From: DoNotReply@michigan.gov
To: MDCH-ConWebTeam
Subject: February 5, 2013 Public Hearing Written Testimony (ContentID - 147062)
Date: Tuesday, February 12, 2013 4:20:28 PM
Attachments: Cory_Knill_MRT_Standards(comments).pdf

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1. Name: Cory Knill
2. Organization: Karmanos
3. Phone: (248)240-4587
4. Email: knillc@karmanos.org
5. Standards: AA
6. Testimony:

Content-Length: 59849

February 11th, 2013

To whom it may concern,

The purpose of this letter is to address my thoughts concerning the Michigan Department of Community Health's 2013 proposed *Certificate of Need (CON) Review Standards for Megavoltage Radiation Therapy (MRT) Services/Units*. Overall, the 2011 document of the same title was well written and organized. The proposed changes to the document, introduced during the February 5th, 2013 public hearing, increase the clarity of the 2011 document; especially when calculating equivalent treatment visits.

Although the document is informative, it still uses certain ambiguous terminology; specifically the term, "immediately available." The term is used to describe the required physics and physician presence during treatments and machine operation. The term could be interpreted to mean the responsible person needs to be: 1) near the machine, 2) present in the building, 3) available by phone. I believe an additional description of the term, "immediately available", is needed in the *Definitions* section to clarify the exact meaning of the term as it applies to the responsible person's proximity to the treatment unit.

The application of this document is clearly defined in the opening sentence of the *Applicability* section. If it is within the scope of the document, it may be useful point the reader towards the governing standards for existing MRT services/units.

I appreciate the opportunity to comment on this document and I applaud the continuing efforts of the Michigan Department of Community Health to ensure safe radiation therapy practices in the state of Michigan.

Sincerely,

Cory Knill, MS
Medical Physicist
Karmanos Cancer Center
knillc@karmanos.org

From:	DoNotReply@michigan.gov
To:	MDCH-ConWebTeam
Subject:	February 5, 2013 Public Hearing Written Testimony (ContentID - 147062)
Date:	Tuesday, February 12, 2013 4:05:33 PM
Attachments:	testimony021213.pdf

1. Name: Robert Meeker
2. Organization: Spectrum Health
3. Phone: (616) 391-2779
4. Email: robert.meeker@spectrumhealth.org
5. Standards: AA
6. Testimony:

Content-Length: 44004

SPECTRUM HEALTH

Spectrum Health Butterworth Hospital
100 Michigan Street NE
Grand Rapids, MI 49503-2560
616.391.1774 fax 616.391.2745
spectrum-health.org

February 12, 2013

James Falahee, Chair
Certificate of Need Commission
C/o Michigan Department of Community Health
Certificate of Need Policy Section
Capitol View Building, 201 Townsend Street
Lansing, Michigan 48913

Dear Mr. Falahee,

This letter is formal testimony by Spectrum Health about the proposed revisions to the CON Review Standards for Radiation Therapy (MRT) Services, as approved for public hearing by the CON Commission at their meeting on December 13, 2012. Spectrum Health appreciates the opportunity to comment on these Standards.

In general, Spectrum Health supports the proposed revisions to the CON Review Standards for MRT Services. Specifically, we support the proposed utilization-based need methodology, whereby "excess" MRT procedures will be committed to a proposed new program by the treating radiation oncologists at existing centers. Spectrum Health also is supportive of the proposed provisions that would allow an MRT program in the eastern UP and of the recommended requirements that new MRT programs be accredited within 3 years of operation.

We appreciate the opportunity to comment on these pending CON Review Standards and urge the Commission to finally approve them at the next meeting on March 28, 2013.

Sincerely,

Robert A. Meeker
Strategic Program Manager
Spectrum Health

From: DoNotReply@michigan.gov
To: MDCH-ConWebTeam
Subject: February 5, 2013 Public Hearing Written Testimony (ContentID - 147062)
Date: Tuesday, February 12, 2013 4:52:10 PM

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1. Name: Brian Rasmussen, MS DABR
2. Organization: Dickinson County Healthcare System -- Marquette General (a Duke Lifepoint Hospital)
3. Phone: (906) 225-3102
4. Email: brian.rasmussen@mghs.org
5. Standards: AA
6. Testimony: My comments are in reference to the draft document titled: DRAFT_CON-211_CON_Rev_Stds_MRT_for_PH.2.5.13_409285_7.pdf.

