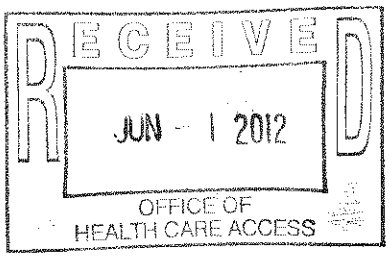
BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

May 25, 2012

Ms. Kimberly Martone, Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308



Via fax: 860-428-7053

Dear Ms. Martone:

Re: Public Notice in the *Connecticut Post* and *New Haven Register* Regarding Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. & Associates Radiology

Attached please find proof of publication from the *Connecticut Post* and *New Haven Register* regarding the recent publication of a public notice, which is included below for your reference.

Public Notice
Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. & Associates Radiology
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Bridgeport Hospital proposes to acquire certain of the assets of Robert Russo/Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology (CT, PET/CT and MRI units along with general radiology equipment) at the following locations:

- 4699 Main Street, Suite 108, Bridgeport
- 2660 Main Street, Suite 103, Bridgeport
- 425 Post Road, Fairfield
- 2595 Main Street, First Floor, Stratford
- 2909 Main Street, Stratford

Bridgeport Hospital also intends to acquire all interest in the MRI Unit owned by Robert D. Russo, M.D. and Bernard S. Jay, M.D. located at:

- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000

If you have any questions, please contact me at (203) 384-4946. Thank you.

Sincerely,

Carolyn Salsgiver
Sr Vice President, Planning & Marketing

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

AFFIDAVIT OF PUBLICATION

New Haven Register

STATE OF CONNECTICUT

County of New Haven

I *Judy Saslafsky* of New Haven, Connecticut, being duly sworn, do depose and say that I am a *Sales Representative* of the New Haven Register, and that on

the following date 5/18, 19, 5/20/2012 ..... to wit .....

there was published in the regular daily edition of the said newspaper an

advertisement,

Judy Saslafsky 5-23-2012

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2495747

ted were clipped from each of the

above-named issues of said newspaper.

Subscribed and sworn to this 23rd day of May 2012 Before me.

Mary Faderico

My Commission Expires 10/31/2012

LEGALS

New Haven Register Classifieds
#1 Choice for Real Estate! Main Source for Employment Info! #1 Choice for Used Vehicles! The Easiest Way to Sell Anything!

LEGALS

CALL 777-FAST or (TOLL FREE)1-877-672-FAST TO PLACE YOUR CLASSIFIED AD

TAG SALES WORK BEST WHEN YOU REACH THE MOST PEOPLE!

WEST HAVEN CT - LEGAL NOTICE PLANNING AND ZONING COMMISSION CITY OF WEST HAVEN, CONNNECTICUT TUESDAY, MAY 22, 2012

The West Haven Planning and Zoning Commission will hold a Public Hearing and Regular Meeting on Tuesday, May 22, 2012 in the Harriet North Meeting Room, Second Floor, City Hall, 355 Main Street, West Haven, CT at 6:30 P.M. to consider the following:

1. **3 FAY STREET** Application for a Special Use Exception to permit a Home Occupation for an Insurance Office in a Single Family Residence in an R-2 (Single Family Residence) zone; Owner/Applicant: Robert Rosenberg; File # SUE 12-026.
2. **177 PLATT AVENUE** Application for a Special Use Exception to create an Accessory Apartment in a Single Family Residence in an R-2 (Single Family Residence) zone; Owner/Applicant: Maryanne & Paul Fritz; File # SUE 12-027.

Copies of relevant documents are on file in the Office of Planning and Development

Gene Sullivan
Chairman
2494476

THE GREATER NEW HAVEN WATER POLLUTION CONTROL AUTHORITY Adopted Annual Budget Fiscal Year 2012-2013 July 1 2012-June 30 2013

Personnel	$ 4,642,255
Utilities	$ 4,091,000
Contract Operations-OMI	$ 5,800,000
Contract Sludge and Ash	$ 4,645,600
Other Contract Services	$ 3,088,930
Payment In lieu of taxes	$ 785,000
Equipment, Vehicles and Supplies	$ 219,600
Debt Service	$11,126,447
Contingency	$ 250,000
Total Fiscal Year 2012-2013 Expenditures	$34,648,832

Adopted Fiscal Year 2012-2013 Revenues

Delinquent Interest & Lien Fees	$ 1,260,000
High Strength Surcharges	$ 900,000
Outside Sludge	$ 1,200,000
Grease & Septage Disposal	$ 365,000
Connecticut & Permit fees	$ 560,000
Reimb - Utilities	$ 600,000
CWF Debt Service	$ 1,121,000
Interlocal Agreements	$ 130,000
Investment Income	$ 275,000
Rate Revenue	$28,217,832
Total Fiscal Year 2012-2013 revenues	$34,648,832

Adopted Rate Fiscal Year 2012-2013 $3.30 per ccf

THE GREATER NEW HAVEN WATER POLLUTION CONTROL AUTHORITY ADOPTED SEWER USER CHARGE Effective July 1, 2012

There is hereby established in accordance with Section 7-255 of the Connecticut General Statutes a quarterly and monthly charge for sanitary sewer service furnished by the Greater New Haven Water Pollution Control Authority (GNHWPCA), based on potable water usage. The following sanitary sewer service charges shall apply only to water measured by the Company or any water meter serving a building within the 4 Constituent Municipalities.

-For Quarterly Billing:
Fifteen (15) CCF or less of water usage, **$49.50** minimum plus administrative fee of **$13.00**. For all water usage over fifteen (15) CCF, **$3.30** per CCF. A Credit of **$4.00** per quarter shall be granted to any premises, which has qualified for tax relief under the 'Elderly Homeowner Tax Relief Act'. For customers with public supplied water (metered) the annual consumption from the period (April 2011 to March 2012) will be used for the billing period of July 1, 2012 through June 30, 2013. Quarterly Residential customers who use Three Hundred (300) CCF or less in the above mentioned 12 month period will have their consumption adjusted for seasonal usage, this adjusted usage shall be used for billing commencing on July 1.

-For Monthly Billing:
Five (5) CCF or less of water usage, **$16.50** minimum plus administrative fee of **$13.00**. For all water over five (5) CCF, **$3.30** per CCF.

Residential and commercial users of the Sewer System who have private source of water, whose public supply is not metered, or who receive water from a source other than the public water system shall be billed as follows for premises served within the 4 Constituent Municipalities:

-Single Family residential, **$92.20** per quarter.

-Duplex residence, **$171.40** per quarter.

Multiple dwelling units, **$92.20** per quarter for the first dwelling unit, plus **$79.20** per quarter for each additional dwelling unit, or at option of owner from metered water supply.

Commercial users shall be charged on the basis of an engineering study performed at the cost of said users to determine the quantity of sewage as established in GNHWPCA Sewer Ordinances, if said commercial users have a private source of water, whose public water supply is not metered or who receive water from a source other than the public water system.

The charges to be made by the GNHWPCA for sewer services to property located outside the limits of the 4 Constituent Municipalities shall be established on the basis of formal contract with the GNHWPCA, the charges shown in said contract to be not less than actual costs to the GNHWPCA and said contracts to be approved by the GNHWPCA in accordance with section 7-247 of the Connecticut Statutes.

The user charges to be determined for all permitted industrial users, except for dry industries, will be computed by the use of the following formula when either the total BOD or TSS exceeds two hundred fifty (250) mg/liter, but in no event will either be used as less than two hundred fifty (250) mg/l, or the total FOG (fats, oils and grease) exceeds one hundred (100) mg/l. In no case shall the BOD or TSS be lower than 250 mg/l if one component exceeds 250 mg/l.

UC equals V{X+Y(BOD) + Z(TSS) + A (FOG-100)}

Definitions:
UC User charge in dollars
V Volume in CCF (1 CCF equals one hundred cubic feet or 748 gallons)
X Cost per CCF of wastewater at $2.592364
Y Cost to remove one mg/l of BOD per CCF at $0.0020516
Z Cost to remove one mg/l of TSS per CCF at $0.0016728
A Cost to remove one mg/l of FOG per CCF at $0.0010000

Septic disposal registration charge of $50 per year per vehicle will be charged to companies wishing to dispose of waste at the East Shore facility. Such users will be charged $0.065 per gallon for septage and $0.100 per gallon for FOG and $0.125 for approved over the road wastes based on total truck volume regardless of gallons being discharged.

A charge of $25.00 will be applied to a customer's account for each payment returned by the bank for any reason.

Lien Fee effective July 01, 2012 is $14.00 per lien.
2495729

ANSONIA

NOTICE OF ANTI-BLIGHT FINE AUCTION

NAME OF PROPERTY OWNER:
Miroslaw T. Swidergal
PROPERTY TYPE:
Residential
STREET ADDRESS:
24 (a/k/a 24-26) Holbrook Street, Ansonia, CT 06401

LEGAL DESCRIPTION:
All that certain piece or parcel of land, with the buildings and improvements thereon, situated in the city of Ansonia, County of New Haven and State of Connecticut, known as 24 (a/k/a 24-26) Holbrook Street, bounded and described as follows:

Commencing at a point on the Easterly line of Holbrook Street at the Southwesterly corner of land of Louise Loescher; thence Southerly along the Easterly line of Holbrook Street a distance of seventy (70) feet to the Northwesterly corner of land now or formerly of Frank J. Gellein; thence Easterly along the Northerly line of land of said Frank J. Gellein a distance of one hundred (100) feet to land of George W. Shaw et ux; thence Northerly along the Westerly line of land of said George W. Shaw, et ux, Mary C. Smith and John Griffiths et ux in part in all a distance of seventy (70) feet to the southeasterly corner of land of Louise Loescher; thence Westerly along the Southerly line of land of said Louise Loescher a distance of one hundred (100) feet to the Easterly line of Holbrook Street and point of commencement.

AMOUNT OWED
AS OF April 30, 2012*
$ 65,418.90

*NOTE: ADDITIONAL FINES, INTEREST, FEES, AND OTHER CHARGES AUTHORIZED BY LAW ACCRUING AFTER THIS DATE WILL BE ADDED TO THE AMOUNT INDICATED AS DUE AND OWING

A DEPOSIT IN THE FORM OF A BANK DRAFT IN THE AMOUNT OF TEN THOUSAND DOLLARS ($10,000) WILL BE REQUIRED AT THE TIME OF AUCTION.

PLACE OF SALE:
City Hall
253 Main Street
Ansonia, CT 06401

DATE AND TIME OF SALE:
Tuesday, July 24, 2012, AT 7:00 PM

SALE WILL BE CONDUCTED BY: CONNECTICUT STATE MARSHAL ARTHUR J. DAVIES, P.O. BOX #468, ANSONIA, CT 06401
203) 735-6367

ALL INQUIRIES RE: AUCTION SHOULD BE DIRECTED TO THE STATE MARSHAL
2495856

CLINTON

TOWN OF CLINTON LEGAL NOTICE BUDGET REFERENDUM MAY 23, 2012

The electors of the Town of Clinton, Connecticut and all other citizens entitled to vote in town meetings of the said Town of Clinton are hereby notified and warned that a **BUDGET REFERENDUM** will be held at the Andrews Memorial Town Hall, 54 East Main Street, Clinton, Connecticut on Wednesday, May 23, 2012, between the hours of 6:00 AM and 8:00 PM with voting to be done by paper ballot. The following questions will be placed on the ballot:

1.In favor of the proposed Town Government Budget of the Town of Clinton for the fiscal year July 1, 2012 to June 30, 2013 in the amount of $14,998,814.

YES NO

Dated at Clinton, Connecticut the 15h day of May, 2012.

William W. Fritz, Jr.
First Selectman
2496877

DERBY

NOTICE OF DEMOCRATIC CAUCUS

To enrolled members of the Democratic Party of the City of DERBY, Connecticut:

Pursuant to the rules of the Democratic Party and State election laws, you are hereby notified that a caucus will be held on:
May 22, 2012 at 6:15 PM at
DERBY ELKS LODGE,
73 ELIZABETH STREET,
DERBY, CT.
To endorse candidates for Registrar of Voters and to transact other business as may be proper to come before said caucus.

Dated at DERBY, CONNECTICUT, on the 16h of May, 2012.
Democratic Town Committee of DERBY

LINDA FUSCO,
Chairperson
2496827

MILFORD

The Planning & Zoning Board

of the City of Milford, upon consideration and vote of said Board at its meeting held on May 15, 2012 hereby gives notice of Action Taken, a copy of which is on file in the City Clerk's Office.

1. **134 OLD GATE LANE (ZONE ID)** – Rescission of action taken May 1, 2012 on petition of Gus Grigoriadis for Coastal Area Management Site Plan Review and Site Plan Review to construct a new restaurant on Map 68, Block 811, Parcel 6F in the ID zone, of which Dare Associates, LLC is the owner. **(APPROVED)**
2. **134 OLD GATE LANE (ZONE ID)** – Petition of Gus Grigoriadis for Coastal Area Management Site Plan Review and Site Plan Review to construct a new restaurant on Map 68, Block 811, Parcel 6F in the ID zone,of which Dare Associates, LLC is the owner. **(APPROVED WITH CONDITIONS)**
3. **142 WEST TOWN STREET (ZONE R-10)** Petition of Ronald Standish for a two-lot re-subdivision on Map 53, Block 324, Parcel 9, of which David Korman is the owner. **(APPROVED WITH CONDITIONS)**

City of Milford
May 16, 2012
Phyllis Leggett, Board Clerk
2495835

Motorcycles

MODEL	YEAR	PRICE	PHONE

Harley Davidson Softtail Heritage 2007 $13,900 866-948-3702
6800 miles, mint condition, MUST SEE! Call after 4pm.

Ford

MODEL	YEAR	PRICE	PHONE

FORD EXPLORER 01 $4,500 860-663-5627
Sport, 2dr, silver, excl cond, new tires, brakes & battery 133k, loaded.

Mercedes

MODEL	YEAR	PRICE	PHONE

BENZ E320 98 $4695 ask (571)235-2498
Loaded, A/T, 4 door, silver, 103K miles, very good condition

LEGALS LEGALS

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Estimated Total Project Capital Cost: $18,325,000
2495747

MERCHANDISE Marketplace

Articles For Sale

ABOVE GROUND POOL 24Ft. Round, with Aqua Critter vacuum & ladder.
Good cond. $250.
Call 203-468-0501

Computer desk - $8. Coffee & Side tables - $15. Vacuum $15. Sturdy Snow Shovels & Rake, $9. Outside Ladder - $20. Call 203-782-9193

HAYWARD D.E. POOL filter and pump, $250. Two stainless steel 3-step inground pool ladders, $150 both. 203-996-4678

HOT TUB, 6PER all options, new in plastic, cost $7000; sell $3600. 203-988-9015.

Household Goods

Affordable Washers, Dryers, Stoves, Refrigs. and Service. **Del. Avail. 203 - 284 - 8986**

HEAVY DUTY washing machine, Magic Chef, 20lb capability, $125 or best offer. (203)901-9726

Furniture

Mahogany High Chest (and king size headboard and frame) $175. each.
Excellent condition
Call 203-773-3310

BUSINESS and SERVICE DIRECTORY

ATTICS/CELLARS CLEANED

A1 ATTIC Allpart H/H Cleanout Sally Cons Reas Rates Estbl 1988. Free est. 481-4645

A & R CLEAN OUT SERVICE Attics, barns, gar, entire house, demolition. Reduced rates for salvaged items. 203-281-6387

LANDSCAPING & LAWN MAINTENANCE

Eds Landscaping, cut trees, fences. Free Est. Ed 203-641-1561 Lic610947

MASONRY

Father and Son Masonry Sidewalks, steps, patios, retaining walls, etc. Free estimates. Lic.#502632 Tel. 203-217-2611.

ROOFING

AAA Roofing All types of roofing, siding, interior/exterior repairs. Fully insured. CT564328. Call 203-932-5201, 203-558-0600.

TAG SALES WORK BEST WHEN YOU REACH THE MOST PEOPLE!

LEGAL SERVICES LEGAL SERVICES

Saturday, May 19, 2012

LEGALS

NOTICE TO CREDITORS
ESTATE OF:
ROBERT ALBERT LOWERY

The Hon. John A. Keyes, Judge of the Court of Probate, New Haven Probate District, by decree dated April 26, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Edward Cleary,
Assistant Clerk

The fiduciary is:

Rosa Lowery
26 Bassett Street
New Haven, CT 06511
2494327

645 GENERAL HELP WANTED

Drivers-Delivery
FT/PT driving positions for CARQUEST of Hamden and North Haven. Drive store vehicle. Drug test/good driving record req. To apply: See Jack-1663 Dixwell Ave Hamden or See Jeff- 437 Washington Ave North Haven.

GLAZIER WANTED
Experience in storefront and residential glazing. Salary DOE. Please call 203-468-0964, 8:30 to 4:30 Monday through Friday.

Machinist/Toolmaker
Part Time / Full Time
Experience need only apply.
North Haven Manufacturing
Call 203-284-8578

Manufacturing **Assembly, Machine Operator, Polisher** Charter Arms, Manufacturer of quality American made Revolvers since 1964. Are you looking for a paycheck or do you want a future? Charter Arms has immediate openings for long term employment and we offer competitive compensation and benefits. We are looking for Polishers, Assemblers, and Machine Operators. Please apply in person at 281 Canal Street, Shelton, CT or online to service@charterfirearms.com.

645 GENERAL HELP WANTED

PLUMBERS
Experienced Plumbers (P2 License) & Helpers for residental & commercial work. Fax resume to: 203-933-0326.

RESTAURANT
Line Cook, Experienced & Dishwasher
Exp. nec. Apply within at: 2256 Whitney Avenue, Hamden, CT.

Sales – The Cellular Connection will be conducting a Job Fair for their East Haven location! Please bring your resumes for interviews to **95 Frontage Road** on May 25th, 11am-2pm First come get first interviews! Great earnings and benefits!

650 HEALTH CARE OPPORTUNITIES

Dental Assistant
For general practice, Mon-Fri. Must be DANDY certified and prefer 1 yr exp. Benefits offered. Fax resume to: 203-238-9185.

645 GENERAL HELP WANTED

LEGALS

NOTICE TO CREDITORS
ESTATE OF:
BETTY ANN CREAMER

The Hon. Michael R. Brandt, Judge of the Court of Probate, East Haven - North Haven Probate District, by decree dated May 1, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Eileen Sweeney, Clerk

The fiduciary is:

William V. Gambardella, Conservator
for George Creamer, Sr..
c/o William V.
Gambardella, Esq.
Nathanson, Cipriano
& Gambardella, P.C.,
60 Washington Avenue
Hamden, CT 06518
2494360

645 GENERAL HELP WANTED

LEGALS

Invitation to Bid
Coffee Supplies

The Connecticut Housing Finance Authority (CHFA) is seeking bids to provide coffee supplies and inventory services for approximately 200 employees at our facility located at 999 West Street, Rocky Hill, CT.

Bid specifications may be obtained from www.chfa.org under About Us, Request for Proposals or interested parties may call Lorane Rinaldi @ 860-571-4292 to obtain a faxed copy of the package.

Sealed bids will be received at the office of CHFA until 4:00 pm on Wednesday, May 23, 2012. No faxed bids will be accepted. All bids must be marked to the attention of Elizabeth M. Vallera, Treasurer, 999 West Street, Rocky Hill, CT 06067.

CHFA reserves the right to reject any or all bids, or any part(s) thereof, and/or to waive any irregularity in the bids or in the bidding process.

State of Connecticut approved Minority and Small Business Set-Aside firms are strongly encouraged to reply.
2495249

NOTICE TO CREDITORS
ESTATE OF:
SHERRY C. STIEN, AKA
SHERRY A. STIEN

The Hon. Salvatore L. Digilio, Judge of the Court of Probate, Hamden - Bethany Probate District, by decree dated May 9, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Valerie A. Dondi
Clerk

The fiduciary is:

Edward A. Stien
c/o Rosemary K.
DeFilippo, Esq.
739 Carrington Road
Bethany, CT 06524-3183
2494364

645 GENERAL HELP WANTED

LEGALS

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2495747

SUDOKU!

TODAY'S PUZZLE
Hard-59

9		5		6			3	
			2					1
				3	7		2	
				7	3	5		2
3								4
2		1	4	8				
	3		5	9				
6					2			
	9			1		4		3

Directions: Fill the grid so that every row, column, and 3x3 box contains the digits 1 through 9

For solutions, check 'JRC Publications' on the solutions page of www.sudoku.com.

su|do|ku

YESTERDAY'S ANSWER
Medium-59

3	5	2	1	7	6	8	9	4
1	6	8	9	4	5	3	7	2
4	9	7	3	8	2	1	6	5
2	4	3	7	6	1	9	8	3
7	1	5	8	2	9	5	4	6
9	8	6	4	5	3	7	2	1
5	2	9	6	1	7	4	3	8
8	7	4	5	3	8	2	1	9
6	3	1	2	9	4	6	5	7

645 GENERAL HELP WANTED

645 GENERAL HELP WANTED

NEW HAVEN NEW HAVEN

Invitation for Bids

Air Rights Garage New Entrance Ramp
NHPA Project #11-009
New Haven Parking Authority
New Haen, Connecticut

The New Haven Parking Authority will receive sealed bids for Air Rights Garage New Entrance Ramp NHPA Project #11-009, until 3:00 PM local time on June 14, 2012 at the New Haven Parking Authority, Temple Street Parking Garage Office, One Temple Street, New Haven, Connecticut 06510, at which time all bids will be publicly opened and read aloud. Bids received after the time set for the opening will be rejected.

