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STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF NEED

PUBLIC HEARING
REVIEW STANDARDS FOR BONE MARROW TRANSPLANTATION (BMT)
MAGNETIC RESONANCE IMAGING (MRI) SERVICES

BEFORE ANDREA MOORE, DEPARTMENT TECHNICIAN TO THE CON COMMISSION
201 Townsend Street, Lansing, Michigan
Wednesday, July 30, 2008, 1:00 p.m.

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1 Lansing, Michigan

2 Wednesday, July 30, 2008 - 1:02 p.m.

3 MS. MOORE: Good afternoon. I am Andrea Moore,
4 Department Tech to the Certificate of Need Commission from
5 the Health Policy Section of the Department of Community
6 Health. Chairperson Ed Goldman has directed the Department
7 to conduct today's hearing on the Bone Marrow Transplant
8 Services Standards and the MRI Services Standards.

9 Copies of the standards, comment cards, and the
10 sign-in log are located on the back table. A comment card
11 needs to be completed and provided to me if you wish to give
12 testimony.

13 The proposed CON Review Standards for BMT Services
14 are being reviewed and modified under Section 8(1)(g) to
15 change the period of the extension for the prospective
16 payment system (PPS) exemption. The change will read, in
17 part, "...the Department may extend the 24-month deadline to
18 no later than the last session day permitted by the United
19 States Constitution for the NEXT United States Congress then
20 in session AFTER THE EFFECTIVE DATE OF THESE STANDARDS..."

21 The CON Review Standards for MRI Services are
22 being reviewed and modified to include the following:

- 23 1. Definition for intra-operative MRI.
24 2. Added a Section 11, "Requirements for approval for
25 applicants proposing to initiate, replace, or acquire a

1 hospital based IMRI." The new section includes the
2 following provisions:

3 The proposed site is a licensed hospital under
4 part 215 of the Code.

5 The proposed site has an existing fixed MRI that
6 has been operational for the previous 36 consecutive
7 months and is meeting its minimum volume requirement.

8 The proposed site has an existing and operational
9 surgical service and is meeting its minimum volume
10 requirements pursuant to the CON Review Standards for
11 Surgical Services.

12 The applicant shall have experienced one of the
13 following: at least 1,500 oncology discharges for the
14 most recent year of operation, at least 1,000
15 neurological surgeries in the most recent year of
16 operation or at least 7,000 pediatric discharges and at
17 least 5,000 pediatric surgeries in the most recent year
18 of operation.

19 The proposed IMRI unit must be located in an
20 operating room.

21 Non-surgical diagnostic studies shall not be
22 performed on an IMRI unit approved under this section
23 unless the patient meets one of the following criteria:
24 the patient has been admitted to an inpatient unit, the
25 patient is having a study performed on an outpatient

1 basis, but is in need of general anesthetic or deep
2 sedation, as defined by the American Society of
3 Anesthesiologists.

4 The approved IMRI unit will not be subject to MRI
5 volume requirements.

6 The applicant shall not utilize the procedures
7 performed on the IMRI unit to demonstrate need or to
8 satisfy MRI CON Review Standard requirements.

9 The applicant agrees to operate the IMRI unit in
10 accordance with all applicable project delivery
11 requirements set forth in these standards.

12 The provisions are part of a pilot program
13 approved by the CON Commission and shall expire and be
14 of no further force and effect, and shall not be
15 applicable to any application which has not been
16 submitted by December 31st, 2010.

17 3. Data to be reported shall include, at a minimum, how
18 often the IMRI unit is used and for what type of
19 services, and other technical changes.

20 If you wish to speak on either proposed standards,
21 please turn in your comment card to me. If you have written
22 testimony, please provide a copy. Just as a reminder, all
23 cell phones and pagers need to be turned off or set to
24 vibrate during this hearing.

25 As indicated on the Notice of Public Hearing,

1 written testimony may be provided to the Department via our
2 Web site at www.michigan.gov through Wednesday, August 6th,
3 2008 at 5:00 p.m. Today is Wednesday, July 30th, 2008. We
4 will begin taking testimony on BMT and then MRI, after which
5 we will adjourn the hearing.

6 Starting for us this afternoon will be Carol
7 Christner from Karmanos.

8 MS. CHRISTNER: Hello. Carol Christner, Director
9 of Government Relations from Karmanos Cancer Institute. I
10 will be extremely brief. I just want to say on behalf of
11 Karmanos, we support the action taken by the Commission at
12 the June meeting and will be submitting via written
13 testimony an update on our PPS assumption efforts and
14 status. Thank you.

15 MS. MOORE: Thank you. I have Barb Jackson from
16 Blue Cross Blue Shield of Michigan.

17 MS. JACKSON: Thanks. I'm Barbara Jackson from
18 Blue Cross Blue Shield of Michigan and Blue Care Network.
19 And we support the proposed standard language. It's our
20 understanding that this language allows Karmanos Cancer
21 Institute to retain its federal designation and thus its
22 CON. We believe this modification of the BMT Standards
23 represents a technical solution to support the retention of
24 a highly regarded BMT program already in operation with a
25 long history of service to residents throughout the State of

1 Michigan.

2 MS. MOORE: Thank you. Is there anybody else that
3 would like to provide testimony on BMT? Seeing none, we
4 will go ahead and move on to MRI. And I have Barb Jackson
5 from Blue Cross Blue Shield of Michigan.

6 MS. JACKSON: We strongly support this proposed
7 language, particularly the provision that allows the use of
8 IMRI units in the acute care setting. We believe this new
9 application of MRI technology improves patient safety and
10 quality of health care and is the right thing to do for the
11 well-being of all of our shareholders. Thanks again. We
12 thank the commissioners and the staff for all their hard
13 work in maintaining this program. Thanks.

14 MS. MOORE: Thank you. Sean Gehle from Michigan
15 Health Ministries.

16 MR. GEHLE: Ascension Health.

17 MS. MOORE: Ascension Health?

18 MR. GEHLE: Ascension Health, yes. Thank you.
19 Good afternoon. My name is Sean Gehle, and I'm here today
20 on behalf of the Michigan Health Ministries of Ascension
21 Health. The Michigan Health Ministries of Ascension Health
22 is supportive of language that would be incorporated into
23 the current CON MRI Standards to provide for a pilot program
24 that would allow applicants to acquire a hospital-based
25 intra-operative MRI unit. IMRI offers the ability of

1 surgeons to obtain a more accurate MRI scan during surgical
2 and interventional procedures that can offer substantial
3 benefit for the patient as it significantly reduces the
4 additional risks associated with a second anesthetic and/or
5 increased infection from re-operating through a fresh
6 surgical site. We believe that this technology should be
7 available to the residents of Michigan.

8 We are seeking one modification of the language as
9 adopted by the CON Commission at its June meeting. We are
10 concerned about a requirement in the currently proposed
11 standards that would require that the proposed IMRI unit be
12 located in an operating room. Other notable medical
13 facilities around the country have successfully utilized an
14 alternative configuration which utilizes a fixed IMRI unit
15 in a room adjacent to the operating room. We believe one
16 benefit of this configuration is in not bringing a very
17 powerful magnet into the OR environment. We contend that
18 this alternative configuration has not been shown to result
19 in any significant additional risk to the patient and should
20 be allowed for in this language.

21 We would suggest that the current language
22 appearing in Section 11(5) line 561 in the CON Review
23 Standards for MRI Services which reads, "The proposed IMRI
24 unit must be located in an operating room," be replaced
25 with:

