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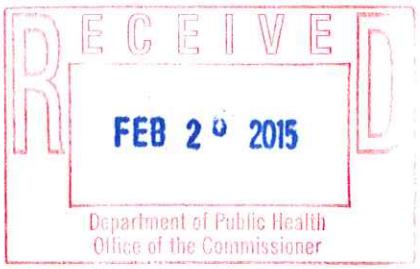
February 25, 2015



Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

As a member of the Middlesex Hospital Patient Advisory Board, I fully support the efforts of the Hospital to upgrade and relocate one of their existing Linear Accelerators to the Shoreline Medical Center in Westbrook, CT. It is my understanding that upgrading the technology is a benefit for our patients undergoing cancer treatment so they may have access to the most advanced therapies and the future standard of care treatment options. I also support the fiscally responsible approach that the Hospital is proposing with the relocation of the Linear Accelerator by timing the upgrade with the timing of the relocation in order to be cost effective during the installation process.

By providing access to oncologists and radiation therapy within the shoreline communities, the Hospital has strategically planned for cancer care services to be provided closer to a large portion of the population they serve. Patients undergoing certain cancer treatment are required to receive radiation therapy daily for several weeks. The average radiation therapy patient will receive 30 to 35 treatments in the course of their therapy program. Although the Hospital does offer a transportation service for those patient living in the shoreline communities, access to care will greatly improve if the Linear Accelerator can be located closer to the population being served.

As a Shoreline resident and a member of the Middlesex Hospital Patient Advisory Board, I commend Middlesex Hospital for proposing a solution to improved quality and access by having one Linear Accelerator in Middletown and the second machine located in Westbrook.

Sincerely,

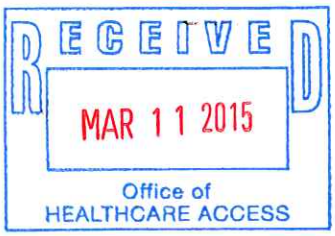
Teri L. Stanwix

5 Tallwoods Circle, Old Saybrook CT 06475

MIDDLESEX
HOSPITAL

ADMINISTRATION

March 11, 2015



Ms. Kimberly Martone
Director of Operations
State of Connecticut
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
Hartford, CT 06134

Re: Replacement of Linear Accelerator – Docket #TBD

Dear Ms. Martone:

Enclosed please find the original Middlesex Hospital's Certificate of Need for the *Replacement of Linear Accelerator*, along with four additional copies. As requested, I have included a CD of the complete application and documents in MS and PDF format.

We are also enclosing our check in the amount of $500 in payment of the filing fee.

Thank you very much for your consideration of this application.

Please call me if you have any questions or concerns.

Very truly yours,

Gary Havican
Vice President, Operations

28 Crescent Street
Middletown, Connecticut 06457-3650

tel 860 344-6000
fax 860 346-5485

A member of the Middlesex Health System

Application Checklist

Instructions:

1. **Please check each box below, as appropriate; and**
2. **The completed checklist *must* be submitted as the first page of the CON application.**

[X] **Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of $500.**

For OHCA Use Only:

Docket No.: 531985-CON **Check No.:** 277267
OHCA Verified by: _____ **Date:** 3/11/12

[X] **Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (*OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)***

[X] **Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.**

[X] **Attached are completed Financial Attachments I and II.**

[X] **Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.**

Note: A CON application may be filed with OHCA electronically through email, if the total number of pages submitted is 50 pages or less. In this case, the CON Application must be emailed to ohca@ct.gov.

Important: For CON applications(less than 50 pages) filed electronically through email, the signed affidavit and the check in the amount of $500 must be delivered to OHCA in hardcopy.

[X] **The following have been submitted on a CD**

1. **A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.**
2. **An electronic copy of the documents in MS Word and MS Excel as appropriate.**

THE ATTACHED CHECK IS IN PAYMENT OF TERMS LISTED BELOW.

MIDDLESEX HOSPITAL

INVOICE NUMBER, DATE, AND COMMENTS	GROSS AMOUNT	DISCOUNT	NET AMOUNT
03/05/15 03/05/15 CON FOR LINEAR ACCELERATOR FOR THE SHORELINE MEDICAL CENTER	500.00	0.00	500.00
THIS VOUCHER IS FOR YOUR RECORDS.	500.00	0.00	500.00

MIDDLESEX HOSPITAL
28 Crescent Street
Middletown, CT 06457

DATE 03/06/15

CHECK NUMBER 277267

62-22
311

DOLLARS	CENTS
$*******500	00

PAY TO THE ORDER OF TREASURER STATE OF CT
55 Elm Street, Hartford CT 06106

FIVE HUNDRED AND 00/100 DOLLARS

Susan M. Martin

WACHOVIA BANK, N.A.
Wilmington, DE 19303

[redacted]

PSEPRZ-G-CWP

★ 49624

11828

See Reverse Side For Easy Opening Instructions

MIDDLESEX HOSPITAL
28 Crescent Street
Middletown, CT 06457-3650

ADDRESS SERVICE REQUESTED

Treasurer State of Ct
55 Elm Street
Hartford CT 06106

NEW HAVEN REGISTER | THE REGISTER CITIZEN | The Middletown Press | Farmington Valley Times | CONNECTICUT | SHORELINE TIMES | The Foothills Trader | WEST HARTFORD NEWS | MINUTEMAN | The Connecticut Bride | Milford-Orange Bulletin | THE GRANBY NEWS | the Dolphin | THE LITCHFIELD COUNTY TIMES | Post-Chronicle

Proof of Ad 02/03/15

Account:	167684
Name:	
Company:	MIDDLESEX HOSPITAL
Address:	28 CRESCENT STREET PEG ARICO MIDDLETOWN, CT 06457
Telephone:	(860) 344-6171
Ad ID:	499575
Description:	PUBLIC NOTICE Pursuant to section 19
Run Dates:	02/04/15 to 02/06/15
Class:	1201
Orig User:	CRCGILSON
Words:	72
Lines:	23
Agate Lines:	25
Column width:	1
Depth:	2.75
Blind Box:	

PUBLIC NOTICE

Pursuant to section 19a-638 of the Connecticut General Statutes, Middlesex Hospital intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access.

Proposal: To upgrade and replace an existing Linear Accelerator and relocate the new linear accelerator from 536 Saybrook Road in Middletown, CT to Middlesex Hospital Shoreline Medical Center located at 250 Flat Rock Place in Westbrook, CT.

Capital Expenditure: $3.7 million

Three Consecutive Dates:

- February 4, 2015
- February 5, 2015
- February 6, 2015

We Appreciate Your Business!
Thank You !

21ST CENTURY media

AFFIDAVIT

Applicant: Middlesex Hospital

Project Title: Replacement of Linear Accelerator

I, Vincent Capece, Jr. (Individual's Name) CEO (Position Title – CEO or CFO)

of Middlesex Hospital (Hospital or Facility Name) being duly sworn, depose and state that

Middlesex Hospital's (Hospital or Facility Name) information submitted in this Certificate of

Need Application is accurate and correct to the best of my knowledge.

Signature 3/10/15 Date

Subscribed and sworn to before me on 3.10.15

Melissa Lowrey

Notary Public/Commissioner of Superior Court

My commission expires: MELISSA M. LOWREY
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2019

State of Connecticut
Office of Health Care Access
Certificate of Need Application

Instructions: Please complete all sections of the Certificate of Need ("CON") application. If any section or question is not relevant to your project, a response of "Not Applicable" may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

Docket Number:	
Applicant:	Middlesex Hospital
Applicant's Facility ID*:	1760454334
Contact Person:	Gary Havican
Contact Person's Title:	Vice President, Operations
Contact Person's Address:	28 Crescent Street, Middletown, CT
Contact Person's Phone Number:	(860) 358-6140
Contact Person's Fax Number:	(860) 346-5485
Contact Person's Email Address:	gary.havican@midhosp.org
Project Town:	Westbrook, CT
Project Name:	Replacement of a Linear Accelerator
Statute Reference:	Section 19a-638, C.G.S.
Estimated Total Capital Expenditure:	$3,800,000

*Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier.

1. Project Description: Acquisition of Equipment

a. Please provide a narrative detailing the proposal.

Response

Middlesex Hospital (herein referred to as "Hospital"), a subsidiary of its sole member Middlesex Health System, Inc., is a non-for-profit, acute care hospital located at 28 Crescent Street in Middletown, CT. The Hospital operates at multiple sites located throughout its service area.

Middlesex Hospital has owned and operated two linear accelerators ("Linac"s) since 2010.

- On May 14, 2009, the Hospital received approval from the Office of Health Care Access ("OHCA") to replace the existing Linac (Docket Number 08-31262-CON, herein referred to as Linac #2), but also allowed the Hospital to maintain ownership of the original Linac (herein referred to as Linac #1).
- On May 26, 2010, OHCA approved a modification of its original decision (Docket Number 10-31262-MDF) to enable the Hospital to use their original Linac (Linac #1) for specific cases and to carry any additional case load experienced by the Hospital. It is this Linac that the Hospital is requesting to replace as it is 13 years old.

The two Linacs are currently operating at the Middlesex Hospital Cancer Center located at 536 Saybrook Road, Middletown, CT. which is part of the Hospital's main outpatient campus.

The original Linac (Linac #1) is now in need of replacement due to age (13 years old), and is lacking the technology needed to offer patients the highest level of quality care and improved outcomes. Although this proposal is for a replacement of an already approved Linac, because the Hospital proposes to locate the replacement at Middlesex Hospital Shoreline Medical Center in Westbrook, OHCA has informally advised that it is non-hospital based and therefore requires Certificate of Need ("CON") approval.

Having radiation therapy treatment available at the Westbrook facility (a.k.a. Middlesex Shoreline Medical Center) will improve access for those patients undergoing daily radiation treatments that live in that section of the Hospital service area. Also, the future business plan for the Middlesex Shoreline Medical Center is to add services and physician offices at this location to improve the continuity of care and the overall experience of care for patients.

The Hospital does not anticipate any significant increase in utilization as a result of the replacement and relocation. The Hospital projects an average annual growth of

3% in Linac test utilization. Replacing the Linac is part of an overall strategy for the Hospital to improve quality and access to care for our cancer patients. Below we summarize the key factors of our broader vision of this strategy. These factors will also support the reasonable growth projections proposed in this application. The factors include:

- Aging population
- Detecting cancer earlier with improved community access to preventive screenings and services
- New treatment options available through advances in radiation therapy technology
- Recruiting several physicians, including thoracic surgeon, colorectal surgeon, breast surgeon, and surgical oncology surgeon
- Implementing a High Dose Radiation Therapy program to expand our current cancer services capabilities to provide improved treatment options for gynecological cancers

Currently the Hospital Cancer Center provides Linac services to an estimated 435 patients annually. Because each patient undergoing radiation therapy may be treated with approximately 25 to 30 tests during their treatment protocol, (one daily treatment for 5 to 6 weeks), the average patient demand for tests created by 435 patients results in 11,000 to 13,000 tests (actual number of tests is driven by the type of the cancer).

The primary payer of Linac treatments in the Hospital's service area has historically been Medicare, associated with the age of cancer patients being older than 65 years of age and our relatively older population. For FY 2014, the Hospital reports the following payer mix (based on patient volume and not gross revenue) for "Linac services only": 60% Medicare, 32% commercial, 6% Medicaid, and <1% uninsured/self-pay.

We do not anticipate any significant changes with the population we serve within our service area; therefore, our proposal projects a minor growth in volume and no change in payer mix as a result of this replacement Linac and a relocation to the Westbrook facility.

This application focuses on the replacement and relocation of one of our Linacs currently located in Middletown to be located closer to nearly 40% of the patients who utilize radiation therapy services. We provide more detail regarding our approach within the content of the CON application.

The two existing Linac service providers within near proximity to the Westbrook facility are the Yale New Haven Shoreline Medical Center located in Guilford, and the Lawrence & Memorial Hospital Cancer Center located in Waterford. We anticipate a limited impact to existing providers based on the fact that the relocation is being proposed to more conveniently service those patients who are patients of Middlesex Hospital oncologists and who currently come from the shoreline area to the Middlesex Cancer Center in Middletown.

The Hospital projects a construction time frame to be slightly greater than one full year from the time the CON has received OHCA approval to full operation. The Linac is estimated to be fully operational and providing radiation treatment to patients within the third quarter of FY 2017 (contingent upon timing of CON approval).

Background:
The following section offers additional background related to the population that the Hospital has traditionally been serving.

The longstanding service area towns of the Middlesex Hospital are provided in Table1a.1 below.

Table 1a.1: Middlesex Hospital Service Area

- Chester
- Clinton
- Colchester
- Cromwell
- Deep River
- Durham
- East Haddam
- East Hampton
- Essex
- Haddam
- Killingworth
- Madison
- Marlborough
- Middlefield
- Middletown
- Old Saybrook
- Portland
- Westbrook

Table 1a.2 shows the total market share as calculated from patients from the above referenced service area over the past four years that utilize Middlesex Hospital for Inpatient Services, Ambulatory Surgery Services, and Emergency Department Services.

Table 1a.2: Market Share for Middlesex Hospital's Service Area by Hospital Service

	FY 2011 Market Share	FY 2012 Market Share	FY 2013 Market Share	FY 2014 Market Share
Inpatient Services	51.4%	52.2%	54.3%	53.5%
Ambulatory Surgery Services	34.5%	33.6%	34.7%	34.7%
Emergency Department Services	79.0%	78.3%	78.7%	79.0%

Source: CHIME Data

As evidenced by the market share data, the Hospital reports a consistent patient population that it has historically served. Patients within the Middlesex Hospital service area also use other hospitals in the area such as Yale New Haven Hospital and the Lawrence & Memorial Hospital.

The payer mix (based on gross revenue) for Total Hospital services shows that nearly half (47%) of Middlesex patients are covered by Medicare, 16% by Medicaid, 35% by Commercial insurance, 1% worker's compensation, and 1% have no insurance coverage for FY 2014. Table 1a.3 shows the breakdown by type of hospital service by payer category.

Table 1a.3: Payer Mix for the Middlesex Hospital Service Area for Inpatient, Ambulatory, and Emergency Department Services for FY 2014

Payer Category	Inpatient Services	Ambulatory Services	Emergency Department Services	TOTAL HOSPITAL
Medicare	60%	36%	30%	47%
Medicaid	13%	11%	25%	16%
Commercial	25%	49%	39%	35%
Uninsured	1%	3%	4%	1%
Workers Compensation	1%	1%	2%	1%

b. ***Provide letters that have been received in support of the proposal.***

Response

The Hospital has received 10 letters of support for the proposed relocation from Middletown to Westbrook. These letters represent some of those physicians that would refer patients for radiation therapy if the need arises. The following represent those physicians that submitted support letters:

- Andrea Schaffner, MD (Middlesex Hospital Primary Care, Inc.)
- Susanna Hong, MD (Connecticut Oncology Group)
- Shane T. Ridge, DO (Middlesex Hospital Primary Care, Inc.)
- Valerie M. Small, MD (Middlesex Hospital Primary Care, Inc.)
- David E. Walker, MD (Middlesex Hospital Primary Care, Inc.)
- Andrea M. Malon, MD (Middletown Surgical Group)
- Joseph B. Weissberg, (Central Connecticut Radiation Oncology)
- Richard O. Frink, MD (Middlesex Urology)

The Hospital has received letters of support from the Middlesex Patient Family Advisory Council, specifically, support letters from the following members:

- Teri L. Stanwix
- Shelia C. Daniels
- Stephanie T. Garvey
- Kate Moran

These letters of support can be found in Attachment A.

c. ***Provide the Manufacturer, Model, Number of slices/tesla strength of the proposed scanner (as appropriate to each piece of equipment).***

Response
Middlesex Hospital is requesting to replace our existing 13 year old Linac with a new Elekta Infinity Linear Accelerator. According to the product description material, the Elekta Infinity delivers superb dose conformance, treatment speed, and ultra-low dose safeguards. Our radiation oncology team selected this particular Linac because it integrates image-guided radiation therapy with a comprehensive treatment system that includes Volumetric Modulated Arc Therapy (VMAT) which enables clinicians to basically "shrink wrap" the dose around a tumor.

Patients benefit from the precise adaptation target volume which spares risking other organs from the radiation, reduced treatment times, and overall improvement to patient flow.

Furthermore, the Elekta Infinity is able to integrate with the Hospital electronic medical record system to streamline workflow.

Equipment description brochure is included as Attachment B.

d. ***List each of the Applicant's sites and the imaging modalities and other services currently offered by location.***

Response
Middlesex Hospital has been re-designing how and where health care services are delivered in response to both federal and state health care reform initiatives. As part of the Hospital's strategy, we are locating appropriate services outside of the four walls of the Hospital and placing such services in proximity to our patient population. Below is a high-level summary of the various outpatient sites of services and any imaging modality that may be present at that location.

This CON application is not for the acquisition of imaging equipment and is for a replacement Linac. The Hospital operates two Linacs which are both currently located at the Hospital's Cancer Center.

Figure 1 List of Middlesex Health System Location of Services

Location of Facilities	Imaging Modalities and Summary of Services
Middlesex Hospital 28 Crescent Street Middletown, CT	• Acute care hospital services • MRI, CT Scanner, x-ray, ultrasound, and nuclear medicine
Middlesex Hospital Cancer Center 536 Saybrook Road Middletown, CT	• Radiation therapy – Intensity-Modulated Radiation Therapy (IMRT) – Image Guided-Radiation Therapy (IGRT) – 3-D Conformal Radiation Therapy – Prostate Seed Implant – Stereotactic Radiosurgery (SRS) – Stereotactic Body Radiotherapy (SBRT) • Digital Mammography and 3-D Tomosynthesis • Diagnostic Radiology/Nuclear Medicine • Medical Oncology/Hematology • Molecular Breast Imaging • Surgical and Radiation Oncology • Cancer prevention and education • Chemotherapy
Middlesex Hospital Outpatient Center 534 Saybrook Road Middletown, CT	• One day surgery • Pain management • MRI, CT scanner, x-ray, and ultrasound • Laboratory services • Rehabilitative Services (physical, occupational, speech, etc.)
Shoreline Medical Center 250 Flat Rock Place Westbrook, CT	• 24/7 emergency care • Women's Center (mammography, 3-D Tomosynthesis, & densitometry) • MRI, CT scanner, x-ray, and ultrasound • Laboratory services • Infusion therapy • Chronic care management • Cancer prevention education (future plans) • Medical and surgical oncologists (future plans) • Primary care and multi-specialty physician practice (future plans)
Marlborough Medical Center 12 Jones Hollow Road Marlborough, CT	• 24/7 emergency care • Women's Center (mammography, 3-D Tomosynthesis, & densitometry) • MRI, CT scanner, x-ray, and ultrasound • Laboratory services • Rehabilitative Services (physical, occupational, speech, etc.)
Urgent Care Middletown 896 Washington Street Middletown, CT	• General medical issues • X-ray • Laboratory services
Urgent Care Madison 1347 Boston Post Road Madison, CT	• General medical issues • X-ray • Laboratory services

2. Clear Public Need

a. ***Explain why there is a clear public need for the proposed equipment. Provide evidence that demonstrates this need.***

Response
Although the Hospital is completing the OHCA application for an "Equipment Acquisition", this proposal is for a replacement of a Linac. The Linac is already owned and operated by the Hospital at the Cancer Center located in Middletown, CT. The Hospital proposes to **upgrade** and **replace** the existing Linac because it is 13 years old and is lacking the technology to offer patients the highest level of quality care and improved outcomes.

Therefore, the clear public need to replace the existing Linac is demonstrated by OHCA's original decision to approve the second Linac under Docket 10-31262-MDF.

Also, instead of replacing the existing Linac and continuing to operate two Linacs at the same location (the Middlesex Hospital Cancer Center in Middletown), the Hospital proposes a relocation to the existing shoreline facility to improve access to radiation therapy procedures for the residents in that part of the Hospital's current service area.

The current utilization for the two Linacs is within the standard utilization recommendations as published by the American College of Radiology (ACR). In Attachment C (page 9 of 18), we have highlighted the section under Staffing Levels to demonstrate to OHCA that the ACR considers 222 patients per Linac for a hospital the size of Middlesex as appropriate utilization. Since the Hospital operates two Linacs, according to the ACR guidelines, the utilization should be approximately 444 patients in total (two Linacs at 222 for each equipment). The ACR further advises facilities to consider the patient population, range and complexity of services provided when using these guidelines. This is ACR cautionary comment since treatment procedures vary, especially in length of time.

Linac utilization data on average shows that Middlesex Hospital Cancer Center treats about 435 patients annually. Specifically, 425 in FY 2012, 452 in FY 2013, and 429 in FY 2014. During the first quarter of FY 2015 there has been an uptick in Linac utilization data with 183 patients treated in the first quarter of FY 2015.

Because each patient undergoing radiation therapy may be treated with an average of 25 to 30 tests during their treatment protocol, (one daily treatment for 5 to 6 weeks), the average patient demand for tests created by 435 patients will result into an estimated 11,000 to 13,000 tests. The actual number of tests is driven by the type of the cancer. Also, some cancer type tests take much longer in time to deliver the radiation treatment. It is not prudent to make assumptions that all tests take about 15

minutes; in fact, some treatment tests can take 45 minutes to an hour in length. Therefore it is difficult to quantify "capacity" because of the length of time variable.

The historical (past 3 years) Linac utilization reports 12,155 tests in FY 2012, 12,647 tests in FY 2013, and 11,598 tests in FY 2014 (Table 2a.1).

Table 2a.1: Total Middlesex Hospital Linac Utilization

	FY 2012 Number of Tests	FY 2013 Number of Tests	FY 2014 Number of Tests	FY 2015 1st Quarter Number of Tests
Linac #1	5,525	6,302	5,703	1,687
Linac #2	6,630	6,345	5,895	1,908
TOTAL	**12,155**	**12,647**	**11,598**	**3,595**

Although this application is not proposing a significant growth in volume with Linac utilization, we have included a reasonable increase of 3% associated with the aging of the population (approximately 17% of the Middlesex Hospital service area is 65 and older, Table 2a.2), new treatment options for previously inoperable cancers, physician recruitment, and early cancer detection through community preventive screenings.

Table 2a.2: Population by Town within the Middlesex Hospital Service Area and Percent of Population Age 65 and Older

Town	Population 2012	Population 2020	Population Percent Change	% Age 65 years and older 2012
Chester	4,090	3,976	-0.4%	21%
Clinton	13,259	12,840	-0.4%	16%
Colchester	16,044	16,923	0.7%	12%
Cromwell	14,059	14,854	0.7%	17%
Deep River	4,636	4,489	-0.4%	15%
Durham	7,368	7,803	0.7%	15%
East Haddam	9,120	9,467	0.5%	14%
East Hampton	12,953	12,695	-0.3%	10%
Essex	6,682	6,565	-0.2%	22%
Haddam	8,308	9,129	1.2%	13%
Killingworth	6,512	6,614	0.2%	18%
Madison	18,264	18,037	-0.2%	18%
Marlborough	6,382	6,688	0.6%	13%
Middlefield	4,426	4,483	0.2%	15%
Middletown	47,530	51,372	1.0%	13%
Old Saybrook	10,268	9,643	-0.8%	27%
Portland	9,500	10,018	0.7%	16%
Westbrook	6,928	7,362	0.8%	20%

The primary payer of Linac treatments in the Hospital's service area has historically been Medicare. This correlates with a higher incidence of cancer among those patients 65 and older. For the past 3 years, the Hospital has been experiencing an average 59% Medicare patient mix for Linac services (Table 2a.2).

Table 2a.3: Payer Mix for Linac Utilization within the Middlesex Hospital Service Area

Payer Category	FY 2012	FY 2013	FY 2014	FY 2015 1st Q
Medicare	56%	59%	61%	57%
Commercial	36%	35%	32%	35%
Medicaid	8%	6%	6%	7%
Self-pay	<1%	<1%	<1%	<1%

Growth in Utilization Based on Published Research

Published utilization research further supports the growth of outpatient radiation therapy. Different research studies indicate that the utilization of radiation therapy treatment will increase.

The most recent Statewide Service Utilization and FTEs document (as available on OHCA's website), reports a 5% increase in utilization of outpatient Linac treatment procedures from FY 2010 to FY 2012 (http://www.ct.gov/dph/lib/dph/ohca/utilizationreport/fy2013_service_utilization_fte.pdf; this document is available under Attachment C). It is reasonable to anticipate this trend to continue as more treatment options are being offered as more advanced technology is being developed to treat previously inoperable cancers such as lung cancer. The existing Linac that Middlesex proposes to replace lacks this technology and when upgraded to the Elekta Infinity machine (see Attachment B for more details) the newer technology will be available for cancer patients that currently are not able to be treated with Linac modality.

In addition to the organic growth mentioned above, the federal Household Component of the Medical Expenditure Panel Survey (MEPS-HC) conducted research for the years of 2001 and 2011, and found that the percent of the adult population that obtained treatment for cancer has increased. Specifically, in 2001 the MEPS data showed 4.8% of the adult population received treatment for cancer, and 6.7% received treatment in 2011. Additionally, of those age 65 and older, there was more than a 50% increase from 12.8% in 2001 to 19.7% in 2011. (Attachment C)

Additionally, as reported in the journal *Oncology Issues* (Attachment C) some of the future demands for cancer services will be shaped by a number of competing factors such as:

- Epidemiologic factors – decreasing smoking rates, and increasing obesity rates
- Payment and policy decisions – health care reform, decreased uninsured rate, improved access to technology, reduced costs or elimination of co-pays with preventive screenings
- Population – aging population, increasing number of cancer survivors needing follow up and surveillance
- New technologies and treatments – decreasing unnecessary utilization from side effects, increasing interventional oncology modalities, and stereotactic body radiation therapy (SBRT)
- Care coordination – reducing inpatient admissions through better use of community-based resources, reduced unnecessary services associated with using nurse navigators and telemedicine

b. ***Complete Table 1 for each piece of equipment of the type proposed currently operated by the Applicant at each of the Applicant's sites.***

Response

Currently Middlesex Hospital owns and operates two Linacs located at the Middlesex Hospital Cancer Center. Table 1 below breakdowns the utilization by each of the Linacs. This CON application is requesting OHCA approval to replace and relocate the Linac identified as Linear Accelerator #1 in Table 1 below.

TABLE 1
EXISTING EQUIPMENT OPERATED BY THE APPLICANT

Provider Name/Address	Service	Days/Hours of Operation	Utilization FY 2014
Linear Accelerator #1 Middlesex Hospital Cancer Center 536 Saybrook Road Middletown, CT Varian 2100SCX ("old")	• Delivers Intensity Modulated Radiation Therapy (IMRT) as well as proton electron beam irradiation and 3-D conformal radiation therapy • Best for treatment of certain conditions: Hodgkin's lymphoma, ovarian, cervical cancer, palliative intent for spine or brain	Monday-Friday 8:00 AM to 5:00 PM	**5,703**

Linear Accelerator #2 Middlesex Hospital Cancer Center 536 Saybrook Road Middletown, CT Novalis TX	• Delivers Image-Guided Radiation Therapy (IGRT) as well as stereotactic radiation surgery (now the standard of care for a significant portion of patients: brain metastases, intracranial tumors and meningiomas; also for stages I & II lung cancer, prostate cancer) • Lengthy procedures and therefore difficult to quantify capacity	Monday-Friday 8:00 AM to 5:00 PM	**5,895**

c. ***Provide the following regarding the proposal's location:***

i. ***The rationale for locating the proposed equipment at the proposed site;***

Response
Middlesex Hospital's long-term strategy is to provide as much accessibility as possible. This is one of the cornerstones of the Affordable Care Act to redesign our health care system to be more focused around the needs of the patient, accountable for improving the health of our patients, and stabilize the cost of care while delivering improved quality.

The Hospital proposes to relocate the replacement Linac to our existing Shoreline Medical Center facility located in Westbrook, CT to improve access for those patients residing closer to the shoreline. This facility is located within our existing service area (see Figure 2). Approximately 40% (refer to Table 2c.1) of the patients who needed radiation therapy in FY 2014, resided in Westbrook and the nearby towns of Westbrook.

Table 2c.1 Total Linac Tests by Towns Closer to Westbrook within the Middlesex Hospital Service Area

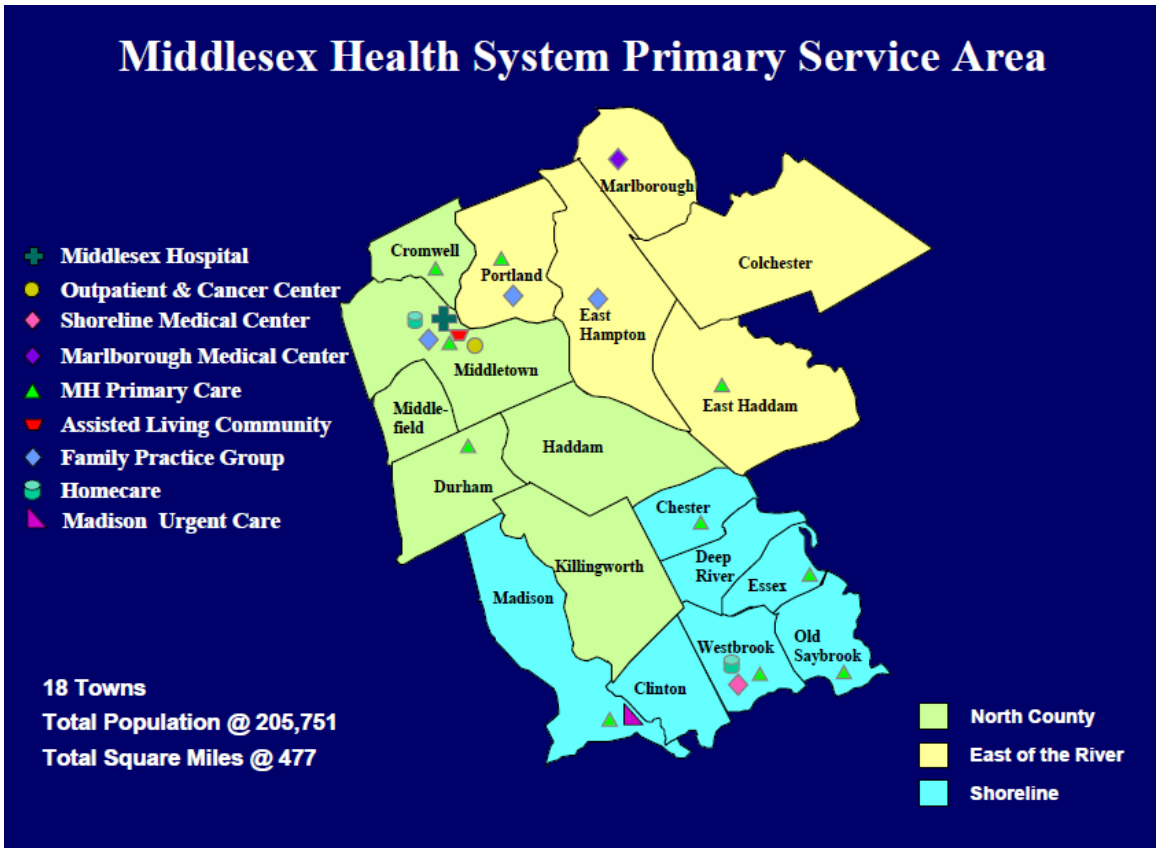
Towns within Middlesex Hospital Service Area Nearby to Westbrook	FY 2014 Total Linac Tests
Chester	199
Clinton	850
Deep River	11
Durham	320
East Haddam	488
Essex	486
Haddam	487
Killingworth	364
Madison	159

Old Saybrook	624
Westbrook	255
"Shoreline Area" Subtotal	**4,243 (37%)**
All Other Towns	**7,355 (63%)**
Grand Total	**11,598**

Furthermore, the Westbrook facility is an existing building and with minimal construction work will be able to house the Linac, provide ample parking, has received approval from the Town of Westbrook Zoning Commission (Attachment D), and currently has all of the Information Technology infrastructure in place to seamlessly provide system support functions (registration, billing, etc.).

For these reasons, the Hospital selected the Middlesex Shoreline Medical Center located in Westbrook, CT to install the replacement Linac.

FIGURE 2.



ii. ***The population to be served, including specific evidence such as incidence, prevalence, or other demographic data that demonstrates need;***

Response
The Hospital's proposed plan is to replace the existing Linac and relocate it to the Middlesex Shoreline Medical Center in Westbrook. Our primary assumption is that those patients living in towns in close proximity to Westbrook, and who are using Middlesex radiation oncologists will prefer to seek radiation therapy closer to where they live. Therefore, the population to be served with the Linac located in Westbrook will be similar to the existing population Middlesex Hospital currently serves.

The volume projections include an estimated increase of 3% across both machines. This growth percentage is based on the aging population, Middlesex Hospital actively recruiting more physicians (including thoracic surgeon, surgical oncologist, colorectal surgeon and breast surgeon), improved ability to treat gynecological cancers, and improved access to cancer preventive screenings.

Additionally, many published articles support the growth in outpatient radiation therapy treatments. Please refer to research noted in the CON application Section 2 Clear Public Need or under Attachment C.

iii. ***How and where the proposed patient population is currently being served;***

Response
The proposed patient population is currently being served at the Middlesex Hospital Cancer Center located in Middletown, CT. This CON application is for a replacement Linac and is not requesting an additional machine.

Also, the intention of this proposal is to relocate one of the Hospital's Linacs from Middletown to Westbrook to improve access for our cancer patients undergoing daily radiation therapy treatments and reside closer to Westbrook than Middletown. We anticipate that those patients residing closer to Westbrook, will utilize the Linac operating at the Middlesex Shoreline Medical Center located in Westbrook.

iv. ***Identify the name and location (name, facility ID, address, service, hours of operation) of existing providers in the service area and within close proximity, provide the utilization of these services for the most recently completed year;***

Response

The Middlesex Shoreline Medical Center is located in Westbrook, CT. Existing facilities in close proximity to the Westbrook Linac services are

(a) Yale New Haven Shoreline Medical Center located in Guildford, CT
(b) Lawrence & Memorial Cancer Center located in Waterford, CT

Utilization data for the two facilities referenced above is not available. What is available is aggregated Linac utilization data from the hospitals which affiliate with each of these two locations, Yale New Haven Hospital and Lawrence & Memorial. We present this aggregated utilization data in Table 2. These data include Linac utilization from all Linacs owned and operated by the reporting hospitals. We have also presented two different sources of data, the OHCA Filing 450 and the Patient Census Report reported via CHIME. For references purposes we include the Middlesex Hospital Linac utilization data so OHCA can see that depending on the source of data, the volume may change. The reason the data may be reported differently is related to the fact that some data is being reported by using charge information (multiple charges during one procedure) and some data may be reporting the number of visits or tests that have been performed. Therefore, we acknowledge that the data in Table 2 is not helpful in understanding the current volume and capacity within the specific towns and nearby area of Westbrook, CT, but it represents what data was publicly available.

Since this proposal is to replace an existing Linac and not for an additional machine to be added to the outpatient market, we feel that the relocation of the Linac from Middletown to Westbrook will not introduce additional capacity nor drive up costs associated with excess capacity.

TABLE 2 EXISTING SERVICE PROVIDERS

Facility Name	Facility ID (NPI)	Facility Address	Service	Utilization (Number procedures)			Hours of Operation
				2013* OHCA DATA	**2013** CHIME DATA**	**2014** CHIME DATA**	
Yale New Haven Hospital *(includes volume from St. Raphael's)*	1255310634	-Smilow Cancer Hospital -Yale Shoreline Medical Center 111 Goose Lane, Guilford, CT	Radiation Therapy	46,200	38,351	37,256	Mon-Fri
Lawrence & Memorial Hospital	1073530870	Cancer Center 230 Waterford Parkway South, Waterford	Radiation Therapy	9.439	8,251	9,666	Mon-Fri
Middlesex Hospital	1760454334	536 Saybrook Road, Middletown	Radiation Therapy	12,571	8,914	8,211	Mon - Fri 8:00 to 5:00

NOTES:
* Data obtained from OHCA Report 450 (Linear Accelerator outpatient procedures)
** Data obtained from Patient Census Report (Outpatient Radiation Therapy)

v. ***The effect of the proposal on existing providers; and***

Response

The existing providers of Linac treatments in or nearby to the Middlesex Shoreline Medical Center in Westbrook, CT is the Yale New Haven Shoreline Medical Center in Guilford, CT, and the Lawrence & Memorial Hospital Cancer Center in Waterford, CT. Both of these facilities are affiliated with hospitals (Yale New Haven Hospital and Lawrence & Memorial Hospital respectively) and therefore have their own referral patterns associated with their physicians. However, Middlesex Hospital has Tumor Registry data that indicates that some patients of Middlesex Hospital who are diagnosed at Middlesex Hospital receive their radiation therapy treatment at a Yale New Haven Hospital facility. This is likely related to patient preference or a cancer subspecialty that Middlesex does not have on its medical staff. For these reasons (patient preferences and specific subspecialty) having a Linac located in Westbrook will likely have no impact.

vi. ***If the proposal involves a new site of service, identify the service area towns and the basis for their selection.***

Response

The goal of the CON application is to replace an existing Linac The Hospital proposes to relocate the newly replaced Linac to an existing Hospital outpatient facility, the Middlesex Shoreline Medical Center which is located in Westbrook, CT which is within the existing service area of the Hospital. So neither the site of service nor the service area is new. Currently patients within this Westbrook area travel to the Middlesex Hospital Cancer Center located in Middletown, CT.

In addition, the towns surrounding the Middlesex Shoreline Medical Center are currently within the service area of the Middlesex Hospital. We therefore have made the assumption that if patients reside closer to Westbrook, CT rather than Middletown, CT, patients will likely select the Westbrook Linac for treatment.

We looked at our Linac utilization by town and estimated that approximately 40% of our current Linac utilization would likely prefer the Westbrook, CT location. Table 3 identifies the towns most likely to use the Westbrook facility due to the proximity.

Table 3 APPLICANT'S SERVICE AREA

Town	Reason for Inclusion
Patients in these towns will likely use the Linac services at Shoreline Medical Center, Westbrook, CT	
Chester	Proximity to Westbrook
Clinton	Proximity to Westbrook
Deep River	Proximity to Westbrook
Durham	Proximity to Westbrook
East Haddam	Proximity to Westbrook
Essex	Proximity to Westbrook
Haddam	Proximity to Westbrook
Killingworth	Proximity to Westbrook
Madison	Proximity to Westbrook
Old Saybrook	Proximity to Westbrook
Westbrook	Proximity to Westbrook
Patients in these towns will likely use the Linac services at Middlesex Cancer Center, Middletown	
Colchester	Proximity to Middletown
Cromwell	Proximity to Middletown
East Hampton	Proximity to Middletown
Marlborough	Proximity to Middletown
Middlefield	Proximity to Middletown
Middletown	Proximity to Middletown
Portland	Proximity to Middletown

d. ***Explain why the proposal will not result in an unnecessary duplication of existing or approved health care services.***

Response
This CON application is requesting a replacement Linac and not requesting an additional Linac. The newly acquired Linac will provide a higher quality and more advanced technology for the treatment of cancer in the Middlesex Hospital service area. Currently, the two Linacs are located in the same place (Middletown, CT), we propose separating their locations to make cancer treatment more accessible for our patients that reside closer to the shoreline.

Because this is a replacement, this proposal will not result in unnecessary duplication. This is supported by OHCA's approval on May 26, 2010, Docket Number 10-31262-MDF.

The current utilization for the two Linacs is within the standard utilization recommendations as published by the ACR (Attachment C). Since the Hospital operates two Linacs, according to the ACR guidelines, the utilization should be approximately 444 patients in total (two Linacs at 222 for each equipment). The ACR further advises facilities to consider the patient population, range and complexity of services provided when using these guidelines. This is an ACR cautionary comment since treatment procedures vary, especially in length of time.

For these reasons, the replacement and relocation of an existing Linac from Middletown to Westbrook will not result in unnecessary duplication.

3. Actual and Projected Volume

a. Complete the following tables for the past three fiscal years ("FY"), current fiscal year ("CFY"), and first three projected FYs of the proposal, for each of the Applicant's existing and proposed pieces of equipment (of the type proposed, at the proposed location only). In Table 4a, report the units of service by piece of equipment, and in Table 4b, report the units of service by type of exam (e.g. if specializing in orthopedic, neurosurgery, or if there are scans that can be performed on the proposed scanner that the Applicant is unable to perform on its existing scanners).

Response
Middlesex Hospital's historical Linac test volume for the past three fiscal years was 12,155 tests, 12,647 tests, and 11,598 tests (FYs 2012, 2013, and 2014 respectively). The patient volume for those same fiscal years is 421, 459, and 432. Tests volumes for FY 2015 to date show an increase from these baseline figures.

The Hospital projects an estimated annual increase of 3% in volume due to the aging population, advances in technology to treat previously inoperable cancers, recruiting of a thoracic surgeon, surgical oncologist, colorectal surgeon, and breast surgeon,

early detection of cancer with preventive screenings, and improving our capabilities to treat gynecological cancers by using High Does Radiation Therapy.

Below we have provided OHCA with additional tables beyond those requested; therefore, Table 4A is now Table 4A.1 and Table 4A.2. The tables include the OHCA requested information about Linac tests (Table 4a.1), but we have also provided Table 4A.2 because we wanted to demonstrate how different the projections can appear in test volume versus patient volume. For each patient undergoing radiation therapy, that patient may require daily treatments for 5 or 6 weeks (25 to 30 Linac tests per patient). We are not projecting a large increase in volume due to the Linac replacement and relocation to Westbrook and this can be better demonstrated using volume of patient increase.

Table 4A.1 present Middlesex Hospital historical Linac test volumes for the past 3 years, the current Linac test volume for the 1st Quarter of FY 2015, and then we provide volumes for FY 2015 through FY 2020. We anticipate the Linac replacement to occur in FY 2017, with the first fully operation year occurring in FY 2018.

TABLE 4A.1 HISTORIC, CURRENT, AND PROJECTED LINAC TEST VOLUME, BY EACH LINAC AT MIDDLESEX HOPSITAL

Equipment	Actual Volume of Tests (Last 3 Completed FYs)			Current FY Test Volume (OCT – DEC)	Projected Test Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			**Full Operational FY**		
	FY12	**FY13**	**FY14**	**FY15**	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY20**
Linac #1	**5,525**	**6,303**	**5,703**	**1,687**	**5,490**	**5,651**	**2,854**	**n/a**	**n/a**	**n/a**
Linac #2	**6,630**	**6,345**	**5,895**	**1,908**	**5,675**	**5,841**	**5,899**	**6,087**	**6,262**	**6,449**
Linac NEW	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**3,090**	**6,133**	**6,309**	**6,498**
TOTAL	**12,155**	**12,647**	**11,598**	**3,595**	**11,166**	**11,492**	**11,843**	**12,219**	**12,571**	**12,947**

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.

Table 4A.2 shows volume measured in number of patients. This table better demonstrates the projected patient volume increase which is sometime difficult to assess when reflected in tests since one patient may generate 25 to 30 tests during their course of treatment.

TABLE 4A.2 HISTORIC, CURRENT, AND PROJECTED LINAC PATIENT VOLUME, BY EACH LINAC AT MIDDLESEX HOPSITAL

Equipment	Actual Volume of Patients (Last 3 Completed FYs)			Current FY Patient Volume (OCT – DEC)	Projected Patient Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			Full Operational FY		
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac #1	250	283	271	119	279	287	148	n/a	n/a	n/a
Linac #2	172	176	161	64	166	171	176	182	187	193
Linac NEW	n/a	n/a	n/a	n/a	n/a	n/a	148	305	314	323
TOTAL	421	459	432	183	445	458	472	487	501	516

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.

Table 4B represents the total historical, current, and projected volume of Linac tests.

TABLE 4B

HISTORICAL, CURRENT, AND PROJECTED VOLUME, BY TYPE OF SCAN/EXAM

Equipment	Actual Volume of Tests (Last 3 Completed FYs)			Current FY Test Volume (OCT – DEC)	Projected Test Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			Full Operational FY		
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac Tests TOTAL	12,155	12,647	11,598	3,595	11,166	11,492	11,843	12,219	12,571	12,947

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.

b. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected volume by scanner and scan type.

Response

The Hospital projects an estimated annual increase of 3% in volume due to the aging population, advances in technology to treat previously inoperable cancers, recruiting of a thoracic surgeon, surgical oncologist, colorectal surgeon, and breast surgeon, early detection of cancer with preventive screenings, and improving our capabilities to treat gynecological cancers. The 3% increase in test volume translates to an increase of 14 additional patients from FY 2018-FY 2019, and 15 patients from FY 2019-FY 2020 (Table 4B).

c. Explain any increases and/or decreases in volume seen in the tables above.

Response
The Hospital projects an estimated annual increase of 3% in volume due to the aging population, advances in technology to treat previously inoperable cancers, recruiting of a thoracic surgeon, surgical oncologist, colorectal surgeon, and breast surgeon, early detection of cancer with preventive screenings, and improving our capabilities to treat gynecological cancers.

Our projections for the first three fully operational years are realistic and reasonable (12,219 tests, 12,571 tests, and 12,947 test for years 2018, 2019, and 2020 respectively). The 3% increase in test volume translates to an increase of 14 additional patients from FY 2018-FY 2019, and 15 patients from FY 2019-FY 2020 (Table 4B).

In FY 2014, the Hospital experienced a decrease (27 patients) which resulted in 675-800 fewer tests (25 to 30 tests for each 27 patients) from FY 2013 to FY 2014 but a substantial uptick in FY 2015 to date.

d. Provide a breakdown, by town, of the volumes provided in Table 4a for the most recently completed FY.

Response
Table 5 represents the Linac utilization by town within the Middlesex Hospital Service area. We have separated the table into a few sections: (1) the 11 towns (identified as "Shoreline Area") that the Hospital assumes will likely utilize the Westbrook facility; (2) the seven towns (identified as "Middletown Area") that will likely utilize the Middletown facility; and (3) the category of "all other towns" represents towns that fall outside of the traditional Middlesex Hospital services area. These assumptions are based solely by the town where the patient resides.

TABLE 5
Utilization by Middlesex Hospital Service Area Town for Outpatient

Linear Accelerator Tests for FY 2014

Town within Middlesex Hospital Service Area	FY 2014 Total Linac Tests
Chester	199
Clinton	850
Deep River	11
Durham	320
East Haddam	488
Essex	486
Haddam	487
Killingworth	364
Madison	159
Old Saybrook	624
Westbrook	255
"Shoreline Area" Subtotal	**4,243 (37%)**
Colchester	195
Cromwell	592
East Hampton	1,099
Marlborough	188
Middlefield	505
Middletown	2,870
Portland	446
"Middletown Area" Subtotal	**5,895 (51%)**
All Other Towns	**1,460 (13%)**
Grand Total	**11,598**

e. Describe existing referral patterns in the area to be served by the proposal.

Response

Middlesex Hospital has approximately 70 physicians that regularly refer patients to our radiation oncology services. These physicians represent 11 different specialties (oncology, urology, gynecology, gynecologic surgery, general surgery, thoracic surgery, gastroenterology, orthopedics, pulmonology, dermatology, internal medicine, and family medicine). The majority of these referring physicians are independent providers on the Hospital's medical staff and very few have dual affiliations (Yale New Haven Hospital being the secondary affiliation). Of the 70 physicians that refer Linac services to the Middlesex Cancer Center, 38 have offices located throughout the shoreline towns nearby to Westbrook, and see patients residing in the shoreline communities.

f. Explain how the existing referral patterns will be affected by the proposal.

Response

Because the majority of the physicians located within the towns nearby to Westbrook already have an affiliation with Middlesex Hospital, it is not anticipated that by locating a Linac at the Westbrook facility any established referral patterns will be significantly altered. When patients are seeking treatment for cancer after being diagnosed, they traditionally will remain seeking care from their original physician or group practice and will not change physicians for treatment location. They may need to change physician for treatment modality or specialty, but likely not for location of the Linac.

g. Provide a copy of any articles, studies, or reports that support the need to acquire the proposed scanner, along with a brief explanation regarding the relevance of the selected articles.

Response

Articles used within the content of this application are contained in Attachment C

1. ***American College of Radiology*** guidelines (page 9 of 18) under the section Staffing Levels considers 222 patients per Linac for a hospital the size of Middlesex Hospital as appropriate utilization. Since the Hospital operates two Linacs, according to the ACR guidelines, the utilization should be approximately 444 patients in total (two Linacs at 222 for each equipment).
2. ***Statewide Service Utilization and FTEs*** document (as available on OHCA's website), reports a 5% increase in utilization of outpatient Linac treatment procedures from FY 2010 to FY 2012 (http://www.ct.gov/dph/lib/dph/ohca/utilizationreport/fy2013_service_utilization_fte.pdf)
3. ***Trends in Use and Expenditures for Cancer Treatment among Adults 18 and Older, U.S. Civilian Noninstitutionalized Population, 2001 and 2011. June 2014 by Anita Soni, PhD, MBA; MEPS Statistical Brief #443*** The federal Household Component of the Medical Expenditure Panel Survey (MEPS-HC) conducted research for the years of 2001 and 2011, and found that the percent of the adult population that obtained treatment for cancer has increased. Specifically, in 2001 the MEPS data showed 4.8% of the adult population received treatment for cancer, and 6.7% received treatment in 2011. Additionally, of those age 65 and older, there was more than a 50% increase from 12.8% in 2001 to 19.7% in 2011.
4. ***Future Trends in Cancer Care Delivery 2011 to 2021, Becca Booi, PhD, Oncology Issues January/February 2012***. Some of the future demands for cancer services will be shaped by a number of competing factors such as:

- Epidemiologic factors – decreasing smoking rates, and increasing obesity rates
- Payment and policy decisions – health care reform, decreased uninsured rate, improved access to technology, reduced costs or elimination of co-pays with preventive screenings
- Population – aging population, increasing number of cancer survivors needing follow up and surveillance
- New technologies and treatments – decreasing unnecessary utilization from side effects, increasing interventional oncology modalities, and stereotactic body radiation therapy (SBRT)
- Care coordination – reducing inpatient admissions through better use of community-based resources, reduced unnecessary services associated with using nurse navigators and telemedicine

4. Quality Measures

a. Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.

Response

The radiation therapy services offered at Middlesex Hospital is staffed by highly qualified radiation oncologists, medical physicists, radiation therapist, dosimetrists, nurses, other professionals, and supporting staff.

Below we list the Middlesex Hospital Cancer Center accreditations to demonstrate our commitment to excellence and the highest level of patient care:

- Certificate of Accreditation with Commendation, Commission on Cancer, by American College of Surgeons (ACoS)
- National Accreditation Program for Breast Centers Certificate of Accreditation (NAPBC)
- The Oncology Nursing Certification Corporation Recognition Certificate
- American Cancer Society Recognition
- American College Radiology
- American College of Radiology Breast Imaging Center of Excellence
- Center of Excellence by the American Lung Alliance for lung cancer screening

We proudly present our key professionals associated with our cancer care services and the replacement of our existing Linac, they include:

Vincent G. Capece, Jr., CPA President/CEO	Joseph B. Weissberg, MD Chairman, Department of Radiology
Susan Martin, CPA Chief Financial Officer	Anwar M. Khan, MD Radiation Oncologist
Garrett C. Havican, MBA, FACHE Vice President, Operations	Edward B. Aribisala, BSRT, MS, MBA Director, Cancer Center and Oncology Services
Jacquelyn G. Calamari, MS, MSN, NEA-BC, CEN Vice President, Patient Care Services/Chief Nursing Officer	Nicola R. Cunningham Dosimetrist & Manager Radiation Therapy Department
George Pavlonnis, III, PhD Chief Medical Physicist	

We have provided OHCA with copies of Curriculum Vitae of the key professionals in Attachment E.

b. Explain how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including but not limited to, (1) provision of or any change in the access to services for Medicaid recipients and indigent persons, and (2) the impact upon the cost effectiveness of providing access to services provided under the Medicaid program.

Response

The Hospital proposes to upgrade the technology and replace its oldest Linac which is 13 years old. The proposed Elekta Infinity Linac delivers superb dose conformance, treatment speed, and ultra-low dose safeguards and will benefit patients by more precisely adapting the target volume which spares risking other organs from the radiation, reduced treatment times, and overall improvement to patient flow. This feature will improve patient care, recovery and health status outcome.

This proposal improves access to radiation therapy services for those patients of the Middlesex Hospital that reside near the shoreline and who are currently driving to Middletown daily for their cancer treatment.

Indigent and Medicaid persons living in the shoreline area will be particularly benefitted by the improved accessibility which will result from having a Linac located in Westbrook

5. Organizational and Financial Information

a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

Response
Middlesex Hospital is a corporation.

b. Does the Applicant have non-profit status?

XX Yes (Provide documentation, Attachment F) ☐ No

c. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the Applicant and indicate any additional licensure categories being sought in relation to the proposal.

Response
A copy of the State of Connecticut Department of Public Health license is present in Attachment G

d. Financial Statements

i. <u>If the Applicant is a Connecticut hospital:</u> Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

Response
The Audited Financial Statements of Middlesex Hospital have been filed with the Office of Health Care Access (OHCA) on February 27, 2015 under Docket Number 14-012AR

ii. <u>If the Applicant is not a Connecticut hospital (other health care facilities):</u> Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g. unaudited balance sheet, statement of operations, tax return, or other set of books.)

e. Submit a final version of all capital expenditures/costs as follows:

Response
This project does involve some renovations to the existing building located in Westbrook as well as additional construction. The existing facility is approximately 40,000 square feet in size and the additional construction associated with building the Linac space will be an additional 3,000 square feet. The Linac will also require a vault constructed, for this the Hospital has received approval from the Town of Westbrook Planning & Zoning Board. Construction can begin immediately following CON approval, and is estimated to take about 10

to 12 months to complete. The Linac will be installed, calibrated, and receive all required testing and approvals prior to becoming fully operational. In our financial and volume projections, we have accounted for a few months of overlap – meaning, we will continue to operate the Linac #1 (being replaced) to confirm that the newly installed Linac is properly functioning. We then anticipate de-commissioning the old Linac, and selling the machine.

We have provided OHCA with an estimated timeline for the project; however, the timeline is contingent upon when CON approval is received. Please see Figure 1 below.

Figure 2 Estimated Timeline for Project Construction

	FY 2015				FY 2016				FY 2017				FY2018
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
CON approved													
Construction													
Install Linac													
Linac operational													
Remove "old" Linac													

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.

The Hospital estimates that the capital expenditure associated with this project is $3.8 million (see Table 6). Please refer to Attachment H for the construction plans and floor plan.

TABLE 6
TOTAL PROPOSAL CAPITAL EXPENDITURE

Purchase/Lease	Cost
Equipment (Medical, Non-medical Imaging)	$2,600,000
Land/Building Purchase*	$0
Construction/Renovation**	$1,200,000
Land/Building Purchase*	$0
Other (specify)	$0
Total Capital Expenditure (TCE)	**$3,800,000**
Lease (Medical, Non-medical Imaging)***	**$0**
Total Capital Cost (TCO)	**$0**
Total Project Cost (TCE+TCO)	**$3,800,000**

**If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.

f. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

Response
Middlesex Hospital will using available hospital funds and will not be financing this project.

g. Demonstrate how this proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant.

Response
This proposal is both financially feasible and improves access to cancer treatment for our cancer patients. As shown by the schedules, despite the need to replace the existing scanner, the service will continue to generate an operating gain. Moreover, the proposal improves access in a cost effective mode by locating the replacement Linac in Westbrook rather than seeking an additional Linac.

6. Patient Population Mix: Current and Projected

a. Provide the current and projected volume (and corresponding percentages) by patient population mix; including, but not limited to, access to services by Medicaid recipients and indigent persons for the proposed program.

Response
The Hospital has chosen to provide OHCA with two tables (Table 7.1 and Table 7.2). We wanted to show our **Total Hospital** payer mix, but also provide OHCA with the volume and payer mix associated with the **Linac Services** specifically. Showing the data in these two different ways is important as the Linac services volume and payer mix is different than the Total Hospital for a few reasons, although mostly related to the age of the patient. Cancer is most prevalent in the older population (>65 years old) and therefore is mostly covered by Medicare. Medicaid coverage is generally for younger adults and children, and therefore, represents less percentage of Linac patients. For example, the Total Hospital Medicare patient mix is 36%; however, the Medicare patient mix for Linac services is up to 60%. Similarly, the Total Hospital Medicaid patient mix is 15%; however, Medicaid patient mix for Linac services is 7%.

TABLE 7.1 Middlesex Hospital's Current and Projected Volume and Payer Mix for the Total Hospital

		PROJECTED					
	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020

	Volume (%)	Volume (%)	Volume (%)	Volume (%)	Volume (%)	Volume (%)	Volume (%)
Medicare	148,473 (36.5%)	151,442 (36.5%)	153,714 (36.5%)	156,788 (36.5%)	159,140 (36.5%)	162,545 (36.5%)	165,209 (36.6%)
Medicaid	61,358 (15.1%)	62,917 (15.1%)	64,198 (15.2%)	65,482 (15.2%)	66,682 (15.3%)	68,149 (15.3%)	69,307 (15.4%)
TriCare	2,153 (0.5%)	2,196 (0.5%)	2,229 (0.5%)	2,274 (0.5%)	2,308 (0.5%)	2,354 (0.5%)	2,389 (0.5%)
Total Gov't	**211,984 (52.1%)**	**216,555 (52.2%)**	**220,141 (52.3%)**	**224,544 (52.3%)**	**228,130 (52.3%)**	**233,048 52.4%)**	**236,905 (52.5%)**
Commercial	184,752 (45.4%)	188,447 (45.4%)	191,274 (45.4%)	195,099 (45.4%)	198,026 (45.4%)	201,764 (45.4%)	204,565 (45.3%)
Uninsured	5,998 (1.5%)	5,786 (1.4%)	5,536 (1.3%)	5,647 (1.3%)	5,513 (1.2%)	5,490 (1.2%)	5,437 (1.2%)
Worker's Comp	4,104 (1.0%)	4,187 (1.0%)	4,248 (1.0%)	4,333 (1.0%)	4,399 (1.0%)	4,487 (1.0%)	4,554 (1.0%)
Total Non-Gov't	**194,854 (47.9%)**	**198,420 (47.8%)**	**201,058 (47.7%)**	**205,079 (47.7%)**	**207,938 (47.7%)**	**211,741 (47.6%)**	**214,556 (47.5%)**
TOTAL PAYER MIX	406,838	414,975	421,199	429,623	436,068	444,789	451,461

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.

TABLE 7.2 Middlesex Hospital's Current and Projected Linear Accelerator Test Volume and Payer Mix

		PROJECTED					
	FY2014	**FY2015**	**FY2016**	**FY2017**	**FY2018**	**FY2019**	**FY2020**
	Volume (%)	Volume (%)	Volume (%)	Volume (%)	Volume (%)	Volume (%)	Volume (%)
Medicare	6,984 (60.2%)	6,340 (56.8%)	6,525 (56.8%)	6,724 (56.8%)	6,938 (56.8%)	7,137 (56.8%)	7,351 (56.8%)
Medicaid	857 (7.4%)	857 (7.7%)	882 (7.7%)	909 (7.7%)	938 (7.7%)	965 (7.7%)	994 (7.7%)
TriCare	1 (0.01%)	n/a	n/a	n/a	n/a	n/a	n/a
Total Gov't	**7,842 (67.6%)**	**7,196 (64.5%)**	**7,407 (64.5%)**	**7,633 (64.5%)**	**7,876 (64.5%)**	**8,102 (64.5%)**	**8,345 (64.5%)**
Commercial	3,728 (32.1%)	3,969 (35.6%)	4,085 (35.6%)	4,210 (35.6%)	4,344 (35.6%)	4,469 (35.6%)	4,602 (35.6%)
Uninsured	28 (0.2%)	n/a	n/a	n/a	n/a	n/a	n/a
Worker's Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total Non-Gov't	**3,756 (32.4%)**	**3,969 (35.6%)**	**4,085 (35.6%)**	**4,210 (35.6%)**	**4,344 (35.6%)**	**4,469 (35.6%)**	**4,602 (35.6%)**
TOTAL PAYER MIX	11,598	11,166	11,492	11,843	12,219	12,571	12,947

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.

b. Provide the basis for/assumptions used to project the patient population mix.

Response
The Hospital has made the assumption that the payer mix will not be changing for Total Hospital (Table 7.1) and for the Linac service (Table 7.2). The reasoning behind these assumptions relates to the fact that the implementation of the Affordable Care Act and Medicaid expansion has already occurred and therefore, these percentages will likely remain stable.

c. For the Medicaid population only, provide the assumptions and actual calculation used to determine the projected patient volume.

Response
The Hospital included the assumption that payer mix will not be impacted as a result of replacing and relocating the Linac. The Linac services will be providing access at both the Middletown facility and the Westbrook facility to the same patient base within the Hospital service area.

The calculation used to determine the proposal's Medicaid patient volume was to apply our historical percentage of Medicaid for Linac services to the estimated future volume of Linac services. Again, Middlesex does not anticipate a change in the population it serves as Linac services are traditionally referred to by physicians affiliated with Middlesex Hospital.

d. If the proposal fails to provide or reduces access to services by Medicaid recipients or indigent persons, provide explanation for good cause for doing so. *Note: good cause shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers.*

Response
Middlesex Hospital provides cancer treatment to all patients and does not fail to provide nor impair access to such treatment options. The primary reason why the portion of Medicaid patients (7%) is low for Linac services as compared to other payer mixes (Medicare is 60%, Commercial is 32%) is associated with the age of the Medicaid population. The Hospital has experienced a shrinking volume of uninsured patients with the implementation of the Affordable Care Act.

The relocation of one of the Linacs will improve access for the Medicaid or indigent patients because the Hospital will now have the ability to offer radiation treatments at two different locations (Middletown and Westbrook).

7. Financial Attachment I

a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Complete Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

Response
Please see Financial Attachment I and Financial Attachment II (Attachment I)

b. Provide the assumptions utilized in developing **Financial Attachment I** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

Response
Because we are requesting to replace an existing Linac and not proposing an additional Linac, our volume, full-time equivalents, and other expenses are consistent with our business planning approach of showing realistic increases in volume based on our historical volumes.

In summary, the assumptions utilized in developing Financial Attachment I include:

- Anticipated start date is April 1, 2017
- Incremental volume is low. This is a replacement and the incremental volume increase reported in the Financial Attachment I is for the new Linac only; however, our overall growth projection of an annual 3% increase represents the growth for all Linac services (the two Linacs) as discussed in the application.
- FY 2017 we added $50,000 for the sale of the old Linac
- Salary and benefits represents the increase of 1.5 FTE's (1 Full-time tech and 0.5 FTE secretarial)
- Supplies expenses are approximately $18-$20 per test
- Bad debt is 1.5% of gross revenue
- Other expenses in FY 2017 represents $50,000 cost to de-commission the old Linac and a reduction of transportation costs of $17,000 due to fewer residents in the Westbrook area using Middlesex Hospital's shuttle services for radiation therapy
- Depreciation is based on $2.6 million in equipment depreciation over 5 years ($520,000 per year) and leasehold improvements of $1.2 million depreciation over 15 years ($80,000 per year)

c. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.

Response
See Financial Attachment 1 and II.

d. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

Response
No losses from operations are projected as a result of this CON.

e. Describe how this proposal is cost effective.

Response
Our proposal to replace an existing Linac and relocate the new Linac to the Middlesex Shoreline Medical Center in Westbrook, CT demonstrates a cost effective approach for these reasons:

- Infrastructure in place: The Information Technology systems and customer service management systems (registration, etc.) already exists and will provide support at the two locations Middletown and Westbrook
- Personnel in place: there will be one additional professionally trained staff and a part-time secretarial support staff
- By replacing and relocating the Linac simultaneously, there will be no relocation costs associated with this proposal. The vendor will install the new Linac directly into the space located at the Westbrook facility.
- There will be no expenditures associated with land and facility space as the Middlesex Shoreline Medical Center is an existing facility
- Reimbursement/charges: no differences will be realized as a result of this proposal
- The space that will be created when the “old” Linac is de-commissioned and removed will be utilized to provide more High Dose Radiation therapy services for the treatment of gynecological cancers

Certificate of Need Application

Replacement of a Linear Accelerator

ATTACHMENT A

March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

MIDDLESEX
HOSPITAL

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
Hartford, CT

Dear Commissioner Mullen:

I am a physician with Middlesex Hospital Primary Care, Inc., a wholly owned affiliate of Middlesex Hospital. I am writing this letter to explain why approval of Middlesex Hospital's application to replace and relocate a new linear accelerator for operation at the Westbrook Medical Center is important to our efforts to service our patients, especially the Husky/Medicaid population of the shoreline area.

Our group includes 21 primary care providers practicing in shoreline towns from Madison to Old Saybrook. We accept all shoreline area patients without regard to their ability to pay, including all parts of Husky/Medicaid, and the type of advanced oncology procedures which will be offered by the new linear accelerator are critical to our mission to improve the access and quality of care for all our patients.

Currently, our cancer patients must travel long distances – often several times per week – just to receive their radiation treatments because the only locations offering such treatment are in Middletown, New Haven, Waterford, and Guilford. This is a great burden particularly to our patients on the eastern shoreline from Clinton to the Old Lyme, and we believe that offering the service in Westbrook to all of our patients will eliminate this unnecessary burden and increase access for our patients most in need.

Thank you for your consideration of this important request.

Sincerely,

Andrea Schaffner, M.D.

28 Crescent Street
Middletown, Connecticut 06457-3650

tel 860 344-6000
www.middlesexhealth.org

A member of the Middlesex Health System

Connecticut Oncology Group

Michael P. Farrell, M.D., Ph.D.
Miklos C. Fogarasi, M.D.
Susanna Hong, M.D.
Robert J. Levy, M.D.
Elizabeth A. Mariano, M.D.
Megan Homes, A.P.R.N.
Kimberly A. Ryan, A.P.R.N.

January 30, 2015

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
Hartford, CT

Dear Commissioner Mullen:

I am a physician with Connecticut Oncology Group, an independent oncology practice of five physician partners affiliated with Middlesex Hospital's Cancer Center. I am writing this letter to explain why approval of Middlesex Hospital's application to replace and relocate a new linear accelerator for operation at the Westbrook Medical Center is critical to our efforts to better service our patients.

The type of advanced oncology procedures which will be offered by the relocated linear accelerator are vital to improve the access and quality of care for all our patients. Currently, our patients must travel long distances – often several times per week – just to receive their radiation treatments in Middletown. This is a great and costly burden particularly to our patients on the shoreline, and we believe that offering the service in Westbrook will eliminate this unnecessary burden and increase access for our patients most in need.

Thank you for your consideration of this important request.

Sincerely,

Susanna Hong, M.D.

536 Saybrook Road
Middletown, CT 06457
Phone 860.358.2220 **Fax** 860.358.2222

90 Main Street
Suite 102
Centerbrook, CT 06409
Phone 860.767.2101 **Fax** 860.767.2232

MIDDLESEX
HOSPITAL

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
Hartford, CT

Dear Commissioner Mullen:

We are physicians with Middlesex Hospital Primary Care, Inc., a wholly owned affiliate of Middlesex Hospital, and we are writing this letter to explain why approval of Middlesex Hospital's application to replace and relocate a new linear accelerator for operation at the Westbrook Medical Center is important to our efforts to service our patients.

Our group includes 21 primary care providers practicing in shoreline towns from Madison to Old Saybrook, and we accept all shoreline area patients without regard to their ability to pay, including all parts of Husky/Medicaid. The type of advanced oncology procedures which will be offered by the new linear accelerator are critical to our mission to improve the access and quality of care for all our patients, and it is for that reason we urge you to consider the hospital's certificate of need application.

Currently, our cancer patients must travel long distances – often several times per week – just to receive their radiation treatments because the only locations offering such treatment are not conveniently located to the towns we serve. This is a great and costly burden particularly to our patients on the eastern shoreline, and we believe that offering the service in Westbrook to all of our patients will eliminate this unnecessary burden and increase access for our patients most in need.

Thank you for your consideration of this important request.

Sincerely,

Shane T. Ridge, DO

Valerie M. Small, M.D.

David E. Walker, MD

28 Crescent Street
Middletown, Connecticut 06457-3650

tel 860 344-6000
www.middlesexhealth.org

A member of the Middlesex Health System

Middletown Surgical Group
A Professional Corporation

Andrea M. Malon, M.D., F.A.C.S.
Peter S. Romeyn, M.D., F.A.C.S.
J. Michael Parker, M.D., F.A.C.S.

March 6, 2015

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
Hartford, CT

Dear Commissioner Mullen:

I am a physician with Middletown Surgical Group, an independent general surgery practice of three physicians with offices in Middletown, Westbrook, and Madison. Our practice cares for many cancer patients in an integrated multidisciplinary fashion with other providers as part of the Middlesex Hospital Cancer Center I am writing this letter in support of Middlesex Hospital's application to replace and relocate a new linear accelerator for operation at the Westbrook Medical Center. I feel that this is critical to our efforts to provide better service our oncology patients.

The treatments which will be offered by the relocated linear accelerator are vital to improve both the access to and quality of care for our patients. Currently, those patients residing in the shoreline area must travel long distances – often five times per week – to receive their radiation treatments in Middletown. This is a great burden for our patients undergoing cancer treatment. For those patients without reliable transportation, it is even more problematic and costly. We believe that offering this service in Westbrook will increase access to care and eliminate an unnecessary burden for our patients.

Thank you for your consideration of this important request.

Sincerely,

Andrea M. Malon, M.D., F.A.C.S.

520 Saybrook Rd., Suite S100, Middletown, CT 06457
(860) 346-2608 FAX (860) 347-4691

February 26, 2015

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
Hartford, CT

Dear Commissioner Mullen:

I am a physician with Central Connecticut Radiation Oncology, an independent radiation oncology practice affiliated with Middlesex Hospital's Cancer Center. I am writing this letter to explain why approval of Middlesex Hospital's application to replace and relocate a new linear accelerator for operation at the Westbrook Medical Center is critical to our efforts to better service our patients.

The type of advanced oncology procedures which will be offered by the relocated linear accelerator are vital to improve the access and quality of care for all our patients. Currently, our patients must travel long distances – often daily for periods of up to nine weeks – just to receive their radiation treatments in Middletown. This is a great and costly burden particularly to our patients on the shoreline, and we believe that offering the service in Westbrook will eliminate this unnecessary burden and increase access for our patients most in need.

Thank you for your consideration of this important request.

Sincerely,

Joseph B. Weissberg, M.D.

Middlesex Urology

RICHARD O. FRINK, M.D.
GEOFFREY E. HERTER, M.D.

6 WILDWOOD MEDICAL CENTER
ESSEX, CONNETICUT 06426
TELEPHONE 860-767-2003
FAX 860-767-7430

EDWARD G MYER, M.D.
TIMOTHY C. SIEGRIST, M.D.

520 SAYBROOK ROAD, SUITE 100B
MIDDLETOWN, CONNECTICUT 06457
TELEPHONE 860-347-8850
FAX 860-347-6774

January 30, 2015

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
Hartford, CT

Dear Commissioner Mullen:

I am a physician with Middlesex Urology, an independent urology practice of four physician partners with offices in Middletown, Essex, Guilford, and Madison. I am writing this letter to explain why approval of Middlesex Hospital's application to replace and relocate a new linear accelerator for operation at the Westbrook Medical Center is critical to our efforts to better service our urologic oncology patients.

The type of advanced procedures which will be offered by the relocated linear accelerator are vital to improve the access and quality of care for all our patients. Currently, those located in the shoreline area must travel long distances – often several times per week – just to receive their radiation treatments in Middletown. This is a great and costly burden particularly to our patients, and we believe that offering the service in Westbrook will eliminate this unnecessary burden and increase access for our patients most in need.

Thank you for your consideration of this important request.

Sincerely,

Richard O. Frink, M.D.

S

February 25, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

As a member of the Middlesex Hospital Patient Advisory Board, I fully support the efforts of the Hospital to upgrade and relocate one of their existing Linear Accelerators to the Shoreline Medical Center in Westbrook, CT. It is my understanding that upgrading the technology is a benefit for our patients undergoing cancer treatment so they may have access to the most advanced therapies and the future standard of care treatment options. I also support the fiscally responsible approach that the Hospital is proposing with the relocation of the Linear Accelerator by timing the upgrade with the timing of the relocation in order to be cost effective during the installation process.

By providing access to oncologists and radiation therapy within the shoreline communities, the Hospital has strategically planned for cancer care services to be provided closer to a large portion of the population they serve. Patients undergoing certain cancer treatment are required to receive radiation therapy daily for several weeks. The average radiation therapy patient will receive 30 to 35 treatments in the course of their therapy program. Although the Hospital does offer a transportation service for those patient living in the shoreline communities, access to care will greatly improve if the Linear Accelerator can be located closer to the population being served.

As a Shoreline resident and a member of the Middlesex Hospital Patient Advisory Board, I commend Middlesex Hospital for proposing a solution to improved quality and access by having one Linear Accelerator in Middletown and the second machine located in Westbrook.

Sincerely,

Teri L. Stanwix

Stanwix, 5 Tallwoods Circle, Old Saybrook CT 06475

March 1, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

As a member of the Middlesex Hospital Patient Advisory Board, I fully support the efforts of the Hospital to upgrade and relocate one of their existing Linear Accelerators to the Shoreline Medical Center in Westbrook, CT. It is my understanding that upgrading the technology is a benefit for patients undergoing cancer treatment so they may have access to the most advanced therapies and the future standard of care treatment options. I also support the fiscally responsible approach that the Hospital is proposing with the relocation of the Linear Accelerator by timing the upgrade with the timing of the relocation in order to be cost effective during the installation process.

By providing access to oncologists and radiation therapy within the shoreline communities, the Hospital has strategically planned for cancer care services to be provided closer to a large portion of the population they serve. Patients undergoing certain cancer treatment are required to receive radiation therapy daily for several weeks. The average radiation therapy patient will receive 30 to 35 treatments in the course of their therapy program. Although the Hospital does offer a transportation service for those patients living in the shoreline communities, access to care will greatly improve if the Linear Accelerator can be located along the shoreline for those living in that service area. The second location will also open up more appointment flexibility. The flexibility is two-fold in that the second location will offer convenience of closer proximity for the towns south of Middletown and the two locations will open up more appointment availability to all of the oncology and radiology patients in the Middlesex Hospital System. From a home owner or prospective home owner standpoint, the services offered in both locations certainly supports the value of living in either community or even surrounding communities.

From a personal perspective, I will share several thoughts. Firstly, as a shoreline cottage owner in Westbrook, I know people that spend their summers at the shore and would much prefer the convenience of the Westbrook location vs the Middletown Outpatient Center if they were in need of this care. Secondly, I am currently in round two of transporting my mother to and from the Middletown Outpatient Center for radiation therapy daily. If she lived along the shoreline, the travel time to and from and back again would be a true hardship for me. It would also impact her and could exacerbate her fatigue. For people within the service area of Middlesex Hospital that know and prefer a smaller hospital setting, knowing additional options, such as this one, are available can be very reassuring. Middlesex Hospital System is an amazing healthcare system, one that most who live in the area have grown to rely on and feel most comfortable in. The proposal in front of you is one I hope is accepted and approved.

I commend Middlesex Hospital for proposing a solution to improved quality and access by having one Linear Accelerator in Middletown and the second machine located in Westbrook.

Sincerely,

Sheila C Daniels

Sheila C. Daniels

RECEIVED
MAR - 5 2015
ADMINISTRATION

February 27, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

As a member of the Middlesex Hospital Patient Advisory Board, I fully support the efforts of the Hospital to upgrade and relocate one of their existing Linear Accelerators to the Shoreline Medical Center in Westbrook, CT. It is our understanding that upgrading the technology is a benefit for our patients undergoing cancer treatment so they may have access to the most advanced therapies and the future standard of care treatment options. We also support the fiscally responsible approach that the Hospital is proposing with the relocation of the Linear Accelerator by timing the upgrade with the timing of the relocation in order to be cost effective during the installation process

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By providing access to oncologists and radiation therapy within the shoreline communities, the Hospital has strategically planned for cancer care services to be provided closer to a large portion of the population they serve. Patients undergoing certain cancer treatment are required to receive radiation therapy daily for several weeks. The average radiation therapy patient will receive 30 to 35 treatments in the course of their therapy program. Although the Hospital does offer a transportation service for those patient living in the shoreline communities, access to care will greatly improve if the Linear Accelerator can be located closer to the population being served.

We commend Middlesex Hospital for proposing a solution to improved quality and access by having one Linear Accelerator in Middletown and the second machine located in Westbrook.

Stephanie T. Garvey

Stephanie T. Garvey
Moodus, CT

February 24, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, Ct. 06134

Dear Commissioner Mullen:

As a member of the Middlesex Hospital Patient and Family Advisory Board, I fully support the efforts of the Hospital to upgrade and relocate one of their existing Linear Accelerators to the Shoreline Medical Center in Westbrook, Ct. It is our understanding that upgrading the technology is a benefit for our patients undergoing cancer treatment so they may have access to the most advanced therapies and the future standard of care treatment options. We also support the fiscally responsible approach that the Hospital is proposing with the relocation of the Linear Accelerator by timing the upgrade with the timing of the relocation in order to be cost effective during the installation process.

By providing access to the oncologists and radiation therapy within the shoreline communities, the Hospital has strategically planned for cancer care services to be provided closer to a large portion of the population they serve. Patients undergoing certain cancer treatment are required to receive radiation therapy daily for several weeks. The average radiation therapy patient will receive 30 to 35 treatments in the course of their therapy program. Although the Hospital does offer a transportation service for those patients living in the shoreline communities, access to care will greatly improve if the Linear Accelerator can be located closer to the population being served. It will also give the patients and care givers the opportunity to choose between the Cancer Center in Middletown and the Shoreline Medical Center in Westbrook for treatment.

We commend Middlesex Hospital for proposing a solution to improved quality and access by having one Linear Accelerator in Middletown and the second machine located in Westbrook.

Sincerely,

Kate Moran

Kate Moran

Certificate of Need Application

Replacement of a Linear Accelerator

ATTACHMENT B

March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

Elekta Infinity™

Digital accelerator for advanced treatments

Redefining treatment precision, speed and control

ELEKTA

Do you have the confidence to increase conformance and speed without compromising target coverage?

Set yourself apart with comprehensive radiation therapy treatment capabilities from Elekta, the innovator in oncology solutions. Built on market-proven, seventh generation digital technology, Elekta Infinity™ redefines treatment precision, speed and control. It is a fully integrated treatment system that allows you to personalize your imaging and treatment workflows. For your patients, Elekta Infinity delivers precision dose conformance, fast treatment speed and ultra-low dose safeguards. For your treatment team, this highly responsive, intuitive treatment system frees you to focus on patients and benefit from efficient workflow. Using Elekta Infinity, the freedom to deliver superior treatment results is now in your hands.

Why Elekta Infinity?

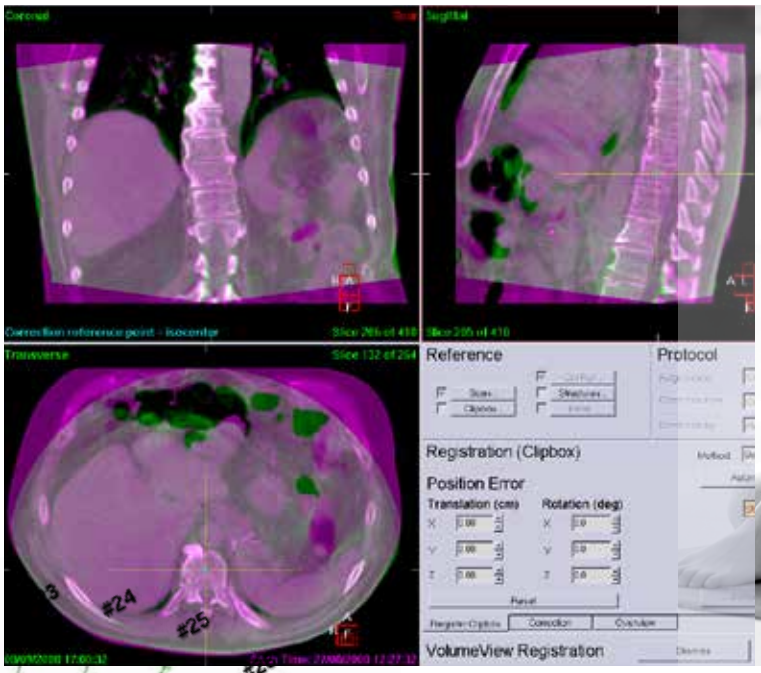
- Volumetric intensity modulated arc therapy (VMAT) delivery with single or multiple arcs for efficient dose distributions
- Improve conformance and speed without compromising target coverage
- Advanced 2D, 3D and 4D X-ray volume imaging (XVI) tools
- High-resolultion beam shaping, with seamless field delivery and rapid leaf-speeds
- Scalability for easy migration to next-generation treatment planning systems
- SYNERGISTIQ™ – an intelligent single point option which aids IGRT workflow
- Seventh generation integrated digital control system with proven performance and safety
- Real-time assurance that the intended dose is delivered as precisely as it was planned
- Guaranteed up-time and performance with a 20-year waveguide warranty.

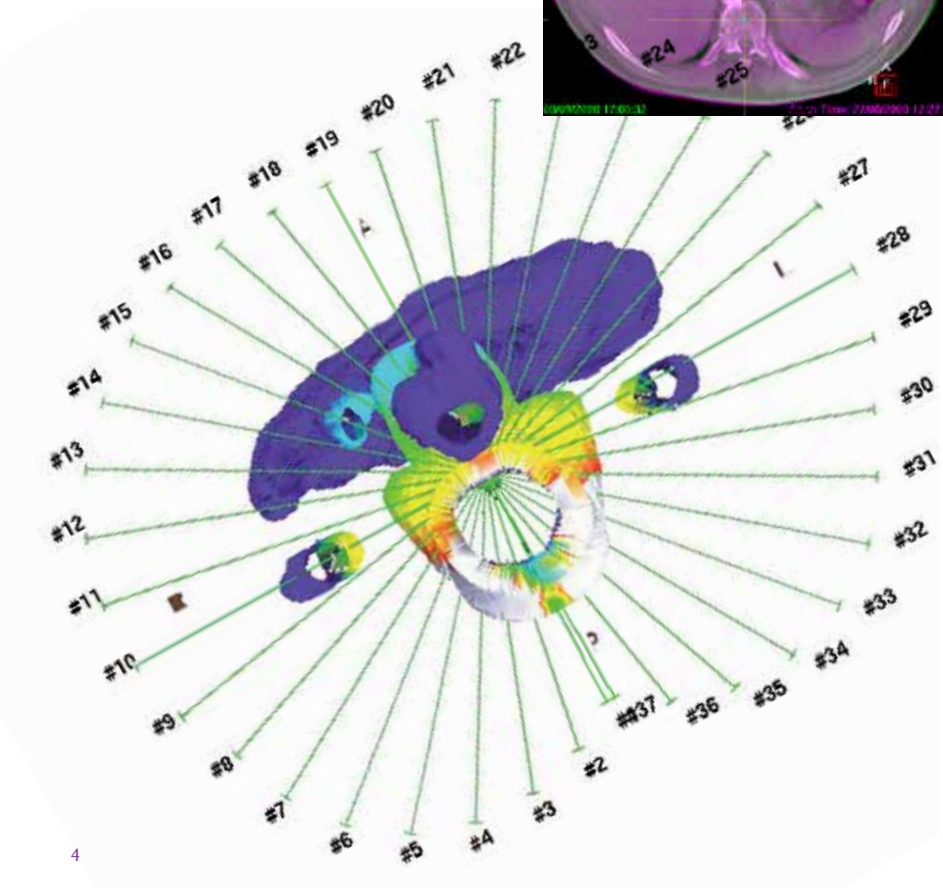
Treatment was delivered perfectly with Elekta Infinity. I can tell you the therapists were absolutely thrilled and immediately had numerous recommendations of patients they thought would benefit from VMAT, and that was based primarily on the time efficiency of delivery.

David R. Asche, MS, Director of Physics and Engineering
RAS Radiation Oncology Centers
Sacramento, CA USA

Outstanding flexibility

Elekta Infinity™ with VMAT gives you the flexibility to dynamically control multiple treatment parameters while the beam is on and rotating. For the first time, you can tailor treatment plans to optimize the dose around a tumor. Elekta Infinity achieves helical-like target coverage with better sparing of surrounding healthy tissue. Elekta Infinity can optimize the accuracy and speed of delivery by simultaneously manipulating the gantry position, gantry speed, MLC leaves, dose rate and collimator angle.



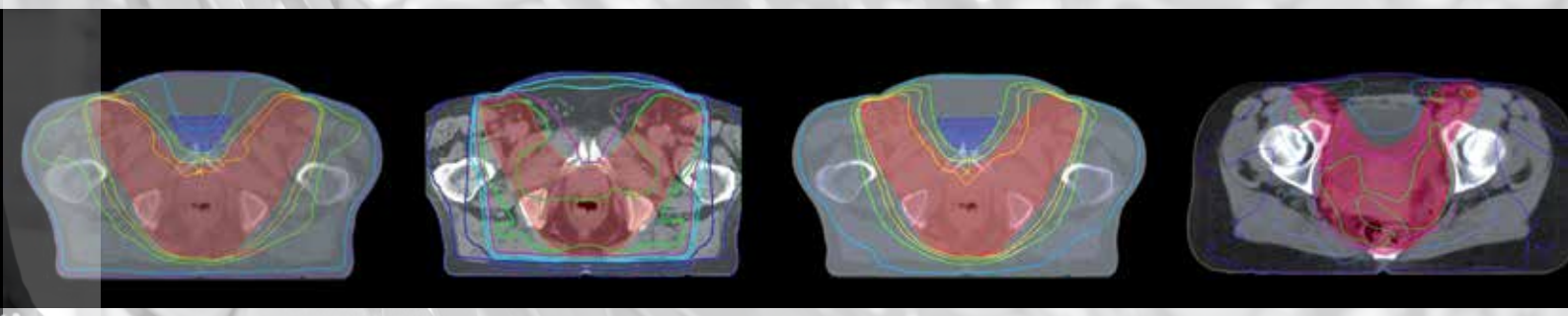


See Before Treating

Elekta VolumeView™ imaging is integrated into Elekta Infinity, enabling you to routinely confirm target and organ at risk positions immediately before treatment. You can quickly confirm size, shape and position of the target volume compared to plan, as well as the position of critical adjacent structures.

Elekta Infinity will give us a competitive advantage over other centers in our area, additionally, the ability to treat with the highest degree of accuracy will benefit our patients tremendously.

Kyle Antes, MS, Director and Chief Physicist
Presbyterian Cancer Center
Dallas, TX, USA



Choose Your Approach

Elekta Infinity offers you a choice – use a single arc or choose multiple arcs to optimize the VMAT plan. For many cases a single-arc VMAT plan may be sufficient to achieve the desired dose distribution.

For complex anatomical sites a multiple-arc VMAT plan can deliver superior target coverage while sparing healthy tissue and adjacent critical structures. The clinical advantages of either multiple- or single-arc VMAT deliveries are enhanced by the use of non-coplanar treatment techniques.

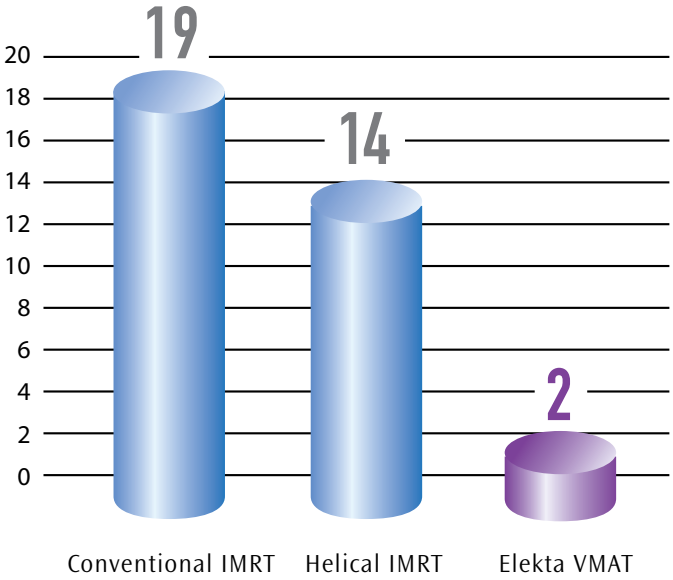
Less Overall Radiation

Elekta Infinity with VMAT requires significantly fewer MUs than conventional techniques, reducing total MU delivery by up to 50%. VolumeView™ imaging also delivers high precision localization at ultra-low doses, allowing you to confidently image every day without fear of unnecessary risk to patients.