The work includes, but is not limited to: obtaining all required City of New Haven permits and State of Connecticut Encroachment Permit; demolition of select existing surface improvements; salvaging and installing access control equipment, concrete islands, bollards, handholes, etc.; site grading; construction of a cast-in-place concrete garage ramp including connections to the existing garage structure; drainage system modifications; installation of bituminous concrete pavement structure; installation of curbing; installation of signs a nd pavement markings; providing lighting and electrical work; together with all incidental work thereto and in accordance with Bid Documents.

Bid Documents are on file at the New Haven Parking Authority. Copies may be obtained from the Temple Street Parking Garage Office of the New Haven Parking Authority on, or after 1:00 PM local time on May 22, 2012, by paying a $20.00, non-refundable fee in the form of a check or money order made payable to the New Haven Parking Authority for each set of Bid Documents so obtained. Call (203) 946-7626 to verify availability of Bid Documents.

Bidders must submit with their Bid Form a list of their Intended Subcontractors, including the use of Minority Business Enterprises as subcontractors with a goal of at least 25% of the total value of the Bidder's subcontracts, as described in the Instructions to Bidders.

A certified check or bank draft, payable to the order of the New Haven Parking Authority, or negotiable U.S. Government bonds (at par value), or a satisfactory bid bond executed by the bidder and acceptable surety, in an amount equal to ten percent (10%) of the total bid shall be submitted with each bid.

The New Haven Parking Authority reserves the right to waive informalities, reject any or all bids, and negotiate with the successful bidder. The New Haven Parking Authority reserves the right to award the bid based not solely on price, but also based on other considerations at the discretion of the New Haven Parking Authority.

The New Haven Parking Authority is an Equal Opportunity /Affirmative Action Employer.

William E. Kilpatrick
Executive Director
New Haven Parking Authority

2496247

LEGALS LEGALS

LEGAL NOTICE - INVITATION TO BID

CITY OF DERBY, CONNECTICUT

NOTICE TO CONTRACTORS:

Sealed bids for the construction of the following project will be received by the City of Derby, Connecticut at the Office of Economic and Community Development Director, Sheila O'Malley, Derby City Hall, One Elizabeth Street, Derby, CT 06418 until 10:00 a.m. local time June 11, 2012, after which time they will be publicly opened and read aloud in the Aldermanic Chambers on the 2nd Floor. No bids will be accepted after said date and time.

FEDERAL PROJECT
F.A.P. NO. 1036(003)
STATE PROJECT NO. 36-191

HAWTHORNE AVENUE PAVEMENT REHABILITATION

The City of Derby hereby notifies all bidders that it will affirmatively ensure that in any contract entered into pursuant to this advertisement, minority and disadvantaged business enterprises will be afforded full opportunity to submit bids in response to this invitation, and that they will not be discriminated against on the grounds of race, color, national origin, or sex, in consideration for an award.

Prospective bidders shall examine the "Instructions to Bidders" and shall comply with and conform strictly to the conditions and instructions contained therein.

Plans, specifications, and proposals for the above project may be examined in the Office of Economic and Community Development, One Elizabeth Street (2nd Floor), Derby, Connecticut 06418. In order to avoid alterations, corrections, or erasure, two (2) proposal forms will be issued to each bidder. Only one (1) original unaltered proposal shall be deposited in the bid box. Bids should be clearly labeled with the name and address of the Bidder, the date and time of the Bid opening and the words "Bid for HAWTHORNE AVENUE PAVEMENT REHABILITATION."

Any requests for additional information, interpretations, or clarifications of these Contract Documents by potential bidders shall be made in writing to the City Engineer, Milone & MacBroom, Inc. at 99 Realty Drive, Cheshire, Connecticut 06410, no later than ten (10) calendar days prior to the scheduled bid opening date. If determined to be necessary or required, addenda will be issued to all bidders whose name is on file at the Office of Economic and Community Development as having obtained specifications.

Copies of the Contract Documents, including plans and specifications, may be obtained by depositing one hundred dollars ($100) per set, which amount will not be refunded, with the Office of Economic and Community Development, Derby, Connecticut, 06418, for each set so obtained. Checks shall be made payable to the City of Derby.

All bidders are required to inform themselves fully of the conditions relating to the construction and labor under which the work will be or is now being performed and the contractor shall employ, as far as possible, such methods and means in the carrying out of this work as will not cause interruption or interference with any other contractor.

The minimum rates to be paid labor of the various classifications shall be in accordance with current Federal and State requirements and schedules, as revised.
Note: Surety Company Bond, on a form furnished by the City of Derby, for at least ten percent (10%) of the amount of the bid, must accompany each proposal; certified checks will not be accepted. The City of Derby reserves the right to reject any and all bids in whole or in part or to waive any informality in bidding if it is determined to be in the best interest of the City of Derby.

Note: The bidder agrees that 8% of the awarded contract value shall be performed by disadvantaged business enterprises (DBE) as certified by the Connecticut Department of Transportation. The successful bidder must indicate the disadvantaged business enterprise(s) it intends to utilize to achieve the above stated percentage prior to the award of the contract.

Note: Bids may be held by the City of Derby for a period not to exceed ninety (90) days from the date of the opening of bids for the purpose of reviewing the bids and investigating the qualifications of the bidders prior to awarding the contract.
2496139

MILFORD

Legal Notice

CITY OF MILFORD
Office of the Purchasing Agent
70 West River Street
Milford, CT 06460
Tel 203-783-3225
FAX 203-876-1960

INVITATION TO BID

Notice is hereby given that sealed bids for

SCUBA EQUIPMENT

will be received in the Purchasing Agent's Office until

3:00 p.m., Monday, June 4, 2012

when they will be publicly opened and read aloud.

Specifications are available in the Purchasing Office or may be downloaded at **www.ci.milford.ct.us**. Click on "City Departments", select "Purchasing" then "Current Bids".

The Purchasing Agent reserves the right to reject any or all bids and to accept any proposal deemed to be in the City's best interests.

Fred Bialka
Purchasing Agent

2495980

Program	Rate	Points	Fees	% Down	APR
WELLS FARGO 203-773-9037 http://www.wellsfargo.com					
30 yr fixed	3.625	0.500	$1656	20%	3.748
15 yr fixed	2.750	0.875	$625	20%	2.930
30 yr jumbo	4.000	0.375	$0	20%	4.031
(C) New Haven, CT 06510					
AIMLOAN.COM 888-418-0234 http://www.aimloan.com					
30 yr fixed	3.625	0.000	$995	20%	3.674
20 yr fixed	3.500	0.000	$995	20%	3.568
15 yr fixed	2.875	0.000	$995	20%	2.962
30 yr FHA	3.375	0.000	$0	3.5%	4.246
Apply & Lock Rate Online, 24/7. View GFE Online, 24/7					
(A) 4121 Camino Del Rio South, San Diego, CA 92108, NMLS#2890, 13256					
FIRST LIBERTY MORTGAGE COMPANY, LLC 860-664-1855 http://www.firstlib.com					
30 yr fixed	3.875	0.000	$775	20%	3.994
15 yr fixed	3.250	0.000	$775	20%	3.398
5/1 ARM	3.250	0.000	$775	20%	2.926
A LOCAL CT COMPANY - PERSONALIZED SERVICE					
(B) 180 West Main Street, Clinton, CT 06413 6277					

Program	Rate	Points	Fees	% Down	APR
SOVEREIGN BANK, N.A. 877-768-2265					
30 yr fixed	4.125	0.250	$950	20%	4.194
15 yr fixed	3.250	0.000	$950	20%	3.334
30 yr jumbo	4.500	1.000	$950	20%	4.636
(C) Call for locations MA 02110					
WEBSTER BANK 888-493-2783 http://www.websterbank.com					
30 yr fixed	4.125	0.000	$750	20%	4.163
15 yr fixed	3.250	0.000	$750	20%	3.316
30 yr jumbo	4.500	0.000	$850	20%	4.544
(C) Hartford, CT 06103					

MILFORD

LEGAL NOTICE

TO ALL CONDOMINIUM ASSOCIATIONS, HOMEOWNERS ASSOCIATIONS AND MOBILE HOME PARKS IN THE CITY OF MILFORD

The City of Milford is accepting applications for the 2011 calendar year from all condominium associations, homeowners associations and mobile home parks in Milford for reimbursement for garbage collection expenses based on the $2.23 per occupied unit per week provisions of the ordinance or the actual cost of collection, whichever was less, and recycling collection costs based on the $.27 per occupied unit per week provisions of the ordinance or the actual cost of recycling, whichever was less.

Applications for these reimbursements are now available in the Accounting Office (203 783-3223) and should be filed with the Accounting Office as soon as possible.

Benjamin G. Blake
Mayor of the City of Milford

2494955

LEGALS LEGALS

Public Notice
Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. & Associates Radiology
Project Summary:
Bridgeport Hospital proposes to acquire certain of the assets of Robert Russo/Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology (CT, PET/CT and MRI units along with general radiology equipment) at the following locations:

- 4699 Main Street, Suite 108, Bridgeport
- 2660 Main Street, Suite 103, Bridgeport
- 425 Post Road, Fairfield
- 2595 Main Street, First Floor, Stratford
- 2909 Main Street, Stratford

Bridgeport Hospital also intends to acquire all interest in the MRI Unit owned by Robert D. Russo, M.D. and Bernard S. Jay, M.D. located at:

- 706 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000
2495747

REQUEST FOR PROPOSAL ADVERTISEMENT AND SUPPLEMENTARY INFORMATION

PROPOSAL # 01-2012

TRANSPORTATION BID

North Branford Board of Education is seeking a qualified firm to provide school bus transportation for the North Branford Public School System. If you or your organization are capable of providing school bus transportation and are interested in obtaining a package, please send a facsimile to 203-484-1445 to the attention of Kim Neubig. Packages can be provided either by mail or electronically. Bids will be opened at 10:00 a.m. on Tuesday, June 5, 2012.

SEALED PROPOSALS will be received until 10:00 a.m., Tuesday, June 5, 2012 at the Office of the Superintendent, 1332 Middletown Avenue, PO Box 129, Northford, Connecticut 06472, at which time they will be opened and read aloud. Proposals received after this time will be rejected. The Board reserves the right to reject any and/or all proposals received or any parts thereof and to accept and/or reject any alternate proposal(s) for any reason whatsoever, to waive any condition, informality, technical defect or omission in any proposal or in any provision in the request for proposals, to negotiate terms with the successful bidder, to require a modification of the contract terms at any time, and to select the bidder who, in the opinion of the Board, will meet the best interests of the Board, provided that nothing herein shall be deemed to waive any requirement of federal, state or local law. Under no circumstances will the Board be responsible for the cost of preparing any proposal or bid.

There will be a mandatory Pre-Bid Conference on Tuesday, May 29, 2012 at 10:00 a.m. in the Superintendent's Conference Room, 1332 Middletown Ave., Northford, CT. No bid documents will be distributed after the Pre-Bid Conference. Each bidder will be required to deposit with his bid a security in the amount of five (5) percent in accordance with Item #16 of the General Information and Conditions to Bidders. The successful bidder will be required to supply a performance bond in accordance with Item #17 of the General Information and Conditions to Bidders. The cost of such items must be included as part of the proposal.

All bidders are advised that the Town of North Branford will affirmatively assure any contract entered into pursuant to this advertisement. Minority business enterprises will be afforded full opportunity to submit bids and are encouraged to do so. The Town of North Branford is an Affirmative Action/E.O.E.
Scott Schoonmaker, Superintendent of Schools
Date: May 20, 2012
2496169

LEGALS LEGALS

SUPERIOR COURT JUDICIAL DISTRICT OF Hartford AT Hartford

NELSON, MARIA, ET AL V. MALLOY, DANNEL ET AL - DOCKET NO. HHD-CV-12-6030710S
(Return date April 10, 2010)

LUDLUM, CATHERINE ET AL v. MALLOY, DANNEL ET AL - DOCKET NO. HHD-CV12-6030709-S
(Return date April 10, 2010)

WE, THE PEOPLE OF CO ET AL v. MALLOY, DANNEL - DOCKET NO. HHD-CV12-6029861-S
(Return Date: 03/09/2012)

NOTICE TO INTERESTED PARTIES

ORDER 409859

Plaintiffs, who include Family Child Care Providers, Personal Care Attendants, Consumers receiving services under the state PCA waiver program, members of the legislative branch of the State of Connecticut, and nonprofit organizations, commenced legal action seeking declaratory and injunctive relief and challenging Defendants' authority to issue and/or take action pursuant to Governor Dannel Malloy's Executive Order No.9. and Executive Order No.10. Plaintiffs claim that the Governor exceeded his authority, violated the separation of powers provisions of state constitution, violated free speech and free association rights of Plaintiffs under the state and federal constitutions, failed to provide equal protection of laws under the state and federal constitutions and, further that his actions are preempted or in violation of state and federal labor laws. .
Plaintiffs have represented to said court in their APPLICATION FOR AN ORDER OF NOTICE filed with their Complaint, that Family Child Care Providers, Personal Care Attendants and Consumers and other persons or parties who are or may be impacted by Executive Order No. 9 or Executive Order No.10, number in the thousands, some known, some unknown. Plaintiffs asserted that an attempt to identify and locate all such interested persons is unduly burdensome and the cost of mailing a copy of the complaint prohibitive.

Now, therefore, it is hereby ordered that Plaintiffs give notice of the pendency of these actions and a summary of their claims made and relief sought, in each newspaper listed in their APPLICATION FOR AN ORDER OF NOTICE at least once before May 23, 2012 and due return to court make.

Order 409859
Judge: JAMES T GRAHAM
Judicial District of HARTFORD

2495486

GREAT GAS GIVEAWAY OFFICIAL CONTEST RULES

TO PLAY: The Contest starts on Monday, May 14, 2012 at 9 a.m. and runs every day through June 10, 2012 at 6 p.m. Enter by finding the daily "Gas Code" in the Great Gas Giveaway promotional advertisement in The New Haven Register and entering the code at www.nhregister.com/contest. You may also visit The New Haven Register at 40 Sargent Drive, New Haven to fill out a free ballot.
PRIZE INFORMATION: Entries are cumulative and will stay in the drawing pool for the duration of the contest period. Every Sunday during the contest period one (1) winner will be announced in The New Haven Register and online. The winner will receive a $100 gift card. At the end of the contest period one random winner will be selected from all the entries to win $2,600 gift card towards gas, the equivalent of $50 a week for 52 weeks. Winners may be selected one or more days in advance of announcement.
CLAIMING THE PRIZE: Winner's name and city will be printed in the contest promotional advertisement. Winners MUST call contest redemption number 203 789-5205 within 48 hours of release of winner's name in the newspaper and official online contest page. If that winner is unavailable for prize fulfillment, prize will be forfeited. The winner must come to the New Haven Register, 40 Sargent Drive, New Haven to claim the prize. The winner must show I.D. The I.D. must match the entry form to claim the prize.
GENERAL TERMS: No purchase necessary. One valid entry per contestant per day per newspaper. You must be 18 years of age or older at time of entry to be eligible for this contest. Visit the New Haven Register, 40 Sargent Drive, New Haven to fill out a free paper ballot. This contest is void where prohibited by law. Odds of winning depend on the number of eligible entries received. Automated entry of any kind is not allowed. Detection of said automated voting will lead to entries being voided. Only one registered account per entrant. If multiple accounts are detected for a single entrant, they will be disabled and entries disqualified. Journal Register Company reserves the right to substitute any prize with another prize of equal or greater value. Employees of Journal Register Company, its respective parent, affiliates, subsidiaries, advertising sponsors and promotional agencies, and the immediate family members of each are not eligible. Contest entrants agree to abide by the terms of these Official Rules and by the decisions of the contest commissioners, which are final on all matters pertaining to the contest. Entrants further grant to Journal Register Company the right to use and publish their proper name and state online and in print, or any other media, in connection with the Contest. Journal Register Company reserves the right to use any and all information related to the Contest, including information on contestants obtained through the contest, for marketing purposes or any other purpose, unless prohibited by law. The Contest and all of the related pages, contents and code are copyright of Journal Register Company. Copying or unauthorized use of any copyrighted materials, trademarks or any other intellectual property without the express written consent of its owner is strictly prohibited. Each winner, by acceptance of the prize, agrees to release all sponsors, and their parent and subsidiary companies, their officers, directors, employees, agents, shareholders, affiliates, suppliers, distributors, and advertising agencies from all liability, claims, or actions of any kind whatsoever for injuries, damages, or losses to persons and property which may be sustained in connection with the receipt, ownership, or use of the prize. Journal Register Company is not responsible for Internet crashes or slowdowns caused by network congestion, viruses, sabotage, satellite failures, phone line failures, electrical outages, natural disasters or acts of man or God. All results posted are unofficial until winners respond to e-mail or phone notification. Each winner is responsible for all federal, state and local taxes resulting from prize winnings. This contest is not intended for gambling. If it is determined that a contestant is using the contest for gambling purposes they will be disqualified and reported to authorities. Journal Register Company reserves the right to change the rules at any time. This contest is officially sponsored by Journal Register Company.

AD# 1763213

PUBLIC NOTICES

LEGAL NOTICE / ADVERTISEMENT FOR BID

The Housing Authority of the Town of Stratford is seeking sealed bids for: Interior Painting of Vacant Units. This project is being funded through the Town's Community Development Year 38 (2012-2013) Program.

A Public Bid Opening will be held at the Maintenance Office of the Stratford Authority located at 98 Gregory Circle, Stratford, CT on Wednesday, **June 6, 2012 at 2:00 PM** local time.

A non-mandatory pre-bid conference to inspect sample units and to review the building plans with square footage for all complexes will be made available on Wednesday, **May, 23, 2012** at 98 Gregory Circle, Stratford, CT commencing at **9:00 AM.** Contact Mike Wrigglesworth, Lead Man or Joe Ganino, Construction Specialist at 203-377-5770 with any questions. It is recommended that interested parties attend the pre-bid conference. Bidders may obtain a copy of the bid specifications starting at 12:00 Noon, MAY 16, 2012 at the Maintenance Office of the Stratford Housing Authority, located at 98 Gregory Circle (use side entrance door), Stratford, CT 06615. No documents will be mailed, faxed, emailed or delivered in any form.

This work is funded through the federal Community Development Block Grant Program, which requires that not less than the minimum salaries and wages, as set forth in the Bid Documents, must be paid. Bidders will note requirements of minimum wage rates, nondiscrimination/equal opportunity rules (Executive Order 11246) and related provisions in the General Conditions.

All bidders must certify that they are eligible to bid on the project and are not excluded from Federal Procurement or Non-Procurement Programs.

No bid shall be withdrawn for ninety (90) days.

Complete bidding requirements are noted in the Contract Documents.

ANY INDIVIDUAL WITH A DISABILITY WHO NEEDS SPECIAL ASSISTANCE TO PARTICIPATE IN THE BID SHOULD CONTACT THE TOWN CLERK, SUSAN M. PAWLUK, AT (203) 385-4020 OR (203) 385-4022 (DD) FIVE (5) DAYS BEFORE THE BID OPENING, IF POSSIBLE.

Kevin S. Nelson
Executive Director

The Stratford Housing Authority is an Equal Opportunity Employer

PUBLIC NOTICES

Public Notice

Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D.& Associates Radiology
Project Summary:
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- 2909 Main Street, Stratford

Bridgeport Hospital also intends to acquire all interest in the MRI Unit owned by Robert D. Russo, M.D. and Bernard S. Jay, M.D.located at:

- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000.

REQUEST FOR QUALIFICATIONS

The WorkPlace is seeking qualified training providers core employability in the Green Construction Industry. Deadline is 5/23/12 by 4:00pm EST.

Interested providers should review the RFQ at www.workplace.org/news.php

BOATS & ACCESSORIES

PONTOON BOAT FOR SALE 2008 24' GODFREY AQUA PATIO, F150HP YAMAHA MOTOR 80 HOURS ,THREE PONTOONS, CANOPY TOP, LEATHER SEATS, DEPTH FINDER, GPS FM TUNER/CD PLAYER ,CARPET COURTESY LIGHTS, TRAILER $19,750.00 860-485-3527

MOTORCYCLES / MINIBIKES / ETC.

