



MICHIGAN'S OFFICIAL SOURCE FOR ORAL HEALTH CARE

MDCH CON POLICY

2007 JAN -9 PM 12: 56

January 5, 2007

Norma Hagenow  
Chairperson  
Certificate of Need Commission  
Michigan Department of Community Health  
Certificate of Need Policy Section  
201 Townsend Street, 7<sup>th</sup> Floor  
Lansing, Michigan 48913

Dear Chairwomen Hagenow,

The Michigan Dental Association (MDA) would like to respectfully request that dental CT be exempted from CT standards and request that the CON Commission take action in the near future on this issue. The MDA is comprised of 5,980 members whose mission is to encourage the improvement of the oral health of the public; to enhance members' ability to provide ethical care to the public through education, training and service; and to promote the science of dentistry.

As you are aware, the MDA has been involved in the CON Commission to process to regulate dental CT. At the September meeting, we supported the proposed standards because we felt it gave our members the option utilize this important technology if they did not want to wait until the review of the CT standards was complete. However, current CON regulations are certainly hindering Michigan citizens' access to this advancement in dental technology.

The MDA recognizes the role of the CON commission is to regulate cost, quality and access to healthcare in Michigan. However, the cost of a dental CT is very different than medical CT and at roughly \$200,000 they are less than many unregulated pieces of medical equipment and cost far less than medical CT. CON does not regulate any other piece of medical equipment that is so inexpensive. In addition, CON does not regulate the digital panorex, which is the same price, provides the same type of images, and is nearly interchangeable with a Dental CT.

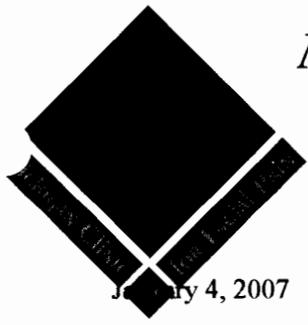
Thank you for reexamining the CT standards and taking the opinions of the MDA and its members into consideration. As the process moves forward we look forward to continue working together.

Sincerely,

A handwritten signature in black ink that reads 'Caroline M. Ruddell'.

Caroline M. Ruddell  
Director of Legislative and Insurance Advocacy  
Michigan Dental Association

Ghabi Kaspo  
written testimony



# MICHIGAN CLINIC FOR FACIAL PAIN, P.L.C.

MDCH CON POLICY  
**Ghabi A. Kaspo, D.D.S.**  
MDCH CON POLICY

2007 JAN -9 PM 12: 56  
DIPLOMATE, AMERICAN BOARD OF OROFACIAL PAIN  
DIPLOMATE, AMERICAN BOARD OF  
DENTAL SLEEP MEDICINE  
2007 DEC -0 PM 12: 54

January 4, 2007

Norma Hagenow  
Chairperson  
Certificate of Need Commission  
Michigan Department of Community Health  
Certificate of Need Policy Section  
201 Townsend Street, 7<sup>th</sup> Floor  
Lansing, Michigan 48913

Dear Chairperson Hagenow,

I am writing in response to the Notice of Public Hearing for January 9, 2007 regarding the CT standards, and more specifically, Dental CT. I believe Dental CT should be exempted from the CON standards for CT and request that the CON Commission take action to do so as soon as possible.

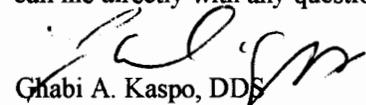
I understand that CON is charged with regulating cost, quality, and access to health care for Michigan. However, it seems to me that excluding Dental CT from CON regulation may be the best way for the CON Commission to ensure cost, quality, and access for Michigan's citizens.

The cost of the Dental CT is exceptionally less than most CON covered equipment. In fact, with the cost of the Dental CT coming in at less than \$200,000, it costs less than many unregulated pieces of medical equipment. By allowing more dentists access to this equipment, it will likely decrease the costs to patients as dentists will have to compete with each other to provide this service.

The current CON regulations are certainly hindering Michigan citizens' access to this advancement in dental technology. Because Michigan dentists have never had to go through the CON process, the hurdles for obtaining a CON for dental CT have become an even greater barrier. Even with the changes you made last year to lower the volume requirements for Dental CT, dentists are continuing to struggle to maneuver through the CON process, creating significant delays in making this technology available to our patients.