More quality time

The less time a patient spends on the treatment table, the better. Shorter treatment times not only improve patient comfort, but also reduce the inaccuracies resulting from patient movement during treatment delivery – speed is an essential element of accurate treatment.

Typical complex treatment time (minutes)



Totally Targeted Minutes

Elekta Infinity™ dramatically reduces treatment delivery time – to less than two minutes in some cases and with integrated imaging and highly conformal VMAT delivery, you can perform most treatment sessions in five minutes or less.

Elekta Infinity™ equipped with Agility™ makes it possible to perform state-of-the-art image-guided treatment for a large variety of patients. The high performance of Agility and VMAT at CVDR not only offers reduced treatment times, minimizing the uncertainties due to interfractional motion, but is also a benefit for increasing patient flow at the accelerator. Patients will also benefit from the more precise adaptation to target volumes and thus increased sparing of organs-at-risk.*

Bjarke Mortensen, M.Sc., Head of Medical Physics
Vejle Hospital
Denmark

Fast and Accurate

Volumetric imaging delivers high-quality images at ultra-low doses, so you can quickly and confidently image every day before treatment. In three minutes or less, you can verify patient position, pinpoint the target and visualize adjacent critical structures. With quick, efficient treatment delivery, patients are less likely to move, which improves accuracy while limiting the whole-body dose of radiation they receive over time.

More Flexible Time

Reducing the time each patient spends in the treatment room increases the opportunity to treat more patients per day. Elekta Infinity gives you the opportuity to bring flexibility to your clinical schedule.

*Agility is not available in all markets

Every step enhanced

With ultra-low dose and rapid beam shaping, Elekta Infinity™ delivers radiation only where you place it. And Elekta Infinity protects patients with real-time, point-to-point monitoring. You can be confident of safeguarding surrounding tissue and reducing the risks associated with radiation. Elekta has always focused on optimizing every step of the care process so that you can focus on what matters most - patient care.

We have found that for complex cases the use of multiple arcs allows us to achieve a more uniform dose in the target and enables improved sparing of critical structures.

David Shepard, PhD, Director of Medical Physics
Swedish Cancer Institute
Seattle, Washington

Above All Else – Safety

The integrated beam shaping of Infinity is designed for the needs of modern treatment techniques such as VMAT. It limits interleaf and overall patient plane leakage for lower dose volumes to critical structures. In addition, advanced digital monitoring technology in the Elekta Infinity control system constantly tracks all delivery parameters during treatment. Combined with completely machine-independent verification through MOSAIQ® image-integrated oncology information system (OIS), you can be confident that treatments are delivered exactly as planned.

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The powerful OIS fully integrates workflow for the entire clinical and administrative staff. This includes comprehensive EMR systems that facilitate communication, increase productivity and elevate efficiency to an entirely new level – from start to finish.

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- Over 30 years of global collaborative experience with expert training support teams, clinical consultants and partner sites provides complete clinical confidence
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- Access to Elekta technical expertise via either our help desks or Elekta IntelliMax™

Some Services may not be available in all markets. Please contact your local Elekta office for more details.

- **Implementation Services –** innovative installation support and commissioning
- **Service & Support Packages –** comprehensive packages tailored to your requirements
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- **Quality Assurance –** integrated solutions enhance confidence throughout treatment workflow
- **Upgrades and Accessories –** rapid technology acquisition to extend clinical practice
- **Consulting Services –** audit and advice for improved operational outcomes
- **Financial Solutions –** simplify access and procurement of latest technologies

Enhanced Clinical Availability

Through combining innovative technology solutions with effective collaborative programs and expertise clinical availability is increased.

- Implementation Services rapidly get your unit to clinical readiness.
- Elekta Remote Services, powered by Elekta IntelliMax, increase servicing efficiency though secure remote access, monitoring, diagnosis and online fix capabilities. Clinical availability is increased without compromising patient confidentiality.
- Planned Maintenance programs, established in collaboration with customers, release significant amounts of machine time, potentially halving the time equipment is offline. More patients can be treated or other activities can be undertaken during clinic hours, thereby best utilizing stretched financial resources.

A human care company, Elekta pioneers significant innovations and clinical solutions for treating cancer and brain disorders. Elekta provides intelligent and resource-efficient technologies that improve, prolong and save patient lives. We go beyond collaboration seeking long-term relationships built on trust with a shared vision, offering confidence to healthcare providers and their patients.

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Certificate of Need Application

Replacement of a Linear Accelerator

ATTACHMENT C

March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

Radiation Oncology Practice Accreditation Program Requirements

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Introduction

The radiation oncology practice accreditation (ROPA) program provides radiation oncologists with third party, impartial peer review and evaluation of patient care. The facility's personnel, equipment, treatment planning and treatment records, as well as patient safety policies, quality control/quality assessment activities are assessed. Recommendations for improvement are based on nationally recognized parameters, including ACR and American Society for Radiation Oncologist (ASTRO) parameters and ACR and American Association of Physics in Medicine (AAPM) technical standards, and AAPM Task Group reports.

The ACR Committee for ROPA directs the program. The accreditation process, designed to promote quality and be educational in nature, includes an on-site survey performed by board certified radiation oncologists and board certified medical physicists.

Application for Accreditation

Each facility applying for accreditation must submit an application through the secure website, https://ropa.acr.org. The application consists of submission of facility treatment and equipment information, staffing levels and qualifications, and physics Quality Assurance/Quality Control documentation. If deficiencies are noted or missing items identified, the facility will be contacted so that any missing items can be submitted before the site survey is scheduled. When the application is complete, the date (s) of the survey will be confirmed. At this time, the facility will receive a notice to submit cases (Census Data Form) from which 10 (or more) will be selected for review during the site visit.

Preliminary Self-Assessment (ROPA Website Toolkit)

The ROPA website will include a toolkit that will help your practice prepare for your site survey. The data collection forms (physician and medical physicist) for preliminary self-assessment will available on the web site after the application has been accepted. The intention for the data collection forms is to prepare the practice for the site survey. Ten cases should be reviewed for the self-assessment activity and should be representative of your patient mix, for example, breast, prostate, lung and should include treatment modalities such as IMRT, prostate seed implant, stereotactic radiosurgery, etc. A radiation oncologist who ***did not*** provide the patient's care should complete the self-assessment forms. These data collection forms should be completed prior to your site visit. ***Please make sure the self-assessment cases are different than the cases requested by the ACR for the surveyors to review.*** This self-assessment activity is an excellent tool for physicians and medical physicist to use as part of their internal peer review activities and the facility is encouraged to use these forms as part of their Continuous Quality Improvement (CQI) program. Completing these forms is optional; however, it is recommended you review and complete the forms before your site survey. These forms will no longer be available after your site survey is complete.

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Checklist for Site Survey

The following items are required during the survey:

- If paper charts, a list of physician, physicist, and dosimetrist with their signatures and initials found in the patient records with printed identification beside each signature
- CVs for all physicians and physicists
- Quality Control and improvement documents, including:
    - Hospital, department, and physics policy and procedure manuals.
    - Radiation safety program documentation.
    - Physics Quality Control documentation.
    - Quality Assessment and Improvement meeting minutes.
    - Focus Study and internal outcome documentation.
    - Physician Peer Review documentation.
    - Physicist Peer Review documentation.
    - Continuing Medical Education (CME) credits for all staff.
    - Licenses and/or certification for all staff.

Please arrange for the following:

- A quiet room to work located within the radiation oncology department.
- A table surface large enough to review several charts/films/scans.
- Chairs for two surveyors.
- Two or more view boxes (if applicable).
- Two computers with dual monitors and wired internet access for each computer.
- Workstations with access to record and verify system, hospital/facility electronic medical records (EMR).
- Guest log-ins for the surveyors for all electronic records.
- Two facility staff members who can assist surveyors during the site visit.

If your site cannot comply with the necessary items specified on the checklist, you will need to contact an ACR staff member.

A member of the ACR staff will contact you prior to the survey for details such as parking, directions to site, day of survey agenda, etc.

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Case Review

When your survey date is confirmed, you will receive an e-mail asking you to submit cases of ***definitively treated*** patients who have ***recently completed treatment*** at your facility and have had at least ***one follow up visit***. Please submit your cases ***no later than 30 days prior*** to the survey date. During the on-site survey, 10 cases will be reviewed. For multi-site surveys, 10 cases will be reviewed at the main site and at least 3-4 cases at each satellite. For multi-site surveys, you only need to submit 2-3 cases from each disease site for each satellite. To ensure that all physicians in the practice are reviewed, physician initials must be included with patient ID numbers. A minimum of two cases per physician will be reviewed. ID numbers, not patient names, must be submitted for 5 breast, 5 prostate, 5 head and neck, 5 lung and 5 "generic" disease sites (colo-rectal, seminoma, brain, Hodgkin's disease, cervix, etc.) on the census data sheets provided. If you do not have five cases from a disease site (such as head and neck), you may submit additional generic cases. In addition, cases selected should include all treatment modalities offered at your facilities, such as IMRT, prostate seed implant, stereotactic radiosurgery, etc. For all cases, patient records including simulation information, DRRs, port films (hard copies if appropriate), and CT planning documentation must be available for the surveyors. If your facility has electronic images and/or medical records, you will need to provide electronic access to this information. Since the data collection is performed on site using a web-based process, the surveyors will need the following:

1. A minimum of two computers with dual monitors, each with ***wired*** internet access.
2. Two staff members **(radiation oncologist, dosimetrist, physicist, etc.)** available throughout the day to provide assistance as needed.

On-Site Survey

The on-site survey is conducted over one business day (for a single facility). Multi-site surveys will require more days, based on the number of sites, geographic locations, and practice patterns. During the visit, the surveyors will tour the facility, verify the information submitted in the facility's application, conduct an interview with the Chief/Medical Director of Radiation Oncology, the chief physicist, department administrator/chief therapist, dosimetrist, nurse, and other key personnel; and collect information about the facility's patient treatment policies and procedures, safety initiatives and review the selected cases.

The radiation oncologist and medical physicist review charts and complete a set of questions developed by the Committee for Radiation Oncology Practice Accreditation. Chart reviews include components such as complete and signed prescriptions, consent forms, pathology reports, history and physical, physician management during treatment and follow up, appropriateness of treatment, simulation/treatment planning and dosimetry activities. At the end of the day, the surveyors will again meet with the group for a brief "exit" interview. This is primarily to clarify any issues prior to their departure; the team will not be providing their recommendations at this time since that is a Committee decision made following review of the results of the survey. For multi-site surveys, the exit interview time and place will be determined with ACR and facility staff.

A comprehensive review of the facility's physics program will be included as part of the application process and verified during the on-site survey. The Radiation Oncology Physicist is

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responsible for the design and implementation of the **physics quality management program.** The following areas **will require documentation** submitted with the application:

- Documentation of compliance with AAPM TG-51, TG-106, TG-120, and TG-142.
- Documentation of treatment planning system quality assurance program in accordance with TG-53 or relevant AAPM Medical Physics Practice Guideline.
- Independent verification of output of each beam.

In addition, during the on-site survey, the qualified medical physicist's documentation of the following will be reviewed:

- Procedures for instrument calibration and periodic instrument constancy checks.
- Procedures to verify the manufacturer's specifications and to establish baseline performance values for radiation therapy equipment.
- Quality management program for radiation therapy equipment, simulators, treatment planning systems, and monitor unit calculation algorithms.
- Monitor units calculation procedures and protocols.
- Physics chart check protocol for reviewing treatment delivery
- Procedures for checking the integrity of mechanical and electrical patient care devices.
- Radiation protection program as it pertains to radiation oncology.
- Calculations related to patient dosimetry and/or physics measurements when such needs arise or per clinician's requests.

Random On-Site Surveys

In order to verify that accredited facilities maintain consistent quality during the three–year accreditation period, on-site surveys may also be performed at any time during the accreditation period. These surveys provide an excellent opportunity for a positive educational exchange with experts in the field, as well as providing validation of continued compliance with ACR parameters and standards. These surveys will be conducted by radiation oncologists and medical physicists from the ROPA program. Any facility chosen for a random on-site survey will be notified in advance. There is no additional cost to the facility for the random survey.

Multiple Sites

A practice that has multiple sites may be eligible for a single survey, with a limited case review from each additional site. The criteria to determine eligibility include but are not limited to:

- The physician group has a single medical director.
- The physicist group has a single director.
- Physicians' peer review includes all the practice sites.
- All practice sites utilize uniform treatment methods.
- All practice sites have uniform chart organization and forms.
- Geographic accessibility **(site(s) is within one hour drive from main site).**

If the practice does not meet the criteria, a full survey will be required for each site.

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Personnel Qualifications

1. The Medical Director

- Each radiation oncology program must have a medical director who is a radiation oncologist as described below:
  a. The medical director will be responsible for oversight of the department, including policies, procedures, and personnel.
  b. The medical director will be responsible for instituting and supervising the continuing quality improvement (CQI) program through direct or delegated leadership.

2. Radiation Oncologist

A. Certification in Radiology by the American Board of Radiology (ABR) of a physician who confines his/her professional practice to radiation oncology or certification in Radiation Oncology or Therapeutic Radiology by the ABR, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or the Collège des Médecins du Québec may be considered proof of adequate physician qualifications.
   i. Radiation oncologists with time-limited certificates of board certification are to be enrolled in the certifying board's maintenance of certification program and satisfactorily renew certification in a timely fashion.
   ii. Radiation oncologists with non-time limited certificates are strongly encouraged to voluntarily participate in the maintenance of certification program.

or

B. Satisfactory completion of a radiation oncology residency program approved by the American Council of Graduate Medicine Education (ACGME), the Royal College of Physicians, and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA).
   - For radiation oncologists who are eligible but not yet certified by the date of initial employment, a pathway would be defined for individuals to become licensed and certified in accordance with 2A.

3. Qualified Medical Physicist

The ACR strongly recommends that the individual be certified in the appropriate subfield (s) by the American Board of Radiology (ABR), the Canadian College of Physicists in Medicine, or by the American Board of Medical Physics (ABMP). The appropriate subfield of medical physics for this guideline is Therapeutic Medical Physics. (Previous medical physics certification categories including Radiological Physics and Therapeutic Radiological Physics are also acceptable.)

4. Radiation Therapists and Simulation Staff

Radiation therapists and simulation staff should fulfill state licensing requirements. Radiation therapists should be certified in radiation therapy by the American Registry of Radiologic Technologists (ARRT), or be eligible for such certification. Simulation staff should be certified by ARRT in either radiation therapy or diagnostic imaging or eligible for such certification.

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5. Dosimetrist

Medical dosimetrists should fulfill state licensing requirements. Medical dosimetrists should be certified in medical dosimetry by the Medical Dosimetrist Certification Board (MDCB), or be eligible for such certification.

6. Patient Support Staff

Individuals involved in the nursing care of patients should have appropriate nursing credentials and appropriate experience in the care of radiation therapy patients. Oncology nursing certification is encouraged. Access to qualified nutritionists or social workers should be in place.

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Staffing Levels*

In the final report, the facility's staffing levels for radiation oncologists, physicists, radiation therapists and dosimetrists are compared to the accredited facility averages and averages for the facility's stratum as defined in the following table. The table allows facilities to identify personnel and equipment utilization issues. Staffing recommendations may be part of the final report; however, variations from these levels generally do not result in withholding of accreditation unless inadequate staffing levels result in non-compliance with ACR Practice Parameters and Technical Standards and/or compromise patient safety.

The strata are defined as:

Academic/CCC Comprehensive Cancer Center or main teaching hospital of a medical school

H1 Hospital based; 600 or more patients

H2 Hospital based; 201-599 patients

H3 Hospital based; 200 or fewer patients

F1 Freestanding; 600 or more patients

F2 Freestanding; 201-599 patients

F3 Freestanding; 200 or fewer patients

(Updated July 1, 2014)

	ALL ACCREDITED FACILITIES	ACADEMIC/ CCC	H1	H2	H3	F1	F2	F3
New patients/ radiation oncologist	206	163	257	221	137	216	240	166
New patients/ Physicist	268	183	276	261	232	301	329	270
New patients/ FTE dosimetrist	279	262	346	273	190	343	306	284
New patients/ FTE therapist	77	66	89	73	55	76	83	94
FTE therapist/ Rx machine	3.0	4.0	3.4	3.1	2.6	3.3	3.1	2.2
New patients/ Rx machines	213	230	291	222	133	239	242	145

**While it may be instructive to compare staffing data to the facility's stratum and to the national average for accredited facilities, note that this data is incomplete in some important aspects. The data does not account for the staff's other duties (e.g. simulation for therapists) nor is the data scaled for complexity or the proportion of different pathologies treated in any given clinic. Each facility should, when comparing their staffing data to stratum and national averages, consider their patient population, range and complexity of services provided, and any staff duties outside of the core duties assumed in this data table.*

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Continuous Quality Improvement (CQI)

The Medical Director of Radiation Oncology will be responsible for the institution and ongoing supervision of the continuous quality improvement program. Elements of the program include:

- Chart review is required and should include cases in which there is a variation from prescription of greater than 10% of intended total dose, new modalities or techniques, and charts in which an incident report is filed.
- Morbidity and mortality review.
- Review of internal outcome studies (patient related to post treatment issues, i.e., side effects, quality of life) which include radiation oncology patients.
- Focus studies (Facility Practice Improvement- department improvement activities/projects that are measured).
- Individual physician/physicist peer review (TG-103 for solo physicist only).
- Patient satisfaction surveys.
- New patient conferences.
- Port film/image review.
- Chart rounds.

Practice Parameters and Technical Standards

We highly recommend that you become familiar with the ACR Practice Parameters and Technical Standards. These serve as the foundation for each of our accreditation programs and may be accessed by both ACR members and non-members through our Web site at www.acr.org.

http://www.acr.org/Quality-Safety/Standards-Guidelines/Practice-Guidelines-by-Modality/Radiation-Oncology

ACR Appropriateness Criteria®

We highly recommended using ACR Appropriateness Criteria®. The ACR Appropriateness Criteria® are evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition. Employing these guidelines helps providers enhance quality of care and contribute to the most efficacious use of radiology. The link may be accessed by both ACR members and non-members through our Web site at www.acr.org.

http://www.acr.org/Quality-Safety/Appropriateness-Criteria/Oncology

Requirements for Accreditation:

If a facility does not meet these requirements, accreditation may be deferred or denied until a corrective action plan is submitted and approved by the Radiation Oncology Practice Accreditation Committee. The following are required:

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Radiation Oncologist Availability

A radiation oncologist should be available for direct care and quality review and should be on the premises whenever radiation treatments are being delivered. The radiation oncologist, facility and support staff should be available to initiate urgent treatment within a medically appropriate response time on a 24-hour basis or refer to a facility that is available to treat on a 24-hour basis. When unavailable, the radiation oncologist is responsible for arranging appropriate coverage.

Medical Physicist Availability

The medical physicist must be available when necessary for consultation with the radiation oncologist and to provide advice or direction to technical staff when a patient's treatments are being planned or patients are being treated. The center should have written policies specifying any special procedures (e.g., high-dose-rate brachytherapy, stereotactic radiosurgery, or stereotactic body radiation therapy) that require the presence of the medical physicist. When a medical physicist is not immediately available on-site during routine patient treatment, clinical needs should be met by using documented procedures. Authority to perform specific clinical physics duties must be established by the medical physicist for each member of the physics staff in accordance with his or her competence. The radiation oncologist should be informed of the clinical activities authorized for each member. Refer to the ACR Technical Standard for the Performance of Radiation Oncology Physics for External Beam Therapy for minimal requirements for physics support.

The process of radiation therapy should include the following:

- Each patient chart should contain a documented, comprehensive history and physical examination performed by the radiation oncologist, including a comprehensive history of the present illness, past medical history, review of systems, review of imaging studies and laboratory data, histopathology diagnosis and recommendations for treatment, and signed and dated consent form.

  Consultation/History and physical should include:
  - Overall stage grouping and TNM classification of tumor in the consult note and staging sheet.
  - Performance classification (Karnofsky or ECOG).
  - Chemotherapy information (Drugs, schedule, etc.) (if applicable).
  - Documentation of physical examination done by a radiation oncologist.

- The treatment prescriptions should include: volume (site) to be treated, description of ports (i.e., AP, PA, lateral, etc.), radiation modality, dose per fraction, number of fractions per day, number of fractions per week, total number of fractions, total tumor dose and prescription point or isodose.

- Simulation of Treatment

  A simulation order should be signed and dated by the radiation oncologist and include the following:
  - Treatment site.
  - Treatment position.

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- Immobilization devices (if applicable).
- Use of contrast (if applicable).

Simulation and treatment photos should include the following:

- Patient's name.
- Date of photo.
- Treatment set-up information (immobilization devices, position, tattoos, etc.).

Treatment Planning:

- Documentation of delivered doses to volumes of target and non-target tissues, in the form of dose volume histograms and representative cross-sectional isodose treatment diagrams, should be maintained in the patient's written or electronic record.

- Treatment prescription and isodose plan must be signed or electronically approved by the radiation oncologist and medical physicist prior to the initiation of radiation therapy.

- The goals and requirements of the treatment plan, including the specific dose constraints for the target(s) and nearby critical structure(s) should be documented.

Patient Evaluation:

Patient evaluation and, when appropriate, physical examination by a radiation oncologist during treatment should be performed weekly and more often when warranted.

Treatment Summary:

- After a course of treatment is completed, the radiation oncologist should document a summary of the treatment delivered including site treated, modality used, dose per fraction, total dose, elapsed time, treatment response (if applicable), relevant side effects (if applicable) and other observations.

Follow-Up:

- At the completion of treatment, a follow-up plan should be documented in the patient chart, and patients should be seen by the radiation oncologist at regular, on-going intervals. If direct follow-up is not possible or practical because of issues such as patient medical condition, patient choice or unreasonable travel, the radiation oncologist should review follow-up documentation provided by other pertinent medical providers regarding the patient's condition.

General Brachytherapy Requirements:

- Written directive should be signed and dated by physician prior to the procedure.

- Complete documentation should be included in the patient record when brachytherapy is performed. Written directives documented for each procedure should include the treatment site, isotope, number of sources and the planned dose to designated points. After

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brachytherapy is completed, a written summary of treatment delivery should include: total dose of brachytherapy and external beam therapy, time of source insertion and removal and documentation of a radiation safety survey of the patient and room.

- A policy requiring two forms of patient identification as well as verification of treatment parameters prior to each treatment must be documented.

Policy and Procedures:

The following policies and procedures should be in place:

- Time out policy for simulation and treatment.
- Administration of contrast (if applicable)
- Image guidance and port film policy: A set of patient positioning or target localization images should be taken at least weekly and for any new fields. Verification images should then be reviewed by the radiation oncologist prior to the next treatment.
- Disaster Plan: The facility should have a written disaster plan based on an assessment of contingencies appropriate for the local practice environment, incorporating plans for:
  1. Prolonged power failure.
  2. Prolonged information system failure, with provisions to address operational continuity including data redundancy and recovery.
  3. Loss or release of radioactive materials.
  4. External threats including natural disasters.
     - The disaster plan should be designed to ensure that the facility staff can respond to patients and other care providers within 24 hours of the contingency condition, with plans for resuming or transferring patient care within 5 days of the contingency condition.
- Infection Control.
- Radiation Safety.

Physics Quality Control:

- A formal physics policy and procedure manual should be in place and reviewed on an annual basis.

- The department should have a documented, formal treatment planning system quality assurance plan, including the periodic confirmation of the treatment planning system consistency.

- Patient specific quality assurance (QA) for IMRT, SBRT, SRS, etc. should be documented and approved prior to initiation of treatment. It is recommended that the facility establish a standard for QA and set their pass/ fail criteria.

- The treatment planning system quality assurance should be performed on an annual basis.

- Hardware and software updates need to be documented.

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- Thermometer and barometer comparison/calibration must be performed and documented.

- At the completion of treatment, the qualified medical physicist shall review the entire chart to affirm the fulfillment of the initial and/or revised prescription dose. The review should be documented by the physicist, initialed/signed and dated **no later than one week** after the end of treatment.

Other Recommendations:

- Prescription must be linked to an anatomical site and not just state PTV1, PTV2, and PTV3, for example, right upper lobe, left breast, etc. The point or volume that is being prescribed, for example, to 95% IDL or 95% volume should be included.

- A total cumulative dose should be entered in the prescription to indicate a dose beyond which they cannot treat.

- For IMRT, SBRT, SRS, etc. treatment, heterogeneity correction should be used in treatment planning and its commissioning documented in a written report.

- TG-66 recommends an annual evaluation of the "electron density to CT number conversion" to be consistent with commissioning and manufacturer recommendations. There should be evidence of the implementation of this recommendation.

- An independent MU/back up calculation check program should be available.

- During treatment set-ups and treatment of patients, there should be two radiation therapists per treatment machine.

- All staff must comply with their appropriate licensure requirements.

Final Report

The report is issued to the radiation oncologist who requested the survey. The Committee issues a final report after the on-site survey. The report is generally sent within 8-10 weeks following the on-site survey. The report is based on the findings of the surveyors, as well as information provided in the initial application and verified by the surveyors. The accreditation report includes:

- Comparison of facility/staffing data with the accredited facilities data.
- Evaluation of facility's compliance with parameters, standards, and program requirements from application information and review by surveyors.
- Surveyor comments on individual case reviews.
- Specific recommendations for improvement.

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Accreditation Status

The term of accreditation is three years. Facilities that are not granted accreditation will either be:

- ***Deferred*** with 90 days to submit a Corrective Action Plan. After the Corrective Action Plan is approved by the Committee, the facility may be required to perform a self-audit (measures for self-audit will be selected by the Committee) and submit the results no later than 6 months after receipt of response to corrective action. Following Committee approval of the self-audit, the facility may be granted a three-year accreditation. The Committee may request a re-survey if Corrective Action Plan is approved. Additional fees may be applied such as On-Site Surveyors' expenses including travel and lodging.

- ***Denied*** with 90 days to submit a Corrective Action Plan. After the Corrective Action Plan is approved by the Committee, the facility will be required to participate in a follow up survey (6-9 months after receipt of response to corrective action). **A re-application fee of $5,000 must be submitted with the survey agreement**. Additional fees may be applied such as On-Site Surveyors' expenses including travel and lodging. The surveyors will complete a report of their findings, which will be reviewed by the Committee. Following Committee approval of this report, the facility may be granted a three-year accreditation.

Marketing Your Accreditation

Once accreditation has been achieved, the facility will receive a marketing package (link to documents is included in your final report) to assist in promoting this success within the community. In addition, all sites fully accredited (and those under review) will be listed by program and state on the ACR Web site at www.acr.org.

The marketing tools include:

- Camera-ready ad.
- Press release.
- Certificate suitable for framing.
- Certification mark provided in decal and electronic format.

Application for Renewal

The application process for sites applying for renewal is essentially the same as for new sites, however, a facility's previous recommendations will be carefully reviewed to ensure that recommendations for improvement have been implemented. In order to maintain accreditation, it is recommended that facilities begin the application process nine months prior to the expiration date of their accreditation.

Appeal Mechanism

An appeal process is available to a radiation oncology facility that disagrees with the accreditation report. To appeal, the chief of radiation oncology submits a written request to the

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Chairman of the Committee on Radiation Oncology Practice Accreditation within thirty days of receipt of the accreditation report.

Survey Fees

Survey fee for the main facility is $9,500.00; $3,000.00 for each additional site. **Fees are non-refundable and subject to change without notice.** If a facility has not been granted accreditation and requires participating in a follow up survey, a fee of $5,000 must be submitted prior to scheduling the site visit. Checks should be made payable to The American College of Radiology.

Sites	Cost*	**Number of Days on site
Main Site	$9,500	1
Main + 1 Satellite Site	$12,500	2
Main + 2 Satellite Sites	$15,500	2
Main + 3 Satellite Sites	$18,500	2
Main + 4 Satellite Sites	$21,500	3
Main + 5 Satellite Sites	$24,500	3
Main + 6 Satellite Sites	$27,500	4
Main + 7 Satellite Sites	$30,500	4
Main + 8 Satellite Sites	$33,500	5
Main + 9 and over Satellite Sites	Contact ACR Staff Member	-

Includes surveyor team travel expenses in the United States only
****Subject to change***

Effective on August 5, 2013: Any requested change in the survey date by the facility or cancellation of a scheduled survey after ACR has invested funds in the survey (such as travel funds) must be reimbursed by the facility in addition to the survey fee.

R-O PEER™

R-O PEER™ offers radiation oncologists the opportunity to fulfill Part IV, Evaluation of Performance in Practice for Maintenance of Certification (MOC), for the American Board of Radiology (ABR) through the Radiation Oncology Practice Accreditation Program. R-O PEER™, the ACR's Practice Quality Improvement (PQI) program is offered as part of the Radiation Oncology Practice Accreditation Program. Once your practice has been accredited, a final report will be issued to each participating radiation oncologist. If any corrective action measures are identified, the final report will request additional documentation that demonstrates that these have been appropriately addressed. When this documentation is submitted and reviewed, a certificate of satisfactory completion of the PQI project will be issued.

R-O PEER™ is available on the ROPA website application (Part 1) or on the ACR website by paper application http://www.acr.org/Quality-Safety/Accreditation/RO. All radiation oncologists interested in participating in R-O PEER™ must submit their application and payment before the date of the scheduled site survey.

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For Additional Information

Contact the ACR Radiation Oncology Practice Accreditation Program office in Reston, Virginia at 800-770-0145 ext. 3711 or rad-onc-accred@acr.org.

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References

The following list of references is by no means complete, but it may be used as a starting point to assist you with your application and survey process:

American Association of Physicists in Medicine, (AAPM). Accelerator beam data commissioning equipment and procedures: Report of TG-106 of the Therapy Physics Committee of the AAPM, 2008 http://aapm.org/pubs/reports/RPT_106.pdf

American Association of Physicists in Medicine, (AAPM). Comprehensive QA for Radiation Oncology: Report of AAPM Radiation Therapy Committee Task Group 40, 1994 http://aapm.org/pubs/reports/RPT_46.PDF

American Association of Physicists in Medicine, (AAPM). Dosimetry tools and techniques for IMRT, Task Group 120 Report, 2011 http://aapm.org/pubs/reports/RPT_120.pdf

American Association of Physicists in Medicine, (AAPM). Medical Physics Practice Guidelines. http://www.aapm.org/pubs/MPPG/

American Association of Physicists in Medicine, (AAPM). Protocol for clinical reference dosimetry of high-energy photon and electron beams. Report of AAPM Radiation Therapy Task Group 51, 1999 http://aapm.org/pubs/reports/RPT_67.pdf

American Association of Physicists in Medicine, (AAPM). Quality Assurance for Clinical Radiotherapy Treatment Planning Report of AAPM Radiation Therapy Committee Task Group 53, 1998 http://aapm.org/pubs/reports/RPT_62.pdf

American Association of Physicists in Medicine, (AAPM). Quality Assurance for Clinical Radiotherapy Treatment Planning Report of AAPM Radiation Therapy Committee Task Group 66, 2003 http://aapm.org/pubs/reports/RPT_83.pdf

American Association of Physicists in Medicine, (AAPM). Quality Assurance for Clinical Radiotherapy Treatment Planning Report of AAPM Radiation Therapy Committee Task Group 103, 2005 http://aapm.org/pubs/reports/RPT_103.pdf

American Association of Physicists in Medicine, (AAPM). Task Group 142 Report, Quality Assurance of Medical Accelerators, 2009 http://aapm.org/pubs/reports/RPT_142.pdf

American College of Radiology Practice Parameters and Technical Standards, Reston, VA http://www.acr.org/Quality-Safety/Standards-Guidelines/Practice-Guidelines-by-Modality/Radiation-Oncology

http://www.acr.org/Quality-Safety/Standards-Guidelines/Technical-Standards-by-Modality

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Dr. Jewel Mullen
Commissioner

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Office of Health Care Access

Our Mission is to ensure that the citizens of Connecticut have access to a quality health care delivery system

Outpatient Data Work Group

Latest CON Deemed Complete:

- On January 20, 2015, the Certificate of Need Application of Molecular Neuroimaging, LLC to acquire one PET/CT scanner was deemed complete. This CON application was filed under Docket No. 14-31965-CON.

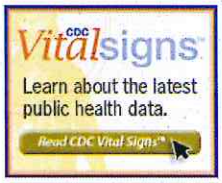
Upcoming Public Hearing Notices:

Date	Reference
None Scheduled	

Click on '*Check the Calendar*' on the left navigation bar for details.

News:

- On February 27, 2015, Hartford Hospital and Connecticut GI Endoscopy Center, LLC submitted an application to transfer 51% ownership of the center to Hartford Hospital. The application was assigned docket number 15-31983.
- ***NEW!!!*** Statewide Health Care Facilities and Services Plan 2014 Supplement. This Plan is intended to be a blueprint for health care delivery in Connecticut, serving as a resource guide for health care facilities and services planning. While the 2012 Plan focused on standards, guidelines and methodologies related to Certificate of Need (CON) regulation, this Plan focuses on the unmet health care need of vulnerable and at-risk populations and the alignment of public health and health care initiatives that aim to address these needs.
- On February 20, 2015, The Office of Health Care Access received a request for a CON Modification from NRRON d/b/a Community Cancer Care. The request is to modify OHCA's decision rendered under Docket Number 95-534. To review the information please click here: 15-31982-MDF.
- ***NEW!!!*** P.A. 13-208 Sec. 69 Cardiac Transfers Report – This is a report to the joint standing committee of the General Assembly on matters relating to public health. The document provides information on cardiac patient transfers from Connecticut hospitals permitted by certificate of need to provide emergency/primary coronary angioplasty services only to other hospitals.
- On February 13, 2015, the Application of Saint Francis Hospital and Medical Center and Trinity Health System, Inc. for Trinity Health System, Inc. to acquire Saint Francis



Hospital and Medical Center was received. This application was filed under Docket No. 15-31979-CON.

- On February 11, 2015, OHCA received a Certificate of Need application to transition Danbury Hospital's Seifert & Ford Family Community Health Center for Behavioral Health programs to the Connecticut Institute For Communities, Inc.'s Greater Danbury Community Health Center (FQHC). It was assigned docket number 15-31978.
- ***NEW!!!*** Specialty Hospital Statement of Operations Data - This document provides a summary of Connecticut specialty hospitals' financial performance for the fiscal years 2009 - 2013.
- ***NEW!!!*** Statewide Liquidity and Solvency Measures – These documents provide individual hospital liquidity and solvency measures for each of Connecticut's short term acute care hospitals in Fiscal Year's 2011 – 2013.
- ***NEW!!!*** Hospital Quality and Utilization (CTMONAHRQ) - provides information about hospital quality ratings, costs and charges, avoidable hospitalization, and county rates of conditions and procedures.
- ***NEW!!!*** Statewide Service Utilization and FTEs – This document provides aggregate data on various scans, procedures, and visits performed at Connecticut's short term acute care hospitals in fiscal years 2011 - 2013.
- ***NEW!!!*** Statewide Hospital Expense Data – This document provides aggregate data for various expense categories of Connecticut's short term acute care hospitals for fiscal years 2010 - 2013
- ***NEW!!!*** In December 2014, OHCA posted tables that comprise the 2014 Statewide Health Care Facility and Services Inventory. These 27 tables in excel format provide information on the different types of health care facilities in the State, including provider names, locations, number of beds, hours and days of operation, and, as available, specific service lines. Volume data for 2013 is also listed on these tables for imaging and surgical providers based on a survey conducted in 2014.
- Hospital Community Health Need Assessments - Under the Patient Protection and Affordable Care Act (PPACA), non-profit hospitals are now required to conduct a community health needs assessment with input from public health experts and community members, and adopt an implementation strategy to meet needs identified by the assessment. Click here...

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STATEWIDE HOSPITAL DATA
AGGREGATE SERVICE UTILIZATION AND FTEs
FISCAL YEARS 2011 - 2013

LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013	FY 2011 - FY 2013 CHANGE	FY 2011 - FY 2013 % CHANGE
A.	**CT Scans (A)**					
1	Inpatient Scans	224,595	217,292	209,387	-15,208	-7%
2	Outpatient Scans (Excluding Emergency Department Scans)	229,651	220,410	216,531	-13,120	-6%
3	Emergency Department Scans	215,300	219,012	233,035	17,735	8%
4	Other Non-Hospital Providers' Scans (A)	12,647	11,241	10,734	-1,913	-15%
	Total CT Scans	**682,193**	**667,955**	**669,687**	**-12,506**	**-2%**
B.	**MRI Scans (A)**					
1	Inpatient Scans	39,443	41,357	41,582	2,139	5%
2	Outpatient Scans (Excluding Emergency Department Scans)	150,515	161,435	160,321	9,806	7%
3	Emergency Department Scans	14,132	15,873	17,991	3,859	27%
4	Other Non-Hospital Providers' Scans (A)	37,807	30,371	34,702	-3,105	-8%
	Total MRI Scans	**241,897**	**249,036**	**254,596**	**12,699**	**5%**
C.	**PET Scans (A)**					
1	Inpatient Scans	721	121	158	-563	-78%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,105	1,582	1,965	-2,140	-52%
3	Emergency Department Scans	777	59	68	-709	-91%
4	Other Non-Hospital Providers' Scans (A)	1,022	855	747	-275	-27%
	Total PET Scans	**6,625**	**2,617**	**2,938**	**-3,687**	**-56%**
D.	**PET/CT Scans (A)**					
1	Inpatient Scans	705	671	840	135	19%
2	Outpatient Scans (Excluding Emergency Room Scans)	10,185	11,965	12,075	1,890	19%
3	Emergency Department Scans	686	1,012	2,457	1,771	258%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0	0%
	Total PET/CT Scans	**11,576**	**13,648**	**15,372**	**3,796**	**33%**

(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.

E.	**Linear Accelerator Procedures**					
1	Inpatient Procedures	7,759	8,452	7,097	-662	-9%
2	Outpatient Procedures	206,083	209,375	214,932	8,849	4%
	Total Linear Accelerator Procedures	**213,842**	**217,827**	**222,029**	**8,187**	**4%**
F.	**Cardiac Catheterization Procedures**					
1	Inpatient Procedures	13,650	12,058	9,934	-3,716	-27%
2	Outpatient Procedures	8,911	8,782	8,136	-775	-9%
	Total Cardiac Catheterization Procedures	**22,561**	**20,840**	**18,070**	**-4,491**	**-20%**
G.	**Cardiac Angioplasty Procedures**					
1	Primary Procedures	3,522	2,998	2,775	-747	-21%
2	Elective Procedures	4,315	4,540	4,379	64	1%
	Total Cardiac Angioplasty Procedures	**7,837**	**7,538**	**7,154**	**-683**	**-9%**
H.	**Electrophysiology Studies**					
1	Inpatient Studies	3,720	3,470	3,584	-136	-4%
2	Outpatient Studies	4,192	3,081	3,170	-1,022	-24%
	Total Electrophysiology Studies	**7,912**	**6,551**	**6,754**	**-1,158**	**-15%**
I.	**Surgical Procedures**					
1	Inpatient Surgical Procedures	108,960	108,996	98,958	-10,002	-9%
2	Outpatient Surgical Procedures	215,309	231,415	223,069	7,760	4%
	Total Surgical Procedures	**324,269**	**340,411**	**322,027**	**-2,242**	**-1%**
J.	**Endoscopy Procedures**					
1	Inpatient Endoscopy Procedures	20,196	19,405	22,896	2,700	13%
2	Outpatient Endoscopy Procedures	126,366	133,866	127,735	1,369	1%

STATEWIDE HOSPITAL DATA
AGGREGATE SERVICE UTILIZATION AND FTEs
FISCAL YEARS 2011 - 2013

LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013	FY 2011 - FY 2013 CHANGE	FY 2011 - FY 2013 % CHANGE
	Total Endoscopy Procedures	**146,562**	**153,271**	**150,631**	**4,069**	**3%**
K.	**Hospital Emergency Room Visits**					
1	Emergency Room Visits: Treated and Admitted	249,643	248,557	251,689	2,046	1%
2	Emergency Room Visits: Treated and Discharged	1,453,852	1,509,958	1,473,218	19,366	1%
	Total Emergency Room Visits	**1,703,495**	**1,758,515**	**1,724,907**	**21,412**	**1%**
L.	**Hospital Clinic Visits**					
1	Substance Abuse Treatment Clinic Visits	35,697	37,741	44,309	8,612	24%
2	Dental Clinic Visits	131,022	127,293	117,873	-13,149	-10%
3	Psychiatric Clinic Visits	399,082	430,257	432,927	33,845	8%
4	Medical Clinic Visits	308,279	337,340	0	n/a	n/a
5	Medical Clinic Visits - Pediatric Clinic	n/a	n/a	32,933	n/a	n/a
6	Medical Clinic Visits - Urgent Care Clinic	n/a	n/a	113,612	n/a	n/a
7	Medical Clinic Visits - Family Practice Clinic	n/a	n/a	88,117	n/a	n/a
8	Medical Clinic Visits - Other Medical Clinic	n/a	n/a	113,407	n/a	n/a
9	Specialty Clinic Visits	481,148	415,907	0	n/a	n/a
10	Specialty Clinic Visits - Cardiac Clinic	n/a	n/a	14,190	n/a	n/a
11	Specialty Clinic Visits - Chronic Pain Clinic	n/a	n/a	7,328	n/a	n/a
12	Specialty Clinic Visits - OB-GYN Clinic	n/a	n/a	37,528	n/a	n/a
13	Specialty Clinic Visits - Other Specialty Clinic	n/a	n/a	486,096	n/a	n/a
	Total Hospital Clinic Visits	**1,355,228**	**1,348,538**	**1,488,320**	**133,092**	**10%**
M.	**Other Hospital Outpatient Visits**					
1	Rehabilitation (PT/OT/ST)	844,943	899,195	879,730	34,787	4%
2	Cardiac Rehabilitation	103,529	104,396	111,449	7,920	8%
3	Chemotherapy	116,292	123,427	155,320	39,028	34%
4	Gastroenterology	85,094	93,202	93,126	8,032	9%
5	Other Outpatient Visits	3,739,417	3,927,402	4,004,002	264,585	7%
	Total Other Hospital Outpatient Visits	**4,889,275**	**5,147,622**	**5,243,627**	**354,352**	**7%**
	Total Hospital Outpatient Visits	**6,244,503**	**6,496,160**	**6,731,947**	**487,444**	**8%**
N.	**Hospital Full Time Equivalent Employees**					
1	Total Nursing FTEs	16,286.9	16,754.7	16,715.4	428.5	3%
2	Total Physician FTEs	2,625.0	2,572.7	1,526.7	-1,098.3	-42%
3	Total Non-Nursing and Non-Physician FTEs	34,462.2	35,014.3	36,202.2	1,740.0	5%
	Total Hospital Full Time Equivalent Employees	**53,374.1**	**54,341.7**	**54,444.3**	**1,070.2**	**2%**

Source: CT Department of Public Health, Office of Health Care Access, Hospital Reporting System, HRS Report 450 (as reported by hospitals to OHCA).
Note, In FY 2013, OHCA provided input lines for Pediatric, Urgent Care, Family Practice and Other Medical Clinics along with input lines for Cardiac, Chronic Pain, OB-GYN and Other Specialty Clinics.

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STATISTICAL BRIEF #443:
Trends in Use and Expenditures for Cancer Treatment among Adults 18 and Older, U.S. Civilian Noninstitutionalized Population, 2001 and 2011

June 2014

Anita Soni, PhD, MBA

Highlights

- In 2011, approximately 15.8 million adults or 6.7 percent of the adult U.S. population received treatment for cancer. This represents an increase from 2001, when 10.2 million adults or 4.8 percent of the population reported receiving treatment for cancer.
- Medical spending to treat cancer increased from $56.8 billion in 2001 (in 2011 dollars) to $88.3 billion in 2011.
- Ambulatory expenditures for care and treatment of cancer increased from $25.5 billion in 2001 to $43.8 billion in 2011.
- Expenditures on retail prescription medications for cancer increased from $2.0 billion in 2001 to $10.0 billion in 2011.
- Mean annual retail prescription drug expenditures for those with an expense related to cancer increased more than three times, from $201 per person in 2001 (in 2011 dollars) to $634 per person in 2011.
- Inpatient hospital expenditures accounted for 47 percent of total spending for cancer treatment in 2001, but fell to 35 percent of the total by 2011.

Introduction

This Statistical Brief presents estimates of health care use and expenditures for treating cancer among the U.S. adult civilian noninstitutionalized population, based on the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) for the years 2001 and 2011. Expenditures are expressed in 2011 dollars. All differences between estimates noted in the text are statistically significant at the 0.05 level or better.

Findings

Percentage of adults treated for cancer, by age

In 2011, 6.7 percent of the U.S. adult population obtained treatment for cancer (figure 1). In 2001, the same was true for 4.8 percent of the population. Among those age 65 and above, there was a more than 50 percent increase from 12.8 percent in 2011 to 19.7 percent in 2011. In addition, in both years, those age 65 and above received treatment for cancer at higher rates than their younger counterparts, i.e. 18–44 and 45–64 (12.8 versus 1.5 and 6.0 percent in 2001, and 19.7 percent versus 1.5 and 6.8 percent in 2011).

Total and mean health care expenditures for cancer treatment, by type of service

A total of $88.3 billion was spent on treatment of cancer in 2011, compared to $56.8 billion in 2001 (in 2011 dollars) (figure 2). Ambulatory expenditures on cancer increased from $25.5 billion in 2001 to $43.8 billion in 2011. Retail prescription medicine expenditures on cancer increased five-fold between these years, from $2.0 billion in 2001 to $10.0 billion in 2011. Among persons with any expense for cancer, the average expenditures per person for retail prescription medicines more than tripled between 2001 and 2011, from $201 per person to $634 per person (figure 3).

Distribution of annual health care expenditures for cancer, by source of payment and type of service

In 2011, 11.4 percent of total cancer expenditures were for retail prescription medicines as compared with 3.6 percent in 2001 (figure 4). The proportion spent on inpatient hospital stays declined from 47 percent in 2001 to 35 percent in 2011.

In both years, private insurance was the primary source of payment (48.6 percent in 2011 and 42.4 percent in 2001), followed by Medicare (34.1 percent in 2011 and 40.1 percent in 2001) (figure 5).

Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS 2001 and 2011 Full Year Consolidated Files (HC-060 and HC-147), Medical Conditions Files (HC-061 and HC-146), Office-Based Medical Provider Visits Files (HC-059G and HC-144G), Outpatient Visits Files (HC-059F and HC-144F), Hospital Inpatient Stays Files (HC-059D and HC-144D), Home Health Files (HC-059H and 144H), Emergency Room Visits Files (HC-059E and HC-144E), and Prescribed Medicines Files (HC-059A and HC-144A).

Definitions

Cancer

This Statistical Brief analyzes individuals with cancer in connection with reported health care utilization (e.g., a person who reported purchasing a drug was asked what condition the drug was intended to treat). Conditions reported by respondents were recorded by interviewers as verbatim text, and were coded by professional coders to fully specified ICD-9-CM codes. Conditions with CCS codes 11-45 were classified as cancer. For additional information on the crosswalk between ICD-9-CM codes and CCS codes, please visit: http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp.

Expenditures
Expenditures in MEPS are defined as payments from all sources for hospital inpatient care, ambulatory care provided in offices and hospital outpatient departments, care provided in emergency departments, paid care provided in the patient's home (home health), and the retail purchase of prescribed medications. Sources include direct payments from individuals, private insurance, Medicare, Medicaid, Workers' Compensation, and miscellaneous other sources. Expenditure data for 2001 were adjusted to 2011 dollars using the Consumer Price Index (CPI) and all estimates in this Brief are reported in 2011 dollars. These expenditures do not include any over-the-counter medications.

Sources of payment
Estimates of sources of payment represent the percentage of the total sum of expenditures paid for by each source. Sources of payment are classified as follows:

- *Out-of-pocket*: By user or family.
- *Private insurance*: Includes payments made by insurance plans covering hospital and medical care (excluding payments from Medicare, Medicaid, and other public sources). Payments from Medigap plans or TRICARE (Armed Forces-related coverage) are included. Payments from plans that provide coverage for a single service only, such as dental or vision coverage, are not included.
- *Medicare*: A federally financed health insurance plan for the elderly, persons receiving Social Security disability payments, and most persons with end-stage renal disease. Medicare Part A, which provides hospital insurance, is automatically given to those who are eligible for Social Security. Medicare Part B provides supplementary medical insurance that pays for medical expenses and can be purchased for a monthly premium.
- *Medicaid/SCHIP*: A means-tested government program jointly financed by federal and state funds that provides health care to those who are eligible. Program eligibility criteria vary significantly by state, but the program is designed to provide health coverage to families and individuals who are unable to afford necessary medical care.
- *Other*: Includes payments from the Department of Veterans Affairs (excluding TRICARE); other federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); various state and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); Medicaid payments reported for people who were not enrolled in the Medicaid program at any time during the year; payments from Workers' Compensation; and other unclassified sources (e.g., automobile, homeowner's, or liability insurance, and other miscellaneous or unknown sources).

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at http://www.meps.ahrq.gov/.

References

For a detailed description of the MEPS-HC survey design, sample design and methods used to minimize sources of non-sampling errors, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component.* MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.shtml

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component.* MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.shtml

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For more information about cancer, see the following publications:

Cancer Basics: http://www.cancer.org

Cancer Overview: http://www.webmd.com/cancer/

Cancer Prevention and Control: http://www.cdc.gov/cancer/dcpc/data/

Cancer: http://www.cancer.gov/

Suggested Citation

Soni, A. *Trends in Use and Expenditures for Cancer Treatment among Adults 18 and Older, U.S. Civilian Noninstitutionalized Population, 2001 and 2011.* Statistical Brief #443. Agency for Healthcare Research and Quality, Rockville, MD.
http://www.meps.ahrq.gov/mepsweb/data_files/publications/st443/stat443.shtml

* * *

AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please email us at MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

Steven B. Cohen, PhD, Director
Center for Financing, Access, and Cost Trends
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

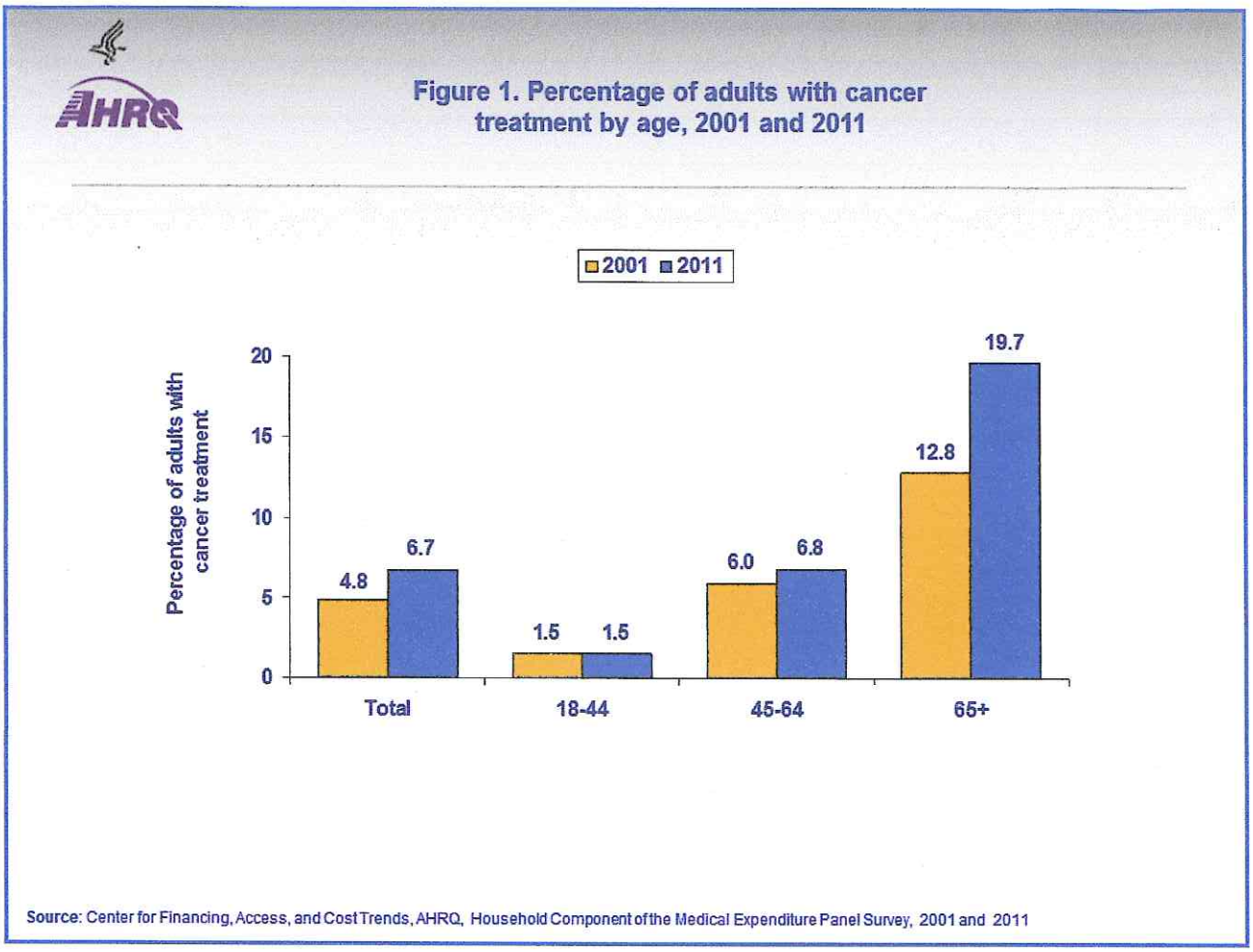


Figure 1. Percentage of adults with cancer treatment by age, 2001 and 2011

	Total	18-44	45-64	65+
2001	4.8%	1.5%	6.0%	12.8%
2011	6.7%	1.5%	6.8%	19.7%

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2001 and 2011

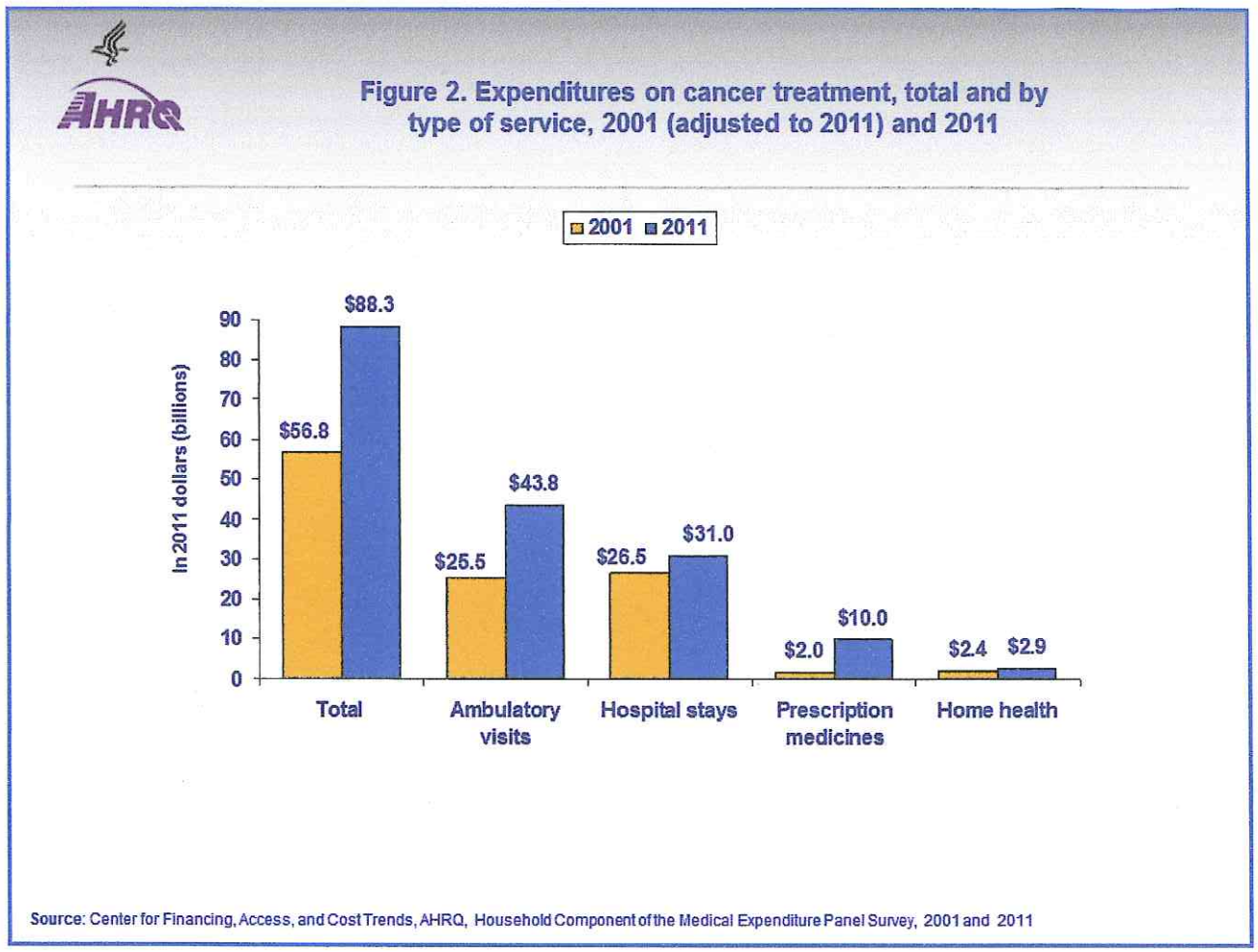


Figure 2. Expenditures on cancer treatment, total and by type of service, 2001 (adjusted to 2011) and 2011

	Total	Ambulatory visits	Hospital stays	Prescription medicines	Home health
2001 (in billions)	$56.8	$25.5	$26.5	$2.0	$2.4
2011 (in billions)	$88.3	$43.8	$31.0	$10.0	$2.9

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2001 and 2011

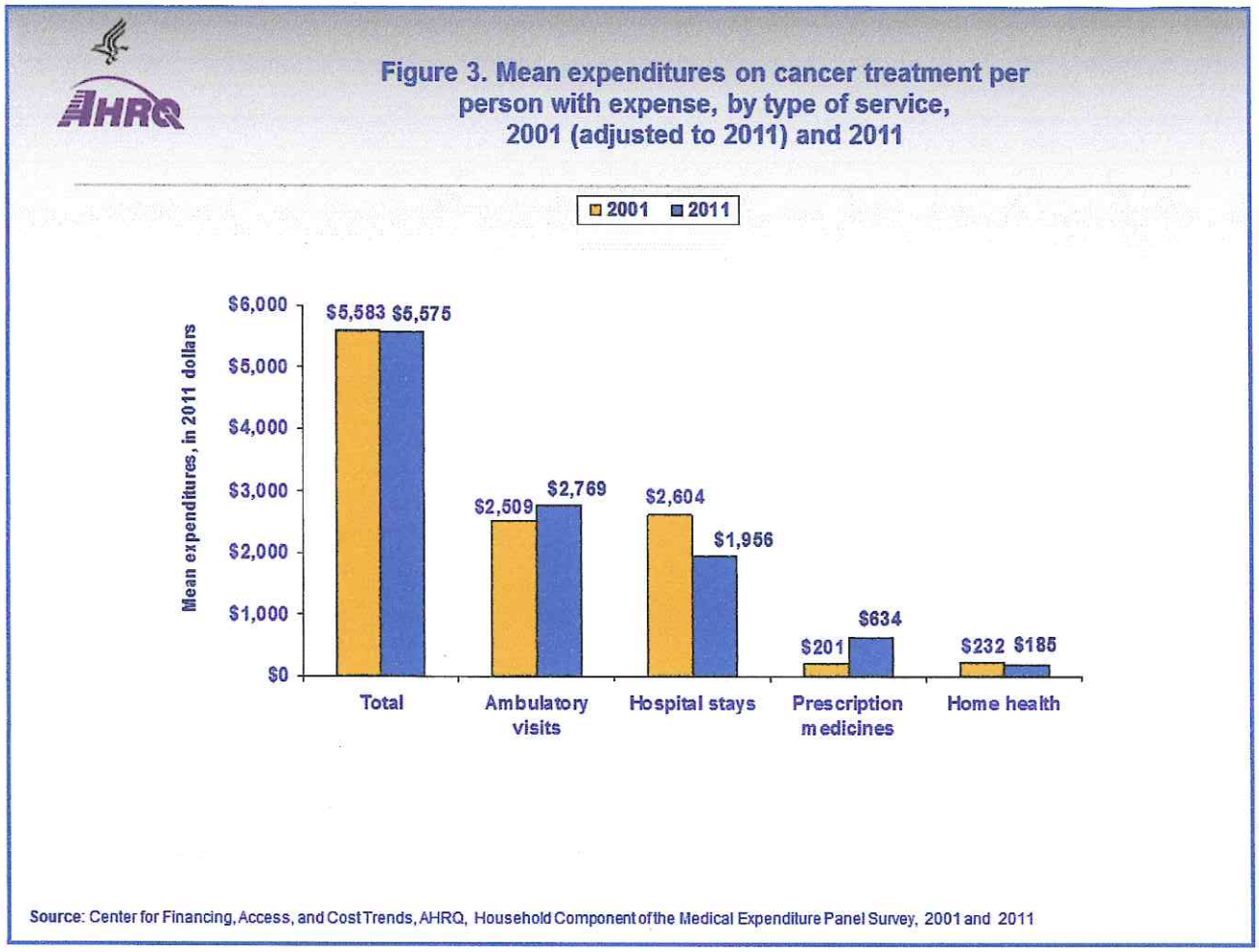


Figure 3. Mean expenditures on cancer treatment per person with expense, by type of service, 2001 (adjusted to 2011) and 2011

	Total	Ambulatory visits	Hospital stays	Prescription medicines	Home health
2001	$5,583	$2,509	$2,604	$201	$232
2011	$5,575	$2,769	$1,956	$634	$185

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2001 and 2011

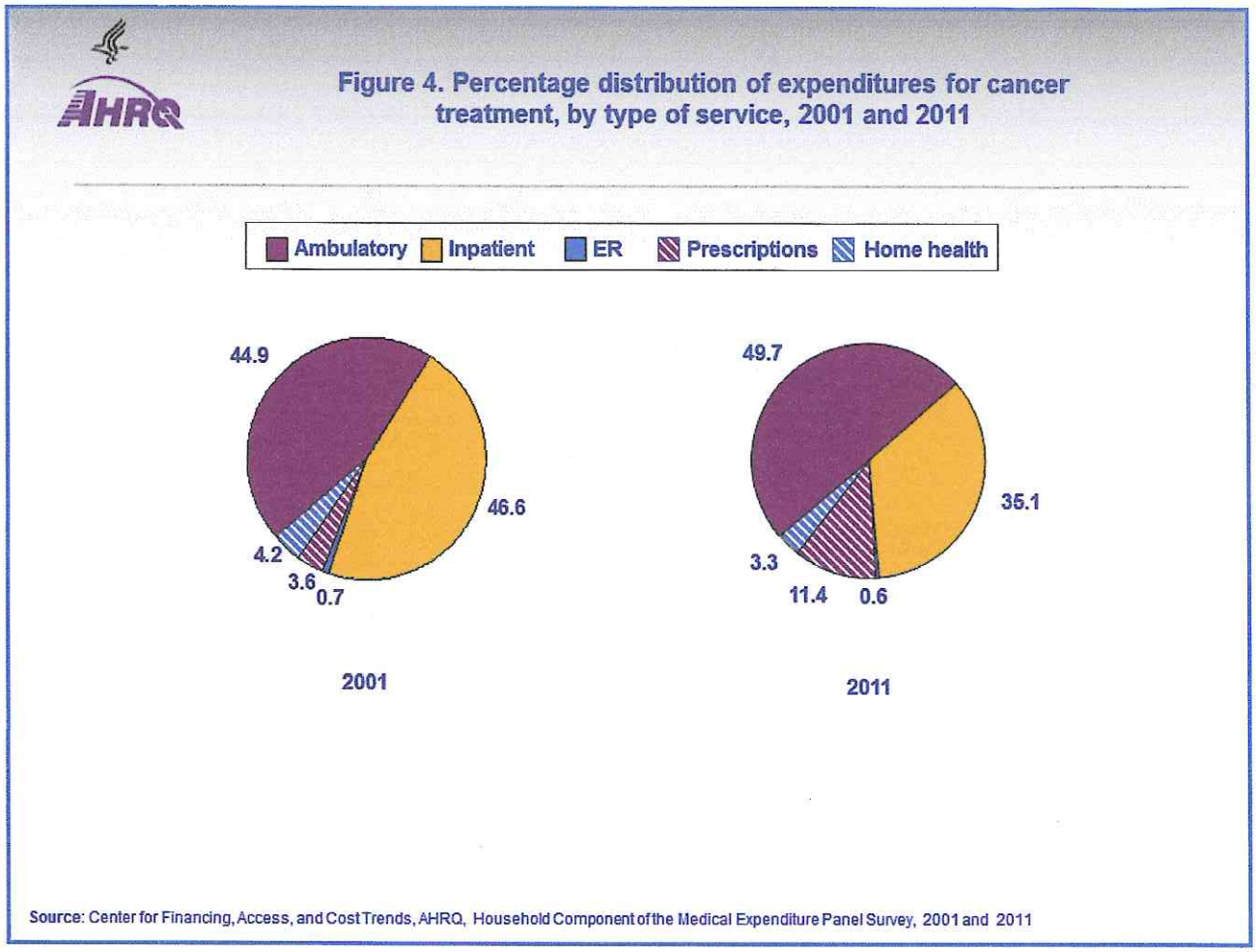


Figure 4. Percentage distribution of expenditures for cancer treatment, by type of service, 2001 and 2011

	Ambulatory	Inpatient	ER	Prescriptions	Home health
2001	44.9%	46.6%	0.7%	3.6%	4.2%
2011	49.7%	35.1%	0.6%	11.4%	3.3%

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2001 and 2011

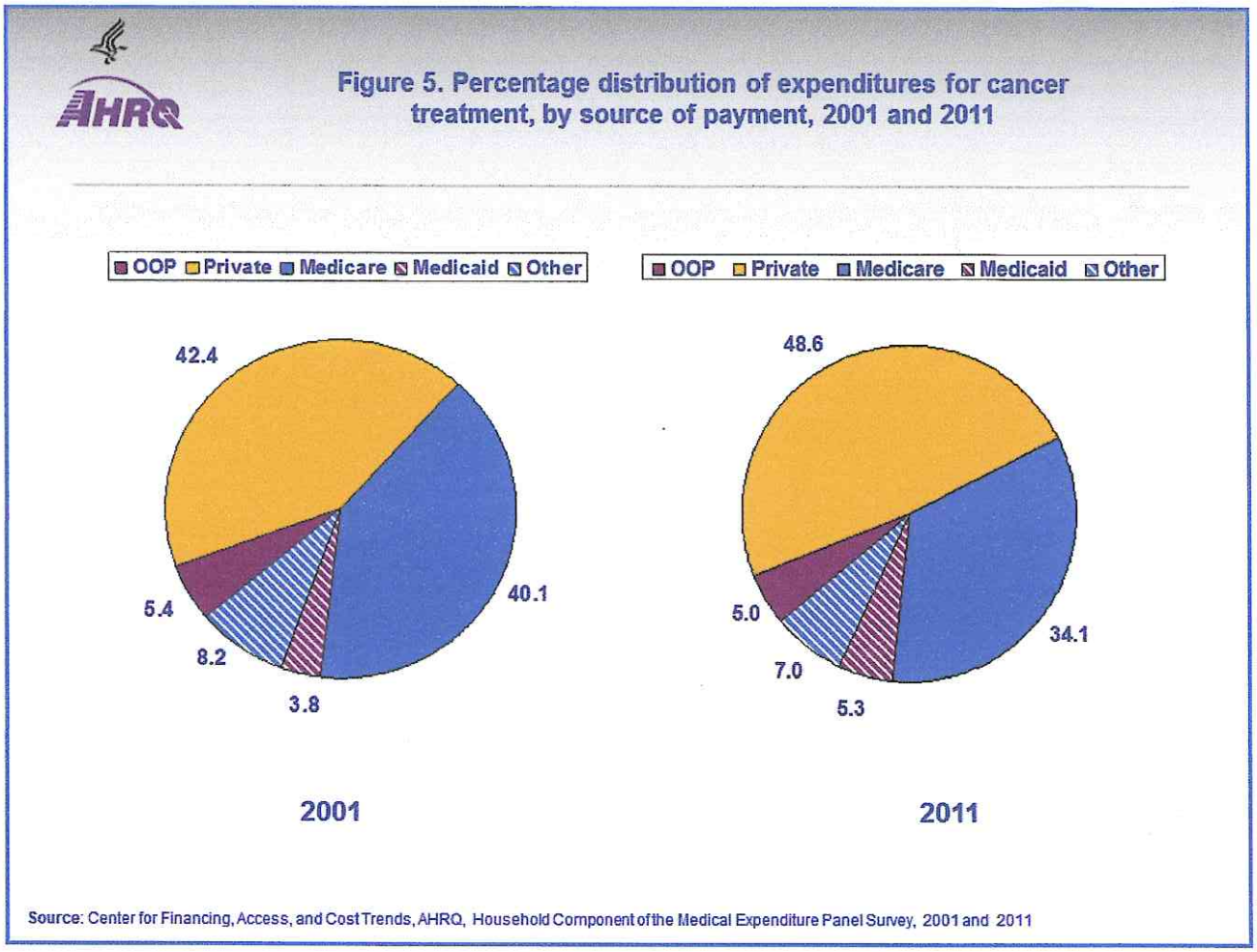


Figure 5. Percentage distribution of expenditures for cancer treatment, by source of payment, 2001 and 2011

	OOP	Private	Medicare	Medicaid	Other
2001	5.4%	42.4%	40.1%	3.8%	8.2%
2011	5.0%	48.6%	34.1%	5.3%	7.0%

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2001 and 2011

Future Trends in Cancer Care Delivery 2011 TO 2021

by Becca Booi, PhD

Fasten your seat belts.

As the cancer care landscape continues to change, the ride may get bumpy. Multiple forces are exerting pressure on oncology care delivery, and cancer program leaders want to know—*How will this affect my business?* Sg2 is a healthcare solutions company that seeks to answer these questions by quantifying the impact of these trends on oncology and other hospital service lines. Using our Impact of Change® forecasting model, we help healthcare leaders anticipate how demand for services will evolve over the next 10 years (see Figure 1, page 25).

Sg2's forecast can be used to highlight changes in cancer service utilization over the next decade and identify smart growth opportunities that are clinically appropriate, financially favorable, and sustainable over the long term. The forecast takes into account impact factors that will affect both inpatient and outpatient growth, and assesses growth opportunities for over 150 different diseases, including 25 tumor types and 19 oncology-relevant procedures. Forecasting by disease type allows hospitals and health systems to more accurately anticipate changes in cancer patient volumes across different delivery sites, enabling more effective near- and long-term planning.

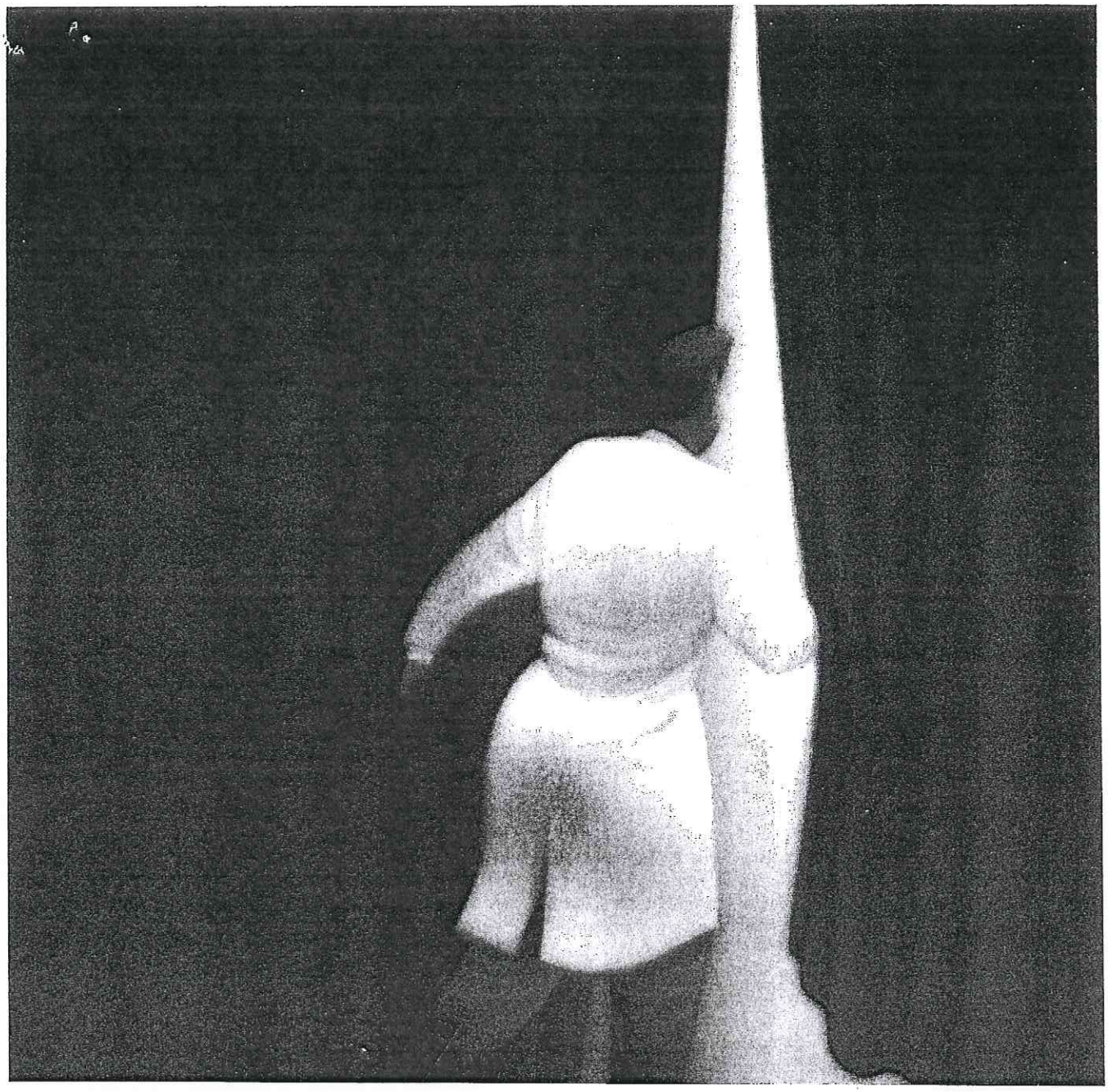
This article outlines Sg2's forecast of select tumor types and procedures that offer strong growth potential in cancer and then, within the four most common tumor types, highlights performance opportunities that may help community cancer centers capitalize on that growth potential.

Growth Drivers

Future demand for cancer services will be shaped by a number of competing factors. Population growth is driving increased demand for services in most markets. Epidemiologic factors, such as decreasing smoking rates and increasing obesity rates, are exerting a mixed effect on incidence rates. Payment and policy decisions, such as healthcare reform, promise to expand the number of insured patients and improve access to care. New technologies are increasing the complexity of therapies and facilitating treatment in the outpatient setting. An increased focus on Systems of CARE™ (Clinical Alignment and Resource Effectiveness) is shifting the setting in which cancer patients receive care and reducing redundant and unnecessary services. (Systems of CARE is an Sg2 term that reflects an increased focus on care coordination and patient management across the care continuum, e.g., medical home, IT integration, ACOs, payer incentives, etc.)

Population. The U.S. population is aging and at an increased risk of developing cancer. By 2020, 18 percent of Americans will be over the age of 65. In addition, the number of cancer survivors is growing rapidly due to improved therapeutic options and screening programs that facilitate earlier cancer detection. Over the next decade, the number of cancer survivors needing surveillance and follow-up care services is projected to grow substantially, topping 18 million by 2020.[1] Both of these populations will be driving demand for cancer services.

Technology. Over the next decade, technology and innovation will impact cancer service utilization in several ways. It will continue to facilitate new outpatient therapeutic options (e.g., stereotactic body radiotherapy for lung cancer patients that are not candidates for surgery) and make new treatment options available where few options existed previously (e.g., recent approval of new drugs for metastatic melanoma). New technologies and treatments also hold the promise of decreasing unnecessary utilization from side effects. For example, targeted radiation therapy modalities that reduce dose to healthy tissues can help reduce unwanted adverse events and targeted oncolytics can help reduce toxicities that may require hospitalization. Two particular areas of strong projected growth over the next ten years are interventional oncology and stereotactic body radiation therapy.



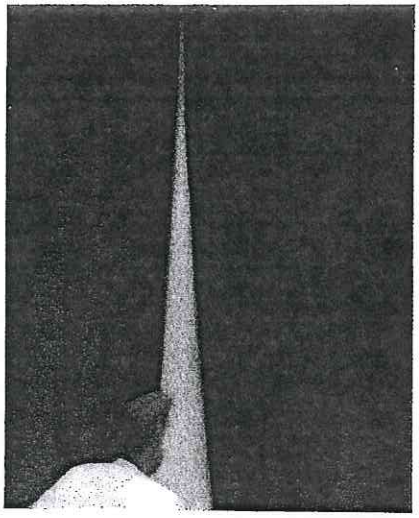
ILLUSTRATION/NEIL BRENNAN

Interventional oncology modalities such as radiofrequency ablation (RFA), cryoablation, and embolization offer strong growth opportunities with both clinical and programmatic benefits. Interventional procedures can help open new therapeutic options while reducing the need for lengthy surgical admissions. For a cancer program, interventional oncology offerings can also:

- Differentiate a multidisciplinary care program
- Present opportunities for new sources of revenue
- Be relatively inexpensive as many institutions already have interventional radiology equipment available.

Stereotactic body radiation therapy (SBRT) is a form of hypofractionated external beam radiotherapy that uses a much higher dose per fraction but completes treatment in 1 to 5 sessions. This high dose requires a great deal of accuracy to ensure healthy tissue is not destroyed. SBRT has shown tremendous growth recently, especially for lung, spine, and liver tumors, and this growth is expected to continue. From 2011 to 2021, Sg2 is projecting a 151 percent increase in SBRT volumes as adoption of this technology increases and clinical indications expand. Organizations that build the requisite expertise and quality assurance protocols to deliver SBRT have the opportunity to differentiate their programs with an offering expected to show strong, sustained growth.

Care Coordination. Sg2 describes the impact of care coordination through its Systems of CARE lens. The emphasis on care coordination will result in greater efficiency due to improved care coordination (e.g ., better care handoffs) and service integration across various disease-specific care sites. Often this impact will reduce inpatient admissions through better use of community-based resources and reduce redundant and/or unnecessary ser-



Demand for outpatient (OP) cancer is projected to grow dramatically.

vices in the outpatient setting. Successful Systems of CARE incorporate:

- Clinical integration through the use of evidence-based practices and elimination of redundant care.
- Improved coordination between the patients and the various specialists involved in cancer care. These improvements can be facilitated through patient navigation, multidisciplinary conferences, and strategic implementation of structures that align the goals of hospitals and physicians.
- Growing information technology capabilities (e.g., oncology IT systems, telemedicine offerings) to allow for improved communication with providers.

Inpatient and Outpatient Growth Forecast

Taking into account population growth alone, demand for inpatient (IP) cancer services would be expected to grow at 21 percent over the next 10 years. However, taking into account additional factors, Sg2 is forecasting more moderate IP growth totaling only 7 percent over this time frame.

Demand for inpatient cancer services will be primarily dampened by two factors: 1) innovation and technology that continue to shift care delivery to the outpatient setting and 2) improved coordination across the care continuum, which will keep patients out of the inpatient setting. As an example of the impact of outpatient coordination on inpatient services, early oncology medical home models, which bring together case management, patient education, and IT capabilities to improve care coordination, have shown the potential to dramatically reduce the number of chemotherapy patients that present at the ED or are admitted to the hospital with chemotherapy-related side effects. As emerging financial incentives encourage better coordination and patient engagement, these types of conditions will increasingly be successfully managed before they reach the point of an IP admission. Cancer programs that are not yet beginning to prepare for these changes may find themselves ill-equipped to operate in this new environment.

Demand for outpatient (OP) cancer services, on the other hand, is projected to grow dramatically. Sg2 projects a 38 percent increase in OP cancer volumes from 2011-2021. In addition to population growth, a number of other factors are driving demand for outpatient services including:

- Increased complexity of chemotherapeutic regimens.
- Increased use of protocols and treatment pathways that leverage multimodality treatments (e.g., surgical resection followed by adjuvant treatments such as chemotherapy and/or radiation therapy).
- Increased use of advanced imaging modalities, such as CT, MRI, and PET in the diagnosis, staging, and monitoring of cancer patients.
- Ongoing surveillance for cancer survivors and subsequent treatment of cancer recurrences.
- Increased availability of "previvor" services for high-risk patients (e.g., genetic counseling and testing). Continued growth in cancer screening to aid early detection.

Growth Opportunities in Breast Cancer

Over the decade, Sg2 forecasts moderate 9 percent growth in IP breast cancer services nationwide. Most of this growth will be focused on surgical procedures, including mastectomy, prophylactic mastectomy, and reconstructions, while medical admissions for chemotherapy toxicities and end-of-life care decline through improved communication and coordination with post-acute care providers.

On the outpatient side, Sg2 is forecasting a 41 percent increase in demand for breast cancer services. This increase will be focused across a number of areas, including chemotherapy, radiation therapy, and advanced imaging. Sg2 is also forecasting relatively strong growth in screening mammography. Over the last several years, many providers have seen reductions in their mammography volumes. While changes in the U.S. Preventive Services Task Force (USPSTF) mammography screening guidelines have contributed somewhat to these softening volumes, the effect of these recommendations has been mitigated by strong backlash from patient advocacy groups and professional organizations, including the American Cancer Society. Sg2's analysis indicates that the loss of insurance coverage due to the recession has played a larger role. Mammography is very sensitive to cost, and studies show that lack of insurance or even small co-pays for insured patients can deter women from getting their mammograms. Sg2 projects that these volumes will rebound driven by three forces:

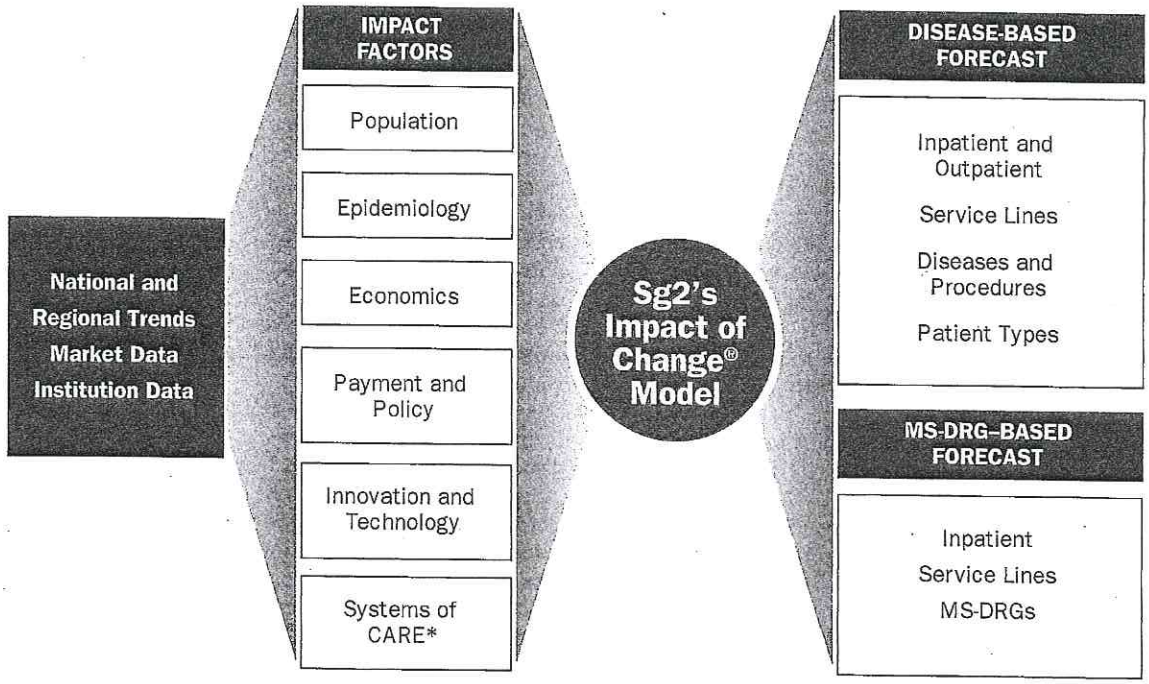
1. The slow economic recovery
2. The elimination of cost-sharing for preventive services mandated in the health reform legislation
3. The expansion of healthcare coverage in 2014.

Most of this growth is expected in the first five years of the decade, with subsequent years flattening out as better screening techniques, such as ultrasound elastography, provide better specificity and drive down false positive rates.

Going forward, organizations positioned to capture growth in breast cancer care will be those that seamlessly connect the various sites and specialists along the breast cancer continuum to provide a coordinated, seamless patient experience. This coordination should stretch from

ervices, on the other hand,

Figure 1. Sg2 Impact of Change Model

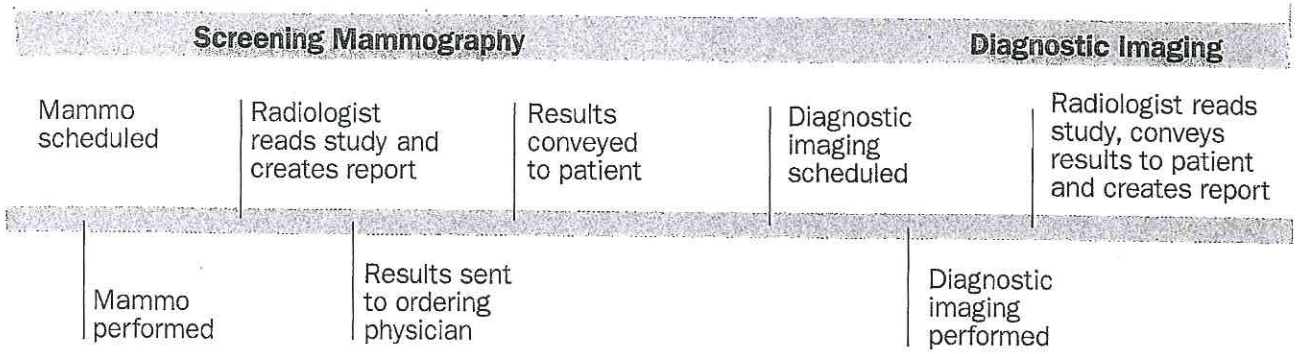


*The Systems of CARE factor accounts for the impact of potentially avoidable admissions and 30-day readmissions.
CARE = Clinical Alignment and Resource Effectiveness; MS-DRG = Medicare Severity Diagnosis-Related Group.

screening through diagnosis and treatment and into survivorship care. Areas of focus should include:

- **Achieving the right diagnosis, efficiently.** A growing number of organizations are tracking and improving their turnaround times from breast screening to diagnosis and treatment. Examining your organization's breast cancer diagnosis pathway can provide a window into opportunities for improvement (see Figure 2, page 26). Programs will need to find the balance between patient satisfaction, market differentiation, cost, workforce availability, and quality concerns. Focus on your program's performance, rather than an "ideal" number of days. While some programs are offering same-day mammography reads, the "right" turnaround time frames are very market specific and will depend on your cancer program's specific priorities.
- **Patient navigation.** Use patient navigators as an early contact for patients with abnormal mammograms to provide support, coordinate care, and limit outmigration. Navigators also serve as key contacts to help answer patient's questions and overcome barriers, such as financial struggles or lack of transportation that could impede the quality of care they receive or lead them to seek care elsewhere.
- **Efficient chemotherapy operations.** Sg2 analysis shows that breast cancer patients account for more chemotherapy encounters than any other tumor type. Increased demand and declining reimbursement for these services will require increased operational efficiency in order for a cancer program's infusion suite to remain financially viable. For example, the Cleveland Clinic at Hillcrest Hospital in Mayfield Heights, Ohio, developed an acuity rating system to improve scheduling and efficiency, boosting patient satisfaction scores by 98 percent and, most importantly, growing chemotherapy volumes without having to add chairs or FTEs.[2]

Figure 2. Breast Cancer Diagnosis Pathway Provides Opportunities for Improvement



Growth Opportunities in Prostate Cancer

Overall, the world is flat when it comes to IP growth in prostate cancer—Sg2 is forecasting just a 1 percent increase in inpatient volumes over the next 10 years. On the OP side, Sg2 is forecasting strong growth in IMRT as technologies, such as image-guidance and volumetric arc, make these treatments easier and faster to deliver. In addition, demand for OP visits is expected to rise, driven by the increased prominence of active surveillance and the many follow-up visits required by these protocols.

