

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

### Certificate of Need Final Decision

**Applicant:** Windham Community Memorial Hospital  
112 Mansfield Ave.  
Willimantic, CT 06226

**Docket Number:** 16-32140-CON

**Project Title:** Termination of Women's Imaging Services

**Project Description:** Windham Community Memorial Hospital ("Hospital" or "Applicant"), seeks authorization to terminate mammography and bone densitometry services at the Women's Center for Health ("Center") in Hebron, Connecticut.

**Procedural History:** The Applicant published notice of its intent to file a Certificate of Need ("CON") application in *The Hartford Courant* (Hartford) on September 28, 29 and 30, 2016. On December 9, 2016, the Office of Health Care Access ("OHCA") received the CON application from the Applicant for the above-referenced project and deemed the application complete on February 27, 2017. OHCA received no responses from the public concerning the proposal and no hearing requests were received from the public per Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e). Deputy Commissioner Addo considered the entire record in this matter.



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## Findings of Fact and Conclusions of Law

1. The Applicant is a 130-bed not-for-profit acute care community hospital located in Willimantic, Connecticut. Ex. A, p. 16
2. The Center, formerly located at 21A Liberty Drive, Hebron, was established in 2013 to provide outpatient mammography and bone densitometry (“DEXA exams” or “bone density scans”) to women in the Hebron area. Ex. A, p. 16
3. The Hospital leased the Center’s service location on a short-term basis. In July 2016, the landlord notified the Hospital of its intent to lease the space to another tenant (effective August 1, 2016) that made a long-term commitment to the property. Ex. C, p. 79
4. Due to the Center’s low patient volume and the landlord’s decision to lease the service location to another tenant, the Hospital discontinued women’s imaging services at the end of July 2016. Ex. A, p. 16
5. As a result, the Hospital requests authorization to terminate women’s imaging services at the Center. Ex. A, p. 16
6. At present, there are four alternative women’s imaging sites located within fourteen miles of the Center:

**TABLE 1  
 ALTERNATIVE WOMEN’S IMAGING SERVICE LOCATIONS**

Service Provider Name	Address	Miles from the Center
Backus Health Center*	163 Broadway Street, Colchester, CT 06415	6.8 miles
Windham Hospital*	112 Mansfield Ave., Willimantic, CT 06226	9.5 miles
Windham Hospital Center for Women’s Health at Mansfield*	7A Ledgebrook Drive, Mansfield Center, CT 06250	10.4 miles
Jefferson Radiology*	704 Hebron Ave., Glastonbury, CT 06033	13.5 miles

\*Accepts Medicaid  
 Ex. A, pp. 16-17; <https://www.jeffersonradiology.com/insurance-billing>

7. Three of the four alternative providers listed above are affiliates of Hartford HealthCare Corporation “HHC.” All three HHC providers serve the Medicaid population. Ex. A, p. 20; Ex. C, p. 80
8. Medicaid patients accounted for 7% of the Center’s FY 2016 payer mix. All three alternative HHC providers treated a larger share of Medicaid patients during the same year (see table below).

**TABLE 2  
 MEDICAID % AT ALTERNATIVE HHC WOMEN’S IMAGING SERVICE LOCATIONS**

FY 2016	Women’s Center Hebron	Windham Hospital	Women’s Center Mansfield	William Backus Mammography Locations <sup>1</sup>
Medicaid %	7%	15%	12%	10%

<sup>1</sup>Hospital and outpatient locations at: BOCC, Colchester, Montville, Norwichtown and Plainfield  
 Ex. A, p. 31; Ex. C, p. 80

9. Jefferson Radiology, the sole non-HHC provider, lists Medicaid as a participating health plan on its website. Ex. A, p. 20; <https://www.jeffersonradiology.com/insurance-billing>
10. Letters of support from physicians representing Jefferson Radiology state they provide comprehensive imaging services (including mammography) at both the Hospital and at Jefferson's Glastonbury office. Both locations have adequate capacity to accommodate patients who formerly received their care at the Center. Ex. A, pp. 21, 25; 58-59
11. Patients who had exams scheduled after July 25, 2016 were individually contacted by the Center's staff to reschedule their appointments to an alternative location. In addition, the Centers main phone line (i.e., used for scheduling appointments) was modified to forward all calls to the Windham Hospital Center for Women's Health in Mansfield. Ex. A, p. 17
12. The Hospital will continue to work with patients formerly served at the Center to ensure continued and coordinated access to mammography and bone density services and will provide patient records upon request. Ex. A, p. 21
13. The patient population formerly served by the Center included women from the towns of Columbia, Hebron, Lebanon, Colchester, Andover, East Hampton, Killingly and Coventry. Ex. A, p. 19
14. Historical utilization volumes are shown in the table below:

**TABLE 3  
HISTORICAL UTILIZATION BY SERVICE**

Service	Actual Volume (cases)			
	FY 2013	FY 2014	FY 2015	FY 2016*
Mammography and DEXA	257	433	519	301
<b>Total</b>	<b>257</b>	<b>433</b>	<b>519</b>	<b>301</b>

