



Ascension

April 29, 2019

Chairman James Falahee
Certificate of Need Commission
c/o Michigan Department of Community Health
Certificate of Need Policy Section
South Grand Building
333 S. Grand Avenue
Lansing, MI 48933

Via E-Mail: MDHHS-ConWebTeam@michigan.gov

Dear Chairman Falahee and CON Commission Members,

This letter is written as formal testimony pertaining to the CON Review Standards for Megavoltage Radiation Therapy (MRT) Services/Units, scheduled for review in 2019.

Ascension Michigan recommends the current 8,000 ETV requirement is unsustainable from a long-term operations perspective for most services. It would require our facilities to be actively treating patients for 8 hours per day, which is the equivalent of 100% utilization for an outpatient service. It does not take into consideration necessary down time for repairs and maintenance, for turnaround time between patients, for unexpected delays with patients, and the like.

Requiring facilities to extend their operating hours beyond an 8-10 hour day in order to meet an inflated maintenance volume requires very sick patients to come for treatment in early mornings or late nights which is not best for patient care.

4,000 ETVs equates to approximately 50% utilization, which is within the national average. This equates to 4 hours per day of active treatment time, which in actuality equates to about a 6 hour day of operations. This is not full utilization, but it certainly justifies the existence of the service and seems reasonable as a minimum volume. The MRT SAC did not recommend decreasing the initiation volume, therefore this change will not result in more services coming online.

Sincerely,

Joseph Cacchione, MD
President, Ascension Medical Group
Ascension Michigan Market Executive

Paul J. Chuba MD, PhD, FACR
Medical Director, Radiation Oncology
Ascension Macomb Oakland Hospital, Webber Cancer Center



Henry Ford Health System
One Ford Place
Detroit, MI 48202

April 19, 2019

Mr. James Falahee, JD
CON Commission Chairperson
South Grand Building, 4th Floor
333 S. Grand Avenue
Lansing MI 48933

Dear Commissioner Falahee,

Henry Ford Health System (HFHS) strongly supports the recommended changes for the Certificate of Need Standards for Megavoltage Radiation Therapy (MRT) Services. There are several key changes that are very pertinent and reflect how the delivery of high-quality MRT care continues to improve.

The revised weights, new additional factors and new definitions for MR-guided real-time tracking of radiation with and without adaptive changes and patient-specific QA for IMRT and for SRS/SBRT are reflective of advancements in technology and quality. These factors more accurately reflect:

- Time spent on the machine for treatment;
- Time for positioning of patients, in some cases repeatedly during treatment, to ensure higher quality and lower treatment-related toxicity; and
- Time in planning for care on the machine for each patient treated.

The reduction of maintenance volume for non-special MRT units to 4,000 ETVs annually is justified by the following reasons:

1. The new volume requirement recognizes the shift to hypo-fractionated treatment plans and the reduction of MRT unit utilization. This shift has improved cost, quality and access while reducing the number of visits a patient requires for radiation care.
 2. The minimum volume requirement of 8,000 ETVs under the revised weights would require 100% utilization during an 8-hour day every working day of the year. 100% utilization is not realistic when you are working with any type of population let alone a medically frail population. Additionally, American Society of Radiology Oncology (ASTRO) determined that the average linac utilization nationally is ~50-60%. A Minimum volume requirement of 4,000 is the equivalent of 6 hours of operational time and recognizes time for room turnover, extended unplanned time with patients, downtime for machines and other unplanned downtime of the unit and room.
 3. Approximately 1/3 of existing units are not meeting 8,000 ETVs putting as many as 1/3 of current machines at risk. Shutting down services for failure to meet the minimum volume
-



requirement of 8,000 would have a catastrophic impact on access to radiation care across our state.

HFHS believes the recommended changes for the MRT standards are essential to ensure continued delivery of high-quality radiation care to our patients, to ensure access and to continue to reduce cost to our patients and payers. Thank you for the opportunity to share our input.

Respectfully,

A handwritten signature in black ink, appearing to read "B. Movsas".

Dr. Benjamin Movsas
Chair- Radiation Oncology
Henry Ford Hospital
2799 W. Grand Blvd
Detroit, MI 48202

A handwritten signature in black ink, appearing to read "S. Kalkanis".

Dr. Steven Kalkanis
Medical Director Henry Ford
Cancer Institute
Henry Ford Hospital
2799 W. Grand Blvd
Detroit, MI 48202

A handwritten signature in black ink, appearing to read "Robert H. Riney".

Bob Riney
President & Chief Operating Officer
Henry Ford Health System
1 Ford Place
Detroit, MI 48202

April 11, 2019

James Falahee, Chairperson
Certificate of Need Commission
c/o Michigan Department of Health and Human Services
Certificate of Need Policy Section
South Grand Building, 5th Floor
333 S. Grand Ave
Lansing, Michigan 48933

Spectrum Health Delivery System
Executive Administration | MC338
25 Michigan Street NE, Suite 3299
Grand Rapids, MI 49503
www.spectrumhealth.org

Dear Chairperson Falahee,

Thank you for this opportunity to provide written testimony regarding the proposed changes to the CON Review Standards for Megavoltage Radiation Therapy (MRT) Services/Units.

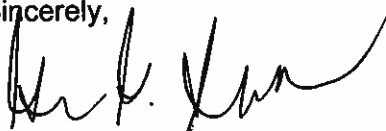
Spectrum Health supports the MRT Standard Advisory Committee's (SAC) recommendations, specifically, the 4,000 equivalent treatment visit (ETV) maintenance volume. The SAC took significant time to analyze data, medical reports, and treatment best practices to determine that weightings should reflect MRT utilization time. As such, the SAC agreed that ETVs should reflect a 15-minute time interval. Active treatment time does not account for the time it takes to set up the treatment room for the patient, or delays that occur when working with a frail population. In reality, 4,000 ETVs equates to approximately 5-6 hours per day of operational time.

The current minimum volume requires active treatment 8 hours per day, 5 days per week, which equates to approximately 10 hours per day of operations. This is the equivalent of 100% utilization just to maintain compliance with CON. Because radiation therapy is an outpatient treatment, asking facilities to operate extended hours in order to meet minimum volume requirements really means asking frail patients to travel to the facility during early morning and late nights for treatment, which is not in the best interest of patient care.

Furthermore, the increased use of hypo-fractionated and accelerated treatment courses, consistent with scientific data and radiation therapy best practices, has improved quality and reduced the financial burden on patients. However, this trend has also resulted in lower use of MRT units, causing many units to operate at cost-effective utilization, but produce fewer ETVs. Given the shift in practice patterns towards hypo-fractionated and accelerated treatment courses, the 4,000 ETV maintenance volume is justified to ensure quality care delivery for patients.

We also want to reiterate our support for the updated weightings recommended by the SAC. Again, thank you for the opportunity to provide feedback on the CON Review Standards for Megavoltage Radiation Therapy (MRT) Services/Units. Spectrum Health appreciates the Commission's ongoing support for the safety and quality of care for Michigan's residents.

Sincerely,



Gwen G. Sandefur, MHSA
President, Spectrum Health Hospital Group