Because Dental CT images are easier for dentists to interpret than the current panoramic x-ray images, the idea that creating an arbitrary minimum volume will increase the quality of care patients receive is counterintuitive. In fact, by regulating Dental CT under CON, you are decreasing the quality of care Michigan patients are receiving. Patients who could benefit from the added knowledge a 3-D image would provide their dentist are being treated without this information, potentially causing undue delay and extra procedures for the patient. CON certainly is not ensuring or improving the quality of dental care in Michigan.

I urge you to follow the mission of the CON Commission to ensure Michigan citizens have access to quality health care while keeping costs in check by exempting dental CT from the CT standards. Please feel free to call me directly with any questions at 248 519 1100.

  
Ghabi A. Kaspo, DDS  
Diplomate, American Board of Orofacial Pain  
Diplomate, American Boa of Dental Sleep Medicine

January 9, 2007

MDCH CON POLICY

2007 JAN 12 PM 2: 51

Norma Hagenow  
Chairperson  
Certificate of Need Commission  
Michigan Department of Community Health  
Certificate of Need Policy Section  
201 Townsend Street, 7<sup>th</sup> Floor  
Lansing, Michigan 48913

Dear Chairperson Hagenow,

I was recently notified of the Commission's intent to review the Certificate of Need standards for Computed Tomography (CT) this year. I am submitting these comments in response to the Notice of Public Hearing for January 9, 2007. As a dentist in the State of Michigan I am compelled to request that dental CT be exempted from the Certificate of Need process.

Although I recognize that CT has been regulated by CON for many years, I respectfully urge the Commission to exempt Dental CT from the CT standards. Dental CT is very different from medical CT in several very important ways. Most notably, the cost of a Dental CT is less than \$200,000, significantly less than the \$1.5 million price tag of most medical CTs. In fact, CON does not regulate any other piece of medical equipment that is so inexpensive. In addition, CON does not regulate the digital panorex, which is the same price, provides the same type of images, and is nearly interchangeable with a Dental CT.

In addition to cost issues, the fact is, CON has never before entered the realm of dental care. Although dental care is extremely important to the overall health of the citizens of Michigan, it is very different from medical care in both the delivery and the market. Dental care is almost exclusively provided in small private practices subject to market forces.

Finally, the dental CT provides images for patients that they just wouldn't get from a medical CT in a hospital. This is not something that supplements what is already being provided by the more conventional CT scanners, but rather enhances what was being provided by a non-CON covered panoramic x-ray. This distinguishes it very much from the other niche CT machines entering the marketplace.

Given all of these differences between dental CT and medical CT, I hope you will very seriously consider exempting dental CT from the CT standards. If you have any questions, please contact me directly at 1-231-922-7210.

Respectfully,



Ronald R. Lints D.D.S.



MDCH CON POLICY

2007 JAN 18 PM 4: 12

Norma Hagenow, Chairperson  
Certificate of Need Commission  
Michigan Department of Community Health  
201 Townsend Street, 7<sup>th</sup> Floor  
Lansing, MI 48913

Dear Chairperson Hagenow:

I have recently become aware of the Commission's intent to review the Certificate of Need standards for Computed Tomography this year. I am submitting this letter in response to the Notice of Public Hearing for January 9, 2007. As an orthodontist in the State of Michigan, I encourage you to exempt dental CT for the Certificate of Need process.

Because Certificate of Need has never before regulated dental practice or any equipment used by dentists and orthodontists, I only recently became familiar with the CON process. It is my understanding that Certificate of Need is intended to maintain the quality of health care in Michigan and ensure access to health care for all Michigan citizens, as well as reduce health care costs, or at least reducing increases. I also understand that CON historically has fulfilled its mission by regulating the purchase of expensive medical equipment and the addition of beds to hospitals, nursing homes, and inpatient psychiatric hospitals.

Although I recognize that CT has been regulated by CON for many years, I urge the Commission to exempt dental CT from the CT standards. Dental CT is very different from medical CT in several very important ways. For example, the cost of a Dental CT is less than \$200,000.00, significantly less than the \$1.5 million cost of most medical CTs. In fact, CON does not regulate any other piece of medical equipment that is so inexpensive. In addition, CON does not regulate the digital Panorex, or cephalometric, which is the similar in price, provides the same type of images, and is nearly interchangeable with a Dental CT.