In regard to lines lines 467-468 of that document that state: “(ii) One (1) FTE board-certified or board-qualified radiation physicist, certified in therapeutic radiologic physics, immediately available during hours of operation.”

In order to better reflect the general practice of medical physics in Michigan and throughout the United States, I propose that the statement be changed to "One (1) FTE board-certified or board-qualified radiation physicist, certified in therapeutic radiologic physics, available (physically or by telephone, telecommunication, or radio) during hours of operation."

It is my opinion (in the context of my current practice as a board certified medical physicist), that the term “immediately available” is potentially unreasonable and impractical as physicists typically have job responsibilities both during hours of treatment as well as hours after/before treatment. In my opinion it seems both reasonable and practical to simply require a physicist be “available” and not “immediately available.” Requiring immediate availability would put unreasonable man-hour requirements on some physicists at some centers. I base my opinion on the definition of immediately, which I believe (in a legal setting and without further explicit definition in the document), to be: “without interval of time, instantly”.

I kept this suggestion brief, but if you would like more information on my perspective please feel free to contact me personally via the information I provided in this submission.

7. Testimony:

From: DoNotReply@michigan.gov
To: MDCH-ConWebTeam
Subject: February 5, 2013 Public Hearing Written Testimony (ContentID - 147062)
Date: Tuesday, February 12, 2013 4:50:08 PM
Attachments: McLarenMRTStandardsPublicComment021213.doc

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1. Name: Gregory S. Dobis
2. Organization: McLaren Heatlh Care
3. Phone: 810-342-1400
4. Email: greg.dobis@mclaren.org
5. Standards: AA
6. Testimony:

Content-Length: 409207

McLaren
HEALTH CARE

Planning Department

February 12, 2013

Mr. James Falahee, J.D.
Chairman
Certificate of Need Commission
Michigan Department of Community Health
201 Townsend Street, 7th Floor
Lansing, MI 48913

Dear Chairman Falahee,

On behalf of McLaren Health Care I appreciate this opportunity to provide comments on the proposed Megavoltage Radiation Therapy (MRT) Services/Units.

Specifically, Section 14 (e) (I) of the Standards which states: "An applicant shall submit evidence of accreditation by the American College of Surgeons Commission on Cancer or the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) within the first three years of operation and continue to participate annually thereafter."

Several of the McLaren facilities do not participate in JCAHO. These facilities participate in the Healthcare Facilities Accreditation Program (HFAP). This is a nationally recognized accreditation organization with deeming authority from CMS.

McLaren is requesting that HFAP be included in Section 14 (e)(I) as a qualifying organization or by not naming specific accredit ting organizations but simply stating that the applicant must be accredited by a recognized CMS authority.

Thank you for the Commission's consideration of this matter.

Sincerely,

Gregory S. Dobis
McLaren Health Care
Corporate Director of Planning

GSD/ls

G-3235 Beecher Road, Suite C, Flint, MI 48532-3615
(810) 342-1400 www.mclaren.org

From: DoNotReply@michigan.gov
To: MDCH-ConWebTeam
Subject: February 5, 2013 Public Hearing Written Testimony (ContentID - 147062)
Date: Tuesday, February 12, 2013 12:59:16 PM
Attachments: CovenantHealthCareMRTPublicComment.pdf

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1. Name: Daniel George
2. Organization: Covenant HealthCare
3. Phone: 989-583-7533
4. Email: dgeorge@chs-mi.com
5. Standards: AA
6. Testimony:

Content-Length: 98223

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

989.583.0000 Tel

COVENANT HealthCare

February 11, 2013

Certificate of Need Commission
C/0 Michigan Department of Community Health
Certificate of Need Policy Section
Capital View Building, 201 Townsend Street
Lansing, MI 48913

Dear Certificate of Need Commission:

On behalf of Covenant HealthCare, I would like to offer public comment on the proposed changes to the Megavolt Radiation Therapy (MRT) standards. Covenant Healthcare system diagnosed and treated over 1,100 new analytical cancer cases in 2011. Over a five year span, Covenant HealthCare has provided care to more than 8,000 cancer patients. Given the changes recommended by the workgroup, Covenant would like to take this opportunity to highlight some concerns regarding the proposed standards.

