

**Minutes of Meeting
Health Services Council
Project Review Committee-II**

DATE: 24 January 2008

TIME: 2:45 PM

**LOCATION: Conference Room B
Department of Administration**

ATTENDANCE:

Committee-II: Present: Victoria Almeida, Esq. (Vice Chair), Wallace Gernt, Denise Panichas, Robert J. Quigley, DC, (Chair), Rev. David Shire (Secretary)

Not Present: Rosemary Booth Gallogly

Excused: Raymond C. Coia, Esq., Gary J. Gaube, Maria Gil, Sen. Catherine E. Graziano, RN, Ph.D, Robert Hamel, RN

Staff: Michael K. Dexter, Robert Marshall, PhD, Joseph G. Miller, Esq.

Public: (Attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms and

Time Extension for the Minutes Availability

The meeting was called to order at 2:45 PM. The Chair noted that conflict of interest forms are available to any member who may have a conflict. The Chair requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of five in favor and none opposed (5-0) that the availability of minutes for this meeting be extended beyond the time frame as provided for under the Open Meetings Act. Those members voting in favor were: Almeida, Gernt, Panichas, Quigley, Shire.

2. General Order of Business

The first item on the agenda was the application of Radiosurgery Center of Rhode Island, LLC (“RCRI”) to acquire an Accuray CyberKnife to provide radiation therapy services on the campus of Rhode Island Hospital.

Mr. Zubiago, legal counsel representing the applicant, summarized the various previous steps in the application and review process; then introduced Mr. Fred Macri and Dr. David Wazer from RCRI to describe the proposed project.

The Chair asked if there were collaborative components to this

proposal. The applicant answered that operations would follow the typical referral process. Patients referred and treated at RIH (RCRI) would go back to their local physicians and originating hospitals (if any) for follow-up treatment—much as they would do for other chronic diseases. Rev. Shire asked if there was any indication that other physicians would refer patients to the unit. The applicant responded that they have not had specific discussions, but anticipated referrals, especially, but not exclusively, from the other facilities owned by RTSI. The applicant referred to the answers to questions about referrals previously filed with the Committee. The applicant also discussed the plan for sending representatives to the Tumor Boards operating at local hospitals to improve awareness of the CyberKnife service as part of the outreach program.

Dr. Wazer noted that quality concerns would generally not permit a trained physician from another hospital to use the CyberKnife due to the need for close collaboration of all health care providers, including health physicists, in the total care of patients on a daily basis—not just the radio-surgery component. Also, there are not enough patients undergoing treatment in RI to provide sufficient volume to credential all the physicians who may want to provide this high technology treatment and still assure good quality. Mr. Macri also noted that the other RTSI-affiliated hospitals were offered an opportunity to acquire a 10% equity share in the RCRI proposal, but all declined.

Staff asked for clarification on the referral patterns and that they were not only limited to RTSI-affiliated centers. The applicant said that referrals were welcome from all hospitals, but that RTSI-affiliated centers were more likely to build stronger familiarity and relationships.

Mr. Gernt asked how many patients were eligible for the CyberKnife treatment. The applicant projected 281 patients per year were eligible, but only 150 would be treated in the first year as treatment capacity builds. Ms. Panichas asked about the dynamics of the referral process and to what extent would other local hospitals refer to RI Hospital for this service. The applicant responded that currently referrals occur frequently for the Trilogy radiosurgery equipment and there is no reason why referrals would not occur for the CyberKnife that has a more specific purpose. Mr. Gernt asked if RI should have every high technology service that is also available in Boston. The applicant responded that some things make sense, like the CyberKnife; others, such as heart transplantation, may not.

The Chair commented that he was satisfied with the applicant's responses regarding the degree of collaboration and cooperation addressed in the proposal. Mr. Gernt reminded the Committee that any approval should include conditions regarding additional information on the minimum number of CyberKnife-treated patients and the training processes for physicians and others involved in the technology.

Dr. Wazer proceeded with the remainder of the presentation summarizing the proposal. A member asked about the toxicity of the radiation treatment. The applicant answered that it depends on the site and the kind of adjacent tissue. For example treatment of the spine with standard radiation will often damage the spinal cord and cause paralysis. Questioned about the impact on repeat visits, Dr. Wazer said that the CyberKnife can compress the duration of treatment from weeks to a few events. Ms. Panichas asked if Boston would continue to be further ahead of RI even with this new equipment. The applicant responded that the goal was to have a Boston-level of quality care for every patient by having the Center focus on the whole patient, not just the radiation treatment.

A motion was made, seconded and passed by a vote of five in favor and none opposed (5-0) to recommend that the application be approved with the additional conditions of approval. Those members voting in favor of the motion were: Almeida, Gernt, Panichas, Quigley, Shire.

There being no further business the meeting was adjourned at 4:12 PM.

Respectfully submitted,

Robert Marshall, PhD.