



MEDICAL ACADEMIC AND SCIENTIFIC COMMUNITY ORGANIZATION, INC.

People / Places / Plans / Future

EEAC C/O Jerrylyn Huckabee
Energy Efficiency Program Manager
MA Dept. of Energy Resources
100 Cambridge Street, Suite 1020
Boston, MA 02114
Attn: EEAC Public Comments

Member Institutions

- Beth Israel Deaconess Medical Center
- Brigham and Women's Hospital
- Children's Hospital Boston
- Dana-Farber Cancer Institute
- Emmanuel College
- Harvard Medical School
- Harvard School of Dental Medicine
- Harvard School of Public Health
- Immune Disease Institute
- Isabella Stewart Gardner Museum
- Joslin Diabetes Center
- Judge Baker Children's Center
- Massachusetts College of Art
- Massachusetts College of Pharmacy and Health Sciences
- Massachusetts Department of Mental Health
- Simmons College
- Temple Israel
- Wentworth Institute of Technology
- Wheelock College
- The Winsor School

January 9, 2012

Dear Members of the Energy Efficiency Advisory Council,

MASCO is a 501C3 non-profit serving 23 member institutions in the Longwood Medical and Academic Area (LMA) of Boston, including healthcare and higher education. We understand that the EEAC is seeking public comment on ideas for inclusion in the next three-year statewide energy efficiency investment plans (2013-2015) developed in concert with the utilities.

We are supportive of the ideas of Healthcare Without Harm (HCWH) which has worked with our hospital members in the Green Ribbon Commission Health Care Sector meetings including Beth Israel Deaconess Medical Center, Brigham & Women's Hospital and Dana-Farber Cancer Institute.

1) Energy Efficiency programs should develop prescriptive specifications and incentive payments for sequences of equipment operation and key equipment.

As healthcare facilities move beyond lighting and other "low-hanging fruit", the next in line improvements include sophisticated energy conservation systems. These systems don't function properly without certain synergistic sequences and/or behaviors (often defined through commissioning and/or energy monitoring systems). Current incentive programs do not address these types of improvements or take into account lifecycle savings. Prescriptive specifications and sequences need to be linked to operational and maintenance best practices.

2) Energy Efficiency Programs should support better metering, software, and monitoring.

Most hospitals have only a few meters, obscuring details of how energy is utilized. In the LMA several million square feet may be served by a single electric meter. Data are needed at a more granular level to integrate energy management and clinical operations to target efforts, detect and correct aberrational usage, monitor and maintain conservation measures, and incentivize and track behavior change. To support this need it would be helpful to collaboratively determine both the key system attributes, and the extent to which such systems reliably identify new savings, so they can be considered for incentives in clearly defined circumstances. This could result in standardized sub-metering, water and steam monitoring specifications and protocols could be developed to push vendors for lower cost, and to widely deploy accurate systems. Additionally pilot efforts should be considered that may result in continuous commissioning and more sophisticated building energy management.

3) Energy Efficiency Programs should implement deeper financing and incentives, especially for economically stressed institutions

As healthcare reimbursement rates decline, some hospitals lacking financial resources and/or depth in their facility departments may need a larger cost share from utilities (or other mechanisms) to meet project costs. Such support can be tied to conditions such as utility/client MOUs, institutional energy

Associate Members

- Blue Cross Blue Shield of Massachusetts
- Harvard Vanguard Medical Associates
- Merck Research Laboratories

master plans, finances, and adjusted lifecycle savings, perhaps with utility payback coming from later energy savings. Meeting such criteria would unlock support for scoping, Strategic Energy Master Plans and project implementation.

4) Energy Efficiency Programs should consider development of a Joint strategic Memorandum of Understanding (MOU) as standard practice between all relevant utilities and large accounts.

This would:

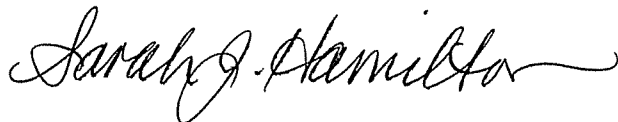
- a. Widen and deepen hospital participation
- b. Optimize projects by integrating electrical, thermal, water, sewer and building shell improvements to achieve better first costs, lifetime savings, and environmental benefits through evaluation of all synergies and interactions across fuel types.
- c. Enable projects with longer returns on investment by including installed costs and technology adjusted-lifecycle savings; and,
- d. Reduce barriers by minimizing the time needed to develop multiple MOU's

5) Energy Efficiency programs should support behavior change in health care and life sciences

Quantification and evaluation of energy efficient behavior change in health care deserves attention due to the energy intensity of hospitals and the large staff populations (>36,000 in the LMA). For example pilot projects could target areas such as labs and imaging to develop protocols for benchmarking, evidence-based program design, and sustainability programs focusing on effective behavior change in the hospital and research environments, resulting in major energy impacts. There is opportunity for sector-wide marketing materials, surveys, energy efficient product distribution, and studies of multiplier effects, i.e., workplace impact on behavior at home. Physicians, nurses and scientific researchers may then use their significant influence to promote energy efficient change at work, in their homes, and communities.

Thank you for considering these comments as you move forward in creating the next set of three-year energy plans.

Sincerely,



Sarah J. Hamilton
Vice President, Area Planning & Development

Cc: Paul Lipke (HCWH), Christina Halfpenny (DOER), Rick Malmstrom (DFCI), Mark Lukitsch BIDMC)