While we support some of the recommendations in the proposed MRT Standards, such as the "rural provision" for HSA 8, we have **concerns** regarding the new initiation methodology proposed by the work group, in particular, changing it from a facility methodology to one based upon a "physician commitment" methodology.

In the HSA Region 6 applicable to Covenant, there is only handful of radiation oncologists treating patients. Within a large and diverse fourteen county area, there are only ten radiation oncologists and one locum. It is easily conceivable that a tertiary hospital such as Covenant might be unable to provide MRT services within its community if the treating physicians were employed by other health systems, or had non – compete clauses and were prevented from or pressured not to support the initiation of a new cancer service.

Putting control of Tumor Registry Data/Cancer Surveillance data into the hands of a few "Staff/Treating" physicians' control becomes complicated, and opens the door to fragmented care for the citizens of Michigan.

MRT is part of a continuum of care that can encompass imaging, staging, oncological services, infusion, blood transfusions, radiation therapy and often hospitalization. Cancer care is multi-disciplinary across a continuum of options. Hospitals plan for providing services across this entire spectrum, and in order to allow them to make strategic and appropriate decisions about the provision on cancer care, they must have control over the ability to add basic radiation therapy options.

At Covenant HealthCare, the vast majority of patients receive multiple therapies for their cancer treatment. In 2011, Covenant data for breast cancer patients indicated **12%, or 1 out of 8, patients** had surgery/ radiation/chemotherapy in their treatment plan in that order. Surgery with only radiation and no other treatment path was only 3%. In 2011, Covenant data for lung cancer patients indicated that 21% had radiation and chemotherapy and 7% had radiation/chemotherapy and palliative care.

To withdraw the ability of a hospital to add MRT services based upon its own data, and put the decision-making authority into the hands of a few physicians is inconsistent with what is in the best interest of the patients.

While we understand services such as Magnetic Resonance Imaging (MRI) use a physician based methodology, there are often thousands of physicians who can support a new service. The MRI methodology is based upon *referring* physician not *"treating"* physicians, so the commitments are spread amongst a larger, more accessible population of physicians. This is not the case for the proposed MRT standards. Under the proposed MRT language, a hospital proposing to initiate a MRT service looking to collect commitments from physicians are restricted to a very few treating physicians. If an applicant were unable to garner support from one staff (treating) physician, it could block a hospital from providing MRT services. Physician commitments that are limited to a few individuals can result in fragmented care and a lack of ability to provide MRT services from a hospital perspective.

Covenant would like to propose either returning to a hospital based methodology, or putting the commitments in to the hands of the referring physicians, similar to MRI, and allowing them to make decisions as to who is allowed to provide MRT services within the community to their patients.

Covenant HealthCare is uncomfortable with such a drastic change in language and methodology being conducted in a workgroup setting over the course of only three meetings. Although we support the workgroup concept, it is our belief that it should only be employed for technical changes. Covenant believes the magnitude of the proposed changes to MRT services should involve a body of experts representing the various parties that a SAC requires.

We strongly urge the CON Commission to reject the current physician commitment methodology draft language, and look at changing the methodology in which MRT services can be initiated.

Regional hospitals should not be blocked from providing MRT services to their patients when their own data show enough volume to fully support an MRT. We have concerns that this proposed methodology may do just that.

Thank you for the opportunity to provide comments on the CON review standards.

