

**ADDENDUM TO STAFF SUMMARY FOR DETERMINATION OF NEED
For THE PUBLIC HEALTH COUNCIL
December 12, 2018**

Introduction

On November 13, 2018, and pursuant to 105 CMR 100.510, the Massachusetts Department of Public Health (DPH or Department) Staff for the Determination of Need (DoN) Program (Staff) forwarded to all Parties of Record its written Staff Report relative to DoN application 18060111-HE filed by Dana Farber Cancer Institute, Inc. (DFCI) with respect to a substantial capital expenditure. In accordance with the regulation, Parties of Record were authorized to submit written comments related to the Staff's recommendation and any other conditions recommended in the Staff report.

A timely response from the Applicant was received which included a minor adjustment to the submission of the Factor 6 Community Engagement Plan and several of the Conditions.

A timely response from the TTG was also received.

All these responses were received and reviewed and as appropriate incorporated here in this Addendum to be presented to the Public Health Council (PHC) for review at its December 12, 2018 meeting.

New language is in bold **blue**, and language removed in ~~strikethrough~~.

1) On page 8 of the Staff Report, we correct a scrivener's error, substitution the word "DFCI" for "Partners" as follows:

The CPA Report determined that the Proposed Project is financially feasible, within the financial capability of ~~Partners~~ **DFCI** and based upon feasible financial assumptions.

2) On Page 10, in the discussion of the Public Hearing Comment, the TTG requests that we include their request that a separate project proposed by DFCI for a Satellite to be located in Foxboro Massachusetts, (the Foxboro Project) should be considered when evaluating the Chestnut Hill Project OR should be subject to DoN. Staff responds that the Foxboro Project is not subject to DoN because with a Total Value of \$10.9m, it is below the minimum capital expenditure of \$29m for outpatient construction.

3) Factor 6 Page 10

This Application

The Applicant submitted the following: a CHNA/CHIP Self-Assessment, 6 Stakeholder Assessments, a Community Engagement Plan¹, and the 2016 Dana Farber Cancer Institute's Community Health Needs Assessment. Staff from DPH's Office of Community Health Planning and Engagement as well as 5 members from DPH's Cross-Bureau Community Engagement Workgroup conducted the review of these materials. Summary review comments provided to the Applicant and the Applicant responses are included as Attachment 1. Staff points out the Applicant will not use the 2016 CHNA as a foundation for CHI decisions, rather that CHI decisions shall be made as part of the 2019 CHNA cycle. For the first time, the hospitals which comprise the Consortium of Boston Teaching Hospitals (COBTH) are conducting a

¹ The Community Engagement Plan describes actions for the "Acting on What's Important" and "Evaluating Actions" stages of the CHNA/CHIP cycle

joint CHNA/CHIP process which will be completed by September 2019. DPH is highly supportive of joint CHNA/CHIP processes in similar geographies and believes this represents the best opportunity for both leveraging CHI resources across health systems, and for leveraging and coordinating related community engagement activities. At the time of this Application there was not enough known about the 2019 CHNA/CHIP process to include details in the submitted Community Engagement Plan and accordingly DPH will require a new Community Engagement Plan to be submitted and reviewed ~~in December 2018~~ **by February 12, 2019**, that will coordinate with the community engagement activities planned for the 2019 CHNA/CHIP. With the CHI Conditions set out below, the Proposed Project can be found to comply with the provisions of factor 6.

Other Conditions

1. A charter document formally describing the decision-making role of the advisory committee will be submitted to the Department of Public Health by March 12, 2019.
2. The 2019 CHNA/CHIP will include an analysis of social determinant of health information consistent with DPH's Health Priorities and the 2019 CHNA/CHIP will be the basis for choosing funded strategies.
3. A revised Community Engagement Plan will be submitted by ~~December 15th, 2018~~ **February 12, 2019**. All activities described in the revised Community Engagement Plan to be submitted and approved by DPH by ~~December 15th~~ **February 12, 2019** are conditions of approval.²
4. ~~The Community Engagement Plan will include memorandum of understanding or a~~ A charter type document formally describing the decision-making role of the advisory committee ~~members~~ **will be submitted to the Department of Public Health by March 12, 2019.**
5. ~~The Community Engagement Plan will include a new member representing the Transportation and Planning sector.~~
5. ~~6-~~The 2019 CHNA/CHIP will include an analysis of social determinant of health information consistent with DPH's Health Priorities and the 2019 CHNA/CHIP will be the basis for choosing funded strategies.
6. ~~7-~~Compliance with the CHI timeline, set out at Attachment 2, shall be a condition to this DoN. (see Attachment 2 Amended).
7. ~~8-~~ Pursuant to the Standard Condition set forth in 105 CMR 100.310(L), the Holder shall annually report on the payer mix of its patient panel. If there is a material decrease in the Holder's public payer mix, the Holder shall provide justification for such change and propose a remedial plan to increase public payer mix.