Successful organizations will be those that provide prostate cancer patients with a clear understanding of their treatment options, including surgery, radiation therapy, and active surveillance, and deliver coordinated, multidisciplinary care based on the patient's preferences. Multidisciplinary conferences can be an effective way of bringing multiple specialists to the table to ensure prostate cancer patients receive the right treatment. A recent paper explored the effect of multidisciplinary genitourinary conferences at the University of North Carolina Chapel Hill. The study found that multidisciplinary review resulted in a change to the treatment plan or diagnosis of nearly 40 percent of the patients seen and that the most common change for prostate cancer patients was from an intervention to active surveillance.[3] While aligning the various specialists can be difficult in many markets, multidisciplinary programs offer an opportunity to differentiate your organization and even attract new patients for second opinion reviews.

Looking to the future, Sg2 anticipates that telemedicine will play an increasingly important role in meeting demand for visits and ongoing support. We are already seeing innovative telemedicine programs that facilitate outreach to rural and underserved communities. Improved technology and payment for these types of e-visits (e.g., email, teleconsults, electronic patient portals) will continue to support growth in this area.

Growth Opportunities in Colorectal Cancer

Growth areas in colorectal cancer include increased demand for screening colonoscopy, chemotherapy services, strong growth in PET imaging, and increased demand for surgical interventions.

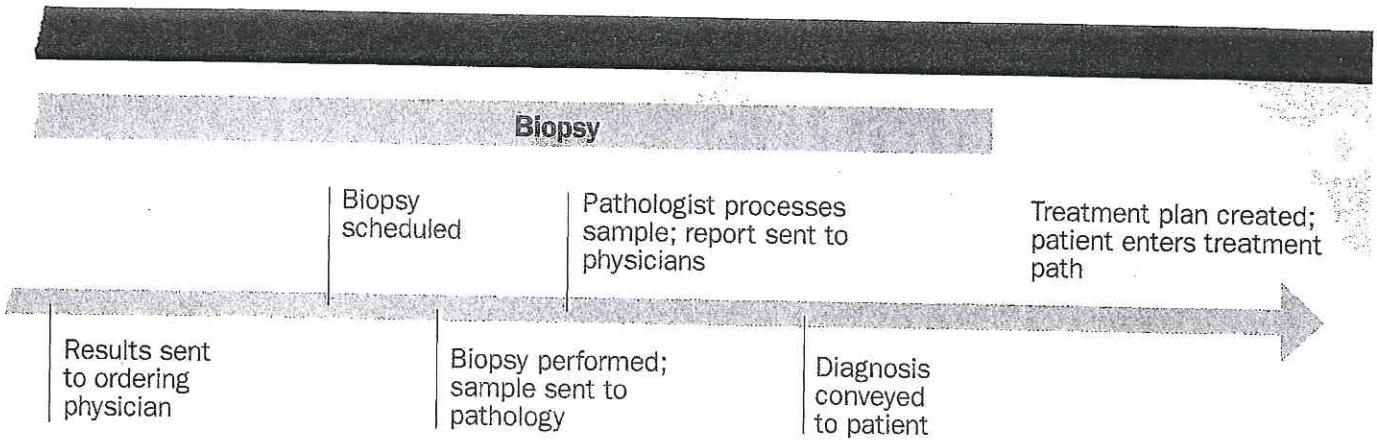
Currently, only 64 percent of the eligible population is up to date with their colorectal cancer screening. This rate is expected to increase, driven by increased public awareness, removal of cost sharing for preventive services, and increased financial incentives tied to screening rates (e.g., colorectal cancer screening rates are included as one of the 65 quality metrics in the final Accountable Care Organizations rules published by CMS). Currently, many colorectal cancers are diagnosed after the cancer has metastasized and when surgical interventions can do little to improve outcomes. Increased screening rates will lead to detection of tumors at earlier stages when surgery is appropriate. Strong screening has the potential to generate large downstream revenue potential in IP surgery and other OP interventions.

Effective screening programs and community outreach represent an opportunity to not only save lives but also to grow the colorectal business line. One large health system in the Midwest has used a creative, multipronged outreach strategy to improve their colorectal cancer screening rates. They recognized that a physician recommendation is the single biggest factor inducing patients to follow through with screening, so they trained their primary care physicians (PCPs) and office staff in strategies to have these conversations with patients. In addition, they targeted patients in need of screening with direct mail and phone calls to encourage them to set up an appointment. During the initial roll out of their outreach program, 10 percent of the targeted patients set up an appointment or completed a colonoscopy.

Growth Opportunities in Lung Cancer

Increased tobacco taxes, the proliferation of indoor smoking bans, and shifting cultural norms have been driving down U.S. smoking rates for some time. These changes have led to slowly decreasing incidence and mortality rates for lung cancer. While these trends are expected to continue and will temper future lung cancer demand, the growing aging population will translate into overall growth in IP and OP lung cancer services for the foreseeable future. We would like to highlight three areas of growth in lung cancer:

- **Inpatient surgery.** Nationwide, demand for IP surgical interventions for lung cancer is anticipated to grow by 24 percent. With less than 20 percent of lung cancer cases detected at the localized stage today, the bulk of diagnoses will require hospital admissions for more complex surgical intervention. To capture this growth, organizations should focus on recruiting and retaining



Mammo = mammography.

expertise in thoracic surgery and establishing protocols to keep cost per case and average length of stay under control for these patients.

- **Stereotactic body radiotherapy.** As mentioned previously, SBRT represents a strong growth area for lung cancer. Community cancer programs interested in making this service available to their patients may benefit from partnerships with regional cancer programs to help establish their program or to provide seamless referrals for care.
- **Lung cancer screening.** Data from the National Lung Screening Trial suggest that low-dose CT screening of high-risk patients cuts lung cancer mortality by 20 percent. Despite concerns about false-positives, the high cost of national screening, and increased radiation dose, NCCN has recently endorsed lung cancer screening for these high-risk individuals. While Medicare and commercial insurers do not currently reimburse for lung screening, a number of organizations have begun self-pay screening programs in an effort to diagnose and treat lung cancer early. These efforts also represent an opportunity to attract new patients to your program and grow your lung cancer business line. Organizations considering a lung cancer screening program should make it part of a multidisciplinary lung program that includes radiologists, pulmonologists, thoracic oncologists, radiation oncologists, and surgeons.

Capitalizing on Growth Opportunities

How should community cancer centers strategically position their programs to translate expected demand into real growth opportunities? Consider the following steps.

How do you differentiate your program from the competition? Start by answering the following questions:

- Does the program provide a distinct service? Attract patients by providing an exceptional patient experience, coordinating care across the full episode, and demonstrating high-quality outcomes?
- Does the program develop, promote, and pay for quality? Use value and quality as a competitive advantage? Has the program begun evaluating new payment models that reward quality and coordination?
- Does the program attract and retain necessary specialists and staff? Leverage mid-level providers to meet growing care demand and alleviate the oncologist workforce shortage?
- Does the program streamline processes to lower costs and promote efficiency? Is the program preparing for success as payment rates converge towards Medicare rates?

Balance program's expertise with patient needs. When thinking about your program, it is important to strategically balance your services with your patients' needs. With increasing stratification of disease, different tumor types require very different technology, staff, and program needs. All of these factors need to be considered and balanced when evaluating your service portfolio. Elements of a tumor-specific program include:

- Essential technology
- Essential staff
- Essential programmatic elements.

Identify the most appropriate strategies for market growth. Consider the following strategies:

- Expand access and integration across the care continuum
- Optimize referral and utilization patterns
- Communicate value through marketing and education.

Many forces influence the growth potential of diseases in oncology. Each organization is unique. Capturing future demand will depend on your organization's ability to combine high-tech and high-touch offerings with seamless, coordinated care across the continuum. Identify the appropriate strategies for your individual market to maximize your community cancer center's growth potential.

Becca Booi, PhD, is a director at Sg2 in Skokie, Ill.

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[2]Hawley E, et al. An acuity rating system for infusion center nurse staffing. *Oncol Issues.* November/December 2009:34–37.

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Certificate of Need Application

Replacement of a Linear Accelerator

ATTACHMENT D

March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

ZONING COMMISSION SPECIAL MEETING MINUTES
FEBRUARY 4, 2015
7:00 PM MULVEY MUNICIPAL CENTER, MULTI-MEDIA ROOM

Members Present: Chairman Tony Marino, Regular Member Lee Archer, Regular Member Dwayne Xenelis, Regular Member Harry Ruppenciker Jr., Alternate Member Linda Nolf, Regular Member Mike Engels (arrived late), ZEO Nancy Rudek and Commission Attorney Matt Willis.

CALL TO ORDER: The meeting was called to order by Chairman Tony Marino at 7:04 p.m.

ESTABLISHMENT OF QUORUM:
Upon a motion by Harry Ruppenicker Jr., seconded by Dwayne Xenelis, it was:
VOTED: Unanimously to appoint Linda Nolf as a voting member seated for Mike Engels.

AGENDA ADDITIONS:
None.

Upon a motion by Harry Ruppenicker Jr., seconded by Lee Archer, it was:
VOTED: Unanimously to recess the Regular Meeting portion of the meeting and open the Public Hearing portion of the meeting at 7:07 p.m.

PUBLIC HEARINGS:
1. ZC2014-019 – Proposed Regulation Amendment for Solar Energy projects – Continued Public Hearing on New Section 8.27.00 – Town of Westbrook Application:
This application has been removed.

2. ZC-2014-021 – 198 Essex Road – Public Hearing on Special Permit Modification to replace the existing attached canopy with a detached canopy. Applicant/Owner: Soubi Toma, Agent: Barry Unger Associates, Inc. (Public Hearing date ends 1-20-2015):
Architect Barry Unger was present representing the applicant. He stated that they are proposing to remove the existing canopy and replace it with a new one that is taller and separated from the building because the old one is only 11' 6" high and the standard height is 14' 6" because of the increased height in vehicles. The land use staff asked that the applicant soften the building and make it look a little more coastal. They are proposing a beige finish and grills on the windows with trim to accomplish this. A letter from the Planning Commission dated 1/29/15 was read for the record. They have requested that they extend the existing sidewalk onto Essex Road to provide continuity and added safety. They also requested that the existing lighting be made less harsh. Information was sent to Woodard & Curran regarding the current lighting and they stated that they found the lighting fine. The applicant will comply with whatever the Commission wants, but they would prefer to leave the lighting as it is. The Planning Commission also recommended that the round columns supporting the canopy be replaces or encased with more substantial square columns. The applicant stated they will comply with this request.

At this time, Chairman Marino opened the floor to the public to speak for or against the application or ask questions. There were no members of the public present who wished to speak.

Upon a motion by Harry Ruppenicker Jr., seconded by Lee Archer, it was:
VOTED: Unanimously to close the Public Hearing on Application ZC-2014-021.

3. ZC-2014-022 – 1961 Boston Post Road – (Map/Lot 180/113 &174) – Public Hearing on Site Plan Application for a Multi-Family Residential development, pursuant to CGS 8-30g, consisting of 24 new residential units on a lot with an existing structure. Owner1961 Boston Post Road, LLC & Chapman Beach Commons, LLC, c/o Pete Boccarosa/Agent: Ed Cassella (65-day application period ends 2/19/15:
And
3a. ZC-2014-022 – 1961 Boston Post Road (Map/Lot 180/113 & 174) – CAM (Coastal Area Management) Application associated with Site Plan Application. Agent: Ed Cassella (65-day application period ends 2/19/15):
Attorney Ed Cassella was present as well as Engineer Bob Doane, Developer Scott Desmond, Architect Peter Springsteel and Tracey Celentano and Todd VanKirk of Vista. Attorney Ed Cassella stated that this application is for the re-development of 2 parcels located at the corner of Boston Post Road and Chapman Beach Road. Previously they came forward and were approved for a PRDD Zone and Special Permit, but that is being appealed. Therefore, they are submitting a revised application under 8-30g Affordable Housing Development. They have submitted site plans dated 11/19/14 along with Architectural plans dated 11/24/14. The changes from the previously approve plans are as follows:

- The manner of zoning that they are seeking no longer requires a PRDD zone and longer need a special permit.
- 8-30g is a set-aside development and they are proposing 24 units, of which, 30% (8 units) are to be restricted for a period of 4 years to be sold at affordable prices. They are proposing 16-1 bedroom units and 8-2 bedroom units. A description of "Affordable" was given.
- A sidewalk, crosswalk and bus shelter have been incorporated in the plans.
- There is no longer a secondary building being proposed.
- The aesthetics of the building have been minimized because of cost issues.
- The landscaping has been minimized because of cost issues.

The applicant is requesting that the Public Hearing be continued because they are going before the Planning Commission this Monday for their comments.

Harry Ruppenicker Jr. asked if there is still a restriction that all units will be limited to Vista Residents. Attorney Cassella stated that they are.

Engineer Bob Doane stated that the footprint of the main building has changed as well as the proposed architectural design. There is no longer the secondary building with the bus stop attached, but they are proposing a stand-alone bus shelter on the south side of Route 1 as well as a crosswalk and bus shelter on the north side of Route 1 (this is pending approval by CT DOT). They are still proposing 28 parking spaces and have the provision for 55 spaces. The majority of the parking spaces are being placed in reserve in the area over the storm water retention basin. The impervious area has been reduced, but there is no change to the drainage calculations. The sanitary system will stay the same because the number of bedrooms has not changed. The

damage that was done to the existing building, due to a car accident and fire, will be repaired. The open space required under the previous application (PRDD) has been removed. There is still a wetland, and there is no change to the buffer area. The CAM application has not changed at all. ZEO Nancy Rudek stated that the CAM application has been sent to the State for their review.

At this time, Chairman Marino opened the floor to the public to speak in favor or against the application or ask questions. The following members of the public spoke:
1. Tom VanKirk of Vista: Stated the he was representing Helen Bosh who had a family emergency.
2. Andy Calderoni – 81 Chapman Beach Road: Asked if the affordable housing was approved, would this exclude the previous approvals for this property. Commission Attorney Matt Willis stated: not necessarily, the developer would have options or choices.
3. Michael Zubretski – 65 Chapman Beach Road: Referred to Exhibit 5 (Affordability Plan) and Exhibit 4 (Settler's Landing Statement of Use). On page 1 of Exhibit 4, it reads that the units will be restricted to occupancy of service recipients of Vista. There is a discrepancy in number of units between what was presented tonight and what is stated in the "Statement of Use". More importantly in the "Affordable Act" the most significant requirement is that an outside administrator is to administrate the affordability aspect of the 8 units that are designated as "affordable". In reading the "Affordability Plan", he cannot see how the 8 units can be guided by Vista, which is stated in the "Statement of Use" and follow all of the rules in the Fair Housing 8-30g Regulations. They clearly state that certain marketing has to be done, certain ethnicities, certain minorities, statewide advertising, let alone all the income requirements. If an owner is guiding their clients through the process, how can it be 8-30g? It's exactly the opposite of what a Fair Housing Administrators job is as it is described in the plan. He feels that there is a huge discrepancy and it just doesn't make sense, let alone the discrepancy in the number of proposed units. He feels there is either a defect in the application or a mistake of some sort is happening.

Chairman Marino wanted to verify that Mr. Zubretski's question is whether the units can be restricted to just Vista residents. Mr. Zubretski stated that yes that is the question and how they will meet the requirements of 8-30g and he wants it clarified how many units are being proposed.
4. Damien Ranelli – 43 Chapman Beach Road: Stated that he is in opposition of this application for the following reasons:

a. For all the same reasons that the District of Chapman Beach opposed the previous application. He further requested that all the records from the previous application be entered into the record for application ZC2014-013 and ZC2014-014.

b. He did not like the approach of the Developer who sent a letter to the Chapman Beach Association that was threatening (a copy of the letter was submitted for the record).

c. He feels that this development will decrease the property values in the area (this was stated by the Developer in his letter).

d. He does not feel that this is a set aside development of 8-30g because it doesn't comply with the requirements of State Statute 8-30gb1 which requires that the Affirmative Fair Housing Market Plan cover the scale or the rental of swelling units. Regulation 8-30g7 requires that affordable housing units be available to everyone including those least likely to apply. The regulations require that the units be marketed fairly and does not allow preference to existing residents of reserving the units for one group.

e. There has been damage to his property due the run-off of water from the recent fire at the existing building. His property became a pond which he showed with submitted pictures. Mr. Ranelli stated that he feels that all the Commission members need to deny this application based on all the information submitted, for the people of Westbrook, the community of Chapman

Beach, himself and his family who do not want their properties under water. He also stated that he feels Vista deserves better. One other point is that he is disappointed in Vista, their CEO's and Management. This community has embraced Vista for the last 25 years and for their developer to come before this Town and present this application is offensive. It truly is offensive to all the people who donate their time and the people of Westbrook. He feels that Vista should be better than proposing changing the building for the worse and reducing the landscaping.
5. Michael Zubretski – 65 Chapman Beach Road: The house on the property that was damaged and is now not livable. Shouldn't it be fixed prior to the application being approved? Chairman Marino stated for the record that the accident only happened 1 week ago and the applicant stated earlier on the record that the house will be repaired. If necessary, the repair of the building can be a stipulation of approval.

Attorney Ed Cassella stated that they are proposing 24 units (16-1 bedroom and 8-2 bedroom) and they will check the "Statement of Use" for any discrepancies.

Engineer Bob Doane stated that he has not seen a letter from Jacobson and Associates that Damien Ranelli referred to but the proposed detention basin takes into consideration the total volume. The calculations submitted show that the total volume run-off the site will be less than it is today or last week when the fire occurred. He further stated that Mr. Ranelli's property would not have flooded if the detention basin were in place. The incident with the fire is not representative of what will happen if the property is developed and an appropriate detention basin is installed.

Attorney Cassella stated that he resents the implication that a threat was made. To be honest, at previous Public Hearings, they made it very clear that if the PRDD application was denied, they would come forward with at 8-30g application.

Attorney Cassella, once again, requested that the Public Hearing be continued.

Upon a motion by Harry Ruppenicker Jr., seconded by Linda Nolf, it was:
VOTED: Unanimously to continue the Public Hearing for Application ZC2014-022 and ZC-2014-022(CAM) to March 4, 2015 at 7:00 p.m. in the Multi-Media Room at the Mulvey Municipal Center.

At this time, Commission Member Dwayne Xenelis recused himself from the meeting and Chairman Marino appointed Mike Engels to sit for him.

4. ZC-2014-023 – Proposed Regulation Amendment – Public Hearing on Amendment to Section 2.40.41 of the Zoning Regulations regarding Floor Area Gross. Applicant/Owner: Middlesex Hospital / Agent – Steve Doherty of SLAM (35-day Public Hearing Period ends 3/03/15):
Steve Doherty of SLAM Collaborative was present, as well as David Guiffrida, Facilities Vice President of Middlesex Hospital and Attorney Ed Cassella. The applicant is requesting that the definition of "gross Flooring" in the Zoning Regulations be modified. They would like to eliminate "and other roof portions" because they have canopies for the convenience at the entrances to the building, which requires an additional 21 parking spaces. These structures do not, in any way, increase the need for additional parking spaces. Chairman Marino asked how this will affect the reserve parking spaces. It was stated that the applicant would no longer have to build the full amount of reserved parking if it becomes necessary to build them. Chairman

Marino pointed out that if this amendment is approved, it will affect any building in town, not just Middlesex Hospital.

A letter from the Planning Commission dated 1/29/15 was read for the record.

At this time, Chairman Marino opened the floor to the Public to speak for or against the application or ask questions. There were no members of the public who wished to speak.

Upon a motion by Lee Archer, seconded by Linda Nolf, it was:
VOTED: Unanimously to close the Public Hearing for Application ZC-2014-023.

5. ZC-2014-024M – 250 Flat Rock Place, Middlesex Hospital (Map/Lot 166/033) – Public Hearing on Special Permit Modification for deletion of previously approved Reserve Parking Condition and approval for an addition to the existing footprint to house a Linear Accelerator used in providing therapy to cancer patients. Applicant/Owner: Middlesex Hospital / Agent: Steve Doherty of SLAM (35-day Public Hearing period ends 3/3/15):
Steve Doherty of SLAM was present representing the Applicant and submitted plans dated 12/9/14. They are 2 parts to this application: first, they are asking for condition #16a of the previous approval (regarding parking for Phase II, which is the completion of the 2nd floor of the building; and second, they are looking for approval for a 3,050 sq. ft. addition in order to add a Linear Accelerator for the purpose of offering Radiation Treatment to patients. In the previously approved application, a condition was made regarding the building of reserved parking when the 2nd floor of the building was completed. At this time, the 2nd floor may not be completed in it's entirety. Section 10.06.24 of the Regulations allows for the needed parking spaces to be reviewed administratively. The proposed addition would be for radiation therapy and would include an equipment room, offices, exam rooms and a waiting room. Lee Archer asked if the width of the driveway around the addition would allow for large emergency vehicles and tractor trailers. Mr. Doherty stated that they will push the curb line out to allow for enough room.

A letter from the Planning Commission dated 1/29/15 was read for the record.

At this time, Chairman Marino opened the floor to the Public to speak for or against the application or to ask questions. There were no members of the Public who wished to speak.

Upon a motion by Linda Nolf, seconded by Lee Archer, it was:
VOTED: Unanimously to close the Public Hearing for Application ZC-2014-024M.

Upon a motion by Mike Engels, seconded by Harry Ruppenicker Jr., it was:
VOTED: Unanimously to close the Public Hearing portion of the meeting and return to the Regular Meeting at 8:04 p.m.

REGULAR MEETING:
Possible deliberation and vote of Public Hearings:
1. ZC2014-019:
This application was withdrawn.

Upon a motion by Harry Ruppenicker Jr., seconded by Mike Engels, it was:
VOTED: Unanimously to add "Possible deliberation and vote – ZC2014-021" as the next item on the agenda.

Certificate of Need Application

Replacement of a Linear Accelerator

ATTACHMENT E

March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

VINCENT G. CAPECE, JR., CPA
154 Smith Pond Road
Watertown, Connecticut 06795
Cell: 860-918-4914 E-mail: vin.capece@midhosp.org

EMPLOYMENT HISTORY

MIDDLESEX HEALTH SYSTEM, INC., Middletown, Connecticut
President/Chief Executive Officer September 2010 - Present

Middlesex Health System serves as the holding company for a 275-bed hospital with an extensive outpatient facility network including two 24-hour satellite emergency departments.

- Developed and implemented strategic initiatives to improve operations (both quality & cost) and position System brand;
- Led efforts which have positioned Middlesex Hospital as a nationally recognized, high-performing organization, i.e., Thomson Reuters 100 Top Hospitals®, HealthGrades® Top Hospitals, *Hospitals and Health Networks* Most Wired Hospitals;
- Achieved consistently strong financial performance.

Senior Vice President & Chief Financial Officer 2008 – August 2010
Senior Vice President, Finance & Operations 2007
Vice President, Finance & Treasurer 1998 - 2006

- Reported directly to President & CEO of Middlesex Health System, Inc.
- Responsible for all financial and operating activities for the Health System, which includes: a 275-bed acute care hospital with annual revenues of over $300 million, a physician group practice with ten office sites, an assisted living facility, a physician-hospital contracting entity and a real estate holding company.
- Involved in all aspects of business and strategic planning for the Hospital and Health System, which has required significant interaction with the medical staff.
- Responsible for developing Board of Director meeting agendas with significant involvement in all committees of the Board of Directors.

BRIDGEPORT HOSPITAL, Bridgeport, Connecticut
Director of Accounting 1990 - 1998

- Prepared for and participated in monthly Finance Committee meetings of the Board of Directors;
- Internal and external financial reporting for a 425-bed teaching hospital and affiliated entities, including a physician group practice and physician hospital organization (PHO);
- Financial analysis and negotiations associated with all managed care contracts;

- Coordinate and managed all financing arrangements including CHEFA bond financing;
- Provided financial data and testimony at all CoN and finance related regulatory hearings;
- Significant daily interaction with senior management and operating department heads on financial related issues.

ARTHUR ANDERSEN LLP, Hartford, Connecticut
Audit Manager 1985 - 1990

- Planned, supervised and coordinated audit and financial consulting engagements;
- Maintained an in-depth understanding of accounting and business issues within a number of industries (including health care);
- Practice development of audit and financial consulting services;
- Maintained existing client relationships -- training and evaluation staff.

EDUCATION

UNIVERSITY OF CONNECTICUT, Storrs, Connecticut

Masters in Business Administration 2006

BS in Accounting, Magna cum laude 1985

PROFESSIONAL & CIVIC ORGANIZATIONS

Community Foundation of Middlesex County – Board Member; Executive Committee Member; Chair, Finance & Investment Committee
Middlesex County Chamber of Commerce - Board Member; Executive Committee Member
VHA New England – Board Member
Healthcare Financial Management Association - Advanced Member
American College of Healthcare Executives
Connecticut Society of Certified Public Accountants
Middlesex United Way – Former Board Member
Junior Achievement of Southern Connecticut – Former Board Member

Susan Martin, CPA
322 Silver Spring Drive
Higganum, CT 06441

Employment History:

Middlesex Health System, Middletown, CT
1988 to Present

Chief Financial Officer
(2008 to Present) Reporting directly to President & CEO of Middlesex Health System, Inc. Responsible for all financial activities for the Health System, which includes: a 275-bed acute care hospital with annual revenues of over $360 million, a physician group practice with ten office sites, an assisted living facility, and a real estate holding company. Responsible for developing Board of Director Committee agendas with significant involvement in several committees of the Board of Directors. Serve as a member of the Board of Directors of MedConn Collection Agency, Connecticut Hospital Association Board of Directors Subcommittee on Hospital Finance, Subcommittee on Mental Health and Subcommittee on Medicaid DRG and APC Policy.

Compliance Officer and Director of Internal Audit
(2003 to 2007) Reporting to the Chairman, Audit Committee of the Board of Directors. Responsible for development of an internal audit program using COSO ERM to comply with Sarbanes Oxley requirements. Position is also responsible for oversight of the Corporate Compliance Program and its seven major components.

Director, Financial Systems
(2001 to 2003) Reporting to the Chief Financial Officer. Led corporate-wide effort to select and install Lawson financial system. Suites installed include general ledger, materials management, accounts payable, fixed assets and payroll. Project was completed on time and under budget.

Director of Finance
(1997 to 2001) Reported to the CEO of a wholly owned subsidiary of the Middlesex Health System responsible for managed care strategy, including physician-hospital integration, payor contracting, utilization management and quality improvement. Infrastructure developed for medical and fiscal management resulted in seven hundred thousand additional dollars in risk funds being returned to the integrated network in a single year. Negotiated contracts with major payors at rates favorable to the Hospital and Physicians.

Leader, Reengineering Team
(1995 to 1997) Reported to the Vice President of Finance and the Vice President of Human Resources for this two-year initiative that significantly redesigned many hospital systems to improve customer service and quality of care while reducing costs and increasing accountability. This project ultimately reduced operating expenses by eleven million dollars.

Director, Business and Financial Services

(1993 to 1995) Reported to the Vice President of Finance. Administered twenty million dollars of account receivable. Managed the functions of the admission, registration, billing, cash control and credit and collection departments staffed by ninety-five employees. Accomplishments included implementation of automated systems, workflow redesign and a significant reduction in the days in account receivable.

Director of Procurement

(1992 to 1993) Reported to the Vice President of Operations. Managed a twelve-million-dollar supply budget. Responsibilities included procurement and distribution of all supplies throughout the health system. Successfully negotiated supply contracts with favorable pricing. Developed a value analysis committee structure to review and standardize product usage that resulted in reducing inventory costs while increasing efficiency and satisfaction of physicians and patients.

Accounting Manager

(1988 to 1992) Reported to the Controller. Responsibilities included payroll, accounts payable, procurement and financial statement preparation. Implemented an integrated hospital information system. Accomplishments included redesign of manual and automated processes and reducing the month end closing time from nineteen to seven days.

Central Connecticut State University, New Britain, CT

1987 to 1991

Adjunct Professor

Consistently received favorable evaluations from staff and students. Courses included non-profit accounting, tax accounting and principles of accounting.

Arthur Andersen, LLP, One Financial Plaza, Hartford, CT

1986 to 1988

Auditor

Performed auditing, financial statement preparation and tax preparation functions.

Education

Masters of Business Administration, University of Hartford
Bachelor of Science, Central Connecticut State University

Garrett C. Havican, MBA, FACHE

Vice President, Operations
28 Crescent St.
Middletown. CT. 06457
Gary.Havican@midhosp.org

PROFESSIONAL EXPERIENCE

MIDDLESEX HOSPITAL

Vice President, Operations (1/12-Present)

Middlesex Hospital is a not for profit, acute care community teaching hospital located in Middletown, CT. It provides health care services to a large geographic area covering the 24 towns in Middlesex County and the lower Connecticut River Valley, with a combined population of over 265,000 persons. The hospital is the only acute care hospital located in its service area and offers its residents a myriad of services including two 24-hour emergency clinics, a comprehensive Cancer Center; out-patient Surgical Center, Laboratory, Radiology, Physical Therapy and Behavioral Health Services; a Family Practice Residency Program, Middlesex Primary Care Group and Middlesex Hospital Multi-specialty and Surgical Alliance Clinics. The hospital is licensed for 275 beds and 22 bassinets.

- Executive oversight: Radiology, Laboratory, Physical Medicine & Rehabilitation, Radiation Oncology, Surgical Sub-Specialty Clinic, Radiation Safety, Cancer Center, Institutional Review Board, Out-patient services, Physician/Practice Relations, Internal Logistics and Patient Transport, LEAN/ Six Sigma operational process improvement and the Administrative Fellowship Program.
- Planned and implemented a health system wide LEAN Six Sigma initiative yielding nearly $1M in ROI in the first 6 months.
- Chair of patient throughput/length of stay initiative for MHS Performance Improvement Project. $4.3M expense reduction
- Negotiated multi-milion dollar contracts for major medical equipment for Radiation Therapy, Radiology, Laboratory, Pulmonary Dept.
- Managed clinical practice transitions/acqusitions including Shoreline Medical Center in Westbrook, Guilford Radiology, East Haddam Family Medicine, Shoreline Colonoscopy,Pro Physical Therapy/Rehab and currently Middletown Surgical Associates.
- Developed the following: LEAN Six Sigma Leadership team, Physician/Practice Relations Department, Centralized Transportation Department and internal logisitics team, new business acquisition teams and "No Lift Hospital" Committee.

Director, Cancer Center & Oncology Services (1/10-1/12)-**Administrative Director** (1/08-1/10)-Promotion

- Operational Oversight: Cancer Center, Comprehensive Breast Center, Radiation Oncology, Physics, & Surgical Sub-specialty Clinic
- Manages all financial aspects of six specific cost centers including budgeting, revenue and expense reporting and forecasting.
- 32 reports include: Physician Medical Directors, All Clinical, administrative and ancillary staff.
- Developed multi-disciplinary programs in breast, lung, colo-rectal, prostate, kidney, bladder, GYN Onc & IM/Survivorship.
- Faciliated inter-facility teams to justify, submit CON and acquire new technology including: Linear Accelerator, DaVinci Robotic Surgery, EBUS, 3.0 Tesla MRI's, etc.
- Developed comprehensive Multi-disciplinary surgical sub-specialty Clinic offering Thoracic Surgery, Gynecologic Oncology and Neurosurgical services. (2011)
- Led the Cancer Center to receive the American College of Surgeon's "Outstanding Achievement Award" (3-2010)
- Developed the Middlesex Hospital Comprehensive Breast Center and the Center for Survivorship and Integrative Medicine.. (2009)
- Secured in excess of $1Million in philanthropic donations for programmatic expansion.
- Developed a marketing platform including: a new web site, electronic & print media, Annual Report, Video and TV commercial.
- Received re-Accreditation with Commendation from the American College of Surgeon's Commission on Cancer (5-2009).
- Received re-Accreditation through the CALGB and the CTSU for clinical trial regulatory compliance (6/2009)
- Led the Comprehensive Breast Center through its inaugural site visit and achieved Accreditation through the American College of Surgeon's National Accreditation Program for Breast Centers (NAPBC) (7/2009) and re-accreditation (7-2012)

UNIVERSITY OF CONNECTICUT HEALTH CENTER; The Carole & Ray Neag Comprehensive Cancer Center

Administrative Manager; Signature Programs (Strategic Planning) (1/06-1/08)

Neag Comprehensive Cancer Center Administrative Offices

The UConn Health Center is a vibrant, integrated academic medical center that is entering an era of unprecedented growth in all three areas of its mission: academics, research, and clinical care. Based in Farmington, Connecticut – a popular suburb of the state's capitol of Hartford – the UConn Health Center is home to the School of Medicine, School of Dental Medicine, John Dempsey Hospital, UConn Medical Group, UConn Health Partners, University Dentists and a thriving research enterprise.With approximately 5,000 employees, the UConn Health Center is a major economic driver in the region, generating nearly $1 billion annually in gross state product. It is closely linked with the University of Connecticut's main campus in Storrs through multiple, cross-campus academic projects.

- Direct oversight of the Academic Offices and its employees answering to the Chief Operating Officer of the Cancer Center.
- Oversight of all financial aspects of the $16 million budget including revenue/expenses, marketing, philanthropic giving & grant funding.
- Development of annual operational and research strategic plan in conjunction with the Cancer Center's Executive Committee.
- Develop org. infrastructure and policy to prepare the Cancer Center for subsequent National Cancer Institute (NCI) designation
- Direct supervision of Clinical Trials Office including employee supervision, recruitment, budgets and industry negotiations.

- Responsible for contractual review, financial planning, regulatory compliance and IRB submissions for over 76 active clinical trials.
- Led strategic planning efforts for the new Colon Cancer Prevention Program to develop "Prevention" translational medicine programs in colon, ovarian and breast cancer.
- New business development initiatives for health center trends in bench research, clinical treatment and translational activities.

HARTFORD HOSPITAL; Department of Trauma & Emergency Medicine. (Hartford, CT)
Strategic Planning Coordinator/ Regional Unit Leader (3/04-1/06)

- Responsibilities included: Strategic organizational emergency response planning for the healthcare system in the Northern half of CT.
- Liaison to the CT. DPH, CT. Hospital Assoc., Dept. of Emergency Mgt. and Homeland Security and other planning partners.
- Directed project development including Surge Capacity planning, Web application project management, Behavioral Health Response, inter-regional Hospital resource utilization and Drill and Exercise Coordination.

GREENWICH EMERGENCY MEDICAL SERVICES; Administration. (Greenwich, CT)
Operations Manager (10/2002-3/04)

- Responsibilities included: Directing daily operations of citywide ambulance service managing over 80 employees.
- Head of strategy and planning and budgets for organization including identifying trends and forecasting growth opportunities.
- Increased staff by over 60% through successful recruitment campaign and establishment of successful employee retention programs.

UNIVERSITY OF CONNECTICUT HEALTH CENTER/ CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
State of Connecticut Clinical Coordinator-Connecticut DPH (4/2001- 10/2002)

- Responsibilities included: consultation with State agencies regarding pre-hospital advanced medical practices.
- Reviewed and revised current regulations and statutes for the Ct. DPH Office of Emergency Medical Service.
- Manage the process for advanced level practice to grant and/or revoke authorization as necessary.
- Implement performance indicators used to track and trend statewide data and apply results to "Best-Practices" model.

Mobile Intensive Care Coordinator-UCHC Dept. of Traumatology and Emergency Medicine (4/2001-10/2002)

- Responsibilities included: providing consultative services to the State of Connecticut Department of Public Health.
- Clinical Direction of 15 volunteer/municipal/Industrial/State EMS providers in 10 surrounding communities.
- Strategy, planning and new business development initiatives for UCHC Emergency Department and Regional Paramedic program
- Developed, published and implemented Standard Operating Guidelines for the sponsored EMS providers..

WATERBURY HOSPITAL HEALTH CENTER; Department of Emergency Medicine (Waterbury, CT.)
Emergency Medical Services Coordinator (9/1997 – 4/2001)

- Responsibilities included: coordinating Emergency Medical Services for the Greater Waterbury area and the six contiguous communities (estimated population in excess of 85K).
- Strategy, planning and new business development initiatives for WHHC Emergency Department and Regional EMS program
- Coordinated a number of quality based projects including pharmaceutical research studies, analysis of concurrent and retrospective patient review, JCAHO preparatory teams and the implementation of HCFA (CMS) mandates.

EDUCATION/CREDENTIALS

Academic Degrees

1994: Western Connecticut State University, Danbury, Ct.
Bachelor of Arts, History.
2004 University of New Haven, New Haven, Ct.
Masters in Business Administration. (4.0 GPA)

Professional Certifications

2010: American College of Healthcare Executives, Chicago, Il.
Board Certification in Healthcare Management
Fellow, American College of Healthcare Executives
2011: Central Connecticut State University, New Britain, Ct.
Green Belt Certificate-Six Sigma
2012: Villanova University, Villanova, PA
Certified Six Sigma Black Belt

ADDITIONAL EXPERIENCE

Train the Trainer/ Health System Roll out: Level 3 High Reliability Organization
Renovation Project Leadership:

- Neag Comprehensive Cancer Center Prevention Center $10M
- Middlesex Hospital Cancer Center Radiation Therepay Linear Accelerator acquisition/ vault construction $4M
- Middlesex Hospital Cancer Center Adminnistrative/Clinical Office renovation $1M
- Middlesex Surgical Alliance office renovations $2M
- Middlesex Health Systems Shoreline Medical Center $34M
- Middlesex Health Systems Pro Physical Therapy acquisition/renovation (under development) appx $2.4M

State of Connecticut License: (1994-Present) Licensed Paramedic. Currently per diem at Middlesex Hospital, Middletown, CT.
Coach: Little League Baseball, Youth Soccer
Certified: ACLS, PALS, BLS, HICS
Operating system competencies in MS Word, Excel, Power Point, Access, Outlook, Publisher, Visio, MS Project, Google, Cerner

APPOINTMENTS AND INSTRUCTORSHIPS

Board Member: Vice President- (President Elect)Connecticut Chapter of the American College of Healthcare Executives (Co-Chair Membership Committee)
Member, Regents Advisory Council: Connectcut Chapter of the Amerian College of Healthcare Executives
Board Member: MARC: Community Resources (A local organization managing the needs of the developmentally disabled)
Board Member: Middlesex United Way; Corporate Development Committee
Board Member: East Haddam Moodus Little League: Safety Officer
Member: (2003-Present) American College of Healthcare Executives (National and Connecticut Chapters)-Membership Committee
Member: (2005-Present) Association of Community Cancer Centers (ACCC), Association of Cancer Executives (ACE)
Director/Instructor: (1995-2012) AHA Advanced Cardiac Life Support, ACLS-EP (State Director), Pediatric Advanced Life Support, BLS
Chair: 2010: Middlesex Health Systems United Way Campaign. (2009, Co-chair)
Chair: 2005-2009 American Heart Association, Emergency Cardiovascular Care Committee (New England Region)
President/CEO: (2004-2008) Corporation, Board of Directors, East Haddam Volunteer Ambulance Association, Inc.
Chairperson/Chief : Capitol Region Emergency Planning Committee Hospital Support Function (ESF8)
Chairperson(fmr): Environment of Care Committee-Hazardous Materials and Emergency Preparedness-Waterbury Hospital
Instructor: Hospital Emergency Incident Command System (HEICS).

AWARDS AND ACCOMPLISHMENTS

2012 Awarded "American College of Healthcare Executives" **Regents Award** for outstanding leadership/ healthcare management excellence
2012 Promoted: Vice President, Operations. Middlesex Health System
2011 Awarded "Heart of Hospice, Pulse of Palliative" Recognition Award for developing an Integrative Medicine program for Hospice/Palliative Care Unit
2011 Awarded "Corporate Achievement Award" and "Top 10" for leadership in the Middlesex County United Way Campaign.
2011 Named "Hometown Hero" by the Hartford Courant for community leadership and philanthropic initiatives.
2010 Promoted: Director, Cancer Center & Oncology Services; Middlesex Health System
2010 Awarded "Volunteer Leadership Award" by the American Heart Association Emergency Cardiovascular Care Committee
2007 Published: Hospital Preparation for Bioterror: A Medical and Biomedical Systems Approach; "Hospital Large Scale Drills"
2006 Lecture: "Top Off III: A Hospital Response". National Environmental Health Conference; San Antonio, Tx.
2005 Lecture: "Marketing your Community Training Center". American Heart Association Northeast affiliate; Worcester, MA.
2005 Awarded a "Public Service Award" by Secretary of State Susan Bysiewicz for Community Service in the State of Connecticut.
2004 Chosen as UNH EMBA "Success Story" by Dr. Parbadyul Singh, PhD; Associate Dean , UNH School of Business
2004 Awarded "Outstanding Service Award" Hartford Hospital Lead Planner for the Federal Top Officials Exercise, April 2004
2003 Awarded the "First Selectman's Award" Town of Greenwich for incident mitigation and control during the Black Outs of 2003.
1996 Awarded the "Member of the Year" (1996) for Wolcott Volunteer Ambulance.
1994 Award for Excellence in Field Internship for Yale Sponsored Hospital Paramedic Program.
1992-1993 Served as President and Alumni Chapter Advisor, Sigma Chi International Fraternity

REFERENCES AVAILABLE UPON REQUEST

91 High Street
Deep River, CT 06417
Home: (860)526-9629
Email: jackie.calamari@midhosp.org

JACQUELYN G. CALAMARI, MS, MSN, NEA-BC, CEN

EDUCATION

MASTER OF SCIENCE IN NURSING, 2009
Saint Joseph College, Hartford, CT

MASTER OF SCIENCE IN MANAGEMENT, 2000
Rensselaer at Hartford, Hartford, CT

BACHELOR OF SCIENCE IN NURSING, 1992
Saint Joseph College, Hartford, CT

DIPLOMA IN NURSING, 1977
Saint Francis School of Nursing, Hartford, CT

EXPERIENCE

1978 – Present

MIDDLESEX HOSPITAL, Middletown, CT

Vice President, Patient Care Services/Chief Nursing Officer (August 2011 – Present)

Middlesex Health System is a non-profit healthcare organization serving a population of 250,000 residents. Its service area encompasses the largest geography of any hospital in CT, covering Middletown, Connecticut south to the Shoreline and East of the Connecticut River. The system includes a 275 bed acute care hospital, Homecare and Hospice Agency, a network of primary care offices, three full service Emergency sites, a diagnostic outpatient center, Ambulatory Surgical Center, and Cancer Center. Middlesex Health System is a three time Magnet designated hospital, four time winner of the Thompson-Reuters Top 100 Hospitals Award and attained Center of Excellence Certifications in Stroke, CHF, Disease Management, and Bariatric Surgery.

Reporting to the President and CEO, responsible for all Nursing, Emergency, Behavioral Health, Surgical Services, Home Health & Hospice, Case Management, and Pharmacy. Key member of the senior management team responsible for all strategic planning, governance, quality and safety, workforce development and engagement. Responsible for 1,071 FTEs .Manage an operating budget of $650M in revenues and $105M in expenses.

Director, Emergency and Inpatient Services (2008 – Present)

Administrative responsibility for three Emergency Departments and Inpatient Services including: 5 Medical/Surgical Units, Psychiatric Unit and Pregnancy and Birth Center. Total of 400 FTEs; 33 million dollar operating budgets. Collaboration with Nursing Administrative Team in development of Nursing Department strategic plan and goals.

Selected Accomplishments:

- Successfully managed the implementation of a new program for service excellence that resulted in improved patient satisfaction since 2008 from a mean score of 85.6 to most recent score of 88.1
- Developed a forum for mentoring inpatient nurse managers and medical directors to improve collaboration and communication on new initiatives including multidisciplinary rounding.

Director, Emergency Department (1996 – 2008)

Administrative responsibility for three Emergency Departments; 90,000 visits per year; 116 FTEs. Annual budget of approximately $10 million.

Selected Accomplishments:

- Collaborated in the successful design and build of a new Emergency Department moving from 8500 sf facility to a 25,000 sf facility
- Improved patient satisfaction since 2002 from a mean score of 79.4 to most recent score of 88.

Nurse Manager, Emergency Department (1994 – 1996)

Managed daily operations of the Emergency Department with 30,000 visits per year.

Staff Nurse, Emergency Department (1982 – 1994)

Provided nursing care for all patients requiring emergency treatment.

Staff Nurse/Charge Nurse, Surgical Unit (1978 – 1982)

Provided nursing care for all patients requiring surgery.

1977 – 1978

HARTFORD HOSPITAL, Hartford, CT

Staff Nurse, Cardiothoracic Unit

Hartford Hospital is a 819-bed acute care, medical surgical facility. Provided nursing care for all patients requiring cardiac surgery.

CERTIFICATIONS

- Certified Emergency Nursing/Emergency Nurses Association (CEN/ENA), September 1978 – Present.
- Certified Nurse Executive, Advanced (NEA-CC/ANCC) August 2011

PROFESSIONAL MEMBERSHIPS

- American Nurses Association (ANA)

- Board Member, Organization of Nurse Executives (ONE-CT) 2010 – Present.
- Connecticut Hospital Association (CHA) – Nurse Executives Group
- Connecticut Nurses Association
- Member, Sigma Theta Tau International
- Member, Emergency Nurses Association (ENA)
- VHA CNO Network – Northeast Region

PRESENTATIONS

- *Patient and Family Centered Care*, Boden Symposium (2012)
- *Medication Errors in the Context of an Acute Care Environment- Study at Middlesex Hospital.* Presented at the Connecticut Research Alliance, October 2009
- *The Professional Tier Advancement Program*- A Presentation at the Seventh Annual Magnet Conference, Houston Texas (2003)

PUBLICATIONS

- Medication Errors in the Context of an Acute Care Environment- Study at Middlesex Hospital.
    - Presented at St. Joseph College, Research Day, 2010
    - Presented at the Connecticut Research Alliance, October 2009

AWARDS

- Nightingale Award, 2009
- Sigma Theta Tau Leadership Award, 2008
- Awarded highest honor in Nursing Leadership from CT Emergency Nurses Association, 2002

GEORGE PAVLONNIS, III

74 Ellsworth Lane
Canton, CT 06019
Home: (860) 693-0052
Work: (860) 224-5520

EDUCATION

Ph.D. in Engineering Management (ABD)	Western New England University, Springfield MA
M.S. in Medical Physics	Columbia University, New York NY
M.S. in Health Physics	Texas A&M University, College Station TX
B.S. in Applied Physics	New Jersey Institute of Technology, Newark NJ

CERTIFICATION

The American Board of Radiology	Therapeutic Radiologic Physics

EMPLOYMENT

Accelerated Medical Physics Services (AMPS), Canton CT

Middlesex Hospital, Middletown, CT
May 2010 – Present: Medical Physicist

- Provided consulting medical physics services to various radiation oncology and nuclear medicine departments which include but not limited to:
- Implementing several Intensity Modulated Radiation Therapy (IMRT) programs
- Implementation of TG-51 calibration protocol
- Acceptance testing and commissioning of the new treatment planning systems
- Shielding review and design for a new cancer center
- Computer networking and technical design for a fully computer integrated new cancer center
- Calibration and quality assurance of Varian and Siemens linear accelerators
- Double-checks on treatment planning calculations and weekly chart checks
- Radiation safety audits
- Radiation safety training
- Policy and procedure review
- Staff Training

Chief Medical Physicist, The Hospital of Central Connecticut, Radiation Oncology, New Britain, CT
October 2003 – Present

- Developed and/or implemented the following:
  - Conversion to TG-51 calibration protocol
  - Varian 21EX Acceptance Testing, Commissioning and Quality Assurance
  - Enhanced dynamic wedges
  - Eclipse TPS Acceptance Testing, Commissioning and Quality Assurance
  - IMRT: Treatment Planning Protocols and Quality Assurance (MapCheck)
  - HDR: Endometrial, Cervical & Mammosite
  - CT simulation quality assurance
  - IGRT: AccuLoc Seeds and Bony Anatomy Registrations
  - MOSFET's
- Shielding review and facility planning for new cancer center
- Computer networking and technical design for a fully computer integrated new cancer center
- Calibration and quality assurance of Varian linear accelerators
- Double-checks on treatment planning calculations and weekly chart checks

- Developing and reviewing 3-D and IMRT treatment plans
- LDR (I-125 and Cs-137) & HDR Brachytherapy treatment planning and quality assurance
- Radiation safety and regulatory liaison

PREVIOUS EMPLOYMENT

April 2002 – October 2003

Medical Physicist, *Salina Regional Health Center, Radiation Oncology*, Salina, KS

- Developed and implemented the following treatment modalities:
  - Intensity Modulated Radiation Therapy (IMRT)
  - Intravascular Brachytherapy (IVBT)
- Acceptance testing and commissioning of the Eclipse treatment planning system
- Implementation of TG-51 calibration protocol
- Shielding review and facility planning for new cancer center
- Calibration and quality assurance of Varian linear accelerators
- Double-checks on treatment planning calculations and weekly chart checks
- Developing and reviewing 3-D treatment plans
- Prostate Brachtherapy
- Hospital Radiation Safety Officer

August 1998 – March 2002

Medical Physicist, *Columbia Presbyterian Regional Cancer Center*, New Milford, CT

- Calibration of Varian linear accelerator (2100 C/D)
- 3-D external beam and IMRT treatment planning
  (Eclipse and CadPlan TPS)
- Weekly chart checks
- Second checks on treatment planning calculations
- Prostate brachytherapy
- High dose rate brachytherapy (HDR)
- Radiation safety training for hospital personnel
- Simulator quality assurance

June 1995 – August 1998

Radiation Control Physicist, *State of Connecticut Div. of Radiation Protection*, Hartford, CT

Performed inspections to ensure compliance with state and federal regulations regarding the use of radioactive material and radiation producing machines at medical, research, academic, and industrial facilities. Conducted regulatory research for proposed state regulations.

EMPLOYMENT IN EDUCATION

January 2015 to Present

Adjunct Professor, *Manchester Community College*, Manchester, CT

Responsible for teaching undergraduate mathematics which included the following courses: Radiation Biology and Radiation Protection Physics

Sept. 1997 – Dec. 1999 & Jan. 2005 – January 2007

Adjunct Professor, *Briarwood College*, Southington, CT

Responsible for teaching undergraduate mathematics which included the following courses: Algebra I and Statistics.

August 1994 – May 1995
Graduate Teaching Assistant, *Texas A&M University*, College Station, TX
Assisted in preparing laboratories for the analysis of radiation detection equipment and radioactive materials. In addition, provided lectures on radiation safety.

August 1994 – May 1995
Teaching Assistant, *Rutgers University*, Newark, NJ
Assisted in preparing undergraduate physics laboratories. Duties included lab preparation, grading and student assistance in the lab process.

PROFESSIONAL AFFILIATIONS

Member of the American Association of Physicists in Medicine, National Chapter
Member of the Connecticut Area Medical Physics
CAMPS Board of Directors
- Secretary (2005 - 2007)
- Regulatory Liaison (2007 – 2008)
- President (2008-2010)

American Board of Radiology; member of board certification exam writers
American College of Radiology
American Health Physics Society

PUBLICATIONS & PRESENTATIONS

"Correlating Perceived and Measured Quality Measures with a Radiation Oncology Setting", Proceedings of the 2014 Industrial and Systems Engineering Research Conference May 2014.

"Perceived Quality Measures in Radiation Oncology: Assessment Tool Development", 30th Annual National Conference of the American Society for Engineering Management 2009, Springfield Missouri

Dosimetric Verification of Intensity Modulated Radiation Therapy of 172 Patients Treated For Various Disease Sites: Comparison of EBT Film Dosimetry, Ion Chamber Measurements, and Independent MU Calculations, *Medical Dosimetry March 2008*

"Uses and Limitations of 6CE", *Radiation Safety Officer (RSO) Magazine*, Volume 4, Number 6, November/December 1999, pp 16-17.

10 CFR Part 35 Compliance Issues – Inspecting Medical Facilities, presented at the Council of Radiation Control Program Directors Annual Meeting, September 1998.

Regulatory reform of radionuclide emission standards – Development of Title V regulations for the State of Connecticut, August 1997.

JOSEPH B. WEISSBERG, M.D.

EDUCATION

06/67	B.A. Amherst College (magna cum laude)
06/71	M.D. University of Pennsylvania School of Medicine

POSTGRADUATE TRAINING AND FELLOWSHIP APPOINTMENTS

07/71-06/72	Straight Medical Intern, , Boston University Medical Service, Boston City Hospital, Boston, MA
07/75-06/76	Fellow in Hematology, University of North Carolina School of Medicine, Chapel Hill, NC
07/76-06/77	Second Year Resident in Medicine, University of North Carolina, School of Medicine, Chapel Hill, NC
07/77-06/79	Resident in Therapeutic Radiology, Yale University School of Medicine, New Haven, CT
07/79-12/80	Chief Resident, Therapeutic Radiology,Yale University School of Medicine, New Haven, CT

MILITARY SERVICE

07/72-06/75	Public Health Service, Staff Associate, Hematology, National Institute of Environmental Health Sciences

FACULTY APPOINTMENTS

01/80-06/84	Assistant Professor of Therapeutic Radiology, Yale University School of Medicine, New Haven, CT
07/84-06/87	Associate Professor of Therapeutic Radiology, Yale University School of Medicine, New Haven, CT
07/88-present	Assistant Clinical Professor, Dept. of Radiology, University of Connecticut School of Medicine, Farmington, CT

HOSPITAL AND ADMINISTRATIVE APPOINTMENTS

01/80-06/87	Attending Radiation Therapist, Yale-New Haven Hospital, New Haven, CT

MIDDLESEX HOSPITAL CANCER CENTER • 536 SAYBROOK ROAD • MIDDLETOWN, CT 06457
PHONE 860-358-2100 • FAX 860-358-2110 • E-MAIL JOSEPH.WEISSBERG@MIDHOSP.ORG

07/84-06/85	Acting Chief of Therapeutic Radiology, Yale-New Haven Hospital, New Haven, CT
07/87-present	Senior Attending Physician, New Britain General Hospital, New Britain, CT
07/87-06/93	Attending Physician, Middlesex Hospital, Middletown, CT
07/93-present	Senior Attending Physician, Middlesex Hospital, Middletown, CT
07/97-present	Chairman, Dept. of Radiation Oncology, Middlesex Hospital, Middletown, CT

SPECIALTY CERTIFICATION

1977	American Board of Internal Medicine
1980	American Board of Radiology (Therapeutic)

LICENSURE

1979	Connecticut

AWARDS, HONORS AND MEMBERSHIP IN HONORARY SOCIETIES

1963-1967	National Merit Scholar
1967	Phi Beta Kappa
1971	Borden Undergraduate Research Award in Medicine
1987	American Society for Therapeutic Radiology & Oncology Travel Award

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American College of Radiology

American Society For Therapeutic Radiology and Oncology

American Society of Clinical Oncology

BIBLIOGRAPHY

ORIGINAL PAPERS

Weissberg, J.B., Oski, F.A., and Gottlieb, A.J.: *The effect of anaerobic incubation upon 2,3-diphosphoglycerate synthesis in vitro*. Experientia 26:1062-1063, 1970

Weissberg, J.B., Lipschutz, F. and Oski, F.A.: *Delta-aminolevulinic acid dehydratase in circulating red blood cells: Test for childhood lead poisoning*. New England Journal of Medicine, 284:565-569, 1971

Weissberg, J.B. and Zinkl, J.G.: *Effects of 2, 3, 7, 8-tetrachlorodibenzo-p-dioxin upon hemostasis and hematologic function in the rat*. Environmental Health Perspectives 5:119-123, 1973

Weissberg, J.B. and Voytek, P.E.: *Liver and red cell porphobilinogen syntheses in the adult and fetal guinea pig*. Biochimica et Biophysica Acta, 36:304-319, 1974

Weissberg, J.B. and Crapo, J.D.: *Hyperoxia and red cell 2,3-diphosphoglycerate*. Toxicology and Applied Pharmacol, 36:41-48, 1976

Weissberg, J.B., Herion, J.C., Walker, R.I. and Palmer, J.G.: *Effect of cycloheximide on marrow toxicity of nitrogen mustard*. Cancer Res. 38:1523-1528, 1978

Weissberg, J.B. and Fischer, J.J.: *Effect of purine nucleosides and nucleotides on the in vitro radiation response of normal tissue in the rat*. Int. J. Rad. Onc. Biol. Phys. 7:365-369, 1981.

Weissberg, J.B. Machaj, J. and Fischer, J.J.: *The response of rat hind limbs to X-irradiation: A possible role for protein synthesis*. Radiol. 139:489-490, 1981

Weissberg, J.B. and Prosnitz, L.R.: *Treatment of early breast cancer with primary radiation therapy: Rationale, results, techniques*. Bull. NY Acad. Med. 58:203-213, 1982

Weissberg, J.B. Son, Y.H., Percarpio, B. and Fischer, J.J.: *Randomized trial of conventional vs. high fractional dose radiation therapy in the treatment of advanced head and neck cancer*. Int. J. Rad. Onc. Biol. Phys. 8:179-185, 1982

Weissberg, J.B., Pillsbury, H., Sasaki, C., Son. Y.H. and Fischer, J.J.: *High fractional dose irradiation of advanced head and neck cancer: Implications for combined radiotherapy and surgery*. Arch. Otolaryngol. 109:98-102, 1983

Weissberg, J.B., Moulder, J.E., Fischer, J.J. and Parcells, V.: *Effect of cycloheximide on skin and renal radiation tolerance in the rat*. Rad. Res. 96:170-173, 1983

Fogel, T.D., Weissberg, J.B., Dobular, K. and Kirchner, J.A.: *Radiotherapy in sarcoidosis of the larynx: Case report and review of the literature*. Laryngoscope 94:1223-1225, 1984

Weissberg, J.B., Fischer, J.J., Molder, J.E. and Fischer, D.B.: *Differential effect of cycloheximide on normal tissue tolerance and tumor control in irradiated rats*. Int. J. Rad. Onc. Biol. Phys. 10:1073-1078, 1984

Fogel, T.D. and Weissberg, J.B.: *The role of radiation therapy in carcinoma of the extrahepatic bile ducts*. Int. J. Rad. Onc. Biol. Phys. 10:2251-2258, 1984

Fogel, T.D., Weissberg, J.B. *and Fischer, J.J.: Endocrinopathy following radiation to the head and neck*. Int. J. Rad. Onc. Biol. Phys. 10:167-168, 1984

Mate, T.P., Carter, D., Fischer, D.B., Hartman, P.V., McKhann, C., Merino, M., Prosnitz, L.R. and Weissberg, J.B.: *A clinical and histopathologic analysis of the results of conservative surgery and radiation therapy in Stage I and II breast carcinoma*. Cancer 58:1995-2002, 1986

Harrison, L.B. and Weissberg, J.B.: *A technique for interstitial nasopharyngeal brachytherapy*. Int. J. Rad. Onc. Biol. Phys. 13:451-453, 1987

Haffty, B., Mate*, T., Greenwood, L., Peschel, R.E. and Weissberg, J.B.: High dose rate remote afterloading technique for intracavitary irradiation of bile duct cancer*. Radiology 164:574-576, 1987

Harrison, L.B., Fogel, T.D., Picone, J.R., Fischer, D.B. and Weissberg, J.B.: *Radiation therapy for squamous cell carcinoma of the esophagus*. J. Surg. Oncol. 37:40-43, 1988

Weissberg, J.B., Son Y.H., Papac, R.J., Fischer, D.B., Lawence, R., Rockwell, S., Sartorelli, A.C. and Fischer, J.J.: *Controlled clinical trial of mitomycin C as an adjunct to radiotherapy in head and neck cancer*. Int. J. Rad. Onc. Biol. Phys. 17:3-9, 1989

Lee, D.J., Pajak, T.F., Stetz, J., Order, S.E., Weissberg, J.B. and Fischer, J.J.: *A Phase I/II study of the hypoxic cell sensitizer misonidazole as an adjunct to high fractional dose radiotherapy in patients with unresectable squamous cell carcinoma of the head and neck*. Int. J. Rad. Onc. Biol. Phys. 16:465-470, 1989

Haffty, B.G., Goldberg, N.B., Fischer, D., McKhann, C., Beinfield, M., Weissberg, J.B., Carter, D., Gerald, W.: *Conservative surgery and radiation therapy in breast carcinoma: Local recurrence and prognostic implications*. Int. J. Rad. Onc. Biol. Phys. 17:727-732, 1989

Haffty, B.G., Goldberg, N.B., Rose, M., Heyl, P., Fischer, D., Beinfield, M., McKhann, C. and Weissberg, J.B.: *Results of conservative surgery with radiation therapy in clinical Stages I and II breast cancer.* Archives of Surgery 124:126-1270, 1989

Haffty, B.G., Yung, H.S., Papac, R., Sasaki, C., Weissberg, J.B., Fischer, D., Rockwell, S., Sartorelli, A.C., Fischer, J.J.: *Chemotherapy as an adjunct to radiation in the treatment of squamous cell carcinoma of the head and neck: Results of the Yale Mitomycin Randomized Trials.* J. Clin. Onc.15:268-276, 1997

Weissberg, J.B., Huang, D.D., Swift, M.: *Radiosensitivity of normal tissues in ataxia-telangiectasia heterozygotes.* Int. J. Rad. Onc. Biol. Phys. 42:1133-1136, 1998

ABSTRACTS

Weissberg, J.B., Trotman, B., Gottlieb, A.J. and Oski, F.A.: *Nitrogen effect on red cell 2,3-diphosphoglycerate mutase activity.* Clin. Res. 16:542, 1968

Weissberg, J.B. and Voytek, P.E.: *Comparative studies of fetal and adult delta-aminolevulinic acid dehydratase from guinea pig hepatic and red blood cells.* Fed. Proceedings 32:2990, 1973

Weissberg, J.B. and Crapo, J.D.: *Red cell 2,3-diphosphoglycerate and oxygen toxicity in rats.* Toxicology and Applied Pharmacol. 29:131-132, 1974

Weissberg, J.B. and Fischer, J.J.: *Effect of purine nucleosides and nucleotides on the in vivo radiation response of normal tissues and tumor in the rat.* Int. J. Rad. Onc. Biol. Phys. 5 (suppl 2):97, 1979

Weissberg, J.B., Son, Y.H., Papac, R., Rockwell, S., Kennedy, K.A., Sartorelli, A.C. and Fischer, J.J.: *Radiation therapy and mitomycin-C in the treatment of head and neck cancer: Prospective randomized trial.* Int. J. Rad. Onc. Biol. Phys. 7:1261, 1981

Weissberg, J.B., Gama-Vitalo, C., Parcells, V. and Gallicchio, V.S.: *Effect of cycloheximide on hematopoieses following whole body irradiation in the rat.* Exper. Hematol 11(Suppl. 14):189, 1983

Weissberg, J.B., Hartman, P.V., Mate, T.P., McKhann, C. and Prosnitz, L.R.,: *Primary radiation therapy in operable breast cancer.* Int. J. Rad. Onc. Biol. Phys. 10(Suppl .2):140, 1984

Weissberg, J.B., Son, Y.H., Papac, R.J., Sasaki, C., Fischer, D.B., Lawrence, R., Rockwell, S., Sartorelli, A.C. and Fischer, J.J.: *Radiation therapy (RT) and mitomycin-C (MC) in the treatment of head and neck cancer: Prospective randomized trial.* Proc. Amer. Assoc. Cancer Res. 26:170, 1985

Harrison, L.B., Fogel, T.D., Fischer, D.B. and Weissberg, J.B.: *Scams cell carcinoma of the esophagus: The Yale experience*. Int. J. Rad. Onc. Biol. Phys. 11(Suppl. 1):174, 1985

Weissberg, J.B., Son, Y.H., Papac, R.J., Sasaki, C., Fischer, D.B., Lawrence, R., Rockwell, S., Sartorelli, A.C. and Fischer, J.J.: *Prospective randomized trial of radiation therapy (RT) vs. RT plus mitomycin-C (MC) in head and neck cancer*. Int. J. Rad. Onc. Biol. Phys. 11(Suppl. 1):89, 1986

Haffty, B.G., Goldberg, N., Fischer, D., McKhann, C., Beinfield, M. and Weissberg, J.: *Conservative surgery and radiation therapy in breast carcinoma: Local recurrence and prognostic implications*. Int. J. Rad. Onc. Biol. Phys. 15(Suppl. 1):180, 1988

REVIEWS AND BOOK CHAPTERS

Fowler, B.A. and Weissberg, J.B.: *Arsine poisoning*. New Eng. J. Med. 291:1171-1174, 1974

Weissberg, J.B.: *The role of radiation therapy in gastrointestinal cancer*. Arch. Surg. 118:96-108, 1983

Prosnitz, L.R., Kapp, D.S. and Weissberg, J.B.*: Medical Progress-Radiotherapy*, New Eng. J. Med. 309:834-840, 1983

Weissberg, J.B. and Prosnitz, L.R.: *Basic Principles of Radiation Therapy*, in Essentials of Plastic, Maxillofacial, and Reconstructive Surgery, ed. By N.G. Georgiade, G.S. Georgrade, R. Riefkohl, W.J. Barwick, Williams & Wilkins, Baltimore, 1987

Weissberg, J.B.: *Radiation Therapy and Breast Cancer*, in Breast Disease for Gynecologists, ed. By W.H. Hindle. Appleton & Lange Publishers, Norwalk, CT, 1990

ANWAR M. KHAN, M.D.

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Home Address:
241 Braeside Drive
Hamden, CT 06514
(203) 230-2219

Email:
akhan333@yahoo.com

Mobile:
(203) 668-3808

EXPERIENCE:

3/2008 – Now **Radiation Oncologist**
Central Connecticut Radiation Oncology, PC
1) Middlesex Hospital Cancer Center, Middletown, CT
2) The Hospital of Central Connecticut, New Britain, CT
(6/2014 - Now 3) Backus Hospital, Norwich, CT)

7/2003 – 6/2008 **Assistant Professor and Attending Physician**
Yale University – Yale New Haven Hospital
Department of Therapeutic Radiology
New Haven, CT

7/2003 – 6/2008 **Attending Physician**
Lawrence and Memorial Hospital
Community Cancer Center
New London, CT

7/2003 – 6/2008 **Attending Physician**
West Haven Veterans Affairs Medical Center
West Haven, CT

TRAINING:

2002 – 2003 **Chief Resident**
Yale University – Yale New Haven Hospital
Department of Therapeutic Radiology
PGY 7

1999 – 2001 **Resident**
Yale University – Yale New Haven Hospital
Department of Therapeutic Radiology
PGY 4-6

1997 – 1999 **Resident**
Yale University – Yale New Haven Hospital
Department of Internal Medicine
PGY 2-3

1996 – 1997	**Intern** *Yale University – Yale New Haven Hospital* *Department of Internal Medicine* *PGY 1*

EDUCATION:

M.D.	**Yale University School of Medicine**, 1991 – 1996 *New Haven, CT*
B.S.	**Brown University**, 1987 – 1991 *Providence, RI* *Molecular Biology*
B.A.	**Brown University**, 1987 – 1991 *Providence, RI* *Engineering*
H.S.	**Stuyvesant High School**, 1984 – 1987 Manhattan, NY

BOARD CERTIFICATIONS:

2005	**American Board of Radiology (Radiation Oncology)**
1999	**American Board of Internal Medicine**
1993 - 1996	**USMLE Steps 1, 2, 3**

BIOMEDICAL INSTRUMENTATION DESIGN & RESEARCH PROJECTS:

Yale University

- *Analyzed the algorithmic behavior of conventional, non-invasive, oscillometric blood pressure monitoring systems in an effort to characterize and quantify the errors that occur in automatic blood pressure estimation as a function of patient-related variables (carried out digital interface design, clinical data collection, signal processing, statistical analysis)*

- *Participated in development of mathematical models and associated hardware & software interface aimed at collecting data to non-invasively estimate the in-vivo compliance of human vascular system based on reconstruction of pressure-volume curves*

Brown University

- *Designed and constructed a fully-functional, computer-driven data acquisition system to digitally record and process both biological and non-biological data in real time for use in biomedical engineering laboratories*

- *Designed and constructed a fully-functional, prototypic module involving both hardware and software implementation for controlling general-purpose spectrophotometers via computers*

- *Designed an electromechanical transducer using fiber-optics technology to analyze and study in-vivo muscle movement patterns on computers while ensuring minimal signal corruption due to presence of adjacent bioelectrical noise*

- *Assisted in designing a computer-controlled technique for identifying the animal pole in albino xenopus oocytes on the basis of the differential electrical field generated by the Na+/K+ activity*

SCHOLASTIC AWARDS:

Medical School

- *Honors in Clinical Clerkships (Internal Medicine Sub-Internship, Internal Medicine, Plastic Surgery, Neurosurgery)*
- *Honors in Basic Science Courses (Neuroscience, Neuroanatomy, Molecular & Cellular Biology, Anatomy)*

Undergraduate University

- *Sigma Xi Honorary Scientific Research Society*
- *National Merit Scholarship for Academic Excellence*
- *Westinghouse Research Award*
- *Honors in College Science Courses (Physics, Organic Chemistry, Biology, Advanced Calculus, Electrical Circuit Design & Analysis, Biomedical Instrumentation Design)*

SCIENTIFIC PUBLICATIONS:

Khan AM, *Smith B. Essential Tools for Radiation Oncologists. Handbook of Radiation Oncology: Basic Principles and Clinical Protocols. Chapter 7. Jones and Bartlett. [2009]*

Yu JB, ***Khan AM****, Jones GW, Reavely MM, Wilson LD. Patient Perspectives Regarding the Value of Total Skin Electron Beam Therapy for Cutaneous T-Cell Lymphoma / Mycosis Fungoides – A Pilot Study. Amer J Clin Oncol 2009 Mar 20*

*Colberg JW, Decker RH, **Khan AM**, McKeon A, Wilson LD, Peschel RE. Surgery versus Implant for Early Prostate Cancer: Results from a Single Instituion, 1992-2005. Cancer J. 13(4):229-32, 2007*

*Peschel RE, **Khan A**, Colberg J, Wilson LD. The Effect of Age on Prostate Implantation Results. Cancer J. 12(4):305-8, 2006*

LECTURES & PRESENTATIONS:

- *Numerous lectures and presentations on vaious oncology topics*
- *Regular sessions with residents for clinical skills*
- *Poster presentations at conferences*

MENTORSHIP & TEACHING EXPERIENCE:

- *Thesis advisor*
- *Mentor for students and residents*
- *Served as teaching assistant for several advanced biomedical engineering, and biology courses and laboratories at Brown University*
- *Served as computer programming assistant for classes teaching Pascal, LabView, C programming*

EXTRACURRICULAR ACTIVITIES & INTERESTS:

- *Extensive volunteer involvement with local communities during college and medical school in coordinating constructive activities for youngsters (Role-Model and Big-Brother programs, HIV awareness, Anti-Violence)*
- *Community service awards received for participation in Adult Literacy Programs, campus-based blood drives, etc*

PERSONAL:

- *Married*
- *US Citizen*

EDWARD B. ARIBISALA

BSRT, MS, MBA

334 Town Colony Dr. Middletown, Ct 06457 ● Mobile: (407) 403-0227 ● earibisala@gmail.com

HEALTHCARE EXECUTIVE / ADMINISTRATOR

STRATEGIC BUSINESS PLANNING | FINANCIAL FORECASTING & BENCHMARKING | READINESS INSPECTIONS
SYSTEM IMPLEMENTATION & IMPROVEMENT | PROJECT MANAGEMENT | PHYSICIAN RECRUITMENT
REIMBURSEMENT OPTIMIZATION | BUSINESS DEAL NEGOTIATION | PAYOR REIMBURSEMENT NEGOTIATION

Professional Experience

Director of Cancer Center and Oncology Services **2014-Present**
Middlesex Hospital **Middletown, Ct.**

- Responsible for staff members in the service lines, charge capture, efficiency, quality assurance, claims, encounters, provider services, appeals and grievances, prior authorizations, enrollment, outreach, data analytics, marketing, operational and capital budgets.

Executive Director - Oncology Services & Women's Imaging **2011 - 2013**
Baylor Medical Center **Irving, Texas**

- Responsible for staff members in the product lines, charge capture, efficiency, quality assurance, claims, encounters, provider services, appeals and grievances, prior authorizations, enrollment, outreach, data analytics, marketing, operational and capital budgets.
- Responsible for the effective and efficient operation of the entire Oncology product line and the Women's Imaging Center on 3 campuses.
- Developed and implemented several operational policies and procedures that were instrumental in the streamlining of the unit and resulted in greatly improved operational metrics
- Supported hospital and departmental Performance Improvement Goals.
- Contributed to the organization's circle of care – People, Finance, Quality and Service.
- Worked with the CMO, COO, oncology medical directors, and cross-departmental directors to maintain program excellence and pursue/secure program accreditations through the development of a comprehensive program.
- Ensured compliance with licensing and regulatory requirements e.g. American College of Surgeon (ACoS) and Joint Commission.
- Project manager and co-author of the highest first time grant award by the Susan G. Komen for Cure for $200K in 2012 and renewed for $180K in 2013.
- Increased Press Ganey patient satisfaction raw score to 100% rating in 2012.
- Improved productivity by reducing the turnaround time from consultation to treatment from 1 week to 3 days resulting in increased patient census from 14 to 25 a day and referring physicians' satisfaction.
- Instituted quality care through ongoing programs/facilities reviews and evaluation, resulting in no misadministration of radiation or patients' mishaps.
- Created a charge capture planning process using Lean, to establish staff and program priorities while providing the staff a clear road map toward meeting labor goals and resource waste reduction.
- Reduced equipment expenses by organizing the storage facility, negotiating and selling obsolete medical equipment to decrease excess inventory.
- Mentored staff to build a dynamic, flexible, customer-centered culture resulting in 89% staff engagement.

- Received the Golden Apple award in 2013 for 13 weeks of no charge capture error and turning the referral stream around by the CFO/Compliance Officer.
- Prepared financial reports for the unit, budgetary requirements and quality assurance reports periodically.

Vice President, Oncology Services **2008 - 2010**
Schneider Regional Medical Center **St. Thomas, USVI**

- Responsible for Medical and Radiation Oncology, Internal Review Board, Clinical Trials, Oncology Pharmacy, Marketing, Community Outreach and Tumor Registry.
- Served as an on-call executive covering the whole health system for a week, every six weeks.
- Established a strategic regional plan to streamline staffing, fiscal goal management, clinical pathway, and systems development/implementation for the whole Eastern Caribbean.
- Successfully negotiated a contract with United Healthcare and other payors for healthcare system with 400% of Medicare reimbursement.
- Secured feasible business agreements with the English-speaking Eastern Caribbean countries as part of Health Tourism project from Antigua, Anguilla, British Virgin Islands, and Dominica.
- Increased radiation patient volume from 15 to 28 daily, with 55% IMRT (Intensity Modulated Radiation Therapy), and medical oncology from 215 to 300 a year; a 28% increase in 2 years.
- Ramped up philanthropic giving to Cancer Center by $200K; mostly for transportation, lodging and help with over-the-counter medications using our Varian EMR to target services areas and canvass in the areas, resulting in 100% patient satisfaction
- Designed a strategic marketing plan for Charlotte Kimelman Cancer Institute that influenced decisions of USVI Senate to fund marketing in both USVI and Eastern Caribbean
- Secured $45K to be used to conduct free cancer screenings on the island
- Increased patient encounters by providing 300 rides through ACS for patient treatment
- Established network with area physicians in order to generate referral relationships
- Developed appropriate outreach programs (e.g. screening clinics, prevention education and oncology health programs) to enhance the delivery of cancer prevention and care to the area in coordination and free cancer screenings; over 800 screenings yearly.
- Served on Cancer Committee as chair and on the Pharmaceutics and Therapeutics Committee
- Nominated by physicians to Virgin Island Medical Institute where quality improvement are monitored for CMS.
- Efficiently managed the selection and recruitment of a radiation oncologist, two therapists, a medical physicist, and a dosimetrist.

Cancer Services Administrator **2002 – 2008**
Southwestern Vermont Medical Center **Bennington, Vermont**

- Developed and realigned a strategic plan for regional program and oversaw multiple departments including Radiation Oncology, Medical Oncology, Tumor Registry, and Research and Development with both CTSU and pharmaceutical clinical trials.
- Functioned as project manager for facility upgrades and consulted by COO on new technology needs/acquisition for the product line.
- Generated $50K in yearly net revenue for pharmaceutical clinical trials.

- Achieved $1.72M profit in the FY 2003, in which the previous four year showed negative margin trend; maintained over $500K/year even with CMS decrease of reimbursement.
- Achieved a $4.3M margin for the business unit in FY 2007.
- Served as one of the key authors of the cancer strategic plan for the state of Vermont at the invitation of the Governor.
- Gained profit margins with 72% IMRT patient mix leading to realization of quarterly net profit of $500K from FY 2007 to FY 2008.
- Authored a successful Certificate of Need for new linear accelerator that resulted in daily treatment increase from 15 to 38 per day while raising patient load by 50%.
- Project manager for EMR (Varian) installation, a project three weeks ahead of established timeframe and $450K lower than projected cost of the entire project.
- Acted as the principal investigator on studies and grants, awarded by $15K grants yearly from Komen Breast Cancer Fund, 2003 and 2004 for pilot imagery programs, and $65K grant for Breast Health Navigator pilot program.
- Improved productivity by extending hours to accommodate patient load from direct effect of marketing and process improvement without use of locum staffing.
- Launched the Remicade product line, resulting in more than $125K/quarter incentive for the first two years from the CMS.
- Co-author of taskforce for Vermonters Taking Action Against Cancer (VTAAC), a statewide CDC-funded cancer planning effort**.**
- Piloted the staff to achieve an 8% rating increase on Press-Ganey survey for client/customer satisfaction through interactive management from 92% to 99.8% in two years.
- Efficiently managed the selection and recruitment of the medical and radiation oncologists.
- Ensured that all oncology nurses became board certified within two years of assuming the position.

General Manager **2001 – 2002**
InterCommunity Cancer Center **Leesburg, Florida**

- Responsible for the successful startup and operation of a stand-alone oncology program.
- Streamlined all aspects from planning to opening and full operation of another facility.
- Coached and oversaw operations of the staff, including ongoing client service delivery, information technology and financial reporting.
- Strategically negotiated and closed agreements with HMOs, IMPAC, CMS, Varian, and Siemens to optimize patient base.
- Defined growth needs and ensured the success of a facility expansion project, resulting in increased patient base and client revenue.
- Prepared financial reports for the facility, budgets, and labor utilization reports.

Other Experience

OTHER EXPERIENCE
Administrative Director of Radiation Oncology
Hurley Medical Center – Flint, MI

EDWARD B. ARIBISALA

BSRT, MS, MBA

334 Town Colony Dr. Middletown, Ct 06457 ● Mobile: (407) 403-0227 ● earibisala@gmail.com

Manager
Methodist Hospital-Hodges Cancer Center - Lubbock, TX

Chief Technologist
Lee Hospital & Connemaugh Valley Hospital - Johnstown, PA

Senior Technologist and Lecturer
Don & Sybil Harrington Cancer Center - Amarillo, TX

Senior Technologist and Lecturer
Georgetown University Hospital - Washington, DC

Education

Master of Business Administration University of Michigan – Flint, MI
Master of Science – Safety Engineering Indiana University of Pennsylvania – Indiana, PA
Bachelor of Science – Radiotherapy Technology Howard University, Washington, DC

Technical Skills

AllClear	IMPAC	Microsoft Project	Project Management
APC	Marketing Plan Writing	MIDAS	Strategic Plan Writing
Business Plan Writing	Meditech	Premium Lantis	Varis / ARIS
Finance	Microsoft Office	Patcom	Versyss / Visio

Professional Affiliations

Member	Medical Group Management Association (MGMA)	2003 – Present
Member	American College of Healthcare Executives	1996 – Present
Board	Association of Community Cancer Centers	2010 – 2012
Member	American Academy of Medical Administrators	2005 – 2010
Board	VTAAC – Vermont State Cancer Plan, Governor's Task Force	2003 – 2008
Board	American Cancer Society – Vermont	2002 – 2008
Examiner	Michigan Quality Award Board of Examiners – Gubernatorial Commission	1997

Community Involvement

Vestry	Redeemer Episcopal Church	Irving, Texas	2012- Present
Board	All Saints Cathedral School	St. Thomas, US Virgin Islands	2009 – 2011
Board	American Red Cross	Bennington, Vermont	2002 – 2008
Board	Whaley Children's Home	Flint, Michigan	1994 - 2001

Vestry St. Paul's Episcopal Church Flint, Michigan 1994 - 2001

60 West Elm Street, Deep River, CT. 06417 •860 526

Nicola R Cunningham

Experience

6/2002-Present **Middlesex Hospital Radiation Therapy Department** Middletown, CT

Manager/Dosimetrist

- Equipment: BrainLab/Varian NTX, Varian 2100 SCX, Philips Wide bore CT Simulator
- ADAC & Eclipse Planning System
- Clinical Supervisor of Hartford Hospital Radiation Therapy Students

---

9/1998-6/2002 **University of Connecticut Health Center Radiation Therapy Department** Farmington, CT

Chief Therapist/Facilitator

- Equipment: Varian 2100C, Nomos Peacock Stereotactic System, Varian Ximatron
- Clinical Supervisor of Hartford Hospital Radiation Therapy Students

---

9/1994-9/1998 **Veterans Memorial Medical Center Radiation Therapy Department** Meriden, CT

Chief Therapist/Facilitator

- Equipment: Varian 6/100, Cascade Simulator
- Clinical Supervisor of Hartford Hospital Radiation Therapy Students

---

1/1991-9/1994 **Hartford Hospital Radiation Therapy Department** Hartford, CT

Radiation Therapist – Unit Facilitator

- Equipment: Varian 2100C, Varian 1800, Varian 4 MeV, 100 kVp Philips Superficial Unit, Varian Ximatron and Philips Simulator
- Clinical Instructor of Radiation Therapy Students

Experience continued

6/1990-12/1990 **St. Thomas Hospital Radiation Therapy Department** London, England

- **Dosimetrist**

10/1987-11/1989 **The Royal Marsden Hospital Radiation Therapy Department** London, England

Senior II Radiation Therapist (& Dosimetrist for 3 month rotation)

- Equipment: Philips SL/75 Linac, T.E.M. Cobalt Unit, Pantak Superficial Unit, Microselectron High Dose Rate Intracavitary Unit

1/1986-10/1987 **Mount Vernon Hospital Radiation Therapy Department** London, England

Radiation Therapist

- Equipment: Philips 5MV and 8MV Linacs, 300kVp Orthovoltage Unit, T.E.M. Cobalt Unit and an R.T. 100 Superficial Unit and a T.E.M. Varian Simulator.

Education

2014 **University Of Hartford**

- **Masters Business Administration (expected 2017)**

2014 **American Society Of Radiologic Technologists**

- **Leadership Academy Graduate**

2012	**Middlesex Hospital**	Middletown, CT

- **Lean Green Belt Certification**

2005	**Middlesex Hospital**	Middletown, CT

- **Medical Dosimetrist Certification**

1998-1999	**University of Connecticut Health Center**	Farmington, CT

- **Magnetic Resonance Imaging Certification**

1994-1995	**Ottawa University**	Ottawa, KS

- **B.A. Management of Health Services**

1981-1985	**School of Radiography and Radiotherapy, Guy's Hospital**	London, England

Diploma of the College of Radiographers (Diagnostic and Therapy)

- Awarded the Carter Braine Prize (Radiotherapy Academic Prize)
- Awarded the Diagnostic Radiography Practical Prize
- Awarded the Counsel Trust Prize (1st Year Academic Prize)

Certificate of Need Application

Replacement of a Linear Accelerator

ATTACHMENT F

March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

9

Internal Revenue Service | Department of the Treasury

District Director

10 MetroTech Center
625 Fulton St., Brooklyn, NY 11201

Date: NOV 02 1995

Middlesex Hospital
28 Crescent Street
Middletown, CT
06457-3654

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 06-0646718

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Middlesex Hospital.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Middlesex Hospital

Date of Exemption Letter: December 1939

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

Certificate of Need Application

Replacement of a Linear Accelerator

ATTACHMENT G

March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0069

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Middlesex Hospital of Middletown, CT d/b/a Middlesex Hospital is hereby licensed to maintain and operate a General Hospital.

Middlesex Hospital is located at 28 Crescent Street, Middletown, CT 06457-3654.

The maximum number of beds shall not exceed at any time:

22 Bassinets
275 General Hospital Beds

This license expires **December 31, 2016** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, January 1, 2015. RENEWAL.