Sincerely,

Daniel George
Vice President, Ambulatory Development

From: DoNotReply@michigan.gov
To: MDCH-ConWebTeam
Subject: February 5, 2013 Public Hearing Written Testimony (ContentID - 147062)
Date: Tuesday, February 12, 2013 12:06:39 PM

1. Name: Kenneth Chu
2. Organization: Marquette General Hospital
3. Phone: 906 225 4495
4. Email: kchu@mgh.org
5. Standards: AA
6. Testimony: In the draft document titled: DRAFT_CON-211_CON_Rev_Stds_MRT_for_PH.2.5.13_409285_7.pdf,

I would like to change the term "immediately available" as it pertains to physicists because it may be mis-understood in terms of Billing or Brachytherapy to mean physically available. This change would be consistent with the general practice in Michigan and the other states.

Hence I propose Lines 467-468 to be changed to say:
"One (1) FTE board-certified or board-qualified radiation physicist, certified in therapeutic radiologic physics, available (by telephone, telecommunication, or radio) during hours of operation."
7. Testimony:

From: DoNotReply@michigan.gov
To: MDCH-ConWebTeam
Subject: February 5, 2013 Public Hearing Written Testimony (ContentID - 147062)
Date: Tuesday, February 12, 2013 4:59:14 PM
Attachments: Oaklawn_MRT_2.2013.pdf

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1. Name: Keith Crowell
2. Organization: Oaklawn Hospital
3. Phone: 269.789.3942
4. Email: kcrowell@oaklawnhospital.com
5. Standards: AA
6. Testimony:

Content-Length: 644633

OaklawnHospital

200 North Madison
Marshall, Michigan 49068
269 781-4271

Advancing medicine.
Compassionate care.

February 12, 2013

Mr. James B. Falahee, Jr., J.D.
Chairman
Certificate of Need Commission
Michigan Department of Community Health
201 Townsend Street, 7th Floor
Lansing, Michigan 48913

Dear Chairman Falahee,

On behalf of Oaklawn Hospital in Marshall, Michigan, we appreciate this opportunity to provide comments on the proposed changes to the MRT standards up for final action at your March CON Commission meeting. We appreciate all of the work undertaken by the workgroup. We do have some concerns with the recommendations presented to the Commission.

The workgroup recommended modifications to the methodology that demonstrates need for a new MRT service that is very similar to the methodologies used in CT, MRI, and surgical services. The methodology determines need based on the volumes at existing services rather than the collection of new cancer case data or MIDB data. However, all of these services utilize an aerial radius for determining planning area, rather than the static borders of arbitrary county groupings as is currently used for MRT. We would like to suggest that the Commission consider updating the MRT standards in the same way, by defining the planning area for this service by a mileage radius from the applicant site rather than Health Service Area.

Because MRT services are not nearly as prevalent as surgical services, CT, or MRI, we feel that a larger radius would be appropriate. The current standards already recognize that more than 60 miles is too far to travel for MRT services (a lower initiation threshold is allowed for a proposed service located more than 60 miles from the nearest existing service); therefore we would suggest a planning area of 60 miles from service to service.

We would also like the Department and Commission to consider the possibility of using the location of the patient, rather than the existing MRT service where they were treated, to determine need within the planning area. As you likely know, MRT treatment requires patients to travel to the MRT service five days a week for multiple weeks in a row for daily treatments. This places an extraordinary burden on patients who do not live close to an MRT service. The proposed methodology could have a

tendency to continuously add MRT service in the areas where services already exist, when in fact it would seem that adding services in areas that don't currently have it would be more beneficial to patient care. By looking at the patient's zip code relative to the proposed MRT service location, rather than the location of the MRT service where they received MRT services (knowing that many patients travel long distances from home for this service), we can locate new services in areas that will most drastically improve patient access rather than continuing the status quo.

We understand that these standards are slated for a final vote at the March meeting but feel that these concerns are vitally important to the new standards functioning properly. I appreciate your time in considering this matter and look forward to continued discussions. Please feel free to contact me directly at (269) 789-3924.

Sincerely,

Ginger Williams, MD, FACEP, FACHE
President and CEO