STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF NEED

PUBLIC HEARING

REVIEW STANDARDS FOR

MRT SERVICES AND UNITS

BEFORE NATALIE KELLOGG, DEPARTMENTAL TECHNICIAN TO THE CERTIFICATE OF NEED COMMISSION FROM THE CON HEALTH POLICY SECTION OF THE DEPARTMENT OF COMMUNITY HEALTH

201 Townsend Street, Lansing, Michigan

Tuesday, February 5, 2013, 9:30 a.m.

RECORDED BY:

Tania Rodriguez

TABLE OF CONTENTS

PAGE

Statement by Ms. Kellogg 3

Statement by Mr. Dobies 5

Lansing, Michigan

Tuesday, February 5, 2013 - 9:30 a.m.

MS. KELLOGG: Good morning. I am Natalie Kellogg, Departmental Technician to the Certificate of Need Commission from the CON Health Policy Section of the Department of Community Health. Chairperson Chip Falahee has directed the Department to conduct today's hearing.

Please be sure that you have completed the sign-in log. Copies of the standards and comment cards can be found on the back table with the sign-in log. A comment card needs to be completed and provided to me, if you wish to give testimony.

The proposed CON Review Standards for MRT Servicesand Units are being reviewed and modified to include the following:

1.Section 2: Definitions have been eliminated as they are no longer necessary and a new definition has been added as follows:

- “Excess ETVs” means the number of ETVs performed by an existing MRT service in excess of 10,000 per MRT unit. The number of MRT units used to compute excess ETVs shall include both existing and approved but not yet operational MRT units. In the case of an MRT service that operates or has a valid CON to operate that has more than one MRT unit at the same site, the term means number of ETVs in excess of 10,000 multiplied by the number of MRT units at the same site. For example, if an MRT service operates, or has a valid CON to operate, two MRT units at the same site, the excess ETVs is the number that is in excess of 20,000 (10,000 x 2) ETVs.

2. Old Section 3: Eliminated as it's no longer needed due to other changes within the standard.
3. New Section 3: Added language to allow for greater geographic access in Planning Area 8. An applicant would be exempt from projecting ETVs for initiation if it meets other specific criteria.
4. Section 9: New methodology for projecting ETVs – projections will be based on the historical MRT volume of treating physicians. "Treating physician" is defined as the staff physician of the MRT service directing and providing the MRT treatment, not the referring physician. This models the language in the CON Review Standards for Computed Tomography (CT) Scanner Services.
5. Old sections 12 and 13: Eliminated as they are no longer needed due to other changes within the standard.
6. New Section 11: Added requirements to be accredited by the American College of Surgeons Commission on Cancer or the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and to be accredited by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).
   - Under subsection (4)(b), MRT units approved pursuant to Section 3(3) in Planning Area 8 shall be operating at a minimum average volume of 5,500 ETVs annually.
7. Old Appendices A and B: Eliminated as they are no longer needed .
8. Other technical edits.

If you wish to speak on the proposed MRT Standards, please provide your comment card to me. Additionally, if you have written testimony, please provide a copy, as well.

As indicated on the Notice of Public Hearing, written testimony may be provided to the Department via our website at http://www.michigan.gov/con through Tuesday, February 12, 2013 at 5:00 p.m.

Today is Tuesday, February 5th, 2013. We will begin the hearing now. And I have one comment card thus far from Greg Dobies, McClaren Health.

Mr Dobies: My name is Greg Dobies, representing McClaren Health Care Corporation. I just would like to make a comment on section 11 on the proposed changes. They talk about accreditation added requirements to be accredited by the American College of Surgeons Commission on Cancer, or the joint commission on the accreditation of healthcare organizations. I just want to make clear on that there are other CMS accrediting bodies out there. One of which we have three facilities. There are accredited by HFAP which is Healthcare Facilities Accrediting Program and we would like to request that either HFAP be included in there as it is a CMS recognized program and the place of joint commission, or something along the lines of that the requirement that it must be from a CMS accredited organization, something along those lines. I will submit a written statement, I don't have it with me today but I'll submit a written statement before the deadline and that's all we're asking is just for other considerations for other recognized accredited organizations.

MS. Kellogg: And that was was HDAP?

Mr. Dobies: It's HFAP. It's H-F-A-P commonly known as and it is Healthcare Facilities Accrediation Program. We have a few of our sub cities around the state that do HFAP verses joint commission. Thank you!

Ms. Kellogg: Thank you! Does anyone else wish to provide testimony? Okay, at that we will adjourn. Thank you.

(Proceedings concluded)