ATTACHMENT 2 (AMENDED)
CHI Timeline for Dana-Farber Cancer Institute
Required Pursuant to Condition 7

² In this context, DPH notes and understands the nature of the care provided by the Applicant (a comprehensive cancer care institute) while noting its intention to broaden community engagement activities beyond those employed for the Applicant's 2016 CHNA.

- **February 12, 2019** complete and submit a revised Community Engagement Plan to DPH based on the community engagement activities planned for the COBTH 2019 CHNA/CHIP.
 - **By March 12, 2019 develop and submit a charter formally describing the decision-making role of the External DoN Advisory Committee.**
 - One to three months post-approval: Dana-Farber begins working with a third-party evaluator to evaluate all aspects of engagement and the CHI activities.
 - One to five months post-approval: Additional community engagement activities are carried out to supplement the Collaborative’s community engagement activities.
 - Six to seven months post-approval: 2019 CHNA and additional community engagement activities completed; summary report on community engagement activities is submitted to DPH.
 - Seven to eight months post-approval: The External DoN Advisory Committee begins selection of the Health Priorities for CHI funding based on the priorities identified through the 2019 CHNA/CHIP.
 - Eight to nine months post-approval: The External DoN Advisory Committee selects Health Strategies for noted Health Priorities and submits the Health Priorities and Strategies Selection Form to the Department of Public Health for review and approval.
 - Ten months post-approval: The External DoN Advisory Committee conducts a conflict of interest disclosure process to determine which members of the Committee will move on to the External DoN Allocation Committee. External DoN Advisory Committee members with no conflict of interest will move on to the External DoN Allocation Committee. Additionally, the External DoN Allocation Committee will be supplemented with content experts and others to facilitate the solicitation process.
 - Eleven to twelve months post-approval: The External DoN Allocation Committee is developing the RFP process and determining how this process will work in tandem with ongoing community benefit activities and engagement being conducted by Dana-Farber’s Community Benefits Office.
 - Eleven to twelve months post-approval: Dana-Farber’s Community Benefits Office will begin working with HRiA to provide technical assistance to applicants submitting RFP responses. HRiA will begin this work at the Bidders conferences for the RFP.
 - Twelve to thirteen months post-approval: The RFP for funding is released.
 - Thirteen to fourteen months post-approval: Bidders conferences are held on the RFP.
 - Fifteen to sixteen months post-approval: Responses are due for the RFP.
 - Seventeen to eighteen months post-approval: Funding decisions are made, and the disbursement of funds begins.
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Presented for PHC vote:

Findings and Recommendations

The Applicant has provided evidence that the Proposed Project is likely to improve patient access to care by accommodating the growing demand for a number of sub-specialty cancer services in a suburban satellite. The proposed project will help to meet the needs of the aging population in a broad geographic region. The Applicant complies with factor 3; based upon the CPA analysis, the Proposed Project is financially feasible in the context of factor 4; expansion into a renovated facility is, on balance, the superior alternative for meeting the Patient Panel needs from the perspective of quality, efficiency, and capital and operating costs as required by factor 5; and the Applicant is in compliance with the requirements of the CHI planning process for the purposes of factor 6 subject to the CHI Conditions and Timeline and the Community Engagement Plan pursuant to 105 CMR 100.310(J).

Based upon a review of the materials submitted, Staff finds that with the conditions below and set out in Attachment 2, the Applicant has met each DoN factor and recommends that the Department approve this Determination of Need application for an expansion satellite clinic including 65 infusion chairs, 45 exam rooms, and DoN-required equipment (2 MRI's, 2 CT's, 1 PET/CT) subject to all standard conditions (105 CMR 100.310). In compliance with the provisions of 105 CMR 100.310(L) and (Q), which require a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to the cost and quality and access benefits of this satellite site with appropriate metrics.

Other Conditions (CHI)

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3. A revised Community Engagement Plan will be submitted by February 12, 2019. All activities described in the revised Community Engagement Plan to be submitted and approved by DPH by February 12, 2019 are conditions of approval.³
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6. Compliance with the CHI timeline, set out at Attachment 2, shall be a condition to this DoN. (see Attachment 2 Amended).
7. Pursuant to the Standard Condition set forth in 105 CMR 100.310(L), the Holder shall annually report on the payer mix of its patient panel. If there is a material decrease in the Holder's public payer mix, the Holder shall provide justification for such change and propose a remedial plan to increase public payer mix.

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