Satellites:
Middlesex Hospital Shoreline Medical Center, 250 Flat Rock Place, Westbrook, CT
Middlesex Hospital Marlborough Medical Center, 12 Jones Hollow Road, Marlborough, CT
Middlesex Hospital Outpatient Center, 534 Saybrook Road, Middletown, CT
Middlesex Hospital Center for Behavioral Health Family Advocacy Program, 51 Broad Street, Middletown, CT
Middlesex Hospital Center for Behavioral Health Adult Outpatient Services, 103 South Main St., Middletown, CT
Middlesex Hospital Center for Behavioral Health Psychiatric Treatment, 33 Pleasant Street, Middletown, CT
Middlesex Hospital Cancer Center, 536 Saybrook Road, Middletown, CT
Middlesex Hospital Surgical Center, 530 Saybrook Road, Middletown, CT
Middlesex Hospital Center for Primary Care and Behavioral Health, 154 Main Street, Old Saybrook, CT
*Middlesex Hospital Family Practice Group, 42 East High Street, East Hampton, CT
*Middlesex Hospital Family Practice Group, 90 South Main Street, Middletown, CT
*Middlesex Hospital Portland Family Medicine, 13 High Street, Portland, CT
*Middlesex Hospital Center for Behavioral Health Adult Outpatient, 21 Pleasant Street, Middletown, CT
*Middlesex Hospital Center for Behavioral Health Maternal Child Health, 8 Crescent Street, Middletown, CT
*Middlesex Hospital Surgical Alliance, 540 Saybrook Road, Middletown, CT
*Middlesex Hospital Wound Center, 520 Saybrook Road, Middletown, CT

License Revised to Reflect:
*Added (7) Satellites effective 1/1/15

Jewel Mullen, MD, MPH, MPA
Commissioner

Certificate of Need Application

Replacement of a Linear Accelerator

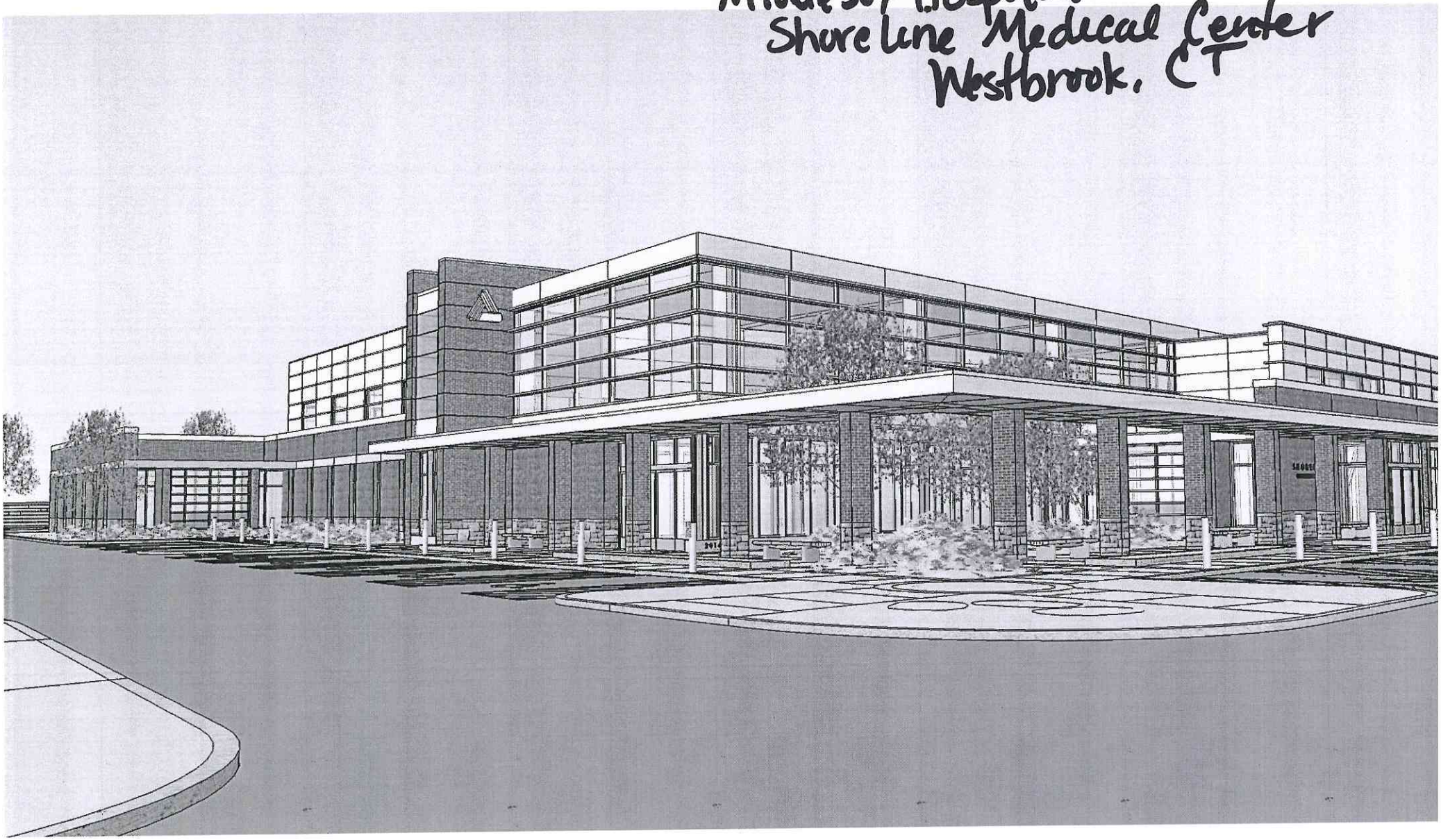
ATTACHMENT H

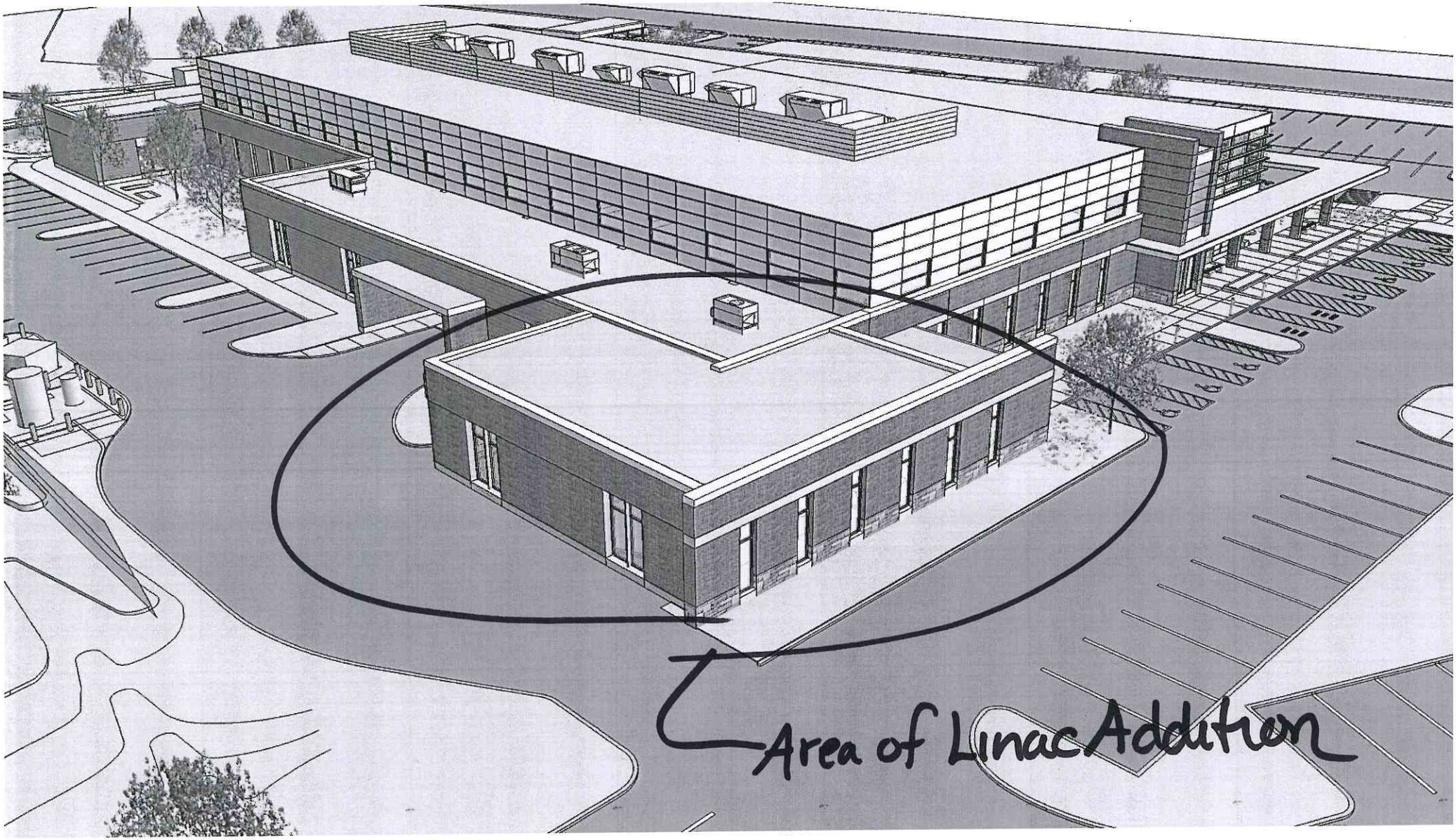
March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

Middlesex Hospital
Shoreline Medical Center
Westbrook, CT




Area of Linac Addition

Middlesex Medical Center Westbrook - 1st Floor Plan

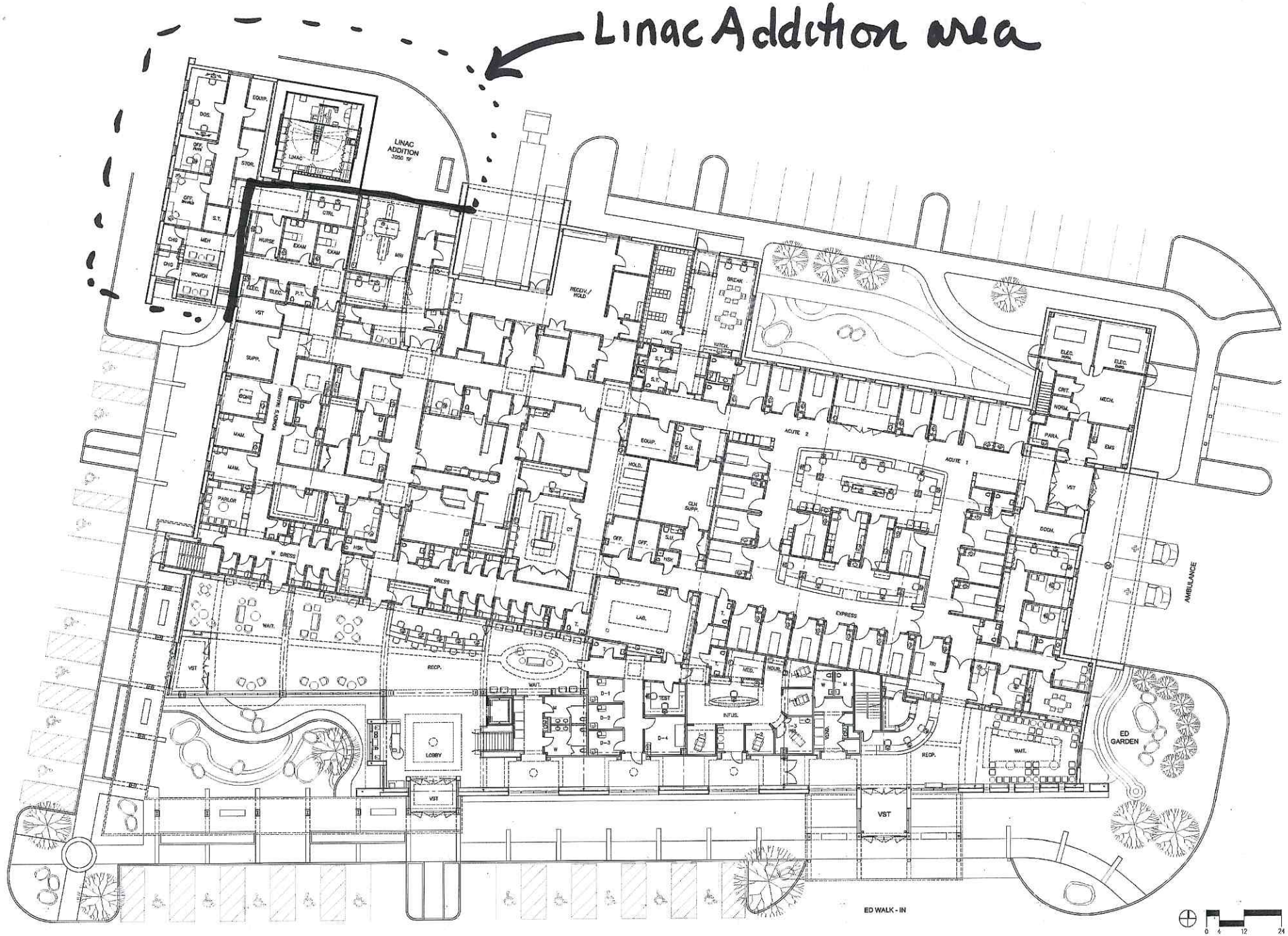
MIDDLESEX HOSPITAL

← Existing area without Linac Addition

1st Floor Total Area
SQ. FT.
41282 SF

Scale: 3/32" = 1'-0"

Date:4/22/2014



MIDDLESEX HOSPITAL
SHORELINE MEDICAL CENTER

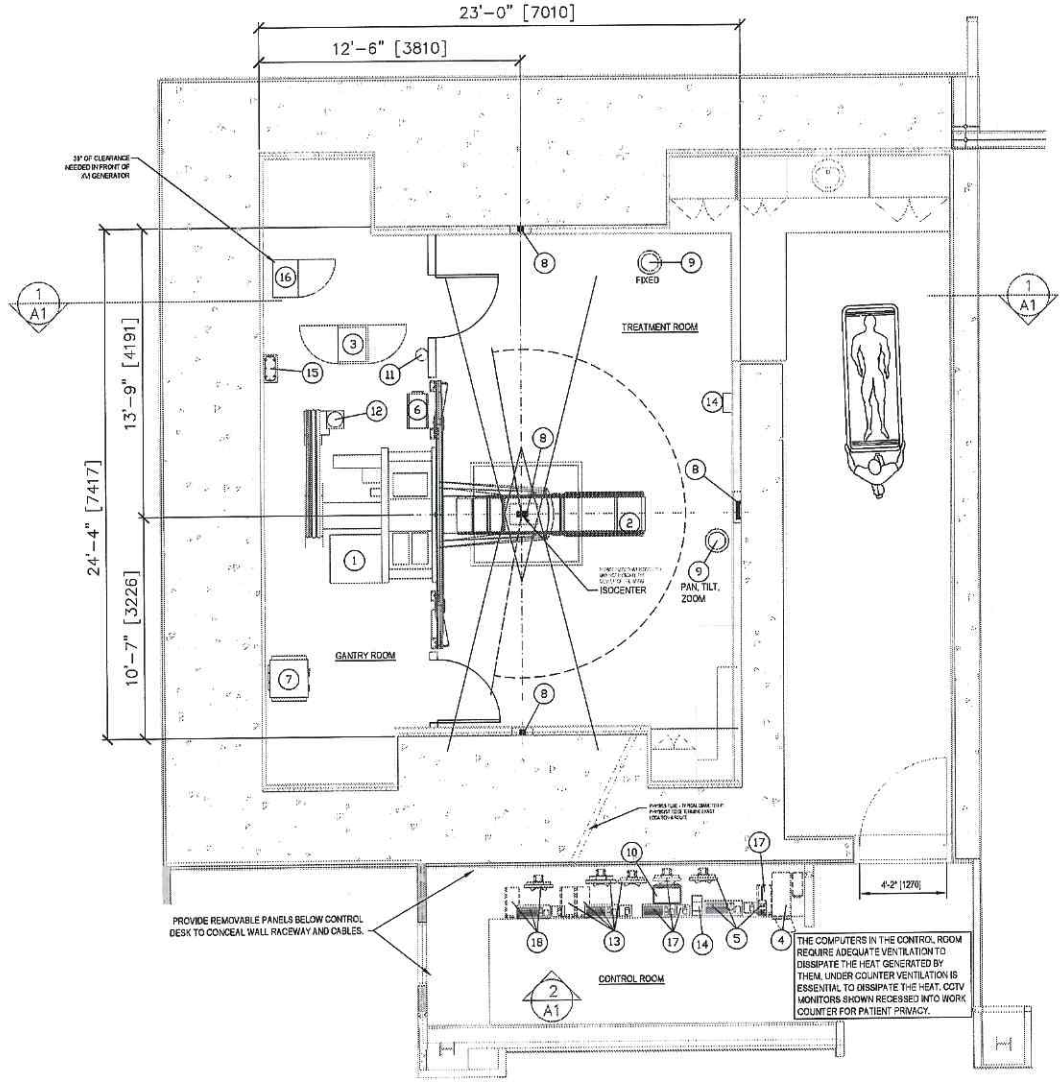
WESTBROOK, CT

FIRST FLOOR PLAN
W/ LINAC ADDITION

12 NOV 2014

The SLAM Collaborative
Glastonbury, Connecticut

Linac Addition



GENERAL SPECIFICATIONS

1- RESPONSIBILITY

THE CUSTOMER SHALL BE SOLELY RESPONSIBLE, AT ITS EXPENSE FOR PREPARATION OF SITE, INCLUDING ANY REQUIRED STRUCTURAL ALTERATIONS. THE SITE PREPARATION SHALL BE IN ACCORDANCE WITH PLANS AND SPECIFICATIONS APPROVED BY ELEKTA AS BEING SUITABLE FOR THE EQUIPMENT AND IN COMPLIANCE WITH ALL SAFETY ELECTRICAL AND BUILDING CODES RELEVANT TO THE EQUIPMENT AND ITS INSTALLATION. SUFFICIENCY OF SUCH PLANS AND SPECIFICATIONS, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE ACCURACY OF THE DIMENSIONS DESCRIBED THEREIN, SHALL BE THE SOLE RESPONSIBILITY OF CUSTOMER. THE CUSTOMER SHALL ADVISE ELEKTA OF CONDITIONS AT OR NEAR THE SITE WHICH COULD ADVERSELY AFFECT THE CARRYING OUT OF THE INSTALLATION WORK AND SHALL ENSURE THAT SUCH CONDITIONS ARE CORRECTED AND THAT THE SITE IS FULLY PREPARED AND AVAILABLE TO ELEKTA BEFORE THE INSTALLATION WORK IS DUE TO BEGIN. THE CUSTOMER SHALL PROVIDE ALL NECESSARY PLUMBING, CARPENTRY WORK, OR CONDUIT WIRING REQUIRED TO ATTACH AND INSTALL PRODUCTS READY FOR USE.

2- PERMITS

CUSTOMER SHALL OBTAIN ALL PERMITS AND LICENSES REQUIRED BY FEDERAL, STATE OR LOCAL AUTHORITIES IN CONNECTION WITH THE CONSTRUCTION, INSTALLATION AND OPERATION OF THE PRODUCTS AND SHALL BEAR ANY EXPENSE IN OBTAINING SAME OR IN COMPLYING WITH ANY RELATED RULES, REGULATIONS, ORDINANCES AND STATUTES.

3- RADIATION PROTECTION

THE CUSTOMER OR HIS CONTRACTOR, AT HIS OWN EXPENSE, SHALL OBTAIN THE SERVICE OF A LICENSED RADIATION PHYSICIST TO SPECIFY RADIATION PROTECTION. IF REQUIRED BY STATE AUTHORITIES, SHIELDING PLAN APPROVAL MUST BE OBTAINED BY CUSTOMER WITH COPY PROVIDED TO ELEKTA.

4- ASBESTOS AND OTHER TOXIC SUBSTANCES

ELEKTA ASSUMES NO HAZARDOUS WASTE (I.E., PCB'S IN EXISTING TRANSFORMERS) EXISTS AT THE SITE. IF ANY HAZARDOUS MATERIAL IS FOUND, IT SHALL BE THE SOLE RESPONSIBILITY OF THE CUSTOMER TO PROPERLY REMOVE AND DISPOSE OF THIS MATERIAL AT ITS EXPENSE. ANY DELAYS CAUSED IN THE PROJECT FOR THIS SPECIAL HANDLING SHALL RESULT IN ELEKTA'S TIME PERIOD FOR COMPLETION BEING EXTENDED BE LIKE PERIOD OF TIME. ELEKTA ASSUMES THAT NO ASBESTOS MATERIAL IS INVOLVED IN THIS PROJECT IN ANY CEILINGS, WALL OR FLOORS. IF ANY ASBESTOS MATERIAL IS FOUND ANYWHERE ON THE SITE, IT SHALL BE THE CUSTOMER'S SOLE RESPONSIBILITY TO PROPERLY REMOVE AND/OR MAKE SAFE THIS CONDITION, AT THE CUSTOMER'S SOLE EXPENSE.

5- LABOR

IN THE EVENT LOCAL LABOR CONDITIONS MAKE IT IMPOSSIBLE OR UNDESIRABLE TO USE ELEKTA'S REGULAR EMPLOYEES FOR SUCH INSTALLATION AND CONNECTION, SUCH WORK SHALL BE PERFORMED BY LABORERS SUPPLIED BY THE CUSTOMER, OR BY AN INDEPENDENT CONTRACTOR CHOSEN BY THE CUSTOMER AT THE CUSTOMER'S EXPENSE, AND IN SUCH CASE, ELEKTA AGREES TO FURNISH ADEQUATE ENGINEERING SUPERVISION FOR PROPER COMPLETING OF THE INSTALLATION

6- SCHEDULE

THE GENERAL CONTRACTOR SHOULD PROVIDE ELEKTA WITH A SCHEDULE OF WORK TO ASSIST IN THE COORDINATION OF DELIVERY OF ELEKTA'S SUPPLIED PRODUCTS WHICH ARE TO BE INSTALLED BY THE CONTRACTOR AND DELIVERY OF THE PRIMARY EQUIPMENT.

7- CONFLICT

IN THE EVENT OF A CONFLICT BETWEEN THE WORK DESCRIBED AND/OR EQUIPMENT SHOWN IN THESE PLANS AND THE CONTRACT, THE CONTRACT SHALL GOVERN.

Certificate of Need Application

Replacement of a Linear Accelerator

ATTACHMENT I

March 2015

The Smarter Choice for Care

MIDDLESEX HOSPITAL

Middlesex Hospital - LinAc Replacement

FINANCIAL ATTACHMENT I

12. C (i). Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Total Facility: Description	FY 14 Actual Results	FY 15 Projected W/out CON	FY 15 Projected Incremental	FY 15 Projected With CON	FY 16 Projected W/out CON	FY 16 Projected Incremental	FY 16 Projected With CON	FY 17 Projected W/out CON	FY 17 Projected Incremental	FY 17 Projected With CON	FY 18 Projected W/out CON	FY 18 Projected Incremental	FY 18 Projected With CON	FY 19 Projected W/out CON	FY 19 Projected Incremental	FY 19 Projected With CON	FY 20 Projected W/out CON	FY 20 Projected Incremental	FY 20 Projected With CON
NET PATIENT REVENUE																			
Non-Government	$196,206	$199,178		$199,178	$203,162		$203,162	$207,225	$7	$207,232	$211,370	$22	$211,392	$215,597	$47	$215,644	$219,909	$101	$220,010
Medicare	$133,234	$129,532		$129,532	$132,123		$132,123	$134,765	$4	$134,769	$136,113	$11	$136,124	$137,474	$20	$137,493	$138,849	$37	$138,886
Medicaid and Other Medical Assistance	$37,140	$38,338		$38,338	$38,722		$38,722	$39,109	$0	$39,109	$39,109	$2	$39,111	$39,109	$5	$39,114	$39,109	$10	$39,119
Other Government	$1,340	$846		$846	$863		$863	$880		$880	$898		$898	$916		$916	$934		$934
Total Net Patient Patient Revenue	$367,920	$367,895	$0	$367,895	$374,869	$0	$374,869	$381,979	$159	$381,990	$387,489	$295	$387,524	$393,096	$430	$393,167	$398,801	$583	$398,948
Other Operating Revenue	$12,556	$11,328		$11,328	$10,328		$10,328	$9,328	$50	$9,378	$8,328		$8,328	$7,328		$7,328	$6,328		$6,328
Revenue from Operations	$380,476	$379,223	$0	$379,223	$385,198	$0	$385,198	$391,308	$209	$391,369	$395,817	$295	$395,853	$400,424	$430	$400,496	$405,129	$583	$405,276
OPERATING EXPENSES																			
Salaries and Fringe Benefits	$201,650	$210,042		$210,042	$214,243		$214,243	$218,528	$72	$218,600	$222,898	$146	$223,044	$227,356	$147	$227,503	$231,903	$148	$232,051
Professional / Contracted Services	$8,132	$6,665		$6,665	$6,798		$6,798	$6,934		$6,934	$7,073		$7,073	$7,214		$7,214	$7,359		$7,359
Supplies and Drugs	$36,254	$36,565		$36,565	$37,296		$37,296	$38,042	$4	$38,047	$38,803	$8	$38,811	$39,579	$11	$39,591	$40,371	$16	$40,386
Bad Debts	$13,909	$13,600		$13,600	$13,858		$13,858	$14,121	$11	$14,131	$14,324	$19	$14,343	$14,532	$27	$14,559	$14,743	$35	$14,778
Other Operating Expense	$74,618	$74,690		$74,690	$75,437		$75,437	$76,191	$33	$76,224	$76,953	($36)	$76,917	$77,723	($36)	$77,687	$78,500	($36)	$78,464
Subtotal	$334,563	$341,562	$0	$341,562	$347,633	$0	$347,633	$353,817	$120	$353,937	$360,052	$137	$360,189	$366,405	$150	$366,554	$372,876	$163	$373,038
Depreciation/Amortization	$22,309	$23,990		$23,990	$24,000		$24,000	$24,000	$300	$24,300	$22,000	$600	$22,600	$22,000	$600	$22,600	$22,000	$600	$22,600
Interest Expense	$2,897	$2,706		$2,706	$2,706		$2,706	$2,706		$2,706	$2,706		$2,706	$2,706		$2,706	$2,706		$2,706
Lease Expense				$0			$0			$0			$0			$0			$0
Total Operating Expense	$359,769	$368,259	$0	$368,259	$374,339	$0	$374,339	$380,523	$420	$380,943	$384,758	$737	$385,495	$391,111	$750	$391,860	$397,582	$763	$398,345
Gain/(Loss) from Operations	$20,707	$10,964	$0	$10,964	$10,859	$0	$10,859	$10,785	($211)	$10,426	$11,059	($441)	$10,358	$9,313	($319)	$8,635	$7,547	($180)	$6,932
Plus: Non-Operating Revenue	$14,976	$4,000		$4,000	$4,000		$4,000	$4,000		$4,000	$4,000		$4,000	$4,000		$4,000	$4,000		$4,000
Revenue Over/(Under) Expense	$35,683	$14,964	$0	$14,964	$14,859	$0	$14,859	$14,785	($211)	$14,426	$15,059	($441)	$14,358	$13,313	($319)	$12,635	$11,547	($180)	$10,932
FTEs	2,081	2,140		2,140	2,140		2,140	2,140	0.75	2,141	2,140	1.50	2,142	2,140	1.50	2,142	2,140	1.50	2,142
*Volume Statistics:	11,598	11,166		11,166	11,492		11,492	11,607	236	11,843	11,794	425	12,219	11,970	601	12,571	12,157	790	12,947

Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Break-Even Analysis

Per Test Net Rev	$ 675	$ 695	$ 716	$ 738
Tests to Break Even TOTAL Op Margin	312	635	446	244
units	236	425	601	790
revenue	159,300	295,481	430,381	582,697
revenue/unit	675	695	716	738
expenses	420,034	736,695	749,503	762,773
expenses/unit	1,780	1,733	1,247	966
Margin/unit	(1,105)	(1,038)	(531)	(228)
breakeven revenue	420,034	736,695	749,503	762,773
revenue/unit	675	695	716	738
breakeven volume	622	1,060	1,047	1,034
Difference	386	635	446	244
% Difference	164%	149%	74%	31%
BE Volume % of forecast	264%	249%	174%	131%

Middlesex Hospital - LinAc Replacement

FINANCIAL ATTACHMENT II

12.C(ii). Please provide **three** years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:

Type of Service Description: Lin Ac
Type of Unit Description: Elekta
# of Months in Operation: 6

FY 2017	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
FY Projected Incremental Total Incremental Expenses:	**$4,248**									
Total Facility by Payer Category:										
Medicare		$2,977	134	$398,865	$346,202	$1,994	$5,983	$44,685	$2,412	$42,273
Medicaid		$2,977	18	$53,880	$44,073	$269	$808	$8,729	$326	$8,403
CHAMPUS/TriCare		$2,977	0	$0	$0	$0	$0	$0	$0	$0
Total Governmental			152	$452,744	$390,276	$2,264	$6,791	$53,414	$2,738	$50,676
Commericial Insurers		$2,977	84	$249,729	$149,387	$1,249	$3,746	$95,347	$1,510	$93,837
Uninsured		$2,977	0	$0		$0	$0	$0	$0	$0
Total NonGovernment		$2,977	84	$249,729	$149,387	$1,249	$3,746	$95,347	$1,510	$93,837
Total All Payers		$2,977	236	$702,474	$539,663	$3,512	$10,537	$148,761	$4,248	$144,513

FY 2018	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
FY Projected Incremental Total Incremental Expenses:	**$7,880**									
Total Facility by Payer Category:										
Medicare		$3,036	241	$718,294	$627,392	$3,591	$10,774	$76,537	$4,344	$72,193
Medicaid		$3,036	33	$98,970	$79,367	$495	$1,485	$17,623	$598	$17,025
CHAMPUS/TriCare		$3,036	0	$0	$0	$0	$0	$0	$0	$0
Total Governmental			274	$817,264	$706,759	$4,086	$12,259	$94,160	$4,942	$89,218
Commericial Insurers		$3,036	151	$449,725	$258,141	$2,249	$6,746	$182,589	$2,720	$179,869
Uninsured		$3,036	0	$0		$0	$0	$0	$0	$0
Total NonGovernment		$3,036	151	$449,725	$258,141	$2,249	$6,746	$182,589	$2,720	$179,869
Total All Payers		$3,036	425	$1,266,989	$964,900	$6,335	$19,005	$276,749	$7,662	$269,087

FY 2019 FY Projected Incremental Total Incremental Expenses:	(1) $11,477	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Total Facility by Payer Category:										
Medicare		$3,097	341	$1,015,753	$892,425	$5,079	$15,236	$103,013	$6,142	$96,871
Medicaid		$3,097	46	$142,754	$112,786	$714	$2,141	$27,113	$863	$26,250
CHAMPUS/TriCare		$3,097	0	$0	$0	$0	$0	$0	$0	$0
Total Governmental			387	$1,158,507	$1,005,211	$5,793	$17,378	$130,126	$7,006	$123,120
Commericial Insurers		$3,097	214	$635,964	$349,908	$3,180	$9,539	$273,337	$3,846	$269,491
Uninsured		$3,097	0	$0		$0	$0	$0	$0	$0
Total NonGovernment		$3,097	214	$635,964	$349,908	$3,180	$9,539	$273,337	$3,846	$269,491
Total All Payers		$3,097	601	$1,794,471	$1,355,118	$8,972	$26,917	$403,463	$10,852	$392,611

FY 2020 FY Projected Incremental Total Incremental Expenses:	(1) $15,539	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Total Facility by Payer Category:										
Medicare		$3,159	449	$1,335,183	$1,182,424	$6,676	$20,028	$126,055	$8,074	$117,981
Medicaid		$3,159	61	$191,400	$152,007	$957	$2,871	$35,564	$1,157	$34,407
CHAMPUS/TriCare		$3,159	0	$0	$0	$0	$0	$0	$0	$0
Total Governmental			509	$1,526,582	$1,334,431	$7,633	$22,899	$161,620	$9,232	$152,388
Commericial Insurers		$3,159	281	$835,959	$433,674	$4,180	$12,539	$385,566	$5,055	$380,511
Uninsured		$3,159	0	$0		$0	$0	$0	$0	$0
Total NonGovernment		$3,159	281	$835,959	$433,674	$4,180	$12,539	$385,566	$5,055	$380,511
Total All Payers		$3,159	790	$2,362,541	$1,768,105	$11,813	$35,438	$547,185	$14,287	$532,899

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Friday, April 10, 2015 1:37 PM
To: 'gary.havican@midhosp.org'
Cc: Carney, Brian; Riggott, Kaila; Greer, Leslie
Subject: CON Completeness - LinAc acquisition DN 15-31985
Attachments: 15-31985 - Middlesex Completeness FINAL 4.10.15 (3).docx; financial_workbook_-_march_2015.xlsx

Dear Mr. Havican,

Attached please find a completeness letter and updated financial workbook associated with Middlesex Hospital's application for the acquisition of a non-hospital based linear accelerator, docket number 15-31985. The attached letter was also faxed to you.

If you have any questions, please feel free to contact me either at this email address or the phone number below.

Regards,

Jessica

Jessica Schaeffer-Helmecki
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

April 10, 2015

VIA FAX & EMAIL

Mr. Gary Havican
Vice President, Operations
Middlesex Hospital
28 Crescent Street
Middletown, CT 06457

RE: Certificate of Need Application, Docket Number 15-31985-CON
Replacement and Relocation of a Linear Accelerator

Dear Mr. Havican:

On March 11, 2015, the Office of Health Care Access ("OHCA") received a Certificate of Need ("CON") application on behalf of Middlesex Hospital ("Applicant" or "the Hospital"). The proposal requests authorization to replace one of two linear accelerators ("LinAc") currently operated at Middlesex Hospital Cancer Center ("Cancer Center") in Middletown. In addition, the Applicant has requested approval to relocate the replacement LinAc to Middlesex Hospital Shoreline Medical Center in Westbrook ("Shoreline"). The associated capital expenditure is estimated to be $3,800,000.

OHCA has reviewed the CON application and requests the following additional information pursuant to Connecticut General Statutes §19a-639a(c):

1. Please provide a brief description of the types of cancer treatment and treatment method (e.g., conventional, stereotactic, etc.) used for the two existing LinAc machines operating at the Cancer Center. Please specify how each individual machine is utilized.

2. Page 12 of the application states that, based on the American College of Radiology recommendation included as Attachment C, 222 patients per LinAc is appropriate utilization. Please explain why the "H2" column figure (see page 70 of the application) was selected to represent the Cancer Center and Shoreline sites.

3. As a volume measure, LinAc "tests" were reported on pages 23 and 24 of the application. Please define "tests" and state how they relate to procedures or visits.

4. Please update the utilization tables found on page 23 and 24 of the application to include LinAc volumes for the second quarter of Fiscal Year 2015, by individual machine.

5. Please provide first and second quarter utilization information by individual LinAc machine for FY12, FY13, FY14 for the following:

    a) Number of LinAc patients
    b) Number of LinAc treatments

6. Page 12 of the application states that 183 patients have received LinAc-based treatment during the first quarter of FY 2015, which, if annualized would equal 732 patients. The application also states that 425 patients received LinAc treatments in FY 2012, 452 in FY 2013 and 429 in FY 2014. Please explain the reason for the increase in patients during the first quarter of FY 2015.

7. Page 13 of the application states that the Applicant has conducted 3,595 tests during the first quarter of FY 2015, which, if annualized would equal 14,380 tests for FY 2015. Please explain in detail any increase in tests for the first quarter of FY 2015 compared to previous first-quarter results. Additionally, how was the full year FY15 estimate of 11,166 on page 24 calculated?

8. Page 24 of the application, Table 4a.2, lists the number of LinAc patients and tests conducted during each of the three previous years. Based on these reported volumes, the average number of scans per patient was 29 in FY 2012, 28 in FY 2013 and 27 in FY 2014, but dropped to 20 during the first quarter of FY15. Please explain the decrease in the average treatments per patient for the first quarter of FY15.

9. Page 17 of the application states that approximately 63% of patients receiving LinAc tests in FY 2014 originated in towns closer to the Cancer Center in Middletown than to Shoreline in Westbrook. What is the total operating capacity of LinAc #2 and will a sole machine be able to accommodate all patients seeking LinAc treatment in Middletown? Please explain how LinAc #2 will accommodate patient demand.

10. Please explain in detail the rationale for locating the newer LinAc in lower-volume Shoreline rather than the higher-volume Hospital.

11. Middlesex Hospital's modification (DN 10-31262-MDF), approved on May 26, 2010 by OHCA, indicated that the hospital needed two linear accelerators to safely and efficiently deliver both stereotactic and conventional treatment. The modification stated that "although the Novalis TX delivers both conventional IMRT and SBRT, it was not designed as a stand [-]alone unit" and that conditions like Hodgkin's lymphoma, ovarian or cervical cancer cannot be treated on the Novalis TX. It also stated that if the hospital was not allowed to utilize the Varian 2100SCX it would have to "send these extremely ill patients to other treatment facilities for up to 6-8 weeks." Further, "the Hospital contends that IMRT and SBRT are fundamentally different technologies and it is not possible to go from one to the

other in a single day on a single machine in a department the size of the Hospital's." In regard to these statements, answer the following:

a) How has the Hospital resolved the issues stated above to now allow for the safe and effective use of radiation therapy utilizing only the Novalis TX at the Cancer Center?
b) Have changes been made to the Novalis TX that will now accommodate the treatment of conditions like Hodgkin's lymphoma, ovarian or cervical cancer?
c) If the proposal is approved, will the Novalis TX now be used for both stereotactic and conventional treatments in Middletown? If yes, how has the issue relating to the difficulty of transitioning from one type of treatment to another (e.g., IMRT to SBRT) been addressed, given the Novalis TX was not designed as a stand-alone machine?

12. Please answer the following:
    a) If the proposal is approved, will certain patients seeking treatment at the Cancer Center now be required to travel to Shoreline in Westbrook? If yes, how many patients would this affect?
    b) Describe what types of cancer treatment the Elekta Infinity will be used for at Shoreline in Westbrook. Will it be able to provide both conventional and stereotactic treatment?
    c) Will a certain number of patients from in or around Westbrook still need to drive to Middletown for treatment? If yes, how many patients would this affect?

13. What types of cancers will the Applicant be able to treat with the Novalis TX?

14. Please provide a break-down of the number of patients treated for each type of cancer using existing LinAcs at the Hospital by town of origin for FY12, FY13 and FY14.

15. Provide the current and projected patient population mix (number and percentage of patients by payer) for the Middlesex Hospital Cancer Center using the table below and provide all assumptions. **Note: payer mix should be calculated from patient volumes, not patient revenues.**

MIDDLESEX HOSPITAL CANCER CENTER CURRENT & PROJECTED PAYER MIX

Payer	Current FY 2014		Projected					
			FY 2015		FY 2016		FY 2017	
	Patients	%	Patients	%	Patients	%	Patients	%
Medicare*								
Medicaid*								
CHAMPUS & TriCare								
Total Government								
Commercial Insurers								
Uninsured								
Workers Compensation								
Total Non-Government								
Total Payer Mix								

*Includes managed care activity.

16. Please review and reconcile financial attachments FAI and FAII. Incremental amounts provided in FAI do not match amounts listed in FAII. Please resubmit the revised numbers using Financial Worksheet A (see attachment).

In responding to the questions contained in this letter, please repeat each question before providing your response. Paginate and date your response. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using **Page 149** and reference "Docket Number: 15-31985-CON." Submit one (1) original and three (3) hard copies of your response. In addition, please submit a scanned copy of your response, in an Adobe format (.pdf) including all attachments on CD. If available, a copy of the response in MS Word should also be copied to the CD.

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information no later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than **June 9, 2015**, otherwise your application will be automatically considered withdrawn.

If you have any questions concerning this letter, please feel free to contact me at (860) 509-8075 or Brian Carney by email or at (860) 418-7014.

Sincerely,

Jessica Schaeffer-Helmecki
Planning Analyst
jessica.schaeffer-helmecki@ct.gov

* * * COMMUNICATION RESULT REPORT (APR. 10. 2015 1:00PM) * * *

FAX HEADER:

TRANSMITTED/STORED : APR. 10. 2015 12:59PM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
999	MEMORY TX		98603465485	OK	5/5

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: MR. GARY HAVICAN

FAX: (860) 346-5485

APPLICANT: MIDDLESEX HOSPITAL

FROM: OHCA

DATE: 4/10/2015 **Time:**

NUMBER OF PAGES: 5
(including transmittal sheet

Comments:
Completeness letter questions

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 418-7001
Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

RECEIVED
JUN - 9 2015
Office of
HEALTHCARE ACCESS

Certificate of Need Application
Replacement of a Linear Accelerator

Responses to OHCA Completeness Questions
Docket Number: 15-31985CON

June 09, 2015

The Smarter Choice for Care
MIDDLESEX HOSPITAL

Middlesex Hospital

Certificate of Need Application
Replacement of a Linear Accelerator
Docket Number: 15-31985CON

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June 9, 2015

State of Connecticut
Office of Health Care Access
Certificate of Need Application

Instructions: Please complete all sections of the Certificate of Need ("CON") application. If any section or question is not relevant to your project, a response of "Not Applicable" may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

Docket Number:	**15-31985-CON (responses to completeness questions)**
Applicant:	Middlesex Hospital
Applicant's Facility ID*:	1760454334
Contact Person:	Gary Havican
Contact Person's Title:	Vice President, Operations
Contact Person's Address:	28 Crescent Street, Middletown, CT
Contact Person's Phone Number:	(860) 358-6140
Contact Person's Fax Number:	(860) 346-5485
Contact Person's Email Address:	gary.havican@midhosp.org
Project Town:	Westbrook, CT
Project Name:	Replacement of a Linear Accelerator
Statute Reference:	Section 19a-638, C.G.S.
Estimated Total Capital Expenditure:	$3,800,000

INTRODUCTION

Middlesex Hospital ("Hospital") currently owns and operates two linear accelerators ("LinAc") that are both located at the Hospital's Cancer Center at 536 Saybrook Road in Middletown, CT. The proposal requests authorization to replace one of two LinAcs. In addition, the Hospital requests approval to relocate the replacement LinAc to Middlesex Hospital's Shoreline Medical Center in Westbrook ("Shoreline"). This proposal seeks to both improve the quality and access of cancer care for our patients.

LinAcs are used to provide radiation therapy services to those patients diagnosed with cancer. Radiation therapy is a specialized service that is tailored to meet the specifics needs of a patient, their type of cancer, tumor size and tumor location. Deciding which LinAc modality of treatment is appropriate (e.g., stereotactic, IGRT, etc.) is determined by the clinicians.

Since the Hospital obtained permission to obtain a second LinAc, the Hospital's radiation therapy services have grown as a result of an aging population, new treatment options available through advances in radiation therapy, and the expertise developed by clinical professionals in the field. Currently, the Hospital provides over 11,000 LinAc tests to over 430 patients annually. Although these 11,000 LinAc tests are balanced between the two machines, the 13-year old machine does not have the technological enhancements to take care of the many new treatment options available to patients today.

By replacing the older machine with one that offers standard of care technology and locating this machine at the Shoreline facility, the Hospital's patients will benefit from increased availability and access of the best treatment options at two different locations. Location is important to patients undergoing radiation therapy which is typically administered daily for 5 to 6 weeks. Each radiation therapy patient may receive 25 to 30 LinAc tests during their treatment plan. The clinicians will no longer need to decide which machine to use because the replacement will bring parity between the two machines.

Below we provide OHCA with our responses to the questions pertaining to the original CON application submitted on March 11, 2015.

1. Please provide a brief description of the types of cancer treatment and treatment method (e.g., conventional, stereotactic, etc.) used for the two existing LinAc machines operating at the Cancer Center. Please specify how each individual machine is utilized.

   Response:
   Below we provide a brief description of the requested information for each of the existing LinAc machines.

Existing Linear Accelerator #1 *(to be replaced)*

The 2100 linear accelerator (LinAc #1) is a 13 year old linear accelerator that has treated thousands of patients over the years since its inception using conventional method. LinAc #1 is utilized primarily to treat patients with oncologic diagnoses in order to target and destroy cancer cells and their functionality. Most acceptable national guidelines have a clinical pathway that recommends radiation therapy as a treatment for oncologic diseases. While this machine has been the mainstay of our department for many years, offering curative treatments throughout that time, the rapid pace of changing technology indicates a need for replacement.

LinAc #1 treats the majority of cancer cases but does have a limitation when it comes to performing special treatments used for intra-cranial (inside the skull) and intra-spinal (inside the spine) cancers (patients requiring treatment for these cancers are treated on LinAc #2, see below for more details). The treatment methods provided on LinAc #1 include:

- Intensity Modulated Radiation Therapy (IMRT)
- Electron beam irradiation
- 3-D conformal radiation therapy
- Palliative (2D)

Existing Linear Accelerator #2

The Novalis TX linear accelerator (LinAc #2) is a 5 year old linear accelerator used primarily to treat patients with oncologic diagnoses in order to target and destroy cancer cells and their functionality. Most acceptable national guidelines have a clinical pathway that recommends radiation therapy as a treatment for oncologic diseases.

This machine uses both conventional and stereotactic methods. Specifically for stereotactic, it provides SRS (stereotactic radiation surgery) and SBRT (stereotactic body radiotherapy) which are treatment modalities that cannot be performed on LinAc #1. This "specialty treatment" is for tests that require additional resources including neurosurgical, physicist and radiation therapist collaboration and pre-planning. The SRS procedures are performed on patients where open neurosurgery is not an option and due to the critical location of the tumors and the nature of the disease, require highly complex treatments. This machine also provides conventional (routine) treatment to patients suffering from all cancer origins. The treatment methods provided on LinAc #2 include:

- Intensity Modulated Radiation Therapy (IMRT)
- Electron beam irradiation
- 3-D conformal radiation therapy
- Image-Guided Radiation Therapy (IGRT)
- Stereotactic radiation surgery (SRS)
- Stereotactic Body Radiotherapy (SBRT)
- Rapid Arc

2. Page 12 of the application states that, based on the American College of Radiology recommendation included as Attachment C, 222 patients per LinAc is appropriate utilization. Please explain why the "H2" column figure (see page 70 of the application) was selected to represent the Cancer Center and Shoreline sites.

Response:
The "H2" column was used because the two LinAcs are owned and operated by Middlesex Hospital and the Middlesex LinAc service treats between 201 – 599 patients annually.

The ACR defines "Freestanding" as being independent or not of being part of or affiliated with another organization. This designation does not represent the Middlesex LinAc service.

3. As a volume measure, LinAc "tests" were reported on pages 23 and 24 of the application. Please define "tests" and state how they relate to procedures or visits.

Response:
The number of "tests" is defined as the number of billable units generated from a patient encounter. The term "tests" is comparable to the term "procedures".

Regarding the relationship of "tests" and "visits" we provide the following explanation: one patient can generate multiple visits based on their radiation therapy treatment plan. Many cancer radiation therapy treatment plans require nearly daily visits that spans several weeks. During each of these visits, there may be one or more actual "tests" being performed and billed. Therefore, one patient may have several visits and each of those visits may result in multiple billable tests.

4. Please update the utilization tables found on page 23 and 24 of the application to include LinAc volumes for the second quarter of Fiscal Year 2015, by individual machine.

Response:
Below are the updated Table 4A.1, Table 4A.2 and Table 4B that include the FY 2015 1st Quarter and 2nd Quarter data (Oct-Mar).

TABLE 4A.1 (OLD) Historical, Current, and Projected LinAc Test Volume, by Each LinAc at Middlesex Hospital

Equipment	Actual Volume of Tests (Last 3 Completed FYs)			Current FY Test Volume (OCT – MAR)	Projected Test Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			Full Operational FY		
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac #1	5,525	6,303	5,703	2,720	5,490	5,651	2,854	n/a	n/a	n/a
Linac #2	6,630	6,345	5,895	2,654	5,675	5,841	5,899	6,087	6,262	6,449
Linac NEW	n/a	n/a	n/a	n/a	n/a	n/a	3,090	6,133	6,309	6,498
TOTAL*	12,155	12,647	11,598	5,374	11,166	11,492	11,843	12,219	12,571	12,947

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.
*Totals may not add exactly due to rounding within the actual data tables.
NOTE TO OHCA – please see TABLE 4A.1 (CORRECTED) below

TABLE 4A.1 (CORRECTED) Historical, Current, and Projected LinAc Test Volume, by Each LinAc at Middlesex Hospital

Equipment	Actual Volume of Tests (Last 3 Completed FYs)			Current FY Test Volume (OCT – MAR)	Projected Test Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			Full Operational FY		
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac #1	5,525	6,303	5,703	2,720	5,490	5,651	2,961	n/a	n/a	n/a
Linac #2	6,630	6,345	5,895	2,654	5,675	5,841	6,691	7,653	7,879	8,104
Linac NEW	n/a	n/a	n/a	n/a	n/a	n/a	2,191	4,567	4,692	4,843
TOTAL*	12,155	12,647	11,598	5,374	11,166	11,492	11,843	12,219	12,571	12,947

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.
*Totals may not add exactly due to rounding within the actual data tables.

NOTE TO OHCA: In our March 11, 2015 CON application submission we inadvertently provided inaccurate LinAc test utilization projections for each machine in FY17, FY18, FY19, and FY20. Although our TOTAL utilization does not change, our test volume projections for the LinAc #1, the LinAc #2 and the NEW LinAc machine need to be corrected. We have provided **TABLE 4A.1 (CORRECTED)** that should be used for final machine projections. This correction does not impact the TOTAL row. These changes were made to better reflect our assumption that utilization may be closer to a 60/40 percent split and not the original 50/50 percent split between facilities.

TABLE 4A.2 (OLD) Historic, Current, and Projected LinAc Patient Volume, By Each LinAc at Middlesex Hospital

Equipment	Actual Volume of Patients (Last 3 Completed FYs)			Current FY Patient Volume (OCT – MAR)	Projected Patient Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			Full Operational FY		
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac #1	250	283	271	167	279	287	148	n/a	n/a	n/a
Linac #2	172	176	161	97	166	171	176	182	187	193
Linac NEW	n/a	n/a	n/a	n/a	n/a	n/a	148	305	314	323
TOTAL*	421	459	432	264	445	458	472	487	501	516

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.
*Totals may not add exactly due to rounding within the actual data tables.
NOTE TO OHCA – please see TABLE 4A.2 (CORRECTED) below

TABLE 4A.2 (CORRECTED) Historic, Current, and Projected LinAc Patient Volume, By Each LinAc at Middlesex Hospital

Equipment	Actual Volume of Patients (Last 3 Completed FYs)			Current FY Patient Volume (OCT – MAR)	Projected Patient Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			Full Operational FY		
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac #1	250	283	271	167	279	287	118	n/a	n/a	n/a
Linac #2	172	176	161	97	166	171	278	305	314	323
Linac NEW	n/a	n/a	n/a	n/a	n/a	n/a	76	182	187	193
TOTAL*	421	459	432	264	445	458	472	487	501	516

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.
*Totals may not add exactly due to rounding within the actual data tables.

NOTE TO OHCA: In our March 11, 2015 CON application submission we inadvertently provided inaccurate LinAc patient volume for each machine for FY17, FY18, FY19, and FY20. Although our TOTAL utilization does not change, our patient volume projections for the LinAc #1, the LinAc #2 and the NEW LinAc machine need to be corrected. We have provided **TABLE 4A.2 (CORRECTED)** that should be used for final patient volumes projections for each machine. These changes were made to better reflect our assumption that utilization may be closer to a 60/40 percent split and not the original 50/50 percent split between facilities.

TABLE 4B
HISTORICAL, CURRENT, AND PROJECTED VOLUME, BY TYPE OF SCAN/EXAM

Equipment	Actual Volume of Tests (Last 3 Completed FYs)			Current FY Test Volume (OCT – MAR)	Projected Test Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			Full Operational FY		
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac Tests TOTAL	12,155	12,647	11,598	5,374	11,166	11,492	11,843	12,219	12,571	12,947

Fiscal Year (FY) includes the period covered by fiscal year beginning October 1 through September 30.

5. Please provide first and second quarter utilization information by individual LinAc machine for FY12, FY13, FY14 for the following:

   a) Number of LinAc patients
   b) Number of LinAc treatments.

Response:
Completeness Table 1 (next page) shows the number of patients and LinAc tests (OHCA used the term treatments) by each machine for the 1st and 2nd quarters of the FY 2012, FY 2013, FY 2014, and FY 2015. To be consistent throughout the CON application, we have used the term "tests"; however, we do realize OHCA's request was for number of treatments.

Completeness Table 1 Number of LinAc Patients and Tests by 1st and 2nd Quarters

	TOTAL		LinAc #1 ("21C")		LinAc #2 ("NTX")	
	5a. Number Patients	**5b. Number Tests**	**5a. Number Patients**	**5b. Number Tests**	**5a. Number Patients**	**5b. Number Tests**
FY 2012						
1st Quarter	141	3,376	84	1,383	57	1,993
2nd Quarter	104	3,081	60	1,504	44	1,577
1st & 2nd Total	*245*	*6,457*	*144*	*2,887*	*101*	*3,570*
FY 2013						
1st Quarter	151	3,380	90	1,716	61	1,664
2nd Quarter	98	2,745	61	1,333	37	1,412
1st & 2nd Total	*249*	*6,125*	*151*	*3,049*	*98*	*3,076*
FY 2014						
1st Quarter	136	2,832	83	1,386	53	1,446
2nd Quarter	104	2,928	66	1,386	38	1,542
1st & 2nd Total	*240*	*5,760*	*149*	*2,772*	*91*	*2,988*
FY 2015						
1st Quarter	183	3,591	119	1,684	64	1,907
2nd Quarter	81	1,783	48	1,036	33	747
1st & 2nd Total	*264*	*5,374*	*167*	*2,720*	*97*	*2,654*

6. Page 12 of the application states that 183 patients have received LinAc-based treatment during the first quarter of FY 2015, which, if annualized would equal 732 patients. The application also states that 425 patients received LinAc treatments in FY 2012, 452 in FY 2013 and 429 in FY 2014. Please explain the reason for the increase in patients during the first quarter of FY 2015.

Response:
Historically the fiscal year 1st Quarter (October-December) timeframe has experienced a higher number of patients receiving radiation therapy treatments than other quarters during a year. The ***Completeness Table 1*** used in the response for Question 5, also supports the trend that there are more patients receiving LinAc services during fiscal year 1st quarter as compared to 2nd quarter.

This relatively common trend of higher utilization during first quarter has no proven explanation. Some feel that it may be linked to the benefit designs of commercial insurance.

Based on a literature review, we did locate recent research conducted by the National Bureau of Economic Research (http://www.nber.org/papers/w20927), that may help explain why there are consistently more patients receiving LinAc services during FY 1st quarter (October – December of the calendar year or 4th quarter) as compared to FY 2nd quarter (January – March of the calendar year or 1st quarter). The fact that more employers and individuals have moved to health insurance plans that have high deductibles, patients may defer treatment from early in the calendar year, when they face higher out-of-pocket costs, to later in the year, after they have exceeded their annual health care deductible and their out-of-pocket cost are significantly lower.

This is not to say that people are delaying cancer treatment; however, people may be delaying physician office visits and further testing that would occur prior to the cancer diagnosis.

7. Page 13 of the application states that the Applicant has conducted 3,595 tests during the first quarter of FY 2015, which, if annualized would equal 14,380 tests for FY 2015. Please explain in detail any increase in tests for the first quarter of FY 2015 compared to previous first-quarter results. Additionally, how was the full year FY15 estimate of 11,166 on page 24 calculated?

Response:
As also stated in the response to Question 6, 1st Quarter data have historically showed higher patient volumes than 2nd Quarter data, but by the end of the full year, utilization normalizes. We have learned that it is better to project annual growth based on a full year of data to lessen the subtle variation in volume within a single quarter.

During FY2015 1st Quarter we experienced an unusually high volume of patients and LinAc tests, and we cannot explain this occurrence (as explained in Question 6). Because of this higher volume of patients (a total of 183), we proportionality experienced a higher volume of tests.

In our original CON application, we based our full year FY15 projection for the number of LinAc tests (11,166) using our historical data and health care trends. For example, we knew that there would be changes in the CPT billing codes effective January 1, 2015 that bundled several codes (specifically as related to IGRT and IMRT) and this would result in a decline in the number of billable tests. Therefore, our estimated number of LinAc tests of 11,166 reflects our conservative approach to calculating an annual budget volume.

As demonstrated in *Completeness Table 1* in Question 5, there are a total of 5,374 tests in FY2015 1st and 2nd Quarters. This supports our rationale that when projecting budget numbers, using annual projections may be more reliable than using one quarter of data and annualizing it.

8. Page 24 of the application, Table 4a.2, lists the number of LinAc patients and tests conducted during each of the three previous years. Based on these reported volumes, the average number of scans per patient was 29 in FY 2012, 28 in FY 2013 and 27 in FY 2014, but dropped to 20 during the first quarter of FY15. Please explain the decrease in the average treatments per patient for the first quarter of FY15.

Response:
Comparing a full year of data to one quarter of data likely creates a variation in the average number of tests per patient. We discuss a similar type of variation in Questions 6 and 7 when annual projections are being "based on" or "compared to" only one quarter of data.

To breakdown the data into more comparable segments, we examined the data by 1st Quarter Only data, 1st and 2nd Quarter Combined data, and the annual data provided by OHCA (see *Completeness Table 2*). The variation did flatten out somewhat; for instance, annual FY14 was 27 tests per patient; however, FY14 1st Quarter was 21 tests per patient. However it continues to demonstrate that FY 2015 average tests per patient is lower. Our clinical professionals and our finance professionals attribute this decrease to the CPT coding bundling (previously multiple codes are now billable under one CPT codes) and also to some clinical practice guideline changes implemented by the Hospital.

In addition to the observations noted above, the department has seen the implementation of a new treatment regimen that is being widely adopted by physicians for the treatment of breast cancer, which reduces the number of overall treatments from a total of 35 to 24 treatments, and consequently reduces the number of tests associated with that treatment modality. Our calendar year 2015 data (FY15 2nd Quarter) is likely showing the impact of this treatment regimen whereby patient volume continues at a normal growth, but the number of tests decline per patient. Such clinical guidelines are being adopted as a way to improve quality of care and reduce health care spending.

Completeness Table 2 Average Number of LinAc Tests Per Patient by Different Timeframes

Fiscal Year	**1st Quarter ONLY** Average Tests/Patient	**1st & 2nd Quarters Combined** Average Tests/Patient	**Annual** Average Tests/Patient
FY 2012	24	26	29
FY 2013	22	25	28
FY 2014	21	24	27
FY 2015	20	20	n/a

9. Page 17 of the application states that approximately 63% of patients receiving LinAc tests in FY 2014 originated in towns closer to the Cancer Center in Middletown than to Shoreline in Westbrook. What is the total operating capacity of LinAc #2 and will a sole machine be able to accommodate all patients seeking LinAc treatment in Middletown? Please explain how LinAc #2 will accommodate patient demand.

Response:
The total operating capacity of the LinAc #2 is approximately up to 8,500 tests or more depending on the types of cancers, the modality used (conventional, stereotactic, etc.), the treatment guidelines, the amount of time a test may take, and the hours of operation.

Based on our experience with the patient population within the Middletown area, and the CPT billing changes and clinical practice changes as discussed in Question 7, we are positive that the LinAc #2 will accommodate nearly all patients seeking LinAc services in the Middletown area. For those patients the LinAc #2 cannot accommodate because of type of cancer or location of tumor (as discussed in Questions 12), they will need to receive LinAc services at the Shoreline facility.

Responding to OHCA's concern about the LinAc #2 (Novalis TX) accommodating patient demand, we are certain that this machine can accommodate its specialty procedures and additional demand.

10. Please explain in detail the rationale for locating the newer LinAc in lower-volume Shoreline rather than the higher-volume Hospital.

Response:
A main reason for locating the newer LinAc in the Shoreline location is related to the costs of installation. It is more cost-effective to transport and install the new machine into the newly renovated facility than to install the new machine within the existing space and relocate LinAc #2 to the Shoreline facility. Furthermore, there will be no impact to patient access by leaving LinAc #1 (old machine to be replaced) in place during the install of the new machine which may take a few months. If we had to relocate the existing LinAc #2, patient care would be disrupted.

Additionally, as discussed in Question 9, the existing LinAc #2 provides a full complement of services and will be utilized for conventional and stereotactic radiation therapy treatments. So although the Shoreline area may have a "lower-volume" of patients as compared to the Middletown area, both machines will be needed to service existing and projected patient volume and better access and quality will be provided.

11. Middlesex Hospital's modification (DN 10-31262-MDF), approved on May 26, 2010 by OHCA, indicated that the hospital needed two linear accelerators to safely and efficiently deliver both stereotactic and conventional treatment. The modification stated that "although the Novalis TX delivers both conventional IMRT and SBRT, it was not designed as a stand-alone unit" and that conditions like Hodgkin's lymphoma, ovarian or cervical cancer cannot be treated on the Novalis TX. It also stated that if the hospital was not allowed to utilize the Varian 2100SCX it would have to "send these extremely ill patients to other treatment facilities for up to 6-8 weeks." Further, "the Hospital contends that IMRT and SBRT are fundamentally different technologies and it is not possible to go from one to the other in a single day on a single machine in a department the size of the Hospital's." In regard to these statements, answer the following:

a) How has the Hospital resolved the issues stated above to now allow for the safe and effective use of radiation therapy utilizing only the Novalis TX at the Cancer Center?

Response:
At the time of the 2010 application, the IMRT and SRS/SBRT modalities associated with the Novalis TX were new to many Cancer Centers including Middlesex. As a result, the Novalis TX could not be used a stand-alone unit, however, since then knowledge of, and expertise with the use of IMRT and SRS/SBRT modalities has grown to the extent that the Novalis TX can now be utilized as a stand-alone unit. Furthermore, clinical protocols were adopted at Middlesex that employ the expertise necessary to provide safe and effective use of radiation therapy using Novalis TX. However, during this time frame, total volumes have increased substantially. It is clear that one LinAC would not adequately support current patient demand for our entire service area.
However, during this timeframe, total volumes have increased substantially. It is clear that one LinAc would not adequately support current patient demand for our entire service area.

b) Have changes been made to the Novalis TX that will now accommodate the treatment of conditions like Hodgkin's lymphoma, ovarian or cervical cancer?

Response:
Changes have not been made at this time to the Novalis TX (LinAc #2) to accommodate the treatment of conditions like Hodgkin's lymphoma, ovarian or cervical cancers.

c) If the proposal is approved, will the Novalis TX now be used for both stereotactic and conventional treatments in Middletown? If yes, how has the issue relating to the difficulty of transitioning from one type of treatment to another (e.g., IMRT to SBRT) been addressed, given the Novalis TX was not designed as a stand-alone machine?

Response:
The Novalis TX (LinAc #2) can be used for both stereotactic and conventional treatments. Over the last five years SRS and SBRT have become more routine. These specialized cases still take more time to treat by the nature of the treatment method, but it is possible to switch tasks more readily. We will still be in need of more time to treat these specialized cases, but we will be able to accommodate conventional treatments also, as we do today. The Novalis TX will not be a stand-alone unit as we foresee continuing to utilize our second machine (the new proposed machine) for treatments as well.

12. Please answer the following:

a) If the proposal is approved, will certain patients seeking treatment at the Cancer Center now be required to travel to Shoreline in Westbrook? If yes, how many patients would this affect?

Response:
Yes, there will be some patients living in the Middletown area that will need to travel to the Shoreline facility located in Westbrook to receive their treatment. These patients likely will be diagnosed with Non-Hodgkin's Lymphoma and Endometrial cancer.

Based on actual historical data, we estimate one (1) case annually will need to travel to Westbrook for treatment.

b) Describe what types of cancer treatment the Elekta Infinity will be used for at Shoreline in Westbrook. Will it be able to provide both conventional and stereotactic treatment?

Response:
The Elekta Infinity provides both conventional and stereotactic treatment capabilities and also will be used to provide the following treatment modalities:

- Intensity Modulated Radiation Therapy (IMRT)
- Electron beam irradiation
- 3-D conformal radiation therapy
- Stereotactic Body Radiotherapy (SBRT)
- Rapid Arc
- Palliative (2D)

With all of the new technology that the Elekta Infinity will afford, we will be able to accommodate patients in need of conventional treatment, including those needing daily image guidance as part of their intensity modulated treatment, patients requiring palliation only or those requiring the more specialized stereotactic body radiation. The new machine essentially offers the full complement of services that a typical patient would require and is a major and necessary improvement to that currently being offered by our 13 year old 2100C.

c) Will a certain number of patients from in or around Westbrook still need to drive to Middletown for treatment? If yes, how many patients would this affect?

Response:
Yes, there will be some patients from in or around Westbrook that will need to drive to Middletown to receive treatment for a very specific brain tumor that is <3.0 cm. This likely represents a small percentage of our population. Based on historical data, we estimate three (3) cases annually.

13. What types of cancers will the Applicant be able to treat with the Novalis TX?

Response:
The Novalis TX (LinAc #2) currently provides radiation therapy treatments for types of cancers typically seen in a Radiation Oncology department including breast, lung, prostate, gastro-intestinal, genito-urinary, gynecological, epithelial, colo-rectal and metastatic cancer to bone or brain.

14. Please provide a break-down of the number of patients treated for each type of cancer using existing LinAcs at the Hospital by town of origin for FY12, FY13 and FY14.

Response:
Below we provide the number of patients by town of origin, by cancer type and by LinAc machine for FY 2012, FY 2013, and FY 2014.

Completeness Table 3 Number of LinAc Patients by Town, Cancer Type and LinAc Machine for the Past Three Years

		FY 2012			FY 2013			FY 2014		
		Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total
Chester										
	Blood	0	0	0	0	0	0	0	1	1
	Bone	0	0	0	0	0	0	1	0	1
	Breast	2	0	2	4	1	5	1	0	1
	Gastroenterology	0	0	0	0	1	1	0	0	0

		FY 2012			FY 2013			FY 2014		
		Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total
	Head/Neck	0	0	0	0	0	0	1	0	1
	Lung	0	1	1	2	4	6	2	1	3
	Metastatic Disease	2	0	2	2	1	3	0	1	1
	Skin	0	1	1	0	0	0	0	0	0
	Urogenital	0	1	1	0	0	0	0	0	0
Clinton										
	Blood	0	0	0	1	0	1	0	0	0
	Bone	0	0	0	1	0	1	0	0	0
	Breast	1	0	1	2	0	2	6	0	6
	Gastroenterology	0	1	1	0	2	2	0	3	3
	Head/Neck	0	0	0	0	0	0	0	3	3
	Lung	0	1	1	1	1	2	0	2	2
	Metastatic Disease	2	0	2	0	0	0	2	1	3
	Skin	1	0	1	1	0	1	0	0	0
	Urogenital	1	1	2	2	0	2	0	4	4
Colchester										
	Breast	3	0	3	2	0	2	4	0	4
	Gastroenterology	0	1	1	0	4	4	0	0	0
	Lung	0	2	2	1	3	4	1	1	2
	Metastatic Disease	0	0	0	2	0	2	1	0	1
	Skin	0	0	0	0	0	0	2	0	2
	Urogenital	0	0	0	0	2	2	1	0	1
Cromwell										
	Blood	0	1	1	0	0	0	0	1	1
	Bone	0	1	1	2	0	2	0	0	0
	Breast	4	0	4	6	1	7	8	1	9
	Gastroenterology	0	1	1	0	4	4	0	1	1
	Head/Neck	0	2	2	1	0	1	0	0	0
	Lung	2	2	4	2	3	5	1	3	4
	Metastatic Disease	3	0	3	1	0	1	2	1	3
	Skin	3	0	3	1	0	1	1	0	1
	Urogenital	0	6	6	0	2	2	0	3	3
Deep River										
	Breast	7	0	7	0	0	0	1	0	1
	Head/Neck	1	0	1	1	0	1	0	0	0
	Lung	0	0	0	1	0	1	0	0	0
	Metastatic Disease	2	0	2	0	1	1	1	0	1
	Urogenital	1	1	2	0	2	2	0	0	0
Durham										
	Blood	0	0	0	1	0	1	1	0	1
	Bone	0	0	0	1	0	1	0	0	0
	Breast	4	0	4	9	0	9	7	0	7
	Gastroenterology	0	1	1	2	1	3	0	1	1
	Head/Neck	1	1	2	0	0	0	0	0	0
	Lung	1	0	1	0	0	0	0	0	0
	Metastatic Disease	2	0	2	1	0	1	0	0	0

		FY 2012			FY 2013			FY 2014		
		Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total
	Skin	0	0	0	0	0	0	1	0	1
	Urogenital	0	1	1	1	3	4	0	0	0
East Haddam										
	Blood	0	1	1	0	0	0	0	0	0
	Breast	3	0	3	4	2	6	3	0	3
	Gastroenterology	0	1	1	0	0	0	0	1	1
	Head/Neck	1	1	2	0	0	0	0	0	0
	Lung	0	2	2	1	0	1	3	2	5
	Metastatic Disease	0	2	2	2	0	2	5	0	5
	Other	0	0	0	0	0	0	2	1	3
	Urogenital	0	1	1	0	2	2	0	2	2
East Hampton										
	Blood	0	1	1	0	0	0	1	0	1
	Bone	0	0	0	1	0	1	0	0	0
	Breast	7	1	8	4	0	4	12	0	12
	Gastroenterology	0	5	5	1	5	6	1	4	5
	Head/Neck	0	5	5	0	0	0	0	2	2
	Lung	1	4	5	0	2	2	2	5	7
	Metastatic Disease	1	1	2	4	1	5	10	2	12
	Skin	1	0	1	0	0	0	2	0	2
	Urogenital	0	3	3	1	3	4	1	2	3
Essex										
	Blood	1	0	1	0	0	0	0	0	0
	Bone	0	0	0	2	0	2	1	0	1
	Breast	4	0	4	3	0	3	2	0	2
	Gastroenterology	1	1	2	0	1	1	1	1	2
	Lung	0	3	3	0	0	0	1	0	1
	Metastatic Disease	0	0	0	1	0	1	2	0	2
	Skin	1	0	1	2	0	2	2	1	3
	Urogenital	1	3	4	0	4	4	0	1	1
Haddam										
	Blood	1	0	1	0	0	0	0	0	0
	Bone	0	0	0	1	0	1	0	0	0
	Breast	8	0	8	10	0	10	5	0	5
	Gastroenterology	1	1	2	0	2	2	0	0	0
	Head/Neck	1	0	1	0	1	1	0	1	1
	Lung	0	2	2	1	0	1	0	2	2
	Metastatic Disease	5	0	5	3	0	3	4	2	6
	Skin	2	0	2	4	0	4	0	0	0
	Other	0	0	0	0	0	0	1	0	1
	Urogenital	0	2	2	0	4	4	1	0	1
Killingworth										
	Blood	0	0	0	0	0	0	1	1	2
	Bone	1	0	1	1	0	1	0	0	0
	Breast	5	0	5	5	0	5	1	0	1
	Lung	2	0	2	0	0	0	0	0	0

		FY 2012			FY 2013			FY 2014		
		Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total
	Metastatic Disease	0	0	0	2	1	3	1	0	1
	Skin	0	0	0	1	0	1	1	0	1
	Urogenital	1	2	3	0	0	0	0	3	3
Madison										
	Bone	1	0	1	1	0	1	0	0	0
	Gastroenterology	0	2	2	0	1	1	0	0	0
	Lung	0	2	2	0	0	0	0	0	0
	Metastatic Disease	1	0	1	1	0	1	0	0	0
	Skin	0	0	0	2	0	2	0	0	0
	Urogenital	0	0	0	0	2	2	0	1	1
Marlborough										
	Blood	0	0	0	0	1	1	0	0	0
	Breast	0	0	0	3	0	3	2	0	2
	Head/Neck	1	0	1	1	0	1	1	0	1
	Lung	0	1	1	0	0	0	1	1	2
	Metastatic Disease	0	0	0	0	0	0	2	0	2
	Skin	0	1	1	1	1	2	3	0	3
	Urogenital	0	0	0	0	1	1	0	0	0
Middlefield										
	Breast	5	2	7	5	0	5	7	0	7
	Lung	4	0	4	0	2	2	0	3	3
	Metastatic Disease	0	0	0	3	0	3	0	0	0
	Urogenital	0	1	1	0	2	2	0	4	4
Middletown										
	Blood	1	1	2	6	2	8	4	2	6
	Bone	1	1	2	5	0	5	2	0	2
	Breast	11	0	11	34	1	35	30	2	32
	Gastroenterology	4	6	10	2	11	13	2	11	13
	Head/Neck	3	7	10	3	3	6	1	5	6
	Lung	8	0	8	7	0	7	6	0	6
	Metastatic Disease	11	4	15	8	6	14	14	6	20
	Other	1	0	1	3	0	3	1	1	2
	Skin	6	1	7	8	0	8	8	1	9
	Urogenital	0	12	12	0	10	10	0	6	6
Old Saybrook										
	Breast	8	0	8	6	0	6	5	0	5
	Gastroenterology	2	5	7	1	1	2	1	1	2
	Head/Neck	1	2	3	1	0	1	1	0	1
	Lung	2	1	3	0	4	4	4	3	7
	Metastatic Disease	4	2	6	0	0	0	0	0	0
	Other	0	0	0	0	0	0	0	1	1
	Skin	2	0	2	1	1	2	0	2	2
	Urogenital	1	4	5	0	2	2	2	4	6
Portland										
	Blood	0	0	0	1	0	1	1	0	1

		FY 2012			FY 2013			FY 2014		
		Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total	Linac #1 (21C)	Linac #2 (NTX)	Total
	Bone	1	0	1	1	0	1	0	0	0
	Breast	5	0	5	6	0	6	8	0	8
	Gastroenterology	0	0	0	1	0	1	1	1	2
	Head/Neck	1	2	3	0	1	1	0	0	0
	Lung	1	2	3	2	1	3	1	2	3
	Metastatic Disease	3	0	3	2	1	3	1	2	3
	Skin	2	0	2	3	0	3	3	0	3
	Urogenital	2	1	3	0	3	3	0	0	0
Westbrook										
	Blood	0	0	0	0	0	0	1	0	1
	Bone	0	0	0	1	0	1	1	0	1
	Breast	5	0	5	2	1	3	5	0	5
	Gastroenterology	0	0	0	0	0	0	1	0	1
	Lung	2	0	2	3	0	3	2	2	4
	Metastatic Disease	2	0	2	2	0	2	0	0	0
	Skin	0	0	0	1	0	1	1	0	1
	Urogenital	0	1	1	2	0	2	0	1	1
All Other Towns										
	Blood	2	0	2	1	0	1	0	1	1
	Bone	1	0	1	0	0	0	0	0	0
	Breast	26	0	26	29	0	29	15	0	15
	Gastroenterology	0	7	7	1	1	2	2	3	5
	Head/Neck	2	4	6	0	8	8	0	0	0
	Lung	4	6	10	4	6	10	4	1	5
	Metastatic Disease	9	2	11	7	4	11	4	3	7
	Other	0	1	1	1	1	2	2	0	2
	Skin	1	0	1	1	0	1	2	0	2
	Urogenital	1	1	2	1	6	7	0	6	6

NOTE: This table is based on primary diagnosis only and may under-represent the number of patients that returned for metastatic disease or a different primary diagnosis at another time.

15. Provide the current and projected patient population mix (number and percentage of patients by payer) for the Middlesex Hospital Cancer Center using the table below and provide all assumptions. Note: payer mix should be calculated from patient volumes, not patient revenues.

Response:
We provided Current and Projected Volume and Payer Mix data for the Middlesex Hospital as a whole and also Current and Projected Volume and Payer Mix data for Linear Accelerator Test Volume (Table 7A and Table 7B on page33 of the CON application). Middlesex Hospital's Cancer Center is not considered a separate department and therefore the volume and payer mix associated specifically for the Cancer Center is not available.

We contacted OHCA to explain our situation and Jessica from OHCA left a message stating that if the data is essentially "not available" for the Cancer Center to make reference to this within the response.

16. Please review and reconcile financial attachments FAI and FAII. Incremental amounts provided in FAI do not match amounts listed in FAII. Please resubmit the revised numbers using Financial Worksheet A (see attachment).

Response:
We contacted OHCA to verify whether OHCA was requesting that we include the Financial Workbook that was attached to the completeness questions or if they wanted Financial Attachments I and II as indicated by the OHCA Question 16. Jessica at OHCA said to only submit the Financial Workbook to respond to Question 16.

Please refer to Attachment J

ATTACHMENT J

Certificate of Need Application
Replacement of a Linear Accelerator

Responses to OHCA Completeness Questions
Docket Number: 15-31985CON

June 09, 2015

Applicant: Middlesex Hospital
Financial Worksheet (A)

NON-PROFIT (In Thousands)

Please provide one year of actual results and three years of projections of Total Entity revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

ATTACHMENT J

LINE	Total Entity: Description	(1) FY 14 Actual Results	(2) FY 15 Projected W/out CON	(3) FY 15 Projected Incremental	(4) FY 15 Projected With CON	(5) FY 16 Projected W/out CON	(6) FY 16 Projected Incremental	(7) FY 16 Projected With CON	(8) FY 17 Projected W/out CON	(9) FY 17 Projected Incremental	(10) FY 17 Projected With CON	(11) FY 18 Projected W/out CON	(12) FY 18 Projected Incremental	(13) FY 18 Projected With CON	(14) FY 19 Projected W/out CON	(15) FY 19 Projected Incremental	(16) FY 19 Projected With CON	(17) FY 20 Projected W/out CON	(18) FY 20 Projected Incremental	(19) FY 20 Projected With CON
A.	OPERATING REVENUE																			
1	Total Gross Patient Revenue	$1,272,226	$1,258,741		$1,258,741	$1,283,916		$1,283,916	$1,309,594	$702	$1,310,296	$1,335,786	$1,267	$1,337,053	$1,362,502	$1,794	$1,364,296	$1,389,752	$2,363	$1,392,114
2	Less: Allowances	$895,746	$882,647		$882,647	$900,765		$900,765	$919,250	$540	$919,790	$939,849	$965	$940,814	$960,874	$1,355	$962,229	$982,333	$1,768	$984,101
3	Less: Charity Care	$8,560	$8,200		$8,200	$8,282		$8,282	$8,365	$4	$8,368	$8,448	$6	$8,454	$8,533	$9	$8,542	$8,618	$12	$8,630
4	Less: Other Deductions	$0			$0			$0			$0			$0			$0			$0
	Net Patient Service Revenue	$367,920	$367,894	$0	$367,894	$374,869	$0	$374,869	$381,979	$159	$382,138	$387,489	$296	$387,785	$393,095	$430	$393,525	$398,800	$583	$399,383
5	Medicare	$129,013	$129,532		$129,532	$132,123		$132,123	$134,765	$51	$134,816	$136,113	$87	$136,200	$137,474	$118	$137,592	$138,849	$146	$138,995
6	Medicaid	$37,757	$38,338		$38,338	$38,722		$38,722	$39,109	$10	$39,118	$39,109	$19	$39,128	$39,109	$29	$39,138	$39,109	$38	$39,147
7	CHAMPUS & TriCare	$726	$846		$846	$863		$863	$880	$0	$880	$898		$898	$916		$916	$934		$934
8	Other				$0			$0			$0			$0			$0			$0
	Total Government	$167,495	$168,717	$0	$168,717	$171,707	$0	$171,707	$174,754	$60	$174,815	$176,120	$106	$176,226	$177,499	$148	$177,646	$178,892	$184	$179,076
9	Commercial Insurers	$176,528	$179,497		$179,497	$183,087		$183,087	$186,749	$99	$186,848	$190,484	$189	$190,673	$194,293	$283	$194,576	$198,179	$398	$198,577
10	Uninsured	$852	$321		$321	$327		$327	$334		$334	$340		$340	$347		$347	$354		$354
11	Self Pay	$11,272	$12,598		$12,598	$12,850		$12,850	$13,107		$13,107	$13,369		$13,369	$13,637		$13,637	$13,910		$13,910
12	Workers Compensation	$11,773	$6,762		$6,762	$6,897		$6,897	$7,035		$7,035	$7,175		$7,175	$7,319		$7,319	$7,465		$7,465
13	Other				$0			$0			$0			$0			$0			$0
	Total Non-Government	$200,424	$199,178	$0	$199,178	$203,161	$0	$203,161	$207,224	$99	$207,324	$211,369	$189	$211,558	$215,596	$283	$215,879	$219,908	$398	$220,306
	Net Patient Service Revenue[a] (Government+Non-Government)	$367,920	$367,894	$0	$367,894	$374,869	$0	$374,869	$381,979	$159	$382,138	$387,489	$296	$387,784	$393,095	$430	$393,525	$398,800	$583	$399,383
14	Less: Provision for Bad Debts	$13,909	$13,600		$13,600	$13,858		$13,858	$14,121	$11	$14,132	$14,324	$19	$14,343	$14,532	$27	$14,559	$14,743	$35	$14,778
	Net Patient Service Revenue less provision for bad debts	$354,011	$354,294	$0	$354,294	$361,011	$0	$361,011	$367,858	$148	$368,006	$373,165	$277	$373,442	$378,563	$403	$378,967	$384,057	$548	$384,605
15	Other Operating Revenue	$12,556	$11,328		$11,328	$10,328		$10,328	$10,431	$50	$10,481	$10,536		$10,536	$10,641		$10,641	$10,747		$10,747
17	Net Assets Released from Restrictions	$0			$0			$0			$0			$0			$0			$0
	TOTAL OPERATING REVENUE	$366,567	$365,622	$0	$365,622	$371,339	$0	$371,339	$378,289	$198	$378,488	$383,700	$277	$383,977	$389,204	$403	$389,607	$394,804	$548	$395,352
B.	OPERATING EXPENSES																			
1	Salaries and Wages	$164,846	$173,329		$173,329	$176,796		$176,796	$180,331	$58	$180,389	$183,938	$117	$184,055	$187,617	$118	$187,734	$191,369	$118	$191,488
2	Fringe Benefits	$36,804	$36,713		$36,713	$37,447		$37,447	$38,196	$14	$38,211	$38,960	$29	$38,989	$39,739	$29	$39,769	$40,534	$30	$40,564
3	Physicians Fees	$3,625	$3,700		$3,700	$3,774		$3,774	$3,849		$3,849	$3,926		$3,926	$4,005		$4,005	$4,085		$4,085
4	Supplies and Drugs	$36,254	$36,566		$36,566	$37,297		$37,297	$38,043	$4	$38,047	$38,804	$8	$38,812	$39,580	$11	$39,591	$40,372	$16	$40,388
5	Depreciation and Amortization	$22,309	$23,990		$23,990	$24,000		$24,000	$24,000	$300	$24,300	$22,000	$600	$22,600	$22,000	$600	$22,600	$22,000	$600	$22,600
6	Provision for Bad Debts-Other[b]				$0			$0			$0			$0			$0			$0
7	Interest Expense	$2,897	$2,706		$2,706	$2,706		$2,706	$2,706		$2,706	$2,706		$2,706	$2,706		$2,706	$2,706		$2,706
8	Malpractice Insurance Cost	$3,379	$3,800		$3,800	$3,876		$3,876	$3,954		$3,954	$4,033		$4,033	$4,113		$4,113	$4,196		$4,196
9	Lease Expense				$0			$0			$0			$0			$0			$0
10	Other Operating Expenses	$75,747	$73,852		$73,852	$74,584		$74,584	$75,322	$33	$75,355	$76,069	($36)	$76,033	$76,822	($36)	$76,786	$77,583	($36)	$77,547
	TOTAL OPERATING EXPENSES	$345,861	$354,656	$0	$354,656	$360,480	$0	$360,480	$366,402	$409	$366,811	$370,436	$718	$371,154	$376,583	$722	$377,305	$382,845	$728	$383,573
	INCOME/(LOSS) FROM OPERATIONS	$20,706	$10,966	$0	$10,966	$10,859	$0	$10,859	$11,887	($210)	$11,676	$13,264	($441)	$12,823	$12,621	($318)	$12,303	$11,959	($180)	$11,779
	NON-OPERATING REVENUE	$14,976	$4,000		$4,000	$4,000		$4,000	$4,000	$0	$4,000	$4,000		$4,000	$4,000		$4,000	$4,000		$4,000
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	$35,683	$14,966	$0	$14,966	$14,859	$0	$14,859	$15,887	($210)	$15,676	$17,264	($441)	$16,823	$16,621	($318)	$16,303	$15,959	($180)	$15,779
	Principal Payments	$3,156	$3,276		$3,276	$3,415		$3,415	$3,565		$3,565	$3,730		$3,730	$3,880		$3,880	$4,030		$4,030
C.	PROFITABILITY SUMMARY																			
1	Hospital Operating Margin	5.4%	3.0%	0.0%	3.0%	2.9%	0.0%	2.9%	3.1%	-106.1%	3.1%	3.4%	-159.2%	3.3%	3.2%	-78.9%	3.1%	3.0%	-32.9%	2.9%
2	Hospital Non Operating Margin	3.9%	1.1%	0.0%	1.1%	1.1%	0.0%	1.1%	1.0%	0.0%	1.0%	1.0%	0.0%	1.0%	1.0%	0.0%	1.0%	1.0%	0.0%	1.0%
3	Hospital Total Margin	9.4%	4.0%	0.0%	4.0%	4.0%	0.0%	4.0%	4.2%	-106.1%	4.1%	4.5%	-159.2%	4.3%	4.2%	-78.9%	4.1%	4.0%	-32.9%	4.0%
D.	FTEs	2,081	2,140		2,140	2,140		2,140	2,140	0.75	2,141	2,140	1.50	2,142	2,140	1.50	2,142	2,140	1.50	2,142
E.	VOLUME STATISTICS[c]																			
1	Inpatient Discharges				0			0			0			0			0			0
2	Outpatient Visits - LinAc Tests (table 4A)	11,598	11,166		11,166	11,492		11,492	11,607	236	11,843	11,794	425	12,219	11,970	601	12,571	12,157	790	12,947
	TOTAL VOLUME	11,598	11,166	0	11,166	11,492	0	11,492	11,607	236	11,843	11,794	425	12,219	11,970	601	12,571	12,157	790	12,947

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.
[b]Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.
[c]Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Monday, July 06, 2015 4:13 PM
To: Greer, Leslie
Subject: FW: Letter from YNHH
Attachments: OHCA letter.pdf

Leslie, please add this to the Middlesex record

From: Rosenthal, Nancy [mailto:Nancy.Rosenthal@greenwichhospital.org]
Sent: Monday, July 06, 2015 2:15 PM
To: Martone, Kim; Schaeffer-Helmecki, Jessica
Subject: Letter from YNHH

Attached is a letter regarding Docket 15-31985-CON.

The letter from the Yale School of Medicine is forthcoming.

Thank you.

Nancy

Nancy Rosenthal
SVP Health Systems Development, Strategy and Regulatory Planning

Greenwich Hospital
5 Perryridge Rd.
Greenwich, CT 06830
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YALE NEW HAVEN HEALTH

July 6, 2015

VIA EMAIL & REGULAR MAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access (OHCA)
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134

RE: Certificate of Need Application
Middlesex Hospital to Acquire and Relocate a Linear Accelerator
Docket No. 15-31985-CON

Dear Ms. Martone:

The purpose of the letter is to bring to your attention certain items in the Certificate of Need (CON) filed by Middlesex Hospital (MH) under Docket Number 15-31985-CON that appear to be inaccurate and/or inconsistent with past filings and clinical practice. As explained below, we believe this CON application does not paint an accurate picture of the utilization or need for additional radiation therapy services along the shoreline, and does not appropriately address its true impact on the accessibility of care for oncology patients in the region. We hope this information and that provided in a separate letter submitted by the Yale School of Medicine is useful to OHCA as it assesses this CON application.

Background

Yale-New Haven Hospital (YNHH) has offered radiation therapy services along the shoreline since 2003, pursuant to a Certificate of Need which enabled YNHH to purchase a linear accelerator (Linac) for its Shoreline Medical Center in Guilford, and establish a freestanding emergency room, an ambulatory surgery center, endoscopy rooms, and other ancillary services at this location. (Docket No. 02-549-CON). OHCA later approved a Modification Request to construct a second vault in Guilford to house a second linear accelerator to accommodate future patient demand. (Docket No. 02-594-MDF).

YNHH continues to operate one Linac in Guilford, and also continues to monitor the need for additional radiation therapy services along the shoreline, with an expectation to fill the second vault in Guilford, based on future demand for patient treatment. In the interim, MH has filed a CON application to add more capacity for radiation therapy services in nearby Westbrook.

This letter identifies several issues that we feel should be examined by OHCA based on our perspective as administrative and clinical experts in the field, as OHCA must consider whether MH has sufficiently demonstrated clear public need, improvement in the accessibility and cost effectiveness of care, and the avoidance of duplication of services.

789 Howard Avenue
New Haven, CT 06519

I. Public Need and Capacity in the Area

First, the MH submission does not accurately describe the need or demand for additional radiation therapy services along the shoreline area. YNHH has offered radiation therapy services in this region for over a decade and the service area surrounding its site in Guilford overlaps the service area presented by MH.

A. Providers in Region

Notably, there are several alternate options for radiation therapy services along the shoreline, including YNHH in Guilford, where it currently operates 1 Linac with the capacity to handle additional oncology patients, and a second vault to accommodate new volume. This site is located 13 miles from Westbrook. Lawrence & Memorial Hospital (L&M) operates 2 Linacs in Waterford, located 19 miles from Westbrook. Thus, within 15-20 miles of the proposed location of a new Linac, there are already 3 Linacs with capacity in operation.