\*FY 2016 represents annualized volume based on nearly 10 months (October through July 25, 2016)  
Ex. A, p. 29

15. Although the Center's patient volume increased from FY 2013 to FY 2015, overall facility volume was low. The Windham Hospital for Women's Health at Mansfield had an annual volume of nearly 4,700 (approximately 18 patients per day). In contrast, the Center's FY 2015 volume was only about 2-3 patients per day. Ex. A, p. 29; Ex, C, p. 80
16. Prior to discontinuing services at the Center, the Hospital reduced staffing levels to reflect patient volumes and reduce cost. However, even after reducing staffing levels, the Center was not financially feasible to operate. Ex. A, p. 20
17. The Hospital posted an operating loss of nearly \$4.4 M in FY 2015. Ex. A, p. 77; FY 2015 Hospital/Health System Audited Financial Statements (AFS) submitted to OHCA

18. It is anticipated that the termination of services at the Center will result in increasing incremental gains for the Hospital through FY 2019.

**TABLE 4**  
**WINDHAM HOSPITAL PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	FY 2017	FY 2018	FY 2019
Revenue from Operations	\$(148,793)	\$(150,281)	\$(151,783)
Total Operating Expenses	\$(164,585)	\$(167,240)	\$(168,913)
<b>Gain/Loss from Operations</b>	<b>\$16,792</b>	<b>\$16,960</b>	<b>\$17,130</b>

Ex. A, p. 28

19. There will be no additional cost to patients that receive mammography/bone density services at any of the alternative providers (Table 1, above). Ex. C, p. 79
20. There will be no facility fees charged at any of the HHC alternative service locations. Ex. C, p. 79
21. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
22. This CON application is consistent with the Statewide Health Care Facilities and Service Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
23. The Applicant has established that there is a clear public need for the proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
24. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
25. The Applicant has satisfactorily demonstrated that the proposal will maintain quality and accessibility and improve the cost effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5))
26. The Applicant has shown that there would be no change in the provision of health care services to the relevant populations and payer mix, including access to services by Medicaid recipients. (Conn. Gen. Stat. § 19a-639(a)(6))
27. The Applicant has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7))
28. The Applicant's historical provision of treatment in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
29. The Applicant has satisfactorily demonstrated that the proposal would not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

30. The Applicant has demonstrated that there will be no reduction in access to services by Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10))
31. The Applicant has demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the region. (Conn. Gen. Stat. § 19a-639(a)(11))
32. The Applicant has satisfactorily demonstrated that the proposal will not result in any consolidation that would affect health care costs or access to care. (Conn. Gen. Stat. § 19a-639(a)(12))

## Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicants bear the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

Windham Community Memorial Hospital is a 130-bed not-for-profit acute care community hospital located in Willimantic, Connecticut. The Hospital requests authorization to terminate outpatient mammography and bone densitometry services at the Women's Center for Health, located at 21A Liberty Drive, Hebron. The Center was established in 2013 to provide women's imaging services to the greater Hebron community and was leased on a short-term basis. In July 2016, the Center's landlord notified the Hospital of its intent to lease the space to another tenant, who made a long-term commitment to the property. Due to the Center's low patient volume and the landlord's decision to lease the service location to another tenant, the Hospital discontinued women's imaging services at the end of July 2016. *FF1-FF5*

Despite the termination of services, the Applicant has demonstrated that women from towns formerly served by the Center will continue to have access to mammography and bone densitometry services at any of four alternative providers. All four of these women's imaging providers are located within 14 miles of the Center, have adequate capacity and accept Medicaid. *FF6-FF10*

Primarily due to low patient volume, operational losses were anticipated at the Center through FY 2019. As a result, closing the Center will generate slight incremental gains for the Hospital and help to combat the nearly \$4.4 M operating loss recorded in FY 2015. Patients will not incur any additional costs from utilizing any of the alternative providers. *FF15-FF19*

Given the Center's low volumes and the availability of alternative area providers, it appears that the women's imaging services provided at the Center were duplicative of other community imaging services, resulting in a significantly underutilized and financially unsustainable facility. As a result, eliminating women's imaging services at the Center is consistent with the Statewide Health Care Facilities and Services Plan.

## Order

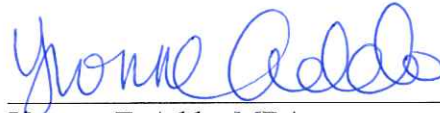
Based upon the foregoing Findings and Discussion, the Certificate of Need application requesting authorization to terminate mammography and bone densitometry services at the Women's Center for Health in Hebron, Connecticut, with no associated capital expenditure, is hereby APPROVED.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the  
Department of Public Health  
Office of Health Care Access

4 - 28 - 2017

Date



Yvonne T. Addo, MBA  
Deputy Commissioner