MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
MEGAVOLTAGE RADIATION THERAPY SERVICES/UNITS
STANDARD ADVISORY COMMITTEE (MRTSAC) MEETING

Thursday, November 1, 2018

South Grand Building
333 S. Grand Ave,
1st Floor, Grand Conference Room
Lansing, MI 48933

APPROVED MINUTES

I. Call to Order

Chairperson Kastner called the meeting to order at 9:33 a.m.

A. Members Present:

Brian Kastner, MD, Chairperson – Spectrum Health
Ahmed Akl, MD – Genesee County Radiation Oncology
June Chan, MD – Michigan Radiological Society
Paul J Chuba MD, Ph.D. – St John Providence Health Systems
Lucan DiCarlo, DO – Sparrow Hospital
Roberta Elliott – Spectrum Health's Cancer Health & Executive Patient and Family Advisory Councils (PFAC)
Courtney Friedle – MidMichigan Health
Adeeb Harb – Detroit Medical Center
James A. Hayman, MD – University of Michigan Health System
Gwendolyn H. Parker, MD – Blue Cross Blue Shield of Michigan
Walter M. Sahijdak, – MD Trinity Health-Michigan
Salim M Siddiqui, MD, Ph.D. – Henry Ford Health System
Anita A. Stolaruk – ProMedica Monroe Regional Hospital (Arrived at 9:40 a.m.)

B. Members Absent:

Michele L. Davis – Electrical Workers' Insurance Fund

C. Michigan Department of Health and Human Services Staff present:

Tulika Bhattacharya
Amber Myers
Beth Nagel
Tania Rodriguez

Brenda Rogers
Matt Weaver

II. Declaration of Conflicts of Interests

None.

III. Review of Agenda

Motion by Dr. Parker, seconded by Dr. Siddiqui to accept the agenda as presented. Motion Carried.

IV. Review of Draft Minutes – October 3, 2018

Motion by Dr. Akl, seconded by Dr. Siddiqui to accept the minutes as presented. Motion Carried.

V. Definition for Treatment Plan

Dr. Kastner provided an overview (see Attachment A).

Discussion followed.

Public Comment

1. Craig Stevens, Beaumont Health

Motion by Dr. Siddiqui, seconded by Dr. DiCarlo to amend the previously approved language of "Limited to once per treatment plan, not to exceed twice per course" to "Not to exceed twice per course of treatment." Motion carried in a vote of 13 - Yes, 0 - No, and 0 - Abstained.

VI. Review of Volume Requirements for Initiation, Expansion, and Relocation

Dr. Siddiqui provided an overview.

Motion by Dr. Siddiqui, seconded by Dr. Akl to remove from the table the motion to change initiation volume requirements to 6,500 ETVs per unit annually for metropolitan, 4,000 ETVs per unit annually for micropolitan and rural counties, and change "excess ETVs" to 8,000. Motion carried.

Discussion followed.

Public Comment

1. Craig Stevens, Beaumont Health
2. Brett Jackson, Economic Alliance of Michigan (EAM)

The motion to change initiation volume requirements to 6,500 ETVs per unit annually for metropolitan, 4,000 ETVs per unit annually for micropolitan and rural counties, and change "excess ETVs" to 8,000 was withdrawn by Dr. Siddiqui.

Dr. Kastner mentioned the CON Commission Chair's concern regarding the change to maintenance volume and the SACs rationale.

Dr. Kastner read proposed rationale (see Attachment B).

Motion by Dr. Siddiqui, seconded by Dr. Akl to adopt the proposed rationale (see Attachment B). Motion carried in a vote of 13 - Yes, 0 - No, and 0 - Abstained.

VII. Next Steps

Motion by Dr. Siddiqui, seconded by Dr. Parker to delegate to the chair the finalization of the draft language with the option to reconvene if necessary. Motion carried.

VIII. Future Meeting Dates – November 29, 2018 & December 19, 2018 if needed

IX. Public Comment

None.

X. Adjournment

Motion by Dr. Akl, seconded by Dr. Siddiqui to adjourn the meeting at 10:53 a.m.

A treatment plan is a graphic display of a patient's anatomy to include the distribution of radiation based on a prescribed dose and plan of care employed for treatment created by a radiation oncologist.

A treatment plan is the distribution of radiation dose based on a prescribed dose and plan of care employed for treatment created by a radiation oncologist.

STATEMENT

Given the complexities of the charge we face with updating the weights and volumes, I believe it is advisable to provide a statement to the CON Commission that clearly articulates why we are recommending a 4,000 ETV Minimum or Maintenance volume. In my opinion, this is best done by voting on a statement, a "Sense of the SAC", that puts on record the rationale behind the recommendation. To that end, I would like to make the following motion:

MOTION

I move that the members of the SAC adopt the following statement to be incorporated into the Chairman's final report to the CON Commission:

We, the members of the 2018 MRT Standard Advisory Committee, wish to convey the rationale behind the SAC's recommendation to decrease the maintenance volume for a non-special MRT unit to 4,000 ETVs. We view the maintenance volume as the minimum level of operations at which a MRT service justifies its continued existence. Radiation Oncology departments operate in the outpatient setting, caring for fragile patients, and therefore typically operate 8 hours per day with the potential to generate as much as 8,000 ETVs per year per unit within the confines of this typical clinic schedule. The current Maintenance Volume requirement (8,000 ETV requirement) requires a unit to operate at 100% utilization just to maintain compliance with CON regulations. This requirement fails to acknowledge the fact that patients and machines are unpredictable, and that any operation that includes human involvement simply cannot sustain 100% utilization, even outside of the healthcare setting. Understanding that 4,000 ETVs equates to approximately 4 hours per day of treatment time, and that 4 hours per day of treatment time equates to approximately 5 to 6 hours of operational time, we believe 4,000 ETVs per unit per year is a more appropriate Maintenance volume for the following reasons:

Cost: Once a CON for a MRT unit has been approved and implemented, a majority of the costs have already been incurred by the system – constructing the space, purchasing the unit, etc. Closing a unit that has already been paid for and is operating at a volume at or above 4,000 ETVs per year only serves to decrease access not save costs. Fining a unit that is operating at a reasonable volume (between 4000 – 8000 ETVs) also adds to the cost of providing the service. However, operating a unit with very low utilization could increase the cost per treatment, and therefore we believe 4,000 to be an appropriate Maintenance Volume requirement.

Quality: Although no specific studies have shown a specific level of utilization needed to ensure quality, the SAC agreed that delivering as low as 4,000 ETVs per unit should not compromise quality. In fact, the average utilization of MRT units nationally, according to the American Society for Radiation Oncology (ASTRO), is between 40% and 60%, demonstrating that the proposed 50% utilization Maintenance Volume should not put Michigan's patients at risk.

Access: New patients are diagnosed with cancer every day and it important that they have access to timely treatment. Requiring all MRT services to operate at 100% utilization (the current requirement) leaves little room to accommodate new patients. In addition, closing, sanctioning or fining all programs

operating below 100% utilization could create a massive access problem across the State. Setting an appropriate maintenance volume will help to ensure continued access.