The CON submitted by MH states that there will be no impact on the services offered by other providers in this area, yet YNHH does in fact treat a number of patients from along the shoreline at its Guilford facility, and received approval from OHCA for a second vault to accommodate demand. Moreover, cancer specialists at MH, YNHH, and L&M have an excellent collaborative relationship that crosses institutional lines. They are very adept at placing patient concerns ahead of institutional demands such that YNHH commonly receives referrals from medical oncologists and surgeons who primarily practice at Middlesex-affiliated sites when geographic convenience has been an issue. These physicians often refer patients to YNHH, especially local patients who live near Guilford but visit Middlesex Urology and Connecticut Oncology Group, as referenced in a letter submitted by radiation oncology physicians affiliated with the Yale School of Medicine

B. Definition of Middletown and Westbrook Service Areas

As demonstrated in the table on the following page, many of the towns that MH includes in its service area surrounding the Westbrook site are in reality closer to Middletown, and the inclusion of these towns has the effect of inflating the projected need for radiation therapy along the shoreline. The highlighted towns of Durham, East Haddam, and Haddam are closer in driving distance to Middletown, and thus would make the Westbrook site less convenient requiring more travel for these patients. Notwithstanding these distances, MH includes these towns within the "Shoreline Area" in the CON application.

If these tests were accurately classified to fall within the "Middletown Area" then the total volume from the "Shoreline Area" drops to 2,948 "tests" in FY14 (or 25% of the total MH volume). This is significantly below the operating capacity of a typical Linac of 8,500 tests per year, as noted by MH on page 161 of the Completeness Questions. This is also inconsistent with the projections provided by MH on page 155 of the Completeness Questions, which assume that utilization is split 60/40 between the Middletown and Westbrook facilities. Finally, this is significantly below the 4,567 tests that MH projects on the new Linac in Westbrook in FY18 (its first full year of operation in FY18), which would amount to an increase of over 1,600 tests in about 2 years, despite the general decline in historical test volume at MH from FY13-15.

Thus, YNHH is not able to discern why certain towns closer to Middletown were included in the "Shoreline Area" and why the projected volume is not split among sites according to historical experience. These inconsistencies have the effect of inflating the need for a Linac in Westbrook, and, as previously discussed, underestimating the impact on access to care for patients who, as MH acknowledges, will be required to travel a further distance as a result of this proposal.

Table 1: Service Areas Presented by MH. Durham, East Haddam, and Haddam are closer in driving distance to Middlesex but are included in the "Shoreline Area" subtotal.

Town within Middlesex Hospital Service Area	FY2014 Total Linac Tests	%	Driving Miles to Middlesex	Driving Miles to Westbrook
Chester	199	2%	13.6	11
Clinton	850	7%	19.4	5.1
Deep River	11	0%	17.7	8.4
Durham	320	3%	6.4	22.7
East Haddam	488	4%	18.8	20
Essex	486	4%	18.2	5.5
Haddam	487	4%	7.7	17.2
Killingworth	364	3%	14.2	10.4
Madison	159	1%	19.7	7.8
Old Saybrook	624	5%	24	6
Westbrook	255	2%	24	0
"Shoreline Area" Subtotal	4243	37%	-	-
Colchester	195	2%	21.8	27.9
Cromwell	592	5%	4.7	27.6
East Hampton	1009	9%	12	25.6
Marlborough	188	2%	16.3	35.6
Middlefield	505	4%	6.1	26.4
Middletown	2870	25%	0	24
Portland	446	4%	3.8	26.8
"Middletown" Area Subtotal	5805	50%	-	-
All other Towns	1460	13%	-	-
Grand Total	11598	100%	-	-

Perhaps even more importantly, the inaccurate division of treatments among the "Shoreline Area" and the "Middletown Area" understates the impact on patients who utilize the Linac in Middletown if the second Linac is moved to Westbrook. As noted above, there were 2,948 tests from the "Shoreline Area" in FY14, and 11,598 total tests in FY14. This means that the Novalis in Middletown will be required to accommodate 8,650 tests annually based on the current distribution of volume in the service area. This exceeds the annual capacity presented by MH of approximately 8,500 annual tests, and raises concerns about the ability to accommodate existing volume once the older Varian is replaced and moved to Westbrook. This is even more critical given the fact that the Novalis is a specialized machine and offers more time intensive SBRT and SRS treatments, which suggests that the actual capacity is in fact much lower than 8,500 annual tests. This is corroborated by MH on page 12 and 13 of the CON application. In addition, and as stated elsewhere, the Novalis technology is superior for certain treatments and is not the machine of choice for others. YNHH believes that the end result of MH's proposal will be to diminish capacity in Middletown by moving one Linac away from 75% of its current patient visit volume.

The CON application does not address how MH will accommodate existing volume in Middletown once its moves a new machine away from the higher volume site to Westbrook. It may be that MH will end up filing another CON application for a third Linac to operate in Middletown if this CON is approved. Such an incremental approach is similar to the inconsistent strategy employed in 2009. We do not believe this is patient-centered or cost effective, especially when there are 3 Linacs within 15-20 miles of Westbrook.

C. Utilization and Volume Projections

The utilization data and projections presented by MH are not supported by historical trends and appear to overstate actual utilization and demand for radiation therapy. As noted above, the projected volumes appear to inflate volume from the "Shoreline Area" by including towns closer to Middletown. MH splits it projected volume 60/40, as opposed to 75/25 based on historical experience. Next, MH notes that it "does not anticipate any significant increase in utilization" yet projects an increase in volume of 3%

annually without explaining how these volumes will materialize in light of a 3 year decline in treatment volumes reported from F13 to FY15.

MH attributes some of the variation to changes in CPT code bundling; however, we are not aware of any bundling of billing codes that would impact the number of treatments. Treatments are billed and counted one-to-one, meaning that if one patient has one daily treatment then you have one billable unit for that treatment, and any other supporting procedures should not be included in the count. MH also links the 3% increase in volumes to physician recruitment, yet does not identify specifics regarding such recruitment efforts, such as when they are expected to occur or any expenses associated with the recruitment of these physicians.

MH does cite several studies about the growth in demand for cancer care but these either speak to cancer treatment generally (not specific to radiation therapy) or note the growing importance of stereotactic radiation therapy (page 92 of the CON application) which results in a reduction of treatment sessions for each patient. This is important as the projected 3% increase in volume fails to account for the expected reduction in the number of tests per patient associated with stereotactic radiation.

				MH Projected Volumes					
MH LINAC	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
Tests	12155	12647	11598	11166	11492	11843	12219	12571	12947
Patients	421	458	432	445	458	472	487	501	516
Tests/Patient	28.87	27.61	26.85	25.09	25.09	25.09	25.09	25.09	25.09

This type of radiation therapy (which is performed on a Novalis and the new Elekta) does not require as many treatments per patient, as explained by MH on pages 92 of the CON application and 160 of the Completeness Questions, yet this reduction in treatments per patient is not reflected in its projected volume. The trend is present in the historical data in the table above. It is unclear why a trend that has occurred over the past 3 fiscal years, and is identified as the driver of future growth in radiation therapy within the literature cited by MH, would not continue in the projected volumes with upgraded Linac technology. The same trend (of declining treatments per patient) was noticed by OHCA in the CON application that MH filed and OCHA denied in 2009.

D. Tests vs. Treatments

It appears that the number of "tests" that MH reports in the CON application includes certain items outside the scope of actual treatments on a Linac, and as a result the numbers presented in the CON application are difficult to compare to data used in the industry generally and by OHCA historically.

On page 154 of the Completeness Questions, MH explains that the volume measure it utilizes to present volumes is the number of billable units generated by a patient encounter. MH further explains that one patient visit may generate multiple "tests." It does not appear that MH is reporting tests and treatments as they are normally counted in the industry, which uses patient treatments as the proper measure of utilization. Historically, OHCA has relied on patient treatment statistics to best evaluate Linac capacity, utilization, and demand, and YNHH believes analyzing treatment statistics is the best approach. The use of "test" statistic in a CON application or other public health study is non-standard, confusing, and has the result of inflating the projected Linac utilization.

We acknowledge that one patient visit for radiation therapy will often generate multiple billable units, but only the actual treatment of a patient should be reported to show utilization of the Linac. Other tests, which may be billable, such as image guidance, port films, and dosimetry measurements, are performed on a Linac but do not constitute additional treatments. YNHH acknowledges that SBRT/SRS treatments

take more time than conventional RT, but by definition are limited to 1 to 5 treatments per patient, so that those specialized therapies effectively reduce Linac utilization given that an average course of conventional RT consists of 28 treatment visits on a per patient basis. MH has not adequately defined its reported "tests" nor provided separate statistics for tests versus the standard treatment standards.

By comparison, in the Patient Census Report issued by the Connecticut Hospital Association, MH reports 8,211 radiation therapy visits in FY14, down from 8,914 in FY13. However, in the CON application, MH reports 11,598 tests in FY14, down from 12,647 tests in FY13. The FY15 volume is also down from the prior year at 11,166 tests, which is a 3 year decline in volume. Based on these inconsistencies, it is unclear exactly what volumes MH is reporting in the CON application and why all tests are included rather than only treatments as is the standard. Regardless of the methodology used in reaching these figures, the CON application does show a 3 year decline in volume, coupled with a projected (if unsubstantiated) 3% increase each year in the projected volumes.

E. Definition of a Freestanding Facility

Finally, MH also appears to identify the wrong utilization standard from the American College of Radiology (ACR), which underrepresents the number of new patients a facility of its type can handle. On page 12 of the CON application, and page 154 of the Completeness Questions, MH notes that it is not a "freestanding" facility and therefore using 222 new patients each year per Linac is the appropriate utilization measure under the ACR standards. As MH correctly describes, ACR defines a "freestanding" facility as being independent or not being part of or affiliated with another organization.

However, the ARC definition continues by noting that a "freestanding facility" can include a facility that is affiliated with a hospital if it is separate from the main campus. MH operates its cancer center several miles from its main campus and therefore would be considered "freestanding" based on the ACR terminology. This means that the appropriate utilization measure is 242 new patients per machine, not the 222 presented by MH. It is unclear why this standard is not correctly applied but the result in an inaccurate representation of the utilization measure.

II. Limitations of Radiation Therapy Equipment

As noted by OHCA in Question 11 of its Completeness Questions, MH has presented several arguments in its current CON application that appear to be inconsistent with prior documentation filed with OHCA about the need for two Linacs in Middletown. This is of particular concern because based on our review of the CON application it does not appear that MH has accurately represented the true capabilities and limitations of its radiation therapy equipment, as further outlined below.

- On February 2, 2009, MH filed a CON to acquire a second Linac for its cancer center in Middletown. (Docket Number 08-31262-CON). OHCA initially denied this request because MH failed to demonstrate clear public need for a second Linac. However, OHCA subsequently agreed on May 14, 2009 to allow MH to replace its existing Linac (a "Varian" 2100C) with a new Linac (a "Novalis" TX) with capability for intensity modulated radiotherapy (IMRT), on board image guidance, and stereotactic body radiotherapy (SBRT) as well as stereotactic radiosurgery (SRS). OHCA allowed MH to keep the older Varian, but not for routine patient care until it demonstrated sufficient utilization to justify reactivating the older equipment. A few months later, MH filed a Modification Request to use the older Varian despite the former condition and OHCA once again denied this request based on lack of demonstrated need.

- On April 23, 2010, MH filed another Modification Request, once again seeking to use the older Varian. MH argued that it needed both the Varian and the Novalis to safely and efficiently

deliver radiation therapy in Middletown. MH correctly noted that the Novalis had a major limitation in treatment field size such that some patients could not be accommodated on the Novalis. Moreover, when switching the Novalis from conventional to SRS mode, there were periods of down time causing delays and scheduling problems for a single Linac program. Thus, without the ability to use both the Novalis and the Varian in Middletown, MH argued that certain patients would be required to travel elsewhere for care. On this basis, OHCA approved use of the second Linac on May 26, 2010 to compensate for the limitations of the Novalis machine.

- Remarkably, MH now seems to be following a different strategy, seeking to operate one Linac in Middletown (with its known limited capabilities) while relocating another Linac to Westbrook (at a distance from its major catchment area) which appears to be inconsistent with the argument that MH presented in 2009-10 about patient safety and convenience. In fact, MH acknowledges that some patients living in the Middletown area will need to travel to Westbrook and other patients from in or around Westbrook will need to drive to Middletown.

We are concerned that MH does not adequately explain how it intends to treat patients locally in Middletown with the limited Novalis machine. The Novalis was specifically designed to provide stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS), and although other types of conventional treatments may be delivered, a significant majority would not be able to be treated locally due to its limited field size. MH noted this fact in the Modification Request it filed in 2009-10. The maximum field size on the Novalis is 22 x 40 cm compared to the 40 x 40 cm on the Varian, which means that patients with very large treatment volumes cannot physically be treated on the Novalis. As MH confirmed, the field size is physically too small for certain patient conditions. Notably, we are not aware of any other cancer center in the country that utilizes the Novalis as a standalone machine.

From the clinical perspective, operating only the Novalis in Middletown will have a negative impact on the accessibility of care. As noted in Table 3 of the Completeness Questions, MH identifies 125 breast patients treated on the Linacs in Middletown, yet only 3 (0.75%) of these patients were treated on the Novalis machine. The Varian was obviously the Linac of choice for these breast cancer patients, but it will no longer be located in the area. It is unclear where these patients will go for treatment, a concern because nearly 50% of these patients live closer to Middletown.

Due to the limited field size on the Novalis, patients with other treatment needs will also be required to travel for care, including, for example, extended field head and neck IMRT, cranial spinal treatments, palliative spine with greater than 8 vertebral bodies, seminomas with para aortic nodes, and cervical cancer with para aortic nodes. These conditions are not appropriately treated on the Novalis due to its limited field size but could have been treated on the Varian, and may also be treated on the new Linac if it were located in Middletown. MH does not explain how it will treat these types of cases locally once the new machine is placed in Westbrook. MH acknowledges on pages 162 and 163 of the Completeness Questions that changes have <u>not</u> been made to the Novalis to accommodate conditions like Hodgkin's lymphoma, ovarian or cervical cancers.

III. <u>Access to Care and Impact on Patients</u>

MH does not fully explain the true impact on access to care for oncology patients, as noted previously in Sections I.V. and II, but especially for the Medicaid population, as stated below. On page 34 of the Certificate of Need application, MH argues that "relocation of one of the Linacs will improve access for the Medicaid or indigent patients" and that payer mix will not be impacted, but this is inconsistent with evidence regarding the geographical distribution of Medicaid patients in Connecticut.

The table below shows the payer mix in each of the towns in the MH service area using inpatient discharges at Connecticut hospitals as a proxy for outpatient services. This clearly shows that MH proposes to relocate a Linac from an area with a high percentage of Medicaid patients to a more affluent area along the shoreline with a lower percentage of Medicaid patients. Further, MH intends to remove a Linac from a high volume site in Middletown, where nearly 1 out of every 4 inpatient discharges are paid for by the Medicaid program.

Table 2: Payer Mix by Town by Service Area.

Towns within Middlesex Hospital Service Area	FY 2014 Total Discharges	FY14 Medicaid Discharges	% Medicaid within Service Area
Chester	412	41	10%
Clinton	1315	263	20%
Deep River	401	66	16%
Durham	616	42	7%
East Haddam	726	108	15%
Essex	622	76	12%
Haddam	716	59	8%
Killingworth	518	38	7%
Madison	1582	139	9%
Old Saybrook	1257	119	9%
Westbrook	758	129	17%
"Shoreline Area" Subtotal	8923	1080	12%
Colchester	1494	195	13%
Cromwell	1685	214	13%
East Hampton	1235	208	17%
Marlborough	544	62	11%
Middlefield	435	43	10%
Middletown	5867	1377	23%
Portland	994	126	13%
"Middletown Area" Subtotal	12254	2225	18%
Total Service Area	21177	3305	16%

This is particularly concerning given that the Middletown site receives nearly 75% of its volume from the Middletown area, and will operate close to capacity if only one Linac is available locally for radiation therapy. MH's CON application does not compare the payer mix of its existing Linac services from the "Middletown Area" to the payer mix from the "Shoreline Area" so that OHCA can assess the payer mix of each location. Rather, MH argues that access will increase because two sites are better than one (see page 34 of the CON application). However, this is not always true, especially for the indigent and Medicaid populations, when the site closest to home is at capacity, includes equipment that does not address many treatment needs, and the alternate site is 24 miles away.

It should also be noted that on page 35 of the CON application MH accounts for a reduction in operating expenses of $17,000 due to fewer residents in the Westbrook area utilizing a shuttle service to Middletown. MH does not explain what this shuttle service entails or when it commenced. On review of its website, it states that MH operates a free shuttle bus exclusively for shoreline radiation oncology patients. And it appears from the CON application that Middlesex intends to discontinue this service, rather than continuing it to ensure than Medicaid and indigent patients from in and around Middletown will be able to access the new, technologically advanced Linac in Westbrook.

IV. Financial Cost of Duplication of Service

Based on YNHH's review, it appears that MH has understated the true financial cost of its proposal to offer a duplicative service along the shoreline. There are several additional costs, as noted below,

associated with operating in effect two cancer centers approximately 24 miles apart which are not included in the financial statements.

- Operating two cancer centers in a crowded market is costly, and MH fails to correctly identify the true staffing and equipment costs associated with opening a new center in Westbrook. For example, a medical director will likely be necessary to operate two separate sites, yet there is no incremental operating expense in the physician fees section of the financial attachment on page 171 of the Completeness Questions. In addition, MH notes in its projections that part of its 3% increase in volume will be associated with the recruitment of new physicians, and the expansion of preventative screening, yet the cost of these positions and programs do not appear to be reflected in the financial attachment.

- MH also fails to address the costs of CT simulation which is an integral part of the radiation treatment process. This would require the purchase of a CT simulator, which itself would be subject to CON approval by OHCA and construction or renovation of a simulator room. Without a true CT simulator on site, it appears that many patients would be required to travel to Middletown for these services. MH may intend to use a diagnostic CT scanner for radiation planning, but this is not ideal due to aperture size. The aperture size of a diagnostic CT scanner is not typically as large as the aperture size of a CT simulator which must accommodate different sized patients with varied positions of extremities to suit clinical needs. Thus, it appears that patients in need of wide-bore CT simulation will be required to travel. In addition, it is good practice to ensure that nursing, dietary, social services, and financial counseling are available to all patients receiving radiation therapy treatment as needed, but no space or cost for such services has been identified. These omissions suggest that MH has not accurately addressed the financial impact of opening a second satellite cancer program, when there are other providers in the immediate vicinity who offer the same services and do so in a comprehensive manner.

YNHH would be happy to provide any further information that may be helpful to OHCA in addressing this complicated question. We appreciate your careful attention to this matter, and your commitment to ensuring that scarce health care resources are expended in a thoughtful and strategic manner.

Sincerely,

Abe Lopman
Senior Vice President, Operations
Executive Director, Smilow Cancer Hospital

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Monday, July 06, 2015 4:13 PM
To: Greer, Leslie
Subject: FW: YMG Rad Onc letter to OHCA 7.6.15.pdf
Attachments: YMG Rad Onc letter to OHCA 7.6.15.pdf; ATT00001.txt

This one too please. Thanks!

-----Original Message-----
From: Rosenthal, Nancy [mailto:Nancy.Rosenthal@greenwichhospital.org]
Sent: Monday, July 06, 2015 3:40 PM
To: Martone, Kim; Schaeffer-Helmecki, Jessica
Subject: YMG Rad Onc letter to OHCA 7.6.15.pdf

Here is the letter from the physicians. The originals will follow separately. Have a nice day. Nancy

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

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July 6, 2015

VIA EMAIL & REGULAR MAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access (OHCA)
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134

RE: Certificate of Need Application
Middlesex Hospital to Acquire and Relocate a Linear Accelerator
Docket No. 15-31985-CON

Dear Ms. Martone:

We would like to thank you, Commissioner Mullen, and the Connecticut Department of Public Health's Office of Health Care Access (OHCA) for this opportunity to comment on the pending CON. We appreciate the dedication of staff who are charged with upholding a thorough regulatory process to ensure that the organization of health care facilities and capital expenditures are serving the greater public good within Connecticut. To that end, we would like to provide some input to assist in your evaluation of Middlesex Hospital's proposed Certificate of Need (Docket # 15-31985-CON).

As brief background, Yale Medical Group (YMG) is the multi-specialty academic group practice of the clinical faculty of the Yale School of Medicine. We are radiation oncologists in the YMG and are faculty physicians in the Department of Therapeutic Radiology at the Yale School of Medicine. We practice radiation oncology at the Yale-New Haven Hospital and its affiliated clinics including the Shoreline Medical Center (YNHH-SMC) in Guilford as well as at the Lawrence & Memorial Hospital's Cancer Center in Waterford. With this letter, we reference the letter separately submitted by Yale-New Haven Hospital to OHCA and offer complementary comments specifically from the physician perspective, and particularly as radiation oncologists with a long history of practice in southern Connecticut.

Current Patient Needs and Capacity.
We believe that a careful analysis of the existing radiation therapy facilities and their capacity along the Shoreline area demonstrates that patients and their families are already well served by the radiation oncology facilities in Guilford and in Waterford. The distance between the proposed new linac location at the Middlesex Shoreline Medical Center in Westbrook to the YNHH-SMC in Guilford is only 12.7 miles. The distance from the Westbrook facility to the L&M Cancer Center is just 17.9 miles. Both the Guilford and L&M facilities are right off I-95 exits, with easy and free surface parking just steps from the radiation department. Importantly, the segment of I-95 between Guilford and New London typically does not experience much traffic congestion, so both the Guilford and L&M facilities are truly just minutes away from any patient living in the Shoreline area. From a logistical and public resource viewpoint, it seems hard to

justify the placement of another radiation therapy facility within minutes of two other well-established and full service programs.

Both the Guilford and L&M sites house under one roof not only radiation therapy but also medical oncology and infusion, imaging, laboratory services, and other ancillary support services. Notably, both the Guilford and L&M also have the capacity to accept additional patients to account for any increase in need that might accompany the aging population. So there is no capacity issue to support the Middlesex Hospital proposal. In addition, Middlesex Hospital makes the claim in their CON application that shifting a linear accelerator to Westbrook would not disrupt current patient referral patterns and would only make it more convenient for Middlesex-based patients. However, we believe that a close look at the numbers (as detailed in the YNHH letter) will show that there really are not enough patients in the Shoreline region who are Middlesex oriented to make the Westbrook site viable without taking patients from Guilford or L&M.

Clinically, it is also important to note that Yale radiation oncology currently has numerous active clinical trials, with some that include the very promising combination of radiation therapy and immune therapy that has recently been very much in the news. We are very pleased to be able to offer these trials to our Shoreline patients, and so we would be concerned that patients who might benefit from these trials could miss out if they unnecessarily get diverted to the proposed Westbrook facility.

Long-Standing History of Collaboration in the Care of Cancer Patients in the Region. Among cancer specialists at Middlesex, YNHH, and L&M, there has consistently been an excellent collaborative relationship that crosses institutional lines. Our physician group is very focused on placing patient concerns ahead of institutional demands such that we commonly receive and send referrals to and from medical oncologists and surgeons who primarily practice at Middlesex-affiliated clinics to jointly manage their medical care. Shoreline area patients for whom geographic convenience has been an issue have been well taken care of in a seamless fashion for radiotherapy care at Guilford or L&M, in close collaboration with their Middlesex physicians. This long-standing and successful track record of jointly managing patients for the benefit of the patients is well established, and we are proud to say that our physicians and facilities at Guilford and L&M routinely achieve some of the highest patient satisfaction scores in the northeast.

Of note, the letters in support of the CON fail to account for the many collaborations in patient care that occur among the physicians in the region, regardless of institutional affiliation. For example, we have had many occasions to take care of prostate cancer patients (who have a long radiation therapy treatment course, approaching 9 weeks) referred by the Middlesex Urology Group that has offices in Middletown, Marlbourough, Guilford, and Madison. There are a host of other surgical subspecialists and primary care physicians who practice at Middlesex Hospital with whom we share patients. The medical oncologists in the Connecticut Oncology Group based in Middletown and Centerbrook represent another set of cancer specialists with whom we closely collaborate. The Middlesex CON application suggests that Shoreline patients have no choice but to travel long distances for radiotherapy in Middletown. In truth, many choose not to travel since they have the option of using nearby and convenient radiotherapy facilities in Guilford and Waterford.

Conversely, there are multiple instances of patients whose cancers were diagnosed and initially managed at YNHH or L&M whose radiotherapy was more conveniently delivered at the Middlesex Cancer Center based on patient location. Contrary to the assertions of physician

commentary in support of the CON application, these referrals are common and managed on a highly professional basis. We are concerned that this initiative by Middlesex Hospital to add excess radiotherapy capacity to the Shoreline area will do ill service to the cordial professional relationships that already exist. We would also hasten to point out that both Drs. Weissberg and Khan (listed in the CON application as Middlesex radiation oncologists) are former members of the Yale radiation oncology group. We continue to have excellent professional relationships with these physicians. Not uncommonly, there are cross referrals of patients between these physicians and our physicians to promote what is best for each individual patient. In this regard, we again would like to point out the philosophy among our group and many physicians in the region that prioritizes patient needs first.

Potential Negative Impact on Patients.
The proposed plan to shift a linac to Westbrook, in our view, is also sub-optimal from a clinical technology point of view. Although Middlesex proposes to purchase an Elekta Infinity linac, which is a state-of-the-art machine with modern capabilities, missing from the CON application is a dedicated CT-simulator with a wide bore, a device necessary to be able to fully utilize the Elekta. Also omitted from the application is discussion of the separate shielded room needed to house such a CT simulator in proximity to the linac. Further, a radiation oncology center offering modern techniques should have the ability to take into account tumor motion from respiration to reduce heart and lung radiation exposure during treatment. For this, there would need to be a CT-simulator with 4D or respiratory gating capability. This is not mentioned in the CON. Thus, the planned services appear to be substandard. Possibly, Middlesex may be planning that patients would go to their Middletown Cancer Center for simulation, but this would entail extra travel for the patients. All patients undergo simulation at least once, and for some patients simulations are done multiple times during the course of treatment. Performing them in a timely and convenient manner avoids deleterious interruptions in their treatments. Alternatively, MH may plan to use a diagnostic CT scanner that may already be available in their Westbrook facility. However, most diagnostic CTs are not properly formatted for radiation oncology purposes. A key aspect for modern CT-based radiation therapy planning is that the aperture of the CT scanner for therapy purposes has to be larger than that of typical diagnostic scanners to accommodate different sized patients with varied positions of extremities. Of note, Middlesex Hospital had a CON approved in 2006 for a radiation therapy CT-simulator (docket# 06-30686-CON), so they should be aware of this issue. There is no such application in the present CON submission.

Secondly, we would point out that the net result of this CON application would be that the Middlesex program would go from a relatively full service program at one site (MH) to a program split into two separate sites neither of which are full service. This would actually lead to extra travel for many patients from Middlesex to Westbrook or vice versa to match up with the appropriate technology, undermining the stated goal of the CON to minimize patient travel. In this regard, it is important to review the history of Middlesex's Radiation Oncology program and its prior CON applications. Prior to 2009, Middlesex Hospital's cancer patients were served by one linear accelerator. In 2009, with CON approval (docket # 08-31262-CON), a Novalis TX linac was purchased having modern capabilities for image guidance, IMRT, and radiosurgery (SRS and SBRT). This was a very reasonable step to bring up the quality of the radiation therapy program in line with new developments in the field. Given the high caliber of the radiation oncologists at Middlesex Hospital, we are fully supportive of the quality of their services and program in Middletown. Accordingly, back in 2009, we expressed no objection to the worthy expansion of Middlesex's Cancer Program in Middletown. With the 2009 CON, the older linear accelerator was allowed to stay in operation simply as a backup to the new one. Patient volume was initially found to be insufficient to justify two linacs.

However, it is well known in the radiation oncology field that the Novalis TX linac is specifically designed as a radiosurgery (SRS/SBRT) device such that only relatively small to moderate size treatment fields can be accommodated with its internal "multi-leaf collimator" system. Patients who require larger field, conventional radiation treatments are not readily accommodated. In recognition of this, a second Middlesex CON was eventually approved in 2010 (docket # 10-31262-MDF, modifying #08-31262-CON), with the argument that patients with Hodkgins lymphoma, ovarian cancer, and cervix cancer required access to the original linear accelerator because their treatments needed a machine with a larger field capability. In fact, there are other situations that require large fields for treatment, including a variety of carcinomas and sarcomas in the chest and abdomen beyond the multi-leaf capability of the Novalis. Importantly, one very common indication for larger field radiotherapy often beyond the capability of the Novalis linac is breast cancer. In fact, examination of the data presented in the CON reveals that Middlesex, itself, has only rarely treated any breast cancer patients on the Novalis in the past few years, reflecting the technological limitation we have discussed. If the Middlesex site ends up with just the Novalis machine, it is likely that many breast cancer patients from the Middletown area will actually have to travel to Westbrook for radiation therapy because of field size limitations. As a result, if the CON is approved, there would be one facility without simulator capabilities (Westbrook) and another with treatment field size limitations (Middlesex), to the detriment of both. Such a configuration would inconvenience many patients and would not serve their clinical needs well.

We are also concerned about the Novalis linac in Middletown potentially becoming overloaded with patients such that patients from Middletown, Portland, Cromwell, Marlborough, or East Hampton might be faced with waiting lists to start radiotherapy or be asked to travel extra distances to Westbrook for their care if this CON application was to be approved. This would clearly negatively impact those patients in Northern Middlesex County who need large volume radiotherapy needing to travel to Westbrook. This was a major justification in 2010 for basing a second accelerator at Middlesex Hospital's Middletown Cancer Center, as discussed above. Moreover, continuing to treat complex and time-consuming SRS and SBRT cases on the Novalis TX may contribute capacity problems in Middletown; routine external beam radiotherapy cases may end up on waiting lists or have to travel to the proposed Westbrook site. In contrast, it is likely that the Westbrook facility will be underutilized. As discussed in more detail in the YNHH letter, we believe that the patient volume projections for the Westbrook site are over-estimated in the CON and include patient numbers from towns that are really more convenient to Middletown or are exceedingly close to Guilford, such as Madison and Clinton.

Conclusions.

We respectfully suggest that in light of the comments above, it would be far better for patient care (not to mention health care costs and staffing efficiency) for Middlesex to maintain one high quality radiation oncology facility with two linear accelerators. Certainly, in the future, Middlesex will need to upgrade their older 2100C linear accelerator. We would be supportive of such a CON application if the proposed upgraded linear accelerator were to be located in Middletown at the current Middlesex Cancer Center.

Consequently, we cannot support Middlesex Hospital's CON application. We strongly believe that patients in the Shoreline region are already being well cared for with easily accessible, high-quality facilities that are conveniently located, offer current technology, and provide access to cutting edge clinical trials that are not available anywhere else in the state. In the current setting, the oncology community has been very collaborative to ensure patient needs are met first and foremost rather than serving institutional interests. We feel that the proposed CON

would produce a sub-optimal duplication of existing cancer services that will drive up health care costs without material benefit to patients.

While opposition to CONs sometimes can be interpreted to have economic motivation, we feel that it is important to mention to the staff at DPH-OHCA that our YMG radiation oncology practice in southern Connecticut serves many important missions. In addition to extending access to specialized clinical trials throughout the region, our clinical network, including Guilford and L&M, provides important training sites for residents in radiation oncology as well as for trainees in related fields: nursing, mid-level practitioners, radiation therapists, and medical physicists. In fact, our physician residency program in radiation oncology was one of the very first in the country and is the only one in the state of Connecticut. Notably, all of the radiation oncologists who practice at MH were trained in our program. So, our program benefits the wider Connecticut community in many ways.

Finally, each of us signing this letter live and work in the Shoreline area. We have made substantial career commitments to building the Guilford and L&M radiation oncology practices. We each take great pride and satisfaction in providing high quality cancer care to the communities in which we live and work. We are very committed to ensure that our current practices (which also support Middlesex Hospital's patients) continue to thrive and grow, offering the best medical care possible. All this happens to be augmented by our academically oriented careers in which many of us have developed nationally recognized expertise, all to the benefit for our patients.

Thank you for your careful attention to our concerns.

Kenneth B. Roberts, MD
Professor of Therapeutic Radiology, Yale University School of Medicine
Medical Director of Radiation Oncology, Yale-New Haven Shoreline Medical Center
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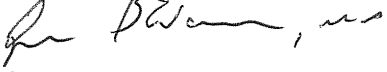

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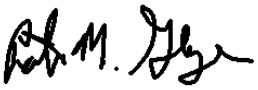

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July 6, 2015

VIA EMAIL & REGULAR MAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access (OHCA)
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134

RE: Certificate of Need Application
Middlesex Hospital to Acquire and Relocate a Linear Accelerator
Docket No. 15-31985-CON

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Of note, the letters in support of the CON fail to account for the many collaborations in patient care that occur among the physicians in the region, regardless of institutional affiliation. For example, we have had many occasions to take care of prostate cancer patients (who have a long radiation therapy treatment course, approaching 9 weeks) referred by the Middlesex Urology Group that has offices in Middletown, Marlbourough, Guilford, and Madison. There are a host of other surgical subspecialists and primary care physicians who practice at Middlesex Hospital with whom we share patients. The medical oncologists in the Connecticut Oncology Group based in Middletown and Centerbrook represent another set of cancer specialists with whom we closely collaborate. The Middlesex CON application suggests that Shoreline patients have no choice but to travel long distances for radiotherapy in Middletown. In truth, many choose not to travel since they have the option of using nearby and convenient radiotherapy facilities in Guilford and Waterford.

Conversely, there are multiple instances of patients whose cancers were diagnosed and initially managed at YNHH or L&M whose radiotherapy was more conveniently delivered at the Middlesex Cancer Center based on patient location. Contrary to the assertions of physician

commentary in support of the CON application, these referrals are common and managed on a highly professional basis. We are concerned that this initiative by Middlesex Hospital to add excess radiotherapy capacity to the Shoreline area will do ill service to the cordial professional relationships that already exist. We would also hasten to point out that both Drs. Weissberg and Khan (listed in the CON application as Middlesex radiation oncologists) are former members of the Yale radiation oncology group. We continue to have excellent professional relationships with these physicians. Not uncommonly, there are cross referrals of patients between these physicians and our physicians to promote what is best for each individual patient. In this regard, we again would like to point out the philosophy among our group and many physicians in the region that prioritizes patient needs first.

Potential Negative Impact on Patients.
The proposed plan to shift a linac to Westbrook, in our view, is also sub-optimal from a clinical technology point of view. Although Middlesex proposes to purchase an Elekta Infinity linac, which is a state-of-the-art machine with modern capabilities, missing from the CON application is a dedicated CT-simulator with a wide bore, a device necessary to be able to fully utilize the Elekta. Also omitted from the application is discussion of the separate shielded room needed to house such a CT simulator in proximity to the linac. Further, a radiation oncology center offering modern techniques should have the ability to take into account tumor motion from respiration to reduce heart and lung radiation exposure during treatment. For this, there would need to be a CT-simulator with 4D or respiratory gating capability. This is not mentioned in the CON. Thus, the planned services appear to be substandard. Possibly, Middlesex may be planning that patients would go to their Middletown Cancer Center for simulation, but this would entail extra travel for the patients. All patients undergo simulation at least once, and for some patients simulations are done multiple times during the course of treatment. Performing them in a timely and convenient manner avoids deleterious interruptions in their treatments. Alternatively, MH may plan to use a diagnostic CT scanner that may already be available in their Westbrook facility. However, most diagnostic CTs are not properly formatted for radiation oncology purposes. A key aspect for modern CT-based radiation therapy planning is that the aperture of the CT scanner for therapy purposes has to be larger than that of typical diagnostic scanners to accommodate different sized patients with varied positions of extremities. Of note, Middlesex Hospital had a CON approved in 2006 for a radiation therapy CT-simulator (docket# 06-30686-CON), so they should be aware of this issue. There is no such application in the present CON submission.

Secondly, we would point out that the net result of this CON application would be that the Middlesex program would go from a relatively full service program at one site (MH) to a program split into two separate sites neither of which are full service. This would actually lead to extra travel for many patients from Middlesex to Westbrook or vice versa to match up with the appropriate technology, undermining the stated goal of the CON to minimize patient travel. In this regard, it is important to review the history of Middlesex's Radiation Oncology program and its prior CON applications. Prior to 2009, Middlesex Hospital's cancer patients were served by one linear accelerator. In 2009, with CON approval (docket # 08-31262-CON), a Novalis TX linac was purchased having modern capabilities for image guidance, IMRT, and radiosurgery (SRS and SBRT). This was a very reasonable step to bring up the quality of the radiation therapy program in line with new developments in the field. Given the high caliber of the radiation oncologists at Middlesex Hospital, we are fully supportive of the quality of their services and program in Middletown. Accordingly, back in 2009, we expressed no objection to the worthy expansion of Middlesex's Cancer Program in Middletown. With the 2009 CON, the older linear accelerator was allowed to stay in operation simply as a backup to the new one. Patient volume was initially found to be insufficient to justify two linacs.

However, it is well known in the radiation oncology field that the Novalis TX linac is specifically designed as a radiosurgery (SRS/SBRT) device such that only relatively small to moderate size treatment fields can be accommodated with its internal "multi-leaf collimator" system. Patients who require larger field, conventional radiation treatments are not readily accommodated. In recognition of this, a second Middlesex CON was eventually approved in 2010 (docket # 10-31262-MDF, modifying #08-31262-CON), with the argument that patients with Hodkgins lymphoma, ovarian cancer, and cervix cancer required access to the original linear accelerator because their treatments needed a machine with a larger field capability. In fact, there are other situations that require large fields for treatment, including a variety of carcinomas and sarcomas in the chest and abdomen beyond the multi-leaf capability of the Novalis. Importantly, one very common indication for larger field radiotherapy often beyond the capability of the Novalis linac is breast cancer. In fact, examination of the data presented in the CON reveals that Middlesex, itself, has only rarely treated any breast cancer patients on the Novalis in the past few years, reflecting the technological limitation we have discussed. If the Middlesex site ends up with just the Novalis machine, it is likely that many breast cancer patients from the Middletown area will actually have to travel to Westbrook for radiation therapy because of field size limitations. As a result, if the CON is approved, there would be one facility without simulator capabilities (Westbrook) and another with treatment field size limitations (Middlesex), to the detriment of both. Such a configuration would inconvenience many patients and would not serve their clinical needs well.

We are also concerned about the Novalis linac in Middletown potentially becoming overloaded with patients such that patients from Middletown, Portland, Cromwell, Marlborough, or East Hampton might be faced with waiting lists to start radiotherapy or be asked to travel extra distances to Westbrook for their care if this CON application was to be approved. This would clearly negatively impact those patients in Northern Middlesex County who need large volume radiotherapy needing to travel to Westbrook. This was a major justification in 2010 for basing a second accelerator at Middlesex Hospital's Middletown Cancer Center, as discussed above. Moreover, continuing to treat complex and time-consuming SRS and SBRT cases on the Novalis TX may contribute capacity problems in Middletown; routine external beam radiotherapy cases may end up on waiting lists or have to travel to the proposed Westbrook site. In contrast, it is likely that the Westbrook facility will be underutilized. As discussed in more detail in the YNHH letter, we believe that the patient volume projections for the Westbrook site are over-estimated in the CON and include patient numbers from towns that are really more convenient to Middletown or are exceedingly close to Guilford, such as Madison and Clinton.

Conclusions.

We respectfully suggest that in light of the comments above, it would be far better for patient care (not to mention health care costs and staffing efficiency) for Middlesex to maintain one high quality radiation oncology facility with two linear accelerators. Certainly, in the future, Middlesex will need to upgrade their older 2100C linear accelerator. We would be supportive of such a CON application if the proposed upgraded linear accelerator were to be located in Middletown at the current Middlesex Cancer Center.

Consequently, we cannot support Middlesex Hospital's CON application. We strongly believe that patients in the Shoreline region are already being well cared for with easily accessible, high-quality facilities that are conveniently located, offer current technology, and provide access to cutting edge clinical trials that are not available anywhere else in the state. In the current setting, the oncology community has been very collaborative to ensure patient needs are met first and foremost rather than serving institutional interests. We feel that the proposed CON

would produce a sub-optimal duplication of existing cancer services that will drive up health care costs without material benefit to patients.

While opposition to CONs sometimes can be interpreted to have economic motivation, we feel that it is important to mention to the staff at DPH-OHCA that our YMG radiation oncology practice in southern Connecticut serves many important missions. In addition to extending access to specialized clinical trials throughout the region, our clinical network, including Guilford and L&M, provides important training sites for residents in radiation oncology as well as for trainees in related fields: nursing, mid-level practitioners, radiation therapists, and medical physicists. In fact, our physician residency program in radiation oncology was one of the very first in the country and is the only one in the state of Connecticut. Notably, all of the radiation oncologists who practice at MH were trained in our program. So, our program benefits the wider Connecticut community in many ways.

Finally, each of us signing this letter live and work in the Shoreline area. We have made substantial career commitments to building the Guilford and L&M radiation oncology practices. We each take great pride and satisfaction in providing high quality cancer care to the communities in which we live and work. We are very committed to ensure that our current practices (which also support Middlesex Hospital's patients) continue to thrive and grow, offering the best medical care possible. All this happens to be augmented by our academically oriented careers in which many of us have developed nationally recognized expertise, all to the benefit for our patients.

Thank you for your careful attention to our concerns.

Kenneth B. Roberts, MD
Professor of Therapeutic Radiology, Yale University School of Medicine
Medical Director of Radiation Oncology, Yale-New Haven Shoreline Medical Center
Yale Medical Group
kenneth.roberts@yale.edu

Suzanne Evans, MD, MPH
Assistant Professor of Therapeutic Radiology, Yale University School of Medicine
Medical Director of Radiation Oncology, Lawrence & Memorial Hospital
Yale Medical Group
suzanne.evans@yale.edu

Peter M. Glazer, MD, PhD
Professor and Chairman, Therapeutic Radiology, Yale University School of Medicine
Chief, Radiation Oncology, Yale-New Haven Hospital
Yale Medical Group
peter.glazer@yale.edu

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

July 9, 2015 VIA FACISIMILE ONLY

Gary Havican
Middlesex Hospital
Vice President, Operations
28 Crescent Street
Middletown, CT

RE: Certificate of Need Application, Docket Number 15-31985
Middlesex Hospital, Acquisition of a Nonhospital Based Linear Accelerator
Certificate of Need Application Deemed Complete

Dear Mr. Havican,

This letter is to inform you that, pursuant to Connecticut General Statutes § 19a-639a(d), the Office of Health Care Access has deemed the above-referenced application complete as of July 9, 2015.

If you have any questions regarding this matter, please feel free to contact me at (860) 509-8075 or Brian Carney at (860) 418-7014.

Sincerely,

Jessica Schaeffer-Helmecki
Planning Analyst CCT

* * * COMMUNICATION RESULT REPORT (JUL. 9. 2015 9:03AM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 9. 2015 9:03AM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
171	MEMORY TX		98603465485	OK	2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: MR. GARY HAVICAN

FAX: (860) 346-5485

APPLICANT: MIDDLESEX HOSPITAL

FROM: OHCA

DATE: 7/9/2015 **Time:**

NUMBER OF PAGES: 2
(including transmittal sheet

Comments:
DN 15-31985 Application deemed complete

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 418-7001
Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Tuesday, July 14, 2015 1:12 PM
To: Carney, Brian; Hansted, Kevin; Riggott, Kaila
Cc: Greer, Leslie; Olejarz, Barbara; Martone, Kim
Subject: FW: Hearing Date: Middlesex

Looks like Aug. 20th at 10 a.m. will be the Middlesex hearing

From: Lowrey, Melissa [mailto:melissa.lowrey@midhosp.org]
Sent: Tuesday, July 14, 2015 11:35 AM
To: Schaeffer-Helmecki, Jessica
Subject: Hearing Date: CON to acquire and relocate a LinAc (DN 15-31985)

Good morning Jessica,

I have spoken with Gary Havican and can confirm August 20th (10:00 a.m.) for the above hearing. This will take place at DPH (310 Capital Ave.) in Hartford.

Please contact me if there is anything further you will need.

Regards,

Melissa

Melissa Lowrey
Executive Assistant to
Susan Martin, Vice President, Finance and Treasurer
Gary Havican, Vice President, Operations

Middlesex Hospital
28 Crescent Street
Middletown, CT 06457
office: 860-358-6140
fax: 860-346-5485
www.middlesexhospital.org

The Smarter Choice for Care
MIDDLESEX HOSPITAL

On Mon, Jul 13, 2015 at 4:04 PM, Schaeffer-Helmecki, Jessica <Jessica.Schaeffer-Helmecki@ct.gov> wrote:

Dear Mr. Havican,

Due to some remaining issues concerning the above-referenced certificate of need application, it has been determined that a public hearing will be necessary. I spoke with Melissa in your office and am aware you are out this week but wanted

to make you aware of a possible hearing date. Based on our conversation, **August 20th** at **10 a.m**. seems to be the best available time. She has tentatively marked that time off on your calendar.

The hearing will be held here at DPH in Hartford, though, so you will not need to secure space. Please let me know at your earliest convenience whether the proposed time will work for you. If you have any questions, I can be reached at the below phone number.

Thank you,

Jessica Schaeffer-Helmecki

Office of Health Care Access

Department of Public Health

410 Capitol Avenue, MS #13HCA

Hartford, CT 06134

(860) 509-8075

If you have received this message in error, please notify Middlesex Health System by sending a reply email to the sender or calling the Middlesex Hospital Privacy Office Hotline at 860-358-4630 and then delete this email and all attachments.

The information contained in this email and any attached files from Middlesex Health System are confidential under federal and state law and are intended only for the person to whom they are addressed. If you are not the intended recipient, you are hereby notified that any inappropriate use or reproduction of the information is strictly prohibited and may subject you to civil or criminal penalties.

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Wednesday, July 22, 2015 9:02 AM
To: Carney, Brian; Riggott, Kaila; Hansted, Kevin
Cc: Olejarz, Barbara; Greer, Leslie
Subject: FW: Change in Hearing Date

From: Lowrey, Melissa [mailto:melissa.lowrey@midhosp.org]
Sent: Wednesday, July 22, 2015 8:58 AM
To: Schaeffer-Helmecki, Jessica
Cc: Rachel Olson
Subject: Re: Change in Hearing Date

Good morning Jessica,

We are confirmed for August 27 at 10 a.m.

Regards,

Melissa

Melissa Lowrey
Executive Assistant to
Susan Martin, Vice President, Finance and Treasurer
Gary Havican, Vice President, Operations

Middlesex Hospital
28 Crescent Street
Middletown, CT 06457
office: 860-358-6140
fax: 860-346-5485
www.middlesexhospital.org

On Tue, Jul 21, 2015 at 2:37 PM, Schaeffer-Helmecki, Jessica <Jessica.Schaeffer-Helmecki@ct.gov> wrote:

Great—thank you so much. I really apologize for the inconvenience. One of our key staff members has an appointment that that morning that cannot be rescheduled.

From: Lowrey, Melissa [mailto:melissa.lowrey@midhosp.org]
Sent: Tuesday, July 21, 2015 2:33 PM
To: Schaeffer-Helmecki, Jessica
Subject: Change in Hearing Date

Good afternoon Jessica,

I have sent the new date out to attendees. I hope to hear back from everyone and confirm with you tomorrow.

Melissa

Melissa Lowrey
Executive Assistant to

Susan Martin, Vice President, Finance and Treasurer

Gary Havican, Vice President, Operations

Middlesex Hospital

28 Crescent Street

Middletown, CT 06457

office: 860-358-6140

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

TO: Kevin Hansted, Hearing Officer

FROM: Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner

DATE: July 22, 2015

RE: Certificate of Need Application; Docket Number: 15-31985-CON
Middlesex Hospital
Acquire a Linear Accelerator and Relocate to Shoreline Medical Center in Westbrook

---

I hereby designate you to sit as a hearing officer in the above-captioned matter to rule on all motions and recommend findings of fact and conclusions of law upon completion of the hearing.

Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

July 24, 2015

Gary Havican
Vice President, Operations
Middlesex Hospital
28 Crescent Street
Middletown, CT 06457

RE: Certificate of Need Application, Docket Number 15-31985-CON
Middlesex Hospital
Acquire a Linear Accelerator and Relocate to Shoreline Medical Center in Westbrook.

Dear Mr. Havican:

With the receipt of the completed Certificate of Need ("CON") application information submitted by Middlesex Hospital ("Applicant") on July 9, 2015, the Office of Health Care Access ("OHCA") has initiated its review of the CON application identified above.

Pursuant to General Statutes § 19a-639a (f), OHCA may hold a hearing with respect to any Certificate of Need application.

This hearing notice is being issued pursuant to General Statutes § 19a-639a (f)

Applicant:	Middlesex Hospital
Docket Number:	15-31985-CON
Proposal:	Acquire a Linear Accelerator and Relocate to Shoreline Medical Center in Westbrook.

Notice is hereby given of a public hearing to be held in this matter to commence on:

Date: August 27, 2015

Time: 10:00 a.m.

Place: Department of Public Health, Office of Health Care Access
410 Capitol Avenue, 3rd Floor Hearing Room
Hartford, CT 06134

The Applicant is designated as party in this proceeding. Enclosed for your information is a copy of the hearing notice for the public hearing that will be published in the *Middletown Press* pursuant to General Statutes § 19a-639a (f).

Sincerely,

Kimberly R. Martone
Director of Operations

Enclosure

cc: Henry Salton, Esq., Office of the Attorney General
Antony Casagrande, Department of Public Health
Kevin Hansted, Department of Public Health
Wendy Furniss, Department of Public Health
William Gerrish, Department of Public Health
Marielle Daniels, Connecticut Hospital Association

KRM:JSH:bko

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

July 24, 2015 Requisition # 49321

The Middletown Press
2 Main Street, Box 471
Middletown, CT 06457

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Tuesday, July 28, 2015**. Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Kaila Riggott at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Director of Operations

Attachment

cc: Danielle Pare, DPH
Marielle Daniels, Connecticut Hospital Association

KRM:JSH:bko

Middletown Press **July 24, 2015**
Notice of Public Hearing, Docket Number 15-31985-CON

PLEASE INSERT THE FOLLOWING:

Office of Health Care Access Public Hearing

Statute Reference:	19a-639
Applicant:	Middlesex Hospital
Town:	Middletown
Docket Number:	15-31985-CON
Proposal:	Acquire a Linear Accelerator and Relocate to Shoreline Medical Center in Westbrook.
Date:	August 27, 2015
Time:	10:00 a.m.
Place:	Department of Public Health, Office of Health Care Access 410 Capitol Avenue, 3rd Floor Hearing Room Hartford, CT 06134

Any person who wishes to request status in the above listed public hearing may file a written petition no later than August 22, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at **www.ct.gov/ohca** for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

* * * COMMUNICATION RESULT REPORT (JUL. 24. 2015 12:19PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 24. 2015 12:18PM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR
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E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: GARY HAVICAN

FAX: 860 346-5485

AGENCY: MIDDLESEX HOSPITAL

FROM: OHCA

DATE: 7/243/15 **Time:**

NUMBER OF PAGES: 5
(including transmittal sheet

Comments:
Hearing notice for Middlesex Hospital DN: 15-31985-CON

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

RECEIVED
AUG - 1 2015
Office of
HEALTHCARE ACCESS

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Richard T Gibbons

Printed Name: Richard T. Gibbons

Address: 115 Middle Haddam Road
Middle Haddam, CT 06456

RECEIVED
AUG - 1 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

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For these reasons, I strongly urge you to approve this application.

Sincerely,

Bruce

Bruce MacMillian

- 1 2015
Department of Public Health
Office of the Commissioner

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

RECEIVED
AUG - 1 2015
Department of Public Health
Office of the Commissioner

Dear Commissioner Mullen:

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely, + Thank you!

Hugh MacKenzie

+Hugh MacKenzie

This request is not to purchase a new, additional linear accelerator. It's just to relocate an existing device to where it's needed the most!

6267073v1

D'Aquila Law Offices, LLC
100 Riverview Center · Suite 205
Middletown, CT 06457

RECEIVED
AUG - 1 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

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Sincerely,

Jean D'Aquila

Jean D'Aquila
D'Aquila Law Office, LLC

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

RECEIVED
AUG - 1 2015
Department of Public Health
Office of the Commissioner

Dear Commissioner Mullen:

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The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Robert Zavod

Printed Name: ROBERT ZAVOD, M.D.

Address: 130 TIMMS HILL RD
HADDAM, CT 06438

A highly recommend this transfer as it will serve a local community with needed radiation availability
R. Zavod MD

6267073v1

August 1, 2015

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AUG - 1 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

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For these reasons, I strongly urge you to approve this application.

Thank you,

Signature: Jane Ann Miller

Printed Name: Jane Ann Miller

Address: 337 Race Hill Road
Madison, CT 06443

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

RECEIVED
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Office of the Commissioner

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For these reasons, I strongly urge you to approve this application.

Signature: William D Breck

Printed Name: WILLIAM BRECK

Address: 44 Beckwith Rd
Killingworth CT 06419

6267073v1

Dear Dr. Mullen,

I'm writing you in support of relocating a linear accelerator from Middletown to the Middlesex Hospital Shoreline Medical Center in Westbrook. This would better serve the many people who live along the Shoreline and save much driving time and costs for those who require this service.

Thank you for your consideration in this very important matter

Sincerely

Burton J. Karl
65 Main St #33
Ivoryton, Ct
06442

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

08 01 15

Dear Commissioner Mullen:

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Velandy Manohar MD

Printed Name: VELANDY MANOHAR

Address: 93, Meetinghouse Road
Haddam, CT 06438

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Department of Public Health
Office of the Commissioner

NB
I am providing you with detailed information about the Cancer Center, its programs, the various locations at which a variety of services are provided including the Shoreline Medical Center in Westbrook, CT.

6267073v1

Jewel Mullen, MD, MPH, MPA

State of CT, Commissioner, DPH

Office of HC Access

410 Capitol Avenue,

Hartford, CT 06134

08 01 15

Dear Dr. Mullen,

I am happy to write to you knowing you as I do and as enthusiastic supporter of the efforts of DPH and your personal leadership to achieve the SIM and Healthy CT 2020 while working with the CT. Multi-Cultural Health Partnership to reduce and eliminate disparities in HC access and Treatment outcomes. It may be of interest for you to know that I was a member of the small team under the leadership of the African- American Commission which formulated the response to an RFI from the NIMHD.

I whole heartedly support this Certificate of Need Application.

1. Personally my family and I have received timely screenings and at one time even superb collaborative, effective and holistic care.
2. As a practicing Physician I have had occasion to coordinate the screening and various interventions in a timely, successful, caring and cost effective manner
3. I have had the opportunity to develop close working relationships with the Dr. Andrea Malon, MD, Medical Director, of the Mx. Hospital Cancer Center.
4. As a Psychiatrist member of Clinical Guidelines Committee helped develop several clinical guidelines to manage efficiently and sensitively the multiple and vital steps in the diagnosis, treatment planning and implementation of collaborative effective, compassionate and holistic integrated care plans in a timely manner because of the highly stressful and fraught circumstances set in motion when an woman and her family hear the dreaded words- There is a lump in your breast- we need to look into this now.
5. The Cancer Center in Middletown, CT and its influence on the actions of the Staff throughout the Mx. Hospital and HC System as well as the Medical Staff with privileges in the HC system and HC professionals in the community to raise the awareness of cancer, importance of screenings, early detection, and expanding access to care without exception to all the residents of the Catchment area.
6. "Middlesex Hospital was the third, and remains one of only a select few, comprehensive breast care centers in Connecticut to receive accreditation from the National Accreditation Program for Breast Centers (NAPBC). From our advanced diagnostic procedures and the Novalis Tx® Linear Accelerator for targeted radiation to our expert medical, surgical, and radiation oncology services and integrative therapies, Middlesex Hospital offers compassionate and expert and breast health care right in your own backyard." Dr. Andrea Malon.*
7. I have developed close relationships with the current and past relationships with Chaplains deeply involved with patients and their families who are being treated within the Cancer Center programs. They provide indispensable direct input to the integrated treatment planning as well as collaborative multi-disciplinary implementation teams.

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Office of the Commissioner

8. The work of the staff and physicians of the HC System I can state with confidence based on my work for 37 years in the Middletown, CT Area contributes to accomplish the Objective CD 6, 7, 8, 9 and 10 in the State Improvement Plan and Healthy CT 2020
9. Infact I think the Mx Hospital and HC system is one of the best examples in CT of partners documented on page 48 of the document:

"**Potential Partners Connecticut Department of Public Health**; Connecticut Department of Social Services; Connecticut Department of Energy and Environmental Protection; State Department of Education; Connecticut Department of Agriculture; Connecticut Department of Mental Health and Addiction Services; Office of the Healthcare Advocate; local public health agencies; laboratories; health care providers including oncology nurses, oncologists, community health centers, **hospitals, visiting nurse associations, palliative care and hospice providers**, health professional associations; health insurers; pharmaceutical companies; business and business associations; American Cancer Society; other organizations and coalitions that focus on cancer prevention and control; patient advocates; cancer survivors, community service providers for families, youths, and seniors; philanthropic and research organizations that address cancer prevention and control; schools of public health, allied health, nursing, and medicine; faith-based organizations; food industry; farmer's markets organizations; food advocacy groups; and others."

I want to emphasize Mx. Hospital and HC System has learned from the community what services would do the most good for the community in terms of superb Nursing Care, State of Art Diagnostic and treatment Technological equipment that is being updated in a timely manner and a medical staff including all aspects of the diagnostic, treatment rehabilitative and restorative components of treatment pan that addresses the concerns of the patient and her family addressing physical, emotional psychological and spiritual needs in all phases of the trajectory of the Illness. This includes preventive programs, health promoting, resilience and wellbeing building interventions, palliative and Hospice care.

I welcome your responses.

Warm regards,

Velandy Manohar MD

Velandy Manohar, MD

Distinguished Life Fellow,

Am. Psychiatric Association

*

This eloquent statement concisely expresses the philosophy of the entire Cancer Center staff and Physician partners of care giving team.

"Our goal in developing the Comprehensive Breast Center was to ensure that our scope of services was complete and that we made those services available to patients in a way that was simultaneously as cohesive and convenient as possible. Both the scope of service and the manner in which it is delivered are measured during accreditation. In order to achieve accreditation a center must demonstrate that it can deliver outstanding treatment in a consistent manner." Dr. Andrea Malon, MD

CC.

Mr. Gary Havican

- Why Choose Middlesex for Cancer Care?
- **Cancer Programs & Services**

Comprehensive Breast Center

- NAPBC Accreditation
- Symptoms & Signs
- Risk Factors

- Diagnosis & Treatment
- Resources & Links
- Events & Outreach
- **Hereditary Risk Assessment Program**
- **Colon Cancer**
- **Comprehensive Prostate Program**
- **Total Lung Care Center**
- **Bladder Cancer**
- **Comprehensive Gynecological Cancer Program**
- **Chemotherapy**
- **Radiation Oncology**
- **Surgical Oncology**
- **Digital Mammography**
- **Medical Oncology / Hematology**
- **Diagnostic Radiology / Nuclear Medicine**
- **Rehabilitation Services**
- **Nurse Navigator Program**
- **Novalis Tx® Linear Accelerator**
- **Center for Survivorship & Integrative Medicine (CSIM)**
- **Our Physicians and Care Providers**
- **Patient & Family Services**
- Events & Resources
- **Clinical Trials & Research**
- Contact Us
- About Us

Contact Us

MIDDLESEX HOSPITAL CANCER CENTER

540 Saybrook Road, Suite 280
Middletown, CT 06457

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Department of Public Health
Office of the Commissioner

PLEASE SEE PAGE 3

Phone: 860-333-5783 or 877-878-8613 (toll-free)

Fax: 860-358-2055

DIRECTOR CANCER CENTER & ONCOLOGY SERVICES

860-358-2075

COMPREHENSIVE BREAST CENTER

Phone: 860-358-2082

Email: **ComprehensiveBreastCenter@midhosp.org**

CLINICAL MANAGER

Gean Brown, RN, OCN Phone: 860-358-2030

NURSE NAVIGATORS

- GI Nurse Navigator 860-358-2043/Fax 860-358-2055
- Breast Nurse Navigator 860-358-2063/ Fax 860-358-2068
- Lung Pathway Nurse Navigator 860-358-2066/ Fax 860-358-2971
- GYN/Colon Nurse Navigator 860-358-2457/ Fax 860-358-2055
- Nurse Coordinator of Survivorship Program and Integrative Medicine -860-333-5783

CENTER FOR SURVIVORSHIP AND INTEGRATIVE MEDICINE

Phone: 860-333-5783

PATIENT RESOURCE LIBRARY

Phone: 860-358-2021

Email: **cancer_center_library@midhosp.org**

CANCER CENTER SUPPORT GROUPS

Phone: 860-358-2053

CONTACT/REFERRAL

- Middlesex Hospital Cancer Center Main Information Line (860) 333-5783
- Comprehensive Breast Center (860) 358-2082
- Comprehensive Prostate Program (860) 358-2043
- Comprehensive GYN Oncology Program (860) 358-2457
- Total Lung Care Center (860) 358-2066
- Surgical Oncology (Surgical Alliance) (860) 358-2780
- Radiation Oncology (860)-358-2100
- Medical Oncology (Chemotheraphy) (860)-358-2220
- Survivorship Program (860) 333-5783
- Distress Management & Social Work (860) 358-2053
- Genetic Counseling and Testing (860) 358-2082

- Clinical Trials & Research (860) 333-5783
- Integrative Therapies (860) 333-5783
- Community Service Events (860) 333-5783

ADDITIONAL LOCATIONS + FACILITIES

For a complete list of Middlesex Hospital locations and facilities, **click here**.
Middlesex Locations

For your convenience, Middlesex Hospital has facilities and office locations throughout Middlesex County and beyond. From our medical centers to physician offices, our goal is to ensure that you have access to the latest technologies and services, close to home.

SHORELINE MEDICAL CENTER; The site for relocating one of the Linear Accelarators from Middletown.

Our new, state-of-the-art Shoreline Medical Center, located at 250 Flat Rock Place in Westbrook, is now open. offers expanded 24/7 emergency care and outpatient diagnostic services—including a new women's imaging center, a brand new MRI suite, CT, X-Ray, a full service lab and more. Best of all, it's conveniently located right off Exit 65 on I-95. RADIATION THERAPY IS PROVIDED IN A SPECIALLY DESIGNED SECTION OF THE MEDICAL CENTER.
250 Flat Rock Place
Westbrook, CT 06498
Facility: (860) 358-3700

ASSISTED LIVING & ONE MACDONOUGH PLACE, MIDDLETOWN, CT

Combines the assisted living services and social atmosphere seniors deserve with the special quality of life in our area, offering all the benefits of independent living - with the security of knowing that caring, skilled nursing assistance is always available.

Hours:
Office Hours: 8:00 a.m. - 5:00 p.m.
Tours available anytime by appointment.
Residents may have visitors 24/7.
Phone: (860) 358-5800

Directions

MARLBOROUGH MEDICAL CENTER

The Marlborough Medical Center offers comprehensive outpatient, emergency, radiology, laboratory and rehabilitation services to the communities it serves.

Hours:
Emergency Services available 24/7
Laboratory and Radiology Services:
Monday through Friday, 7:00 a.m. - 6:00 p.m.
Saturday, 7:00 a.m. - 12:00 p.m.

Sunday and Holidays, closed
Phone: (860) 358-3200

Directions

MIDDLESEX HOSPITAL,MIDDLETOWN, CT

Located in Middletown, Connecticut, is home to world-class medical technology, Magnet nurses and some of Connecticut's highest quality and patient satisfaction ratings.
Hours:
Emergency Services: 24/7

Business Hours: 8:00 a.m. - 4:30 p.m.

General Visiting Hours: 10:00 a.m. - 8:00 p.m.

Pregnancy & Birth Center Visiting Hours: 8:00 a.m. - 8:00 p.m.

There are also special situations for the CCU/IMCU and the Psychiatric Unit. Please call ahead or speak to your caregiver for the visitation policy on these units.
Phone: Hospital Switchboard: (860) 333-5783

MIDDLESEX HOSPITAL HOMECARE - MIDDLETOWN (HOSPICE & PALLIATIVE CARE)

Phone: (860) 358-5700

Directions

MIDDLESEX HOSPITAL HOMECARE - MIDDLETOWN (VISITING NURSES)

Hours:
Homecare Office Hours: Monday - Friday, 8:00 a.m. - 4:30 p.m.
Phone: (860) 358-5600

Directions

MIDDLESEX HOSPITAL HOMECARE - WESTBROOK

Hours:
Homecare Office Hours: Monday - Friday, 8:00 a.m. - 4:30 p.m.
Phone: 860-358-5600

Directions

MIDDLESEX HOSPITAL LABORATORY OUTPATIENT FACILITY

Hours:
Monday through Friday: 7:30 a.m. - 4:00 p.m.
Saturday, Sunday, & Holidays - Closed
Phone: (860) 358-4710

Directions

MIDDLESEX HOSPITAL MADISON LABORATORY OUTPATIENT FACILITY

Hours:
Monday through Friday, 7:00 a.m. - 1:00 p.m.
Saturday, Sunday, & Holidays - Closed
Phone: (203) 245-8293

Directions

MIDDLESEX HOSPITAL MARLBOROUGH MEDICAL CENTER

Middlesex Hospital Outpatient Services offer the latest in diagnostic testing and laboratory services, ambulatory surgery options, and rehabilitation and sports medicine services.

Hours:
Emergency Services 24/7
Laboratory and Radiology Services
Monday through Friday, 7:00 a.m. - 6:00 p.m.
Saturday, 7:00 a.m. - 12:00 p.m.
Phone: (860) 358-3200

Directions

MIDDLESEX HOSPITAL MARLBOROUGH MEDICAL CENTER

Hours:
Laboratory Services:
Monday through Friday, 7:00 a.m. - 6:00 p.m.
Saturday, 7:00 a.m. - 12:00 p.m.
Sunday & Holidays - Closed
Emergency Services 24/7
Phone: (860) 358-3270

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250 Flat Rock Place
Westbrook, CT 06498
Facility: (860) 358-3700

Velandy Manohar MD

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

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For these reasons, I strongly urge you to approve this application.

Sincerely,

Jon Brayshaw
First Selectman of Middlefield

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AUG - 5 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

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For these reasons, I strongly urge you to approve this application.

Signature: [illegible]

Printed Name: James L. Pfeffer

Address: 13 Hudson Lane
Essex, CT 06426

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AUG - 5 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

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Sincerely,

John W. Rafal

John Rafal
Founder & Vice Chair
Essex Financial Services, Inc.

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Department of Public Health
Office of the Commissioner

6267073v1

Mr. Ralph H. Shaw, II
30 Bokum Road
Unit 121
Essex, CT 06426

Jewel Mullen, MD, MPH, MPA
Commissioner, Department of Health
State of Connecticut
Off ice of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

As one who has been around health care, particularly that provided by Middlesex Hospital, for more than 50 years, I am fully aware of the importance of assurance of need for any and all expenditures which have the potential of impacting the cost of health care delivery.

In the request before you at the moment; the relocation of an existing linear accelerator from its current location in Middletown to a new facility at the Westbrook Center, recently opened, makes ultimate good sense not only for the cost reduction achieved by having the unit in its rightful place at the center of need, but it also will reduce the cost and burden of travel for hundreds of current and potential new patients.

The toll taken on cancer patients and their loved ones is terrible as it is. By having this state of the art, modern and required, modality in this new location can do nothing more important than making our delivery of care and the patients receipt of care the best that it can be.

It is in your power to allow this to happen and I urge you to approve this application.

Yours very truly,

Ralph H. Shaw, II

3 August 2015

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Department of Public Health
Office of the Commissioner

OFFICE OF
THE SELECTMEN
(860) 434-7733

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

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For these reasons, I strongly urge you to approve this application.

Sincerely,

Ralph Eno
First Selectman of Lyme

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

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For these reasons, I strongly urge you to approve this application.

Signature: Raymond Macionus M.D.

Printed Name: Raymond Macionus M.D.

Address: 35 Island Cir. S.
Groton, Ct. 06340

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Department of Public Health
Office of the Commissioner

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Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

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For these reasons, I strongly urge you to approve this application.

Sincerely,

David Baggish, M.D
Middlesex Hospital

Chairman, Dept of Medicine

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Andrea J Skwarek

Printed Name: Andrea Skwarek

Address: P.O. Box 408
E. Haddam, CT 06423

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: [illegible]

Printed Name: Kerry M. Holmes

Address: 141 Opening Hill Road
Madison, CT 06443

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Eric W. Thornburg (per JVL)

Eric Thornburg
President & CEO
Connecticut Water Company

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

RECEIVED
AUG - 6 2015
Department of Public Health
Office of the Commissioner

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: George & Sarah Mayer

Printed Name: George & Sarah Mayer

Address: 2 Andrews Rd
Essex, CT 06426

6267073v1

MIDDLESEX UROLOGY, P.C.

ROBERT D. DWYER, M.D.
GEOFFREY E. HERTER, M.D.
EDWARD G. MYER, M.D.

RICHARD O. FRINK, M.D.
JEFFREY V. RABUFFO, M.D.
TIMOTHY C. SIEGRIST, M.D.

6 WILDWOOD MEDICAL CENTER
ESSEX, CONNECTICUT 06426
TELEPHONE 860-767-2003
FAX 860-767-7430

520 SAYBROOK ROAD, SUITE 100B
MIDDLETOWN, CONNECTICUT 06457
TELEPHONE 860-347-8850
FAX 860-347-6774

July 30, 2015

RECEIVED
AUG - 6 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, M.D., MPH, MPA
State of Connecticut Commissioner
Department of Public Health
Office of Healthcare Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

As a practicing physician for the last 32 years and board member of Middlesex Hospital, I would like to write you in support of an application to relocate one of the Middlesex's existing linear accelerators to the Shoreline Medical Center, Westbrook, Connecticut.

We serve a great number of patients along the Shoreline and given the average age of the patient and requirement usually to be driven to our facility in Middletown, we think we can better served them by relocating one of our linear accelerators to their area of the Shoreline. Middlesex Hospital is dedicated to our patients in every respect and is looking to continue to improve access to care throughout the county.

I certainly hope you will consider approving Middlesex's Certificate of Need application.

Sincerely yours,

Geoffrey E. Herter, M.D.

GEH/aw/kk/st1

Selectmen's Office

www.essexct.gov

Norman M. Needleman, First Selectman
Email: nneedleman@essexct.gov
Board of Selectmen:
Bruce M. Glowac
Stacia R. Libby

Essex Town Hall
29 West Avenue
Essex. Connecticut 06426
Telephone: 860-767-4340
Fax: 860-767-8509

RECEIVED
AUG - 6 2015
Department of Public Health
Office of the Commissioner

August 3, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commission Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average ago of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application

Sincerely,

Norman M. Needleman
First Selectman

TOWN OF OLD SAYBROOK
Office of the Board of Selectmen

302 Main Street • Old Saybrook, Connecticut 06475-2384
Telephone (860) 395-3123 • Fax (860) 395-3125

August 3, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

RECEIVED
AUG - 6 2015
Department of Public Health
Office of the Commissioner

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Carl Fortuna
First Selectman of Old Saybrook

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

RECEIVED
AUG - 6 2015
Department of Public Health
Office of the Commissioner

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: _____

Printed Name: Norm Needham

Address: 24 Beckhill Woods
Essex CT 06426

6267073v1

EssexSavingsBank
Service & Trust Since 1851
Corporate Office, 35 Plains Road, P.O. Box 950, Essex, CT 06426-0950
Telephone: (860) 767-4414 Fax (860) 767-4411
E-mail: gshook@essexsavings.com

GREGORY R. SHOOK
President and Chief Executive Officer

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06314

RECEIVED
AUG -6 2015
Department of Public Health
Office of the Commissioner

Dear Commissioner Mullen,

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

I am also writing as a local business person, Trustee of Middlesex Hospital and patient advocate on behalf of my mother who received treatment for her breast cancer at the Middletown facility.

The Shoreline Medical Center in Westbrook is a very valuable asset in our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincere regards,

Gregory R. Shook
CEO & President

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Gary Willis

RECEIVED
AUG 11 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.
Please, please please!!!

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Anne C McKinney

Red McKinney

Printed Name: Anne C McKinney

Red McKinney

Address: P.O BOX 141
Middle Haddam. CT
06456

RECEIVED
AUG 11 2015
Department of Public Health
Office of the Commissioner

Hopefully you never have to hack a loved one go through radiation. Please help take this burden off a bit by allowing them to travel a shorter distance. Thank you R

6267073v1

SELECTMAN'S OFFICE
174 Main Street
Deep River, Connecticut 06417

RECEIVED
AUG 11 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen;

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators from Middletown to the Shoreline Medical Center in Westbrook.

The Shoreline Medical Center affords access to a variety of medical services in a location convenient to the Valley Shore community. Currently, however, those whose comfort would be best served by locally-available treatment are excluded; cancer patients undergoing radiation therapy must travel to Middletown for a course of treatment that is administered daily for a period of up to seven weeks. Because travel time is generally 20 minutes or more each way, in most cases family or friends who provide transportation are consigned to unproductive waiting for the return trip while treatment is administered.

We acknowledge that there are other providers of radiation therapy in our area. However, the ease of access and ample parking available at the Shoreline Medical Center, coupled with the significantly reduced travel time, would be of great benefit to both patients and drivers. I point out that low income residents, those least likely to enjoy the convenience of private transportation, would be among the most positively impacted.

I urge that, for the benefit of our Valley Shore community, you grant approval of this application.

Sincerely,

Dick

Richard Smith,
First Selectman

RHS/jk Tel: 860-526-6020 Fax: 860-526-6023 www.deepriverct.us Email: selectman@deepriverct.us

TOWN OF KILLINGWORTH

Catherine Iino, *First Selectwoman*

4 August 2015

Jewel Mullen, MD, MPH, MPA
Commissioner of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook.

Killingworth's population is aging even faster than that of the rest of the state. Over one-tenth of our housing stock is age-restricted to older residents, most of who are low-income. Killingworth itself has no medical facilities. For many of our citizens, the Shoreline Medical Center is the closest, most convenient location for radiation therapy. Furthermore, our residents can reach the Shoreline Medical Center using the dial-a-ride service of Nine-Town Transit, of which we are a member.

I urge you to approve this application.

Sincerely,

Catherine Iino

ecc: Middlesex Hospital

RECEIVED
AUG 11 2015
Department of Public Health
Office of the Commissioner

323 Route 81, Killingworth, Connecticut 06419
860 663-1765 ext. 501 Fax 860 663-3305 ciino@townofkillingworth.com

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: _____

Printed Name: D. Jeanne Messick

Address: 69 Laurel Grove Road
Higganum, CT 06441

RECEIVED
AUG 11 2015
Department of Public Health
Office of the Central Director

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

RECEIVED
AUG 11 2015
Department of Public Health
Office of the Commissioner

Signature: Michael J. Rafferty

Printed Name: Michael J. Rafferty

Address: 5 Cottage Road
Old Saybrook, CT 06475

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: W Van Ness M.D.

Printed Name: W. Gordon Van Ness, M.D.

Address: 19 Parker Pt Rd
Chester, CT 06412

RECEIVED
AUG 14 2015
Department of Public Health
Office of the Commissioner

6267073v1

Town of Portland, Connecticut

33 East Main Street ▪ P.O. Box 71 ▪ Portland, CT 06480-0071 ▪ Phone: (860) 342-6715
www.portlandct.org ▪ Fax: (860) 342-6714
Equal Opportunity Provider and Employer
Office of the First Selectwoman

August 10, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, Connecticut.

The Shoreline Medical Center in Westbrook is a very valuable asset to the community. It provides access to a variety of medical services. Cancer patients undergoing radiation therapy are typically required to receive treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to low-income residents without private transportation. For these reasons, I strongly urge you to approve Middlesex Hospital's Certificate of Need application.

Respectfully,

Susan S. Bransfield

Susan S. Bransfield
First Selectwoman
Email: sbransfield@portlandct.org

RECEIVED
AUG 14 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

AUG 14 2015
Department of Public Health
Commissioner

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Charlotte P. Barringer

Printed Name: Charlotte P. Barringer

Address: 30 Bokum Rd. Unit 145
Essex, Ct.
06424

Commissioner Mullen -
I worked at Middlesex Hospital as a Hospice volunteer for 30 plus years and also drove my husband to Middletown for about a year, from Lyme, and can attest to the fact that people on radiation often have difficulty travelling a distance. Now at age 90, I drive friends from Essex to Middletown and have had to stop on the way to give oxygen. Please do support this!

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

8/12/15

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Connie Comfort

Printed Name: Mary Connie Comfort

Address: 30 Bokum Rd. # 329
Essex CT 06426

RECEIVED
AUG 14 2015
Department of Public Health
Office of the Commissioner

TOWN OF MADISON

CONNECTICUT 06443-2563

BOARD OF SELECTMAN

Fillmore McPherson
First Selectman

Alfred J. Goldberg
Robert G. Hale
Diane L. Stadterman
Joan M. Walker

August 10, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Fillmore McPherson
First Selectman

RECEIVED
AUG 14 2015
Department of Public Health
Office of the Commissioner

8 Campus Drive (203) 245-5602 FAX 245-5609

TOWN OF WESTBROOK
NOEL BISHOP, FIRST SELECTMAN

866 BOSTON POST ROAD
WESTBROOK, CONNECTICUT 06498
TEL (860) 399-3040
FAX (860) 399-3015

August 10, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, Connecticut 06134

Dear Commissioner Mullen:

I am the First Selectman of Westbrook. I am writing in support of Middlesex Hospital's Certificate of Need application to relocate its linear accelerator in Middletown to the Shoreline Medical Center in Westbrook.

The Shoreline Medical Center is an asset to our community. The public acceptance of this facility has been impressive. It provides a variety of medical services to our town and adjacent communities. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Noel Bishop
First Selectman

linearaccelerator/sfh

RECEIVED
AUG 14 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Dwight E. Juliani

Printed Name: Dwight E. Juliani

Address: 1203 Old Clinton Rd.
Westbrook, CT 06498

RECEIVED
AUG 14 2015
Department of Public Health
Office of the Commissioner

Carol Kelton Ryland
10 Mack Lane
Essex CT 06426

Jewel Mullen
Commissioner, Department of Public Health
410 Capitol Avenue
Hartford CT 06134

Dear Commissioner Mullen:

I write in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT

Since its completion and opening the Shoreline Medical Center has proved itself to be a most valuable asset to the Shoreline in many regards. However, there is not currently an option for cancer patients who need radiation to be served at the Shoreline Medical Center. As a cancer survivor and a patient who required radiation five days a week for seven weeks I have experienced the need to find transportation to Middletown for such treatment.

Had this treatment been available locally it would have lessened the increased impact on our family as it required me to secure a driver who could devote the time and transport. Fortunately I was able to do that, although even more elderly and less able patients find it a real challenge and some I know of have forgone recommended treatment as a result of those challenges.

For these reasons, I strongly urge you to approve this application.

Carol K Ryland

Carol K Ryland
10 Mack Lane
Essex, CT 06426

RECEIVED
AUG 14 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Victoria T. Winterer

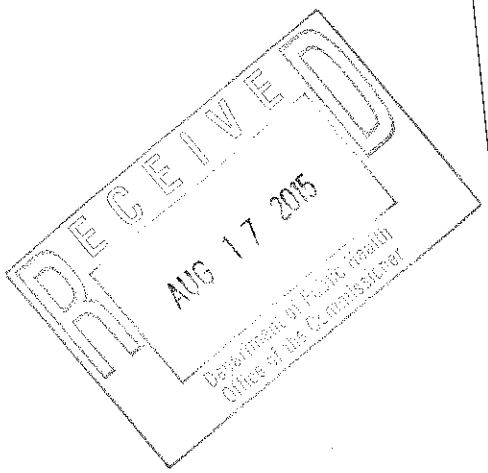
Printed Name: Victoria T. Winterer

Address: 93 River Rd.
Essex, CT 06426

RECEIVED
AUG 14 2015
Department of Public Health
Office of the Commissioner

HERBERT T. CLARK III

August 11, 2015



Jewel Mullen, MD, MPH, MPA
Commissioner, Department of Public Health
State of Connecticut
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, Connecticut.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Very truly yours,

Herbert T. Clark III

c. Gary Havican

11 HILLTOP AVENUE ✦ ESSEX, CT 06426 ✦ htcessex@prodigy.net

Essex Meadows

30 Bokum Road,
Essex, Connecticut 06426
(860) 767-7201
info@essexmeadows.com

LIFECARE RETIREMENT COMMUNITY

August 14, 2015

Jewel Mullen, MD, MPH, MPA
Commissioner, Department of Public Health
State of Connecticut
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need Application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, Connecticut.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And, while we understand that there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and for their families.

Having this treatment available locally is particularly important to our over 80 years of age residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

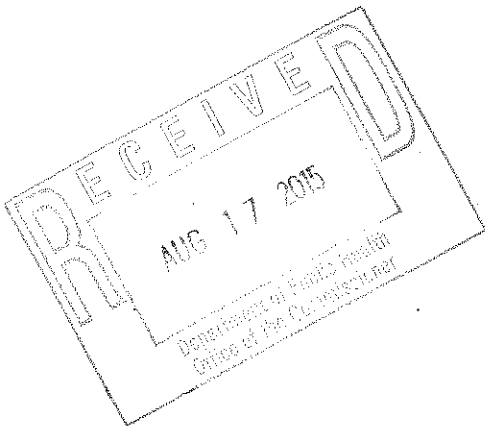
Jennifer H. Rannestad
Executive Director

JHR/sep

RECEIVED
AUG 17 2015
Department of Public Health
Office of the Commissioner

Town of Chester
203 Middlesex Avenue
Chester Connecticut 06412

telephone: 860-526-0013
facsimile: 860-526-0004
web page: chesterct.org



Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Edmund Meehan
First Selectman of Chester

Mark B. Walter
First Selectman

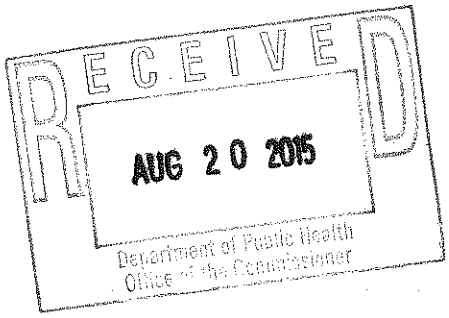
Emmett J. Lyman
Ernest P. Malavasi
Selectmen

Office: 860-873-5021
Fax: 860-873-5025
Email: admin@easthaddam.org

Selectmen's Office

TOWN OFFICE BUILDING
EAST HADDAM
CONNECTICUT
06423

August 17, 2015



Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Subj: Middlesex Hospital's Certificate of Need Application

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

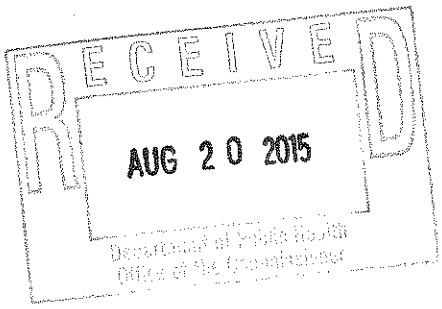
For these reasons, I strongly urge you to approve this application.

Sincerely,

Mark B. Walter
First Selectman

cc: Gary Havican, Middlesex Hospital

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134



Dear Commissioner Mullen:

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Cynthia H. Clegg

Printed Name: Cynthia H. Clegg

Address: 16 Hilltop Ave.
Essex, CT 06426

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

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The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: OLPatrell

Printed Name: OLIVER L. PATRELL

Address: 180 SCOTT RD Apt 138

WATERBURY, CT 06705

RECEIVED
AUG 25 2015
Department of Public Health
Office of the Commissioner

the YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capital Avenue
Hartford, CT 06134

August 19, 2015

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

As a community partner of Middlesex Hospital that offers cancer survivor programs on the Shoreline, I can attest for the need of this resource to be located at the Shoreline Medical Center in Westbrook. The survivors we serve at our YMCA are representative of survivors in our community: they are usually over 65 and the majority comes to the program with a spouse or caregiver who is responsible for their transportation or support. One of the biggest concerns expressed by the survivors in our group is the difficulty traveling to appointments around the state, particularly weekly radiation treatments. One of the groups most impacted are our low income participants who cannot readily arrange transportation to Middletown.

The Shoreline Medical Center has quickly become the community's default location for most medical needs due to the convenient location, state of the art facility, ample parking, and quality of care. Many of our participants utilize Middletown Hospital Cancer Center for their treatments and having a local resource with consistent medical care would be extremely beneficial.

It is for these reasons that I strongly urge you to approve this application.

Sincerely,

Chris Pallatto
CEO

RECEIVED
AUG 25 2015
Department of Public Health
Office of the Commissioner

Valley-Shore Y
201 Spencer Plains Road, Westbrook, CT 06498
P 860 399 9622 **F** 860 399 8349 www.vsymca.org

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

August 19, 2015

Dear Commissioner Mullen:

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: _____

Printed Name: STEPHEN BRENKMANN
PRESIDENT + CEO

Address: BRANATECH SCIENTIFIC, INC.

11 BOKUM ROAD

ESSEX, CT 06426

RECEIVED
AUG 25 2015
Department of Public Health
Office of the Commissioner

6267073v1

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: _____

Printed Name: PHILIP COLES

Address: 40 LOBB LANE
DEEP RIVER CT 06417

RECEIVED
AUG 25 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Signature: Lisa LeMonte

Printed Name: Lisa LeMonte

Address: 175 Ferry Rd, Unit 13
Old Saybrook, CT
06475

RECEIVED
AUG 25 2015
Department of Public Health
Office of the Commissioner

6267073v1

Joanne E. Masin
33 Mallard Point Road
Essex, CT., 06426

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is an extremely valuable asset to our community. It provides access to a variety of medical services in one convenient location. However, at the present time, cancer patients in our community, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are usually required to receive radiation treatments daily for six to seven weeks. The average age of patients being treated for cancer is above 65 years of age, and often require a family member or friend to bring them for their daily treatments and wait during the procedure. This causes anxiety and hardship for patients already under stress because of their condition. We understand that there are other providers of radiation therapy in the shoreline area, but having this available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without transportation.

For these reasons, I strongly urge you to approve this application.

RECEIVED
AUG 25 2015
Department of Public Health
Office of the Commissioner

Joanne E. Masin

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

RECEIVED
AUG 25 2015
Department of Public Health
Office of the Commissioner

Signature: P.M. Thompson

Printed Name: Pat Thompson

Address: 12 Lord Rd Dr.
Essex. CT 06426

I have spent 5 years w/ the patients need for treatment in Middletown.
Please bring services to the shoreline.

6267073v1

August 23, 2015
76 Ingham Hill Road
Essex, CT 06426

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

This letter is written in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is an excellent medical facility which provides a wide range of services. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. Having a Radiation Treatment Department at the Shoreline Medical Center would be a great benefit to the cancer patients in this area. They would be able to have their treatment without great travel which can be so draining for people with compromised health.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

Thank you for considering the approval of this application.

R. D. Dwyer

Robert D. Dwyer, MD
76 Ingham Hill Road
Essex, CT 06426

RECEIVED
AUG 26 2015
Department of Public Health
Office of the Commissioner

State of Connecticut
HOUSE OF REPRESENTATIVES
LEGISLATIVE OFFICE BUILDING
HARTFORD, CONNECTICUT 06106-1591

RECEIVED
AUG 26 2015
Office of
HEALTHCARE ACCESS

REPRESENTATIVE MATTHEW LESSER
ONE HUNDREDTH ASSEMBLY DISTRICT

HOME: 860-344-1230
CAPITOL: 860-240-8585
FAX: 860-240-0021
E-MAIL: Matthew.Lesser@cga.ct.gov

CHAIRMAN
BANKING COMMITTEE

MEMBER
APPROPRIATIONS COMMITTEE
GOVERNMENT ADMINISTRATION &
ELECTIONS COMMITTEE

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

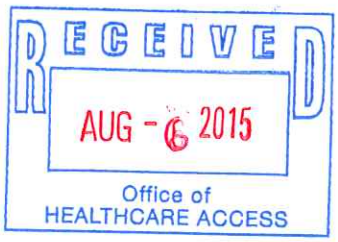
Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Matthew Lesser
State Representative

July 22, 2015



VIA EMAIL AND US MAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capital Avenue, MS #13HCA
PO Box 340308
Hartford, Connecticut 06134

RE: Request for Hearing: Certificate of Need Application
Docket No. 15-31985-CON

Dear Ms. Martone:

We are oncologists practicing in Connecticut's Shoreline area. Pursuant to Conn. Gen. Stat. §19a-639a(e), we are writing to request a public hearing relating to Middlesex Hospital's Certificate of Need application to acquire a Linear Accelerator for its Shoreline Medical Center in Westbrook, Connecticut. The docket number for this matter is listed above.