In addition to cost issues, the fact is, CON has never before regulated dental care. Although dental care is extremely important to the overall health of the citizens of Michigan, it is very different from medical care in both the delivery and the market. Dental care is almost exclusively provided in small private practices subject to market forces.

The dental CT provides images for patients that they just wouldn't get from a medical CT in a hospital. The dental CT is not replacing another CON covered piece of equipment.

Theodore D. Freeland, D.D.S., M.S.P.C.

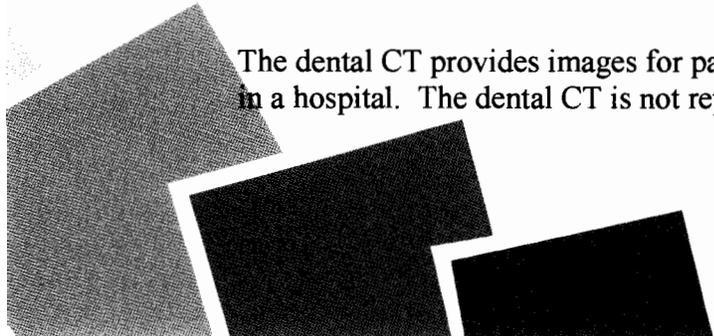
80 East Main, Gaylord, MI 49735

[989] 732-7539

5155 W Houghton Lake Dr Houghton Lake, MI 48629

[989] 366-5828

toll-free: [800] 731-7539 www.freelandorthodontics.com





rather it is the next step in dental care, going beyond the information that has historically been provided by panoramic and cephalometric x-rays. This distinguishes it very much from the other niche CT machines entering the marketplace.

Given all of these differences between dental CT and medical CT, I hope you will very seriously consider exempting dental CT from the CT standards. Please feel free to contact me with any questions or concerns at 989-732-7539.

Respectfully,

Theodore D. Freeland DDS, MS, PC

**Theodore D. Freeland, D.D.S., M.S.P.C.**

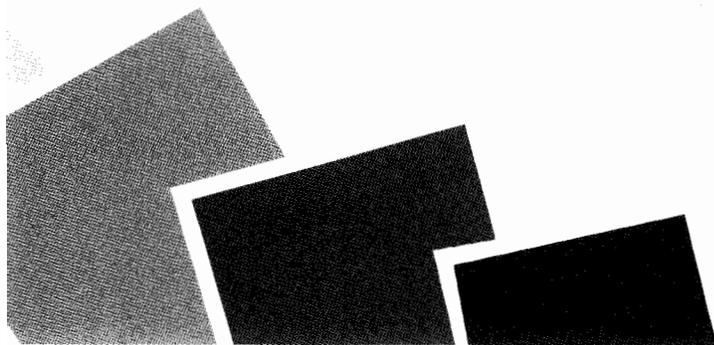
801 East M-32 Gaylord, MI 49735  
[989] 732-7539

---

5155 W Houghton Lake Dr Houghton Lake, MI 48629  
[989] 366-5828

---

toll-free: [800] 731-7539 [www.freelandorthodontics.com](http://www.freelandorthodontics.com)





January 16, 2007  
via facsimile

Ms. Norma Hagenow  
Chair, Certificate of Need Commission  
Michigan Department of Community Health  
Certificate of Need Policy Section  
201 Townsend Street, 7<sup>th</sup> Floor  
Lansing, Michigan 48913

Dear Chairwoman Hagenow,

Thank you and the Certificate of Need Commission for your continued dedication to the State of Michigan in ensuring access to affordable, quality health care. I hereby submit public comment on the Certificate of Need Review Standards for Urinary Extracorporeal Shock Wave Lithotripsy (UESWL) Services in response to the Notice for Public Hearing January 9, 2007.

UESWL (lithotripsy) Services CON standards were last updated in 2004 when many changes were made to improve access to lithotripsy across the State. These standards have been tested a great deal over the past two years. Though the Commission and Department made great efforts to revise standards to allow for controlled expansion of this service, recent activity has revealed to the Department a potential loop hole in the standards that may lead to uncontrolled expansion of lithotripsy services in Michigan. Thanks to the strong leadership at MDCH, they have upheld the original intent of these standards. However, I am now requesting the Commission adopt revisions that would eliminate potential for applicants to exploit the standards, while still allowing for reasonable expansion of lithotripsy services as true need dictates.

