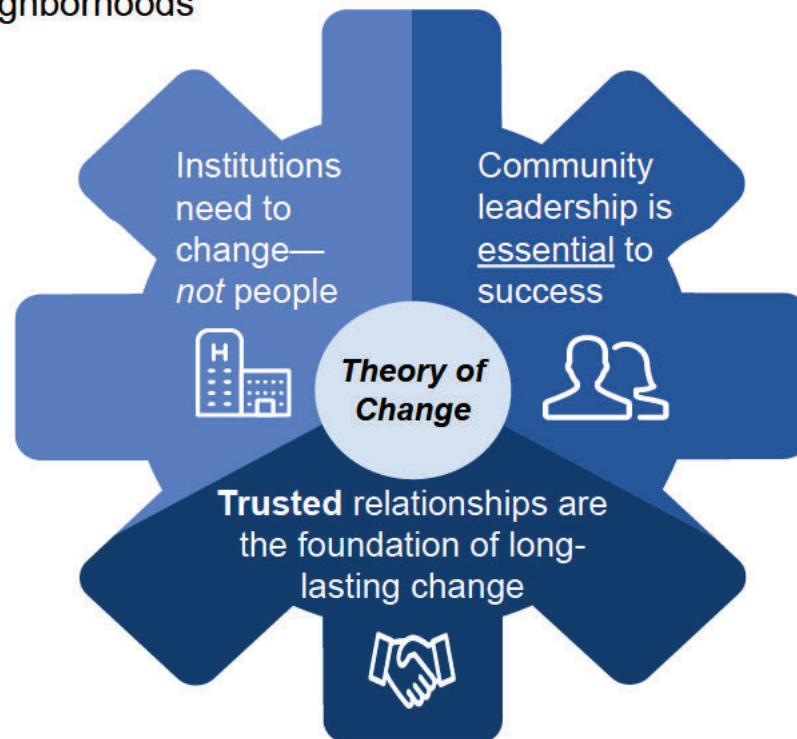
community
& SDoH

policy &
advocacy

Racial equity focus **I**nterrogate root causes **S**upport improvement **E**xpand to cultural transformation

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