If you have any questions, please do not hesitate to contact Dr. Weissberg at 860-358-2100.

Sincerely,

Neal Goldberg, MD

Michael Farrell, MD, PhD

Susanna Hong, MD

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

August 7, 2015

Via Fax Only

Mr. Gary Havican
Vice President, Operations
Middlesex Hospital
28 Crescent Street
Middletown, CT 06457

RE: Certificate of Need Application, Docket Number 15-31985-CON
Acquisition of a Nonhospital Based Linear Accelerator
Request for Prefiled Testimony and Issues

Dear Mr. Havican:

The Office of Health Care Access ("OHCA") will hold a public hearing on the above docket number on August 27, 2015. The hearing is at 10:00 a.m. at the Department of Public Health, Office of Health Care Access, 410 Capitol Avenue, 3rd Floor Hearing Room in Hartford, CT 06134. Pursuant to the Regulations of Connecticut State Agencies § 19a-9-29(e), any party or other participant is required to prefile in written form all substantive, technical, or expert testimony that it proposes to offer at the hearing. OHCA requests that Middlesex Hospital ("Applicant") submit prefiled testimony by 4:00 p.m. on **August 20, 2015**.

All persons providing prefiled testimony must be present at the public hearing to adopt their written testimony under oath and must be available for cross-examination for the entire duration of the hearing. If you are unable to meet the specified time for filing the prefiled testimony you must request a time extension in writing, detailing the reasons for not being able to meet the specified deadline.

Additionally, please find attached OHCA's Issues. Please respond to the attached Issues in writing to OHCA by 4:00 p.m. on **August 20, 2015**.

Please contact Brian Carney or Jessica Schaeffer-Helmecki at (860) 418-7001 if you have any questions concerning this request.

Sincerely,

Kevin Hansted
Hearing Officer

Attachment

ISSUES

Office of Health Care Access Docket Number: 15-31985-CON

Middlesex Hospital – Acquisition of a Linear Accelerator (LINAC)

The Applicants should be prepared to present and discuss supporting evidence on the following issues:

- The clear public need for additional radiation therapy services in the "Shoreline Area."
- The reasoning for including particular towns in either the "Shoreline Area" or "Middletown Area."
- Historical/projected demand for radiation therapy services (by ***treatments*** as opposed to tests) for Middlesex patients in the "Middletown Area" and "Shoreline Area."
- Given that the majority of radiation therapy services were performed on the Varian 2100SCX LINAC to be replaced as part of this proposal, how will the remaining machine (Novalis TX) be able to accommodate patient demand in the Middletown area, given reduced capacity (only one LINAC), differences in technology and clinical use?
- The number of Middlesex cancer patients that will be required to travel from the "Middletown Area" to Westbrook and from the "Shoreline Area" to Middletown in order to receive the appropriate radiation therapy services if the proposal is approved.
- Quality and access issues related to the absence of a CT Simulator at the proposed Westbrook site.
- Access to care for Medicaid patients in the Middletown area.
- The plan and timeframe for the continued use of the Varian 2100 if the proposal is approved.

Provide a written response to the following as an attachment to the pre-file testimony, as these questions were not fully addressed in the application/completeness:

1. Revise table 4A.1 on page 155 of the completeness response letter dated June 9, 2015 to reflect LINAC ***treatments***. These volumes should reflect only the number of radiation therapy treatments. Other tests, such as image guidance, port films and dosimetry should be excluded from these volumes.

* * * COMMUNICATION RESULT REPORT (AUG. 7. 2015 3:15PM) * * *

FAX HEADER:

TRANSMITTED/STORED : AUG. 7. 2015 3:14PM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
214	MEMORY TX		98603465485	OK	3/3

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: **Mr. Gary Havican**
Vice President, Operations

FAX: **(860) 346-5485**

AGENCY: **Middlesex Hospital**

FROM: **Brian A. Carney, OHCA, (860) 418-7014**

DATE: **8/7/2015** **TIME:**

NUMBER OF PAGES: **3**
(including transmittal sheet

Comments: 15-31985–CON
Middlesex Hospital acquisition of a nonhospital based LINAC: Request for prefiled testimony and issues.

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

August 17, 2015

The Honorable Paul Formica
Senator, Twentieth Senate District
State of Connecticut
Legislative Office Building, Suite 3400
Hartford, CT 06106-1591

Re: Certificate of Need Docket Number 15-31985-CON
Middlesex Hospital
Acquisition of a Linear Accelerator and relocation to Middlesex Hospital Shoreline Medical Center in Westbrook

Dear Senator Formica:

On August 11, 2015, the Department of Public Health ("DPH") received your letter concerning the Certificate of Need ("CON") for Middlesex Hospital's application for the acquisition of Linear Accelerator and relocation to Middlesex Hospital Shoreline Medical Center in Westbrook.

I welcome and appreciate your comments regarding this matter. Your letter will be made part of the Office of Health Care Access (OHCA) formal record of the CON application docket. Please be advised, once a decision has been rendered it will be posted and available on OHCA's website at http:// www.ct.gov/dph/ohca. Meanwhile, OHCA's website maintains status reports that you may review at your convenience.

If you have any further concerns or questions, please feel free to contact Kimberly Martone, Director of Operations for OHCA at (860) 418-7029.

Sincerely,

Janet M. Brancifort

Janet M. Brancifort, MPH, RRT
Deputy Commissioner

Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

State of Connecticut

SENATE

SENATOR PAUL FORMICA
TWENTIETH SENATE DISTRICT

LEGISLATIVE OFFICE BUILDING
300 CAPITOL AVENUE, SUITE 3400
HARTFORD, CONNECTICUT 06106-1591
CAPITOL: (800) 842-1421
E-MAIL: Paul.Formica@cga.ct.gov
WEBSITE: www.SenatorFormica.com

SENATE MINORITY WHIP

RANKING MEMBER
ENERGY & TECHNOLOGY COMMITTEE

MEMBER
APPROPRIATIONS COMMITTEE
PUBLIC SAFETY COMMITTEE

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, Ct 06124

Dear Commissioner Mullen,

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, Ct.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Paul M. Formica
State Senator

RECEIVED
AUG 11 2015

Greer, Leslie

From: Carney, Brian
Sent: Thursday, August 20, 2015 3:43 PM
To: Greer, Leslie
Subject: FW: Pre-Filed Testimony, Docket No. 15-31985-CON

Leslie, please add to the TOR.

Thanks,
Brian

Brian A. Carney, MBA
Office of Health Care Access

Phone: (860) 418-7014
Fax: (860) 418 7053
Email: brian.carney@ct.gov

From: Carney, Brian
Sent: Thursday, August 20, 2015 3:02 PM
To: 'Stephanie Sprague Sobkowiak'
Cc: Riggott, Kaila; Hansted, Kevin; Schaeffer-Helmecki, Jessica
Subject: RE: Pre-Filed Testimony, Docket No. 15-31985-CON

Ms. Sobkowiak,

This email is to confirm receipt of your pre-filed testimony and responses to outstanding issues related to the above-referenced docket. If you have not already done so, please fax OHCA a Notice of Appearance form.

Sincerely,
Brian A. Carney

Brian A. Carney, MBA
Office of Health Care Access

Phone: (860) 418-7014
Fax: (860) 418 7053
Email: brian.carney@ct.gov

From: Stephanie Sprague Sobkowiak [mailto:ssobkowiak@murthalaw.com]
Sent: Thursday, August 20, 2015 2:39 PM
To: Carney, Brian
Cc: Paul E. Knag
Subject: Pre-Filed Testimony, Docket No. 15-31985-CON

Mr. Carney,

In follow-up to our conversation yesterday, I have attached a letter to Hearing Officer Hansted with Middlesex Hospital's Pre-Filed Testimony and Responses to OHCA's List of Issues. As we discussed, it would be much appreciated if you can confirm receipt. If you'd like me to send the original via UPS, please let me know.

Thank you and regards,
Stephanie

Stephanie Sprague Sobkowiak
Partner
ssobkowiak@murthalaw.com

Murtha Cullina LLP | Attorneys at Law | www.murthalaw.com
One Century Tower, 265 Church Street | New Haven | CT | 06510
Direct: 203-772-7782
Fax: 860-240-5899

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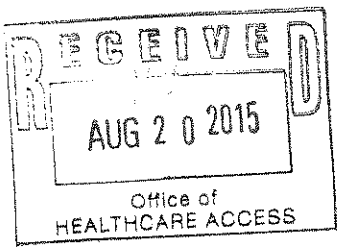
MURTHA

STEPHANIE SPRAGUE SOBKOWIAK
203-772-7782 DIRECT TELEPHONE
860-240-5899 DIRECT FACSIMILE
SSOBKOWIAK@MURTHALAW.COM

August 20, 2015

Mr. Kevin Hansted
Hearing Officer
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308



Re: Certificate of Need Application, Docket Number 15-31985-CON
Acquisition of a Nonhospital Based Linear Accelerator
Pre-filed Testimony and Response to List of Issues

Dear Mr. Hansted:

On behalf of Middlesex Hospital, our firm submits the attached Pre-Filed Testimony of Vincent G. Capece, Jr., Gary Havican, George Pavlonnis and Andrew LeBlanc as requested by the Office of Health Care Access in the above-referenced matter. A response to OHCA's list of issues dated August 7, 2015 is attached as Exhibit B to Gary Havican's testimony.

Please contact me if you have any questions regarding this submission.

Sincerely,

Stephanie Sprague Sobkowiak

Attachments

BEFORE THE CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

IN RE APPLICATION	:	DOCKET NO. 15-31985-CON
TO ACQUIRE A LINEAR	:	
ACCELERATOR AND RELOCATE	:	
TO SHORELINE MEDICAL CENTER	:	
IN WESTBROOK	:	August 20, 2015

PRE-FILED TESTIMONY OF VINCENT G. CAPECE, JR.
MIDDLESEX HOSPITAL

I am Vincent Capece, President and Chief Executive Officer of Middlesex Hospital.

I welcome the opportunity to testify in favor of this Certificate of Need application.

This application involves a simple, straightforward replacement of an aging linear accelerator (LinAc). We currently have two LinAcs located in Middletown, which is the appropriate capacity to meet our current patient demand. One of our LinAcs needs to be replaced because it is thirteen years old and at the end of its useful life. The proposed replacement will enable us to continue to meet the needs of our patients. In order to improve access for our patients who reside in shoreline communities, we are also proposing to locate the replacement machine at our Shoreline facility in Westbrook.

Many patients choose Middlesex because they recognize the superior quality of care provided by our Health System. Middlesex Hospital is an award-winning hospital. To name just a few of our accomplishments, in 2001, we became Connecticut's first and only Magnet hospital, a prestigious mark of nursing excellence awarded by the American Nurses Credentialing Center (ANCC), an arm of the American Nurses Association. The Hospital has retained its Magnet designation since 2001 and is one of only 20 hospitals worldwide to be redesignated with this credential three times.

Middlesex has also been designated four times as one of the Thomson Reuters 100 Top Hospitals®, is one of HealthGrades® Safest Hospitals in America, has received the HealthGrades® Outstanding Patient Experience Award™, and has been designated as a HealthGrades® Distinguished Hospital for Clinical Excellence, as well as a HealthGrades® America's Best 100 Hospital. We have taken the top spot in Connecticut in the Consumer Reports Hospital Safety Rankings and have been named to Becker's Hospital Review's "100 Great Community Hospitals" list, which recognizes high-performing hospitals with fewer than 550 beds. The Emergency Departments at both the Shoreline Medical Center and the Marlborough Medical Center have been recipients of the Press

Ganey Summit Award for customer satisfaction many times. This award recognizes top-performing facilities that have sustained the highest level (at least 95th percentile) of customer satisfaction for three or more consecutive years.

All of our diagnostic imaging locations have been designated Breast Imaging Centers of Excellence by the American College of Radiology (ACR). Our Hospital is accredited by the American College of Surgeons' National Accreditation Program for Breast Centers as a Comprehensive Breast Center. Our Hospital Radiation Therapy Department received the 2014 Connecticut Quality Improvement Award (CQIA) Innovation Prize for its implementation of its non-invasive stereotactic radiosurgery and stereotactic body radiation therapy programs in a community setting.

Last, but not least, the Middlesex Hospital Cancer Center just received the 2015 American College of Surgeons (ACoS) Commission on Cancer (CoC) Outstanding Achievement Award. Ours is the only cancer program in Connecticut to receive this award for the survey period through June 30, 2015. A facility receives this award following an on-site evaluation by a physician surveyor during which the facility must demonstrate exceptional compliance with seven established standards that represent the full scope of cancer services, including clinical trial accrual, cancer registrar education, public reporting of outcomes, College of Pathologists protocols, nursing care, Rapid Quality Report System (RQRS) participation, and data submission.

Our Certificate of Need application aligns with our patient-centered mission by bringing our award-winning care closer to the local community of the patients we serve. As set forth in our application, our Shoreline Medical Center is an extension of our main campus in Middletown, and we are working towards the provision of comprehensive outpatient services as this location. Cancer treatment should be no exception. We believe that the relocation of a linear accelerator to this site will greatly improve access for our shoreline-area patients who otherwise need to travel to Middletown daily, for many weeks, to receive radiation therapy. Our proposal will ease the stress faced by these patients and their families, especially those of lower economic means.

Middlesex Hospital is also a hospital of choice for those focused on lower costs. Middlesex is part of the Value Care Alliance, an alliance of lower cost hospitals which offer the opportunity for quality care at lower cost. Yale is not part of this Alliance. It is a higher cost Hospital. This can be verified by reference to OHCA's 2014 report. This shows that our non-government payment per case mix adjusted discharge for FY 2014 was $14,460 while Yale's was $21,799. Our expense per case mix (adjusted equivalent discharge) for FY 2014 was $8,706 while Yale's was $10,416. It follows that allowing Middlesex to provide better access to its patients will provide better access to lower cost, high-quality services.

Thank you for the opportunity to testify in favor of our application, and I urge the Office to approve the application for the reasons I have explained, as well as those to be shared by my colleagues and presented in our application.

BEFORE THE CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

IN RE APPLICATION	:	DOCKET NO. 15-31985-CON
TO ACQUIRE A LINEAR	:	
ACCELERATOR AND RELOCATE	:	
TO SHORELINE MEDICAL CENTER	:	
IN WESTBROOK	:	August 20, 2015

PRE-FILED TESTIMONY OF GARY C. HAVICAN
MIDDLESEX HOSPITAL

I am Gary Havican, Vice President, Strategic Planning and Ambulatory Operations of Middlesex Hospital.

I welcome the opportunity to testify in favor of this Certificate of Need application.

As Vincent Capece mentioned, Middlesex Hospital, in addition to its other accomplishments, operates an award-winning cancer center. Middlesex Hospital Cancer Center offers the highest quality clinical cancer care for the prevention, diagnosis, treatment, and management of cancer and cancer-related conditions. Recognized for measurable success and excellence in clinical outcomes, coordination of cancer care, and customer service, our multidisciplinary team works with patients and families to customize treatment plans and offers many advanced cancer services to all members of our community. A brief summary of the Hospital, our awards and our distinguished oncology services is attached hereto as Exhibit A.

One of our distinguishing characteristics is that we treat and support the whole cancer patient and their family. Our cancer services include an experienced, collaborative team of physicians and nurse navigators available to guide patients through their cancer journey—addressing their physical as well as emotional, social, financial, and spiritual needs. We encourage patients and families to actively participate in making decisions about health and treatment and offer a range of patient and family services and integrative therapies to promote well-being from the time of diagnosis, through treatment, and on to survivorship.

Replacing our 13 year old, outdated linear accelerator with new upgraded technology in our Westbrook outpatient center is part of our strategy to improve the cancer treatment experience for our patients. Again, we are not seeking additional equipment. We are simply seeking to upgrade a machine that we already have and place it in a location that makes more sense for the delivery of comprehensive health care in the communities that we serve. All of our radiation therapy patients, regardless of where they reside, must currently come to the main campus in Middletown. Most of these patients need daily treatment for 5 to

6 weeks. Having a location right in the community will greatly enhance the care process for these patients. Patients with very limited resources, whether they are Medicaid patients or not, will particularly benefit from the local access to care. While we do operate a shuttle service and will continue to do so, it is clearly a benefit to those with limited resources to travel a shorter distance, be able to have their family bring them for care, not be dependent on shuttle service, etc.

Attached to my testimony at Exhibit B you will find responses to OHCA's list of issues as provided to us on August 7. While many of these issues are discussed in our Pre-filed Testimony and will likely be discussed during the hearing, Exhibit B sets forth succinct responses to the particular issues raised.

My colleagues will address the detailed clinical aspects of our application as well as details regarding the financial impact of our application. However, I would like to take this opportunity to note that I have reviewed the letters of concern submitted to the Office of Health Care Access by our colleagues at Yale New Haven Health and the Yale Medical Group. The information presented by my colleagues will address some of the matters raised in these letters. In addition, attached to my pre-filed testimony as Exhibit C, you will find our responses to the particular concerns addressed in these letters.

I would, however, like to address one particular, key item raised in these letters: the relative service areas of our main campus and our Westbrook location. Yale objects not to our replacement of an outdated piece of equipment but to its location on the Shoreline. It goes to great lengths to describe Durham, East Haddam and Haddam as closer to Middletown than to Westbrook and urges OHCA to consider individuals from these towns as more appropriate for treatment at the main campus in Middletown than at the Shoreline Medical Center in Westbrook. Putting aside the fact that Haddam and East Haddam, particularly, are large towns with patients potentially living in all corners, Yale's analysis overlooks the fact that precise mileage is not the only factor involved in patient choice. While we strongly believe that locating the new Elekta Infinity in Westbrook will enhance access for a great number of our patients who must currently travel to Middletown, the fact of the matter is that cost-effective, high quality options are a good thing for patients in the community.

Patients make health care choices based on distance, ease of navigation around and in the facility, proximity to work place, cost, religious affiliation, culture, perception of quality, recommendations, experience, size, online ratings, gender of providers, insurance coverage, referring physicians, physician level of experience and other factors. We cannot control for or predict all of these variables for all of our patients. However, we do know that by locating our replacement machine in Westbrook, we will bring treatment much closer to home and to a convenient facility for many of our patients. When "dividing" the service area towns, we looked at not only the mileage involved but also at the convenience the Shoreline location would bring for patients who lives in areas

not particularly close to the main campus. For many of our patients, the convenience of the Shoreline facility, with its easy parking and navigation, cannot be overlooked. We believe that many patients in Durham, East Haddam and Haddam, for example, will prefer to seek care at the Shoreline Medical Center for these reasons.

To respond to Yale's comments about potential capacity issue on the Novalis TX in Middletown, we do not believe a capacity issue is likely because a sufficient number of patients will self-select to Westbrook. However, any capacity issue can be resolved by patients obtaining their treatment in Westbrook. As our application indicates and as my colleague will testify, the overwhelming majority of our patients will be able to seek treatment on either of these machines. A small number of patients potentially having to travel from a location slightly closer to Middletown to receive treatment at a convenient location in Westbrook still leaves the overall health care community better off by offering choice and bringing treatment closer to home for many patients.

Thank you for the opportunity to testify in favor of our application, and I urge the Office to approve the application for the reasons I have explained, as well as those presented in our application and to be discussed by my colleagues.

Exhibit A

THE SMARTER CHOICE FOR CARE

The Smarter Choice for Care
MIDDLESEX HOSPITAL

MISSION

Middlesex Hospital exists to provide the safest, highest quality health care, and the best experience possible for our community.

VISION

To be the clear, first choice for medical care.

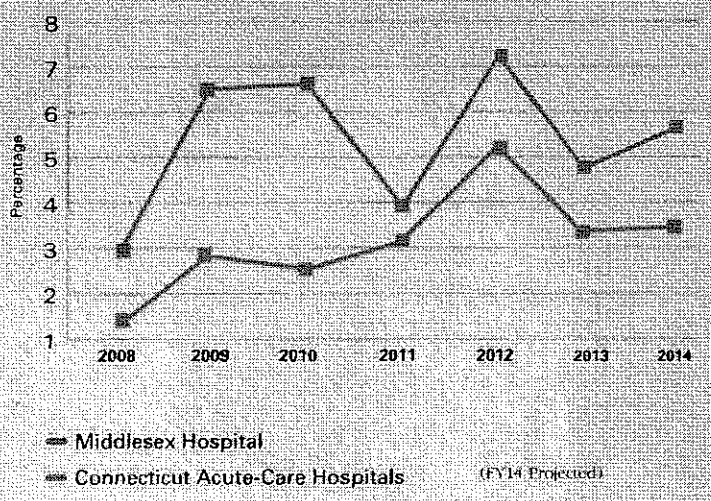
Middlesex Hospital, founded in 1904,

is a not-for-profit, acute-care, community teaching hospital in Middletown, CT. It provides health care services to a large geographic area covering the 24 towns in Middlesex County and the lower Connecticut River Valley, with a combined population of more than 265,000 people. The Hospital is the only acute-care hospital located in its service area, and is a major provider of outpatient services in Middlesex County.

PROFILE (Fiscal Year 2014)

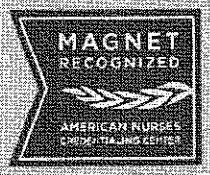
Total Licensed Beds	275 beds, 22 bassinets
Total Staffed Beds	183, 9 bassinets
Operating Rooms	12
Admissions	14,296 (including newborns)
Births	1,120
Emergency Department Visits (3 sites)	80,555
Outpatient Visits	598,838
Surgeries	10,415
Active Medical Staff	357
Courtesy	75
Consulting	5
Allied Health Professional Staff	140
Total Employees	2,081
Inpatient Gross Revenue	$567,284,000
Outpatient Gross Revenue	$704,942,000
Gross Revenue	$1,272,226,000

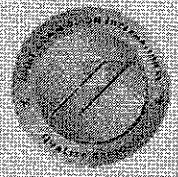
MIDDLESEX HOSPITAL VS. CONNECTICUT AVERAGE MARGIN



Middlesex Hospital has a longstanding record of solid financial performance. The Hospital has exceeded its goal of a 3% operating margin for the past six years, placing us at the top of Connecticut's best performing hospitals.

AWARDS AND RECOGNITIONS





healthgrades
Safest Hospitals in America

healthgrades
Distinguished Hospitals for Clinical Excellence

healthgrades
Top Hospitals for Emergency Care Designation

100 Top Hospitals® in the United States

Middlesex Hospital continues to distinguish itself as one of the finest hospitals in the United States. Most notably, the Hospital has been designated four times (2004, 2007, 2008, 2011) as one of the Thomson Reuters 100 Top Hospitals®, most recently as part of the 2011 Thomson Reuters *National Benchmarks for Success* study.

ANCC Magnet Hospital

In June of 2001, Middlesex Hospital became Connecticut's first and only Magnet hospital. This designation is awarded by the American Nurses Credentialing Center (ANCC), an arm of the American Nurses Association, to recognize nursing excellence. The Hospital was redesignated as a Magnet hospital for the fourth time in 2014, making it one of fewer than 1% of hospitals nationwide to have achieved this prestigious honor four times in a row. This recognition has greatly enhanced the Hospital's recruitment and retention of top nursing professionals.

Press Ganey Summit Award

The Emergency Departments at both the Middlesex Hospital Shoreline Medical Center and the Middlesex Hospital Marlborough Medical Center have been recipients of this award for customer satisfaction multiple times. In 2014, the Middlesex Hospital Marlborough Medical Center received the Press Ganey Summit Award (now known as the Guardian of Excellence Award℠) for an impressive ninth year in a row. The Summit Award recognizes top-performing facilities that have sustained the highest level (at least at the 95th percentile) of customer satisfaction for three or more consecutive years.

HealthGrades® Safest Hospitals in America

In its seventh annual study of quality and clinical excellence, HealthGrades, a leading independent health care ratings organization, identified 270 hospitals out of 5,000 nationwide that collectively had a 28 percent lower mortality rate and 8 percent lower complication rate than the national average. The full list reflects the top five percent of hospitals nationwide. Middlesex Hospital was one of only seven Connecticut hospitals on the HealthGrades list.

Joint Commission Gold Seal of Approval®

The Middlesex Hospital Center for Joint Replacement & Spine Surgery has earned The Joint Commission's Gold Seal of Approval® for its Joint Replacement Program by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in disease-specific care. The certification award recognizes the Hospital's dedication to continuous compliance with The Joint Commission's state-of-the-art standards.

Consumer Reports Safest in the State

Middlesex Hospital was the highest scoring hospital in Connecticut in the *Consumer Reports* hospital safety rankings in both years it has been done. This report ranks hospitals based on six categories: ability to limit infections, rate of readmissions, overuse of scanning, communication and mortality rates.

HealthGrades® Distinguished Hospitals for Clinical Excellence

Middlesex Hospital was recognized in a study conducted by HealthGrades, which ranked 5,000 U.S. hospitals based on mortality and complication rates compiled from Medicare data.

HealthGrades® Top Hospitals for Emergency Care Designation

Middlesex Hospital has achieved the HealthGrades Emergency Medicine Excellence Award three years in a row. This puts Middlesex Hospital among the top five percent of hospitals in the country for clinical outcomes for patients admitted through the emergency room.

HealthGrades® America's Best 100 Hospitals

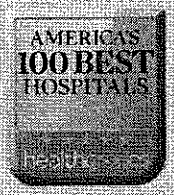
Middlesex Hospital was named one of HealthGrades first-ever America's best 100 hospitals in 2012 and again in 2013. According to HealthGrades, the hospitals on the list demonstrated superior and sustained clinical quality, ranking them in the top two percent of all hospitals in the nation in 2013.

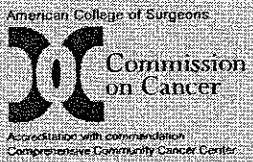
Becker's 100 Great Community Hospitals

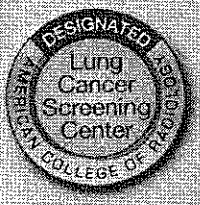
In 2012 and 2013, Middlesex Hospital was named to *Becker's Hospital Review's* "100 Great Community Hospitals" list, which recognizes high-performing hospitals with fewer than 550 beds.

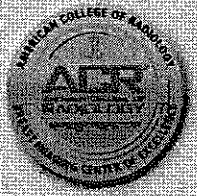
"Most Wired" Hospitals in the United States

Middlesex Hospital was recognized as one of the nation's Most Wired hospitals in 2012, 2013, 2014 and 2015. According to the 2015 survey, Most Wired hospitals are taking more aggressive privacy and security measures to protect and safeguard patient data. Top growth areas in security among this year's Most Wired organizations include privacy audit systems, provisioning systems, data loss prevention, single sign-on and identity management.









American College of Surgeons Commission on Cancer Outstanding Achievement Award Winner

The Middlesex Hospital Cancer Center has received a 2015 American College of Surgeons (ACoS) Commission on Cancer (CoC) Outstanding Achievement Award. It is the only cancer program in Connecticut to receive this award for the survey period of January 1 through June 30, 2015.

American College of Surgeons Commission on Cancer with Commendation

The Middlesex Hospital Cancer Center received had an on-site evaluation by a physician surveyor during which the facility demonstrates a "commendation" level of compliance with seven established standards that represent the full scope of the cancer program, including clinical trial accrual, cancer registrar education, public reporting of outcomes, College of Pathologists protocols, nursing care, Rapid Quality Report System (RQRS) participation, and data submission: accuracy of data. In addition, the commendation is considered Gold Level, which indicates 100% compliance with the stringent standards set forth by the CoC.

American College of Radiology (ACR) Breast Imaging Center of Excellence

All of the Middlesex Hospital Diagnostic Imaging locations have been designated Breast Imaging Centers of Excellence by the American College of Radiology (ACR). By awarding the facility the status of a Breast Imaging Center of Excellence, the ACR recognizes that the breast imaging center has earned accreditation in mammography, stereotactic breast biopsy and breast ultrasound (including ultrasound-guided breast biopsy).

American College of Surgeons (ACoS) National Accreditation Program for Breast Centers (NAPBC)

Middlesex Hospital is accredited by the American College of Surgeons National Accreditation Program for Breast Centers as a Comprehensive Breast Center. At the time of its first accreditation in 2009, it was only the third such center in Connecticut.

National Leadership Award by the National Lung Cancer Program

Middlesex Hospital was given a National Leadership Award by the National Lung Cancer Program in November 2012 for the development of the low-dose CT lung cancer screening program.

American College of Radiology (ACR) Designated Lung Screening Center

The Middlesex Hospital program was the first in Connecticut to earn the Lung Cancer Alliance "Screening Center of Excellence" and now has received the American College of Radiology's "Lung Cancer Screening Center" designation. This important distinction documents that the program performs the highest-quality CT exams, while keeping the radiation dose very low and has experienced radiologists reading these exams using a defined criteria created by the American College of Radiology.

Connecticut Quality Improvement Award Winner

The Middlesex Hospital Radiation Therapy Department received the 2014 Connecticut Quality Improvement Award (CQIA) Innovation Prize. Middlesex Hospital received the award for its implementation of its non-invasive stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) programs in a community setting. These programs highlight a strong collaboration among the Hospital's neurosurgeons and radiation oncologists. The SRS and SBRT technology are innovative approaches to cancer treatment that have enabled Middlesex Hospital and its Cancer Center to offer patients the very latest in highly specialized treatment in a local setting.

Accreditations/Certifications

- American College of Surgeons Commission on Cancer with Commendation, Outstanding Achievement Award Winner
- American College of Radiology (ACR) Breast Imaging Center of Excellence
- American College of Radiology (ACR) Designated Lung Cancer Screening Center
- American College of Radiology (ACR) Accredited Radiation Oncology since 2006
- American College of Surgeons (ACoS) National Accreditation Program for Breast Centers (NAPBC)
- The Joint Commission
- The National Committee for Quality Assurance for Disease Management Programs
- College of American Pathologists
- Accreditation for Graduate Medical Education (ACGME)
- National Committee for Quality Assurance (NCQA)
- Immunization Action Coalition "Honor Roll for Safety"
- Primary Stroke Center Certification by The Joint Commission

The Hospital is also a member of the American Hospital Association and the Connecticut Hospital Association.

HIGHLIGHTED CLINICAL PROGRAMS AND SERVICES

Surgical

- Robotic Surgery Program
  - Sleep Apnea - Trans Oral Robotic Surgery (TORS)
  - Gyn-Oncology
  - Prostate
  - Bariatric
  - Thoracic
- Bariatric Center of Excellence
- Joint Replacement Center of Excellence

Medical

- Diagnostic Cardiac Catheterization
- Neurology - The Joint Commission Designated Stroke Center

Oncology

- Radiation therapy program with Novalis Tx™ and BrainLab Stereotactic Radiosurgery (SRS)
- Comprehensive Breast Center
- High-dose radiotherapy for comprehensive gyn-oncology program
- Total Lung Care Program: This program consists of Middlesex Hospital's interdisciplinary team of pulmonologists, surgeons and physicists, as well as a dedicated nurse navigator. Part of the program is low-dose CT screening for lung cancer, which was started after a November of 2010 National Cancer Institute study indicated that screening people at high risk for lung cancer can save lives
- Comprehensive prostate program, including a Prostate Nurse Navigator, and 3T MRI prostate screening program
- Comprehensive gyn-oncology program
- Center for Survivorship and Integrative Medicine
- Nurse Navigator Program for lung, prostate, colon, gynecologic, genitourinary, breast cancer and breast imaging

Nursing Program

Middlesex Hospital became the first in Connecticut to achieve Magnet Recognition in 2001 – the highest international award granted to health care organizations for outstanding excellence in nursing services.

Additionally, Middlesex Hospital is a four-time Magnet hospital, the only one in Connecticut. Less than 1% of hospitals in the United States have achieved Magnet status three times.

- **Excellence in Nursing Education and Certification**
  - Middlesex Hospital has a unique legacy of nursing education. This is largely due to the Ona Wilcox College of Nursing that existed here for 100 years before it closed in the late 1990s. We have continued to provide solid support for education to our nursing staff, many of whom trained here, giving them many options for BSN completion and a very generous tuition reimbursement benefit. In addition, the Hospital has a state-of-the-art simulation lab, not typical of a community hospital.
  - Middlesex Hospital's population of nurses continues to be well educated (over 51% BSN) and specialty certified (over 57%) which are both well above established benchmarks. Nurses at the Hospital have a higher than average tenure and are fortunate to have extremely supportive nurse leaders who serve as role models and support professional development.

- **Nursing Research**
  - Middlesex Hospital currently contracts with a PhD prepared consultant from the University of Connecticut to guide us in conducting new and ongoing research activities. As a Magnet requirement, the standard asks that the Hospital "develop, expand and advance nursing research," which includes the initiation of one research study each year. In addition, the Hospital continues to work on evaluating and implementing evidence-based practice, engaging nurses in these processes and disseminating results.

Home Care Services

- Middlesex Hospital provides extensive home care and home hospice services from two offices within the county.
- Homecare Programs
  - Traditional Medical Surgical Care
  - Hospice/Palliative Care
  - Behavioral Health
  - "Heartsmart" Cardiac Care
  - Home Health Aide Services
  - Telehealth/Lifeline
  - Rehabilitation Services
  - Wound Management
  - Chronic Care Management
  - Maternal Child Health
  - Public Health
  - Care Calls to patients post-discharge:
    - Reduces patient readmissions
    - Increases patient satisfaction

Center for Chronic Care Management

Middlesex Hospital is a national pioneer in community-oriented disease management. The Hospital's programs in smoking cessation, diabetes, chronic heart failure, and asthma management have won numerous awards and were the first provider-based disease management programs in the country to receive NCQA accreditation. Rather than being a typical "vendor" of disease management services, the Hospital provides face-to-face, intensive care management and patient education to foster a partnership between the patient and physician, throughout the health care delivery system. The programs are built around evidence-based guidelines and solid outcomes measurements, on both clinical and quality of life indicators.

Middlesex Hospital, Middletown, CT.

ACADEMIC PROGRAMS

Family Medicine Residency Program

Since 1972 the Middlesex Hospital Family Medicine Residency Program has turned out some of the brightest, most talented and most dedicated family physicians around. The program enjoys national recognition for both excellence and innovation in graduate medical education, and each year attracts outstanding applicants from a national pool.

In response to the rising importance and complexity of primary care, Middlesex Hospital was selected as the first of the nation's 472 family medicine residency programs to model a comprehensive, four-year curriculum through the P4 – Preparing the Personal Physician for Practice-program. The "Middlesex Model" is now the basis for the Accreditation Council for Graduate Medical Education (ACGME) Length of Training Pilot, a prospective, case-control study of 20 programs designed to assess the merits of four years of training.

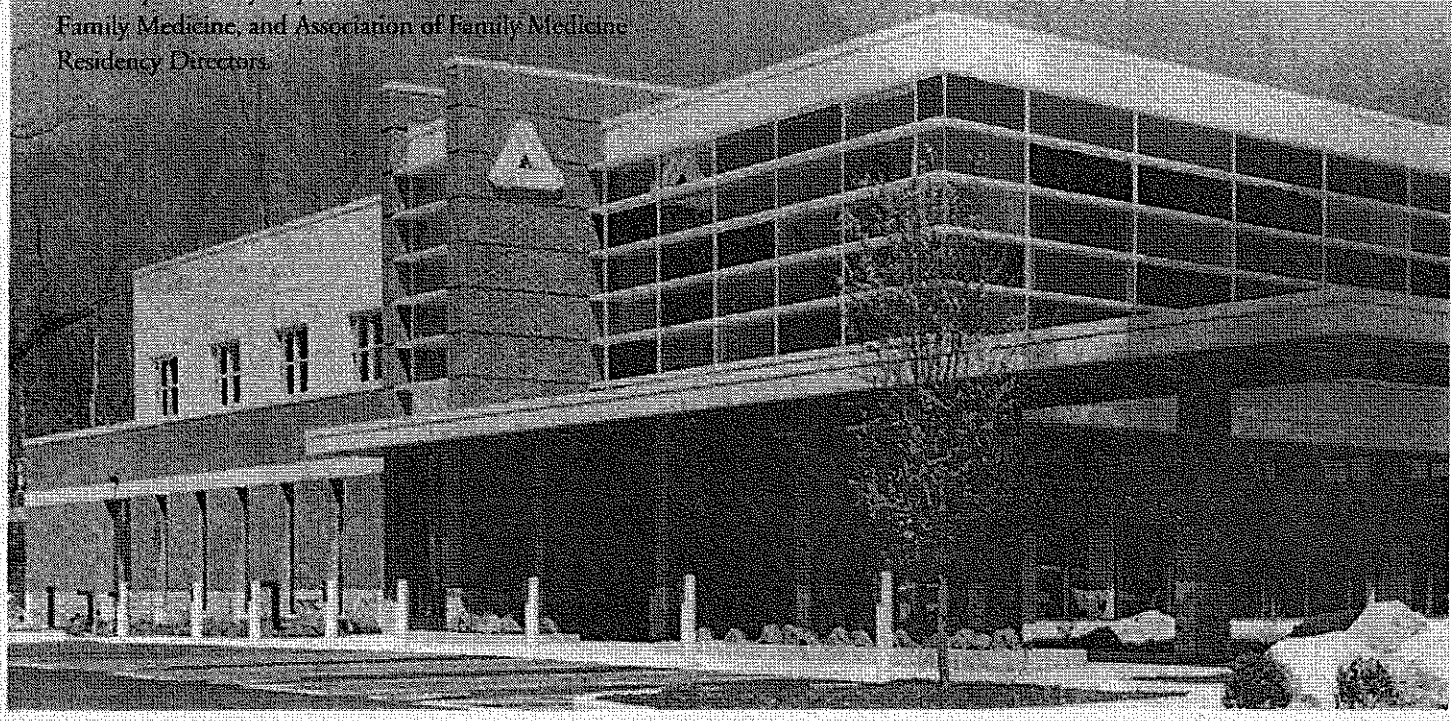
As of June, 2015, the program has graduated 282 family physicians. It has graduated 34 four-year residents and demonstrated outstanding educational, clinical, and programmatic outcomes. To date, the program has published six peer-reviewed journal articles documenting its progress and given over 40 invited regional and national presentations on the subject. In 2012, the program was honored with a joint recognition award from the American Academy of Family Physicians, American Board of Family Medicine, and Association of Family Medicine Residency Directors.

In addition to its academic accomplishments, the program is also an important provider of medical care to the residents of Middlesex County. Through its NCQA-recognized Level 3 Patient-Centered Medical Home practices in Middletown, Portland, and East Hampton care is delivered to over 35,000 patients annually in the office, hospital, nursing home, and home.

Radiologic Technology Program

Middlesex Hospital and Middlesex Community College (MxCC) offer a 27-month associate's degree program in Radiologic Technology. Throughout training, students are introduced to all imaging modalities including mammography, computerized tomography (CT scan), magnetic resonance imaging (MRI), ultrasound, nuclear medicine and radiation oncology. Also under development are curricula for computed tomography and mammography certificate programs. Students complete their general education coursework at Middlesex Community College and complete their skills training on site at Middlesex Hospital.

The program is designed to prepare graduates to pass the national certification test for radiographers, which allows them to enter the medical workforce, as well as qualify for state licensure.



ONCOLOGY NURSE NAVIGATORS

Today, more and more patients are receiving their cancer treatment as outpatients – but trying to keep track of a complex schedule of treatments, tests, appointments and other support services can add a whole new set of challenges.

That's where our oncology nurse navigators come in. They help guide patients through the treatment journey – from diagnosis to treatment to survivorship – to help with unique physical, social, financial, and emotional needs. Here at Middlesex Hospital, we pride ourselves in providing seamless care, and the nurse navigator is a "one-stop" resource during this hectic time. They are oncology-certified Registered Nurses who work with all of the health care providers involved in the patient's care, are available to teach and reinforce information regarding the patient's treatment, and will also assist with transportation, nutrition, genetic counseling, distress management and other important resources.

Middlesex Hospital oncology nurse navigators specialize in caring for patients with lung, breast, colorectal and prostate cancers. Their services are free of charge with no insurance coverage necessary.

Middlesex Hospital Oncology Nurse Navigators

Middlesex Hospital Shoreline Medical Center

The Smarter Choice for Care

MIDDLESEX HOSPITAL

Exhibit B
Responses to OHCA's List of Issues

- The clear public need for additional radiation therapy services in the "Shoreline Area."

The Hospital is not seeking additional equipment. It is simply seeking to upgrade a machine that it already has and to place it in a location that makes more sense for the delivery of comprehensive health care in the communities that it serves. The utilization of the Hospital's current machines, as evidenced by the data already submitted (see Tables 4.A.1, 4.A.2 and 5), clearly supports the need for two Linear Accelerators. Furthermore, locating the replacement equipment in Westbrook will provide greater accessibility to those Middlesex radiation therapy patients who live in the Shoreline area. All of the Hospital's radiation therapy patients, regardless of where they reside, must currently go to the main campus in Middletown. Most of these patients need daily treatment for five (5) to six (6) weeks – this poses a challenge for the Shoreline area patients as many of them must travel considerably greater distances to receive treatment than those patients who live closer to Middletown. Research shows that increased travel time to health care services has been associated with decreased utilization of radiation therapy by breast cancer patients.[1] Therefore, having a location right in the community will greatly enhance the care process for these patients. Patients with very limited resources, whether they are Medicaid patients or not, will particularly benefit from the local access to care. While the Hospital operates a shuttle service and will continue to do so, it is clearly a benefit to those with limited resources to travel a shorter distance, be able to have their family bring them for care, not be dependent on shuttle service, etc.

- The reasoning for including particular towns in either the "Shoreline Area" or "Middletown Area."

As set forth in its Application (see page 26), the Hospital listed eleven (11) towns as those with residents likely to seek treatment at the Shoreline location and seven (7) towns as those with residents likely to continue to seek treatment at the main campus. The Hospital "divided" the service area based on geographic proximity but also based on its good faith belief regarding where most patients from particular towns, especially those with areas a bit further from both locations, will choose to seek care. As has been discussed, many of the patients at issue require daily treatment for many weeks. As Gary Havican indicated in his Pre-filed Testimony, patients make choices regarding where to seek this care based distance, ease of navigation around and in the facility, proximity to work place, cost, religious affiliation, culture, perception of quality,

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[1] Sharad Goyal, MD, *Effect of Travel Distance and Time to Radiotherapy on Likelihood of Receiving Mastectomy*, Am. Surg. Oncol (2015) 22:1095-1101; William F. Athas et al. (Copy attached hereto.)

recommendations, experience, size, online ratings, gender of providers, insurance coverage, referring physicians, physician level of experience and other factors. The Hospital believes that the convenience offered by the smaller, more access-friendly facility in Westbrook will attract many patients, some of whom may even live a few miles further from Westbrook than from Middletown. Again, while the Hospital strongly believes that locating the new Elekta Infinity in Westbrook will enhance access for a great number of our patients who must currently travel to Middletown, the fact of the matter is that simply having cost effective, high quality options is a good thing for patients in the community.

- Historical/projected demand for radiation therapy services (by ***treatments*** as opposed to tests) for Middlesex patients in the "Middletown Area" and "Shoreline Area."

Please see the chart contained at the end of this Exhibit B.

- Given that the majority of radiation therapy services were performed on the Varian 2100SCX LINAC to be replaced as part of this proposal, how will the remaining machine (Novalis TX) be able to accommodate patient demand in the Middletown area, given reduced capacity (only one LINAC), differences in technology and clinical use?

The Hospital does not anticipate any issues relating to excess demand or differences in technology at the main campus in Middletown. As is explained in George Pavlonnis' Pre-filed Testimony, the Varian Novalis TX was designed to be a multi-modality treatment machine. The unit can treat a wide range of diseases from Cranial Stereotactic Radiosurgery cases to Basal Cell Carcinoma using electrons. The unit is fully equipped with a full complement of Five Electron Energies and Three Photon energies. While the maximum field on the unit is smaller than other Varian linear accelerators, very few patients are affected by this limitation. An internal audit of patients treated at the main campus over the past five (5) years only identified one (1) patient per year requiring a field size larger than that which can be accommodated by the Novalis TX.

Technologies and developments in this area of medicine are developing rapidly. Since the Hospital's 2010 CON application, knowledge of IMRT and SRS/SBRT modalities has grown to the extent that the Novalis TX can now be utilized as a stand-alone unit. In addition, the Hospital has adopted clinical protocols that employ the expertise necessary to provide safe and effective use of radiation therapy using the Novalis TX. As is evident in the excerpt from Yale's website contained in George Pavlonnis' testimony, the Novalis is one of the most versatile cancer radiation treatment machines available.

With regard to capacity concerns in Middletown, again, the Hospital believes that many patients will self-select to Westbrook and that such self-selection will help to distribute the volume across

the two facilities. As stated in the Hospital's Response to Completeness Questions (see page 161), the total operating capacity of the Novalis TX is approximately 8,500 tests or more, depending on the types of cancer, the modality used (conventional, stereotactic, etc.), the treatment guidelines, the amount of time a test may take and the hours of operation. Based on the Hospital's experience with the patient population within the Middletown area and the CPT billing changes and clinical practice changes already discussed in its application, the Hospital is certain that the Novalis TX will accommodate all or nearly all patients seeking linear accelerator services in the Middletown area. In fact, the Hospital's Table 4A.1, set forth on page 155 of its Completeness Responses and also included below, shows that the projected test capacity for FY 2020 is 8,104 tests. Even if some patients from the towns that Yale believes are closer to Middletown (Durham, East Haddam and Haddam) seek treatment at the main campus rather than in Westbrook, in excess of the Hospital's projections, there will still be ample capacity on the Novalis TX (availability of approximately 400 tests). There is a minor chance that if the main campus does have periods at capacity or close to capacity, some patients will seek care in Westbrook who otherwise would not have. However, the Hospital believes that this number will be very small and that the benefit of offering this additional location for patients who live near and/or will choose this facility outweighs the current burden of ALL Middlesex patients being required to travel to the main campus for ALL visits.

Equipment	Actual Volume of Tests (Last 3 Completed FYs)			Current FY Test Volume (OCT – MAR)	Projected Test Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY		Full Operational FY			
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac #1	5525	6303	5703	2720	5490	5651	2961	n/a	n/a	n/a
Linac #2	6630	6345	5895	2654	5675	5841	6691	7653	7879	8104
Linac NEW	n/a	n/a	n/a	n/a	n/a	n/a	2191	4567	4692	4843
TOTAL	12155	12647	11598	5374	11166	11492	11843	12219	12571	12947

- The number of Middlesex cancer patients that will be required to travel from the "Middletown Area" to Westbrook and from the "Shoreline Area" to Middletown in order to receive the appropriate radiation therapy services if the proposal is approved.

An internal audit of patients treated at the Hospital's main campus over the past five (5) years only identified one (1) patient per year requiring a field size larger than that which can be accommodated by the Novalis TX. Thus, the Hospital anticipates that the number of patients who will need to utilize the Elekta Infinity in Westbrook, rather than the Novalis TX in Middletown, for clinical reasons will be very, very small. The Hospital does not anticipate more than one (1) patient per year (a possible cranial stereotactic patient) from the Shoreline area needing to travel to Middletown for treatment for clinical reasons other than as set forth with regard to the bulleted item immediately below.

- Quality and access issues related to the absence of a CT Simulator at the proposed Westbrook site.

As indicated, the Hospital will continue to use the CT/Simulator at the main campus for simulation. However, most patients only require one (1) or two (2) visits for simulation. In contrast, most patients require twenty (20) to thirty (30) daily treatments over a period of many weeks. If the Hospital's application is approved, patients who live in the Shoreline area will need to come to the main campus one (1) or two (2) times for simulation rather than twenty (20) to thirty (30) times for each treatment. This scenario represents great improvement for many patients and their families and is far more economical than duplicating the simulation technology on the Shoreline.

- Access to care for Medicaid patients in the Middletown area.

Medicaid patients in the Middletown area will continue to have the same access to high quality care that they have always had. For those patients who may live closer to the Shoreline or find the Westbrook facility to be more convenient for any number of reasons, they will have the option to obtain their daily treatments in Westbrook. On the minor chance (as discussed above) that a Medicaid patient requires treatment on the Elekta Infinity rather than on the Novalis TX for clinical reasons, the Hospital will ensure that the patient has transportation to his/her treatments just as the Hospital does now. Medicaid patients will in no way be adversely affected by this proposal. In fact, this proposal will give Medicaid patients, and other people on fixed or low incomes, options that they do not currently have.

- The plan and timeframe for the continued use of the Varian 2100 if the proposal is approved.

The Varian 2100 will remain in service for approximately one (1) year to allow for the vault to be built in Westbrook and the installation and clinical implementation of the Elekta Infinity to be completed. Once the Elekta Infinity is operational, no new patients will begin treatment on the Varian 2100.

Provide a written response to the following as an attachment to the pre-file testimony, as these questions were not fully addressed in the application/completeness:

1. Revise table 4A.1 on page 155 of the completeness response letter dated June 9, 2015 to reflect LINAC ***treatments***. These volumes should reflect only the number of radiation therapy treatments. Other tests, such as image guidance, port films and dosimetry should be excluded from these volumes.

Equipment	Actual Volume of Treatments/Visits (Last 3 Completed FYs)			Current FY Trtmt/ Visit Volume (OCT – MAR)	Projected Treatment/Visit Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY			Full Operational FY		
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac #1	4961	5614	5110	2424	5263	5417	2777	n/a	n/a	n/a
Linac #2	3650	3417	3229	1787	3326	3423	5146	5887	6061	6234
Linac NEW	n/a	n/a	n/a	n/a	n/a	n/a	1685	3513	3609	3725
TOTAL	8611	9031	8339	4211	8589	8840	9109	9400	9670	9959

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ORIGINAL ARTICLE – BREAST ONCOLOGY

Effect of Travel Distance and Time to Radiotherapy on Likelihood of Receiving Mastectomy

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ABSTRACT

Background. Breast-conserving surgery (BCS) followed by adjuvant radiation therapy (RT) is the standard of care for women with early-stage breast cancer as an alternative to mastectomy. The purpose of this study was to examine the relationship between receipt of mastectomy and travel distance and time to RT facility in New Jersey (NJ).

Methods. Data were collected from a cohort of 634 NJ women diagnosed with early-stage breast cancer. In patients receiving RT, the precise RT facility was used, whereas in patients not receiving RT, surgeons were contacted to determine the location of RT referral. Travel distance and time to RT facility from the patients' residential address were modeled separately using multiple binomial regression to examine their association with choice of surgery while adjusting for clinical and sociodemographic factors.

Results. Overall, 58.5 % patients underwent BCS with median travel distance to the radiation facility of 4.8 miles (vs. 6.6 miles for mastectomy) and median travel time of 12.0 min (vs. 15.0 min for mastectomy). Patients residing >9.2 miles compared with ≤9.2 miles from radiation facility were 44 % more likely to receive mastectomy. Additionally, patients requiring >19 min compared with ≤19 min of travel time were 36 % more likely to receive mastectomy.

Conclusions. These data found that travel distance and time from RT facility act as barriers to undergoing BCS in women with early-stage breast cancer. Despite being in an urban region, a significant number of women in NJ with early-stage breast cancer did not receive BCS.

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Breast conservation surgery followed by whole breast irradiation (BCS + RT) became the standard of care for women with early-stage breast cancer when the National Surgical Adjuvant Breast and Bowel Project (NSABP) B-06 trial, which compared mastectomy to lumpectomy with and without radiotherapy in women with invasive carcinoma, reported a threefold reduction in local recurrence at 20 years with the addition of RT after BCS.[1] Similarly, other randomized trials demonstrated equivalent survival and local control rates among women treated with either mastectomy or lumpectomy followed by whole breast RT.[2–5] Despite the advantages of BCS + RT, up to 30 % of patients who have BCS do not receive adjuvant RT.[6–9] Many patients choose mastectomy or BCS alone over BCS + RT to avoid the protracted course of daily treatment involved with RT, which consists of daily radiotherapy to the whole breast followed by a boost to the tumor bed, delivered over the course of 6–7.5 weeks. Physician referral patterns, patient's cultural background and beliefs, socioeconomic factors, personal preference, and distance to the nearest RT center are major factors that influence the treatment algorithm and may affect the utilization of RT.[7,10,11]

Several studies have shown a relationship between rates of mastectomy and accessibility of a RT facility, defined as the closest facility to the patient's residential address.[10,12–14] Nattinger et al. reported findings in 21,135 women with stage I or II unilateral breast cancer identified using the Surveillance Epidemiology and End Results (SEER) registry between 1991 and 1992. Patients living greater than 15 miles from the nearest RT facility were found to have a statistically significant lower probability of

undergoing BCS [odds ratio (OR) = 0.52; 95 % confidence interval (CI) 0.46–0.58].[12] Voti el al. reported on 26,423 primary breast cancer patients in Florida and found a negative association between the distance to the closest RT facility and BCS with 3 % decrease in odds of receiving BCS with a 5-mile increase in distance.[14]

These studies all share a similar conclusion but also are limited uniformly by their method of analysis between travel distance and receipt of RT; first and foremost, travel distances were calculated by the assumption of receipt of RT at the nearest facility, not the actual facility used. Therefore, the purpose of the present study was to assess the relationship between breast cancer surgery and geographic access to RT through two measures of accessibility: travel distance and travel time between patient's residential address and RT facility where treatment was delivered.

MATERIALS AND METHODS

Data Source and Study Population

Data collected in the Breast Cancer Treatment Disparity Study (BCTDS) was used for this analysis. BCTDS is a retrospective cohort study that includes 634 African American (AA) and white patients, diagnosed with early-stage breast cancer (stage I,II, $T_3N_1M_0$) between 2005 and 2011, 20–85 years of age at diagnosis, and residing in northern and central New Jersey (NJ). Patients with the following criteria were excluded from the BCTDS: neither AA nor white, nonresidents of NJ, diagnosed with inflammatory breast cancer or with histologic features other than adenocarcinoma, or diagnosed with any other cancer besides nonmelanoma skin cancer. Patients for the BCTDS were selected from the participants of Women Circle of Health Study who were identified and recruited using rapid case ascertainment conducted by the New Jersey State Cancer Registry staff at major hospitals in the Passaic, Bergen, Hudson, Essex, Union, Middlesex, and Mercer counties.[15] Informed consents were obtained from all participants and the study was approved by the Institutional Review Board. Patients who agreed to participate in BCTDS provided names and addresses of all the healthcare providers involved in their breast cancer care. Medical records were obtained from the providers listed by the patient and were retrospectively reviewed to collect information for the study. Women whose RT facility could not be identified ($n = 1$), women who did not undergo BCS or mastectomy ($n = 3$), and women who travelled to RT facility from an address listed outside NJ ($n = 7$) were excluded. A total of 623 patients met these criteria and were included in this analysis.

Study Outcome

The outcome of this study was the definitive type of surgery patient received: mastectomy or BCS. Identification of BCS included partial mastectomy, lumpectomy, excisional biopsy, reexcision of the biopsy site to obtain negative margins, and quadrantectomy. Mastectomy included total (simple) mastectomy, modified radical mastectomy, radical mastectomy, skin-sparing mastectomy, and bilateral mastectomy. Patients who received BCS followed by a mastectomy were included as a part of the mastectomy group ($n = 85$), except for those who received RT in between BCS and mastectomy ($n = 2$) who were classified into the BCS group.

Travel Distance and Travel Time

The independent variables included travel distance and travel time required to reach the radiation facility from patients' home. Patient's residential address information at the time of diagnosis and information on the address of the radiation facility where patients received RT was provided by the patient at the time of participation and also was verified from the medical records ($n = 427$). For patients who did not receive radiation or whose RT facility was not available ($n = 207$), phone calls were made to the respective surgeon's offices and the referral to the specific radiation facility for each patient was obtained.

Two travel measures were then calculated for each patient. The first was the travel distance from patient's residential address to the actual RT facility for each patient. The second measure was the travel time from patient's residential address to the actual RT facility for each patient, as a measure of realized access to care. The shortest one-way travel distance and travel time required to reach the radiation facility from patient's residential address was calculated using Google maps (maps.google.com), which takes into account the latitude and longitude for the locations and calculates the driving distance and travel time between the two. If more than one route was suggested, the route with the shortest distance and time was chosen.

Covariates

The sociodemographic factors (age at diagnosis, race, marital status, education level, annual household income, and type of primary insurance), clinical characteristics [menopausal status, body mass index (BMI), and comorbidity count], tumor characteristics [histological grade, American Joint Committee on Cancer (AJCC) stage, estrogen receptor (ER)/progesterone receptor (PR) status, human epidermal growth factor receptor 2 (HER2) status,

TABLE 1 Sociodemographic characteristics by surgery type

Characteristics	Lumpectomy ($N = 365$) n (%)	Mastectomy ($N = 258$) n (%)	p value
Age at diagnosis (year)			<0.001
<45	49 (13.4)	73 (28.3)	
45–54	102 (27.9)	84 (32.6)	
55–64	134 (36.7)	70 (27.1)	
≥65	80 (21.9)	31 (12.0)	
Race			0.673
White	193 (52.9)	132 (51.2)	
AA	172 (47.1)	126 (48.8)	
Marital status			0.324
Married or living as married	153 (41.9)	118 (45.7)	
Separated/divorced/widowed	82 (22.5)	49 (19.0)	
Single/never married	46 (12.6)	41 (15.9)	
Unknown	84 (23.0)	50 (19.4)	
Highest education level			0.727
Less than high school	26 (7.1)	11 (4.3)	
High school/GED graduate	82 (22.5)	59 (22.9)	
Technical/vocational school/ some college	78 (21.4)	59 (22.9)	
College graduate	76 (20.8)	60 (23.3)	
Postgraduate	60 (16.4)	39 (15.1)	
Unknown	43 (11.8)	30 (11.6)	
Annual household income			0.514
<$35,000	66 (18.1)	47 (18.2)	
$35,000–$69,999	63 (17.3)	42 (16.3)	
≥$70,000	125 (34.2)	102 (39.5)	
Unknown	111 (30.4)	67 (26.0)	
Primary insurance			0.084
Government insurance	80 (21.9)	39 (15.1)	
Private insurance	244 (66.8)	186 (72.1)	
No insurance (charity or self-pay)	18 (4.9)	20 (7.8)	
Unknown	23 (6.3)	13 (5.0)	

p values are derived from Chi square tests

AA African American

triple-negative status], and receipt of adjuvant RT were examined as covariates in the study.

Statistical Analysis

Descriptive statistics for the sociodemographic, clinical, and tumor characteristics were evaluated for the BCS and mastectomy groups using Chi square tests. Distribution of travel distance and travel time was compared between the two groups using median with interquartile range (IQR) and quartiles computed from the distribution of all subjects. Association between type of surgery and the independent

TABLE 2 Clinical and tumor characteristics by surgery type

Characteristics	Lumpectomy ($N = 365$) n (%)	Mastectomy ($N = 258$) n (%)	p value
Menopausal status			<0.001
Pre	88 (24.1)	115 (44.6)	
Post	277 (75.9)	143 (55.4)	
BMI (kg/m^2)			0.001
<24.9	95 (26.0)	107 (41.5)	
25.0–29.9	117 (32.1)	61 (23.6)	
≥30.0	149 (40.8)	87 (33.7)	
Unknown	4 (1.1)	3 (1.2)	
Comorbidity count			0.006
0	66 (18.1)	75 (29.1)	
1	105 (28.8)	64 (24.8)	
≥2	194 (53.2)	119 (46.1)	
Tumor grade			0.064
Well differentiated	81 (22.2)	36 (14.0)	
Moderately differentiated	147 (40.3)	108 (41.9)	
Poorly differentiated	120 (32.9)	99 (38.4)	
Unknown	17 (4.7)	15 (5.8)	
Tumor size (cm)			<0.001
≤0.5	44 (12.1)	49 (19.0)	
>0.5 to ≤1.0	99 (27.1)	34 (13.2)	
>1.0 to ≤2.0	134 (36.7)	70 (27.1)	
>2.0	88 (24.1)	105 (40.7)	
Node status			<0.001
Negative	293 (80.3)	165 (64.0)	
Positive	68 (18.6)	91 (35.3)	
Unknown	4 (1.1)	2 (0.8)	
AJCC stage			<0.001
Stage I	237 (64.9)	109 (42.2)	
Stage II and above	124 (34.0)	145 (56.2)	
Unknown	4 (1.1)	4 (1.6)	
ER/PR status			0.388
One positive	45 (12.3)	30 (11.6)	
Both positive	245 (67.1)	170 (65.9)	
Both negative	75 (20.5)	56 (21.7)	
Unknown	0 (0.0)	2 (0.8)	
HER2 status			0.019
Positive	52 (14.2)	53 (20.5)	
Negative	304 (83.3)	192 (74.4)	
Unknown	9 (2.5)	13 (5.0)	
Triple-negative status			0.199
Yes	51 (14.0)	39 (15.1)	
No	305 (83.6)	206 (79.8)	
Unknown	9 (2.5)	13 (5.0)	
Radiation therapy			<0.001
Yes	356 (97.5)	53 (20.5)	
No	7 (1.9)	205 (79.5)	

TABLE 2 continued

Characteristics	Lumpectomy ($N = 365$) n (%)	Mastectomy ($N = 258$) n (%)	p value
Unknown	2 (0.5)	0 (0.0)	

p values are derived from Chi square test

BMI body mass index, *AJCC* American Joint Committee on Cancer, *ER* estrogen receptor, *PR* progesterone receptor, *HER2* human epidermal growth factor receptor 2

variables was examined using separate binomial regression models to estimate the relative risk (RR) of undergoing mastectomy with 95 % CI for each quartile of travel distance and travel time. We further examined the effect of clinical and sociodemographic covariates on the risk of undergoing mastectomy. Two separate adjusted models were established called the partially adjusted and fully adjusted models. The partially adjusted model included only clinical and tumor characteristics including BMI, tumor grade, AJCC stage, and triple-negative receptor status. The fully adjusted model also adjusted for sociodemographic characteristics (age at diagnosis and primary health insurance) in addition to the covariates included in partial adjustment. All statistical analysis was performed using SAS software version 9.3 (Cary, NC).

RESULTS

The study population consisted of 623 patients; of which, a total of 365 patients received BCS and 258 patients received mastectomy (Table 1). Overall, 47.8 % of patients were AA, 37.7 % had at least a college education, 36.4 % had a household income greater than $70,000, and 69.0 % were privately insured. In addition, 55.5 % of patients were Stage I, 73.5 % were node-negative, 78.6 % ER- or PR-positive, 14.4 % triple-negative, 16.9 % HER2-positive, and 65.7 % of patients received RT.

Characteristics of the study subjects stratified by surgery type are shown in Tables 1 and 2. As expected, patient and tumor characteristics, such as younger age, premenopausal status, large tumor size, positive nodal status, and high AJCC stage, were each associated with receipt of mastectomy (all $p < 0.05$). Interestingly, low BMI, few comorbidities, and HER2 positivity also were significantly associated with receipt of mastectomy. Whereas distribution of race, marital status, education level, income, health insurance, ER/PR status, and triple negativity was not different between BCS and mastectomy groups.

As shown in Table 3, the median one-way distance to the RT facility was 4.8 miles [interquartile range (IQR): 2.9–7.9] for patients undergoing BCS and 6.6 miles (IQR: 3.5–10.2) for patients undergoing mastectomy (Kruskal–Wallis $p < 0.001$). The median one-way travel time to the RT facility was 12 min (IQR: 8–18) for patients undergoing BCS and 15 min (IQR: 10–22) for those undergoing mastectomy (Kruskal–Wallis $p < 0.001$).

TABLE 3 Travel distance and travel time by surgery type

	Lumpectomy ($N = 365$)	Mastectomy ($N = 258$)	RR (95 % CI)
Travel distance (miles)			
Median (IQR)	4.8 (2.9–7.9)	6.6 (3.5–10.2)	–
$p < 0.001$			
Quartiles, n (%)			
<3.2	106 (29.0)	52 (20.2)	Ref
3.2–5.6	101 (27.7)	60 (23.3)	1.13 (0.84–1.53)
5.7–9.2	86 (23.6)	63 (24.4)	1.28 (0.96–1.72)
>9.2	72 (19.7)	83 (32.2)	1.63 (1.25–2.12)
Travel time (min)			
Median (IQR)	12 (8–18)	15 (10–22)	–
$p < 0.001$			
Quartiles, n (%)			
<9	106 (29.0)	55 (21.3)	Ref
9–13	101 (27.7)	50 (19.4)	0.97 (0.71–1.32)
14–19	87 (23.8)	70 (27.1)	1.31 (0.99–1.72)
>19	71 (19.5)	83 (32.2)	1.58 (1.22–2.05)

p values are derived from Kruskal–Wallis test

RR relative risk, *CI* confidence interval, *IQR* interquartile range

Results from the unadjusted binomial regression model (Table 3) demonstrated that travel distance in the highest quartile, i.e., >9.2 miles was associated with a significantly higher risk of receiving mastectomy compared with the lowest quartile, i.e., <3.2 miles (relative risk [RR]: 1.63; 95 % CI 1.25–2.12). The risk remained significantly elevated for travel distance >9.2 miles compared with <3.2 miles after adjusting (Table 4) for clinical characteristics (RR: 1.55; 95 % CI 1.18–2.04) and after adjusting for clinical and sociodemographic characteristics (RR: 1.42; 95 % CI 1.07–1.9).

Similar results were observed when unadjusted and adjusted association between surgery type and travel time was assessed (Tables 3 and 5). The univariate model revealed a significantly higher risk of receiving mastectomy for travel time >19 min compared with <9 min (RR: 1.58; 95 % CI 1.22–2.05). The partially and fully adjusted models also showed a significantly higher risk of undergoing mastectomy when highest quartile of travel time was compared with the lowest quartile (RR: 1.47; 95 % CI 1.12–1.93 and RR: 1.35; 95 % CI 1.02–1.79, respectively). In both the fully adjusted models, BMI < 24.5 versus > 30.0, AJCC stage II and above versus stage I, and age < 55 years versus ≥ 65 years also were significantly associated with the receipt mastectomy.

TABLE 4 Effect of travel distance (quartiles) on the risk of undergoing mastectomy

	Partially adjusted RR (95 % CI) $N = 571$	Fully adjusted RR (95 % CI) $N = 539$
Travel distance (miles)		
<3.2	Ref	Ref
3.2–5.6	1.28 (0.94–1.75)	1.24 (0.9–1.7)
5.7–9.2	1.28 (0.95–1.72)	1.37 (1.01–1.85)
>9.2	1.55 (1.18–2.04)	1.42 (1.07–1.9)
BMI (kg/m^2)		
<24.9	1.37 (1.1–1.71)	1.33 (1.07–1.65)
25.0–29.9	1.00 (0.76–1.31)	0.95 (0.72–1.25)
≥30.0	Ref	Ref
Tumor grade		
Well differentiated	Ref	Ref
Moderately differentiated	1.18 (0.86–1.62)	1.12 (0.82–1.53)
Poorly differentiated	1.17 (0.84–1.64)	1.18 (0.86–1.64)
AJCC stage		
Stage I	Ref	Ref
Stage II and above	1.7 (1.38–2.11)	1.47 (1.18–1.83)
Triple-negative status		
Yes	1.03 (0.8–1.32)	0.90 (0.69–1.17)
No	Ref	Ref
Age at diagnosis (year)	–	
<45		1.89 (1.29–2.76)
45–54		1.58 (1.06–2.35)
55–64		1.30 (0.87–1.94)
≥65		Ref
Primary insurance	–	
Non-private		Ref
Private		0.92 (0.77–1.1)

RR relative risk, *CI* confidence interval, *BMI* body mass index, *AJCC* American Joint Committee on Cancer

TABLE 5 Effect of travel time (quartiles) on the risk of undergoing mastectomy

	Partially adjusted RR (95 % CI) $N = 571$	Fully adjusted RR (95 % CI) $N = 539$
Travel time (min)		
<9	Ref	Ref
9–13	1.03 (0.75–1.41)	0.99 (0.72–1.37)
14–19	1.30 (0.98–1.72)	1.31 (0.98–1.76)
>19	1.47 (1.12–1.93)	1.35 (1.02–1.79)
BMI (kg/m^2)		
<24.9	1.34 (1.08–1.68)	1.30 (1.05–1.62)
25.0–29.9	0.99 (0.76–1.3)	0.94 (0.72–1.23)
≥30.0	Ref	Ref
Tumor grade		
Well differentiated	Ref	Ref
Moderately differentiated	1.15 (0.84–1.58)	1.09 (0.8–1.49)
Poorly differentiated	1.13 (0.81–1.58)	1.15 (0.83–1.6)
AJCC stage		
Stage I	Ref	Ref
Stage II and above	1.68 (1.36–2.08)	1.45 (1.16–1.8)
Triple-negative status		
Yes	1.04 (0.82–1.33)	0.89 (0.68–1.16)
No	Ref	Ref
Age at diagnosis (year)	–	
<45		1.89 (1.29–2.76)
45–54		1.58 (1.06–2.35)
55–64		1.27 (0.85–1.91)
≥65		Ref
Primary insurance	–	
Non-private		Ref
Private		0.93 (0.78–1.1)

RR relative risk, *CI* confidence interval, *BMI* body mass index, *AJCC* American Joint Committee on Cancer

DISCUSSION

According to the 2010 U.S. Census data, the state of NJ has the 11th highest population in the United States (8,791,894 in 2010) occupying only 7,354.2 square miles, making it the densest state in the country with 1,195.5 persons per square mile. In addition, NJ does not have a certificate of need for megavoltage linear accelerators allowing for an abundance of RT facilities. Our results indicate that travel distance and travel time to reach radiation facility plays an important role in determining the choice of breast cancer surgery; an increase in the adjusted risk of receiving mastectomy (≥35 %) occurred at distances >9.2 miles versus < 3.2 miles or travel times >19 min versus < 9 min between the patient's residential address and that of the treating RT facility. The association between travel distance and time retained statistical significance in a model controlling for BMI, grade, AJCC stage, triple-negative receptor status, age at diagnosis, and insurance.

Several studies have examined the association of travel distance and receipt of RT; however, these studies used the nearest radiation facility to the patient while approximating the patient's residential location using the centroid of the zip code in which they lived.[10,12–14] The present study estimated travel distances and times using the addresses of the radiation facilities where patients actually received radiation and their complete street address; this afforded a more accurate estimation of the accessibility of care while taking into account physician referral patterns. Our inclusion of travel time may give a more accurate representation of the geographic barriers to receipt of RT, such as quality

of the roads and traffic patterns, especially in a densely populated state as NJ. Moreover, we were able to assess the impact of private insurance, BMI, number of comorbidities, and receptor status in our cohort of patients, which revealed that only lower BMI was associated with higher rate of mastectomy in the multivariate analysis. To our knowledge, this is the first study to include a large array of sociodemographic data and tumor characteristics. It is notable that a difference in the receipt of mastectomy with such a small absolute difference in travel distance and time was observed. We believe that even in an urban state like NJ there is a paucity of public transportation for patients to use to access such medical facilities. We were unable to find a difference in receipt of mastectomy across varying income levels in our descriptive analysis, although data were missing for 178 patients. Inclusion of income in the fully adjusted model (data not shown) in 399 patients found that income (<$70,000) did not affect the patients risk of mastectomy. In this model, the risk of mastectomy remained significantly elevated for travel distance >9.2 miles compared with <3.2 miles (RR: 1.42; 95 % CI 1.00–2.03), but not for travel time >19 min compared with <9 min (RR: 1.38; 95 % CI 0.97–1.96). The data included in this study were collected from patients and their medical records primarily for research purposes and has a high level of accuracy and completeness compared to other datasets (e.g., SEER, Medicare), which lends to the strength of this study. Recently, Jagsi et al. concluded that SEER registry data may not be an appropriate source for documentation or for investigating geographic variation of receipt of radiotherapy in breast cancer patients.[16] In this analysis, the authors evaluated data from 2,290 survey respondents with nonmetastatic breast cancer in Detroit and Los Angeles and were merged with SEER data. They reported that underascertainment of radiotherapy was significantly associated in each registry with stage, income, mastectomy receipt, chemotherapy receipt, and diagnosis at a hospital that was not accredited by the American College of Surgeons.

Modified radical mastectomy is a standard of care alternative to BCS + RT and so the increase in mastectomy found among patients living >9.2 miles or >19 min away from the treating RT facility does not imply that these patients received an inferior treatment. Nonetheless, these women may not perceive access to a RT facility as a realistic treatment option. Our data suggest that the statistically significant effect of travel distance and time on receipt of mastectomy in NJ may be even more exaggerated in less urban areas.

It is interesting that women with a low BMI (<24.9) were more likely to receive a mastectomy; this may be explained by the receipt of reconstructive surgery or bilateral mastectomy, which we did not examine. Our data, however, did include 87 women who initially underwent BCS but eventually received a mastectomy; these women were mostly included under mastectomy for the purposes of this study. This cohort of women were treated with a myriad of treatment regimens, and it can be inferred based on their treatment paradigm most likely included women with multiple positive margins after BCS, unacceptable cosmetic outcome after BCS, patient choice, poor response to neoadjuvant therapy, and tumor recurrence after BCS. One major limitation of all previously published studies is that they could not quantify the effect of these unique circumstances, which accounted for approximately 25 % of all BCS patients in our study.

Even given the unique strengths of our study, there are several limitations of the analysis that also are present in previously published reports. First, our method of calculating travel distance and travel time does not take into consideration the traffic conditions that may vary at different times of day. It also is possible that factors, such as collagen vascular diseases, cardiomyopathy, and previous radiation to the breast, affected the choice of surgery; these data were not available for analysis.

In conclusion, we found that despite being an urban region, a significant number of women in NJ with early-stage breast cancer did not receive BCS given the distance or time needed for the patient to travel to the treating RT facility. Oncologists and surgeons should consider the barrier to access the radiation facilities while making treatment recommendations to patients with early-stage breast cancer.

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Exhibit C
Reponses to Letters Filed by Yale New Haven Health and the Yale Medical Group

Below are the key issues and concerns that Yale New Haven Health and Yale Medical Group raised in their letters to OHCA, followed by the Hospital's response to each.

Clinically-related concerns and issues:

1. The need for a dedicated CT-simulator in Westbrook.

Middlesex Hospital will be utilizing the CT/Simulator located at the main campus in Middletown, CT for all patients requiring simulation. This will result in patients coming to Middletown for 1-2 visits as opposed to the current situation of 20-30 visits. The Hospital believes that this is a significantly more economical approach than duplicating technology on the Shoreline and believes that it will provide many patients the option of going to a more convenient location for as many as 30 visits.

2. The treatment of breast cancer on the Novalis TX and the field size limitations.

To date, breast cancer patients at Middlesex Hospital have been treated primarily on the Varian 2100C due purely to logistical considerations only. The Hospital did a review of all breast cancer patients treated over the last 3 years, and all of them could have been treated on the Varian 2100, the Novalis TX or the Elekta Infinity. Moving forward, these patients will be treated on a machine based on patient choice of location. Field size limitation will not be a factor when treating patients with breast cancer on the Novalis TX. The Hospital believes that this flexibility of having a treatment machine in both locations that can offer treatment for breast cancer patients is a benefit for patients.

3. Definition of "freestanding."

The American College of Radiology defines a free-standing facility "as being independent or not being part of or affiliated with another organization - a standalone clinic."

Similarly, the Code of Federal Regulations (42 CFR 413.65(a)(2)) defines a free-standing facility as "an entity that furnishes health care services to Medicare beneficiaries and that is not integrated with any other entity as a main provider, a department of a provider, remote location of a hospital, satellite facility, or a provider-based entity." (emphasis added) The Cancer Center is part of the Middlesex Hospital's departments, with its staffing, billing and Tax Identification number being the same as the Hospital.

The same federal regulation ((42 CFR 413.65(a)(2)) defines a department of a provider as "a facility or organization that is either created by, or acquired by, a main provider for the purpose of furnishing health care services of the same type as those furnished by the main provider under the name, ownership, and financial and administrative control of the main provider, in accordance with the provisions of this section." In our scenario, the main provider is the Hospital, with the Shoreline facility providing the same type of health care services (radiation therapy) as the Hospital under the name, ownership, financial and administrative control of the Hospital. Together, these definitions make clear that the Shoreline facility is not a free-standing facility but is a department of the Hospital for all purposes.

4. Using a standalone Novalis is not "common practice."

The Varian Novalis TX was designed to be a multi-modality treatment machine. The unit can treat a wide range of diseases from Cranial Stereotactic Radiosurgery cases to Basal Cell Carcinoma using electrons. The unit is fully equipped with a full complement of Five Electron Energies and Three Photon Energies. While the maximum field on the unit is smaller than other Varian linear accelerators, very few patients are affected by this limitation. An internal audit of patients treated at our main campus over the past five years only identified 1 patient per year requiring a field size larger than that which can be accommodated by the Novalis TX.

Technologies and developments in this area of medicine are developing rapidly. Since the Hospital's 2010 CON application, knowledge of IMRT and SRS/SBRT modalities has grown to the extent that that Novalis can now be utilized as a stand-alone unit. In addition, the Hospital has adopted clinical protocols that employ the expertise necessary to provide safe and effective use of radiation therapy using the Novalis TX.

Yale, in its correspondence to OHCA, refers to the Novalis TX as a "limited Novalis machine." This simply is not true. In fact, the following is an excerpt from the Smilow Cancer Hospital at Yale New Haven's Radiation Oncology Services webpage located at http://www.ynhh.org/smilow-cancer-hospital/medical-services/radiation_oncology.aspx:

> The Radiation Oncology team uses one of the most versatile cancer treatment devices available in the field of radiation therapy called the Novalis linear accelerator, a powerful image-guided radiation therapy system that delivers high-dose radiation to even the smallest tumors. Novalis can deliver all forms of external-beam radiation therapy, from conventional radiation treatment and intensity modulated radiation therapy (IMRT) to the newest and most advanced techniques, such as image-guided radiotherapy. Novalis' built-in imaging system can pinpoint the size and location of a patient's tumor moments before each treatment.
>
> Most often used to treat prostate, lung and breast cancers, Novalis can also be effective in treating head and neck cancer, tumors in or near the

spine, tumors at the base of the skull, liver cancer, pancreatic cancer, kidney cancer and pelvic tumors.

The machine described above is the same machine as the Novalis TX located at Middlesex Hospital's main campus. It cannot possibly be that a Novalis utilized at Yale has all of this functionality but one used at Middlesex Hospital has limited functionality.

In addition to the foregoing, it is important to remember that the Novalis TX will not be the only piece of equipment available to the Hospital and its patients. If approved, the Hospital will also have the Elekta Infinity, and this machine will be available to treat any patient who requires its use. Travel to the Shoreline Medical Center by a very small number of patients who may need the Elekta Infinity, who may or may not reside closer to Westbrook than Middletown, presents less burden on the community than forcing all patients to come to Middletown for all treatments regardless of where they live in the service area.

It is important to again note that, to date, breast cancer patients at the Hospital have been treated primarily on the Varian 2100C due to logistical considerations only. Any of these patients could have been equally treated on the Novalis TX. If the application is approved, these patients, and others, will have the ability to be treated in either location, greatly increasing the convenience for patients.

5. One facility without simulator capabilities and one facility with treatment field size limitations.

Again, the Novalis TX will not pose treatment limitations for more than a very, very small number of patients who may need to seek treatment in Westbrook on the Elekta Infinity, as is explained above. The Hospital believes that access to care for the vast majority of patients will be greatly enhanced by having the ability to choose to obtain weeks of treatments in either location, based on distance, proximity to work, ease of parking, familiarity of family with the area and other factors.

Utilization-related concerns and issues:

1. According to Yale, certain towns are closer to the "Middletown Area" yet are included in the "Shoreline Area" (Durham, East Haddam & Haddam).

Yale objects not to the Hospital's replacement of an outdated piece of equipment but to its location on the Shoreline. It goes to great lengths to describe Durham, East Haddam and Haddam as closer to Middletown than to Westbrook and urges OHCA to consider individuals from these towns as more appropriate for treatment at the main campus in Middletown than at the Shoreline Medical Center in Westbrook. Putting aside the fact that Haddam and East Haddam, particularly, are large towns with patients potentially living in all corners, Yale's analysis overlooks the fact that precise mileage is not the only factor involved in patient choice. While the Hospital strongly believes that locating

the new Elekta Infinity in Westbrook will enhance access for a great number of its patients who must currently travel to Middletown, the fact of the matter is that cost-effective, high quality options are a good thing for patients in the community.

Patients make health care choices based on distance, ease of navigation around and in the facility, proximity to work place, cost, religious affiliation, culture, perception of quality, recommendations, experience, size, online ratings, gender of providers, insurance coverage, referring physicians, physician level of experience and other factors. The Hospital cannot control for or predict all of these variables for all of its patients. However, it does know that by locating its replacement machine in Westbrook, it will bring treatment much closer to home and to a convenient facility for many of its patients. When "dividing" the service area towns, the Hospital looked at not only the mileage involved but also at the convenience the Shoreline location would bring for patients who lives in areas not particularly close to the main campus. For many of its patients, the convenience of the Shoreline facility, with its easy parking and navigation, cannot be overlooked. The Hospital believes that many patients in Durham, East Haddam and Haddam, for example, will prefer to seek care at the Shoreline Medical Center for these reasons.

2. Capacity of Novalis

As stated in the Hospital's Response to Completeness Questions (see page 161), the total operating capacity of the Novalis TX is approximately 8,500 tests or more, depending on the types of cancer, the modality used (conventional, stereotactic, etc.), the treatment guidelines, the amount of time a test may take and the hours of operation. Based on the Hospital's experience with the patient population within the Middletown area and the CPT billing changes and clinical practice changes already discussed in its application, the Hospital is certain that the Novalis TX will accommodate all or nearly all patients seeking linear accelerator services in the Middletown area. In fact, the Hospital's Table 4A.1, set forth on page 155 of its Completeness Responses and also included below, shows that the projected test capacity for FY 2020 is 8,104 tests. Even if some patients from the towns that Yale believes are closer to Middletown (Durham, East Haddam and Haddam) seek treatment at the main campus rather than in Westbrook, in excess of the Hospital's projections, there will still be ample capacity on the Novalis TX (availability of approximately 400 tests). If, in the unlikely event that the main campus machine does start to operate close to or at capacity in the more distant future, the Hospital strongly believes that the increased access this proposal will certainly bring to patients desiring to use the Westbrook location will far outweigh any potential effects of a small number of patients potentially having to travel to Westbrook for treatment.

Equipment	Actual Volume of Tests (Last 3 Completed FYs)			Current FY Test Volume (OCT – MAR)	Projected Test Volume Prior to Operational Years and 3 Full Operational FYs					
					Prior Operational FY		Full Operational FY			
	FY12	FY13	FY14	FY15	FY15	FY16	FY17	FY18	FY19	FY20
Linac #1	5525	6303	5703	2720	5490	5651	2961	n/a	n/a	n/a
Linac #2	6630	6345	5895	2654	5675	5841	6691	7653	7879	8104
Linac NEW	n/a	n/a	n/a	n/a	n/a	n/a	2191	4567	4692	4843
TOTAL	12155	12647	11598	5374	11166	11492	11843	12219	12571	12947

It is also important to note that on pages 2-3 of Yale New Haven Health's letter, Yale indicates that if patients from Durham, East Haddam and Haddam are appropriately re-characterized as being part of the Middletown, rather than the Shoreline, service area, there were 2,948 tests performed on patients from the Shoreline area in FY 2014. Yale goes on to indicate that as there were 11,598 total tests, the Novalis TX on the main campus would have been required to perform 8,650 tests (over the capacity of 8,500). This logic is flawed. This presumes that no patients from any of Durham, Haddam or East Haddam will seek care in Westbrook. This also presumes that no patients from outside the stated Middletown and Shoreline service areas (representing 1460 tests in FY 2014) will seek care in Westbrook. This simply will not be the case for the reasons described herein.

Financial-related concerns and issues:

1. Yale asserts that the Hospital needs to better support the 3% growth projection used.

The Hospital's volume growth projections were not based on any single-factor alone, but rather based on a number of weighted factors to arrive at what the Hospital believes is a conservative and defensible projection. While the Hospital took visit and treatment volumes into consideration, its growth projections were more heavily weighted towards number of patients expected based on service line based historical growth for radiation therapy and historical growth for linear accelerator-specific procedures as well as the following:

1. The Hospital believes that the addition of a replacement linear accelerator and the new, updated technology that it brings will provide the Hospital's patients with greater choice for their care. This is likely to result in slightly increased patient volume.

2. The replacement equipment, located in Westbrook, will provide patients in that geographic area increased access to care that previously required shuttle transportation, (though provided free of charge by the Hospital) to utilize. Patients that may have been previously disinclined to seek care at Middlesex for Linear Accelerator-related treatment due to this inconvenience may now choose the Shoreline facility, again resulting in slightly higher patient volume.

3. Middlesex Health System has seen an overall Compound Adjusted Growth Rate for patients over the past 5 years of 2.401%.

The above factors led the Hospital to use an adjusted value of **3.0%** patient growth-rate when providing projections from FY15 through FY20.

The Hospital utilized a consistent Patient: Visit: Test Ratio (1 : 19.30 : 1.30) set, year-to-year, which did not account for potential new technology which may influence these ratios. Predicting new technology and the actual impact it may or may not have on patients, coupled with trying to time when these impacts will materialize, is not a feasible or prudent approach to forecasting.

We further note that if the projected increase turned out to be wrong, the older linear accelerator would still need to be replaced, and further, the claims of possible capacity limitations in Middletown would be lessened.

2. Issue of tests versus treatments.

The best way to describe the test versus treatment issue is through an example. A patient is likely to have between twenty (20) and thirty (30) treatments, which can be thought of as twenty (20) to thirty (30) visits. During each treatment/visit, a patient may have more than one test. In calculating the number of tests, the Hospital used OHCA's own definition of linear accelerator tests, adjusted for the fact that OHCA's definition does not contain the 2015 updates that the PCR definition includes. The charts below serve as evidence of this approach.

[Remainder of page intentionally blank. Chart follows.]

Summary of Retired & New CPT codes:

Section 11 "Outpatient Radiation Therapy Visits", Page 16

https://apps.cthosp.org/pcrdataentry/Documentation/,DanaInfo=10.10.0.13+Patient%20Census%20Outpatient%20Services%20Definitions%202015%2001%2014.pdf

Outpatient Radiation Therapy: PCR Definition

Please refer to the PCR Outpatient Categories Definitions PDF document for the complete definition.

Items in red lettering reflect changes that should be incorporated as of January 2015 data.

CPT Code	Description	Code Changes
77371	Stereotactic Radio Surgery (SRS) (e.g. Gamma Knife)	
77372	SRS Single Session	
77373	Stereotactic - Multi Session	
77385	NTSTY Modul Rad TX DLVR SMPL	Effective Jan 2015
77386	NTSTY Modul Rad TX DLVR CPLX	Effective Jan 2015
77401	Radiation treatment delivery, superficial and/or ortho voltage	Effective Jan 2012
77402	Radiation treatment delivery, single tx area; up to 5 MeV	Effective Jan 2012
77403	Daily Tx Management S 6 - 10 MeV	Retired Jan 2015; Continue to include for reporting historical data.
77404	Daily Tx Management S 11-19 MeV	Retired Jan 2015; Continue to include for reporting historical data.
77406	Daily Tx Management S 20 or greater MeV	Retired Jan 2015; Continue to include for reporting historical data.
77407	RADIATION TREATMENT DELIVERY	Effective Jan 2012
77408	Daily Tx Management Int 6 - 10 MeV	Retired Jan 2015; Continue to include for reporting historical data.
77409	Daily Tx Management Int 11-19 MeV	Retired Jan 2015; Continue to include for reporting historical data.
77411	Daily Tx Management Int 20 or greater MeV	Retired Jan 2015; Continue to include for reporting historical data.