★★★

2008 Harley Davidson Night-ster XL1200N . Forward controls, cover. Trumbull, CT. 4,200 miles. $7,350. **Call 203-400-1113**

2010 HARLEY DAVIDSON 883 Sportster Low. Like brand new. Only 100 miles on it. Black, with some chrome add ons. 203-746-1908

RECREATIONAL VEHICLES

JETSKI'S (2) 2004 Seadoo GTX 4TEC Ltd - Bombardier, 1500 supercharged, GPS, depth finder and water temp. ONLY 34 hrs. AND 2002 Seadoo GT 4TEC - Bombardier - 64 hrs. / both 3-seaters/PERFECT SHAPE/-double trailer/ life vests/2 jetski dollies -- $12,500 CALL JOE 203-943-4786 LV. MSG.

VEHICLES FOR SALE

08' CADILLAC CTS-4 - 4 dr Sed, AWD, 3.6 lit, red w/blk inter, 39k mi, great cond. $27,995. 203-375-3828

71' CHEVELLE SS - 350 4spd, blue w/blk stripes, frame off done 3yrs ago. $27,500. 203-375-3828

96' ACURA 3.5 RL - Fully loaded, lthr, sunroof, 183k mi, needs AC pump. $3,000. 203-470-6648

ACURA TL 02, LOADED, 142k mi, must sell, best offer, excellent running cond., moonrf, 203-300-0618

AUDI A4 QUATTRO '01 sunroof, new tires, exellent condition, original owner. $5,350. 203-945-8742

BMW - 328i, 1996 Convertible, White, Good Condition. $6500 203-240-4269

BMW 525I '06, silver, 4 door, stick, nav, cold weather pkg, A/C, leather, CD, Sirius cap, sn/rf, as-is. 52,600 mi, $19,800. 203-202-2870

BMW X3 07, 74,000 miles, loaded, mint condition, extended warranty, dark blue exterior/brown leather interior, $19,000. Call 203-536-0874

CADILLAC CONCOURS DEVILLE, 98, 1 owner, always garaged, 105k miles, loaded. $6,495, runs great. call 203-438-4994

CADILLAC DEVILLE Sedan '98, Blue, 4 dr, good condition, 1 owner, $5,000 obo. 203-962-3364

CHEVROLET HHR PANEL, 11 31k miles, AT white-$14,900. 860-567-3239 Ask for Steve Vardon

CHEVROLET TAHOE SUV Z71,05, Loaded, white, tan leather, auto, AWD,CD,snrf $12,500 203-922-2740

Chevrolet Chevelle '70, SS 454/360HP, red, automatic, Price $5800 e-mail for pictures benfatt8@msn.com / 860-381-6114.

CHEVY COBALT, 07, 4 door, AT well maintained $6,500-860-567-3239 ask for Steve Vardon

CHRYSLER SEABRING CVT LXI '02, 39k mi, fla. car, green/tan, mint, $7995. 203-733-4342

DODGE GRAND CARAVAN SXT Premium, 06, original owner, 24k miles of factory warranty, loaded, NAV, leather, DVD, 76k miles, too many options to list. $16,995 negotiable. Call 508-838-6047

FORD CROWN VICTORIA, 11, 22k- $17,500 860-567-3239 ask for Steve Vardon

FORD ESCORT WAGON 93, 4 cyl, auto, 118k miles, recent timing belt, water pump, ice cold AC, $2,350. Call 203-258-3397

FORD ESCAPE XLT, 07, 4wd, roof-$12,900- 860-567-3239 ask for Steve Vardon

FORD Explorer XLT '08, 95k mi, exc. condt. $14,595. 203-329-9067/203-561-0339.

AD #

HOUSES / APARTMENTS TO SHARE

HOUSES / TO

★☆★ ★☆★ ★

BRIDGEPORT *NORTH END* Furn. Ut
W/D, 2 seeking the 3rd to share hon
Storage avail. Reduced to $650. 203

APARTMENTS FOR RENT

BRIDGEPORT *Brand New Bldg! Family Owned & Operated Quick response! Maintenance on Premises* Safe & Secure *PleasantViewBridgeport.com* 2BRs. 2full baths. $1250/month. Pergo type flrs. Energy Star win - dows & Appls. R49 Insulation. 100% eff. Green technology.Low util. bills. Safe secure luxury. Key punch entry system. Video surveillance, 15 cameras, live monitors. Elevator. Fire alarm (entire bldg has sprinkler sys - tem) 24/7. Gated/Covered prkg. (203) 372-0328 or (203) 685-3166

Stratford 1/2br 2nd fl. Appl+gar. Gd loc. No pets. Refs. $1050 203.334.0338

STRATFORD Large 2BR, heat/hw, W/W, free cable, TV/intrnt. $1350. No pets. 1st/sec. 203-543-0986

FURNISHED RENTALS

EASTON IMACCULATE 3RM apt. Walk-in closet. Seperate entrance. Laundry Utilities incld. Short term available. $1495/m. 203-268-0022.

STRATFORD Waterfront 1BR Executive Condo. Furn'd. Balcony & Pool. $1450/month. 203-378-3356

HOUSES FOR RENT

BRIDGEPORT- House for rent. Entire house new, 3BR, new kit, bath, windows, etc. 969 Maplewood Avenue. $1195/m. Call 203-545-4699

FAIRFIELD 1 family, 2-3BR, nice area, easy access to I95 & Merritt. $1450. 203-348-7039, lv.msg.

FAIRFIELD 3BR Cape. Fin.bsmt., 2c. gar. Asking $1850+utils. Also 2br apt $1300+utils. 646.829.5181

MILFORD 3BR 2ba Hwd floors. Garage. Near Center! $1800+sec. No pets. Call 203-415-3013

MILFORD WATERFRONT Avl.6/1. 4br 2ba Col. Recently remod - clean! osp $2100/m+util.&sec. Own /brkr, 203-459-0741;203-913-5962,

TRUMBULL 4BR 2ba *2c. garage.*

WES

3BR, split lvl, 1
rm, sun rm, hdv
waterviews, con
Semi furn. FSBO

BOATS &

PONTOON BO
24' GODFRE
F150HP YA
HOURS ,THRE
OPY TOP,
DEPTH FINDE
CD PLAYER
LIGHTS, TRA
485-3527

MOT MINI

★

2008 Harley XL1200N F
er. Trumbull
$7,350. Call 2

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RECREAT

JETSKI'S
4TEC Ltd - B
charged, GPS
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Seadoo GT 4
hrs. / both
SHAPE/-dou
jetski
CALL JOE 2

VEHIC

08' CADILL
AWD, 3.6 lit,
great cond. $

71' CHEVEL
w/blk stripe
ago. $27

96' ACURA
lthr, sunroo
pump. $

ACURA TL
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BMW -
White, Good
203-240-426

BMW 525I
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BMW X3
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PUBLIC NOTICES

CITY OF SHELTON
BID# 32-81

Sealed Bids will be received at the Office of the Purchasing Agent, 54 Hill Street Shelton, Connecticut 06484, until 12:00 P.M. local time on MAY 24, 2012 and at 6:00 pm on such date, in room 104 of City Hall where they will be publicly opened and read aloud for:

BID# 32-81
Breathing Air
Compressor System

Gene Sullivan
May 12, 2012
Purchasing Agent

LEGAL NOTICE
FORECLOSURE AUCTION SALE
Docket No.FBT CV 11-6016469-S, Case Name: Cartright Towers Condominium Association, Inc. v. Cheryl Eckhardt, et al.
Property Address: 80 Cartwright Street, Bridgeport, CT.
Property Type: Residential.
Date of Sale: 05/19/2012.
Committee Name: Walter A. Shalvoy, Jr., Esq.
Committee Phone Number: 203-367-2700.
See Foreclosure Sales at www.jud.ct.gov for more detailed information.

Public Notice
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- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000.

LIQUOR PERMITS

LIQUOR PERMIT

Notice of Application

This is to give notice that I,

YING LIN
389 EAST AVENUE
BRIDGEPORT, CT 06610-2903

Have filed an application placarded 05/05/2012 with the

PUBLIC NOTICES

CITY OF SHELTON

Pursuant to Art. II, Sec. 6.2 Special Permit to construct a 943 sq. ft. one story rear addition to an existing structure.

Dated at Trumbull, CT
this 4th day of May, 2012.

By: Helen Granskog, Clerk

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REQUEST FOR QUALIFICATIONS

TOWN OF STRATFORD, CONNECTICUT

The Town of Stratford CT and the Office of the Purchasing Agent, will receive SEALED QUALIFICATIONS for:
RFQ #2012-040
Agent/Broker of Record for Liability and Casualty Insurance
Due 3:00 PM May 25, 2012

Copies of the RFQ are available on the town website www.townofstratford.com or at the Purchasing Agent's Office, 2725 Main St., Stratford, CT. Inquiries should be directed to the Purchasing Department at 203-385-4044.

Michael Bonnar,
Purchasing Agent

CITY OF SHELTON
BID# 32-80
Sealed Bids will be received at the Office of the Purchasing Agent, 54 Hill Street Shelton, Connecticut 06484, until 12:00 P.M. local time on MAY 24, 2012 and at 6:00 pm on such date, in room 104 of City Hall where they will be publicly opened and read aloud for:

BID# 32-80
SCBA – SELF CONTAINED BREATHING APPARATUS

Gene Sullivan
May 12, 2012
Purchasing Agent

PUBLIC NOTICES

CITY OF SHELTON

Probate, 486 Bridgeport Street, 2nd Floor, Stratford, CT 06615 on May 22, 2012 at 9:30 am.

By Order of the Court
Michelle J. Wahlquist, Clerk

TOWN PLANNING & ZONING COMMISSION
MONROE, CONNECTICUT
NOTICE OF PUBLIC HEARING
May 24, 2012

The Planning and Zoning Commission hereby gives notice that it will hold four public hearings in the Town Hall Council Chambers, Monroe, CT, on Thursday, May 24, 2012, at 7:00 p.m., to hear testimony and receive correspondence concerning the following applications:

SPECIAL EXCEPTION PERMITS

810 Main Street (12-3-SEP)
Application of Marzac Holdings, LLC for a special exception permit to construct a retail specialty pharmacy with office space and associated site improvements, on property located in a DB-1 District.

57 Pepper Street (12-5-SEP)
Application of ICFC Mosque, for a special exception permit to complete parking lot and associated site improvements, on property located in an RD District.

535 Monroe Turnpike (12-6-SEP)
Application of Gerry O'Meara d/b/a FroYo, LLC, for a special exception permit to operate a retail frozen yogurt store with indoor seating, on property located in a DB-1 District.

MUNICIPAL REFERRAL

The Town Monroe proposes to grant an easement over municipal property at 211 Garder Road to provide driveway access to the rear of industrial property located at 515 Fan hill Road, in the DI-2 District.

A copy of this Legal Notice dated May 9, 2012 is on file in the office of the Town Clerk.
By:David W. Killeen

PROBATE NOTICES

STATE OF CONNECTICUT
COURT OF PROBATE
SHELTON PROBATE DISTRICT

NOTICE TO CREDITORS

ESTATE OF
PRISCILLA A. SCANLON
Deceased
(12-00110)

The Hon. Fred J. Anthony, Judge of the Court of Probate, Shelton Probate District, by decree dated April 25, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Loreen Michalak, Chief Clerk

The fiduciary is:

Karen Mastrianni
c/o Thomas J. Welch, Teodosio, Stanek & Blake, LLC, 375 Bridgeport Avenue, PO Drawer 668, Shelton, CT 06484.

PROBATE NOTICES

NOTICE TO CREDITORS

ESTATE OF
NADIE ROSTOCKI
Deceased
AKA NADIE M. ROSTOCKI
(12-00105)

The Hon. Fred J. Anthony, Judge of the Court of Probate, Shelton Probate District, by decree dated April 25, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Loreen Michalak, Chief Clerk

The fiduciary is:

Judith Holgerson
c/o George W. Boath, Jr. Esq., Zanella, Boath & Associates, LLC, 1129 Essex Place, Stratford, CT 06615.

STATE OF CONNECTICUT
COURT OF PROBATE
SHELTON PROBATE DISTRICT

NOTICE TO CREDITORS

ESTATE OF
WILLIAM J. CURRAN
Deceased
(12-00113)

The Hon. Fred J. Anthony, Judge of the Court of Probate, Shelton Probate District, by decree dated April 17, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Loreen Michalak, Chief Clerk

The fiduciary is:

Bonita L. Smith, 6 Philip Drive, Shelton, CT 06484.

STATE OF CONNECTICUT
COURT OF PROBATE
SHELTON PROBATE DISTRICT

NOTICE TO CREDITORS

ESTATE OF
LORI A. QUARANTA
Deceased
AKA LORI A. PACELLI QUARANTA
(12-00109)

The Hon. Fred J. Anthony, Judge of the Court of Probate, Shelton Probate District, by decree dated April 17, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Loreen Michalak, Chief Clerk

The fiduciary is:

Stephen Lazarecki, Jr.
c/o Gary L. Seymour, Esq., Seymour Law Firm, 215 Coram Avenue, Shelton, CT 06484.

Greer, Leslie

From: Lazarus, Steven
Sent: Monday, June 18, 2012 2:57 PM
To: Greer, Leslie
Subject: FW: Documents for Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo and Russo Radiology PC
Attachments: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo 6.12.12 Part 1 pdf.pdf

Please include in the record.

Steve

Steven W. Lazarus
Associate Health Care Analyst
Office of Heaalth Care Access
A Division of Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone (Direct): 860.418.7012
Fax (Main): 860.418.7053

From: Castagna, Susan [mailto:xscast@bpthosp.org]
Sent: Wednesday, June 13, 2012 8:49 PM
To: Lazarus, Steven
Cc: Castagna, Susan; Richards, Amy; Amy Richards
Subject: Documents for Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo and Russo Radiology PC

Hi Steve:

Yesterday, I sent up to OHCA via Federal Express and to be received today (6/13/12), the CON document from Bridgeport Hospital of Certain of the Assets of Robert D. Russo and Russo Radiology PC.

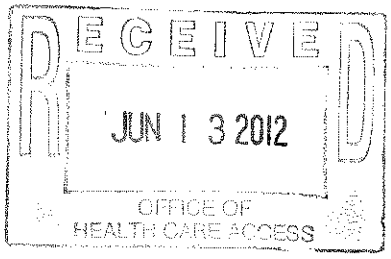
I was remiss in sending a CD of said document so I am sending this via email. The document is large so I will be sending it in 3 parts. I will also be sending the scanned document via Federal Express as required in your instructions.

I would greatly appreciate your acknowledgement of the 3 emails as well as letting me know that this arrangement is agreeable with you.

Thank you for your assistance and I greatly appreciate your help.

Susan Castagna
Assistant to Lyn Salsgiver, Sr VP Planning & Marketing
Bridgeport Hospital
(203) 384-3946

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH



June 12, 2012

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

RE: Acquisition of Certain of the Assets of Robert D. Russo, M.D./ Russo Radiology PC

Dear Ms. Martone,

Bridgeport Hospital is pleased to submit the enclosed Certificate of Need application for Acquisition of Certain of the Assets of Robert D. Russo, M.D./ Russo Radiology PC, with a capital cost of $19,000,000. Also enclosed, please find a cashier's check representing the filing fee of $500.00.

We look forward to working with you on this proposal. If you have any questions, please do not hesitate to contact me at (203) 384-3946.

Thank you.

Sincerely,

Carolyn Salsgiver
Senior Vice President, Planning & Marketing

Enclosure

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

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.**

☒ **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.: 12-31766-CON **Check No.:**
OHCA Verified by: **Date:** 6/13/12

☒ **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) 428-7053, at the time of the publication)***

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

☒ **Attached are completed Financial Attachments I and II.**

☒ **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 singed affidavit and the check in the amount of $500 must be delivered to OHCA in hardcopy.**

☒ **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.**

Bridgeport Hospital

Acquisition of Certain of the Assets of Robert D. Russo, M.D./Russo Radiology PC

Cashier's Check

4

07-14-3774B 06-2005

Bank of America

Cashier's Check

No. 1346069

Notice to Purchaser - In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Date MAY 24, 2012

30-1/1140 NTX

Banking Center BOSTON AVENUE

0021106 00005 0001346069

BRIDGEPORT HOSPITAL

Remitter (Purchased By)

07-14-3774B 06-2005

Pay **FIVE HUNDRED DOLLARS AND 00 CENTS** $ **500.00**

To The Order Of **TREASURER, STATE OF CONNECTICUT**
(CON)- RUSSO

Bank of America, N.A.
San Antonio, Texas

VOID AFTER 90 DAYS

Authorized Signature

ANTI-FRAUD PROTECTION PATENTS 5,197,765; 5,340,159 US Patents: 6,233,340; 6,549,624; 6,752,119

⑈1346069⑈ ⑆114000019⑆ 001641005545⑈

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK

Bridgeport Hospital

Acquisition of Certain of the Assets of Robert D. Russo, M.D./Russo Radiology PC

Evidence of Publication of Public Notice

Order Confirmation

Ad Order Number	Customer	Payor Customer
0001763213	BRIDGEPORT HOSPITAL	BRIDGEPORT HOSPITAL
Sales Rep.	**Customer Account**	**Payor Account**
dsettani	205207	205207
Order Taker	**Customer Address**	**Payor Address**
dsettani	267 GRANT STREET,LEGAL ADS ONLY BRIDGEPORT CT 06610 USA	267 GRANT STREET,LEGAL ADS ONLY BRIDGEPORT CT 06610 USA
Ordered By		
BARBARA	**Customer Phone**	**Payor Phone**
Order Source	203-384-4814	203-384-4814
E-mail	203-387-6421	203-387-6421
PO Number	**Customer Fax**	**Customer EMail**
		barbara@mpm-media.us

Tear Sheets	Proofs	Affidavits	Special Pricing	Promo Type
3	0	0	None	

Order Notes: $ 238.04 PER DAY

Invoice Text:

Blind Box **Materials** **Payment Method**

Net Amount	Tax Amount	Total Amount	Payment Amt	Amount Due
$682.12	$0.00	$682.12	$0.00	$682.12

Ad Number	Ad Type	Ad Size	Pick Up Number
0001763213-01	Legal Liners	1.0 X 41 Li	

External Ad # **Ad Released** **Ad Attributes**

No

Color **Production Method** **Production Notes**

<NONE> AdBooker

Product	Placement/Class	# Inserts	Cost
Run Dates			
Sort Text			
Run Schedule Invoice Text			
Connecticut Post::	Public Notices	3	$666.12
5/11/2012, 5/12/2012, 5/13/2012			
PUBLICNOTICESTATUTEREFERENCE19A638APPLICANTBRIDGEPORTHOSPITAL267GRANTS			
Public Notice Statute Reference: 19a-638 Applicant: Bridgeport			
Connpost.com::	Public Notices	3	$10.00
5/11/2012, 5/12/2012, 5/13/2012			
PUBLICNOTICESTATUTEREFERENCE19A638APPLICANTBRIDGEPORTHOSPITAL267GRANTS			
Public Notice Statute Reference: 19a-638 Applicant: Bridgeport			

Ad Content Proof

Public Notice
Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D.& Associates Radiology
Project Summary:
Bridgeport Hospital proposes to acquire certain of the assets of Robert Russo/Medical Specialty Group, PC d/b/a Robert D. Russo, M.D.& Associates Radiology(CT, PET/CT and MRI units along with general radiology equipment) at the following locations:

- 4699 Main Street, Suite 108, Bridgeport
- 2660 Main Street, Suite 103, Bridgeport
- 425 Post Road, Fairfield
- 2595 Main Street, First Floor, Stratford
- 2909 Main Street, Stratford

Bridgeport Hospital also intends to acquire all interest in the MRI Unit owned by Robert D. Russo, M.D. and Bernard S. Jay, M.D.located at:

- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000.

AD# 176313

APARTMENTS FOR RENT

SHELTON 2BR, 5rms, designer kit. Quiet area, $1100. 203-924-2629

TO SHARE

SHELTON Prof'l fe seeking same to share 2br 2.5ba twnhs. Furn rm, pvt. ba/ deck, W/D. Utils, wifi & pools in - cluded. $700+1m.sec. 203.219.9389

CONDOS FOR RENT

DANBURY *Brand new!* 1BRs w/Prk'g, lndry, AC, grnd flr. Sec 8 ok. $925/m. Sec. & lease. Avail. im - mediately. Eduardo, 203-449-2076

★★★

DERBY 2BR, 1.5Ba Twnhse Garage C/A, All appl inc. Laun-dry. No Pets/Smkg Income Ver & Credit $1200. 203-268-5486/ 203-260-0900 cell

ORANGE *Prindle Terrace* 62+ Community •Handicapp access •1 lvl-Newer 1BR $1075 & 2BR $1375. •All appliances, w/ W/D. Ouellette RE. (203) 984-6651

STRATFORD Short bch, updtd 1 Br, car port, strg/lndry in bsmnt. $985. Crdt chk.1m rent/2m sec. 203.450.0528

LIQUOR PERMITS

LIQUOR PERMIT

Notice of Application

This is to give notice that I,

CETIN DEMIREL
104 CAMBRIDGE STEET
STRATFORD, CT 06614-4711

Have filed an application placarded 05/04/2012 with the Department of Consumer rotection for a GROCERY BEER PERMIT for the sale of alcoholic liquor on the premises at

1131 STRATFORD AVENUE
BRIDGEPORT, CT 06607-1322

The business will be owned by:
VINNY'S MARKET LLC

Objections must be filed by:
06/15/2012

CETIN DEMIREL

LIQUOR PERMITS

LIQUOR PERMIT

Notice of Application

This is to give notice that I,

HOUSES / APARTMENTS TO SHARE

ed at 1 Cross Street, Bridgeport, CT 06610 will be received by GBT at its office located at 1 CROSS STREET BRIDGEPORT, CT at the date and time indicated below and then at that place, date and time publicly opened and read aloud.

