

MRI Workgroup Issues

1. MRI used for MRT Simulation

MRI is emerging as a modality for use in radiation therapy treatment planning, as an alternative to CT. Not only can MRI more definitively pinpoint the exact area to be treated for certain anatomical areas of the body (i.e., brain, spine, prostate), it does so without exposing the patient to unnecessary radiation from a CT scanner (the alternative method of treatment planning) when they are already being treated for cancer. The CT standards already contain an exception for CT simulators and the request presented to the CON Commission is to create an identical exception for MRI units to be used exclusively for MRT simulation. Not only is likely that any PBT service would want to have MRI available for simulation, but in addition, non-PBT centers will want to use it for iMRT and Stereotactic Radiosurgery. Cancer Centers in other states are already using this mode of simulation, such as Fox Chase Cancer Center in Philadelphia.

2. ED Volume Based Need Methodology

Currently the MRI standards define need for a new fixed MRI service in three different ways. The first and original methodology requires the commitment of MRI referrals totaling 6,000 adjusted MRI procedures from within a 20 mile radius of the proposed service. The second requires the applicant to already be a mobile MRI host site and to show historical volume of 6,000 adjusted MRI procedures in the previous 12 months. The third, requires the applicant to also be an existing mobile MRI host site, but only requires an historical volume of 4,000 adjusted MRI procedures if the proposed service is more than 15 miles from the nearest fixed MRI and located in a county that does not already have fixed MRI service.

Oaklawn Hospital is requesting that another methodology for determining need be included in the standards, recognizing the evolution of diagnostic tools being utilized in Emergency Departments. The methodology they are proposing would require an applicant to show at least 20,000 emergency department visits in the previous 12 months, as well as show that they are currently a mobile MRI host site with an historical volume of at least 3,000 adjusted MRI procedures in 12 months.

Oaklawn is a hospital that currently utilizes mobile MRI services 5 days per week. Due to the volume of patients they see in their ER, they feel that having MRI service available 24 hours per day, 7 days per week is necessary to provide the most appropriate care for their patients. Although Mobile MRI service could be available 7 days per week, it is only available 12 hours per day, therefore increasing mobile service is not an option that they feel solves their problem. Currently, patients who are seen in the ER and require MRI diagnosis, during times that the mobile MRI service is not available (65% of the time), either have to wait until the mobile service is available (if that is clinically an option) or have

to be transferred to another facility with fixed MRI service. For those that require transfer, the transfer adds cost and delay.

3. Charity Care Volume Based Need Methodology

Basha Diagnostics is requesting a need methodology that encourages the provision of services to Medicaid and uninsured patients. The proposed methodology would require the applicant to currently provide MRI services as an MRI host site that had a volume of at least 2,000 adjusted MRI procedures in the previous 12 months and at least 25% of its MRI visits in the previous 12 months were provided to patients who were covered by Medicaid or had no insurance and were not charged for the service. The proposed methodology would require continued quarterly reporting of payer mix and would require services approved under this methodology to continue to provide at least 25% of visits to Medicaid patients and/or at no charge to the uninsured.

Basha Diagnostics prepared a report detailing the payer mix of all MRI services in the State of Michigan, which showed that the three Basha Diagnostics MRI host sites were amongst the highest percentages of care to this underserved population. With the Medicaid roles increasing by 17,000 residents per month, Dr. Basha would like to provide more care to these patients, but cannot afford to add more mobile service time. He feels he would be able to provide more service at lower cost if he could control his fixed overhead costs by installing a fixed MRI unit.