

Dana-Farber Cancer Institute is a nonprofit specialty hospital dedicated to pediatric and adult cancer treatment and research, located in the Metro Boston region. It is a teaching affiliate of Harvard Medical School. It is one of 51 Comprehensive Cancer Centers in the US, designated by the National Cancer Institute. Dana-Farber Cancer Institute provides the majority of its care in an outpatient setting and had 1,420 inpatient discharges compared to 290,258 outpatient visits in FY20. Dana-Farber has posted profits in each year of the five-year period, including a profit of \$50.8M and a 2.5% total margin in FY20.

At a Glance	Overview / Size	Hospital System Affiliation: Dana-Farber Cancer Institute and Subsid.	Payer Mix	Public Payer Mix ¹ : 50.7% non-HPP Hospital	
	Financial	Hospital System Surplus (Deficit) in FY20: \$49,156,084	CY19 Commercial Statewide Relative Price: 1.392	Top 3 Commercial Payers: Blue Cross Blue Shield Harvard Pilgrim Cigna	
Services	<p>Change in Ownership (FY16-20): Not Applicable</p> <p>Total Staffed Beds: 30, among the smallest acute hospitals</p> <p>% Occupancy: 85.5%</p> <p>Trauma Center Designation: Not Applicable</p> <p>Case Mix Index: 1.89, < cohort avg. (1.92); > statewide (1.16)</p>		Utilization		
	<p>Inpatient NPSR per CMAD: \$13,805</p> <p>Change FY19-FY20: -4.9%</p> <p>Inpatient Outpatient Revenue in FY20: 3%:97%</p> <p>Outpatient Revenue in FY20: \$1,126,372,561</p> <p>Change FY19-FY20: -0.8%</p> <p>Total Revenue in FY20: \$2,021,650,703</p> <p>COVID Funding Included in Total Revenue: \$23,311,102</p> <p>Total Surplus (Deficit) in FY20: \$50,751,335</p>		<p>Inpatient Discharges in FY20: 1,420</p> <p>Change FY19-FY20: -9.4%</p> <p>Emergency Department Visits in FY20: 0</p> <p>Change FY19-FY20:</p> <p>Outpatient Visits in FY20: 290,258</p> <p>Change FY19-FY20: -9.1%</p>		
Quality	<p>What were the most common inpatient cases (DRGs) treated at the hospital in FY20? What proportion of the region's cases did this hospital treat for each service?</p> <p style="text-align: center;">This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY20, the hospital reported 290,258 outpatient visits.</p> <p style="text-align: center;">--- Hospital (1,420) = 1% of total regional discharges</p>		Quality		
	<p>What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the statewide rate?²</p> <p style="text-align: center;">This measure is not applicable to the patient population treated at this specialty hospital.</p>		<p>Readmission Rate in FY20: Not Available</p> <p>Change FY19-FY20 (percentage points): 0.0</p> <p>Early Elective Deliveries Rate: Not Available</p>		
		<p>Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?</p> <p style="text-align: center;">This graph has been suppressed, as no community accounted for more than 1% of the hospital's discharges.</p>		<p>How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?</p> <p style="text-align: center;">Data is not available for these measures.</p>	

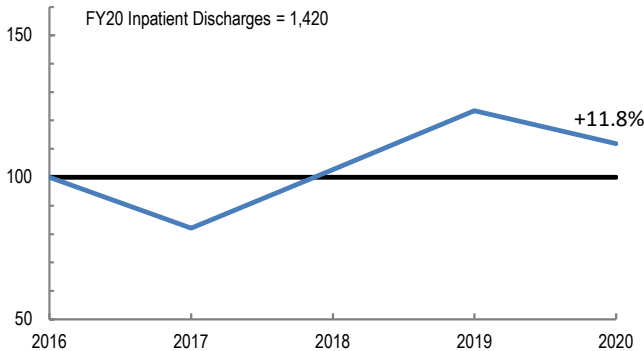
2020 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE

Cohort: Specialty Hospital

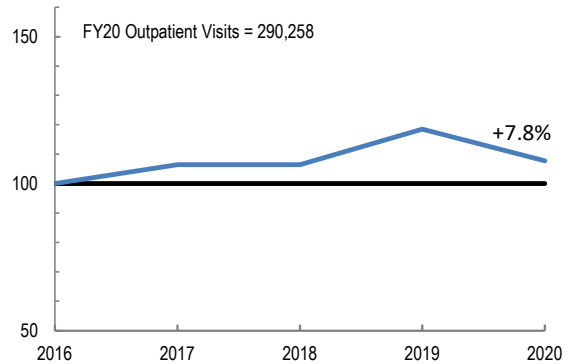


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

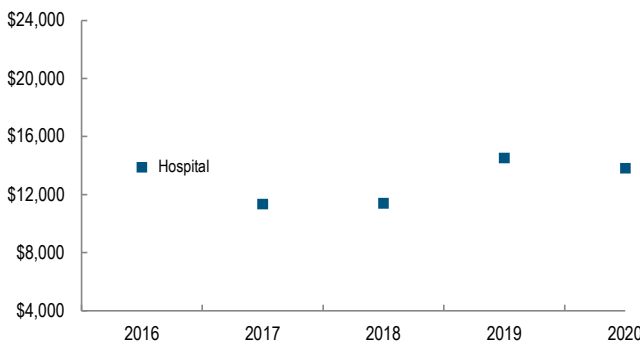


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

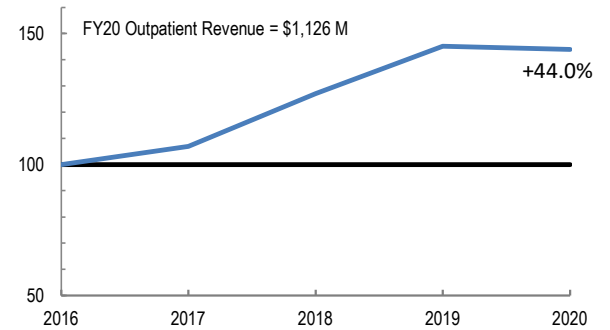


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



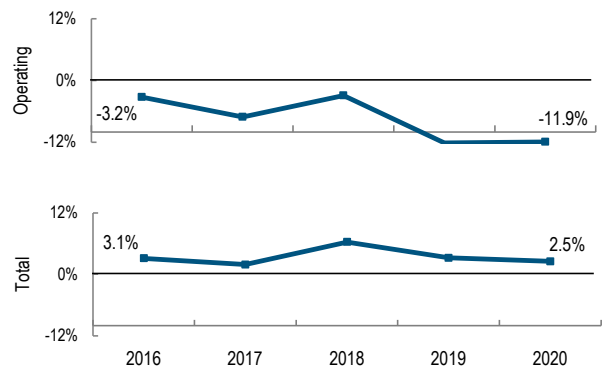
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 1,293.5	\$ 1,429.3	\$ 1,633.5	\$ 1,666.0	\$ 1,730.8
COVID Funding Included in Operating Revenue					\$ 23.3
Non-Operating Revenue⁴	\$ 88.1	\$ 141.4	\$ 165.0	\$ 301.9	\$ 290.8
Total Revenue	\$ 1,381.5	\$ 1,570.7	\$ 1,798.5	\$ 1,967.9	\$ 2,021.7
Total Costs	\$ 1,338.2	\$ 1,540.9	\$ 1,685.4	\$ 1,904.9	\$ 1,970.9
Total Profit (Loss)	\$ 43.3	\$ 29.9	\$ 113.1	\$ 63.0	\$ 50.8

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income