This project calls for the complete replacement of Greater Bridgeport Transit's approximately 80,000 s.f. maintenance building roof.

Bids will be for a single contract and shall include all General Construction Work, Mechanical HVAC, Mechanical Plumbing and Electrical Work.

All bidders shall submit, with their quotations, acceptable bid security in the amount of 5% of their bid.

All bidders will be required to execute a Non Collusive Bidding Certificate on the prescribed form which is part of the Bid Form.

Successful bidders shall provide the Owner with Performance Bond and Labor and Material Bond in the prescribed form in accordance with the Supplementary Conditions.

The Owner reserves the right to waive any informality in or to reject any and all bids.

Relevant dates: (These dates are anticipated and are for reference only)

ACTIVITY DAY	DATE	TIME
Bid Document Release:	Friday May 11, 2012	1:00 pm
Pre-Bid Conference:	Wednesday May 23, 2012	1:00 pm
RFI's Due?by Date:	Wednesday May 30, 2012	3:00 pm
Addendum Answering RFI's:	Friday June 01, 2012	3:00 pm
Bids Due to GBT:	Thursday June 07, 2012	3:00 pm
Pre-Award Meeting:	Monday June 11, 2012	TBD pm
Anticipated Notice of Intent to Award:	Thursday June 14, 2012	

NOTE: Late responses will not be considered.

Bidding Documents:

A.Bidding Documents may be examined at the following locations:

1.Greater Bridgeport Transit, 1 Cross Street, Bridgeport, CT 06610 (Mon.-Fri., 8:30 a.m.-4:30 p.m.)

B.Bidding Documents may be obtained on or after the date and time indicated above at the office of Greater Bridgeport Transit, 1 Cross Street, Bridgeport, CT 06610 upon non-refundable payment of:

1.$ 25.00 per set for electronic files on CD-ROM
2.$ 75.00 per set for paper copies

C.Bidders who want bidding documents shipped to them via private courier (UPS, FedEx, etc.) shall provide to GBT a valid account number from such commercial shipping company (UPS, FedEx, etc.) to cover shipping costs.

D.Bidders who want bidding documents mailed to them via U. S. Mail shall provide to GBT payment in the amount of $20.00 (for paper copies) or $5.00 (for electronic files on CD-ROM) to cover postage.

E.Make checks payable to: GREATER BRIDGEPORT TRANSIT AUTHORITY. PLEASE NOTE PROJECT NO. ON CHECK.

F.Addenda will be issued only to those obtaining complete sets of documents.

G.To obtain a copy of the Bidding Documents, contact:

John R. Weldon
Manager of Grants & Procurement
Greater Bridgeport Transit
One Cross Street

HOUSES / APARTMENTS TO SHARE

PUBLIC NOTICES

CITY OF SHELTON

Pursuant to Art. III, Sec. 62 Special Permit to construct a 943 sq. ft. one story rear addition to an existing structure.

Dated at Trumbull, CT
this 4th day of May, 2012.

By: Helen Granskog, Clerk

Public Notice

Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D.& Associates Radiology
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PUBLIC NOTICES

SHELTON

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By:David W. Killeen

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STATE OF CONNECTICUT
COURT OF PROBATE
SHELTON PROBATE DISTRICT

NOTICE TO CREDITORS

PROBATE NOTICES

STATE OF CONNECTICUT

NOTICE TO CREDITORS

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Deceased
AKA NADIE M. ROSTOCKI
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Judith Holgerson
c/o George W. Boath, Jr. Esq., Zanella, Boath & Associates, LLC, 1129 Essex Place, Stratford, CT 06615.

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COURT OF PROBATE
SHELTON PROBATE DISTRICT

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WILLIAM J. CURRAN
Deceased
(12-00113)

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Bonita L. Smith, 6 Philip Drive, Shelton, CT 06484.

STATE OF CONNECTICUT
COURT OF PROBATE
SHELTON PROBATE DISTRICT

NOTICE TO CREDITORS

ESTATE OF

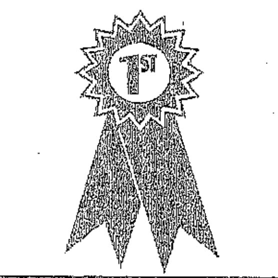
Ad# 176323   5/12/12

HOUSES / APARTMENTS TO SHARE

★★★ ★★★ ★★★

BRIDGEPORT *NORTH END* Furn. Utilities incl. W/D, 2 seeking the 3rd to share home & pool. Storage avail. Reduced to $650. 203-374-996

APARTMENTS FOR RENT



BRIDGEPORT *Brand New Bldg! Family Owned & Operated Quick response! Maintenance on Premises Safe & Secure PleasantViewBridgeport.com* 2BRs, 2full baths. $1250/month. Pergo type flrs, Energy Star windows & Appls, R49 Insulation, 100% eff. Green technology-Low util. bills! Safe secure luxury. Key punch entry system, Video surveillance, 15 cameras, live monitors, Elevator, Fire alarm (entire bldg has sprinkler system) 24/7. Gated/Covered prkg. (203) 372-0828 or (203) 685-3166

Stratford 1/2br 2nd fl. Appl+gar. Gd loc. No pets. Refs. $1050 203.334.0338

STRATFORD Large 2BR, heat/hw, W/W, free cable, TV/intrnt. $1350. No pets. 1st/sec. 203-543-0986

FURNISHED RENTALS

EASTON IMMACCULATE 3RM apt. Walk-in closet. Seperate entrance. Laundry Utilities incld. Short term available. $1495/m. 203-268-0022.

STRATFORD Waterfront 1BR Executive Condo Furn'd, Balcony & Pool. $1450/month. 203-378-3366

HOUSES FOR RENT

BRIDGEPORT- House for rent. Entire house new, 3BR, new kit, bath, windows, etc. 969 Maplewood Avenue. $1195/m. Call 203-545-4699

FAIRFIELD 1 family, 2-3BR, nice area, easy access to I95 & Merritt. $1450. 203-348-7039, lv.msg.

FAIRFIELD 3BR Cape. Fin.bsmt., 2c. gar. Asking $1850+utils. Also 2br apt $1300+utils. 646.829.5181

MILFORD 3BR 2ba Hwd floors. Garage. Near Center! $1800+sec. No pets. Call 203-415-3013

MILFORD WATERFRONT Avl.6/1. 4br 2ba Col. Recently remod - clean! osp $2100/m+util.&sec. Own /brkr, 203-459-0741;203-913-5962.

TRUMBULL 4BR 2ba 2c. garage. *Immediate occupancy!* Hdwd flrs, oversized driveway, DW, WD, deck. Lease and Refs. $1895/mo. Call: 203-993-5655 • 203-261-4508

HOUSES / APARTMENTS TO SHARE

owner, ...es, runs ...seats 7, ...38

...TDI '05, ...heated ...ontrol, ...loys, 5 ...45-6494

WEST HAVEN

3BR, split lvl, 1.5ba, 2c garg, ... rm, sun rm, hdwd flrs, 1blk t... waterviews, conv to Yale/bus/... Semi furn. FSBO $229K. 203-4...

...40k miles, ...,000. Call ...ord. ...Florida ...oonroof, ...ate, new ...dy to go ...54

BOATS & ACCESSO...

PONTOON BOAT FOR SA... 24' GODFREY AQUA ... F150HP YAMAHA MOT... HOURS ,THREE PONTOON... OPY TOP, LEATHER ... DEPTH FINDER, GPS FM ... CD PLAYER ,CARPET CO... LIGHTS, TRAILER $19,750... 485-3527

...ED ...OW! ...KS, ...CASH ...-3874

MOTORCYCLES, MINIBIKES / ET...

★★★

...wanted ...243-3800

2006 Harley Davidson Ni... XL1200N . Forward contr... er. Trumbull, CT. 4,200 ... $7,350. Call 203-400-111...

2010 HARLEY DAVIDS... Sportster Low- Like brand n... 100 miles on it. Black, w/... chrome add ons. 203-746-1...

...Wanted. ...837

RECREATIONAL VEH...

JETSKI'S (2) 2004 Seado... 4TEC Ltd - Bombardier, 15... charged, GPS, depth finder... ter temp. ONLY 34 hrs. AN... Seadoo GT 4TEC - Bombar... hrs. / both 3-seaters/PER... SHAPE/-double trailer/ life... jetski dollies -- $12,5... CALL JOE 203-943-4786

...RICES!! ...D TAX ...3-1470 ...NTED

VEHICLES FOR S...

...SH ...CATION ...roblem ...55 ...TICE

08' CADILLAC CTS-4 - 4... AWD, 3.6 lit, red w/blk inter... great cond. $27,995. 203-3...

71' CHEVELLE SS - 350 4... w/blk stripes, frame off do... ago. $27,500. 203-375-...

96' ACURA 3.5 RL - Fully... lthr, sunroof, 183k mi, ne... pump. $3,000. 203-470-...

ACURA TL 02, LOADED, ... must sell, best offer, exce... ning cond., moonrf, 203-30...

...2S ...BANK

AUDI A4 QUATTRO '01 ... new tires, exellent conditi... nal owner. $5,350. 203-945-...

BMW - 323i, 1996 Co... White, Good Condition. $65... 203-240-4269

...itial ...May 19, ...Altieri

BMW 525i '06, silver, 4 do... nav, cold weather pkg, A/C... CD, Sirius cap, sn/rf, as-is... mi, $19,800. 203-202-...

...les at ...detailed

BMW X3 07, 74,000 mile... mint condition, extended ... dark blue exterior/brown ... terior, $19,000. Call 203-53...

...LOSURE ...No: FBT- ...t Bank, ...l. Prop- ...hoshoni ...erty ...mmuni- ...Date of ...mmittee ...ESQ.

CADILLAC CONCOURS ... 98, 1 owner, always gara... miles, loaded. $6,495. ... call 203-438-4994

CADILLAC DEVILLE Se... Blue 4 dr good condition ...

VEHICLES WANTED

STRATFORD COLLISION
Lic# U-6805
Junk Cars & Trucks Wanted.
No title required. All areas.
203-375-1109

TIRES ACCESSORIES / PARTS

2 CUSTOM WHEELS & TIRES size 205/40ZR17 fits all Honda & Toyota vehicle & truck. Retail $3,000. Sell $1,000/obo. Call 203-615-8438

PUBLIC NOTICES

CITY OF SHELTON
BID#32-83

Sealed Bids will be received at the Office of the Purchasing Agent, 54 Hill Street Shelton, Connecticut 06484, until 12:00 P.M. local time on Thursday May 24,2012 at 6:00 pm and on such date, in room 104 of City Hall where they will be publicly opened and read aloud for:

BID#32-83
(1) Heavy Rescue Truck & (1) Heavy Rescue with Pump

Gene Sullivan
May 12,2012
Purchasing Agent

CITY OF SHELTON
BID#32-82

Sealed Bids will be received at the Office of the Purchasing Agent, 54 Hill Street Shelton, Connecticut 06484, until 12:00 P.M. local time on Thursday May 24 and at 6:00 pm on such date, in room 104 of City Hall where they will be publicly opened and read aloud for:

BID#32-82
(2) Heavy Duty 75 Ft. Aerial Ladders (Quints) with Pump

Gene Sullivan
May 12,2012
Purchasing Agent

PUBLIC NOTICE
APLICATION FOR AN INLAND WETLAND BUFFER PERMIT
SHELTON, CT

Public Notice is hereby given that the Wetland Coordinator as agent for the Shelton Inland Wetlands Commission has received the following application for work within inland wetland and/or watercourse buffers. The agent will consider and act on the application as submitted unless an objection is filed within (15) days of this notice to require review of the application by the Inland Wetlands Commission.
Address of proposed activity: 16 Honeybee Ln, Shelton, CT 06484
Activity Proposed: Shed construction within upland review area.
Property Owner's Name: Magdalena & Piotr Sciupider
Applicant's Name: Magdalena Sciupider
Tax Map/Lot Number: 14/17
Application Number & Name: 12-12 Sciupider Property
Details of the application are on file in the office of the Shelton Inland Wetlands Commission, Shelton City Hall.

PUBLIC NOTICES

CITY OF SHELTON
BID# 32-81

Sealed Bids will be received at the Office of the Purchasing Agent, 54 Hill Street Shelton, Connecticut 06484, until 12:00 P.M. local time on MAY 24, 2012 and at 6:00 pm on such date, in room 104 of City Hall where they will be publicly opened and read aloud for:

BID# 32-81
Breathing Air Compressor System

Gene Sullivan
May 12, 2012
Purchasing Agent

LEGAL NOTICE
FORECLOSURE AUCTION SALE
Docket No.FBT CV 11-6016469-S, Case Name: Cartright Towers Condominium Association, Inc. v. Cheryl Eckhardt, et al.
Property Address: 80 Cartwright Street, Bridgeport, CT.
Property Type: Residential.
Date of Sale: 05/19/2012.
Committee Name: Walter A. Shalvoy, Jr., Esq.
Committee Phone Number: 203-367-2700.
See Foreclosure Sales at www.jud.ct.gov for more detailed information.

Public Notice
Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D.& Associates Radiology
Project Summary:
Bridgeport Hospital proposes to acquire certain of the assets of Robert Russo/Medical Specialty Group, PC d/b/a Robert D. Russo, M.D.& Associates Radiology(CT, PET/CT and MRI units along with general radiology equipment) at the following locations:

- 4699 Main Street, Suite 108, Bridgeport
- 2660 Main Street, Suite 103, Bridgeport
- 425 Post Road, Fairfield
- 2595 Main Street, First Floor, Stratford
- 2909 Main Street, Stratford

Bridgeport Hospital also intends to acquire all interest in the MRI Unit owned by Robert D. Russo, M.D. and Bernard S. Jay, M.D.located at:
- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000.

LIQUOR PERMITS

LIQUOR PERMIT

Notice of Application

This is to give notice that I,

YING LIN
389 EAST AVENUE
BRIDGEPORT, CT 06610-2903

Have filed an application placarded 05/05/2012 with the Department of Consumer Protection for a RESTAURANT WINE & BEER PERMIT for the sale of

PR# 176323

PUBLIC NOTICES

LEGAL NOTICE / ADVERTISEMENT FOR BID

The Housing Authority of the Town of Stratford is seeking sealed bids for: Interior Painting of Vacant Units. This project is being funded through the Town's Community Development Year 38 (2012-2013) Program.

A Public Bid Opening will be held at the Maintenance Office of the Stratford Authority located at 98 Gregory Circle, Stratford, CT on Wednesday, **June 6, 2012** at **2:00 PM** local time.

A non-mandatory pre-bid conference to inspect sample units and to review the building plans with square footage for all complexes will be made available on Wednesday, **May, 23, 2012** at 98 Gregory Circle, Stratford, CT commencing at **9:00 AM.** Contact Mike Wrigglesworth, Lead Man or Joe Ganino, Construction Specialist at 203-377-5770 with any questions. It is recommended that interested parties attend the pre-bid conference. Bidders may obtain a copy of the bid specifications starting at 12:00 Noon, MAY 16, 2012 at the Maintenance Office of the Stratford Housing Authority, located at 98 Gregory Circle (use side entrance door), Stratford, CT 06615. No documents will be mailed, faxed, emailed or delivered in any form.

This work is funded through the federal Community Development Block Grant Program, which requires that not less than the minimum salaries and wages, as set forth in the Bid Documents, must be paid. Bidders will note requirements of minimum wage rates, nondiscrimination/equal opportunity rules (Executive Order 11246) and related provisions in the General Conditions.

All bidders must certify that they are eligible to bid on the project and are not excluded from Federal Procurement or Non-Procurement Programs.

No bid shall be withdrawn for ninety (90) days.

Complete bidding requirements are noted in the Contract Documents.

ANY INDIVIDUAL WITH A DISABILITY WHO NEEDS SPECIAL ASSISTANCE TO PARTICIPATE IN THE BID SHOULD CONTACT THE TOWN CLERK, SUSAN M. PAWLUK, AT (203) 385-4020 OR (203) 385-4022 (DD) FIVE (5) DAYS BEFORE THE BID OPENING, IF POSSIBLE.

Kevin S. Nelson
Executive Director

The Stratford Housing Authority is an Equal Opportunity Employer

PUBLIC NOTICES

Public Notice

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- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000.

REQUEST FOR QUALIFICATIONS

The WorkPlace is seeking qualified training providers core employability in the Green Construction Industry. Deadline is 5/23/12 by 4:00pm EST.

Interested providers should review the RFQ at www.workplace.org/news.php

BOATS & ACCESSORIES

PONTOON BOAT FOR SALE 2008 24' GODFREY AQUA PATIO, F150HP YAMAHA MOTOR 80 HOURS ,THREE PONTOONS, CANOPY TOP, LEATHER SEATS, DEPTH FINDER, GPS FM TUNER/CD PLAYER ,CARPET COURTESY LIGHTS, TRAILER $19,750.00 860-485-3527

MOTORCYCLES / MINIBIKES / ETC.

★★★

2008 Harley Davidson Night-ster XL1200N . Forward controls, cover. Trumbull, CT. 4,200 miles. $7,350. **Call 203-400-1113**

2010 HARLEY DAVIDSON 883 Sportster Low. Like brand new. Only 100 miles on it. Black, with some chrome add ons. 203-746-1908

RECREATIONAL VEHICLES

JETSKI'S (2) 2004 Seadoo GTX 4TEC Ltd - Bombardier, 1500 super charged, GPS, depth finder and water temp. ONLY 34 hrs. AND 2002 Seadoo GT 4TEC - Bombardier - 64 hrs. / both 3-seaters/PERFECT SHAPE/-double trailer/ life vests/2 jetski dollies -- $12,500 CALL JOE 203-943-4786 LV. MSG.

VEHICLES FOR SALE

08' CADILLAC CTS-4 - 4 dr Sed, AWD, 3.6 lit, red w/blk inter. 39k mi, great cond. $27,995. 203-375-3828

71' CHEVELLE SS - 350 4spd, blue w/blk stripes, frame off done 3yrs ago. $27,500. 203-375-3828

96' ACURA 3.5 RL - Fully loaded, lthr, sunroof, 183k mi, needs AC pump. $3,000. 203-470-6648

ACURA TL 02, LOADED, 142k mi, must sell, best offer, excellent running cond., moonrf, 203-300-0618

AUDI A4 QUATTRO 01 sunroof, new tires, exellent condition, original owner. $5,350. 203-945-8742

BMW - 328i, 1996 Convertible, White, Good Condition. $6500 203-240-4269

BMW 525i '06, silver, 4 door, stick, nav, cold weather pkg, A/C, leather, CD, Sirius cap, sn/rf, as-is, 52,600 mi, $19,800. 203-202-2870

BMW X3 07, 74,000 miles, loaded, mint condition, extended warranty, dark blue exterior/brown leather interior, $19,000. Call 203-536-0874

CADILLAC CONCOURS DEVILLE, 98, 1 owner, always garaged, 105k miles, loaded. $6,495, runs great. call 203-438-4994

CADILLAC DEVILLE Sedan '98, Blue, 4 dr, good condition, 1 owner, $5,000 obo. 203-962-3364

CHEVROLET HHR PANEL, 11 31k miles, AT white-$14,900. 860-567-3239 Ask for Steve Vardon

CHEVROLET TAHOE SUV Z71,05, Loaded, white, tan leather, auto, AWD,CD,snrf $12,500 203-922-2740

Chevrolet Chevelle '70, SS 454/360HP, red, automatic, Price $5800 e-mail for pictures benfatt8@msn.com / 860-381-6114.

CHEVY COBALT, 07, 4 door, AT well maintained $6,500-860-567-3239 ask for Steve Vardon

CHRYSLER SEABRING CVT LXI '02, 39k mi, fla. car, green/tan, mint, $7995. 203-733-4342

DODGE GRAND CARAVAN SXT Premium, 06, original owner, 24k miles of factory warranty, loaded, NAV, leather, DVD, 76k miles, too many options to list. $16,995 negotiable. Call 508-838-6047

FORD CROWN VICTORIA, 11, 22k- $17,500 860-567-3239 ask for Steve Vardon

FORD ESCORT WAGON 93, 4 cyl, auto, 118k miles, recent timing belt, water pump, ice cold AC, $2,350. Call 203-258-3397

FORD ESCAPE XLT, 07, 4wd, roof-$12,900- 860-567-3239 ask for Steve Vardon

FORD Explorer XLT '08, 95k mi, exc. condt. $14,595. 203-329-9067/203-561-0339.