OHCA, for 12-Month Actual Filing General Instructions (Report 450), defines Linear Accelerator Procedures as any CPT occurring in the above set. For Middlesex Hospital, that set translates into the following Charge Master Items (CDMs):

Code	Name	CPT
3300014	DAILY TREATMENT COMPLEX 11 to 19 MEV	77414
3300015	DAILY TREATMENT COMPLEX 6 to 10 MEV	77413
3300016	DAILY TREATMENT INTERM 11 to 19 MEV	77406
3300017	DAILY TREATMENT INTERM 6 to 10 MEV	77408
3300018	DAILY TREATMENT SIMPLE 11 to 19 MEV	77404
3300019	DAILY TREATMENT SIMPLE 6 to 10 MEV	77403
3300025	IMRT TREATMENT DAILY	77418
3300043	STEREOSCOPIC XRAY FOR DLVRY RADTHPY	77387
3300045	TREATMENT PORT FILES (WEEKLY CHG)	77417
3300058	LINEAR ACCEL STEROTACTIC TRTMT-MULTI SESSION	G0251
3300059	SRS TREATMENT CODE-SINGLE SESSION	G0173
3300061	STEROTACTIC TRTMT-MULTI SESSION ROBOTIC	G0340
3300062	SRS TREATMENT-SINGLE SESSION ROBOTIC	G0339
3300071	SRS TRMT-SINGLE SESSION ROBOTIC	77373
3300072	STEROTACTIC TRTMT-MULTI SESSION ROBOT	77373
3300080	NTSTY MODUL RAD TX DLVR SMPL	77385
3300081	NTSTY MODUL RAD TX DLVR CPLX	77386
3300083	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV...	77402
3300084	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV...	77407
3300085	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV...	77412
3300086	STEREOSCOPIC XRAY FOR DLVRY RADTHPY	77387
3300095	IMRT TREATMENT SIMPLE	77385

To illustrate the various ways "Linear Accelerator" tests are categorized, below is a grid showing all the codes that the Hospital used for its CON application among what other filings define as "Linear Accelerator" tests. As demonstrated below, there is a difference when using a strict definition based on the yearly OHCA filings or based on the CHA PCR filings. The Hospital included the intersection of both filings for use in the CON application as it believes that, when combined, this provides the most accurate depiction of total Linear Accelerator volume (patients, visits and tests).

Charge Code	ChargeDescription	Mcare HCPCS	CON	OCHA Filing	PCR	Comments
3300014	DAILY TREATMENT COMPLEX: 11 to 19 MEV.	77414	X	X		Deact 1/1/15
3300015	DAILY TREATMENT COMPLEX: 6 to 10 MEV.	77413	X	X		Deact 1/1/15
3300016	DAILY TREATMENT INTERM: 11 to 19 MEV.	77409	X	X	X	
3300017	DAILY TREATMENT INTERM: 6 to 10 MEV.	77408	X	X	X	
3300018	DAILY TREATMENT SIMPLE: 11 to 19 MEV.	77404	X	X	X	
3300019	DAILY TREATMENT SIMPLE: 6 to 10 MEV.	77403	X	X	X	
3300025	IMRT TREATMENT DAILY	77418	X	X		Deact 1/1/15
3300095	IMRT TREATMENT SIMPLE	77385	X		X	New 1/1/15
3300058	LINEAR ACCEL STEROTACTIC TRTMT-MULTI SESSION	G0251	X	X		Deact 1/1/15
3300081	NTSTY MODUL RAD TX DLVR CPLX	77386	X		X	New 1/1/15
3300080	NTSTY MODUL RAD TX DLVR SMPL	77385	X		X	New 1/1/15
3300085	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV; COMPLEX	77412	X	X		
3300084	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV; INTER	77407	X	X	X	
3300083	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV; SIMPLE	77402	X	X	X	
3300059	SRS TREATMENT CODE-SINGLE SESSION	G0173	X	X		Deact 9/30/12
3300062	SRS TREATMENT-SINGLE SESSION ROBOTIC	G0339	X	X		
3300071	SRS TRMT-SINGLE SESSION ROBOTIC	77373	X	X	X	
3300043	STEREOSCOPIC XRAY FOR DLVRY RADTHPY	77387	X			Deact 1/1/15
3300086	STEREOSCOPIC XRAY FOR DLVRY RADTHPY.	77387	X			New 1/1/15
3300072	STEROTACTIC TRTMT-MULTI SESSION ROBOT	77373	X	X	X	
3300061	STEROTACTIC TRTMT-MULTI SESSION ROBOTIC	G0340	X	X		Deact 1/1/14
3300045	TREATMENT PORT FILES (WEEKLY CHG.)	77417	X	X		

Definitions

- Patient - A unique Medical Record Number occurring within the span of a Fiscal Year counts as '1'
- Visit - For a given patient, each unique date-of-service on which the patient was charged with one the CDMs listed above counts as '1'
- Tests - For all visits having one of the CDMs listed above, a chargeable unit summation was used

Using either tests or treatments as the measure of volume, it is clear two linear accelerators are needed, that the older machine needs to be replaced and that locating the replacement on the Shoreline will substantially improve access.

3. Yale states that the Hospital does not understand the true financial cost of offering duplicative services.

The Hospital's need for the replacement linear accelerator is based on its need to update an outdated piece of equipment with one that can more effectively serve its patients in the community. Notwithstanding this, it is important to note that this upgrade and relocation will not result in an unnecessary duplication of services. The Hospital's existing Medical Director currently manages two linear accelerators, and this will not change. While the Hospital may need additional radiation oncologist hours and/or radiation therapist hours if volume increases as predicted and may hire radiation oncologists through its recruitment efforts, it does not anticipate any net cost to the Hospital as a result.

The other claims for needed additional services are incorrect. Shoreline Medical Center has existing capacity in terms of nursing services, social services and other ancillary

services. Thus, the Hospital does not anticipate any additional costs as a result of the linear accelerator patients using this location.

Clinical Research:

Middlesex Hospital offers a comprehensive treatment program to its oncology patients. For more than 30 years, its clinicians have been able to provide their cancer patients with access to cutting-edge clinical research trials as a treatment option. Many of these research studies utilize radiation therapy as an adjuvant treatment modality.

Radiation therapy is available currently only in Middletown, which can present an obstacle to clinical trials participation for our patients who live at the farther reaches of our service area to the south. These patients must drive or be shuttled approximately 30-45 minutes each way for several weeks to Middletown in order to receive research-required radiation therapy treatments.

For patients experiencing cancer-related or treatment-related side effects or fatigue, the rigors of commuting back and forth daily to receive radiation therapy presents a very real hardship and factors into individual decisions about clinical trial participation. With more convenient access to radiation therapy, participation in clinical research trials with a radiation component becomes far more feasible.

BEFORE THE CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

IN RE APPLICATION	:	DOCKET NO. 15-31985-CON
TO ACQUIRE A LINEAR	:	
ACCELERATOR AND RELOCATE	:	
TO SHORELINE MEDICAL CENTER	:	
IN WESTBROOK	:	August 20, 2015

PRE-FILED TESTIMONY OF GEORGE PAVLONNIS
MIDDLESEX HOSPITAL

I am George Pavlonnis, Chief Radiation Oncology Physicist for Middlesex Hospital. I am a board certified American College of Radiology physicist.

I welcome the opportunity to testify in favor of this Certificate of Need application and am going to explain the capabilities of both the Hospital's existing Novalis TX on the main campus and the Elekta Infinity proposed for the Shoreline Medical Center, describing why these two pieces of equipment are well-suited for their locations.

As set forth in the Hospital's application, if approved, the Varian Novalis TX will remain at the main campus in Middletown and the 13-year old Varian 2100C presently at the main campus will be replaced by the Elekta Infinity at the Shoreline Medical Center. This will allow nearly all of our patients to be treated in either location.

The Varian Novalis TX was designed to be a multi-modality treatment machine. The unit can treat a wide range of diseases from Cranial Stereotactic Radiosurgery cases to Basal Cell Carcinoma using electrons. The unit is fully equipped with a full complement of Five Electron Energies and Three Photon energies. While the maximum field on the unit is smaller than other Varian linear accelerators, very few patients are affected by this limitation. An internal audit of patients treated at our main campus over the past five years only identified 1 patient per year requiring a field size larger than that which can be accommodated by the Novalis TX.

Technologies and developments in this area of medicine are developing rapidly. Since the Hospital's 2010 CON application, knowledge of IMRT and SRS/SBRT modalities has grown to the extent that the Novalis TX can now be utilized as a stand-alone unit. In addition, the Hospital has adopted clinical protocols that employ the expertise necessary to provide safe and effective use of radiation therapy using the Novalis TX.

Yale, in its correspondence to OHCA, refers to the Novalis TX as a "limited Novalis machine." This simply is not true. In fact, the following is an excerpt from the Smilow Cancer Hospital at Yale New Haven's Radiation Oncology Services webpage located at http://www.ynhh.org/smilow-cancer-hospital/medical-services/radiation_oncology.aspx:

> The Radiation Oncology team uses one of the most versatile cancer treatment devices available in the field of radiation therapy called the Novalis linear accelerator, a powerful image-guided radiation therapy system that delivers high-dose radiation to even the smallest tumors. Novalis can deliver all forms of external-beam radiation therapy, from conventional radiation treatment and intensity modulated radiation therapy (IMRT) to the newest and most advanced techniques, such as image-guided radiotherapy. Novalis's built-in imaging system can pinpoint the size and location of a patient's tumor moments before each treatment.
>
> Most often used to treat prostate, lung and breast cancers, Novalis can also be effective in treating head and neck cancer, tumors in or near the spine, tumors at the base of the skull, liver cancer, pancreatic cancer, kidney cancer and pelvic tumors.

The machine described above is the same machine as the Novalis TX located at the Hospital's main campus. It cannot possibly be that a Novalis utilized at Yale has all of this functionality but one used at Middlesex Hospital has limited functionality.

In addition to the foregoing, it is important to remember that the Novalis TX will not be the only piece of equipment available to the Hospital and its patients. If approved, the Hospital will also have the Elekta Infinity, and this machine (described in more detail below) will be available to treat any patient who requires its use. Travel to the Shoreline Medical Center by a very small number of patients who may need the Elekta Infinity, who may or may not reside closer to Westbrook than Middletown, presents less burden on the community than forcing all patients to come to Middletown for all treatments regardless of where they live in the service area.

It is important to note that, to date, breast cancer patients at the Hospital have been treated primarily on the Varian 2100C due to logistical considerations only. Any of these patients could have been equally treated on the Novalis TX. If the application is approved, these patients, and others, will have the ability to be treated in either location, on either machine, greatly increasing the convenience for patients.

The Elekta Infinity is a state-of-the-art piece of equipment. It provides both conventional and stereotactic treatment capabilities and also will be used to provide the following treatment modalities:

- Intensity Modulated Radiation Therapy (IMRT)
- Electron beam irradiation
- 3-D conformal radiation therapy
- Stereotactic Body Radiotherapy (SBRT)
- Rapid Arc
- Palliative (2D)

With all of the new technology that the Elekta Infinity will have, we will be able to accommodate patients in need of conventional treatment, including the patients needing daily image guidance as part of their intensity modulated treatment, patients requiring palliation only or those requiring the more specialized stereotactic body radiation. The new machine will offer the full complement of services that a typical patient would require and is a major and necessary improvement to that currently being offered by our 13 year old Varian 2100C. Of course, as with any practice, the radiation oncologists decide when a patient needs specialized care that we do not offer and refer the patients out to Yale-New Haven Health or Hartford Hospital's Helen & Harry Gray Cancer Center in conference with the patient. For purposes of perspective, in the last 5 years combined, only 5 Middlesex Hospital Cancer Center patients have fit this profile.

As our application and my colleagues have made clear, at the present time, all of the Hospital's radiation therapy patients receive their care at the Cancer Center on the main campus in Middletown. It is true that the Hospital will continue to use the CT/Simulator at the main campus for simulation. However, most patients only require one or two visits for simulation. In contrast, most patients require twenty to thirty daily treatments over a period of many weeks. If the Hospital's application is approved, patients who live in the shoreline area will need to come to the main campus one or two times for simulation rather than twenty to thirty times for each treatment. This scenario represents great improvement for many patients and their families and is far more economical than duplicating the simulation technology on the shoreline.

Thank you for your time and consideration of the Hospital's application.

BEFORE THE CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

IN RE APPLICATION	:	DOCKET NO. 15-31985-CON
TO ACQUIRE A LINEAR	:	
ACCELERATOR AND RELOCATE	:	
TO SHORELINE MEDICAL CENTER	:	
IN WESTBROOK	:	August 20, 2015

PRE-FILED TESTIMONY OF ANDREW LEBLANC
MIDDLESEX HOSPITAL

I am Andrew LeBlanc, Supervisor of Revenue Cycle of Middlesex Hospital.

I welcome the opportunity to testify in favor of this Certificate of Need application from a financial perspective.

As my colleagues have stated, our application is based on the benefits to our patients and the community that will result from the replacement of an outdated piece of equipment with a state-of-the-art machine located in an area more convenient to many of our patients. Our application is not based on any significant increase in utilization. In fact, our application clearly states that we do not anticipate any significant increase in utilization as a result of the replacement and relocation of the linear accelerator from the main campus to our Shoreline Medical Center. Thus, it is important to make clear that a lack of increased utilization will not burden the Hospital or the health care delivery system as a whole.

Modest Growth Rate

As you know, our application projects a modest growth rate of 3% for FY 2015 through FY 2020 based on a number of weighted factors described below. However, it is important to note that our application is not based on this 3% growth. While this is the growth that we project, even if volumes remain steady, a second machine is clearly needed, and we believe that the Shoreline location will greatly enhance access to care for many of our patients. That being said, while the Hospital took visit and treatment volumes into consideration, its growth projections were more heavily weighted towards number of patients expected based on service line based historical growth for radiation therapy and historical growth for linear accelerator-specific procedures as well as the following:

1. The Hospital believes that the addition of a replacement linear accelerator and the new, updated technology that it brings will provide the Hospital's patients with greater choice for their care. This is likely to result in slightly increased patient volume.

1. The replacement equipment, located in Westbrook, will provide patients in that geographic area increased access to care that previously required shuttle transportation, (though provided free of charge by the Hospital) to utilize. Patients that may have been previously disinclined to seek care at Middlesex for Linear Accelerator-related treatment due to this inconvenience may now choose the Shoreline facility, again resulting in slightly higher patient volume.

3. Middlesex Health System has seen an overall Compound Adjusted Growth Rate for patients over the past 5 years of 2.401%.

Tests versus Treatments

The best way to describe the test versus treatment issue is through an example. A patient is likely to have between twenty (20) and thirty (30) treatments, which can be thought of as twenty (20) to thirty (30) visits. During each treatment/visit, a patient may have more than one test. In calculating the number of tests, the Hospital used OHCA's own definition of linear accelerator tests, adjusted for the fact that OHCA's definition does not contain the 2015 updates that the PCR definition includes. The charts below serve as evidence of this approach.

[Remainder of page intentionally blank – chart follows]

Summary of Retired & New CPT codes:

Section 11 "Outpatient Radiation Therapy Visits", Page 16

https://apps.cthosp.org/pcrdataentry/Documentation/,DanaInfo=10.10.0.13+Patient%20Census%20Outpatient%20Services%20Definitions%202015%2001%2014.pdf

CHA CONNECTICUT HOSPITAL ASSOCIATION

Outpatient Radiation Therapy: PCR Definition

Please refer to the PCR Outpatient Categories Definitions PDF document for the complete definition.

Items in red lettering reflect changes that should be incorporated as of January 2015 data.

CPT Code	Description	Code Changes
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3300083	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV...	77402
3300084	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV...	77407
3300085	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV...	77412
3300086	STEREOSCOPIC XRAY FOR DLVRY RADTHPY	77387
3300095	IMRT TREATMENT SIMPLE	77385

To illustrate the various ways "Linear Accelerator" tests are categorized, below is a grid showing all the codes that the Hospital used for its CON application among what other filings define as "Linear Accelerator" tests. As demonstrated below, there is a difference when using a strict definition based on the yearly OHCA filings or based on the CHA PCR filings. The Hospital included the intersection of both filings for use in the CON application as it believes that, when combined, this provides the most accurate depiction of total Linear Accelerator volume (patients, visits and tests).

Charge Code	ChargeDescription	Medicare HCPCS	CON	OCHA Filing	PCR	Comments
3300014	DAILY TREATMENT COMPLEX: 11 to 19 MEV.	77414	X	X		Deact 1/1/15
3300015	DAILY TREATMENT COMPLEX: 6 to 10 MEV.	77413	X	X		Deact 1/1/15
3300016	DAILY TREATMENT INTERM: 11 to 19 MEV.	77409	X	X	X	
3300017	DAILY TREATMENT INTERM: 6 to 10 MEV.	77408	X	X	X	
3300018	DAILY TREATMENT SIMPLE: 11 to 19 MEV.	77404	X	X	X	
3300019	DAILY TREATMENT SIMPLE: 6 to 10 MEV.	77403	X	X	X	
3300025	IMRT TREATMENT DAILY	77418	X	X		Deact 1/1/15
3300095	IMRT TREATMENT SIMPLE	77385	X		X	New 1/1/15
3300058	LINEAR ACCEL STEROTACTIC TRTMT-MULTI SESSION	G0251	X	X		Deact 1/1/15
3300081	NTSTY MODUL RAD TX DLVR CPLX	77386	X		X	New 1/1/15
3300080	NTSTY MODUL RAD TX DLVR SMPL	77385	X		X	New 1/1/15
3300085	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV; COMPLEX	77412	X	X		
3300084	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV; INTER	77407	X	X	X	
3300083	RADIATION TREATMENT DELIVERY GREATER THAN 1 MEV; SIMPLE	77402	X	X	X	
3300059	SRS TREATMENT CODE-SINGLE SESSION	G0173	X	X		Deact 9/30/17
3300062	SRS TREATMENT-SINGLE SESSION ROBOTIC	G0339	X	X		
3300071	SRS TRMT-SINGLE SESSION ROBOTIC	77373	X	X	X	
3300043	STEREOSCOPIC XRAY FOR DLVRY RADTHPY	77387	X			Deact 1/1/15
3300086	STEREOSCOPIC XRAY FOR DLVRY RADTHPY	77387	X			New 1/1/15
3300072	STEROTACTIC TRTMT-MULTI SESSION ROBOT	77373	X	X	X	
3300061	STEROTACTIC TRTMT-MULTI SESSION ROBOTIC	G0340	X	X		Deact 1/1/14
3300045	TREATMENT PORT FILES (WEEKLY CHG.)	77417	X	X		

Definitions

- Patient - A unique Medical Record Number occurring within the span of a Fiscal Year counts as '1'
- Visit - For a given patient, each unique date-of-service on which the patient was charged with one of the CDMs listed above counts as '1'
- Tests - For all visits having one of the CDMs listed above, a chargeable unit summation was used

No Unnecessary Duplication of Services

Again, our need for the replacement linear accelerator is based on our need to update an outdated piece of equipment with one that can more effectively serve our patients in the community. Notwithstanding this, it is important to note that this upgrade and relocation will not result in an unnecessary duplication of services. Our existing Medical Director currently manages two linear accelerators, and this will not change. While we may need additional radiation oncologist hours and/or radiation therapist hours and may hire radiation oncologists through our recruitment efforts, we do not anticipate any net cost to the Hospital as a result.

In addition, the Shoreline Medical Center has existing capacity in terms of nursing services, social services and other ancillary services. Thus, we do not

anticipate any additional costs as a result of the linear accelerator patients using this location.

Access for Medicaid Patients

As our application describes and as my colleagues have also stated, locating the replacement linear accelerator in Westbrook will increase access to care for the Shoreline community. Furthermore, just below ten percent (10%) of our Shoreline linear accelerator patients have Medicaid as a primary or secondary payor. While we have a shuttle service that brings patients to the main campus for treatments and that will continue to transport patients as needed, locating this equipment in Westbrook will give our Shoreline Medicaid patients, and our other patients with financial or travel constraints, easier access to care and/or a choice in where to seek care. At the same time, our Medicaid patients in the Middletown area will continue to receive the same high-quality care that they have always received.

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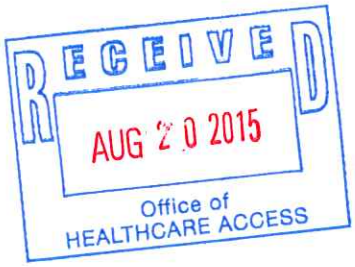


FACSIMILE TRANSMITTAL

Date:	August 20, 2015		
To:	Office of Health Care Access	Facsimile Number:	860 418 7053
		Telephone Number:	860 418 7001
From	Stephanie Sobkowiak	Telephone Number:	203 772 7782

Total Number of Pages (including this cover page): 2 Sent by: Re

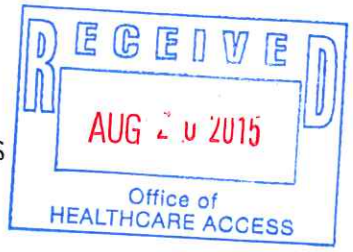
PLEASE SEE THE ATTACHED NOTICE OF APPEARANCE IN CERTIFICATE OF NEED DOCKET NUMBER 15-31985-CON. IF YOU NEED ANYTHING ELSE, PLEASE LET ME KNOW.

THANK YOU,

STEPHANIE SOBKOWIAK

IF THERE ARE ANY PROBLEMS RECEIVING THIS TELECOPY
PLEASE CONTACT OUR FAX/MAIL CENTER AT 203.772.7700. IMMEDIATELY.

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMITTAL IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT(S) NAMED ABOVE. This transmittal may be a confidential attorney-client communication or may otherwise be privileged and confidential. If the reader of this transmittal is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this transmittal in error. If you have received this transmittal in error, please immediately notify Murtha Cullina LLP by telephone at 203.772.7700, and return the original to us at the above address, via mail. We will gladly reimburse your telephone and postage expense for doing so. Thank you.



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

BEFORE THE STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS	:	
IN RE CERTIFICATE OF NEED APPLICATION NO. 15-31985-CON, MIDDLESEX HOSPITAL	:	AUGUST 20, 2015

NOTICE OF APPEARANCE

Please enter the appearances of Stephanie S. Sobkowiak and Paul E. Knag on behalf of Middlesex Hospital in the above entitled proceeding.

ATTORNEYS FOR MIDDLESEX HOSPITAL

By _____

Stephanie S. Sobkowiak -- CT Juris #423721
ssobkowiak@murthalaw.com
Paul E. Knag -- CT Juris #031939
pknag@murthalaw.com

Murtha Cullina LLP
177 Broad Street, 16th Floor
Stamford, Connecticut 06901
Tel.: 203.653.5400
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Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Friday, August 21, 2015 2:46 PM
To: 'ssobkowiak@murthalaw.com'; 'pknag@murthalaw.com'; 'Havican, Gary'
Cc: Hansted, Kevin; Carney, Brian; Greer, Leslie
Subject: FW: Petition for Intervenor Status and Pre-File Testimony of YNHH - Middlesex Hospital Linear Accelerator Docket No. 15-31985-CON
Attachments: Mimecast Large File Send Instructions

Dear Ms. Sragne Sobkowiak and Messrs. Knag and Havican,

Attached please find Yale-New Haven Hospital's petition for status as an intervenor in the public hearing for docket number 15-31985. Wiggin and Dana has additionally filed a Notice of Appearance in this matter.

Thank you,

Jessica Schaeffer-Helmecki
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 HCA, Hartford, Connecticut 06134
P: (860) 509-8075|F: (860) 418-7053|E: jessica.schaeffer-helmecki@ct.gov

---

From: rmatthews@wiggin.com [mailto:rmatthews@wiggin.com]
Sent: Friday, August 21, 2015 2:14 PM
To: Hansted, Kevin
Cc: Schaeffer-Helmecki, Jessica
Subject: Petition for Intervenor Status and Pre-File Testimony of YNHH - Middlesex Hospital Linear Accelerator Docket No. 15-31985-CON

I'm using Mimecast to share large files with you. Please see the attached instructions.

Dear Hearing Officer Hansted:

Attached please find the Petition for Intervenor Status of Yale-New Haven Hospital, together with proposed pre-file testimony, in connection with Docket No. 15-31985-CON. If you have any trouble accessing the attached document, please let me know.

An original and four (4) copies will be delivered to your office via hand-delivery this afternoon.

Should you have any questions, please do not hesitate to contact me.

Thank you.
-Rebecca

Rebecca A. Matthews
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WIGGIN AND DANA
New Haven | Stamford | New York | Hartford | Philadelphia | Greenwich | www.wiggin.com

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Disclosure under U.S. IRS Circular 230: **Wiggin and Dana LLP** informs you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of avoiding federal tax related penalties or promoting, marketing or recommending to another party any transaction or matter addressed herein.

WIGGIN AND DANA

Counsellors at Law

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Rebecca A. Matthews
203.498.4502
203.782.2889 fax
rmatthews@wiggin.com

August 21, 2015

VIA EMAIL (WITH ORIGINALS TO FOLLOW)

Mr. Kevin T. Hansted, Hearing Officer
Department of Public Health – Office of Health Care Access
410 Capitol Avenue, MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: ***Middlesex Hospital***
Acquire a Linear Accelerator and Relocate to Shoreline Medical Center in Westbrook
Docket Number 15-31985-CON

Dear Attorney Hansted:

This office represents Yale-New Haven Hospital, Inc. in connection with the above-referenced docket. Enclosed are an original and four (4) copies of the following:

- Notice of Appearance of Wiggin and Dana LLP
- Petition of Yale-New Haven Hospital, Inc. to be designated as an Intervenor
- Prefile Testimony of Abe Lopman
- Prefile Testimony of Peter M. Glazer, M.D.

These documents are being submitted in connection with the public hearing on the above-referenced matter, scheduled for August 27, 2015 at 10:00 a.m. Mr. Lopman and Dr. Glazer will both be present at the hearing to adopt their prefile testimony under oath and for questions.

Should you require anything further, please do not hesitate to contact me at (203) 498-4502 or rmatthews@wiggin.com.

Sincerely,

Rebecca A. Matthews

cc: Nancy Rosenthal, Yale New Haven Health System
Gary Havican, Middlesex Hospital
Paul E. Knag, Esq., Murtha Cullina LLP
Stephanie Sprague Sobkowiak, Esq., Murtha Cullina LLP

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

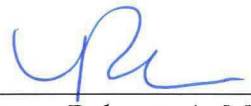
IN RE: CERTIFICATE OF NEED APPLICATION OF MIDDLESEX HOSPITAL TO ACQUIRE A LINEAR ACCELERATOR AND RELOCATE IT TO THE SHORELINE MEDICAL CENTER IN WESTBROOK, CONNECTICUT	)	DOCKET NO.: 15-31985-CON AUGUST 21, 2015

NOTICE OF APPEARANCE

In accordance with Section 19a-9-28 of the Regulations of Connecticut State Agencies, please enter the appearance of Wiggin and Dana LLP ("Wiggin and Dana") in the above-captioned proceeding on behalf of Yale-New Haven Hospital, Inc. ("YNHH"). Wiggin and Dana will appear and represent YNHH at the public hearing on this matter, scheduled for August 27, 2015.

Respectfully submitted,

YALE-NEW HAVEN HOSPITAL, INC.



By: Rebecca A. Matthews
Wiggin and Dana LLP
One Century Tower
New Haven, CT 06508-1832
203-498-4400 (Telephone)
203-782-2889 (Fax)
rmatthews@wiggin.com
Its Attorney

CERTIFICATION

I hereby certify that a copy of the foregoing has been sent via United States mail, postage prepaid, and electronic mail, this 21st day of August, 2015, to the following:

Gary Havican
Vice President, Operations
Middlesex Hospital
28 Crescent Street
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gary.havican@midhosp.org

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Rebecca A. Matthews
Wiggin and Dana LLP

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

IN RE: CERTIFICATE OF NEED APPLICATION OF MIDDLESEX HOSPITAL TO ACQUIRE A LINEAR ACCELERATOR AND RELOCATE IT TO THE SHORELINE MEDICAL CENTER IN WESTBROOK, CONNECTICUT	)	DOCKET NO.: 15-31985-CON AUGUST 21, 2015

PETITION OF YALE-NEW HAVEN HOSPITAL, INC. FOR
STATUS AS INTERVENOR

In accordance with Section 4-177a of the Connecticut General Statutes and Section 19a-9-27 of the Regulations of Connecticut State Agencies, Yale-New Haven Hospital, Inc. ("YNHH"), located at 20 York Street, New Haven, Connecticut 06510, hereby petitions the Office of Health Care Access Division of the Department of Public Health ("OHCA") to be designated as an intervenor in the Certificate of Need ("CON") proceeding identified as Docket No. 15-31985-CON. YNHH requests the right to participate in the proceeding by presenting written and oral testimony, evidence, and argument, and also requests the right to receive copies of all filings made by any party or participant in the proceeding. Although YNHH does not expect that it will be necessary to cross-examine any party to the proceeding, YNHH requests the right to do so at the hearing to the extent that OHCA deems it appropriate.

This proceeding relates to the proposal of Middlesex Hospital (the "Applicant") to replace one of its two linear accelerators located at its off-campus Cancer Center in Middletown and to then

relocate the new linear accelerator to Westbrook. The Applicant reasons that a significant portion of the patients of its Cancer Center are from the shoreline and that having a linear accelerator in Westbrook will improve access to radiation therapy services for those patients.

YNHH has provided radiation therapy services to patients along the shoreline since 2003 pursuant to a CON that authorized YNHH to purchase a linear accelerator for its Shoreline Medical Center in Guilford (the "YNHH SMC"). (OHCA Docket No. 02-549-CON, as modified by OHCA Docket No. 02-549-MDF) YNHH also provides comprehensive cancer care, including radiation therapy services, to patients from the shoreline and beyond at its Smilow Cancer Center in conjunction with the Yale Cancer Center, the only National Cancer Institute-designated comprehensive cancer center in the state of Connecticut and one of only three in New England. As such, YNHH has an interest in ensuring efficient and effective radiation therapy services along the shoreline that would be affected by approval of the proposal made by the Applicant. In addition, YNHH is concerned that the volume projections of the Applicant are overstated and do not support a public need for a linear accelerator in Westbrook in light of the capacity of existing linear accelerators in the area, including those operated by YNHH and those operated by other providers, including the Lawrence + Memorial Hospital.

As a result of YNHH's affiliation with the Yale School of Medicine and its Department of Therapeutic Radiology ("YTR"), YNHH and is in a position to provide important information to OHCA that will assist OHCA in resolving the issues before it and evaluating the Applicant's clinical and other claims, many of which YNHH is concerned are inconsistent with past filings and clinical practices.

The interests of YNHH in the proceeding before OHCA, as well as additional detail on the evidence that YNHH proposes to offer, are set forth below.

YNHH Radiation Therapy Program and Services in Collaboration with YTR

YNHH is a 1,541 bed (including bassinets) teaching hospital affiliated with the Yale University School of Medicine. YNHH has two integrated campuses in New Haven and a pediatric campus in Bridgeport. YNHH operates various outpatient sites, including the YNHH SMC, in order to better provide outpatient care in the communities it serves.

YNHH's York Street Campus houses the Smilow Cancer Center and the Yale Cancer Center, providing comprehensive and complex cancer care to patients throughout the region, including the Connecticut shoreline. Radiation therapy services are provided at various locations, including in the community. For example, YNHH SMC is equipped with a linear accelerator and CT simulator to provide radiation therapy to cancer patients along the shoreline, as well as dosing and planning for such therapy.

Professional services at YNHH's radiation therapy sites are provided by YTR. In addition to providing patient care services, YTR physicians are actively involved in teaching and research in clinical and translational radiation oncology, radiobiology and radiological physics. In fact, YTR operates the state's only school for Radiation Therapy Technology and its only Radiation Oncology Residency Program.

YNHH's Interests Will Be Affected by Approval of the Applicant's CON Proposal

If the application before OHCA is approved, YNHH's interests will be affected in various ways as will the interests of patients. As will be described in more detail in testimony to be submitted by representatives of YNHH and YTR, the Applicant has not established a clear public need for the proposal and cannot establish that existing providers do not have capacity and will not,

therefore, be affected by the introduction of a new linear accelerator on the shoreline. (*See* Conn. Gen. Stat. §19a-639(a)(3)) In addition, the approval of the proposal will likely result in a duplication of services that will be detrimental to the financial strength of the health care system in the state. (*See* Conn. Gen. Stat. §§19a-639(a)(4) and (9)) Most importantly, the Applicant has not demonstrated that the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including for Medicaid patients. (*See* Conn. Gen. Stat. §19a-639(a)(5))

Summary of Evidence To Be Presented

YNHH and YTR will present evidence relating to the following:

1. *Public Need and Capacity* – YNHH will show that there are existing providers of radiation therapy along the shoreline with capacity to handle additional radiation therapy patients in the area. In addition, YNHH will establish that the Applicant's projections do not appropriately define the service area or quantify volumes in a manner consistent with standard clinical practice. As a result, the projections overstate the need and understate the impact on existing providers.

2. *Limitations on the Equipment that will result in Duplication of Services and Expenses* – YNHH is concerned that the Applicant has not fully represented the limitations on capabilities of both the linear accelerator to be purchased and located in Westbrook, and the one that will remain at the Applicant's Cancer Center in Middletown. It appears, rather, that the proposal will result in the establishment of two centers that are duplicative in some respects, but neither of which can provide full radiation oncology services. It appears further that certain additional expenses of operating duplicative centers have not been factored into the financial feasibility of the proposal.

3. *Impact on Patients, Particularly Medicaid Patients* – The impact of the proposal would appear to require certain patients to travel from the shoreline to Middletown and others from Middletown to the shoreline as only certain types of cancers can be treated on each of the linear accelerators proposed to be utilized by the Applicant. Although the Applicant has stated that the percentage of patients treated on the linear accelerator who are covered by Medicaid is fairly small (resulting from the prevalence of cancer in older individuals more typically covered by Medicare), the Applicant does not account for the difficulty for Medicaid patients in the Middletown area who are less likely to have access to transportation than patients along the shoreline. YNHH and YTR will also submit testimony regarding the clinical impact that the proposal may have, particularly as the application does not provide for the acquisition of a CT simulator in Westbrook, a device necessary to be able to fully utilize the linear accelerator to be purchased.

4. *Existing Physician Referral Patterns and Collaboration* – YNHH and YTR have long had excellent collaborative relationships with and great respect for the cancer specialists affiliated with the Applicant. Evidence will be presented to establish that existing referral patterns and relationships have long taken into consideration the needs of the patient, including geographic access and convenience. As a result, many patients along the shoreline have received radiation therapy at existing providers with seamless coordination of care with the oncologists, surgeons and other physicians affiliated with the Applicant.

Manner of Proposed Participation and Relief Sought

YNHH respectfully requests that it be permitted to submit written and oral testimony, to present evidence and arguments at the August 27, 2015 public hearing on this matter, and to inspect and copy records pertaining to the proceeding. If granted status, YNHH intends to present evidence

and legal arguments in support of its positions as summarized above and set forth more fully in the prefile testimony submitted with this petition. Although YNHH does not anticipate a need to cross-examine the Applicant, YNHH requests the right to do so to the extent that OHCA deems it appropriate.

The testimony and evidence proposed by YNHH will assist OHCA in evaluating the Applicant's CON application and will provide evidence that would otherwise not be available to OHCA. Further, YNHH's participation in this proceeding is needed to protect its legal interests, is in the interest of justice, and will not impair the orderly conduct of the proceeding.

Based on the foregoing, YNHH respectfully requests that it be granted intervenor status in this proceeding with the rights to present oral and written testimony and evidence, receive copies of all filings, and, if necessary, cross-examine witnesses.

* * *

WHEREFORE, for the foregoing reasons, YNHH respectfully requests its Petition for Status as an Intervenor be granted.

Respectfully submitted,

YALE-NEW HAVEN HOSPITAL, INC.

By: _____

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Wiggin and Dana LLP
One Century Tower
New Haven, CT 06508-1832
203-498-4400 (Telephone)
203-782-2889 (Fax)
rmatthews@wiggin.com
Its Attorney

CERTIFICATION

I hereby certify that a copy of the foregoing has been sent via United States mail, postage prepaid, and electronic mail, this 21st day of August, 2015, to the following:

Gary Havican
Vice President, Operations
Middlesex Hospital
28 Crescent Street
Middletown, CT 06457
gary.havican@midhosp.org

Paul E. Knag, Esq.
Partner
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Stephanie Sprague Sobkowiak, Esq.
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ssobkowiak@murthalaw.com

Rebecca A. Matthews
Wiggin and Dana LLP

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

IN RE: CERTIFICATE OF NEED APPLICATION OF MIDDLESEX HOSPITAL TO ACQUIRE A LINEAR ACCELERATOR AND RELOCATE IT TO THE SHORELINE MEDICAL CENTER IN WESTBROOK, CONNECTICUT	)	DOCKET NO.: 15-31985-CON AUGUST 21, 2015

PREFILE TESTIMONY OF ABE LOPMAN
SENIOR VICE PRESIDENT, OPERATIONS, YALE-NEW HAVEN HOSPITAL, INC.
EXECUTIVE DIRECTOR, SMILOW CANCER HOSPITAL

I. Introduction

Good morning Hearing Officer Hansted and members of the Department of Public Health ("DPH") and Office of Health Care Access ("OHCA") staff. My name is Abe Lopman and I am Senior Vice President of Operations at Yale-New Haven Hospital, Inc. ("YNHH") and Executive Director of YNHH's Smilow Cancer Hospital. I would like to thank you for the opportunity to testify today and to provide OHCA with what we think is important clinical and operational information that will assist OHCA in its review of the application before it. I also thank Dr. Peter Glazer, the Chief of YNHH's Radiation Oncology Section and also the Chairman of the Yale University School of Medicine's Department of Therapeutic Radiology ("YTR"), who will also be presenting testimony, as well as my other colleagues here today. We will be pleased to answer any questions OHCA has about the information presented.

II. Professional Background

I have had a long career in cancer care. Prior to joining YNHH, I was the Executive Director of the Regional Care Network at the Memorial Sloan-Kettering Cancer Center in New

York and, prior to that, was Vice President of Acute Care Operations at the Orlando Regional Healthcare System where I helped to plan, build and operate the M.D. Anderson Cancer Center-Orlando. I have also held positions at M.D. Anderson Cancer Center in Houston and Montefiore Medical Center in New York.

I had the honor of joining YNHH in 2008 in order to assist with the opening of the Smilow Cancer Hospital. In my current position as Senior Vice President of Operations for YNHH and Executive Director of the Smilow Cancer Hospital, I oversee YNHH's oncology services at both its inpatient and outpatient sites, including the Shoreline Medical Center in Guilford (the "YNHH SMC").

While we respect the quality, community care provided by Middlesex Hospital (the "Applicant") and acknowledge the excellent collaborative relationships among the physicians affiliated with both the Applicant and YNHH, we do not believe that the Applicant has accurately presented utilization data or need for additional radiation therapy services along the shoreline. As a result, we are concerned that approval of the Applicant's plan to install a linear accelerator in Westbrook will weaken existing providers, will add unnecessary costs to the health care system in the state, and will not enhance access to care.

III. Public Need and Capacity

As described below and in my letter to OHCA submitted on July 6, 2015 (a copy of which is attached as Exhibit A), it appears that the Applicant has provided incomplete and sometimes inaccurate information about the utilization and need for radiation therapy services on the shoreline, the capacity of existing providers, and the impact that the proposal will have on those providers and on patients. As such, the Applicant has not established clear public need for the proposal, nor has the Applicant established that the proposal will not lead to unnecessary duplication of services in the area, all as required by Section 19a-639 of the Connecticut General Statutes.

A. Existing Capacity on the Shoreline

Patients on the shoreline currently have multiple options for obtaining radiation therapy services within their community. YNHH provides comprehensive radiation therapy at the YNHH SMC, only thirteen (13) miles from Westbrook. These services include conventional radiotherapy,

electron beam radiotherapy, three dimensional conformal radiotherapy, intensity modulated radiotherapy and stereotactic body radiotherapy ("SBRT") on a state-of-the-art linear accelerator. In addition, the YNHH SMC includes a large bore dedicated CT simulator on-site in order to localize tumors and normal tissue structures for precision treatment planning. Comprehensive support services are provided at the YNHH SMC in coordination with Smilow Cancer Hospital, including nutritional support, social work, chemotherapy, diagnostic imaging and follow-up care. With the approval of OHCA, YNHH has also fit out the YNHH SMC with an additional bunker for a second linear accelerator in anticipation of the possible need for expanded radiation oncology services along the shoreline in the future. These services are all provided at a convenient location with ample parking and easy access for patients.

In addition, Lawrence + Memorial Hospital ("L+M") operates two (2) linear accelerators at its Cancer Center in Waterford, only eighteen (18) miles from Westbrook. L+M's radiation therapy services in Waterford include image guided radiation therapy, intensity modulated radiation therapy, stereotactic radiosurgery ("SRS") and SBRT. L+M has a dedicated large bore CT simulator on-site for treatment planning.

As such, there are already three (3) existing linear accelerators within a fifteen (15) to twenty (20) mile distance of the location of the Applicant's proposed linear accelerator. Looking at the broader area around the shoreline, there are fourteen (14) linear accelerators within a twenty-eight (28) mile radius of the Applicant's site in Westbrook: three (3) at YNHH's Saint Raphael Campus; four (4) at YNHH's York Street Campus; one (1) at the YNHH SMC, two (2) at L+M's Cancer Center in Waterford, two (2) at Backus Hospital, and the two (2) currently operated by the Applicant. YNHH has capacity to provide additional radiation therapy services to patients on the shoreline at its various sites, including at the YNHH SMC.

In its application, the Applicant posits that existing providers will not be adversely affected as physician referral patterns are such that patients seen by physicians affiliated with the Applicant are referred to sites owned and operated by the Applicant for care. However, YNHH currently treats many patients from the shoreline who have been referred by physicians affiliated with the Applicant. In addition, as evidenced by Dr. Glazer's testimony, cancer specialists at Middlesex Hospital, YNHH and L+M have excellent collaborative relationships that cross institutional lines.

These physicians can and do refer patients for care to the most convenient and appropriate location, regardless of institutional affiliation. Approval of the proposal would, therefore, weaken existing providers and introduce duplicative services at unnecessary expense into the shoreline without enhancing patient care.

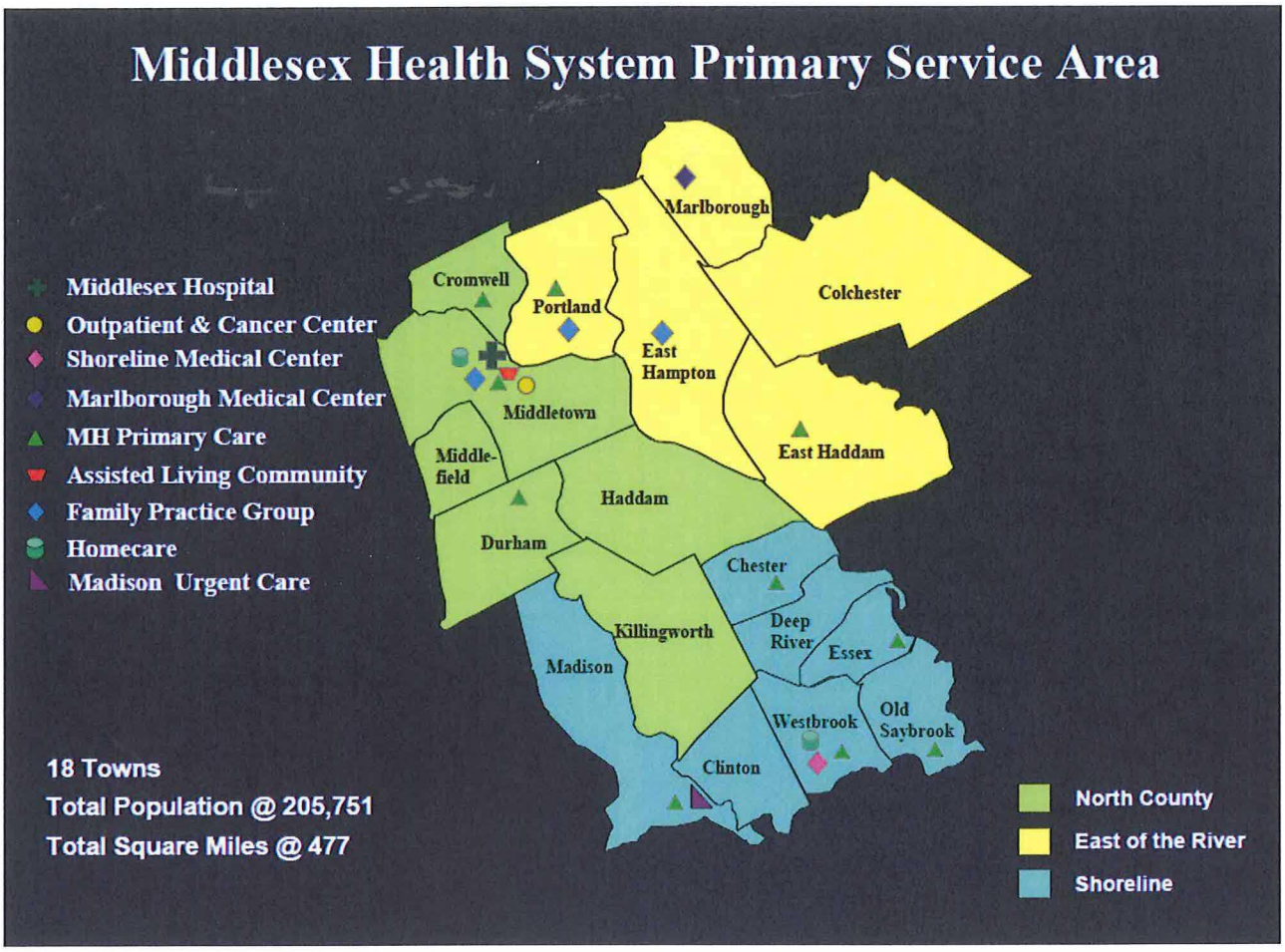
B. Definition of "Shoreline Area" Population and Need

The Applicant argues that a significant percentage of its current patient base for radiation therapy services lives along the shoreline and would be more conveniently treated at its outpatient location in Westbrook. It appears, however, that the Applicant has overstated the proportion of its patients who would likely prefer to travel to Westbrook over Middletown. When properly calculated, the number of services reasonably expected to be provided at the Westbrook site is far below capacity of a typical linear accelerator and does not support clear public need for the proposal.

To establish need, the Applicant has divided its service area into the "Middletown Area" and the "Shoreline Area" and divided the current volume of linear accelerator tests[1] between the two based on town of residence and geographic proximity. As viewed on the map and tables below, however, the towns of Durham, East Haddam and Haddam are closer in driving distance to Middletown than to Westbrook, but are included in the "Shoreline Area" for Applicant's volume assumptions and projections. Although many factors influence a patient's choice of provider, it would be more accurate to assume that patients in these towns would instead prefer to travel the shorter distance to Middletown and to include services to them in the "Middletown Area." Doing so reduces the proportion of the Applicant's linear accelerator tests in the "Shoreline Area" from almost 40% to less than 25%. Such a small percentage of the Applicant's patient population would not appear to support an additional linear accelerator in the area, particularly in light of the existing capacity available at other providers.

[1] See discussion in Section II.D. below regarding the use of "tests" instead of "treatments" in calculating volumes and making projections.

Map of Applicant's Service Area (Figure 2 on page 17 of Applicant's Certificate of Need Application):



Comparison of Allocation of FY14 Linear Accelerator Tests between Middletown Area and Shoreline Area (FY14 Volumes taken from page 26 of the Applicant's Certificate of Need Application):[2]

ALLOCATION PRESENTED BY MIDDLESEX HOSPITAL				
Town within Middlesex Hospital Service Area	FY2014/Total Linac Tests	%	Driving Miles to Middlesex	Driving Miles to Westbrook
Chester	199	2%	13.6	11
Clinton	850	7%	19.4	5.1
Deep River	11	0%	17.7	8.4
Durham	320	3%	6.4	22.7
East Haddam	488	4%	18.8	20
Essex	486	4%	18.2	5.5
Haddam	487	4%	7.7	17.2
Killingworth	364	3%	14.2	10.4
Madison	159	1%	19.7	7.8
Old Saybrook	624	5%	24	6
Westbrook	255	2%	24	0
"Shoreline Area" Subtotal	4243	37%	-	-
Colchester	195	2%	21.8	27.9
Cromwell	592	5%	4.7	27.6
East Hampton	1009	9%	12	25.6
Marlborough	188	2%	16.3	35.6
Middlefield	505	4%	6.1	26.4
Middletown	2870	25%	0	24
Portland	446	4%	3.8	26.8
"Middletown" Area Subtotal	5805	50%	-	-
All Other Towns	1460	13%	-	-
Grand Total	11508	100%	-	-

REALLOCATION BASED ON DRIVING DISTANCES				
Town within Middlesex Hospital Service Area	FY2014/Total Linac Tests	%	Driving Miles to Middlesex	Driving Miles to Westbrook
Chester	199	2%	13.6	11
Clinton	850	7%	19.4	5.1
Deep River	11	0%	17.7	8.4
Essex	486	4%	18.2	5.5
Killingworth	364	3%	14.2	10.4
Madison	159	1%	19.7	7.8
Old Saybrook	624	5%	24	6
Westbrook	255	2%	24	0
"Shoreline Area" Subtotal	2948	24%	-	-
Colchester	195	2%	21.8	27.9
Cromwell	592	5%	4.7	27.6
Durham	320	3%	6.4	22.7
East Haddam	488	4%	18.8	20
East Hampton	1009	9%	12	25.6
Haddam	487	4%	7.7	17.2
Marlborough	188	2%	16.3	35.6
Middlefield	505	4%	6.1	26.4
Middletown	2870	25%	0	24
Portland	446	4%	3.8	26.8
"Middletown" Area Subtotal	7100	63%	-	-
All Other Towns	1460	13%	-	-
Grand Total	11508	100%	-	-

As shown on the table on the right above, with the "Shoreline Area" tests more accurately classified, the volume of tests for FY14 drops to 2,948, far below the acknowledged operating capacity of a typical linear accelerator of 8,500 tests per year (see Applicant's Responses to Completeness Questions; page 161 of Docket) and far below the projections of the Applicant. These improper classifications and calculations call into question the reasonableness of the projections of need submitted by the Applicant. Even assuming the Applicant's growth projections,

[2] Note that the subtotal reported by the Applicant for its defined "Middletown Area" is incorrectly stated as 5,895 rather than 5,802. As a result, the "Grand Total" is also incorrectly stated as 11,598 rather than 11,508.

the existing volumes do not establish clear public need for an additional linear accelerator in Westbrook, particularly in light of capacity of existing providers and the ability of YNHH to more easily and cost-efficiently expand in light of the second bunker at the YNHH SMC.

C. Impact on "Middletown Area" Population and on Medicaid Patients

As shown above, when the Applicant's current test volumes are properly classified, over 75% of its linear accelerator testing volume is on patients from towns closer to Middletown than to Westbrook. The Applicant has not explained why a relocation of a linear accelerator from a higher volume location to one with lower volumes will satisfy patient need or improve access. In fact, looking only at FY14 volumes, when properly classified, the Applicant's Novalis in Middletown will be required to accommodate 8,560 tests annually, in excess of the capacity cited by the Applicant of 8,500 tests per year. This is even more critical in light of the fact that the Novalis is frequently used for more time-intensive SRS and SBRT treatments, which suggests that the capacity of the Novalis may be, in fact, much lower than 8,500 tests annually.[3] As such, continued access for patients in the towns surrounding Middletown may be adversely affected by the proposal. Alternatively, more patients from Middletown will have to travel to Westbrook, which is not optimal and defeats the stated goals of the Applicant's proposal.[4]

It is important to note also that the payer mix in the "Middletown Area" has a greater percentage of Medicaid patients than in the "Shoreline Area." (See Table 2 in attached letter) Although the Applicant has stated that the percentage of Medicaid patients who require services on the linear accelerator is relatively small as a result of the fact that Medicaid populations are generally younger and the prevalence of cancer is higher as the population ages, the impact on this population should not be discounted. Imposing travel obligations on Medicaid patients in Middletown may be a more significant burden in light of limited access to public transportation.

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[3] Unlike conventional radiation therapy treatments that generally take 15-20 minutes, SRS and SRBT treatments typically take 30-45 minutes, but may, in some cases (e.g., spine) take 1-2 hours.

[4] In response to completeness questions by OHCA about the number of patients who will be required to travel either to Middletown or to Westbrook due to the limited capabilities of each of the linear accelerators proposed to be located at each site, the Applicant estimates that only one (1) case annually will need to travel to Westbrook and three (3) cases annually will need to travel to Middletown. (see Applicant's Responses to Completeness Questions; pages 163-164 of Docket) In light of the fact that the linear accelerator to remain in Middletown has limited, specialized capabilities, and the linear accelerator proposed to be moved to Westbrook cannot provide most SRS/SBRT treatments, Applicant's estimates appear to be significantly understated.

D. Utilization and Volume Projections

In addition to the issue above of allocating volume between the Middletown Area and Shoreline Area 60/40 as opposed to 75/25 based on historical experience, the Applicant's volume projections are problematic in other ways:

- Most significantly, the Applicant projects a 3% annual increase in volume based on general trends such as an aging population, early cancer detection and expanded treatment options, but does not explain why such an assumed increase is reasonable in light of a 3-year decline in treatment volumes reported from FY13 to FY15. The Applicant does indicate the increase may result from specific recruiting efforts, but provides no detail on the planned recruitment that would support such an increase.

- The volume projections also do not take into account evolving clinical standards of care resulting in fewer radiation treatments per patient. First, there is an increased demand for SRS and SBRT treatments, which require patients to undergo five or fewer treatment sessions compared to conventional daily radiotherapy over multiple weeks. Included in this are selected patients with low numbers of brain metastases who are treated with SRS and forego two (2) to three (3) weeks of daily whole brain radiotherapy. Second, women with breast cancer who require whole breast radiotherapy as part of breast conserving therapy are more often able to undergo treatments over three (3) to four (4) weeks rather than the historical norm of five (5) to six and a half (6.5) weeks of therapy. Third, palliative courses of radiotherapy to control pain are increasingly truncated to one (1) to five (5) sessions instead of ten (10) to fifteen (15). Fourth, a larger proportion of elderly men with early prostate cancer are being managed with "watchful waiting" rather than active treatments that often include lengthy courses of radiotherapy. Dr. Glazer and other physicians here can further explain the clinical reasons behind these evolving standards should OHCA have questions. These important examples in the reductions in treatments per patient

are not reflected or accounted for in the projections presented by the Applicant, so it is difficult to see how a 3% annual increase in tests will be achieved.

- Many of the Applicant's volume projections are done on the basis of "tests" rather than "treatments," the measure more commonly used in the industry. As a result, comparisons of the Applicant's actual and projected volumes to those of other providers and industry standards are difficult. Similar issues arise when trying to compare the Applicant's volume statistics and projections to those made by the Applicant in seeking the initial approval for the acquisition of a second or replacement linear accelerator in Middletown in 2009. (*See* OHCA Docket No. 08-31262-CON in which volume statistics were reported by treatment, rather than by test.) This issue is highlighted by the Applicant's comments about changes in CPT coding and bundling of certain imaging codes with treatment codes; if the volumes were stated in terms of "treatments" as is industry standard, the CPT code issue does not arise.

  In addition, the use of "tests" as a unit of measurement appears to inflate the volumes and projections (on page 154 of the Applicant's Response to Completeness Questions, the Applicant states that it measures volumes on the basis of "tests" which equate to the number of billable units generated by a patient encounter; volumes are more typically calculated in the industry as the number of individual patient "treatments" regardless of the number of treatment sites).[5]

  At OHCA's request, the Applicant has restated its historical and projected volumes on the basis of treatments as opposed to tests. It is unclear if those projections are consistent with industry standard in light of continued references to CPT coding changes impacting volume.

- Completeness Table 3 (page 164 of the submission) does not match the patient volumes in Table 4A.2 (page 156). Although the Applicant states that the patient

[5] See also footnote 2 above regarding improper calculation of number of tests.

volumes on page 164 are shown only by primary diagnosis, actual patient volume by cancer type should be available.

In addition, "Blood" is listed as separate patient entry on Table 3. Although blood may be irradiated for patients to prevent transfusion-related graft versus host disease, this is not commonly performed and is not performed on a patient but rather on a blood product. Accordingly, the patient volumes should be clarified to ensure that they are not overstated.

- The Applicant references as support for its Application the American College of Radiology ("ACR") utilization standards. It appears, however, that the Applicant underrepresents the number of patients that its current facility in Middletown can handle. Because the Cancer Center in Middletown is not on the Middlesex Hospital campus (it is about 2 miles away), it is considered a freestanding facility under the ACR definitions. As a result, the number of new patients to support a linear accelerator is 242, not 222.

IV. Financial Impact

In light of both the inability of the Applicant to establish a clear public need and the capacity of existing providers in the area, the Applicant not shown that the proposal will not result in duplicative services at greater expense to the health care system in the area and the state of Connecticut. In fact, as described by Dr. Glazer, it appears that the proposal would result in significant economic and clinical inefficiencies by establishing two (2) separate centers with overlapping yet distinct treatment capabilities. Even if such a result was desired, the Applicant appears to have understated the cost of its proposal in various ways:

- Operating two cancer centers in a crowded market approximately twenty-four (24) miles apart will require various additional costs and expenses not taken into consideration by the Applicant, including additional staffing costs. For example, additional medical director services are likely needed to cover both sites, but no incremental costs for this have been included in the Applicant's financial attachments. In addition, the Applicant references planned physician

recruitments and expansion of preventative screenings, but these costs do not appear to be accounted for either. Further, the Applicant states that it has current capacity in Westbrook to ensure that nursing, dietary, social work and financial counseling are available to all patients receiving radiation therapy treatment there, but additional costs for increased volumes in Westbrook would be expected. Finally, it is not clear whether a dosimetrist and medical physicist will be on-site.

- The Applicant also fails to address the cost of CT simulation or to request authorization to acquire a dedicated large bore CT simulator, which is an integral part of the radiation treatment process and currently the practice at the Applicant's Cancer Center in Middletown. The Applicant instead proposes to rely on its CT simulator in Middletown, but this would not appear to be most convenient for patients.

These omissions suggest that the Applicant has not accurately stated the financial cost and impact of opening a second satellite cancer program in Westbrook. Even if they had been reflected, these financial costs would appear imprudent in light of the other providers in the immediate vicinity who offer the same services and do so in a comprehensive manner.

V. Clinical Considerations

Dr. Glazer will testify in detail about the clinical concerns raised by the proposal. I will not repeat his testimony, but do want to reiterate a few points:

- The Applicant has presented several arguments in its application in this docket that appear to be inconsistent with prior documentation filed with OHCA and with prior representations by the Applicant that two linear accelerators were required at its Cancer Center in Middletown. (See OHCA Docket Nos. 08-31262-CON, 09-31262-MDF and 10-31262-MDF) The Applicant's "Linac #2", the linear accelerator to remain in Middletown, is a Novalis TX configured to provide specialized SRS and SBRT. Although it can provide more conventional radiation therapy, it has a small field size and cannot treat many cancers

requiring a larger field size, including many breast, abdominal and other tumors; nor can it accommodate conditions like Hodgkin's lymphoma, ovarian and cervical cancers. For these and other reasons, the Applicant represented to OHCA in 2009 and 2010 that it needed to also continue to operate "Linac #1" in Middletown, which it now proposes to replace and move to Westbrook. Despite direct questions from OHCA about this, the Applicant has not explained how the needs of patients in the Middletown Area can be met with only Linac #2. The issue is perhaps most striking for breast cancer patients. As noted in Table 3 of the Applicant's Response to OHCA's Completeness Questions, the Applicant identifies 125 breast patients treated in Middletown, yet only three (3) (0.75%) of these patients were treated on the Novalis machine. "Linac #1" (a Varian linear accelerator) was obviously the linear accelerator of choice for these breast cancer patients, but it will no longer be located in the area. It is unclear where these patients will go for treatment, a concern because nearly 50% of these patients live closer to Middletown. Of note, we are not aware of any cancer center in the country that utilizes the Novalis, as configured at the Applicant's Cancer Center in Middletown, as a standalone machine, precisely for these reasons.

- Although unclear from the documentation submitted by the Applicant, it appears that the replacement for "Linac #1" may have only limited SBRT capabilities and extremely limited SRS capability, if at all. It will not, therefore, be the treatment of choice for various types of cancers, including lung, liver and spine. Accordingly, the Applicant appears to be establishing separate cancer centers that are equipped to treat different cancers, but neither of which will provide comprehensive care to the populations they are purporting to serve. This heightens the concern that patients may be steered from more comprehensive centers to centers that are not equipped to provide the same scope of services. It also calls into question the financial prudence of staffing two (2) separate sites in such close proximity, when neither will be equipped to provide comprehensive care to local patients.

- As stated above, the Applicant has not requested authorization to acquire a CT simulator for its radiation therapy program at its Westbrook location and instead proposes to have all treatment planning take place on its CT simulator in Middletown. Often, the CT simulator is used only for initial planning purposes, but certain cancers require that planning be reevaluated and readjusted at various times throughout treatment. Therefore, travel from the shoreline to Middletown will still be necessary as a result of the Applicant's proposal.

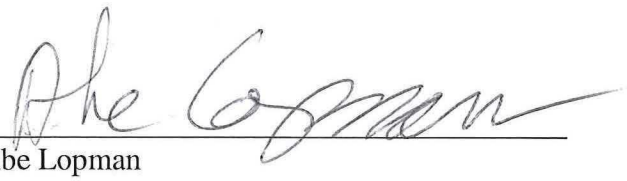
VI. Conclusion

Thank you again for the opportunity to present our evidence and arguments. As stated above, we are concerned that the Applicant has not established a clear public need for the proposal, that existing providers will be inappropriately weakened by unnecessarily duplicative services, and that the establishment by the Applicant of two (2) centers that provide distinct services will not meet the needs of the patients for comprehensive, cost-effective and quality care. In light of the foregoing, we respectfully request that OHCA deny the Applicant's request to acquire a new linear accelerator to be located in Westbrook.

Thank you for your time and consideration. I am available to answer any questions you may have.

* * *

The foregoing is my sworn testimony.



Abe Lopman
Senior Vice President, Operations, Yale-New Haven Hospital
Executive Director, Smilow Cancer Hospital

EXHIBIT A

Letter from YNHH to OHCA dated July 6, 2015

YALE NEW HAVEN HEALTH

July 6, 2015

VIA EMAIL & REGULAR MAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access (OHCA)
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134

RE: Certificate of Need Application
Middlesex Hospital to Acquire and Relocate a Linear Accelerator
Docket No. 15-31985-CON

Dear Ms. Martone:

The purpose of the letter is to bring to your attention certain items in the Certificate of Need (CON) filed by Middlesex Hospital (MH) under Docket Number 15-31985-CON that appear to be inaccurate and/or inconsistent with past filings and clinical practice. As explained below, we believe this CON application does not paint an accurate picture of the utilization or need for additional radiation therapy services along the shoreline, and does not appropriately address its true impact on the accessibility of care for oncology patients in the region. We hope this information and that provided in a separate letter submitted by the Yale School of Medicine is useful to OHCA as it assesses this CON application.

Background

Yale-New Haven Hospital (YNHH) has offered radiation therapy services along the shoreline since 2003, pursuant to a Certificate of Need which enabled YNHH to purchase a linear accelerator (Linac) for its Shoreline Medical Center in Guilford, and establish a freestanding emergency room, an ambulatory surgery center, endoscopy rooms, and other ancillary services at this location. (Docket No. 02-549-CON). OHCA later approved a Modification Request to construct a second vault in Guilford to house a second linear accelerator to accommodate future patient demand. (Docket No. 02-594-MDF).

YNHH continues to operate one Linac in Guilford, and also continues to monitor the need for additional radiation therapy services along the shoreline, with an expectation to fill the second vault in Guilford, based on future demand for patient treatment. In the interim, MH has filed a CON application to add more capacity for radiation therapy services in nearby Westbrook.

This letter identifies several issues that we feel should be examined by OHCA based on our perspective as administrative and clinical experts in the field, as OHCA must consider whether MH has sufficiently demonstrated clear public need, improvement in the accessibility and cost effectiveness of care, and the avoidance of duplication of services.

789 Howard Avenue
New Haven, CT 06519

I. Public Need and Capacity in the Area

First, the MH submission does not accurately describe the need or demand for additional radiation therapy services along the shoreline area. YNHH has offered radiation therapy services in this region for over a decade and the service area surrounding its site in Guilford overlaps the service area presented by MH.

A. Providers in Region

Notably, there are several alternate options for radiation therapy services along the shoreline, including YNHH in Guilford, where it currently operates 1 Linac with the capacity to handle additional oncology patients, and a second vault to accommodate new volume. This site is located 13 miles from Westbrook. Lawrence & Memorial Hospital (L&M) operates 2 Linacs in Waterford, located 19 miles from Westbrook. Thus, within 15-20 miles of the proposed location of a new Linac, there are already 3 Linacs with capacity in operation.

The CON submitted by MH states that there will be no impact on the services offered by other providers in this area, yet YNHH does in fact treat a number of patients from along the shoreline at its Guilford facility, and received approval from OHCA for a second vault to accommodate demand. Moreover, cancer specialists at MH, YNHH, and L&M have an excellent collaborative relationship that crosses institutional lines. They are very adept at placing patient concerns ahead of institutional demands such that YNHH commonly receives referrals from medical oncologists and surgeons who primarily practice at Middlesex-affiliated sites when geographic convenience has been an issue. These physicians often refer patients to YNHH, especially local patients who live near Guilford but visit Middlesex Urology and Connecticut Oncology Group, as referenced in a letter submitted by radiation oncology physicians affiliated with the Yale School of Medicine

B. Definition of Middletown and Westbrook Service Areas

As demonstrated in the table on the following page, many of the towns that MH includes in its service area surrounding the Westbrook site are in reality closer to Middletown, and the inclusion of these towns has the effect of inflating the projected need for radiation therapy along the shoreline. The highlighted towns of Durham, East Haddam, and Haddam are closer in driving distance to Middletown, and thus would make the Westbrook site less convenient requiring more travel for these patients. Notwithstanding these distances, MH includes these towns within the "Shoreline Area" in the CON application.

If these tests were accurately classified to fall within the "Middletown Area" then the total volume from the "Shoreline Area" drops to 2,948 "tests" in FY14 (or 25% of the total MH volume). This is significantly below the operating capacity of a typical Linac of 8,500 tests per year, as noted by MH on page 161 of the Completeness Questions. This is also inconsistent with the projections provided by MH on page 155 of the Completeness Questions, which assume that utilization is split 60/40 between the Middletown and Westbrook facilities. Finally, this is significantly below the 4,567 tests that MH projects on the new Linac in Westbrook in FY18 (its first full year of operation in FY18), which would amount to an increase of over 1,600 tests in about 2 years, despite the general decline in historical test volume at MH from FY13-15.

Thus, YNHH is not able to discern why certain towns closer to Middletown were included in the "Shoreline Area" and why the projected volume is not split among sites according to historical experience. These inconsistencies have the effect of inflating the need for a Linac in Westbrook, and, as previously discussed, underestimating the impact on access to care for patients who, as MH acknowledges, will be required to travel a further distance as a result of this proposal.

Table 1: Service Areas Presented by MH. Durham, East Haddam, and Haddam are closer in driving distance to Middlesex but are included in the "Shoreline Area" subtotal.

Town within Middlesex Hospital Service Area	FY2014 Total Linac Tests	%	Driving Miles to Middlesex	Driving Miles to Westbrook
Chester	199	2%	13.6	11
Clinton	850	7%	19.4	5.1
Deep River	11	0%	17.7	8.4
Durham	320	3%	6.4	22.7
East Haddam	488	4%	18.8	20
Essex	486	4%	18.2	5.5
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Killingworth	364	3%	14.2	10.4
Madison	159	1%	19.7	7.8
Old Saybrook	624	5%	24	6
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"Shoreline Area" Subtotal	4243	37%	-	-
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Cromwell	592	5%	4.7	27.6
East Hampton	1009	9%	12	25.6
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"Middletown" Area Subtotal	5805	50%	-	-
All other Towns	1460	13%	-	-
Grand Total	11598	100%	-	-

Perhaps even more importantly, the inaccurate division of treatments among the "Shoreline Area" and the "Middletown Area" understates the impact on patients who utilize the Linac in Middletown if the second Linac is moved to Westbrook. As noted above, there were 2,948 tests from the "Shoreline Area" in FY14, and 11,598 total tests in FY14. This means that the Novalis in Middletown will be required to accommodate 8,650 tests annually based on the current distribution of volume in the service area. This exceeds the annual capacity presented by MH of approximately 8,500 annual tests, and raises concerns about the ability to accommodate existing volume once the older Varian is replaced and moved to Westbrook. This is even more critical given the fact that the Novalis is a specialized machine and offers more time intensive SBRT and SRS treatments, which suggests that the actual capacity is in fact much lower than 8,500 annual tests. This is corroborated by MH on page 12 and 13 of the CON application. In addition, and as stated elsewhere, the Novalis technology is superior for certain treatments and is not the machine of choice for others. YNHH believes that the end result of MH's proposal will be to diminish capacity in Middletown by moving one Linac away from 75% of its current patient visit volume.

The CON application does not address how MH will accommodate existing volume in Middletown once its moves a new machine away from the higher volume site to Westbrook. It may be that MH will end up filing another CON application for a third Linac to operate in Middletown if this CON is approved. Such an incremental approach is similar to the inconsistent strategy employed in 2009. We do not believe this is patient-centered or cost effective, especially when there are 3 Linacs within 15-20 miles of Westbrook.

C. Utilization and Volume Projections

The utilization data and projections presented by MH are not supported by historical trends and appear to overstate actual utilization and demand for radiation therapy. As noted above, the projected volumes appear to inflate volume from the "Shoreline Area" by including towns closer to Middletown. MH splits it projected volume 60/40, as opposed to 75/25 based on historical experience. Next, MH notes that it "does not anticipate any significant increase in utilization" yet projects an increase in volume of 3%

annually without explaining how these volumes will materialize in light of a 3 year decline in treatment volumes reported from FY13 to FY15.

MH attributes some of the variation to changes in CPT code bundling; however, we are not aware of any bundling of billing codes that would impact the number of treatments. Treatments are billed and counted one-to-one, meaning that if one patient has one daily treatment then you have one billable unit for that treatment, and any other supporting procedures should not be included in the count. MH also links the 3% increase in volumes to physician recruitment, yet does not identify specifics regarding such recruitment efforts, such as when they are expected to occur or any expenses associated with the recruitment of these physicians.

MH does cite several studies about the growth in demand for cancer care but these either speak to cancer treatment generally (not specific to radiation therapy) or note the growing importance of stereotactic radiation therapy (page 92 of the CON application) which results in a reduction of treatment sessions for each patient. This is important as the projected 3% increase in volume fails to account for the expected reduction in the number of tests per patient associated with stereotactic radiation.

				MH Projected Volumes					
MH LINAC	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
Tests	12155	12647	11598	11166	11492	11843	12219	12571	12947
Patients	421	458	432	445	458	472	487	501	516
Tests/Patient	28.87	27.61	26.85	25.09	25.09	25.09	25.09	25.09	25.09

This type of radiation therapy (which is performed on a Novalis and the new Elekta) does not require as many treatments per patient, as explained by MH on pages 92 of the CON application and 160 of the Completeness Questions, yet this reduction in treatments per patient is not reflected in its projected volume. The trend is present in the historical data in the table above. It is unclear why a trend that has occurred over the past 3 fiscal years, and is identified as the driver of future growth in radiation therapy within the literature cited by MH, would not continue in the projected volumes with upgraded Linac technology. The same trend (of declining treatments per patient) was noticed by OHCA in the CON application that MH filed and OCHA denied in 2009.

D. Tests vs. Treatments

It appears that the number of "tests" that MH reports in the CON application includes certain items outside the scope of actual treatments on a Linac, and as a result the numbers presented in the CON application are difficult to compare to data used in the industry generally and by OHCA historically.

On page 154 of the Completeness Questions, MH explains that the volume measure it utilizes to present volumes is the number of billable units generated by a patient encounter. MH further explains that one patient visit may generate multiple "tests." It does not appear that MH is reporting tests and treatments as they are normally counted in the industry, which uses patient treatments as the proper measure of utilization. Historically, OHCA has relied on patient treatment statistics to best evaluate Linac capacity, utilization, and demand, and YNHH believes analyzing treatment statistics is the best approach. The use of "test" statistic in a CON application or other public health study is non-standard, confusing, and has the result of inflating the projected Linac utilization.

We acknowledge that one patient visit for radiation therapy will often generate multiple billable units, but only the actual treatment of a patient should be reported to show utilization of the Linac. Other tests, which may be billable, such as image guidance, port films, and dosimetry measurements, are performed on a Linac but do not constitute additional treatments. YNHH acknowledges that SBRT/SRS treatments

take more time than conventional RT, but by definition are limited to 1 to 5 treatments per patient, so that those specialized therapies effectively reduce Linac utilization given that an average course of conventional RT consists of 28 treatment visits on a per patient basis. MH has not adequately defined its reported "tests" nor provided separate statistics for tests versus the standard treatment standards.

By comparison, in the Patient Census Report issued by the Connecticut Hospital Association, MH reports 8,211 radiation therapy visits in FY14, down from 8,914 in FY13. However, in the CON application, MH reports 11,598 tests in FY14, down from 12,647 tests in FY13. The FY15 volume is also down from the prior year at 11,166 tests, which is a 3 year decline in volume. Based on these inconsistencies, it is unclear exactly what volumes MH is reporting in the CON application and why all tests are included rather than only treatments as is the standard. Regardless of the methodology used in reaching these figures, the CON application does show a 3 year decline in volume, coupled with a projected (if unsubstantiated) 3% increase each year in the projected volumes.

E. Definition of a Freestanding Facility

Finally, MH also appears to identify the wrong utilization standard from the American College of Radiology (ACR), which underrepresents the number of new patients a facility of its type can handle. On page 12 of the CON application, and page 154 of the Completeness Questions, MH notes that it is not a "freestanding" facility and therefore using 222 new patients each year per Linac is the appropriate utilization measure under the ACR standards. As MH correctly describes, ACR defines a "freestanding" facility as being independent or not being part of or affiliated with another organization.

However, the ARC definition continues by noting that a "freestanding facility" can include a facility that is affiliated with a hospital if it is separate from the main campus. MH operates its cancer center several miles from its main campus and therefore would be considered "freestanding" based on the ACR terminology. This means that the appropriate utilization measure is 242 new patients per machine, not the 222 presented by MH. It is unclear why this standard is not correctly applied but the result in an inaccurate representation of the utilization measure.

II. Limitations of Radiation Therapy Equipment

As noted by OHCA in Question 11 of its Completeness Questions, MH has presented several arguments in its current CON application that appear to be inconsistent with prior documentation filed with OHCA about the need for two Linacs in Middletown. This is of particular concern because based on our review of the CON application it does not appear that MH has accurately represented the true capabilities and limitations of its radiation therapy equipment, as further outlined below.

- On February 2, 2009, MH filed a CON to acquire a second Linac for its cancer center in Middletown. (Docket Number 08-31262-CON). OHCA initially denied this request because MH failed to demonstrate clear public need for a second Linac. However, OHCA subsequently agreed on May 14, 2009 to allow MH to replace its existing Linac (a "Varian" 2100C) with a new Linac (a "Novalis" TX) with capability for intensity modulated radiotherapy (IMRT), on board image guidance, and stereotactic body radiotherapy (SBRT) as well as stereotactic radiosurgery (SRS). OHCA allowed MH to keep the older Varian, but not for routine patient care until it demonstrated sufficient utilization to justify reactivating the older equipment. A few months later, MH filed a Modification Request to use the older Varian despite the former condition and OHCA once again denied this request based on lack of demonstrated need.

- On April 23, 2010, MH filed another Modification Request, once again seeking to use the older Varian. MH argued that it needed both the Varian and the Novalis to safely and efficiently

deliver radiation therapy in Middletown. MH correctly noted that the Novalis had a major limitation in treatment field size such that some patients could not be accommodated on the Novalis. Moreover, when switching the Novalis from conventional to SRS mode, there were periods of down time causing delays and scheduling problems for a single Linac program. Thus, without the ability to use both the Novalis and the Varian in Middletown, MH argued that certain patients would be required to travel elsewhere for care. On this basis, OHCA approved use of the second Linac on May 26, 2010 to compensate for the limitations of the Novalis machine.

- Remarkably, MH now seems to be following a different strategy, seeking to operate one Linac in Middletown (with its known limited capabilities) while relocating another Linac to Westbrook (at a distance from its major catchment area) which appears to be inconsistent with the argument that MH presented in 2009-10 about patient safety and convenience. In fact, MH acknowledges that some patients living in the Middletown area will need to travel to Westbrook and other patients from in or around Westbrook will need to drive to Middletown.

We are concerned that MH does not adequately explain how it intends to treat patients locally in Middletown with the limited Novalis machine. The Novalis was specifically designed to provide stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS), and although other types of conventional treatments may be delivered, a significant majority would not be able to be treated locally due to its limited field size. MH noted this fact in the Modification Request it filed in 2009-10. The maximum field size on the Novalis is 22 x 40 cm compared to the 40 x 40 cm on the Varian, which means that patients with very large treatment volumes cannot physically be treated on the Novalis. As MH confirmed, the field size is physically too small for certain patient conditions. Notably, we are not aware of any other cancer center in the country that utilizes the Novalis as a standalone machine.

From the clinical perspective, operating only the Novalis in Middletown will have a negative impact on the accessibility of care. As noted in Table 3 of the Completeness Questions, MH identifies 125 breast patients treated on the Linacs in Middletown, yet only 3 (0.75%) of these patients were treated on the Novalis machine. The Varian was obviously the Linac of choice for these breast cancer patients, but it will no longer be located in the area. It is unclear where these patients will go for treatment, a concern because nearly 50% of these patients live closer to Middletown.

Due to the limited field size on the Novalis, patients with other treatment needs will also be required to travel for care, including, for example, extended field head and neck IMRT, cranial spinal treatments, palliative spine with greater than 8 vertebral bodies, seminomas with para aortic nodes, and cervical cancer with para aortic nodes. These conditions are not appropriately treated on the Novalis due to its limited field size but could have been treated on the Varian, and may also be treated on the new Linac if it were located in Middletown. MH does not explain how it will treat these types of cases locally once the new machine is placed in Westbrook. MH acknowledges on pages 162 and 163 of the Completeness Questions that changes have <u>not</u> been made to the Novalis to accommodate conditions like Hodgkin's lymphoma, ovarian or cervical cancers.

III. <u>Access to Care and Impact on Patients</u>

MH does not fully explain the true impact on access to care for oncology patients, as noted previously in Sections I.V. and II, but especially for the Medicaid population, as stated below. On page 34 of the Certificate of Need application, MH argues that "relocation of one of the Linacs will improve access for the Medicaid or indigent patients" and that payer mix will not be impacted, but this is inconsistent with evidence regarding the geographical distribution of Medicaid patients in Connecticut.

The table below shows the payer mix in each of the towns in the MH service area using inpatient discharges at Connecticut hospitals as a proxy for outpatient services. This clearly shows that MH proposes to relocate a Linac from an area with a high percentage of Medicaid patients to a more affluent area along the shoreline with a lower percentage of Medicaid patients. Further, MH intends to remove a Linac from a high volume site in Middletown, where nearly 1 out of every 4 inpatient discharges are paid for by the Medicaid program.

Table 2: Payer Mix by Town by Service Area.

Towns within Middlesex Hospital Service Area	FY 2014 Total Discharges	FY14 Medicaid Discharges	% Medicaid within Service Area
Chester	412	41	10%
Clinton	1315	263	20%
Deep River	401	66	16%
Durham	616	42	7%
East Haddam	726	108	15%
Essex	622	76	12%
Haddam	716	59	8%
Killingworth	518	38	7%
Madison	1582	139	9%
Old Saybrook	1257	119	9%
Westbrook	758	129	17%
"Shoreline Area" Subtotal	8923	1080	12%
Colchester	1494	195	13%
Cromwell	1685	214	13%
East Hampton	1235	208	17%
Marlborough	544	62	11%
Middlefield	435	43	10%
Middletown	5867	1377	23%
Portland	994	126	13%
"Middletown Area" Subtotal	12254	2225	18%
Total Service Area	21177	3305	16%

This is particularly concerning given that the Middletown site receives nearly 75% of its volume from the Middletown area, and will operate close to capacity if only one Linac is available locally for radiation therapy. MH's CON application does not compare the payer mix of its existing Linac services from the "Middletown Area" to the payer mix from the "Shoreline Area" so that OHCA can assess the payer mix of each location. Rather, MH argues that access will increase because two sites are better than one (see page 34 of the CON application). However, this is not always true, especially for the indigent and Medicaid populations, when the site closest to home is at capacity, includes equipment that does not address many treatment needs, and the alternate site is 24 miles away.

It should also be noted that on page 35 of the CON application MH accounts for a reduction in operating expenses of $17,000 due to fewer residents in the Westbrook area utilizing a shuttle service to Middletown. MH does not explain what this shuttle service entails or when it commenced. On review of its website, it states that MH operates a free shuttle bus exclusively for shoreline radiation oncology patients. And it appears from the CON application that Middlesex intends to discontinue this service, rather than continuing it to ensure than Medicaid and indigent patients from in and around Middletown will be able to access the new, technologically advanced Linac in Westbrook.

IV. Financial Cost of Duplication of Service

Based on YNHH's review, it appears that MH has understated the true financial cost of its proposal to offer a duplicative service along the shoreline. There are several additional costs, as noted below,

associated with operating in effect two cancer centers approximately 24 miles apart which are not included in the financial statements.

- Operating two cancer centers in a crowded market is costly, and MH fails to correctly identify the true staffing and equipment costs associated with opening a new center in Westbrook. For example, a medical director will likely be necessary to operate two separate sites, yet there is no incremental operating expense in the physician fees section of the financial attachment on page 171 of the Completeness Questions. In addition, MH notes in its projections that part of its 3% increase in volume will be associated with the recruitment of new physicians, and the expansion of preventative screening, yet the cost of these positions and programs do not appear to be reflected in the financial attachment.

- MH also fails to address the costs of CT simulation which is an integral part of the radiation treatment process. This would require the purchase of a CT simulator, which itself would be subject to CON approval by OHCA and construction or renovation of a simulator room. Without a true CT simulator on site, it appears that many patients would be required to travel to Middletown for these services. MH may intend to use a diagnostic CT scanner for radiation planning, but this is not ideal due to aperture size. The aperture size of a diagnostic CT scanner is not typically as large as the aperture size of a CT simulator which must accommodate different sized patients with varied positions of extremities to suit clinical needs. Thus, it appears that patients in need of wide-bore CT simulation will be required to travel. In addition, it is good practice to ensure that nursing, dietary, social services, and financial counseling are available to all patients receiving radiation therapy treatment as needed, but no space or cost for such services has been identified. These omissions suggest that MH has not accurately addressed the financial impact of opening a second satellite cancer program, when there are other providers in the immediate vicinity who offer the same services and do so in a comprehensive manner.

YNHH would be happy to provide any further information that may be helpful to OHCA in addressing this complicated question. We appreciate your careful attention to this matter, and your commitment to ensuring that scarce health care resources are expended in a thoughtful and strategic manner.

Sincerely,

Abe Lopman
Senior Vice President, Operations
Executive Director, Smilow Cancer Hospital

CERTIFICATION

I hereby certify that a copy of the foregoing has been sent via United States mail, postage prepaid, and electronic mail, this 21st day of August, 2015, to the following:

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

IN RE: CERTIFICATE OF NEED APPLICATION OF MIDDLESEX HOSPITAL TO ACQUIRE A LINEAR ACCELERATOR AND RELOCATE IT TO THE SHORELINE MEDICAL CENTER IN WESTBROOK, CONNECTICUT	)	DOCKET NO.: 15-31985-CON AUGUST 21, 2015

PREFILE TESTIMONY OF PETER M. GLAZER, M.D., PH.D.
CHIEF, RADIATION ONCOLOGY SECTION, YALE-NEW HAVEN HOSPITAL, INC.
CHAIR, YALE THERAPEUTIC RADIOLOGY

I. Introduction

Good Morning Hearing Officer Hansted, members of the Department of Public Health ("DPH") and Office of Health Care Access ("OHCA") staff. My name is Peter Glazer and I am Chief of Radiation Oncology at Yale-New Haven Hospital, Inc. ("YNHH"). Thank you for the opportunity to testify in this matter and to provide you with information as to why we have concerns about the proposal by Middlesex Hospital (the "Applicant") to relocate a linear accelerator to the Applicant's Shoreline Medical Center in Westbrook.

My goal today is to supplement the comments my colleagues and I made in our letter to OHCA dated July 6, 2015, which I understand has already been made part of the record but has been attached here as Exhibit A for reference, and also to supplement the testimony of Mr. Lopman.

II. Professional Background

I am a practicing physician with the Yale School of Medicine and YNHH. I received a Bachelor's degree from Harvard University, a Masters of Science from the University of Oxford,

and my medical degree and Doctor of Philosophy degree from Yale University. I completed my Radiation Oncology residency at YNHH and, as such, have been providing services at YNHH for over twenty-five (25) years. I have been certified by the American Board of Radiology with a specific certification in Therapeutic Radiology.

In addition to serving as Chief of Radiation Oncology at YNHH, I am the Chair of Yale Therapeutic Radiology ("YTR"). Together with my colleagues at both YNHH and YTR, I provide radiation therapy to patients across Connecticut, including residents of the shoreline. In addition to providing clinical care, I am the Robert E. Hunter Professor of Radiology in the Department of Therapeutic Radiology at Yale University School of Medicine. I also regularly oversee clinical trials and scientific advancement in the field of radiation oncology, including many projects that have received funding from the National Institutes of Health.

III. Radiation Therapy Overview

As a physician in the field of radiation oncology, I would like to explain our concerns about the proposal presented by the Applicant from the clinical perspective and would be happy to assist in answering any questions about the types of radiation treatments we use to treat cancer and the capabilities of the linear accelerators under discussion. By way of background, conventional radiation therapy treats certain cancers by delivering relatively small doses of radiation over the course of several weeks and patients typically receive daily treatments during this time. In contrast, specialized forms of radiation therapy known as stereotactic radiosurgery ("SRS") and stereotactic body radiotherapy ("SBRT") deliver a single or a few high-dose radiation treatments, five or fewer, to a highly-precise, small treatment field.[1] SRS/SBRT uses a coordinate system to determine the precise location of the tumor(s) to be treated. The benefit of stereotactic radiation therapy is that the tissues surrounding the tumor are spared additional exposure to radiation and treatment can be accomplished over fewer sessions and a shorter time frame. SRS/SBRT requires precise planning which begins with diagnostic imaging to locate the tumor, often including four dimensional mapping of the target area as it moves with a patient's breathing cycle. This planning is often referred to as radiation simulation.

[1] SRS is stereotactic radiation therapy delivered to tumors within the central nervous system while SRBT is stereotactic radiation therapy delivered to tumors outside of the central nervous system.

Not all patients are candidates for SRS/SBRT and not all cancers are best treated using SRS/SBRT. The location of a tumor can also influence whether or not SRS/SBRT should be used for treatment. For example, SBRT is most commonly used to treat lung cancer, liver cancer, cancers in the spine and, increasingly, prostate cancer, and is appropriate for small tumors. This means that conventional treatment is still required for patients with large tumors and with cancers such as breast cancer, rectal cancer, endometrial cancer, head and neck cancer and Hodgkin's lymphoma, to name a few.

IV. Clinical Concerns in connection with Applicant's Proposal

Mr. Lopman has outlined the various ways in which the Applicant's proposal raises concerns from the perspective of public need, unnecessary duplication of resources, and access to care. I would like to explain our concerns from the perspective of patient care. As described in more detail below, it appears from the information submitted by the Applicant that the proposal will result in two (2) separate centers, neither of which can provide comprehensive radiation therapy to patients locally. As a result, we are concerned that patient care will not be enhanced and may, in fact, be hampered. In addition, we are concerned that the Applicant's representations regarding referral patterns and collaboration among physicians are inaccurate and that the addition of a new linear accelerator on the shoreline will adversely impact existing providers.

