

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
BONE MARROW TRANSPLANTATION SERVICES
STANDARD ADVISORY COMMITTEE (BMTSAC) MEETING**

Thursday, January 14, 2016

Capitol View Building
201 Townsend Street
Lansing, Michigan 48913

APPROVED MINUTES

I. Call to Order and Introductions

Chairperson Carl called the meeting to order at 9:35 a.m.

A. Members Present:

Muneer Abidi, MD, Spectrum Health Hospitals
Adil Akhtar, MD, Beaumont Hospitals
Jennifer Barish, BMT Link Network
Bruce Carl, MD, Chairperson, UAW Retiree Benefits Trust
Roland Chu, MD, Children's Hospital of Michigan
Joan Herbert, PharmD, MidMichigan Health
Feroze Momin, MD, Oakwood Hospital- Dearborn
Edward Peres, MD, Henry Ford Health Systems
Joseph Uberti, MD PhD, Barbara Ann Karmanos Cancer Institute
Michael Wiemann, MD, St. John Providence
Felicia Williams, MD, BCBSM/BCN
Gregory Yanik, MD, University of Michigan Health System

B. Members Absent:

None

C. Department Staff Present:

Tulika Bhattacharya
Sallie Flanders
Natalie Kellogg
Amber Myers
Tania Rodriguez
Brenda Rogers

II. Declaration of Conflicts of Interests

None.

III. Review of Agenda

Motion by Dr. Akhtar, seconded by Dr. Abidi, to accept the agenda as presented. Motion Carried.

IV. Review of Minutes from December 16, 2015

Motion by Dr. Herbert, seconded by Dr. Barrish, to accept the minutes as modified: Dr. Herbert's credentials should read "PharmD," not "MD."

V. Review and Discussion of Charge 1 and Completion of Grid

Chairperson Carl reviewed Charge 1. Discussion and completion of grid (see Attachment A) followed.

Recessed at 11:00 a.m. and reconvened at 11:10 a.m.

Public Comment:

Montana Green, Beaumont Health (see Attachment C)

VI. Review and Discussion of Charge 2 and Completion of Grid

Chairperson Carl reviewed Charge 2. Discussion and completion of grid (see Attachment B) followed.

Motion by Dr. Abidi, seconded by Dr. Uberti, to continue CON regulation of autologous BMT. Motion Carried in a vote of 10 - Yes, 2 - No, and 0 - Abstained.

Motion by Dr. Uberti, seconded by Dr. Peres, to continue CON regulation of allogeneic BMT. Motion Carried in a vote of 10 - Yes, 2 - No, and 0 - Abstained.

VII. Review and Discussion of Charge 3

Chairperson Carl reviewed Charge 3. Discussion followed.

VIII. Next Steps

Dr. Akhtar will provide a presentation on Beaumont's proposed methodology at the February meeting.

Dr. Peres will provide a paper from MD Anderson.

Chairperson Carl asked that any material for the next meeting be submitted to the Department for distribution to the SAC.

IX. Future Meeting Dates - February 11, 2016; March 10, 2016; April 7, 2016; May 12, 2016

X. Public Comment

None.

XI. Adjournment

Motion by Dr. Abidi, seconded by Dr. Uberti, to adjourn the meeting at 12:10 p.m. Motion Carried.

Continued CON Regulation of autologous BMT Services Impacts...

	Positively	Negatively
Cost	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
Quality	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
Access	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

Continued CON Regulation of allogeneic BMT Services Impacts...

	Positively	Negatively
Cost	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
Quality	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
Access	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

BMT SAC Public Comments – Beaumont Health
Presented by: Montana Green
Administrative Nurse Manager
Beaumont Hospital – Royal Oak
January 14, 2016

Good morning. My name is Montana Green, I am Administrative Nurse Manager for the Medical Progressive Care Unit at Beaumont- Royal Oak. Over the last 8 years, I've had the privilege of caring for oncology patients on both the Medical Oncology Unit and as a part of the patient population on my current Medical Progressive Unit.

I know there has been a lot of discussion around access to Bone Marrow Transplant services, and that there are a lot of dimensions of access that you have discussed. Today I want to focus on the relationship that patients develop with their primary oncologist and with their treatment care team, and what happens when such patients become in need of transplant.

Compared to other types of patients such as cardiology or orthopedics, oncology patients form closer working relationships and bonds with their healthcare team. The amount of trust and respect that oncology patients develop with their primary oncologist and the nursing team that cares for them cannot be overstated.

It is often very difficult and scary for these patients to leave the security and emotional support of the oncology healthcare team that they know and love to try to develop new relationships when they are referred to another health system. Because of this, some patients, even those who are referred to other centers for BMT, choose not to proceed with transplant at all or proceed too late.

Holistic care that considers the physical, emotional, and spiritual needs of the patient is especially important for oncology patients and allowing them to receive a bone marrow transplant with a healthcare team that has already gotten to know their specific needs can only benefit them.

Allowing large cancer centers with clinical capabilities and a sufficient base of BMT-eligible cancer patients to offer BMT will improve access and will result in some patients getting needed transplants on a timely basis who otherwise would not.

It is my understanding that very few states regulate BMT under C.O.N. at all, and none of those have a cap on the number of programs- which means that Michigan is out of sync with the rest of the country. Given that BMT services are underutilized across the country and in Michigan, removing these barriers can only improve access for patients. And I believe it will save lives.

Thank you for the opportunity to provide comment today.