AFFIDAVIT OF PUBLICATION

New Haven Register

STATE OF CONNECTICUT

County of New Haven

I *Judy Saslafsky* of New Haven, Connecticut, being duly sworn, do depose and say that I am a *Sales Representative* of the New Haven Register, and that on

the following date 5/18, 19, 5/20/2012 ....to wit.....

there was published in the regular daily edition of the said newspaper an

advertisement,

Judy Saslafsky 5-23-2012

Public Notice
Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. & Associates Radiology
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- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000
2495747

ed were clipped from each of the

above-named issues of said newspaper.

Subscribed and sworn to this ...23rd..... day of May.... 2012...Before me.

Mary Faderewicz

My Commission Expires 10/31/2012

LEGALS

New Haven Register Classifieds
#1 Choice for Real Estate!
Main Source for Employment Info!
#1 Choice for Used Vehicles!
The Easiest Way to Sell Anything!

LEGALS

CALL 777-FAST or (TOLL FREE)1-877-872-FAST TO PLACE YOUR CLASSIFIED AD.

TAG SALES WORK BEST WHEN YOU REACH THE MOST PEOPLE!

WEST HAVEN CT - LEGAL NOTICE PLANNING AND ZONING COMMISSION CITY OF WEST HAVEN, CONNECTICUT TUESDAY, MAY 22, 2012

The West Haven Planning and Zoning Commission will hold a Public Hearing and Regular Meeting on Tuesday, May 22, 2012 in the Harriet North Meeting Room, Second Floor, City Hall, 355 Main Street, West Haven, CT at 6:30 P.M. to consider the following:

1. 3 FAY STREET Application for a Special Use Exception to permit a Home Occupation for an Insurance Office in a Single Family Residence in an R-2 (Single Family Residence) zone; Owner/Applicant: Robert Rosenberg; File # SUE 12-026.
2. 177 PLATT AVENUE Application for a Special Use Exception to create an Accessory Apartment in a Single Family Residence in an R-2 (Single Family Residence) zone; Owner/Applicant: Maryanne & Paul Fritz; File # SUE 12-027.

Copies of relevant documents are on file in the Office of Planning and Development

Gene Sullivan
Chairman
2494476

THE GREATER NEW HAVEN WATER POLLUTION CONTROL AUTHORITY Adopted Annual Budget Fiscal Year 2012-2013 July 1 2012-June 30 2013

Personnel	$ 4,642,255
Utilities	$ 4,091,000
Contract Operations-OMI	$ 6,800,000
Contract Sludge and Ash	$ 4,645,600
Other Contract Services	$ 3,088,930
Payment in lieu of taxes	$ 785,000
Equipment, Vehicles and Supplies	$ 219,600
Debt Service	$11,126,447
Contingency	$ 250,000
Total Fiscal Year 2012-2013 Expenditures	$34,648,832

Adopted Fiscal Year 2012-2013 Revenues

Delinquent Interest & Lien Fees	$ 1,280,000
High Strength Surcharges	$ 900,000
Outside Sludge	$ 1,200,000
Grease & Septage Disposal	$ 365,000
Connecticut & Permit fees	$ 560,000
Reimb - Utilities	$ 600,000
GNH CWF Debt Service	$ 1,121,000
Interlocal Agreements	$ 130,000
Investment Income	$ 275,000
Rate Revenue	$28,217,832
Total Fiscal Year 2012-2013 revenues	$34,648,832

Adopted Rate Fiscal Year 2012-2013 $3.30 per ccf

THE GREATER NEW HAVEN WATER POLLUTION CONTROL AUTHORITY ADOPTED SEWER USER CHARGE Effective July 1, 2012

There is hereby established in accordance with Section 7-255 of the Connecticut General Statutes a quarterly and monthly charge for sanitary sewer service furnished by the Greater New Haven Water Pollution Control Authority (GNHWPCA), based on potable water usage. The following sanitary sewer service charges shall apply only to water measured by the Company or any water meter serving a building within the 4 Constituent Municipalities.

-For Quarterly Billing:
Fifteen (15) CCF or less of water usage, **$49.50** minimum plus administration fee of **$13.00**. For all water usage over fifteen (15) CCF, **$3.30** per CCF. A Credit of **$4.00** per quarter shall be granted to any premises, which has qualified for tax relief under the 'Elderly Homeowner Tax Relief Act'. For customers with public supplied water (metered) the annual consumption from the period (April 2011 to March 2012) will be used for the billing period of July 1, 2012 through June 30, 2013. Quarterly Residential customers who use Three Hundred (300) CCF or less in the above mentioned 12 month period will have their consumption adjusted for seasonal usage; this adjusted usage shall be used for billing commencing on July 1.

-For Monthly Billing:
Five (5) CCF or less of water usage, **$16.50** minimum plus administrative fee of **$13.00**. For all water over five (5) CCF, **$3.30** per CCF.

Residential and commercial users of the Sewer System who have private source of water, whose public supply is not metered, or who receive water from a source other than the public water system shall be billed as follows for premises served within the 4 Constituent Municipalities:

-Single Family residential, **$92.20** per quarter.

-Duplex residence, **$171.40** per quarter.

Multiple dwelling units, **$92.20** per quarter for the first dwelling unit, plus **$79.20** per quarter for each additional dwelling unit, or at option of owner from metered water supply.

Commercial users shall be charged on the basis of an engineering study performed at the cost of said users to determine the quantity of sewage as established in GNHWPCA Sewer Ordinances, if said commercial users have a private source of water, whose public water supply is not metered or who receive water from a source other than the public water system.

The charges to be made by the GNHWPCA for sewer services to property located outside the limits of the 4 Constituent Municipalities shall be established on the basis of formal contract with the GNHWPCA, the charges shown in said contract to be not less than actual costs to the GNHWPCA and said contracts to be approved by the GNHWPCA in accordance with section 7-247 of the Connecticut Statutes.

The user charges to be determined for all permitted industrial users, except for dry industries; will be computed by the use of the following formula when either the total BOD or TSS exceeds two hundred fifty (250) mg/liter, but in no event will either be used as less than two hundred fifty (250) mg/l, or the total FOG (fats, oils and grease) exceeds one hundred (100) mg/l. In no case shall the BOD or TSS be lower than 250 mg/l if one component exceeds 250 mg/l.

UC equals V(X+Y(BOD) + Z(TSS) + A (FOG-100))

Definitions:
UC User charge in dollars
V Volume in CCF (I CCF equals one hundred cubic feet or 748 gallons)
X Cost per CCF of wastewater at $2.592364
Y Cost to remove one mg/l of BOD per CCF at $0.0020516
Z Cost to remove one mg/l of TSS per CCF at $0.0016728
A Cost to remove one mg/l of FOG per CCF at $0.0010000

Septic disposal registration charge of $50 per year per vehicle will be charged to companies wishing to dispose of waste at the East Shore facility. Such users will be charged $0.065 per gallon for septage and $0.100 per gallon for FOG and $0.125 for approved over the road wastes based on total truck volume regardless of gallons being discharged.

A charge of $25.00 will be applied to a customer's account for each payment returned by the bank for any reason.

Lien Fee effective July 01, 2012 is $14.00 per lien.
2495729

ANSONIA

NOTICE OF ANTI-BLIGHT FINE AUCTION

NAME OF PROPERTY OWNER:
Miroslaw T. Swidergal
PROPERTY TYPE:
Residential
STREET ADDRESS:
24 (a/k/a 24-26) Holbrook Street, Ansonia, CT 06401
LEGAL DESCRIPTION:
All that certain place or parcel of land, with the buildings and improvements thereon, situated in the city of Ansonia, County of New Haven and State of Connecticut, known as 24 (a/k/a 24-26) Holbrook Street, bounded and described as follows:

Commencing at a point on the Easterly line of Holbrook Street at the Southwesterly corner of land of Louise Loescher; thence Southerly along the Easterly line of Holbrook Street a distance of seventy (70) feet to the Northwesterly corner of land now or formerly of Frank J. Getlein; thence Easterly along the Northerly line of land of said Frank J. Getlein a distance of one hundred (100) feet to land of George W. Shaw et ux; thence Northerly along the Westerly line of land of said George W. Shaw, et ux, Mary C. Smith and John Griffiths et ux in part in all a distance of seventy (70) feet to the southeasterly corner of land of Louise Loescher; thence Westerly along the Southerly line of land of said Louise Loescher a distance of one hundred (100) feet to the Easterly line of Holbrook Street and point of commencement.

AMOUNT OWED
AS OF April 30, 2012*
$ 85,418.90

*NOTE: ADDITIONAL FINES, INTEREST, FEES, AND OTHER CHARGES AUTHORIZED BY LAW ACCRUING AFTER THIS DATE WILL BE ADDED TO THE AMOUNT INDICATED AS DUE AND OWING

A DEPOSIT IN THE FORM OF A BANK DRAFT IN THE AMOUNT OF TEN THOUSAND DOLLARS ($10,000) WILL BE REQUIRED AT THE TIME OF AUCTION.

PLACE OF SALE:
City Hall
253 Main Street
Ansonia, CT 06401

DATE AND TIME OF SALE:
Tuesday, July 24, 2012, AT 7:00 PM

SALE WILL BE CONDUCTED BY:CONNECTICUT STATE MARSHAL ARTHUR J. DAVIES, P.O. BOX #468, ANSONIA, CT 06401
203) 735-6367

ALL INQUIRIES RE: AUCTION SHOULD BE DIRECTED TO THE STATE MARSHAL
2495858

CLINTON

TOWN OF CLINTON LEGAL NOTICE BUDGET REFERENDUM MAY 23, 2012

The electors of the Town of Clinton, Connecticut and all other citizens entitled to vote in town meetings of the said Town of Clinton are hereby notified and warned that a **BUDGET REFERENDUM** will be held at the Andrews Memorial Town Hall, 54 East Main Street, Clinton, Connecticut on Wednesday, May 23, 2012, between the hours of 6:00 AM and 8:00 PM with voting to be done by paper ballot. The following questions will be placed on the ballot:

1.In favor of the proposed Town Government Budget of the Town of Clinton for the fiscal year July 1, 2012 to June 30, 2013 in the amount of $14,898,814.

YES NO

Dated at Clinton, Connecticut the 16h day of May, 2012.

William W. Fritz, Jr.
First Selectman
2495877

DERBY

NOTICE OF DEMOCRATIC CAUCUS

To enrolled members of the Democratic Party of the City of DERBY, Connecticut:

Pursuant to the rules of the Democratic Party and State election laws, you are hereby notified that a caucus will be held on:
May 22, 2012 at 6:15 PM at
DERBY ELKS LODGE,
73 ELIZABETH STREET,
DERBY, CT.
To endorse candidates for Registrar of Voters and to transact other business as may be proper to come before said caucus.

Dated at DERBY, CONNECTICUT, on the 16th of May, 2012.
Democratic Town Committee of DERBY

LINDA FUSCO,
Chairperson
2495827

MILFORD

The Planning & Zoning Board

of the City of Milford, upon consideration and vote of said Board at its meeting held on May 15, 2012 hereby gives notice of Action Taken, a copy of which is on file in the City Clerk's Office.

1. 134 OLD GATE LANE (ZONE ID) – Rescission of action taken May 1, 2012 on petition of Gus Grigoriadis for Coastal Area Management Site Plan Review and Site Plan Review to construct a new restaurant on Map 68, Block 811, Parcel 6F in the ID zone, of which Dare Associates, LLC is the owner. (APPROVED)
2. 134 OLD GATE LANE (ZONE ID) – Petition of Gus Grigoriadis for Coastal Area Management Site Plan Review and Site Plan Review to construct a new restaurant on Map 68, Block 811, Parcel 6F in the ID zone,of which Dare Associates, LLC is the owner. (APPROVED WITH CONDITIONS)
3. 142 WESTTOWN STREET (ZONE R-10) Petition of Ronald Standish for a two-lot re-subdivision on Map 53, Block 324, Parcel 9, of which David Korman is the owner. (APPROVED WITH CONDITIONS)

City of Milford
May 16, 2012
Phyllis Leggett, Board Clerk
2496835

New Haven Register Classifieds
#1 Choice for Real Estate!
Main Source for Employment Info!
#1 Choice for Used Vehicles!
The Easiest Way to Sell Anything!

Featured Real Estate for Sale Find Listings In Your Area

At: http://www.localhomesinct.com

fyidriving.com Private Parties! List your vehicle for 7 DAYS for only $10 203.777.3278 or 1.877.872.3278

Motorcycles

MODEL	YEAR	PRICE	PHONE
Harley Davidson Softail Heritage	2007	$13,900	865-948-3702

8800 miles, mint condition, MUST SEE! Call after 4pm.

Ford

MODEL	YEAR	PRICE	PHONE
FORD EXPLORER	01	$4,500	860-653-5627

Sport, 2dr, silver, excl cond, new tires, brakes & battery 133k, loaded.

Mercedes

MODEL	YEAR	PRICE	PHONE
BENZ E320	98	$4695 ask	(571)235-2498

Loaded, A/T, 4 door, silver, 103K miles, very good condition

LEGALS LEGALS

Public Notice
Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. & Associates Radiology
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Estimated Total Project Capital Cost: $16,325,000
2495747

MERCHANDISE Marketplace

Articles For Sale

ABOVE GROUND POOL 24Ft, Round, with Aqua Critter vacuum & ladder.
Good cond. $250.
Call 203-468-0501

Computer desk - $8, Coffee & Side tables - $15, Vacuum $15, Sturdy Snow Shovels & Rake, $9, Outside Ladder - $20, Call 203-782-9193.

HAYWARD D.E. POOL filter and pump, $250. Two stainless steel 3-step inground pool ladders, $150 both. 203-996-4878

HOT TUB, 6PER all options, new in plastic, cost $7000; sell $3600. 203-988-9915.

Household Goods

Affordable Washers, Dryers, Stoves, Refrigs, and Service. Del. Avail. 203 - 284 - 8986

HEAVY DUTY washing machine, Magic Chef, 20lb capability, $125 or best offer. (203)901-9726

Furniture

Mahogany High Chest (and king size headboard and frame) $175. each.
Excellent condition
Call 203-773-3310

Got something to sell?

Place your ad in the **New Haven Register** and on **newhavenregister.com** for **7 days** at one low price!

merchandise totals up to $250 — $10.00 First 5 lines

$15.00 First 5 lines — **merchandise totals up to $500**

If your merchandise doesn't sell after 7 days, call to renew your ad for ANOTHER 7 days FREE!*

Prices include up to 5 lines for 7 days, $1 per additional line, if applicable. If merchandise is sold ad may be cancelled prior to 7th day, but there are no refunds for unused days. *Must advertise the same merchandise to qualify for the second 7 days.

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Eda Landscaping, cut trees, fences. Free Est. Ed 203-641-1561 Lic610947

MASONRY

Father and Son Masonry Sidewalks, steps, patios, retaining walls, etc. Free estimates. Lic.#602632 Tel. 203-217-2611.

ROOFING

AAA Roofing
All types of roofing, siding, interior/exterior repairs. Fully Insured, CT554326. Call 203-932-5201, 203-558-0600.

TAG SALES WORK BEST WHEN YOU REACH THE MOST PEOPLE!

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5/19/12

12

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203-488-5402 Office

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ESTIMATES
REPAIRS
BBB
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Lic. 570192

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LEGALS
NOTICE TO CREDITORS
ESTATE OF:
ROBERT ALBERT LOWERY

The Hon. John A. Keyes, Judge of the Court of Probate, New Haven Probate District, by decree dated April 26, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Edward Cleary,
Assistant Clerk

The fiduciary is:

Rose Lowery
25 Bassett Street
New Haven, CT 06511
2494327

CALL EARLY, CALL LATE!
CLASSIFIED IS OPEN
8AM. - 5:30 PM
MON. - FRI.
Or email to:
CLASSIFIEDADS@NHREGISTER.COM

A HOME OF YOUR OWN
The Job of Your Dreams
A Pet for the Children
A Second Car for Commuting
A Tag Sale "Buried Treasure"
Find these and more in the Shoreline/Elm City Classifieds.

CALL 777-FAST or (TOLL FREE)1-877-872-FAST TO PLACE YOUR CLASSIFIED AD

645 GENERAL HELP WANTED

Drivers-Delivery
FT/PT driving positions for CARQUEST of Hamden and North Haven. Drive store vehicle. Drug test/good driving record req. To apply: See Jack-1663 Dixwell Ave Hamden or See Jeff- 497 Washington Ave North Haven.

GLAZIER WANTED
Experience in storefront and residential glazing. Salary DOE. Please call 203-468-0964, 8:30 to 4:30 Monday through Friday.

Machinist/Toolmaker
Part Time / Full Time
Experience need only apply.
North Haven Manufacturing
Call 203-264-8576

Manufacturing
Assembly, Machine Operator, Polisher Charter Arms, Manufacturer of quality American made Revolvers since 1964. Are you looking for a paycheck or do you want a future? Charter Arms has immediate openings for long term employment and we offer competitive compensation and benefits. We are looking for Polishers, Assemblers, and Machine Operators. Please apply in person at 281 Canal Street, Shelton, CT or online to service@charterfirearms.com.

645 GENERAL HELP WANTED

PLUMBERS
Experienced Plumbers (P2 License) & Helpers for residential & commercial work. Fax resume to: 203-393-0326.

RESTAURANT
Line Cook, Experienced & Dishwasher
Exp. nec. Apply within at: 2256 Whitney Avenue, Hamden, CT.

Sales - The Cellular Connection will be conducting a Job Fair for their East Haven location! Please bring your resumes for interviews to 95 Frontage Road on May 25th, 11am-2pm First come get first interview! Great earnings and benefits!

650 HEALTH CARE OPPORTUNITIES

Dental Assistant
For general practice, Mon-Fri. Must be DANBY certified and prefer 1 yr exp. Benefits offered. Fax resume to: 203-239-9165.

A HOME OF YOUR OWN
The Job of Your Dreams
A Pet for the Children
A Second Car for Commuting
A Tag Sale "Buried Treasure"
Find these and more in the Shoreline/Elm City Classifieds.

645 GENERAL HELP WANTED

LEGALS
NOTICE TO CREDITORS
ESTATE OF:
BETTY ANN CREAMER

The Hon. Michael R. Brandt, Judge of the Court of Probate, East Haven - North Haven Probate District, by decree dated May 1, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Eileen Sweeney, Clerk

The fiduciary is:

William V. Gambardella, Conservator
for George Creamer, Sr.,
c/o William V.
Gambardella, Esq.
Nathanson, Cipriano
& Gambardella, P.C.,
60 Washington Avenue
Hamden, CT 06518
2494360

NEED A CAR? SHOP THE CLASSIFIEDS!

645 GENERAL HELP WANTED

LEGALS
Invitation to Bid
Coffee Supplies

The Connecticut Housing Finance Authority (CHFA) is seeking bids to provide coffee supplies and inventory services for approximately 200 employees at our facility located at 999 West Street, Rocky Hill, CT.

Bid specifications may be obtained from www.chfa.org under About Us, Request for Proposals or interested parties may call Lorane Rinaldi @ 860-571-4292 to obtain a faxed copy of the package.

Sealed bids will be received at the office of CHFA until 4:00 pm on Wednesday, May 23, 2012. No faxed bids will be accepted. All bids must be marked to the attention of Elizabeth M. Vallero, Treasurer, 999 West Street, Rocky Hill, CT 06067.

CHFA reserves the right to reject any or all bids, or any part(s) thereof, and/or to waive any irregularity in the bids or in the bidding process.

State of Connecticut approved Minority and Small Business Set-Aside firms are strongly encouraged to reply.
2495249

LEGALS
NOTICE TO CREDITORS
ESTATE OF:
SHERRY C. STIEN, AKA SHERRY A. STIEN

The Hon. Salvatore L. Dilillo, Judge of the Court of Probate, Hamden - Bethany Probate District, by decree dated May 9, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Valerie A. Dondl
Clerk

The fiduciary is:

Edward A. Stien
c/o Rosemary K.
DeFilippo, Esq.
739 Carrington Road
Bethany, CT 06524-3183
2494364

645 GENERAL HELP WANTED

LEGALS
Public Notice
Status Reference: 19b-638
Applicant Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. & Associates Radiology
Project Summary:
Bridgeport Hospital proposes to acquire certain of the assets of Robert Russo/Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology (CT, PET/CT and MRI units along with general radiology equipment) at the following locations:
- 4699 Main Street, Suite 106, Bridgeport
- 2690 Main Street, Suite 108, Bridgeport
- 425 Post Road, Fairfield
- 2595 Main Street, First Floor, Stratford
- 2908 Main Street, Stratford

Bridgeport Hospital also intends to acquire all interest in the MRI Unit owned by Robert D. Russo, M.D. and Bernard S. Jay, M.D. located at:
- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000
2495747

SUDOKU!

