

Minutes of Meeting  
Health Services Council  
Project Review Committee-I

DATE: 1 December 2009

TIME: 2:30 PM

LOCATION: Conference Room C  
Department of Administration

ATTENDANCE:

Name	Present	Absent	Excused
<b>Committee-I</b>			
Victoria Almeida, Esq. (Vice Chair)	X		
Edward F. Almon			X
John X. Donahue	X		
John W. Flynn	X		
Wallace Gernt	X		
Amy Lapierre	X		
Steven Lonardo	X		
Thomas M. Madden, Esq.	X		
Robert Quigley, DC (Chairman)	X		
Robert Ricci		X	
Robert Whiteside			X

Staff: Valentina Adamova, MBA, Michael K. Dexter, MPA, Joseph G. Miller, Esq., Michael Varadian, JD, MBA

Public: (Attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms and Extension for the Minutes Availability

The meeting was called to order at 2:35 PM. The Chair noted that conflict of interest forms are available to any member who may have a conflict. The minutes of 4 August 2009 and 15 September 2009 Project Review Committee-I meetings were adopted as submitted. A motion was made, seconded and passed by a vote of six in favor with none opposed (6-0) 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: Donahue, Flynn, Gernt, Lonardo, Madden, Quigley.

2. General Order of Business

The first item on the agenda was the application of **Women & Infants Hospital of Rhode Island** [Care New England Health Systems] for a Certificate of Need to acquire a da Vinci Si Robotic System to offer minimally invasive gynecologic procedures.

Mr. Zimmerman, Director of Spectrum Research, made a presentation regarding his report “Robot Surgery Outlook” and addressed Committee questions. To Mr. Gernt’s question regarding cost, Mr. Zimmerman noted that utilizing da Vinci increases per procedure cost by approximately \$1,700 when compared to open surgery and conventional laparoscopy.

Mr. Lonardo and Mr. Donahue asked that outcome data from Miriam Hospital be requested regarding its experience with the da Vinci. Mr. Gernt noted that criteria should be developed for evaluation of outcomes on an on-going basis. He requested that the applicant address why da Vinci is superior considering its higher cost.

The applicant noted that da Vinci affords more flexibility to the surgeon, may enhance safety and patient outcomes, provides an ability to do procedures better and in a broader spectrum of patients. Mr. Zimmerman noted that approximately 20% of hysterectomies are performed via laparoscopy.

Staff noted that the applicant was sent follow up questions, the responses to which are still outstanding. The next meeting was scheduled for 8 December 2009. There being no further business, the meeting was adjourned at 4:10 PM.

Respectfully submitted,

Valentina D. Adamova, MBA  
Health Economics Specialist