I have met with Department staff to devise draft language that would allow excess lithotripsy volume to be utilized for expansion of existing service or initiation of new service. This proposed language will not allow an existing host site to commit their actual data, however, unless it truly represents excess volume. We believe lithotripsy host sites should have the opportunity to choose

the service with which they wish to contract, and we believe that volume beyond the operational capacity of existing service represents excess that could be used to create additional service. We do not believe, however, that host sites should be allowed to commit procedures toward initiation of a new route if those procedures are not in excess of the capacity of the lithotripsy unit currently providing them with service.

After a comprehensive review of the standards I have also found that many areas of the standards are outdated and no longer relevant based on the current lithotripsy landscape in Michigan. For instance, Section 4(3) provides for conversion of a fixed lithotripter to mobile service. I believe leaving an option for this in the standards has potential use, although there are no longer any existing fixed lithotriptors in Michigan, but it is certainly not necessary to retain an option for converting three fixed units to mobile service. In addition, due to advancements in technology that allow most lithotripsy units to be wheeled directly into an operating suite, some provisions in the standards should be revised to reflect that. Finally, there are several areas where Department interpretation of the standards is not clearly spelled out and I would request those be clarified to reflect Department policy (See Section 2(1)(l) and Section 5(1)(b).). I have taken the time to mark these suggested deletions and changes on the attached copy of the lithotripsy standards.

It has come to my attention that some Michigan providers are requesting to loosen several lithotripsy requirements. With this opportunity, I would encourage the CON Commission to make reasonable adjustments, but be extremely cautious in relaxing any area of the standards. These current standards have served Michigan well, by allowing for the reasonable, but controlled, expansion of lithotripsy services in this State. I would strongly caution that any loosening of requirements could potentially result in unsafe patient conditions, underutilization of existing services and an increase in costs to Michigan business and citizens.

Specifically, removing some of the facility requirements set forth in Section 3(c) has been suggested. This subsection currently requires that a facility providing lithotripsy services provide on-call availability of an anesthesiologist and surgeon; on-site advanced cardiac life support, IV infusion materials, medications, blood and blood products; on-site general anesthesia, EKG, cardiac monitoring, laboratory services; on-site crash cart; on-site cardiac ICU or written transfer agreement; and on-site 23-hour holding unit, etc. Although not every lithotripsy patient requires all of these services, I believe it is important that ALL facilities providing lithotripsy have them available. There are reasons for these provisions, and strong potential necessity in select, and sometimes unpredictable, patient circumstances.

It has also been suggested that the volume required of an existing lithotripsy unit in order to qualify for expansion is excessive. I strongly disagree. In fact, the current expansion volume of 1,800 procedures equates to less than seven procedures per day, considering a 250 day annual operation (50 weeks, five days/week). A lithotripsy procedure takes approximately 45 minutes on average, or roughly five and a half hours total for seven procedures per day. This cannot reasonably be considered excessive. Lowering this requirement would only encourage underutilization of existing lithotripsy service.

Finally, I agree that the adjustment factor for projecting lithotripsy procedures under Appendix A be recalculated by the Department, as described in the appendix. I am also in agreement with the suggestion of including a dollar threshold in the definition of replace/upgrade a UESWL unit to help more clearly define what constitutes a replacement/upgrade.

Most updating to the standards appears to require merely deleting obsolete language. Because we have begun consulting with the Department for revisions to address these issues, I do not believe a Standards Advisory Committee is necessary. I would recommend the Commission merely take direct action to adopt language prepared by the Department as soon as it is ready. However, if the Commission feels these issues need further exploration, I believe an informal workgroup would certainly suffice. Please feel free to contact me directly with any questions or concerns.

Thank you for your time and commitment.

Cordially,



Anne Mitchell  
Regional Business Manager  
United Medical Systems  
Great Lakes Lithotripsy, LLC  
721 North Capitol Ave.  
Lansing, MI 48906  
312.771.2061, mobile phone