TODAY'S PUZZLE
Hard-59

9		5		6			3	
			2					1
				3	7		2	
				7	3	5		2
3								4
2		1	4	8				
	3		5	9				
6					2			
	9			1		4		3

Directions: Fill the grid so that every row, column, and 9x3 box contains the digits 1 through 9

For solutions, check 'URC Publications' on the solutions page of www.sudoku.com.

su|do|ku

YESTERDAY'S ANSWER
Medium-59

5	3	2	1	7	6	8	9	4
1	6	8	9	4	5	3	7	2
4	9	7	3	8	2	1	6	5
2	4	3	7	6	1	9	5	8
7	1	3	8	2	9	5	4	6
9	8	6	4	5	3	7	2	1
5	2	9	6	1	7	4	3	8
6	7	4	5	3	8	2	1	9
8	3	1	2	9	4	6	5	7

645 GENERAL HELP WANTED

645 GENERAL HELP WANTED

645 GENERAL HELP WANTED

NEW HAVEN NEW HAVEN

Invitation for Bids

Air Rights Garage New Entrance Ramp
NHPA Project #11-009
New Haven Parking Authority
New Haen, Connecticut

The New Haven Parking Authority will receive sealed bids for Air Rights Garage New Entrance Ramp NHPA Project #11-009, until 3:00 PM local time on June 14, 2012 at the New Haven Parking Authority, Temple Street Parking Garage Office, One Temple Street, New Haven, Connecticut 06510, at which time all bids will be publicly opened and read aloud. Bids received after the time set for the opening will be rejected.

The work includes, but is not limited to: obtaining all required City of New Haven permits and State of Connecticut Encroachment Permit; demolition of select existing surface improvements; salvaging and installing access control equipment, concrete islands, bollards, handrailes, etc.; site grading; construction of a cast-in-place concrete garage ramp including connections to the existing garage structure; drainage system modifications; installation of bituminous concrete pavement structure; installation of curbing; installation of signs a nd pavement markings; providing lighting and electrical work; together with all incidental work thereto and in accordance with Bid Documents.

Bid Documents are on file at the New Haven Parking Authority. Copies may be obtained from the Temple Street Parking Garage Office of the New Haven Parking Authority on, or after 1:00 PM local time on May 22, 2012, by paying a $20.00, non-refundable fee in the form of a check or money order made payable to the New Haven Parking Authority for each set of Bid Documents so obtained. Call (203) 946-7526 to verify availability of Bid Documents.

Bidders must submit with their Bid Form a list of their intended Subcontractors, including the use of Minority Business Enterprises as subcontractors with a goal of at least 25% of the total value of the Bidder's subcontracts, as described in the Instructions to Bidders.

A certified check or bank draft, payable to the order of the New Haven Parking Authority, or negotiable U.S. Government bonds (at par value), or a satisfactory bid bond executed by the bidder and acceptable surety, in an amount equal to ten percent (10%) of the total bid shall be submitted with each bid.

The New Haven Parking Authority reserves the right to waive informalities, reject any or all bids, and negotiate with the successful bidder. The New Haven Parking Authority reserves the right to award the bid based not solely on price, but also based on other considerations at the discretion of the New Haven Parking Authority.

The New Haven Parking Authority is an Equal Opportunity /Affirmative Action Employer.

William E. Kilpatrick
Executive Director
New Haven Parking Authority

2496247

LEGALS LEGALS

LEGAL NOTICE - INVITATION TO BID

CITY OF DERBY, CONNECTICUT

NOTICE TO CONTRACTORS:

Sealed bids for the construction of the following project will be received by the City of Derby, Connecticut at the Office of Economic and Community Development Director, Sheila O'Malley, Derby City Hall, One Elizabeth Street, Derby, CT 06418 until 10:00 a.m. local time June 11, 2012, after which time they will be publicly opened and read aloud in the Aldermanic Chambers on the 2nd Floor. No bids will be accepted after said date and time.

FEDERAL PROJECT
F.A.P. NO. 1036(003)
STATE PROJECT NO. 36-191

HAWTHORNE AVENUE PAVEMENT REHABILITATION

The City of Derby hereby notifies all bidders that it will affirmatively ensure that in any contract entered into pursuant to this advertisement, minority and disadvantaged business enterprises will be afforded full opportunity to submit bids in response to this invitation, and that they will not be discriminated against on the grounds of race, color, national origin, or sex, in consideration for an award.

Prospective bidders shall examine the "Instructions to Bidders" and shall comply with and conform strictly to the conditions and instructions contained therein.

Plans, specifications, and proposals for the above project may be examined in the Office of Economic and Community Development, One Elizabeth Street (2nd Floor), Derby, Connecticut 06418. In order to avoid alterations, corrections, or erasure, two (2) proposal forms will be issued to each bidder. Only one (1) original unaltered proposal shall be deposited in the bid box. Bids should be clearly labeled with the name and address of the Bidder, the date and time of the Bid opening and the words "Bid for HAWTHORNE AVENUE PAVEMENT REHABILITATION."

Any requests for additional information, interpretations, or clarifications of these Contract Documents by potential bidders shall be made in writing to the City Engineer, Milone & MacBroom, Inc. at 99 Realty Drive, Cheshire, Connecticut 06410, no later than ten (10) calendar days prior to the scheduled bid opening date. If determined necessary or required, addenda will be issued to all bidders whose name is on file at the Office of Economic and Community Development as having obtained specifications.

Copies of the Contract Documents, including plans and specifications, may be obtained by depositing one hundred dollars ($100) per set, which amount will not be refunded, with the Office of Economic and Community Development, Derby, Connecticut, 06418, for each set so obtained. Checks shall be made payable to the City of Derby.

All bidders are required to inform themselves fully of the conditions relating to the construction and labor under which the work will be or is now being performed and the contractor shall employ, as far as possible, such methods and means in the carrying out of this work as will not cause interruption or interference with any other contractor.

The minimum rates to be paid labor of the various classifications shall be in accordance with current Federal and State requirements and schedules, as revised.
Note: Surety Company Bond, on a form furnished by the City of Derby, for at least ten percent (10%) of the amount of the bid, must accompany each proposal; certified checks will not be accepted. The City of Derby reserves the right to reject any and all bids in whole or in part or to waive any informality in bidding if it is determined to be in the best interest of the City of Derby.

Note: The bidder agrees that 8% of the awarded contract value shall be performed by disadvantaged business enterprises (DBE) as certified by the Connecticut Department of Transportation. The successful bidder must indicate the disadvantaged business enterprise(s) it intends to utilize to achieve the above stated percentage prior to the award of the contract.

Note: Bids may be held by the City of Derby for a period not to exceed ninety (90) days from the date of the opening of bids for the purpose of reviewing the bids and investigating the qualifications of the bidders prior to awarding the contract.

2496139

MILFORD

Legal Notice

CITY OF MILFORD
Office of the
Purchasing Agent
70 West River Street
Milford, CT 06460
Tel 203-783-3225
FAX 203-876-1966

INVITATION TO BID

Notice is hereby given that sealed bids for

SCUBA EQUIPMENT

will be received in the Purchasing Agent's Office until

3:00 p.m., Monday, June 4, 2012

when they will be publicly opened and read aloud.

Specifications are available in the Purchasing Office or may be downloaded at www.ci.milford.ct.us . Click on "City Departments", select "Purchasing" then "Current Bids".

The Purchasing Agent reserves the right to reject any or all bids and to accept any proposal deemed to be in the City's best interests.

Fred Blaska
Purchasing Agent

2496980

MILFORD

LEGAL NOTICE

TO ALL CONDOMINIUM ASSOCIATIONS, HOMEOWNERS ASSOCIATIONS AND MOBILE HOME PARKS IN THE CITY OF MILFORD

The City of Milford is accepting applications for the 2011 calendar year from all condominium associations, homeowners associations and mobile home parks in Milford for reimbursement for garbage collection expenses based on the $2.23 per occupied unit per week provisions of the ordinance or the actual cost of collection, whichever was less, and recycling collection costs based on the $.27 per occupied unit per week provisions of the ordinance or the actual cost of recycling, whichever was less.

Applications for these reimbursements are now available in the Accounting Office (203 783-3223) and should be filed with the Accounting Office as soon as possible.

Benjamin G. Blake
Mayor of the City of Milford

2494955

LEGALS LEGALS

Public Notice
Statute Reference: 19a-638
Applicant: Bridgeport Hospital, 267 Grant Street, Bridgeport
Project Title: Bridgeport Hospital Acquisition of Certain of the Assets of Robert D. Russo/Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. & Associates Radiology
Project Summary:
Bridgeport Hospital proposes to acquire certain of the assets of Robert Russo/Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology (CT, PET/CT and MRI units along with general radiology equipment) at the following locations:

- 4699 Main Street, Suite 108, Bridgeport
- 2560 Main Street, Suite 103, Bridgeport
- 425 Post Road, Fairfield
- 2368 Main Street, First Floor, Stratford
- 2909 Main Street, Stratford

Bridgeport Hospital also intends to acquire all interest in the MRI Unit owned by Robert D. Russo, M.D. and Bernard S. Jay, M.D. located at:

- 705 Boston Post Road #9A, Guilford

Estimated Total Project Capital Cost: $16,325,000

2495747

REQUEST FOR PROPOSAL ADVERTISEMENT AND SUPPLEMENTARY INFORMATION

PROPOSAL # 01-2012

TRANSPORTATION BID

North Branford Board of Education is seeking a qualified firm to provide school bus transportation for the North Branford Public School System. If you or your organization are capable of providing school bus transportation and are interested in obtaining a package, please send a facsimile to 203-484-1445 to the attention of Kim Naubig. Packages can be provided either by mail or electronically. Bids will be opened at 10:00 a.m. on Tuesday, June 5, 2012.

SEALED PROPOSALS will be received until 10:00 a.m., Tuesday, June 5, 2012 at the Office of the Superintendent, 1332 Middletown Avenue, PO Box 126, Northford, Connecticut 06472, at which time they will be opened and read aloud. Proposals received after this time will be rejected. The Board reserves the right to reject any and/or all proposals received or any parts thereof and to accept and/or reject any alternate proposal(s) for any reason whatsoever, to waive any condition, informality, technical defect or omission in any proposal or in any provision in the request for proposals, to negotiate terms with the successful bidder, to require a modification of the contract terms at any time, and to select the bidder who, in the opinion of the Board, will meet the best interests of the Board, provided that nothing herein shall be deemed to waive any requirement of federal, state or local law. Under no circumstances will the Board be responsible for the cost of preparing any proposal or bid.

There will be a mandatory Pre-Bid Conference on Tuesday, May 29, 2012 at 10:00 a.m. in the Superintendent's Conference Room, 1332 Middletown Ave., Northford, CT. No bid documents will be distributed after the Pre-Bid Conference. Each bidder will be required to deposit with his bid a security in the amount of five (5) percent in accordance with Item #16 of the General Information and Conditions to Bidders. The successful bidder will be required to supply a performance bond in accordance with Item #17 of the General Information and Conditions to Bidders. The cost of such items must be included as part of the proposal.

All bidders are advised that the Town of North Branford will affirmatively assure any contract entered into pursuant to this advertisement. Minority business enterprises will be afforded full opportunity to submit bids and are encouraged to do so. The Town of North Branford is an Affirmative Action/E.O.E.
Scott Schoonmaker, Superintendent of Schools
Date: May 20, 2012
2496169

LEGALS LEGALS

SUPERIOR COURT
JUDICIAL DISTRICT OF Hartford
AT Hartford

NELSON, MARIA, ET AL V. MALLOY, DANNEL ET AL - DOCKET NO. HHD-CV-12-6030710S (Return date April 10, 2016)

LUDLUM, CATHERINE ET AL v. MALLOY, DANNEL ET AL - DOCKET NO. HHD-CV12-6030709-S (Return date April 10, 2016)

WE, THE PEOPLE OF CO ET AL v. MALLOY, DANNEL - DOCKET NO. HHD-CV12-6028661-S (Return Date: 03/09/2012)

NOTICE TO INTERESTED PARTIES

ORDER 409659

Plaintiffs, who include Family Child Care Providers, Personal Care Attendants, Consumers receiving services under the state PCA waiver program, members of the legislative branch of the State of Connecticut, and nonprofit organizations commenced legal action seeking declaratory and injunctive relief and challenging Defendants' authority to issue and/or take action pursuant to Governor Dannel Malloy's Executive Order No.9, and Executive Order No.10. Plaintiffs claim that the Governor exceeded his authority, violated the separation of powers provisions of state constitution, violated free speech and free association rights of Plaintiffs under the state and federal constitutions, failed to provide equal protection of laws under the state and federal constitutions and, further that his actions are preempted or in violation of state and federal labor laws.
Plaintiffs have represented to said court in their APPLICATION FOR AN ORDER OF NOTICE filed with their Complaint, that Family Child Care Providers, Personal Care Attendants and Consumers and other persons or parties who are or may be impacted by Executive Order No. 9 or Executive Order No.10 number in the thousands, some known, some unknown. Plaintiffs asserted that an attempt to identify and locate all such interested persons is unduly burdensome and the cost of mailing a copy of the complaint prohibitive.

Now, therefore, it is hereby ordered that Plaintiffs give notice of the pendency of these actions and a summary of their claims made and relief sought in one newspaper listed in their APPLICATION FOR AN ORDER OF NOTICE at least once before May 23, 2012 and due return to court make.

Order 409659
Judge: JAMES T GRAHAM
Judicial District of HARTFORD

2495486

GREAT GAS GIVEAWAY OFFICIAL CONTEST RULES

TO PLAY: The Contest starts on Monday, May 14, 2012 at 9 a.m. and runs every day through June 10, 2012 at 5 p.m. Enter by finding the daily "Gas Code" in the Great Gas Giveaway promotional advertisement in The New Haven Register and entering the code at www.nhregister.com/contest. You may also visit The New Haven Register at 40 Sargent Drive, New Haven to fill out a free ballot.
PRIZE INFORMATION: Entries are cumulative and will stay in the drawing pool for the duration of the contest period. Every Sunday during the contest period one (1) winner will be announced in The New Haven Register and online. The winner will receive a $100 gift card. At the end of the contest period one random winner will be selected from all the entries to win $50,000 in gift card towards gas, the equivalent of $50 a week for 52 weeks. Winners may be selected one or more days in advance of announcement.
CLAIMING THE PRIZE: Winner's name and city will be printed in the contest promotional advertisement. Winners MUST call contest redemption number 203 789-5205 within 48 hours of release of winner's name in the newspaper and official online contest page. If that winner is unavailable for prize fulfillment, prize will be forfeited. The winner must come to the New Haven Register, 40 Sargent Drive, New Haven to claim the prize. The winner must show I.D. The I.D. must match the entry form to claim the prize.
GENERAL TERMS: No purchase necessary. One valid entry per contestant per day per newspaper. You must be 18 years of age or older at time of entry to be eligible for this contest. Visit the New Haven Register, 40 Sargent Drive, New Haven to fill out a free paper ballot. This contest is void where prohibited by law. Odds of winning depend on the number of eligible entries received. Automated entry of any kind is not allowed. Detection of said automated voting will lead to entries being voided. Only one registered account per entrant. If multiple accounts are detected for a single entrant, they will be disabled and entries disqualified. Journal Register Company reserves the right to substitute any prize with another prize of equal or greater value. Employees of Journal Register Company, its respective parent, affiliates, subsidiaries, advertising sponsors and promotional agencies, and the immediate family members of each one are not eligible. Contest entrants agree to abide by the terms of these Official Rules and by the decisions of the contest commissioners, which are final on all matters pertaining to the contest. Entrants further grant to Journal Register Company the right to use and publish their proper name and state online and in print, or any other media, in connection with the Contest. Journal Register Company reserves the right to use any and all information related to the Contest, including information on contestants obtained through the contest, for marketing purposes or any other purpose, unless prohibited by law. The Contest and all of the related pages, contents and code are copyright of Journal Register Company. Copying or unauthorized use of any copyrighted materials, trademarks or any other intellectual property without the express written consent of its owner is strictly prohibited. Each winner, by acceptance of the prize, agrees to release and hold harmless Journal Register Company, its parent and subsidiary companies, their officers, directors, employees, agents, shareholders, affiliates, suppliers, distributors, and advertising agencies from all liability, claims, or actions of any kind whatsoever for injuries, damages, or losses to persons and property which may be sustained in connection with the receipt, ownership, or use of the prize. Journal Register Company is not responsible for Internet crashes or slowdowns caused by network congestion, viruses, sabotage, satellite failures, phone line failures, electrical outages, natural disasters or acts of man or God. All results posted are unofficial until winners respond to email or phone notification. Each winner is responsible for all federal, state and local taxes resulting from prize winnings. This contest is not intended for gambling. If it is determined that a contestant is using the contest for gambling purposes, they will be disqualified and reported to authorities. Journal Register Company reserves the right to change the rules at any time. This contest is officially sponsored by Journal Register Company.

Bridgeport Hospital

Acquisition of Certain of the Assets of Robert D. Russo, M.D./Russo Radiology PC

Signed Affidavit

AFFIDAVIT

Applicant: **Bridgeport Hospital**

Project Title: **Acquisition of Certain of the Assets of Robert D. Russo, M.D./ Russo Radiology PC**

I, **William M. Jennings** (Individual's Name), **President and CEO** (Position Title – CEO or CFO)

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

Bridgeport 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

06/07/12
Date

Subscribed and sworn to before me on 6/7/12

Susan Castagna
Susan Castagna
Notary Public/Commissioner of Superior Court
State of CT
My commission expires: 1/31/2015

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: TBD

Applicant: Bridgeport Hospital

Contact Person: Carolyn Salsgiver

Contact Person's Title: Senior Vice President, Planning & Marketing

Contact Person's Address: 267 Grant Street, Bridgeport, CT 06610

Contact Person's Phone Number: (203) 384-3946

Contact Person's Fax Number: (203) 384-3751

Contact Person's Email Address: kcsals@bpthosp.org

Project Town: Bridgeport, Fairfield, Guilford and Stratford

Project Name: Acquisition of Certain of the Assets of Robert D. Russo, M.D./Russo Radiology PC

Statute Reference: Section 19a-638, C.G.S.

Estimated Total

Capital Expenditure: **$19,000,000**

1. **Project Description: Acquisition of Equipment**

   a. Please provide a narrative detailing the proposal.

   Bridgeport Hospital (the Hospital) is a duly licensed, 383-bed hospital located in Bridgeport, Connecticut. The Hospital is a full-service teaching medical center, which provides a wide range of clinical services from primary to tertiary care, and is a training site for medical residents, nurses and other ancillary providers. Bridgeport Hospital intends to acquire certain of the assets of Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology"), a private radiology practice with outpatient imaging centers located in Bridgeport, Fairfield and Stratford. Russo Radiology was established in 1949 and offers a full array of high quality imaging services. The practice has earned full three-year accreditation from the Joint Commission and is the only full-service private radiology practice in Connecticut to achieve this standard of excellence. In addition, Russo Radiology is accredited by the American College of Radiology (ACR) in CT, Nuclear Medicine, PET/CT, Mammography, Ultrasound and MRI, and its Fairfield office was recently awarded a 3-year term of accreditation in breast ultrasound as the result of an ACR review.

   The Hospital intends to acquire the assets of five Russo Radiology imaging centers located at 4699 Main Street and 2660 Main Street in Bridgeport, 425 Post Road in Fairfield and 2595 Main Street and 2909 Main Street in Stratford. As part of the acquisition, the Hospital is also acquiring all interests in an MRI unit located at 705 Post Road in Guilford owned by a limited liability company called Madison Radiology Imaging LLC, the members of which are Robert Russo, M.D. and Bernard Jay, M.D. The remainder of the equipment and assets at that location belong to Dr. Jay and therefore will remain at the current practice site. In the short term, the Hospital intends to continue to operate the MRI unit in Guilford and will contract with Madison Radiology Imaging LLC for space and staff, until such time that the MRI can be relocated to a comprehensive outpatient center that the Hospital is planning to construct at 5520 Park Avenue in Trumbull, with a projected start date in 2014.

   The imaging equipment of the Russo Radiology centers that the Hospital intends to acquire is listed in the following table:

Town	Address	Imaging Modalities
Russo Radiology Centers		
Bridgeport	4699 Main Street (Commerce Park), Suite 108	• CT scan • Dexa (bone density) • Digital Mammography • Fluoroscopy • General radiology (x-ray) • Intravenous Pyelogram • Ultrasound
Bridgeport	2660 Main Street, Suite 103	• CT scan • Digital Mammography • Fluoroscopy • General radiology (x-ray) • Intravenous Pyelogram • PET/CT scan • Ultrasound
Fairfield	425 Post Road	• CT scan • Dexa (bone density) • Digital Mammography • Fluoroscopy • General radiology (x-ray) • Intravenous Pyelogram • Stereotactic breast biopsy • Ultrasound
Stratford	2595 Main Street, First Floor	• MRI
Stratford	2909 Main Street	• CT scan • Dexa (bone density) • Digital Mammography • Fluoroscopy • General radiology (x-ray) • Intravenous Pyelogram • Ultrasound
Interest in MRI at Madison Radiology Imaging LLC		
Guilford	705 Boston Post Road, #9A	• MRI

Russo Radiology also owns an MRI imaging center at 75 Kings Highway Cutoff in Fairfield. That MRI is located within the practice of another physician group and is not part of this acquisition.