A. Clinical Capabilities

The Applicant currently operates two linear accelerators in Middletown at its off-campus Cancer Center—a Varian 2100C ("LinAc #1") which delivers conventional radiation therapy, and a Novalis TX Radiosurgery ("LinAc #2") which is capable of delivering both conventional and SRS/SBRT treatments. The Applicant proposes to upgrade LinAc #1 with a new Elekta Infinity (the "New LinAc") and relocate the New LinAc to Westbrook. SRS/SBRT has rapidly become a preferred method of delivering radiation therapy whenever possible; however, there are still many patients who require conventional therapy.

A full-service cancer center with radiation oncology services should be able to deliver both conventional and SRS/SBRT therapies, have CT simulation capability, and the full complement of staff required to operate the equipment and counsel patients. Minimally, a cancer center offering

SRS/SBRT and/or conventional treatment must employ a medical director, radiation therapist, medical physicist, dosimetrist, nurse and dietician to properly treat patients and conveniently support them throughout. These staff are necessary to ensure patient safety, proper supervision and adherence to strict quality assurance protocols, especially during SRS/SRBT treatments which deliver large doses of radiation in each treatment.[2] As a practitioner, my primary concern is that relocating the New LinAc to Westbrook will transform the Applicant's current full-service cancer center in Middletown into two separate centers, neither of which will be full-service, which will likely result in duplicative costs and a sub-optimal experience for patients at both sites.

The Applicant proposes to leave LinAc #2 as the sole linear accelerator in Middletown. This is problematic because LinAc #2 is limited in that it is specifically designed to deliver SRS/SBRT and only accommodates small to moderate-size treatment fields. This necessarily means that patients who require a machine with larger field sizes, which includes many breast cancer patients and patients with extended areas requiring treatment (exceeding 20 cm in length), such as full pelvis and extended spine, cannot be treated on LinAc #2 and will not have access to care in Middletown. The fact is that LinAc #2 was not designed to operate as a standalone unit; it was designed for SRS/SRBT and is intended to be used in conjunction with a linear accelerator that can provide large field treatment. I am not aware of any other facility that uses a Novalis TX Radiosurgery as the only linear accelerator in its cancer center. Accordingly, if the New LinAc is relocated to Westbrook, many of these patients in the Middletown area will be required to travel to Westbrook daily to receive the necessary treatment. Instead of reducing travel time for patients, as suggested by the Applicant, approval of the proposal will still require travel for many patients and may increase the amount of travel necessary. Particularly in light of the fact that the vast majority of the Applicant's radiation oncology patients live in towns closer to Middletown than to Westbrook, a relocation of the New LinAc to Westbrook would not appear to make sense from a patient perspective or to satisfy the goals that the Applicant has outlined of providing more care locally.

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[2] *See generally*, American College of Radiology, American Society for Radiation Oncology (ASTRO) Practice Parameter for the Performance of Stereotactic Body Radiation Therapy, Revised 2014; and American College of Radiology, American Society for Radiation Oncology (ASTRO) Practice Parameter for the Performance of Stereotactic Radiosurgery, Revised 2014.

The proposal appears needlessly duplicative and complicated when both YNHH and Lawrence + Memorial Hospital ("L+M") have the capacity to treat patients with all kinds of cancer in their respective locations in Guilford and Waterford and have been doing so successfully for years in close collaboration with cancer specialists affiliated with the Applicant. Both YNHH and L+M have fully-staffed, comprehensive cancer centers with sophisticated technology already serving patients on the shoreline. For instance, in Guilford, we use surface optical imaging technology which allows for even more precise targeting of tumors through the use of real-time patient motion management. This is especially important for treating left-sided breast cancer in order to minimize the radiation and potential damage to the heart. We understand that L+M has also purchased this technology and that it will be installed in Waterford soon. Further, L+M has a real-time motion management system (Calypso) which aids in more precisely targeting the prostate for treatment of prostate cancer. In Guilford, our linear accelerator is also capable of delivering intensity modulated radiotherapy ("IMRT") and image guided radiation therapy ("IGRT"). IMRT delivers radiation in a manner that tightly conforms to the tumor which, in turn, decreases the amount of radiation delivered to adjacent tissue. IGRT helps to improve the accuracy of the delivery of radiation therapy. It is most often used with IMRT; however, it also is useful with conventional therapy.

It is unclear from the materials submitted by the Applicant whether the New LinAc will be configured to provide SRS/SBRT. Whether the Applicant intends to offer either or both conventional and SRS/SRBT treatments, patients receiving either modality must undergo radiation simulation to properly target their tumors.[3] Our clinical concern is the ability of patients receiving radiation therapy at Westbrook to access the needed imaging equipment to perform the planning scans that must occur prior to treatment. Typically, a large bore CT simulator with four dimensional or respiratory gating capabilities is used to map the location of the tumor that needs to be treated and the patient's breathing movements to account for any movement that may occur during therapy. The Applicant does not propose to purchase a CT simulator in Westbrook, but will instead require that patients travel to Middletown for radiation simulation services. Splitting the components of planning and treatment is sub-optimal for safety and workflow considerations. It is

[3] While the planning before SRS/SRBT treatments must be extraordinarily precise because of the large doses of radiation delivered, patients undergoing conventional radiation therapy must also have radiation simulation performed to properly target their tumors. *Id.* The only type of radiation therapy that does not require radiation simulation prior to treatment delivery is Gamma Knife. The Applicant does not have Gamma Knife capability.

important and most efficient and effective to have patients receive their planning scans at the same facility in which they receive their treatments, especially for those patients, most typically prostate cancer patients, who require multiple planning scans over the course of their treatment. Both YNHH and L+M have CT simulator capabilities in Guilford and Waterford, respectively, in addition to the sophisticated mapping and targeting technologies discussed above.

On a final clinical note, through the Smilow Cancer Hospital and Yale Cancer Center, the only National Cancer Institute-designated comprehensive cancer center in the state of Connecticut and one of only three in New England, we have access to a number of active clinical trials that are examining promising new treatment combinations. One of the most exciting trials currently underway in Guilford offers patients a compound developed at Yale University that reduces some of the side-effects of radiation therapy. We offer our patients the ability to participate in these trials and are concerned that some patients who might otherwise benefit from these trials would miss the opportunity to participate if they are diverted to Westbrook.

B. Physician Collaboration

As I noted earlier, there has been an extraordinarily collaborative relationship among the cancer specialists affiliated with the Applicant, YNHH and L+M that crosses institutional lines. Patients have benefited from this collaboration because it has allowed us to provide them convenient seamless care. This collegiality is naturally assisted by the fact that many of the radiation oncologists in the area graduated from YNHH's physician residency program in radiation oncology. Often patients are diagnosed or treated for part of their care at L+M or YNHH and then receive further treatment at the Applicant's Cancer Center in Middletown because it is more convenient. Similarly, sometimes patients are diagnosed or treated by physicians affiliated with the Applicant and receive further treatment in Guilford or Waterford because it is more convenient. The whole system works well to provide convenient state-of-the-art treatment for patients across the Connecticut shoreline. It is not clear that the Applicant's proposed restructuring would enhance the collaborative relationship among radiation oncologists, but it is likely that it will result in duplicative services on the shoreline that will adversely impact existing providers.

V. Conclusion

Thank you for the opportunity to present the evidence above. Although we greatly respect the services provided by the Applicant and its affiliated physicians, the proposal under consideration raises patient care and other concerns that we hope that OHCA will consider in its review.

Thank you again for your time. I am available to answer any questions you may have.

* * *

The foregoing is my sworn testimony.

Peter M. Glazer, M.D., Ph.D.
Chief, Radiation Oncology Section, Yale-New Haven Hospital
Professor and Chairman, Therapeutic Radiology,
Yale University School of Medicine

EXHIBIT A

Letter to OHCA dated July 6, 2015

Yale Therapeutic Radiology
A PRACTICE OF THE YALE MEDICAL GROUP

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July 6, 2015

VIA EMAIL & REGULAR MAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access (OHCA)
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134

RE: Certificate of Need Application
Middlesex Hospital to Acquire and Relocate a Linear Accelerator
Docket No. 15-31985-CON

Dear Ms. Martone:

We would like to thank you, Commissioner Mullen, and the Connecticut Department of Public Health's Office of Health Care Access (OHCA) for this opportunity to comment on the pending CON. We appreciate the dedication of staff who are charged with upholding a thorough regulatory process to ensure that the organization of health care facilities and capital expenditures are serving the greater public good within Connecticut. To that end, we would like to provide some input to assist in your evaluation of Middlesex Hospital's proposed Certificate of Need (Docket # 15-31985-CON).

As brief background, Yale Medical Group (YMG) is the multi-specialty academic group practice of the clinical faculty of the Yale School of Medicine. We are radiation oncologists in the YMG and are faculty physicians in the Department of Therapeutic Radiology at the Yale School of Medicine. We practice radiation oncology at the Yale-New Haven Hospital and its affiliated clinics including the Shoreline Medical Center (YNHH-SMC) in Guilford as well as at the Lawrence & Memorial Hospital's Cancer Center in Waterford. With this letter, we reference the letter separately submitted by Yale-New Haven Hospital to OHCA and offer complementary comments specifically from the physician perspective, and particularly as radiation oncologists with a long history of practice in southern Connecticut.

Current Patient Needs and Capacity.
We believe that a careful analysis of the existing radiation therapy facilities and their capacity along the Shoreline area demonstrates that patients and their families are already well served by the radiation oncology facilities in Guilford and in Waterford. The distance between the proposed new linac location at the Middlesex Shoreline Medical Center in Westbrook to the YNHH-SMC in Guilford is only 12.7 miles. The distance from the Westbrook facility to the L&M Cancer Center is just 17.9 miles. Both the Guilford and L&M facilities are right off I-95 exits, with easy and free surface parking just steps from the radiation department. Importantly, the segment of I-95 between Guilford and New London typically does not experience much traffic congestion, so both the Guilford and L&M facilities are truly just minutes away from any patient living in the Shoreline area. From a logistical and public resource viewpoint, it seems hard to

justify the placement of another radiation therapy facility within minutes of two other well-established and full service programs.

Both the Guilford and L&M sites house under one roof not only radiation therapy but also medical oncology and infusion, imaging, laboratory services, and other ancillary support services. Notably, both the Guilford and L&M also have the capacity to accept additional patients to account for any increase in need that might accompany the aging population. So there is no capacity issue to support the Middlesex Hospital proposal. In addition, Middlesex Hospital makes the claim in their CON application that shifting a linear accelerator to Westbrook would not disrupt current patient referral patterns and would only make it more convenient for Middlesex-based patients. However, we believe that a close look at the numbers (as detailed in the YNHH letter) will show that there really are not enough patients in the Shoreline region who are Middlesex oriented to make the Westbrook site viable without taking patients from Guilford or L&M.

Clinically, it is also important to note that Yale radiation oncology currently has numerous active clinical trials, with some that include the very promising combination of radiation therapy and immune therapy that has recently been very much in the news. We are very pleased to be able to offer these trials to our Shoreline patients, and so we would be concerned that patients who might benefit from these trials could miss out if they unnecessarily get diverted to the proposed Westbrook facility.

Long-Standing History of Collaboration in the Care of Cancer Patients in the Region. Among cancer specialists at Middlesex, YNHH, and L&M, there has consistently been an excellent collaborative relationship that crosses institutional lines. Our physician group is very focused on placing patient concerns ahead of institutional demands such that we commonly receive and send referrals to and from medical oncologists and surgeons who primarily practice at Middlesex-affiliated clinics to jointly manage their medical care. Shoreline area patients for whom geographic convenience has been an issue have been well taken care of in a seamless fashion for radiotherapy care at Guilford or L&M, in close collaboration with their Middlesex physicians. This long-standing and successful track record of jointly managing patients for the benefit of the patients is well established, and we are proud to say that our physicians and facilities at Guilford and L&M routinely achieve some of the highest patient satisfaction scores in the northeast.

Of note, the letters in support of the CON fail to account for the many collaborations in patient care that occur among the physicians in the region, regardless of institutional affiliation. For example, we have had many occasions to take care of prostate cancer patients (who have a long radiation therapy treatment course, approaching 9 weeks) referred by the Middlesex Urology Group that has offices in Middletown, Marlbourough, Guilford, and Madison. There are a host of other surgical subspecialists and primary care physicians who practice at Middlesex Hospital with whom we share patients. The medical oncologists in the Connecticut Oncology Group based in Middletown and Centerbrook represent another set of cancer specialists with whom we closely collaborate. The Middlesex CON application suggests that Shoreline patients have no choice but to travel long distances for radiotherapy in Middletown. In truth, many choose not to travel since they have the option of using nearby and convenient radiotherapy facilities in Guilford and Waterford.

Conversely, there are multiple instances of patients whose cancers were diagnosed and initially managed at YNHH or L&M whose radiotherapy was more conveniently delivered at the Middlesex Cancer Center based on patient location. Contrary to the assertions of physician

commentary in support of the CON application, these referrals are common and managed on a highly professional basis. We are concerned that this initiative by Middlesex Hospital to add excess radiotherapy capacity to the Shoreline area will do ill service to the cordial professional relationships that already exist. We would also hasten to point out that both Drs. Weissberg and Khan (listed in the CON application as Middlesex radiation oncologists) are former members of the Yale radiation oncology group. We continue to have excellent professional relationships with these physicians. Not uncommonly, there are cross referrals of patients between these physicians and our physicians to promote what is best for each individual patient. In this regard, we again would like to point out the philosophy among our group and many physicians in the region that prioritizes patient needs first.

Potential Negative Impact on Patients.
The proposed plan to shift a linac to Westbrook, in our view, is also sub-optimal from a clinical technology point of view. Although Middlesex proposes to purchase an Elekta Infinity linac, which is a state-of-the-art machine with modern capabilities, missing from the CON application is a dedicated CT-simulator with a wide bore, a device necessary to be able to fully utilize the Elekta. Also omitted from the application is discussion of the separate shielded room needed to house such a CT simulator in proximity to the linac. Further, a radiation oncology center offering modern techniques should have the ability to take into account tumor motion from respiration to reduce heart and lung radiation exposure during treatment. For this, there would need to be a CT-simulator with 4D or respiratory gating capability. This is not mentioned in the CON. Thus, the planned services appear to be substandard. Possibly, Middlesex may be planning that patients would go to their Middletown Cancer Center for simulation, but this would entail extra travel for the patients. All patients undergo simulation at least once, and for some patients simulations are done multiple times during the course of treatment. Performing them in a timely and convenient manner avoids deleterious interruptions in their treatments. Alternatively, MH may plan to use a diagnostic CT scanner that may already be available in their Westbrook facility. However, most diagnostic CTs are not properly formatted for radiation oncology purposes. A key aspect for modern CT-based radiation therapy planning is that the aperture of the CT scanner for therapy purposes has to be larger than that of typical diagnostic scanners to accommodate different sized patients with varied positions of extremities. Of note, Middlesex Hospital had a CON approved in 2006 for a radiation therapy CT-simulator (docket# 06-30686-CON), so they should be aware of this issue. There is no such application in the present CON submission.

Secondly, we would point out that the net result of this CON application would be that the Middlesex program would go from a relatively full service program at one site (MH) to a program split into two separate sites neither of which are full service. This would actually lead to extra travel for many patients from Middlesex to Westbrook or vice versa to match up with the appropriate technology, undermining the stated goal of the CON to minimize patient travel. In this regard, it is important to review the history of Middlesex's Radiation Oncology program and its prior CON applications. Prior to 2009, Middlesex Hospital's cancer patients were served by one linear accelerator. In 2009, with CON approval (docket # 08-31262-CON), a Novalis TX linac was purchased having modern capabilities for image guidance, IMRT, and radiosurgery (SRS and SBRT). This was a very reasonable step to bring up the quality of the radiation therapy program in line with new developments in the field. Given the high caliber of the radiation oncologists at Middlesex Hospital, we are fully supportive of the quality of their services and program in Middletown. Accordingly, back in 2009, we expressed no objection to the worthy expansion of Middlesex's Cancer Program in Middletown. With the 2009 CON, the older linear accelerator was allowed to stay in operation simply as a backup to the new one. Patient volume was initially found to be insufficient to justify two linacs.

However, it is well known in the radiation oncology field that the Novalis TX linac is specifically designed as a radiosurgery (SRS/SBRT) device such that only relatively small to moderate size treatment fields can be accommodated with its internal "multi-leaf collimator" system. Patients who require larger field, conventional radiation treatments are not readily accommodated. In recognition of this, a second Middlesex CON was eventually approved in 2010 (docket # 10-31262-MDF, modifying #08-31262-CON), with the argument that patients with Hodkgins lymphoma, ovarian cancer, and cervix cancer required access to the original linear accelerator because their treatments needed a machine with a larger field capability. In fact, there are other situations that require large fields for treatment, including a variety of carcinomas and sarcomas in the chest and abdomen beyond the multi-leaf capability of the Novalis. Importantly, one very common indication for larger field radiotherapy often beyond the capability of the Novalis linac is breast cancer. In fact, examination of the data presented in the CON reveals that Middlesex, itself, has only rarely treated any breast cancer patients on the Novalis in the past few years, reflecting the technological limitation we have discussed. If the Middlesex site ends up with just the Novalis machine, it is likely that many breast cancer patients from the Middletown area will actually have to travel to Westbrook for radiation therapy because of field size limitations. As a result, if the CON is approved, there would be one facility without simulator capabilities (Westbrook) and another with treatment field size limitations (Middlesex), to the detriment of both. Such a configuration would inconvenience many patients and would not serve their clinical needs well.

We are also concerned about the Novalis linac in Middletown potentially becoming overloaded with patients such that patients from Middletown, Portland, Cromwell, Marlborough, or East Hampton might be faced with waiting lists to start radiotherapy or be asked to travel extra distances to Westbrook for their care if this CON application was to be approved. This would clearly negatively impact those patients in Northern Middlesex County who need large volume radiotherapy needing to travel to Westbrook. This was a major justification in 2010 for basing a second accelerator at Middlesex Hospital's Middletown Cancer Center, as discussed above. Moreover, continuing to treat complex and time-consuming SRS and SBRT cases on the Novalis TX may contribute capacity problems in Middletown; routine external beam radiotherapy cases may end up on waiting lists or have to travel to the proposed Westbrook site. In contrast, it is likely that the Westbrook facility will be underutilized. As discussed in more detail in the YNHH letter, we believe that the patient volume projections for the Westbrook site are over-estimated in the CON and include patient numbers from towns that are really more convenient to Middletown or are exceedingly close to Guilford, such as Madison and Clinton.

Conclusions.

We respectfully suggest that in light of the comments above, it would be far better for patient care (not to mention health care costs and staffing efficiency) for Middlesex to maintain one high quality radiation oncology facility with two linear accelerators. Certainly, in the future, Middlesex will need to upgrade their older 2100C linear accelerator. We would be supportive of such a CON application if the proposed upgraded linear accelerator were to be located in Middletown at the current Middlesex Cancer Center.

Consequently, we cannot support Middlesex Hospital's CON application. We strongly believe that patients in the Shoreline region are already being well cared for with easily accessible, high-quality facilities that are conveniently located, offer current technology, and provide access to cutting edge clinical trials that are not available anywhere else in the state. In the current setting, the oncology community has been very collaborative to ensure patient needs are met first and foremost rather than serving institutional interests. We feel that the proposed CON

would produce a sub-optimal duplication of existing cancer services that will drive up health care costs without material benefit to patients.

While opposition to CONs sometimes can be interpreted to have economic motivation, we feel that it is important to mention to the staff at DPH-OHCA that our YMG radiation oncology practice in southern Connecticut serves many important missions. In addition to extending access to specialized clinical trials throughout the region, our clinical network, including Guilford and L&M, provides important training sites for residents in radiation oncology as well as for trainees in related fields: nursing, mid-level practitioners, radiation therapists, and medical physicists. In fact, our physician residency program in radiation oncology was one of the very first in the country and is the only one in the state of Connecticut. Notably, all of the radiation oncologists who practice at MH were trained in our program. So, our program benefits the wider Connecticut community in many ways.

Finally, each of us signing this letter live and work in the Shoreline area. We have made substantial career commitments to building the Guilford and L&M radiation oncology practices. We each take great pride and satisfaction in providing high quality cancer care to the communities in which we live and work. We are very committed to ensure that our current practices (which also support Middlesex Hospital's patients) continue to thrive and grow, offering the best medical care possible. All this happens to be augmented by our academically oriented careers in which many of us have developed nationally recognized expertise, all to the benefit for our patients.

Thank you for your careful attention to our concerns.

Kenneth B. Roberts, MD
Professor of Therapeutic Radiology, Yale University School of Medicine
Medical Director of Radiation Oncology, Yale-New Haven Shoreline Medical Center
Yale Medical Group
kenneth.roberts@yale.edu

Suzanne Evans, MD, MPH
Assistant Professor of Therapeutic Radiology, Yale University School of Medicine
Medical Director of Radiation Oncology, Lawrence & Memorial Hospital
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suzanne.evans@yale.edu

Peter M. Glazer, MD, PhD
Professor and Chairman, Therapeutic Radiology, Yale University School of Medicine
Chief, Radiation Oncology, Yale-New Haven Hospital
Yale Medical Group
peter.glazer@yale.edu

CERTIFICATION

I hereby certify that a copy of the foregoing has been sent via United States mail, postage prepaid, and electronic mail, this 21st day of August, 2015, to the following:

Gary Havican
Vice President, Operations
Middlesex Hospital
28 Crescent Street
Middletown, CT 06457
gary.havican@midhosp.org

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Stephanie Sprague Sobkowiak, Esq.
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ssobkowiak@murthalaw.com

Rebecca A. Matthews
Wiggin and Dana LLP

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

VIA FAX ONLY

August 25, 2015

Yale-New Haven Hospital
Rebecca A. Matthews, Esq.
Wiggin and Dana LLP
One Century Tower
P.O. Box 1832
New Haven, Connecticut 06508-1832

RE: Certificate of Need Application Docket Number 15-31985-CON
Middlesex Hospital Acquisition of a Nonhospital Based Linear Accelerator

Dear Ms. Matthews:

Enclosed is the ruling by the Department of Public Health, Office of Health Care Access on your Petition to Intervene that was filed with OHCA on August 21, 2015.

If you have any questions concerning this matter, please contact me at (860) 418-7001.

Sincerely,

Brian A. Carney

Brian A. Carney,
Associate Research Analyst

Copy: Gary Havican, VP Operations, Middlesex Hospital
Paul E. Knag, Esq., Murtha Cullina LLP
Stephanie Sprague Sobkowiak, Esq., Murtha Cullina LLP

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

IN THE MATTER OF:

A Certificate of Need Application by
Middlesex Hospital
Notice to Petitioner re: Request for Status

Docket Number: 15-31985-CON

RULING ON A PETITION FILED BY
YALE-NEW HAVEN HOSPITAL, INC.
TO BE DESIGNATED AS AN INTERVENOR

By petition dated August 21, 2015, Yale-New Haven Hospital, Inc. ("Petitioner") requested Intervenor status in the public hearing to be held by the Department of Public Health ("DPH") Office of Health Care Access ("OHCA") regarding the Certificate of Need ("CON") application of Middlesex Hospital ("Applicant") filed under Docket Number: 15-31985-CON.

Pursuant to Connecticut General Statutes § 4-177a, the Petitioner is hereby designated as an Intervenor with full rights of cross-examination at the hearing scheduled for August 27, 2015, 10:00 a.m., at 410 Capitol Avenue, Hartford, Connecticut. As an Intervenor with full rights of cross-examination, the Petitioner may participate as indicated below.

The Petitioner is granted the right to inspect and copy records on file with OHCA related to the CON filed under Docket Number 15-31985-CON and will be copied on all pleadings, correspondence and filings submitted from this point forward by the Applicant until the issuance of a final decision by OHCA. As an Intervenor with full rights of cross-examination, the Petitioner may be cross-examined by the Applicant and the Petitioner has the right to cross-examine the Applicant.

OHCA will make any additional rulings as to the extent of the hearing participation rights of the Petitioner throughout the hearing in the interest of justice and to promote the orderly conduct of the proceedings.

8/25/15
Date

Kevin T. Hansted
Hearing Officer

* * * COMMUNICATION RESULT REPORT (AUG. 25. 2015 9:34AM) * * *

FAX HEADER:

TRANSMITTED/STORED : AUG. 25. 2015 9:34AM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Rebecca A. Matthews, Esq.

FAX: (203) 782-2889

AGENCY: WIGGIN AND DANA LLP

FROM: Brian A. Carney, OHCA, (860) 418-7014

DATE: 8/25/2015 **TIME:**

NUMBER OF PAGES: 3
(including transmittal sheet

Comments: 15-31985–CON
Middlesex Hospital acquisition of a nonhospital based LINAC: Petition for Intervenor Status Ruling

Cc: Gary Havican, VP Operations, Middlesex Hospital
Paul E. Knag, Esq., Murtha Cullina LLP
Stephanie Sprague Sobkowiak, Esq., Murtha Cullina LLP

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

* * * COMMUNICATION RESULT REPORT (AUG. 25. 2015 10:06AM) * * *

FAX HEADER:

TRANSMITTED/STORED : AUG. 25. 2015 10:05AM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
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E-3) NO ANSWER
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: **Mr. Gary Havican**
Vice President, Operations

FAX: **(860) 346-5485**

AGENCY: **Middlesex Hospital**

FROM: **Brian A. Carney, OHCA, (860) 418-7014**

DATE: **8/25/2015** **TIME:**

NUMBER OF PAGES: **3**
(including transmittal sheet

Comments:	15-31985–CON Middlesex Hospital acquisition of a nonhospital based LINAC: Petition for Intervenor Status Ruling

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

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Hartford, CT 06134

* * * COMMUNICATION RESULT REPORT (AUG. 25. 2015 10:04AM) * * *

FAX HEADER:

TRANSMITTED/STORED : AUG. 25. 2015 10:02AM

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REASON FOR ERROR
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Paul E. Knag, Esq./Stephanie Sprague Sobkowiak, Esq.

FAX: (203) 772-7723

AGENCY: Murtha Cullina LLP

FROM: Brian A. Carney, OHCA, (860) 418-7014

DATE: 8/25/2015 **TIME:**

NUMBER OF PAGES: 3
(including transmittal sheet

Comments: 15-31985–CON
Middlesex Hospital acquisition of a nonhospital based LINAC; Petition for Intervenor Status Ruling

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

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MURTHA

FACSIMILE TRANSMITTAL

Date:	August 25, 2015	Client Code:	408841-0001
To:	Office of Health Care Access	Facsimile Number:	860-418-7053
		Telephone Number:	860-418-7001
		Company Number:	203.653.5400
From:	Paul E. Knag	Telephone Number:	203.653.5407

Total Number of Pages (including this cover page): 8 Sent by: Monica I. Garcia

MESSAGE:

Motion to Reconsider

IF THERE ARE ANY PROBLEMS RECEIVING THIS TELECOPY PLEASE CONTACT OUR FAX/MAIL CENTER AT 203.653.5400, IMMEDIATELY.

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BEFORE THE STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS	:	CERTIFICATE OF NEED APPLICATION NO.: 15-31985-CON
IN RE MIDDLESEX HOSPITAL Applicant.		AUGUST 25, 2015

MOTION TO RECONSIDER DESINGATION OF YALE-NEW HAVEN HOSPITAL AS INTERVENOR WITH RIGHT TO CROSS-EXAMINE

Middlesex Hospital (the "Applicant") hereby respectfully requests that the Office of Health Care Access reconsider and deny intervenor status to Yale New Haven Hospital ("YNHH") in the above-captioned matter. In the alternative, if OHCA determines that YNHH shall keep its intervenor status, the Applicant respectfully requests that OHCA reconsider and deny YNHH the right to cross-examine witnesses at the hearing, for the reasons set forth herein.

I. YNHH's Petition for Intervenor Status Should be Reconsidered and Denied.

YNHH, in submitting its Petition, does not contest the fact that Applicant needs two Linear Accelerators (each a "LinAc") nor does it contest Applicant's need to replace its older LinAc as proposed. Rather, the thrust of its position is that the Applicant should not be allowed to improve access to its patients by locating the new LinAc in Westbrook.

Whether YNHH is entitled to intervenor status is governed by Conn. Gen. Stat. § 4-177a(b) and § 19a-9-27 of the Regulations of the Connecticut State Agencies. Pursuant to the above-mentioned statute, "[t]he presiding officer may grant any person status as an intervenor in a contested case if that officer finds that: (1) Such person has submitted a written petition to the agency and mailed copies to all parties, at least five

days before the date of hearing; and (2) the petition states facts that demonstrate that the petitioner's participation is in the interests of justice and will not impair the orderly conduct of the proceedings." (emphasis added) Conn. Gen. Stat. § 4-177a(b). Furthermore, in deciding whether to grant a request for intervenor status and in deciding to what extent the requestor may participate in the hearing, OHCA shall take into account "whether such participation will furnish assistance to the agency in resolving the issues." Regs. Conn. State Agencies § 19a-9-27(c).

Despite YNHH's statement that it will provide evidence that would not otherwise be available to OHCA (Petition, p. 6), and thus by implication furnish assistance to OHCA in resolving the issues, YNHH has in fact failed to demonstrate that its position will add evidence on the issue of this case which would not otherwise be available to OHCA. If OHCA already has the relevant information or if Applicant's application and/or testimony adequately addresses an issue, then YNHH's participation on such issue will not serve to "furnish assistance to the agency" in resolving the issue. See Regs. Conn. State Agencies § 19a-9-27(c).

Yale's position has already been set out in the letters that Yale New Haven Health and Yale Therapeutic Radiology filed on July 6, 2015. These filings obviate the need for intervenor status. Moreover, even if this were not so, the proffered testimony does not meet the standards for intervention cited above.

YNHH states that it will provide evidence relating to the following:

(1) public need and capacity;

(2) limitations on equipment resulting in duplication of expenses;

(3) impact on patients, particularly Medicaid patients; and

(4) existing physician referral patterns and collaboration. (Petition, pp.4-5)

With respect to the first subject of the Petition, determining public need and capacity, the participation of YNHH will not add evidence or arguments that would not otherwise be available to OHCA. YNHH could have supplied volume data for its existing LinAcs but chose not to do so. Instead, it alluded to the possible need to add a LinAc at its Branford location, which hardly supports a claim that there is an absence of need for another LinAc on the Shoreline. Lopman testimony, p.3. In fact, this supports Middlesex's proposal, since Middlesex is merely replacing an existing LinAc, and it is not adding capacity to the system as would be the case if YNHH were to add a LinAc.

Additionally, assuming that the Applicant and YNHH would be in competition with respect to the proposed additional LinAc, as suggested by YNHH, the possible effect of granting a Certificate of Need to a competitor is not a criterion which is delineated in Conn. Gen. Stat. § 19a-639. It would be improper for YNHH to ask OHCA to deny Applicant's application because YNHH wants to add a second LinAc at its own shoreline-based facility in the future.

With respect to the second subject of the Petition, determining whether the equipment contains limitations that result in duplication of services and expenses, the participation of YNHH will not add evidence that would not otherwise be available to OHCA. Middlesex will not be hiring a second medical director since one medical director will be servicing both locations, and it will not be adding other services at Westbrook as YNHH is suggesting. Moreover, any additional needs for ancillary services in Westbrook will be offset by reduced needs in Middletown.

Similarly, with respect to the third subject of the Petition (impact on patients, particularly Medicaid patients), YNHH is completing ignoring the positive impact that this proposal will have on Medicaid patients coming from towns near the Westbrook facility, the fact that it is anticipated that the Medicaid patients who prefer to come to Middletown will still be serviced there, and the fact that Middlesex provides and will continue to provide a free shuttle for LinAc patients regardless of which facility they are utilizing. In addition, YNHH's efforts to claim that the Novalis TX at Middletown is a limited capacity LinAc is belied by the statement on YNHH's website that this Novalis LinAc, which YNHH also owns, "is one of the most versatile cancer treatment devices available...most often used to treat prostate, lung and breast cancer" as well as numerous other cancers.

Lastly, with respect to the fourth subject of the Petition, existing referral patterns and collaboration, the participation of YNHH will not add relevant evidence that would not otherwise be available to OHCA. YNHH tries to establish that because there is already a referral network in place among providers, there is no need for Applicant's proposal to be approved. Here, YNHH seems to be disguising an argument against competition as an argument that Applicant's addition of a LinAc on the Shoreline will hamper collaboration among providers. OHCA is guided by the principles set forth in Conn. Gen. Stat. § 19a-639. None of these principles requires one provider to refer patients to another provider. Of course, providers frequently refer patients to other providers for clinical and various other reasons, just as Applicant refers patients with a variety of complex issues to YNHH, Hartford HealthCare and others. Helping patients to make the best decisions for their care and treatment is something that all providers

do or certainly should do. OHCA is not, however, charged with policing referral relationships outside of helping to ensure continued or improved access to high quality, cost-effective care. Especially in light of the rapid consolidation of the health care market in Connecticut, it important that OHCA not allow the CON process to be used as a means of lessening competition.

It is also important to again note that while YNHH objects to Applicant locating a LinAc on the Shoreline because it will upset existing referral patterns, YNHH simultaneously suggests that its own addition of a LinAc in its approved bunker would be a fine idea. It cannot be that one provider's addition of equipment in a particular area would upset referral patterns while another provider's addition of the same equipment in the same area would not upset referral patterns. Furthermore, one of Applicant's main points is that locating its replacement machine on the Shoreline will allows its own Shoreline patients to access care closer to home. Patients seeks care from particular providers for many reasons, whether it be provider reputation, quality, cost, value, recommendation of a trusted friend or physician, convenience, location or any number of other factors. The fact of the matter is that patients from the Shoreline make the decision to seek care from Applicant, and Applicant seeks to provide many of its patients with access to care closer to home. Again, Applicant is not seeking to introduce an additional machine – the volume to support the proposed machine already exists.

II. Summary.

For the reasons set forth above, OHCA should reconsider and deny YNHH's request for intervenor status. Additionally, YNHH has not explained how being allowed to cross examine would benefit the proceeding and instead has noted that it does not

expect to have a need for cross examination. Therefore, even if YNHH retains its intervenor status, cross examination by YNHH should not be permitted. The Applicant notes that in recent CON proceedings, even when an entity has been granted intervenor status, its right to cross examine has often been denied. There is no reason to deviate from this approach here. Allowing cross examination will not provide additional assistance to OHCA in this matter, for all the reasons set forth above, and, notably, is likely to significantly extend the length of time necessary for the hearing.

Respectfully submitted,

Middlesex Hospital

By: _____

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Stephanie S. Sobkowiak
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Murtha Cullina LLP
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Stamford, Connecticut 06901
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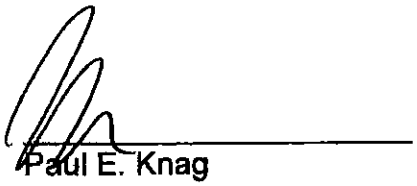
CERTIFICATE OF SERVICE

I hereby certify that copy of the foregoing Objection of Middlesex Hospital to the Petition of Yale New Haven Hospital for Intervenor Status was mailed or electronically delivered on 25th day of August, 2015 to the following:

Via Electronic Mail and U.S. First Class Mail

Rebecca A. Matthews
Wiggin and Dana LLP
One Century Tower
New Haven, CT 06508-1832
rmatthews@wiggin.com



Paul E. Knag

Olejarz, Barbara

From:	Hansted, Kevin
Sent:	Wednesday, August 26, 2015 11:49 AM
To:	Olejarz, Barbara
Subject:	FW: YNHH Objection to Motion of Middlesex Hospital for Reconsideration of Grant of Intervenor Status - Middlesex Hospital Linear Accelerator Docket No. 15-31985-CON
Attachments:	Objection of YNHH to Middlesex Motion to Reconsider Decision to Grant Intervenor Status - OHCA Docke.PDF

FYI, this should be added to the table

Kevin T. Hansted
Staff Attorney
Department of Public Health
Office of Health Care Access
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From: Matthews, Rebecca [mailto:RMatthews@wiggin.com]
Sent: Wednesday, August 26, 2015 8:43 AM
To: Hansted, Kevin
Cc: Schaeffer-Helmecki, Jessica
Subject: YNHH Objection to Motion of Middlesex Hospital for Reconsideration of Grant of Intervenor Status - Middlesex Hospital Linear Accelerator Docket No. 15-31985-CON

Dear Hearing Officer Hansted:

Attached please find the Objection of Yale-New Haven Hospital, Inc. to the motion made by Middlesex Hospital yesterday afternoon.

Thank you.
-Rebecca

Rebecca A. Matthews
Wiggin and Dana LLP
265 Church Street, P.O. Box 1832
New Haven, Connecticut 06508-1832
Direct: 203.498.4502 | rmatthews@wiggin.com

50 S. 16th Street, Suite 2925
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

IN RE: CERTIFICATE OF NEED APPLICATION OF MIDDLESEX HOSPITAL TO ACQUIRE A LINEAR ACCELERATOR AND RELOCATE IT TO THE SHORELINE MEDICAL CENTER IN WESTBROOK, CONNECTICUT	)	DOCKET NO.: 15-31985-CON AUGUST 26, 2015

OBJECTION OF YALE-NEW HAVEN HOSPITAL
TO MIDDLESEX HOSPITAL'S MOTION TO RECONSIDER DESIGNATION OF
YALE-NEW HAVEN HOSPITAL AS INTERVENOR WITH RIGHT TO CROSS-EXAMINE

Yale-New Haven Hospital, Inc. ("YNHH") respectfully requests that the Office of Health Care Access Division of the Department of Public Health ("OHCA") deny the motion of Middlesex Hospital (the "Applicant") to reconsider OHCA's decision to grant YNHH intervenor status with full procedural rights in the Certificate of Need ("CON") proceeding identified as Docket No. 15-31985-CON.

Consistent with Section 4-177a of the Connecticut General Statutes and Section 19a-9-27 of the Regulations of Connecticut State Agencies, YNHH has established that (i) it has an interest that will be affected by the CON proceeding at issue in that it has an established facility on the shoreline that will be impacted by the addition of a new linear accelerator in the area; and (ii) it has information that will assist OHCA in resolving the issues before it in that YNHH has clinical and other information not readily available to OHCA or that will otherwise assist OHCA in its decision-making process. In particular, YNHH's information regarding its Shoreline Medical Center in

Guilford[1] — including its capabilities and capacity — and other clinical care matters that will assist OHCA in evaluating the claims of the Applicant regarding access to care for patients on the shoreline. As such, YNHH has established that its participation in the proceeding is in the interest of justice. YNHH also assured OHCA that it sought rights to cross-examine only if necessary and appropriate, further ensuring that YNHH's participation would not impair the orderly conduct of the proceedings.

The Applicant improperly claims that the testimony to be presented by YNHH does not meet the standards for intervention, claiming both that it does not constitute information not otherwise available to OHCA and also that it is information already in the record by way of certain letters submitted by YNHH and Yale Therapeutic Radiology on July 6, 2015 (the "Letters"). The correct standard, however, is that the information would "furnish assistance to [OHCA] in resolving the issues" before it. *See* Conn. State Agencies Regs. §§ 19a-9-27(b) and (c). YNHH has established, and OHCA has reasonably found, that the information proposed to be presented — by the Letters as supplemented by the proposed prefile testimony — will assist OHCA in its review of the CON application before it.

The Applicant also improperly asserts that YNHH is requesting that OHCA deny its application because YNHH wants to add a second linear accelerator at its own shoreline-based facility in the future or in an effort to otherwise prevent competition. YNHH has not stated that it plans to add a second linear accelerator to its Shoreline facility in Guilford, merely that it has a bunker fit out and available should there be a need. The important fact is that YNHH has an existing facility on the shoreline that provides comprehensive radiation therapy services. The impact on existing providers and the avoidance of duplicative services, are, despite the Applicant's

[1] The Applicant makes reference on page 3 of its Motion for Reconsideration to a YNHH Branford location; we assume the Applicant intended to refer to YNHH's Shoreline Medical Center, which is in Guilford.

claims, clearly within the purview of OHCA and specifically set forth in the principles and guidelines of Section 19a-639 of the Connecticut General Statutes. (OHCA is to consider, among other things: the utilization of existing providers and health care services in the service area (Conn. Gen. Stat. § 19a-639(a)(8)); and whether the applicant has satisfactorily demonstrated that the proposed project will not result in unnecessary duplication of existing or approved health care services or facilities (Conn. Gen. Stat. § 19a-639(a)(9)), all clearly relating to how a proposal will impact existing providers and services.)

The Applicant makes various assertions in its motion for reconsideration about competition and referral patterns that are not germane to the question of whether YNHH should be granted status as an intervenor. OHCA has determined, based on the information presented by YNHH and in its statutory discretion, that YNHH's participation will be of assistance to OHCA in resolving the issues before it. The Applicant has not presented any new or changed information to support a request for OHCA to reconsider that determination.

In addition, OHCA and the hearing officer have clear discretion to take actions at the hearing so as to promote the orderly conduct of the proceedings. Conn. State Agencies Regs. § 19a-9-27(d). OHCA may, for example, limit the time for presentation and/or limit topics for cross-examination. These limitations need not be determined in advance and OHCA's determination that YNHH has information that will assist it should outweigh any efforts to shut YNHH out of the proceedings.

Accordingly, YNHH respectfully requests that OHCA deny the Applicant's motion and affirm YNHH's status as an intervenor in the above-referenced proceedings with full procedural rights.

* * *

Respectfully submitted,

YALE-NEW HAVEN HOSPITAL, INC.

By: _____

Rebecca A. Matthews
Wiggin and Dana LLP
One Century Tower
New Haven, CT 06508-1832
203-498-4400 (Telephone)
203-782-2889 (Fax)
rmatthews@wiggin.com
Its Attorney

CERTIFICATION

I hereby certify that a copy of the foregoing has been sent via United States mail, postage prepaid, and electronic mail, this 26th day of August, 2015, to the following:

Gary Havican
Vice President, Operations
Middlesex Hospital
28 Crescent Street
Middletown, CT 06457
gary.havican@midhosp.org

Paul E. Knag, Esq.
Partner
Murtha Cullina LLP
177 Broad Street, 16th Floor
Stamford, CT 06901
pknag@murthalaw.com

Stephanie Sprague Sobkowiak, Esq.
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ssobkowiak@murthalaw.com

Rebecca A. Matthews
Wiggin and Dana LLP

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

RECEIVED
AUG 26 2015
Office of
HEALTHCARE ACCESS

IN RE: CERTIFICATE OF NEED APPLICATION OF MIDDLESEX HOSPITAL TO ACQUIRE A LINEAR ACCELERATOR AND RELOCATE IT TO THE SHORELINE MEDICAL CENTER IN WESTBROOK, CONNECTICUT	)	DOCKET NO.: 15-31985-CON AUGUST 26, 2015

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* * *

Respectfully submitted,

YALE-NEW HAVEN HOSPITAL, INC.

By: _____

Rebecca A. Matthews
Wiggin and Dana LLP
One Century Tower
New Haven, CT 06508-1832
203-498-4400 (Telephone)
203-782-2889 (Fax)
rmatthews@wiggin.com
Its Attorney

CERTIFICATION

I hereby certify that a copy of the foregoing has been sent via United States mail, postage prepaid, and electronic mail, this 26th day of August, 2015, to the following:

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Vice President, Operations
Middlesex Hospital
28 Crescent Street
Middletown, CT 06457
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Partner
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Stephanie Sprague Sobkowiak, Esq.
Partner
Murtha Cullina LLP
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ssobkowiak@murthalaw.com

Rebecca A. Matthews
Wiggin and Dana LLP

* * * COMMUNICATION RESULT REPORT (AUG. 26. 2015 2:50PM) * * *

FAX HEADER:

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E-3) NO ANSWER
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Rebecca A. Matthews, Esq.

FAX: (203) 782-2889

AGENCY: WIGGIN AND DANA LLP

FROM: JESSICA SCHAEFFER-HELMECKI, OHCA, (860) 418-7014

DATE: 8/26/2015 **TIME:**

NUMBER OF PAGES: 2
(including transmittal sheet

Comments: 15-31985–CON
Middlesex Hospital acquisition of a nonhospital based LINAC: Ruling on Petition for Reconsideration

Cc: Gary Havican, VP Operations, Middlesex Hospital
Paul E. Knag, Esq., Murtha Cullina LLP
Stephanie Sprague Sobkowiak, Esq., Murtha Cullina LLP

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

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P.O.Box 340308

* * * COMMUNICATION RESULT REPORT (AUG. 26. 2015 2:48PM) * * *

FAX HEADER:

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E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: **Paul E. Knag, Esq./Stephanie Sprague Sobkowiak, Esq.**

FAX: **(203) 772-7723**

AGENCY: **Murtha Cullina LLP**

FROM: **JESSICA SCHAEFFER-HELMECKI, OHCA, (860) 509-8075**

DATE: **8/26/2015** **TIME:**

NUMBER OF PAGES: **2**
(Including transmittal sheet

Comments:	15-31985–CON Middlesex Hospital acquisition of a nonhospital based LINAC: Ruling on Petition for Reconsideration

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
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Hartford, CT 06134

* * * COMMUNICATION RESULT REPORT (AUG. 26. 2015 2:44PM) * * *

FAX HEADER:

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FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
250	MEMORY TX		98603465485	OK	7/7

REASON FOR ERROR
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E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: **Mr. Gary Havican**
Vice President, Operations

FAX: **(860) 346-5485**

AGENCY: **Middlesex Hospital**

FROM: **JESSICA SCHAEFFER-HELMECKI, OHCA, (860) 509-8075**

DATE: **8/26/2015** **TIME:**

NUMBER OF PAGES: **2**
(including transmittal sheet

Comments:	15-31985–CON Middlesex Hospital acquisition of a nonhospital based LINAC: Ruling on Request for Reconsideration

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Hartford, CT 06134

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

IN RE: Middlesex Hospital

DOCKET NUMBER: 15-31985-CON

RULING ON REQUEST FOR RECONSIDERATION

On August 25, 2015, the Office of Health Care Access ("OHCA") received a Motion to Reconsider Designation of Yale-New Haven Hospital as Intervenor with Right to Cross-Examine filed by Middlesex Hospital.

Middlesex Hospital's Motion is hereby DENIED.

8/26/15
Date

Kevin T. Hansted
Hearing Officer

An Equal Opportunity Provider
(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Rebecca A. Matthews, Esq.

FAX: (203) 782-2889

AGENCY: WIGGIN AND DANA LLP

FROM: OHCA

DATE: 8/26/2015 **TIME:**

NUMBER OF PAGES:
(including transmittal sheet

Comments: 15-31985–CON
Middlesex Hospital acquisition of a nonhospital based
Information for hearing is attached.

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: **Mr. Gary Havican**
Vice President, Operations

FAX: **(860) 346-5485**

AGENCY: **Middlesex Hospital**

FROM: **OHCA**

DATE: **8/26/2015** **TIME:**

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Comments:	15-31985–CON Middlesex Hospital acquisition of a nonhospital based Information for hearing is attached.

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Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
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Hartford, CT 06134

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
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FAX SHEET

TO: Paul E. Knag, Esq./Stephanie Sprague Sobkowiak, Esq.

FAX: (203) 772-7723

AGENCY: Murtha Cullina LLP

FROM: OHCA

DATE: 8/26/2015 **TIME:**

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410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

TENTATIVE AGENDA

HEARING

Docket Number: 15-31985

Middlesex Hospital
Acquisition of a nonhospital based linear accelerator in Westbrook.

August 27, 2015 at 10:00 a.m.

I. Convening of the Public Hearing

II. Applicant's Direct Testimony

III. Intervenor's Testimony

IV. Intervenor Cross-Examines Applicant

V. Applicant Cross-Examines Intervenor

VI. OHCA's Questions

VII. Closing Remarks

VIII. Public Hearing Adjourned

An Equal Opportunity Provider
(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

TABLE OF THE RECORD

APPLICANT: **Middlesex Hospital**

DOCKET NUMBER: **15-31985-CON**

PUBLIC HEARING: **August 27, 2015 at 10:00 a.m.**

PLACE: **Department of Public Health, Office of Health Care Access**
410 Capitol Avenue, 3rd Floor Hearing Room
Hartford, CT 06134

EXHIBIT	DESCRIPTION
A	Letter to OHCA dated February 25, 2015 in the matter of the Certificate of Need (CON) application under Docket Number 15-31985, received by OHCA on February 26, 2015. (1 page)
B	Letter from Middlesex Hospital(Applicant) dated March 11, 2015, enclosing the CON application for replacement and relocation of a linear accelerator under Docket Number 15-31985, received by OHCA on March 11, 2015. (148 Pages)
C	OHCA's letter to the Applicant dated April 10, 2015, requesting additional information and/or clarification in the matter of the CON application under Docket Number 15-31985. 4 Pages)
D	Applicant's responses to OHCA's letter of April 10, 2015, dated June 9, 2015, in the matter of the CON application under Docket Number 15-31985, received by OHCA on June 9, 2015. (72 Pages)
E	Letter to OHCA from Yale New Haven Health dated July 6, 2015 in the matter of the CON application under docket Number 15-31985, received by OHCA on July 6, 2015. (8 pages)
F	OHCA's letter to the Applicant dated July 9, 2015 deeming the application complete in the matter of the CON application filed under Docket Number 15-31985. (1 page)
G	Emails between OHCA and the Aplicant dates July 14, 2015 and July 22, 2015 confirming the hearing date in the matter of the CON application under docket Number 15-31985. (4 pages)

H	Designation letter dated July 22, 2015 of Hearing Officer in the matter of the CON application under Docket Number 15-31985. (1 page)
I	OHCA's request for legal notification in the *Middletown Press* and OHCA's Notice to the Applicants of the public hearing scheduled for August 27, 2015, in the matter of the CON application under Docket Number 15-31985, dated July 24, 2015. (4 pages)
J	Letters of supprt to OHCA dated various dates in the matter of the CON application under docket Number 15-31985, received by OHCA on various dates (33 pages)
K	Letter from Neal Goldberg, MD, Michael Farrell, MD, PhD and Susanna Hong, MD to OHCA dated July 22, 2015 requesting a hearing in the matter of the CON application under docket Number 15-31985, received by OHCA on August 8, 2015. (1 page)
L	OHCA's letter to the Applicant August 7, 2015 requesting prefile testimony and enclosing issues in the matter of the CON application under Docket Number 15-31985. (2 pages)
M	Letter to OHCA from Senator Paul Formica in the matter of the CON application under Docket Number 15-31985, received on August 11, 2015 and OHCA's response to the letter dated August 17, 2015. (2 pages)
N	Letter from the Applicant enclosing Prefile Testimony and responses to issues dated August 20, 2015 in the matter of the CON application under Docket Number 15-31985, received by OHCA on August 20, 2015. (48 pages)
O	Letter from the Applicant to OHCA dated August 20, 2015, noticing the appearances of attorneys Stephanie S. Sobkowiak and Paul E. Knag in the matter of the CON application under Docket Number 15-31985, received by OHCA on August 20, 2015. (1 page)
P	Petition of the Yale-New Haven Hospital dated August 21, 2015 requesting intervenor status and noticing appearance of Wiggin and Dana, LLP and enclosing prefile testimony in the matter of the CON application under Docket Number 15-31985, received by OHCA on August 21, 2015. (51 pages)
Q	OHCA's Ruling on the Petition of Yale-New Haven Hospital to be granted intervenor status with full rights in the matter of the CON application under Docket Number 15-31985, dated August 25, 2015. (1 page)
R	Letter from the Applicant to OHCA dated August 25, 2015 enclosing a motion to reconsider designation of Yale-New Haven Hospital as intervenor with right to cross-examine in the matter of the CON application under Docket Number 15-31985, received by OHCA on August 25, 2015. (8 pages)

S	Letter from the Intervenor to OHCA dated August 26, 2015 objecting to the Applicant's motion to reconsider designation of Yale-New Haven Hospital as an intervenor in the matter of the CON application under Docket Number 15-31985, received by OHCA on August 26, 2015. (5 pages)
T	OHCA's Ruling dated August 26, 2015 on the request by the Applicant for reconsideration of designation of Yale-New Haven Hospital as an intervenor in the matter of the CON application under Docket Number 15-31985. (2 pages)
U	OHCA Exhibit 1, table showing the number of LINAC Patients by Town, All Cancer Types in the matter of the CON application under Docket Number15-31985. (1 page)

* * * COMMUNICATION RESULT REPORT (AUG. 26. 2015 2:41PM) * * *

FAX HEADER:

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249	MEMORY TX		92037822889	OK	3/3

REASON FOR ERROR
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E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Rebecca A. Matthews, Esq.

FAX: (203) 782-2889

AGENCY: WIGGIN AND DANA LLP

FROM: Brian A. Carney, OHCA, (860) 418-7014

DATE: 8/26/2015 **TIME:**

NUMBER OF PAGES: 3
(including transmittal sheet

Comments: 15-31985–CON
Middlesex Hospital acquisition of a nonhospital based LINAC: OHCA Exibit 1

Cc: Gary Havican, VP Operations, Middlesex Hospital
Paul E. Knag, Esq., Murtha Cullina LLP
Stephanie Sprague Sobkowiak, Esq., Murtha Cullina LLP

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

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Hartford, CT 06134

* * * COMMUNICATION RESULT REPORT (AUG. 26. 2015 2:40PM) * * *

FAX HEADER:

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TO: **Paul E. Knag, Esq./Stephanie Sprague Sobkowiak, Esq.**

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AGENCY: **Murtha Cullina LLP**

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TO: **Mr. Gary Havican**
Vice President, Operations

FAX: **(860) 346-5485**

AGENCY: **Middlesex Hospital**

FROM: **Brian A. Carney, OHCA, (860) 418-7014**

DATE: **8/26/2015** **TIME:**

NUMBER OF PAGES: **3**
(including transmittal sheet

Comments: 15-31985–CON
Middlesex Hospital acquisition of a nonhospital based LINAC: OHCA Exibit 1

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

VIA FAX ONLY

August 26, 2015

Gary Havican
Middlesex Hospital
Vice President, Operations
28 Crescent Street
Middletown, CT

RE: Certificate of Need Application, Docket Number 15-31985
Middlesex Hospital, Acquisition of a Nonhospital Based Linear Accelerator

Dear Mr. Havican,

Please find OHCA's Exibit 1 (attached) for tomorrow's hearing.

If you have any questions concerning this matter, please contact me at (860) 418-7001.

Sincerely,

Brian A. Carney

Brian A. Carney,
Associate Research Analyst

Copy: Paul E. Knag, Esq., Murtha Cullina LLP
Stephanie Sprague Sobkowiak, Esq., Murtha Cullina LLP
Rebecca A. Matthews, Esq., Wiggin and Dana

An Equal Opportunity Employer
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Middlesex Hospital
Number of LINAC Patients by Town, All Cancer Types

				FY 2012			FY 2013			FY 2014			Projected Volume			
Area	Town	Driving Miles to Middlesex*	Driving Miles to Westbrook**	LINAC #1	LINAC #2	Total	LINAC #1	LINAC #2	Total	LINAC #1	LINAC #2	Total	3-yr Avg	Visits =20	Visits =30	% of Patients
"Shoreline" Area	Chester	14.1	11.2	4	3	7	8	7	15	5	3	8				
	Clinton	19.9	5.6	5	3	8	8	3	11	8	13	21				
	Deep River	17.9	8.6	11	1	12	2	3	5	2	0	2				
	Essex	18.5	5.6	8	7	15	8	5	13	9	3	12				
	Killingworth	16.1	11.1	9	2	11	9	1	10	4	4	8				
	Madison	20.3	7.9	2	4	6	4	3	7	0	1	1				
	Old Saybrook	24.8	5.3	20	14	34	9	8	17	13	11	24				
	Westbrook	23.7	1.8	9	1	10	11	1	12	11	3	14				
	Total			68	35	103	59	31	90	52	38	90	94.3	1,887	2,830	23%
"Middletown" Area	Colchester	21.7	28.1	3	3	6	5	9	14	9	1	10				
	Cromwell	4.5	27.7	12	13	25	13	10	23	12	10	22				
	Durham	6.5	22.9	8	3	11	15	4	19	9	1	10				
	East Haddam	15.4	19.9	4	8	12	7	4	11	13	6	19				
	East Hampton	11.9	25.6	10	20	30	11	11	22	29	15	44				
	Haddam	7.8	17.2	18	5	23	19	7	26	11	5	16				
	Marlborough	16.2	36.2	1	2	3	5	3	8	9	1	10				
	Middlefield	6.1	26.6	9	3	12	8	4	12	7	7	14				
	Middletown	2.4	25.6	46	32	78	76	33	109	68	34	102				
	Portland	3.7	26.9	15	5	20	16	6	22	15	5	20				
	Total			126	94	220	175	91	266	182	85	267	251.0	5,020	7,530	62%
All Other Towns	Total			46	21	67	45	26	71	29	14	43	60.3	1,207	1,810	15%
	Grand Total			240	150	390	279	148	427	263	137	400	405.7	8,113	12,170	100%

Source: Docket # 15-31985-CON, Completeness - pp 164-168

NOTE: This table is based on primary diagnosis only and may under-represent the number of patients that returned for metastatic disease or a different primary diagnosis at another time.

*Estimated using Google Maps from town listed to 536 Saybrook Road, Middletown CT 06457

**Estimated using Google Maps from town listed to 250 Flat Rock Place, Westbrook, CT 06498

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RECEIVED
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Office of
HEALTHCARE ACCESS

MURTHA

FACSIMILE TRANSMITTAL

Date:	August 26, 2015	Client Code:	-
To:	Office of Health Care Access	Facsimile Number:	860-418-7053
		Telephone Number:	860-418-7001
		Company Number:	
From:	Stephanie Sprague Sobkowiak	Telephone Number:	203-772-7782

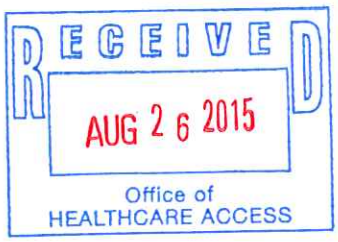
Total Number of Pages (including this cover page): 22 Sent by: Raphaline M. Voccia

MESSAGE:

Please see attached Response of Middlesex Hospital.

IF THERE ARE ANY PROBLEMS RECEIVING THIS TELECOPY
PLEASE CONTACT OUR FAX/MAIL CENTER AT 203.772.7700. IMMEDIATELY.

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMITTAL IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT(S) NAMED ABOVE. This transmittal may be a confidential attorney-client communication or may otherwise be privileged and confidential. If the reader of this transmittal is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this transmittal in error. If you have received this transmittal in error, please immediately notify Murtha Cullina LLP by telephone at 203.772.7700, and return the original to us at the above address, via mail. We will gladly reimburse your telephone and postage expense for doing so. Thank you.



STEPHANIE SPRAGUE SOBKOWIAK
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SOBKOWIAK@MURTHALAW.COM

August 26, 2015

Mr. Kevin Hansted
Hearing Officer
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Certificate of Need Application, Docket Number 15-31985-CON
Acquisition of a Nonhospital Based Linear Accelerator
Response of Middlesex Hospital

Dear Mr. Hansted:

On behalf of Middlesex Hospital, our firm submits the attached Response of Middlesex Hospital to the Pre-Filed Testimony of Yale-New Haven Hospital, as an addendum to the Pre-Filed Testimony of Vincent G. Capece, Jr., Gary Havican and George Pavlonnis.

Please contact me if you have any questions regarding this submission.

Sincerely,

Stephanie Sprague Sobkowiak

Attachments

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

BEFORE THE STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS	:	
IN RE CERTIFICATE OF NEED APPLICATION NO. 15-31985-CON, MIDDLESEX HOSPITAL	:	AUGUST 26, 2015

RESPONSE OF MIDDLESEX HOSPITAL
TO THE PRE-FILED TESTIMONY OF YALE-NEW HAVEN HOSPITAL

Middlesex Hospital (the "Applicant") hereby responds to the Pre-Filed Testimony of Yale-New Haven Hospital ("YNHH"). The Applicant notes that many of the points raised in YNHH's Pre-Filed Testimony were previously raised in the letters filed by Yale New Haven Health and Yale Therapeutic Radiology on July 6, 2015 and responded to by Applicant in Applicant's Pre-Filed Testimony dated August 20, 2015. Therefore, this Response only addresses those items raised in YNHH's Pre-Filed Testimony not already addressed in Applicant's Pre-Filed Testimony.

I. Public Need and Capacity

The Applicant was a pioneer in the establishment of outpatient centers designed to serve patients closer to home. The Applicant has long operated three major outpatient centers, including one in Middletown, one in Marlborough, and one in Westbrook, being an expanded version of the former Essex location. The Applicant's multiple facilities provide a wide range of services to its diverse patient population. Its very successful model has been copied by many other systems, ncluding YNHH. At the Shoreline Medical Center, the general range of services offered includes 24/7

emergency care, express care, paramedic services, a helipad for LifeStar transport, laboratory services, MRI and CT scanning capabilities, X-ray and fluoroscopy, ultrasounds, mammographies, bone densitometry, pre-surgical testing, infusion therapy, rehabilitation services and chronic care management. Marlborough Medical Center provides many of the same services as the Shoreline Medical Center. And, the Middletown Outpatient Center has a full range of outpatient services including the Cancer Center.

Specifically with regard to the Applicant's delivery of cancer care on the Shoreline, Applicant's Shoreline Medical Center currently offers nutritional counseling, social work services, speech therapy, integrated medicine, diagnostic imaging, interventional radiology and laboratory services. The Applicant is finishing space for medical and surgical oncologists and primary care physicians. Thus, the addition of the replacement linear accelerator ("LinAc") will allow Middlesex to treat many of its cancer patients on a daily basis right in their communities. With this proposal, the Applicant is trying to continue its model of bringing high quality, low cost, much needed care (here cancer care for patients facing significant daily challenges) into the communities that it serves.

Numerous individuals and organizations, including the First Selectpersons in East Haddam, Westbrook and Killingworth, Connecticut Senator Art Linares, State Representative Devin Carney and State Representative Jesse MacLachlan, as well as State Representative Matthew Lesser (copies of latter two letters attached), have submitted support for the Applicant's proposal. Additionally, patients have shown their support (one such patient letter is attached), and numerous individuals (over 300) have

shown their support for this proposal through social media. A copy of a print out from Facebook as of August 26, 2015 is attached hereto. The Applicant's community is very much in favor of this proposal.

The Applicant clearly needs to maintain a second linear accelerator ("LinAc"). Nobody disputes that the Applicant has the volume (whether computing volume by patients, treatments or tests) to support and require a second machine. YNHH is contesting only the location of this second machine on the Shoreline, where YNHH sees a competitive threat.

In contesting the Applicant's application, YNHH claims that it has capacity to provide additional radiation therapy services to patients on the Shoreline. However, it fails to provide utilization data explaining the open capacity that exists. Lopman Testimony, p. 3. And, it also admits that is has fit out an "additional bunker" for a second LinAc at its Shoreline facility in anticipation of the possible need for expanded radiation oncology services along the Shoreline in the future. Id. Since the Applicant is not seeking to add a LinAc to the system, it hardly seems reasonable to prevent Applicant from locating its new machine in Westbrook so YNHH can add capacity. Rather than adding capacity, Middlesex is merely seeking to replace a well-utilized but aging LinAc that it already has. In doing so, it seeks to locate the replacement machine in an area where it will provide more convenient access for many of the Applicant's patients who now must travel to the main campus in Middletown many times over a period of weeks. Applicant's intention to locate the Elekta Infinity in Westbrook is part of its overall strategy to bring more care right into the communities that the Applicant already serves. Denying Applicant's application to locate its replacement machine in

Westbrook simply because YNHH would prefer that it be located further from its and Lawrence + Memorial Hospital's LinAcs, when the Applicant has shown that it already has volume to support this replacement machine, would be improper.

The Applicant's current LinAc patients from the Shoreline must travel all the way to Middletown to be treated, so these patients are making a choice for the Applicant despite the longer travel times involved and, importantly, despite the existence of YNHH's Guilford facility. This is a great testimony to the quality and cost effectiveness of the Applicant's care.

As OHCA well knows, OHCA is charged with, among other things, helping to ensure access to high quality, cost effective health care for the citizens of Connecticut. However, such mission should not be contrary to the promotion of reasonable, high-quality, patient-centered competition. YNHH's Petition for Intervenor Status should not be allowed to stifle competition as the state health care market becomes increasingly consolidated. On a related point, the Federal Trade Commission s Office of Policy Planning, Bureau of Competition, and Bureau of Economics recently submitted comments regarding North Carolina House Bill 200 (HB200), which would exempt diagnostic centers, ambulatory surgical facilities and psychiatric hospitals from that state's CON process. Such comments included the statement that "CON laws raise considerable competitive concerns and generally do not appear to achieve their alleged benefits for health care consumers." As the comment explains, CON laws can restrict

entry and expansion, limit consumer choice, and stifle innovation.[1] We need to take care that this does not happen in Connecticut.

Finally, with regard to need, YNHH states that imposing travel obligations on Medicaid patients in Middletown may be a more significant burden in light of limited access to public transportation. Lopman Testimony, p. 7. This is nonsensical. Applicant's Medicaid patients who wish to receive treatment in Middletown will continue to be able to receive treatment there, with the possible exception of a single patient per year. The Applicant, as a leader in providing access to Medicaid patients, will continue to provide a shuttle service, completely free of charge, for its LinAc patients, as it always has. The Applicant has an extraordinarily favorable record of serving and providing access to its poor and infirm patients. Denying this application would simply impede its efforts for further improvement by providing better access for Medicaid and other patients on the Shoreline.

On a related topic, Applicant notes that YNHH currently operates an urgent care center in East Haven, which has a patient base of roughly 37% Medicaid patients. YNHH has a pending CON Application to terminate its services at this location. See Application 15-3201-CON, pg. 32. Len Fasano, State Minority Leader, and Ted Kennedy, State Senator, submitted a letter regarding this matter to OHCA stating

> YNHHS blames state taxes and Medicaid cuts for clinic closures. While we believe these taxes and reimbursement cuts may impact community hospitals, we question by Yale New Haven is choosing to offset these burdens by targeting certain communities for service reductions, while

[1] *FTC Staff Supports North Carolina Legislative Proposal to Limit Certificate of Need Rules for Health Care Facilities*, FEDERAL TRADE COMMISSION, (July 13, 2015), https://www.ftc.gov/news-events/press-releases/2015/07/ftc-staff-supports-north-carolina-legislative-proposal-limit

> they continue to expand eastward into Old Saybrook and a possible affiliation by Lawrence & Memorial Hospital.

See Letter from Len Fasano and Ted Kennedy to Commissioner Mullen dated June 29, 2015. (The Applicant notes that the possible affiliation between YNHH and Lawrence + Memorial has also been widely reported in the media.[2])

The Applicant is not terminating any services for its Medicaid patients. If fact, if the application is approved, the Applicant would be expanding the similar types of services that it offers, over a larger geographic area, with a shuttle service in place to ensure that all Medicaid patients can receive their necessary care if they do need help with transportation.

II. Financial Impact

YNHH suggests that increased demands on ancillary services in Westbrook would increase expenses beyond those budgeted. Such services include social work, nutritional services and occupational therapy. However, no such increases are seen as necessary, and, further, decreased demand for LinAc-related ancillary services in Middletown could conversely result in unbudgeted decreases in such expenses in Middletown. Similarly, with regard to other staff, these individuals currently provide services relating to LinAc #1 in Middletown and will be transferred to provide services relating to the new machine in Westbrook.

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[2] See, i.e. Lawrence + Memorial in Talks with Yale New Haven to Affiliate, The Hartford Courant, June 19, 2015, available at http://www.courant.com/business/dan-haar/hc-haar-lawrence-memorial-hospital-yale-talks-20150619-column.html.

III. Clinical Considerations

In its Pre-Filed Testimony, YNHH again states that the Novalis TX cannot treat many cancers requiring a larger field size, including many breast, abdominal and other tumors, nor can it accommodate conditions like Hodgkin's lymphoma, ovarian and cervical cancers. Lopman Testimony, p. 12. As the Applicant has previously stated, the field size of the Novalis TX is not as limiting as YNHH portrays. Based on an analysis of Applicant's patients over the last five (5) years, only five (5) of its patients (an average of one per year) would have benefitted from treatment on a machine with a field size greater than that available on the Novalis TX. If patients such as these present in the future, they will have the ability to obtain treatment in Westbrook. We cannot know at this time whether any such patients will live or work closer to Middletown or Westbrook, or whether any of these patients will otherwise have a preference for treatment location. However, at this time, none of the Applicant's patients has an option -- they must all come to Middletown regardless of where they live and work and regardless of what other preferences they have. Installing the replacement machine in Westbrook will provide options for many patients that they do not currently have.

A similar argument can be made regarding simulation. YNHH accurately points out that the Applicant will not have simulation capability in Westbrook. As the Applicant previously made clear, its patients will indeed still need to receive simulation in Middletown. However, again, this means that most of the Applicant's patients who desire treatment on the Shoreline will need to come to Middletown once or twice. This is far better than the twenty (20) to thirty (30) times that all patients must now come to Middletown. Cancer is incredibly disrupting, and the Applicant believes that anyone

would agree that traveling a greater distance once is far better than traveling a greater distance daily for weeks on end. While YNHH represents that certain patients, typically prostate cancer patients, require multiple planning scans throughout their treatment (Dr. Glazer Testimony, p. 6), the Applicant does not often find it beneficial perform more than two (2) planning scans. In those instances where this is beneficial to patients, the Applicant again admits that these patients will need to schedule these sessions in Middletown. Again, this represents only a very small subset of patients, and the benefit of having treatment available in the community for many patients far outweighs the particular burden that a very small number of patients might face in needing to visit one location versus the other, especially as the Applicant provides and will continue to provide transportation free of charge to its patients of limited means with transportation challenges.

YNHH states that the field size of the Novalis TX is 22 x 40 cm, suggesting that it is this small field size which makes this machine unable to treat many patients. See Lopman Testimony, Exhibit A, p. 6. However, the rotational feature of the Novalis TX system allows the Applicant to achieve a field size of 28 rather than 22 cm. This allows the Applicant to treat the vast majority of patients on this machine, as has previously been discussed. Only those with more advanced stages of disease will require treatment on a machine with a field size larger than 28 cm (for the Applicant, again approximately 5 patients over a 5 year period). It is also important to note that the Applicant does not treat all types of cancer. Some are referred to YNHH or other providers. Likewise, YNHH does not treat all of its cancer patients in Guilford - some are referred to its main Cancer Center. For example, despite YNHH's assertion that the

Applicant would be creating "inefficiencies by establishing two (2) separate centers with overlapping yet distinct treatment capabilities" (Lopman Testimony, p. 10), YNHH does not offer SRS or SBRT in Guilford. Yale's patients needing SRS or SBRT cannot be treated at its Shoreline facility. Thus, clearly, there is nothing improper or unusual about a particular patient having to seek care at a different location for clinical reasons. Not every single location can effectively treat every single patient. In order for this to occur, there would be great duplication of services.

YNHH notes that the Applicant stated that changes have not been made to the Novalis TX to accommodate Hodgkin's lymphoma, ovarian or cervical cancers. (Lopman Testimony, Exhibit A, p. 6, citing Applicant's Response to Completeness Questions, p. 162). This statement is true – the Applicant has not made such changes. However, as is stated above, the field size of this machine, as utilized by the Applicant, has a field size of 28 cm. This allows it to treat many cancers, including ovarian and cervical cancers and other types of tumors, with its current configuration. And, as has been noted, only an average of one patient per year will not be treatable on the LinAc in Middletown

Finally, with regard to certain capabilities, the Novalis TX provides SBRT, IMRT, IGRT and SRS and can perform conventional treatments as already described. The Elekta Infinity will provide SBRT, IMRT, IGRT and conventional treatments. The only capability that the Elekta Infinity will not have, that the Novalis TX will have, is SRS. As is set forth above, YNHH also cannot provide SRS (or SBRT, for that matter) at its Shoreline location. The Applicant has very, very few patients (patients with very small brain tumors) requiring SRS. These patients have always been able to seek care at the

main campus in Middletown when clinically appropriate and will continue to have this option – nothing will change for these patients.

In describing the treatment limitations of the Applicant's proposal, YNHH suggests that by replacing the outdated LinAc with the Elekta Infinity on the Shoreline, the Applicant is somehow delivering sub-optimal care to its patients. This statement is far from the truth. With this proposal, the Applicant aims to provide the same high quality cancer treatment that it has always provided, in an environment that is more convenient for many of its patients.

Again, the following is an excerpt from the Smilow Cancer Hospital at Yale New Haven's Radiation Oncology Services webpage located at http://www.ynhh.org/smilow-cancer-hospital/medical-services/radiation_oncology.aspx:

> The Radiation Oncology team uses one of the most versatile cancer treatment devices available in the field of radiation therapy called the Novalis linear accelerator, a powerful image-guided radiation therapy system that delivers high-dose radiation to even the smallest tumors. Novalis can deliver all forms of external-beam radiation therapy, from conventional radiation treatment and intensity moculated radiation therapy (IMRT) to the newest and most advanced techniques, such as image-guided radiotherapy. Novalis' built-in imaging system can pinpoint the size and location of a patient's tumor moments before each treatment.
>
> Most often used to treat prostate, lung and breast cancers, Novalis can also be effective in treating head and neck cancer, tumors in or near the spine, tumors at the base of the skull, liver cancer, pancreatic cancer, kidney cancer and pelvic tumors.

How can Yale say one thing on its website, and then, trying to misuse the CON process to impede competition, say the opposite in its filings in this case?

Finally, there is reference in the Yale document to surface optical imaging technology. This has not yet been acquired by the Applicant, but it is evaluating this technology and is considering its acquisition for both sites.

IV. Collaboration

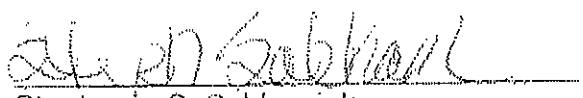
YNHH points out that often patients are referred by the Applicant to YNHH or Lawrence + Memorial Hospital, and vice versa. Dr. Glazer Testimony, p. 6. This is true. However, the efficiencies and enhanced quality of care that exist when a patient can stay within any particular system cannot be overlooked. Each system has its own personality, mechanics, protocols and medical record systems. Providers have learned, and are continuing to learn, how to work together in today's collaborative health care environment. However, all providers would agree that certain benefits exist for a patient who can obtain all of his or her care within a certain system. The Applicant's coordination of care along the continuum improves quality and, especially given the alternative of a referral to YNHH, reduces costs. Unlike YNHH, the Applicant has been successful in earning payments from Medicare based on the success of its ACO and has been working to build the multi-hospital Value Care Alliance which promotes care at low cost providers such as Middlesex . (YNHH is not part of the Value Care Alliance.) Thus, while the Applicant will continue to refer to other cancer treatment providers for many reasons, it should also be able to treat its own patients where possible.

The foregoing is an addendum to the Pre-filed Testimony of Vincent G. Capece, Jr., Gary Havican and George Pavlonnis.

CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the foregoing Response of Middlesex Hospital to the Pre-filed Testimony of Yale New Haven Hospital was sent via U.S. mail, postage prepaid, and electronic mail this 26th day of August, 2015 to:

Rebecca A. Matthews
Wiggin and Dana LLP
One Century Tower
New Haven, CT 06508-1832
rmatthews@wiggin.com



Stephanie S. Sobkowiak

State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

August 25, 2015

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

We are writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

The Shoreline Medical Center in Westbrook is a very valuable asset to our community. It provides access to a variety of medical services in a close proximity. However, at the present time, our community's cancer patients, who get their treatment from Middlesex Hospital, are required to travel to Middletown for radiation therapy because this service is not offered in Westbrook. Cancer patients undergoing radiation therapy are typically required to receive radiation treatments daily for six to seven weeks. Since the average age of patients being treated for cancer is above 65 years of age, these patients usually require a family member or friend to bring them to their daily treatments and wait during the procedure. And while we understand there are other providers of radiation therapy in the shoreline area, having radiation therapy available at the Shoreline Medical Center in Westbrook will allow for easier and quicker access and more accessible parking for Middlesex Health System patients receiving cancer treatment. This will create a much better experience for patients and their families.

Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, we strongly urge you to approve this application.

Sincerely,

Art Linares
State Senate, 33rd district

Devin Carney
State Representative, 23rd district

Jesse MacLachlan
State Representative, 35th district

State of Connecticut
HOUSE OF REPRESENTATIVES
LEGISLATIVE OFFICE BUILDING
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE MATTHEW LESSER
ONE HUNDREDTH ASSEMBLY DISTRICT

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CHAIRMAN
BANKING COMMITTEE

MEMBER
APPROPRIATIONS COMMITTEE
GOVERNMENT ADMINISTRATION & ELECTIONS COMMITTEE

Jewel Mullen, MD, MPH, MPA
State of Connecticut
Commissioner, Department of Public Health
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

I am writing in support of Middlesex Hospital's Certificate of Need application to relocate one of its existing linear accelerators in Middletown to the Shoreline Medical Center in Westbrook, CT.

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Having this treatment available locally will be particularly important to our low-income residents without private transportation.

For these reasons, I strongly urge you to approve this application.

Sincerely,

Matthew Lesser
State Representative

To whom It may concern,

My name is Beth-Anne Reilly. I am a women in treatment for breast cancer. I am currently trying to keep up my workload, finding it very hard to take the trip to middletown every morning before work. It's almost a hour each way. If it was at the clinic in westbrook do you know how much easier it would and could be on the patient. I chose the radiology group based on there reputation, and they have far succeeded the expentation I could have every imagined.

Going through cancer is a very emotional and exausting venture, having the people care means allot. so it would be a win win for the group to be able to have a machine there. I am available to speak to anyone who would want my input.

I have nver been treated more kindly then at the middlesex cancer center its truly a amazing place.

I had even looked into the guilford radiology. because of the distance and how I'm not feeling so well. but Middlesex Radiogly far surpassed the guilford office of yale, I am not a number I am a person who has been treated like a queen.

The staff is the best. I can't tell you how blessed I was when I came to the Middlesex Hospitals cancer care center.

The whole experience has been filled with nothing has the perfect.

These people here should be used as exploring models of what a staff should be.

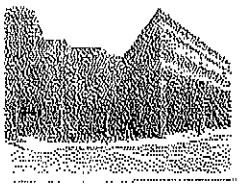
So to end I would just like to say. we really do need a treatment center on the shoreline, for the people like me. I truly think it's a total win win.

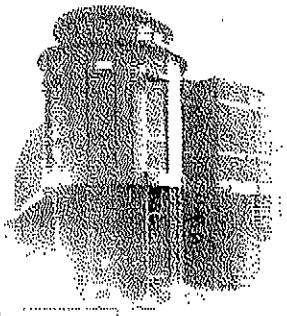
Thank you for your time
Beth Ann Daly

please don't hesitate to contact me. 860 388-7913
2 James Court
Old Saybrook
CT 06475

Middlesex Hospital

The Smarter Choice for Care
MIDDLESEX HOSPITAL
middlesexhospital.org





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Middlesex Hospital
August 19 at 8:14am

Middlesex Hospital would like to begin offering radiation therapy services to patients in our shoreline communities. To do this, we would like to relocate one of our two units currently in Middletown to our Shoreline Medical Center in Westbrook.

At the present time, Middlesex Hospital cancer patients who live in these communities are required to travel to Middletown for radiation therapy, because this service is not offered in Westbrook. Cancer patients undergoing radiation... See More

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Top Comments

Chat

Write a comment

Press Enter to post.

Laura Marlow Friends , please like and or comment on this post. This service is very critical for cancer patients who live in the shoreline. Please support Middlesex Hospital in this effort

Like · Reply · 6 · August 19 at 9:23am

Kristine Burns Bear Bring cancer patients care to the shoreline for sure!!

Like · Reply · 2 · August 19 at 10:04am

Pamela Munson Christman Daily radiation treatments can cause fatigue. A shorter distance to travel and easy parking would be most beneficial to our cancer patients.

Like · Reply · 2 · August 19 at 7:09pm

Cathy Trowbridge They deserve to have radiation therapy at the shoreline

Like · Reply · 2 · August 19 at 5:42pm

Sheryl Mele Excellent idea for patient convenience . Having just finished radiation this week it is a very difficult time and emotional commitment and to have easier access for patients would be extremely helpful . The team at Middlesex Hospital is amazing !!!

Like · Reply · 4 · August 19 at 9:42pm

About

Connected to Middletown, Connecticut

Phone: 860-358-6000

http://www.middlesexhospital.org/

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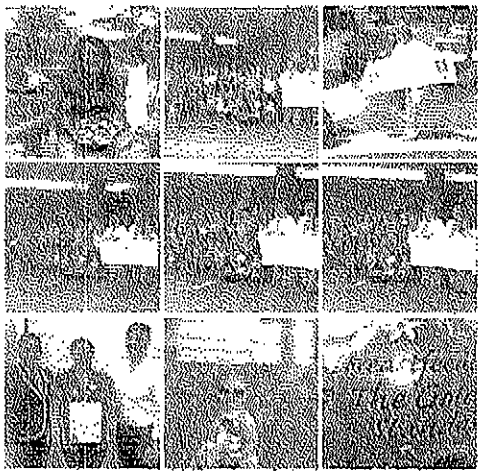

MEDIA

VISITOR POSTS

Bill Cawley
August 27 at 4:51pm

Is you company continuing to negotiate with United Healthcare? I see ... See More

Like · Comment

Bill Cawley
August 12 at 6:48pm

Please revisit your contract with United Healthcare You necessary no ... See More

Like · Comment

Al Williams
August 12 at 7:15pm

Please share Jennifer's story

Like · Comment

REVIEWS

4.2 of 5 stars · 418 reviews

Okay Bryan We definitely need to help our shoreline patients! Love those patients daily and know the hardship it is driving to Middletown. Let's get it done!
Like · Reply · 4 · August 26 at 8:50pm

1 Reply

Gary Santo Greco I live in Branford and I had to make the commute to Middletown for 6 weeks. Radiation therapy in Westbrook would have been a big plus !!
Like · Reply · 1 · August 26 at 10:44pm

Melissa Yuenkle Cancer patients are going through enough emotionally They shouldn't have to drive so far to be healed. Driving anywhere is so stressful as it is. Please help them out
Like · Reply · 1 · August 26 at 8:11pm

Michele McKinney Bourque I think having a cancer treatment center on the shoreline would benefit many people. State of CT... Approve this!
Like · Reply · 1 · Yesterday at 6:47am

Fidel Morris Cancer patients suffer enough! Move it!
Like · Reply · 1 · 16 hrs

Colleen Madden Let me know and I will move home to Lee radiation Oncology RN there
Like · Reply · 2 · August 19 at 1:51pm

Emily Grace Reynolds Fatolouis! We will certainly support Middlesex in this endeavor however we can!
Like · Reply · 1 · August 19 at 7:06pm

Dean Brown Cancer is hard enough. They shouldn't have to travel further to receive treatment.
Like · Reply · 4 · August 20 at 10:30am

Rosemary Dano Very necessary for these patients.
Like · Reply · 2 · August 19 at 8:38am

Cathyann Falowen Please allow Middlesex Hospital to bridge this gap in service!
Like · Reply · 4 · August 20 at 4:13pm

Paula Bailey LuuCano It's important to have these patients therapies in every way possible
Like · Reply · 1 · August 20 at 5:05pm

Mary Anne Absolutely!!! Having it closer for shoreline patients would be in Middlesex Favor !
Like · Reply · 3 · Yesterday at 7:26am

Pat O'Brien Please share with your FB friends in our community
Like · Reply · 3 · August 20 at 9:31am · Edited

Susan Tarakes This would be wonderful. Public transportation buses go in and out of this facility Monday thru Saturday
Like · Reply · 1 · August 20 at 7:33pm

John Kohlberg Would have made my life easier 8 years ago...glad it can help others now.
Like · Reply · 2 · August 19 at 8:41pm

Leah Anastas Salmon Match needed on the shoreline
Like · Reply · 2 · August 19 at 12:14pm

Patty Hazelton Gardner It makes total sense to allow Middlesex Hospital to provide this service.
Like · Reply · 2 · August 20 at 8:03pm

Robin Spencer-Kimaszewski Liked & shared.
Like · Reply · 2 · August 19 at 8:18pm

Sharon Twomey Please
Like · Reply · 2 · August 20 at 8:55pm

Beth Daly Would be so great, the commute is killing me
Like · Reply · 2 · August 20 at 6:17pm

Phyllis Landry Sullivan Eagle I can see NO reason why the State of CT should object to this. I do believe that the State of CT is obligated to facilitate rather than obstruct this process in order to eliminate such a obvious gap of service for the shoreline population.
Like · Reply · 2 · August 19 at 7:15pm

Ann Nash shared
Like · Reply · 1 · August 19 at 12:47pm

Michelle Beaston Knockwood Great idea.

Liz Boykins — The nurses were so kind and patient to me after the birth of my son. They all loved him. They took great care of me too and my bedding experience was perfect. :)
[illegible] 2013 · 2 Reviews
Like · Comment 0 1

Cheryl Miller McCarthy — I went to go pick my son up for break fast
He had been there with his girlfriend who had a baby.
It was about nine a... See More
August 24, 2014 · 11 Reviews
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Like · Reply · 1 · August 19 at 9:41am

Jane Couture Lyons Definitely a much needed service
Like · Reply · 1 · August 19 at 7:41pm

Joan Hanchette I am all for it as long as Middlesex ran and well managed and doesn't turn into the mess that is Yale
Like · Reply · 1 · August 23 at 5:22am

Kathy Houle Lapierre — It's a no brainer! Absolutely need as many as possible!
Like · Reply · 1 · August 20 at 9:17am

Judith DeGreco Antonelle Wonderful idea!
Like · Reply · 1 · August 19 at 6:43pm

Andrea Hoyt Go Middlesex!! Awesome hospital!!
Like · Reply · 1 · August 19 at 8:18am

Cathy Wilson Davis This is a must
Like · Reply · 1 · 16 hrs

Fay Stack Anti should be!
Like · Reply · 1 · August 19 at 10:35am

Carrie McCarthy YES PLEASE!!!
Like · Reply · 1 · August 20 at 3:45am

Linda Krpata Hansen Liked and Shared.
Like · Reply · 1 · August 19 at 8:20am

John Crowell Much needed
Like · Reply · 1 · August 20 at 6:04am

Richard Pugliese Let's make life easier for the folks whose lives have been tough enough!
Like · Reply · 1 · August 19 at 10:41pm

Jessi Lyford Much needed
Like · Reply · 1 · August 19 at 3:15pm

Sylvia Doughkora Please
Like · Reply · 1 · August 19 at 1:36am

Kathy Avery Makes good sense.
Like · Reply · 1 · August 19 at 5:32pm

Maryann Killips Westerman Liked and shared great idea
Like · Reply · 1 · August 19 at 7:16pm

Stephanie Kraus Shared!
Like · Reply · 1 · August 19 at 11:06am

Karen Pompeo I support this application for the Shoreline Medical Center in Westbrook to serve shoreline cancer patients in better way.
Like · Reply · 3 · August 19 at 5:52pm

Liz Morris Kula Liked and shared.
Like · Reply · 1 · August 19 at 6:16pm

Sarah Newman Done
Like · Reply · 1 · August 19 at 9:06am

Anne Pacelli done
Like · Reply · 1 · August 19 at 5:18pm

David Gallagher Praise Jesus I don't have to undergo this treatment, however, many of the people that I do know it takes a lot out of them so anything that could help make it easier would be great. I pray that the State would consider the request before them. Thank you!
Like · Reply · 1 · August 19 at 5:17pm

Dud McDowell This is important for access on the Shoreline
Who's communities we have served for decades
Like · Reply · Yesterday at 12:[illegible]

Rush Matterfa Swanson I support this!!!
Like · Reply · 19 hrs

Christine Beebe Harris Yes!!
Like · Reply · 3 hrs

Kathy Gelichel Kinderski [illegible]
Like · Reply · August 20 at 12:[illegible]

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