This Certificate of Need addresses the Hospital's acquisition of Russo Radiology's CT, PET/CT and MRI scanners that are currently located in its

Bridgeport, Fairfield and Stratford offices as listed above, as well as the MRI unit at 705 Post Road in Guilford. Other imaging equipment that will be part of the acquisition, such as ultrasound, general radiography and mammography, does not require CON approval. Under the terms of the acquisition, technical and administrative employees of Russo Radiology will become Bridgeport Hospital employees. While certain of the Russo radiologists will retire from active practice, certain of the Russo Radiology physicians will join the Yale School of Medicine Department of Diagnostic Radiology under the leadership of its chair, James Brink, MD, and will continue to provide professional services to the existing Russo Radiology locations. The addition of the Russo radiologists to Yale Diagnostic Radiology (YDR) will ensure that there are consistent imaging standards between these Bridgeport Hospital outpatient sites and Yale-New Haven Hospital, and will result in enhanced quality and patient safety due to the availability of YDR specialists for consultation and clinical oversight as needed.

Following the acquisition, the Russo Radiology locations at 4699 Main Street, Bridgeport; 2660 Main Street, Bridgeport; 425 Post Road, Fairfield; 2595 Main Street, Stratford and 2909 Main Street, Stratford, will be converted to Bridgeport Hospital Outpatient Imaging centers. The Russo Radiology location at 2660 Main Street in Bridgeport will remain operational for the foreseeable future, though the Hospital will consider options for relocation of the equipment within its primary service area at the appropriate time. The other Bridgeport region centers will remain in the same location with the same administrative and technical staff and will be converted to provider-based sites owned by Bridgeport Hospital. There will be no changes to the availability of services at the existing facilities. Bridgeport Hospital imaging standards and guidelines will be extended to these five locations, and the centers will implement Epic, the Yale New Haven Health System-wide electronic medical record system, when Bridgeport Hospital goes live with Epic in September 2013. The Hospital will continue to operate the MRI unit located at Madison Radiology Imaging in Guilford as a provider-based location of the Hospital until it can be relocated to the Hospital's planned outpatient center at 5520 Park Avenue in Trumbull in 2014. The physicians who join the Yale School of Medicine Department of Diagnostic Radiology will provide professional services at all the Hospital locations, and will bill for the professional component of the scans, consistent with the current approach, while Bridgeport Hospital will bill for the technical component of the scans.

Unlike many hospitals, Bridgeport Hospital does not currently own any non-hospital campus outpatient imaging centers, which are increasingly preferred by patients due to the enhanced access that they provide compared to a hospital campus-based imaging service. In particular, outpatients who are in need of imaging services often prefer not to travel to an urban,

inpatient hospital campus for this service. By acquiring Russo Radiology's existing imaging equipment, Bridgeport Hospital will be able to gain a larger presence in the outpatient radiology field without adding new capacity to the market. This is consistent with the Hospital's strategy to enhance access to key services for patients by locating them off-campus in the community. The proposed acquisition also provides Bridgeport Hospital with an opportunity to improve its financial position through reimbursement for the technical component of the outpatient scans. Due to pressures such as the uncertain impact of federal health reform, declines in reimbursement from payers, increases in uninsured and underinsured patients and the ongoing need to invest in and maintain its facilities, the Hospital must seek new revenue streams to help address all of these challenges. By partnering with an experienced and established provider of radiology services and contracting with the Yale School of Medicine for professional services, the Hospital will ensure that Russo Radiology's existing levels of quality and service are maintained and enhanced.

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

Please see Attachment I for letters in support of the proposal from Drs. Bruce McDonald, Nicholas Dainiak and Nabil Atweh.

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

Information on the proposed scanners is shown below.

Equipment	Manufacturer	Model	Slices/Strength
CT (4699 Main St./Commerce Park, Bridgeport)	**Philips**	**Brilliance**	**64 slice**
CT and PET/CT (2660 Main St., Bridgeport)	**GE**	**Discovery**	**4 slice**
CT (425 Post Rd., Fairfield)	**GE**	**Lightspeed**	**16 slice**
CT (2909 Main St., Stratford)	**Philips**	**MX 8000**	**6 slice**
MRI (2595 Main St., Stratford)	**GE**	**Highspeed**	**1.5T closed**
MRI (Madison Radiology Imaging, 705 Boston Post Road, Guilford)	**Philips**	**Infinion**	**1.5T closed**

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

Bridgeport Hospital sites that offer imaging services are as follows:

Site	Location	Imaging Modalities	Other Services
Bridgeport Hospital	**267 Grant Street, Bridgeport**	• **General Radiography** • **Ultrasound** • **CT Scanner** • **Nuclear Medicine** • **Mammography** • **MRI** • **PET/CT*** ***Contracted service**	• **General, specialty and acute medical and surgical care for adults and children** • **Emergency Department**
Fairfield Urgent Care Center	**309 Stillson Road, Fairfield**	• **General Radiography**	• **Urgent care**
Bridgeport Hospital Outpatient Cardiac Testing Sites	• **25 Germantown Road, Danbury** • **1305 Post Road, Fairfield** • **30 Prospect Street, Suite 200, Ridgefield** • **2 Ivy Brook Road, Suite 205, Shelton** • **999 Silver Lane, Trumbull**	• **Nuclear Cardiology**	

2. **Clear Public Need**

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

The established Russo Radiology imaging centers and equipment that Bridgeport Hospital proposes to acquire serve an essential role in helping to diagnose illnesses and injuries in thousands of patients each year. As a provider of high quality imaging services, Russo Radiology sought an affiliation with a high quality hospital that could continue to serve its existing patient base, and found a suitable partner in Bridgeport Hospital. By acquiring established Russo Radiology imaging centers and contracting with the Yale School of Medicine for professional services, Bridgeport Hospital will ensure that these sites continue to provide high quality diagnostic imaging scans to patients. As stated previously, many patients prefer to access outpatient imaging services in a community setting as opposed to

travelling to an urban, inpatient hospital campus, and these sites will provide Hospital patients with non-hospital campus locations for accessing their imaging care. This CON application does not add any new capacity to the service area, and if the acquisition of Russo Radiology by the Hospital is not approved, Russo Radiology will continue to provide imaging services to patients in the communities listed above at their current utilization rates. This transaction will simply allow the Hospital to establish an outpatient imaging presence and improve the efficiency of these services.

In the context of federal health care reform, providers must increase efficiency and streamline the continuum of care as well as standardize care processes where possible. Radiology services can be utilized by adult and pediatric patients at many different stages of their lives and are an integral part of a Hospital's continuum of care. By becoming outpatient sites of the Hospital, the Hospital's centralized scheduling system can be implemented to streamline the scheduling and enhance the efficiency of the Russo sites, thereby allowing for increased utilization. Once the Epic electronic medical record system is implemented at Bridgeport Hospital in September 2013, the Hospital will gain the ability to integrate patient information acquired at the Hospital sites into the consolidated medical record. This will increase efficiency by reducing the need for duplicate testing in patients, including instances where patients have had a recent outpatient scan and are admitted to the Hospital or visit the Emergency Department. It will also provide physicians with a complete record of a patient's recent scans and imaging procedures, which will improve quality and patient safety.

There will be no interruption in services to patients or referring physicians as a result of this proposal, and many of the same radiologists will continue to provide professional interpretation of the scans taken at the new Hospital outpatient sites. The addition of many of the Russo Radiology physicians to Yale Diagnostic Radiology (YDR) will result in improved efficiency and enhanced clinical quality and patient safety, as the new Hospital sites will follow the same standards and guidelines that YDR has implemented at Yale-New Haven Hospital. Patients will also benefit from the expertise of YDR specialty radiologists, who can view patient films through a PACS system and provide consultation and clinical oversight as needed.

By acquiring five Russo Radiology practice sites, Bridgeport Hospital will make a significant entry into the provision of community-based outpatient imaging services without adding new capacity to the market. The Hospital will also avoid the need to construct or establish new imaging facilities, which would involve significant costs as well as time. The addition of these imaging sites, which currently treat many Hospital patients, to Bridgeport Hospital's array of outpatient care sites, will allow the Hospital to receive additional technical revenues from providing these scans. This additional revenue is critical to the Hospital in the context of declining reimbursement from

payers, the unknown impact of health care reform on reimbursement, the need for stringent cost control, the need for ongoing technological and physical plant maintenance and improvements and increases in uninsured and underinsured patients, and will help allow the Hospital to meet its mission of providing high quality, comprehensive care to the community. In addition, offering outpatient imaging services in its service area will better position the Hospital to respond to changes in reimbursement methodologies, such as moves to Accountable Care Organizations (ACOs), bundled payments and other innovations. The Hospital needs a full complement of ancillary services in order to respond to these changes.

The acquisition of the MRI unit in Guilford, with the intent to relocate it in 2014 to a Bridgeport Hospital comprehensive ambulatory center in the Hospital's primary service area, will help ensure that a comprehensive array of diagnostic services is available at the planned center in Trumbull without introducing new MRI capacity into the state.

b. Provide the utilization of existing health care facilities and health care services in the Applicant's service area.

Utilization of CT, PET/CT and MRI services at existing hospitals in the Hospital's service area is shown below. Detailed utilization data such as town of patient origin and payer are not available. Utilization of freestanding, non-Hospital based imaging centers is not publicly available.

CT

Organization	Town	FY 2011 CT Scans, Inpatient	FY 2011 CT Scans, Outpatient	FY 2011 CT Scans, Total
St. Vincent's Medical Center	Bridgeport	15,590	17,509	33,099
Griffin Hospital	Derby	4,727	12,240	16,967
Milford Hospital	Milford	983	8,171	9,154

Source: Connecticut Hospital Association Patient Census Report (PCR)

PET/CT

Organization	Town	FY 2011 PET Scans, Inpatient	FY 2011 PET Scans, Outpatient	FY 2011 PET Scans, Total
St. Vincent's Medical Center	Bridgeport	76	461	537
Griffin Hospital	Derby	0	255	255
Milford Hospital	Milford	0	52	52

Source: Connecticut Hospital Association Patient Census Report (PCR)

MRI

Organization	Town	FY 2011 MRI Scans, Inpatient	FY 2011 MRI Scans, Outpatient	FY 2011 MRI Scans, Total
St. Vincent's Medical Center	Bridgeport	1,895	2,238	4,133
Griffin Hospital	Derby	382	4,262	4,644
Milford Hospital	Milford	335	1,867	2,202

Source: Connecticut Hospital Association Patient Census Report (PCR)

The proposed MRI unit at Madison Radiology Imaging in Guilford is outside of Bridgeport Hospital's service area. Utilization of other MRI units in the Guilford service area is not publicly available.

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

The following table is completed for Bridgeport Hospital CT scanners only. As approved by OHCA in DN 11-31722 CON, Bridgeport Hospital has received approval to own and operate its own MRI scanner, but it is not yet operational (a temporary mobile MRI unit is anticipated to begin operations on June 22, 2012, with the permanent unit to be installed in September 2012). Bridgeport Hospital has projected that the on-campus MRI unit will perform 4,444 scans in the first year, based on present utilization of the MRI owned by Advanced Radiology Consultants. As OHCA is aware, on-campus MRI units operate at less efficiency than off-campus units, due to the additional time required to address the complexity, intensity or urgency of hospital patients, including ED patients and patients requiring sedation.

PET/CT services are provided through a contractual arrangement with Alliance Imaging and are not controlled by Bridgeport Hospital. The Hospital's Emergency Department-based CT scanner became operational in July 2011.

Table 1: Existing Equipment Operated by the Applicant

Provider Name Street Address Town, Zip Code	Description of Service *	Hours/Days of Operation **	Utilization ***
Bridgeport Hospital 267 Grant Street Bridgeport, CT 06610	CT - general Hospital use - 16 slice	Monday to Friday 7:30 am to 5:00 pm	FY 2011 16,934 scans
Bridgeport Hospital 267 Grant Street Bridgeport, CT 06610	CT – Emergency Department use – 16 slice	24 hours a day, 7 days a week	FY 2011 (3 months: July – Sept.) 3,836 scans

* Include equipment strength (e.g. slices, tesla strength), whether the unit is open or closed (for MRI)
** Days of the week unit is operational, and start and end time for each day; and

*** Number of scans/exams performed on each unit for the most recent 12-month period (identify period).

d. Provide the following regarding the proposal's location:

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

The proposed sites to be acquired from Russo Radiology are located in community settings in three of the Hospital's primary service area towns, making them highly accessible to Hospital patients. The Hospital intends to maintain these locations after it acquires the equipment and to maintain current access to outpatient imaging services. The acquisition of the MRI unit in Guilford, which will be relocated to Trumbull in 2014, will be a key diagnostic service in a planned Bridgeport Hospital outpatient center that will include comprehensive cancer care and other clinical services.

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

The population to be served includes residents of Bridgeport Hospital's primary and secondary service areas, as listed below, as well as patients from other towns and states that currently seek care at the Hospital and at Russo Radiology's existing practice locations:

Primary Service Area	Secondary Service Area
Bridgeport	Ansonia
Easton	Beacon Falls
Fairfield	Derby
Milford	Naugatuck
Monroe	Newtown
Shelton	Orange
Stratford	Oxford
Trumbull	Seymour
	Weston
	Westport

The population by town for the 18-town service area for 2011 and projected to 2016 is shown in the table below.

	2011	2016	Change	Change, %
Bridgeport	140,574	139,842	-732	-0.5%
Easton	7,386	7,394	8	0.1%
Fairfield	58,377	58,305	-72	-0.1%
Milford	57,113	58,305	1,192	2.1%
Monroe	19,750	19,649	-101	-0.5%
Shelton	40,288	40,902	614	1.5%
Stratford	49,136	48,282	-854	-1.7%
Trumbull	35,201	35,113	-88	-0.2%
Total, PSA	**407,825**	**407,792**	**-33**	**0.0%**
Ansonia	18,410	18,129	-281	-1.5%
Beacon Falls	5,932	6,151	219	3.7%
Derby	12,497	12,328	-169	-1.4%
Naugatuck	32,590	32,729	139	0.4%
Newtown	27,660	28,444	784	2.8%
Orange	14,007	14,135	128	0.9%
Oxford	13,462	14,602	1,140	8.5%
Seymour	16,421	16,619	198	1.2%
Weston	10,575	10,763	188	1.8%
Westport	28,752	29,437	685	2.4%
Total, SSA	**180,306**	**183,337**	**3,031**	**1.7%**
Total, PSA + SSA	**588,131**	**591,129**	**2,998**	**0.5%**

Source: Claritas

The service area population for the MRI unit in Guilford is shown below.

	2011	2016	Change	Change, %
Branford	29,175	29,019	-156	-0.5%
Clinton	13,966	14,133	167	1.2%
Guilford	22,731	23,035	304	1.3%
Madison	19,150	19,446	296	1.5%
Total	**85,022**	**85,633**	**611**	**0.7%**

Source: Claritas

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

The proposed patient population is currently being served by existing Russo Radiology centers and will continue to be served by Hospital outpatient sites in many of the same locations when the change in ownership takes place.

iv. All existing providers (name, address) of the proposed service in the towns listed above and in nearby towns;

Existing providers of CT, PET/CT and MRI services in Bridgeport Hospital's primary and secondary service areas are shown below.

Town	Provider Name	Provider Address	CT	PET/ CT	MRI
Primary Service Area					
Bridgeport	Bridgeport Hospital	267 Grant Street	✓	✓*	
	St. Vincent's Medical Center	2800 Main Street	✓	✓	✓
	Russo & Associates Radiology	4699 Main Street (Commerce Park)	✓		
	Russo & Associates Radiology	2660 Main Street	✓	✓	
	Advanced Radiology Consultants	267 Grant Street (Bridgeport Hospital)**			✓
Fairfield	Advanced Radiology Consultants	1055 Post Road	✓		✓
	Russo & Associates Radiology	425 Post Road	✓		
	Russo & Associates Radiology	75 Kings Highway Cutoff			✓
Milford	Milford Hospital	300 Seaside Avenue	✓	✓	✓
	Diagnostic Imaging of Milford	30 Commerce Park Drive	✓		✓
Shelton	Advanced Radiology Consultants	4 Corporate Drive	✓		✓
	Griffin Hospital	2 Ivy Brook Road	✓		✓
Stratford	Russo & Associates Radiology	2595 Main Street			✓
	Russo & Associates Radiology	2909 Main Street	✓		
	Advanced Radiology Consultants	2876 Main Street	✓		✓
Trumbull	Advanced Radiology Consultants	15 Corporate Drive	✓	✓	✓
Secondary Service Area					
Derby	Griffin Hospital	130 Division Street	✓	✓	✓
Naugatuck	Valley Imaging Partners	799 New Haven Road			✓
Newtown	Newtown Diagnostic Imaging	153 South Main Street	✓		✓
Orange	Advanced Radiology Consultants	320 Boston Post Road	✓		✓

*PET/CT at Bridgeport Hospital is available on a part-time basis through a contractual arrangement with Alliance Imaging

**Effective June 22, 2012, the MRI unit at Bridgeport Hospital will be fully owned by Bridgeport Hospital

Existing providers of MRI services in the Guilford service area towns are shown below.

Town	Provider Name	Provider Address
Branford	**Branford Open MRI and Diagnostic Imaging Center**	**1208 Main Street**
Guilford	**YNHH - Temple Radiology**	**111 Goose Lane**
	Madison Radiology Imaging LLC	**705 Boston Post Road**
	Guilford Radiology	**1591 Boston Post Road**

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

This proposal represents solely a change in ownership of established imaging equipment that is already in operation. Because no new equipment is being proposed, and no changes in existing imaging capacity will result, there will be no impact on existing providers.

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

The five Russo Radiology Centers located in Bridgeport, Fairfield and Stratford are within Bridgeport Hospital's service area and do not involve any new sites of service. For the MRI unit located at Madison Radiology Imaging in Guilford, the Hospital will continue to operate the unit until it is feasible to relocate it to a site within the Hospital's traditional service area.

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

Because this proposal does not introduce any new imaging equipment or capacity into the market, it will not result in any duplication of existing or approved health care services. As noted above, the Hospital anticipates that its on-campus MRI will perform 4,444 scans in its first year of operation, and so the hospital-based MRI unit will not be available for any of the MRI volumes that will now be seen at the Hospital's new outpatient imaging sites.

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 2a, report the units of service by piece of equipment, and in Table 2b, 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).

Table 2a: Historical, Current, and Projected Volume, by Equipment Unit

	Actual Volume (Last 3 Completed FYs)			CFY Volume*	Projected Volume FYs)**		
	FY 2009	FY 2010	FY 2011	FY 2012 4 Months (Jan - April)	FY 2013	FY 2014	FY 2015
Scanner***							
CT - 4699 Main St., Bridgeport	3,037	2,716	2,017	749	2,045	2,082	2,119
CT - 2660 Main St., Bridgeport	1,069	1,385	862	242	874	890	906
CT - 425 Post Rd., Fairfield	1,364	1,243	815	280	826	841	856
CT - 2909 Main St., Stratford	1,907	2,015	1,872	521	1,898	1,932	1,967
CT SCAN	7,377	7,359	5,566	1,792	5,643	5,745	5,848
PET/CT - 2660 Main St., Bridgeport	160	107	77	28	62	62	62
PET	160	107	77	28	62	62	62
MRI - 705 Boston Post Rd., Guilford	767	637	612	196	464	473	481
MRI - 2595 Main St. Stratford	2,738	2,889	2,740	855	2,079	2,116	2,155
MRI	3,505	3,526	3,352	1,051	2,543	2,589	2,636

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

*** Identify each scanner separately and add lines as necessary. Also break out inpatient/outpatient/ED volumes if applicable.

**** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

******Russo Radiology's fiscal year, reflecting historic and current year volume, runs from January 1 to December 31. The Bridgeport Hospital fiscal year, reflecting projected volume, runs from October 1 to September 30.**

Table 2b: Historical, Current, and Projected Volume, by Type of Scan/Exam

	Actual Volume (Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs)**		
	FY 2009	FY 2010	FY 2011	FY 2012 4 Months (Jan. - April)	FY 2013	FY 2014	FY 2015
Service type***							
CT Abdomen	2,260	2,514	2,890	934	2,930	2,982	3,037
CT Chest	147	127	142	50	144	147	150
CT Extremeties	61	47	55	16	56	57	58
CT Head	992	1,011	970	341	983	1,001	1,019
CT Lung	1,390	1,001	953	324	966	984	1,001
CT Neck	150	133	146	46	148	151	153
CT Pelvis	1,962	2,191	158	31	160	163	166
CT Spine	96	124	125	37	127	129	131
CT Other	319	211	127	13	129	131	133
CT SCAN	7,377	7,359	5,566	1,792	5,643	5,745	5,848
Limited	4	1	1	-	1	1	1
Midthigh	153	104	74	28	60	60	60
Whole Body	3	2	2	-	1	1	1
PET	160	107	77	28	62	62	62
MRI Abdomen	130	107	93	34	71	72	73
MRI Breast	126	129	107	44	81	83	84
MRI Chest	10	9	8	7	6	6	6
MRI Extremeties	1,074	1,176	1,082	340	822	837	851
MRI Head	848	798	768	167	583	593	604
MRI Neck	16	14	16	3	12	12	13
MRI Pelvis	108	90	77	23	58	59	61
MRI Spine	1,191	1,203	1,200	433	910	927	944
MRI Other	2	-	1	-	-	-	-
MRI	3,505	3,526	3,352	1,051	2,543	2,589	2,636

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

*** Identify each type of scan/exam (e.g. orthopedic, neurosurgery or if there are scans/exams that can be performed on the proposed piece of equipment that the Applicant is unable to perform on its existing equipment) and add lines as necessary.

**** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

****Russo Radiology's fiscal year, reflecting historic and current year volume, runs from January 1 to December 31. The Bridgeport Hospital fiscal year, reflecting projected volume, runs from October 1 to September 30.**

b. Provide a breakdown, by town, of the volumes provided in Table 2a for the most recently completed full FY.

Volumes by town for Fiscal Year 2011 for each imaging modality (CT, PET/CT and MRI) are shown below.

CT

Town	FY 2011 CT Scans
Bridgeport	2,090
Stratford	770
Fairfield	640
Trumbull	473
Milford	343
Shelton	337
Monroe	195
Easton	80
All Other	638
Total	**5,566**

PET/CT

Town	FY 2011 PET/CT Scans
Bridgeport	26
Fairfield	17
Stratford	6
Trumbull	6
Milford	7
Shelton	5
Monroe	2
Easton	1
All Other	7
Total	**77**

MRI

Town	FY 2011 MRI Scans
Bridgeport	1,424
Stratford	285
Fairfield	239
Milford	173
Trumbull	155
Shelton	103
Monroe	44
Easton	22
All Other	907
Total	**3,352**

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

Currently patients are referred to Russo Radiology centers by their physicians (including internal medicine, orthopedics, neurologist, general surgeon and others), or are self-referred.

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

Existing referral patterns are expected to continue and not be affected by this proposal.

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

CT volume declined in 2011 from previous levels due to a change in the CPT codes for abdomen and pelvis scanning. Prior to 2011, these procedures were billed and reimbursed for separately; however in 2011, they were bundled into a single code, so what were previously recorded as two separate procedures are now recorded as one procedure.

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

Assumptions are as follows:

- **This proposal assumes an implementation date of October 1, 2012.**
- **In calculating the projections for CT and MRI volumes, the Hospital reduced existing volumes by 20% to account for the impact of going from practice-based to provider-based billing, which can result in higher deductibles or co-pays for patients.**

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.

While the proposal does not pertain to the introduction of any new technology in the state, the following articles, found in Attachment II, provide support for the proposed acquisition:

Article	Relevance
Recent Shifts in Place of Service for Noninvasive Diagnostic Imaging: Have Hospitals Missed an Opportunity?	• **Medicare noninvasive diagnostic imaging rates increased by 25% in hospital outpatient facilities between 1996 and 2006, vs. an increase of 15% at hospital inpatient facilities** • **"Hospitals continue to do outpatient imaging in the hospital radiology department itself … this means that outpatient often have to put up with unpleasant circumstances, such as seeing sick inpatients on stretchers, or having their examinations delayed because of ED or inpatient emergencies … Not surprisingly, outpatients have opted for these more pleasant and convenient office settings [found in private office facilities]".**
Sg2 Outpatient Imaging Forecast, US Market, 2011-2021	**Projected outpatient imaging growth rates from 2011-2021 include:** • **CT: 30%** • **MR: 20%**

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.

Please see Attachment III for a list of the Curriculum Vitae of staff associated with the proposal, including the following personnel:

- **William Jennings, President and Chief Executive Officer, Bridgeport Hospital**
- **Norman G. Roth, Chief Operating Officer, Bridgeport Hospital**
- **Michael Tatta, Director of Radiology, Bridgeport Hospital**
- **James A. Brink, MD, Chair, Department of Diagnostic Radiology, Yale School of Medicine**

b. Explain how the proposal contributes to the quality of health care delivery in the region.

The proposal contributes to the quality of health care delivery in the region by ensuring continued access for patients to high quality, community-based outpatient imaging sites. In addition, the proposed radiology equipment will operate in accordance with the following practice guidelines from the American College of Radiology:

- **Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT)**
- **Practice Guideline for Performing FDG-PET/CT in Oncology**
- **Practice Guideline for Performing and Interpreting Magnetic Resonance Imaging (MRI)**

All of these practice guidelines are included as Attachment IV.

5. Organizational and Financial Information

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

Bridgeport Hospital's ownership type is a Corporation.

b. Does the Applicant have non-profit status?
☒ Yes (Provide documentation) ☐ No

Please see Attachment V for documentation of Bridgeport Hospital's non-profit status.

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.

A copy of Bridgeport Hospital's Department of Public Health license is included as Attachment VI. No additional licensure categories are being sought.

d. Financial Statements

i. If the Applicant is a Connecticut hospital: 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.

A copy of Bridgeport Hospital's audited financial statements for Fiscal Year 2011 is currently on file with OHCA.

ii. If the Applicant is not a Connecticut hospital (other health care facilities): 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:

Table 3: Proposed Capital Expenditures/Costs

Medical Equipment Purchase	$
Imaging Equipment Purchase****	**$2,727,481**
Non-Medical Equipment Purchase: **PACS System**	**$500,000**
Land/Building Purchase *	
Construction/Renovation **	
Other Non-Construction (Specify): **Goodwill**	**$15,347,519**
Other Non-Construction: **Furnishings and upgrades**	**$425,000**
Total Capital Expenditure (TCE)	**$18,500,000**
Medical Equipment Lease (Fair Market Value) ***	$
Imaging Equipment Lease (Fair Market Value) ***	
Non-Medical Equipment Lease (Fair Market Value) ***	
Fair Market Value of Space ***	
Total Capital Cost (TCC)	**$**
Total Project Cost (TCE + TCC)	**$19,000,000**
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	$

* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

** 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.

*** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

******Imaging equipment capital consists of the following items:**

Existing imaging equipment of Russo Radiology (fair market value)	**$977,481**
Upgrade of MRI in Stratford	**$500,000**
Replace ultrasound equipment in Fairfield	**$150,000**
Upgrade of CT scanner in Stratford	**$350,000**
Replacement of CT scanner at 4699 Main Street in Bridgeport (in 2014)	**$750,000**
Total	**$2,727,481**

A vendor quote is not yet available for the proposed replacement of the CT scanner at 4699 Main Street in Bridgeport, planned for 2014. That replacement will most likely be a capital purchase. Existing lease agreements for Russo Radiology include two ultrasounds, a copier and a Tomo mammography unit. A depreciation schedule for the proposed capital equipment is included as Attachment VII.

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.

The funding source for the proposal is operating funds.

g. Demonstrate how this proposal will affect the financial strength of the state's health care system.

By providing Bridgeport Hospital with increased revenues and adding an essential, well-established outpatient service to its roster of outpatient services, this proposal will positively affect the financial strength of the state's health care system.

6. Patient Population Mix: Current and Projected

a. Provide the current and projected patient population mix (based on the number of patients, not based on revenue) with the CON proposal for the proposed program.

Table 4: Patient Population Mix

	Current** FY 2012	Year 1 FY 2013	Year 2 FY 2014	Year 3 FY 2015
Medicare*	23.2%	23.2%	23.2%	23.2%
Medicaid*	9.0%	9.0%	9.0%	9.0%
CHAMPUS & TriCare	0.0%	0.0%	0.0%	0.0%
Total Government	**32.2%**	**32.2%**	**32.2%**	**32.2%**
Commercial Insurers*	59.9%	59.9%	59.9%	59.9%
Uninsured	1.1%	1.1%	1.1%	1.1%
Workers Compensation	6.8%	6.8%	6.8%	6.8%
Total Non-Government	**67.8%**	**67.8%**	**67.8%**	**67.8%**
Total Payer Mix	**100.0%**	**100.0%**	**100.0%**	**100.0%**

* Includes managed care activity.
** New programs may leave the "current" column blank.
*** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided.

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

The projections for the patient population mix by payer in Table 4 assume that the Russo Radiology sites acquired by the Hospital will serve the same patient population as they currently serve.

7. Financial Attachments I & II

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.

See Attachment VIII, Financial Attachment I.

b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. **Complete Financial Attachment II.** The projections must include the first three full fiscal years of the project.

See Attachment IX, Financial Attachment II.

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

See Attachment X, Financial Attachment III.

d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).

See Attachment XI, Financial Attachment IV.

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

The minimum number of units required to show an incremental gain from operations is as follows:

FY 2013: 41,069
FY 2014: 44,534
FY 2015: 45,813

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

Not applicable. There are no projected losses from operations as a result of this proposal.

g. Describe how this proposal is cost effective.

This proposal is cost effective because it will expand the continuum of care for Bridgeport Hospital, preparing the Hospital for future payment mechanisms, such as Accountable Care Organizations; through the implementation of the Epic electronic medical record across all Hospital outpatient sites, duplication in testing will be reduced and improved

coordination of care will occur. The proposal also allows Bridgeport Hospital to enter the outpatient imaging business by maximizing the assets of an existing practice without adding new capacity to the market or duplicating existing services.

Bridgeport Hospital
Acquisition of Certain of the Assets of Robert D. Russo, M.D./Russo Radiology PC

Listing of Certificate of Need Attachments

Attachment	Description
I	Letters of Support
II	Clinical Journal Articles in Support of Proposal
III	Curriculum Vitae for Key Personnel
IV	American College of Radiology Practice Guidelines
V	Documentation of Bridgeport Hospital's Non-Profit Status
VI	Bridgeport Hospital's Department of Public Health License
VII	Depreciation Schedule for Capital Expenses
VIII	Financial Attachment I
IX	Financial Attachment II
X	Financial Attachment III
XI	Financial Attachment IV: Chargemaster Rates

Attachment I

Letters of Support

- **Bruce McDonald, M.D., Senior Vice President, Medical Affairs and Chief Medical Officer**
- **Nicholas Dainiak, M.D., Chairman, Department of Medicine**
- **Nabil Atweh, M.D., Surgeon-in-Chief and Chairman, Department of Surgery**

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

June 6, 2012

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Re: Acquisition of Robert D. Russo, M.D. & Associates Radiology (by Bridgeport Hospital)

Dear Ms. Martone:

This letter is in reference to the proposed acquisition of Robert D. Russo, M.D. & Associates Radiology by Bridgeport Hospital. I am writing to express my support for the proposed acquisition of several Russo Radiology imaging centers by Bridgeport Hospital. These centers provide high quality imaging services in the towns of Bridgeport, Fairfield and Stratford, where the majority of Bridgeport Hospital's patients reside, and where many members of our medical staff are based, including many of the Hospital's surgeons and surgical specialists.

The Russo Radiology centers provide comprehensive imaging services including MRI, computerized tomography (CT) and PET CT as well as mammography, ultrasound and general radiography to numerous patients, many of whom are Bridgeport Hospital patients. The acquisition gives the hospital the opportunity to provide outpatient community-based imaging services without adding new imaging capacity to the state. These centers provide enhanced access to community-based radiology services for patients. As a result, the proposal is beneficial to patients as well as to Bridgeport Hospital.

Thank you for attention to this matter.

Sincerely yours,

Nabil Atweh, M.D.
Surgeon-in-Chief and Chairman, Department of Surgery

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

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YALE NEW HAVEN HEALTH

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The Russo Radiology centers provide comprehensive imaging services including MRI, computerized tomography (CT) and PET/CT as well as mammography, ultrasound and general radiography to numerous patients, many of whom utilize Bridgeport Hospital and its medical staff for their routine and specialty medical care. The acquisition of the Russo centers allows the Hospital to provide outpatient, off-campus radiology services without adding new imaging capacity to the state. These centers provide enhanced access to community-based radiology services for patients. As a result, the proposal is beneficial to patients as well as to Bridgeport Hospital and its physicians.

Thank you for attention to this matter.

Sincerely yours,

N. Dainiak

Nicholas Dainiak, M.D.
Chairman, Department of Medicine

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

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Thank you for attention to this matter.

Sincerely yours,

Bruce McDonald, M.D.
Senior Vice President
Chief Medical Officer

BM/dad

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

Attachment II

Clinical Journal Articles in Support of Proposal

- **Recent Shifts in Place of Service for Noninvasive Diagnostic Imaging: Have Hospitals Missed an Opportunity?; *J Am Coll Radiol 2009;6:96-99.***
- **Sg2 Outpatient Imaging Forecast, US Market, 2011-2012**

Recent Shifts in Place of Service for Noninvasive Diagnostic Imaging: Have Hospitals Missed an Opportunity?

David C. Levin, MD[a,b], Vijay M. Rao, MD[a], Laurence Parker, PhD[a], Andrea J. Frangos, MS[a], Jonathan H. Sunshine, PhD[c]

Purpose: The aim of this study was to examine recent shifts in place of service for noninvasive diagnostic imaging (NDI) and determine whether hospitals have lost business to private outpatient imaging facilities.

Method and Materials: The nationwide Medicare Part B databases for 1996 through 2006 were used, and all *Current Procedural Terminology*®, fourth edition, codes for NDI were studied. Utilization rates per 1,000 Medicare beneficiaries were calculated. Medicare uses place-of-service codes to differentiate examinations performed in hospital inpatients, hospital outpatients, and hospital emergency departments from those performed in private office settings. Changes in utilization rates in these locations were compared over the course of the decade, with particular emphasis on possible outpatient NDI shifts between hospital outpatient departments and private offices or imaging centers. Also, Medicare physician specialty codes were used to determine whether radiologists or other specialists were more responsible for growth.

Results: Between 1996 and 2006, Medicare NDI utilization rates per 1,000 -hospital inpatients increased from 1,056.5 to 1,211.8 (+15%). Emergency department rates increased from 222.1 to 392.2 (+77%). Hospital outpatient rates increased from 793.4 to 993.2 (+25%), while private office rates went from 883.3 to 1,442.2 (+63%). Total outpatient imaging rates (both hospital and office) went from 1,676.7 to 2,435.4 (+45%). As a result of the more rapid growth in private office imaging, hospitals' share of this market dropped from 47% in 1996 to 41% in 2006. Private office imaging utilization rates between 1996 and 2006 grew by 71% among nonradiologist physicians, compared with 44% among radiologists.

Conclusion: Medicare NDI utilization rates increased in all places of service between 1996 and 2006. Growth in hospital outpatient imaging was slower than that in private imaging facilities. Because NDI can be a profitable business, it seems that hospitals have lost an important opportunity. Much of this loss of business was to nonradiologist physicians, whose private office imaging utilization rate grew considerably more rapidly than that of radiologists.

Key Words: Noninvasive diagnostic imaging, utilization of imaging, hospital finances, medical economics, radiology and radiologists, socioeconomic issues

J Am Coll Radiol 2009;6:96-99.

Imaging has been shown in recent years to be the most rapidly growing of all physician services [1-3]. Although this is of concern to policymakers and payers, it has created economic opportunities for nonradiologist physicians, hospitals, and radiologists. Despite recent cuts in reimbursement, such as the Deficit Reduction Act of 2005, it still seems to be possible to make some profit on the technical-component reimbursement for outpatient imaging if facilities can operate efficiently. In recent years, some progressive hospitals and radiology groups have expanded their outpatient imaging capability. Hospitals have found that imaging is one major area in which revenues generally exceed expenses and that can have a positive contribution margin. At the same time, other trends seem to be in evidence. Some nonradiologist physicians have installed advanced imaging equipment in

[a]Center for Research on Utilization of Imaging Services, Department of Radiology, Thomas Jefferson University Hospital and Jefferson Medical College, Philadelphia, Pennsylvania.

[b]HealthHelp, Inc., Houston, Texas.

[c]American College of Radiology, Reston, Virginia.

Corresponding author: David C. Levin, MD, Thomas Jefferson University Hospital, Department of Radiology, Main 1090, Philadelphia, PA 19107; e-mail: david.levin@jeffersonhospital.org.

This study was supported in part by a grant from the American College of Radiology.

0091-2182/09/$36.00 • DOI 10.1016/j.jacr.2008.09.003

their offices, taking advantage of the in-office ancillary services exception of the Stark laws to do so [1,4,5]. Emergency department (ED) imaging has been on the increase, as EDs are seeing greater numbers of patients who are uninsured and as ED physicians try to cope with the added volume. Inpatient imaging also seems to be increasing as hospitalized patients have higher levels of illness acuity. Publicly owned companies are building or acquiring imaging centers that often compete directly with hospitals. In this mix of developments, it is of interest to study trends in utilization rates of noninvasive diagnostic imaging (NDI) in the 4 primary locations in which such imaging is conducted: hospital inpatient settings, hospital outpatient facilities, private offices or imaging centers, and EDs. In this study, we assessed these trends during the period from 1996 to 2006, using a nationwide patient database, and we address their implications for hospitals and the US health care system.

MATERIALS AND METHODS

The data were taken from the Centers for Medicare & Medicaid Services Part B Physician/Supplier Procedure Summary Master Files for 1996 through 2006. These files contain information on all medical services provided to Medicare fee-for-service beneficiaries (83% of the total Medicare population in 2006). For each code in *Current Procedural Terminology*, fourth edition (*CPT*-4), the files provide data on annual procedure volume, the specialty of the physician provider, and the location (or place of service) where the medical service was provided. Our study covered the NDI codes in the 70000 *CPT*-4 series, as well as those in the 90000 series pertaining to echocardiography and vascular ultrasound. We excluded *CPT*-4 codes relating to interventional procedures, ophthalmic ultrasound, radiation therapy planning, and radioimmunoassays.

The NDI utilization rates per 1,000 Medicare fee-for-service beneficiaries were calculated, and trends between 1996 and 2006 were studied for the 4 primary location or place-of-service codes where imaging is performed: hospital inpatient settings, hospital outpatient facilities, private offices or imaging centers, and EDs. Using Medicare's physician specialty codes, we categorized physician providers as radiologists, all other physicians as a group, and independent diagnostic testing facilities (IDTFs). Trends were determined for these specialty categories. One of the peculiarities of this Medicare data set is that it considers IDTFs to be a medical "specialty" rather than places of service. Nevertheless, we were able to capture IDTF data because they have the separate specialty code. The exact specialty of any physician owner of an IDTF cannot be determined. In studying the trends among the specialty categories, we excluded a small number of claims with the specialty code for multispecialty groups because the actual provider specialties cannot be determined from those claims. Procedure volume and utilization rates were determined by tabulating global and professional-component claims. Technical-component-only claims were not included in the tabulation because that would have led to double counting of examinations.

Table 1. Medicare noninvasive diagnostic imaging rates per 1,000 beneficiaries in all places of service for all specialties, 1996 through 2006

Place of Service	1996	2006	Percentage Change
Hosp inpt	1,056.5	1,211.8	+15
Hosp outpt	793.4	993.2	+25
Private offices	883.3	1,442.2	+63
EDs	222.1	392.2	+77
Other locations	47.4	71.6	+51

Note: Hosp inpt = studies done on inpatients in hospitals; hosp outpt = studies done in hospital outpatient facilities; private offices include freestanding imaging centers; ED = emergency department. A small number of examinations were performed at places other than these 4 primary locations (eg, nursing homes).

RESULTS

Table 1 shows the changes in utilization rates per 1,000 Medicare fee-for-service beneficiaries between 1996 and 2006 for the 4 primary locations or places of service where imaging is conducted: hospital inpatient settings, hospital outpatient facilities, private offices or imaging centers, and EDs. Rates per 1,000 Medicare beneficiaries increased in all 4 places of service. Among hospital inpatients, the rate grew from 1,056.5 to 1,211.8 (+15%) over the study period, the lowest increase of the 4 primary places of service. In hospital outpatient facilities, a 25% increase was seen (793.4 to 993.2). This compared with the 63% increase that was seen in private offices or imaging centers (883.3 to 1,442.2). The utilization rates in EDs were considerably lower than in the other 3 locations, but growth was the fastest in EDs, at 77% (222.1 to 392.2). Total outpatient imaging rates (the sum of hospital outpatient facility and private office rates) increased from 1,676.7 in 1996 to 2,435.4 in 2006 (+45%). Hospitals' share of this market dropped from 47% in 1996 to 41% in 2006.

Figure 1 illustrates the trends on a year-to-year basis. Note that the hospital inpatient and hospital outpatient facility trend lines closely parallel each other. The much more rapid growth in private offices and imaging centers is apparent. In 1996, the private office utilization rate was only marginally higher than the rate in hospital outpatient facilities, but by 2006, it was approximately 45% higher. We did not graph the studies done in "other locations" because their rates were far lower than those in the 4 primary locations.

Table 2 shows the utilization rate changes in hospital outpatient facilities between 1996 and 2006 among radiologists and other physicians. In that setting, radiologists did by far the larger number of examinations, although the growth rate was higher among other physicians. Radiologists' rate increased

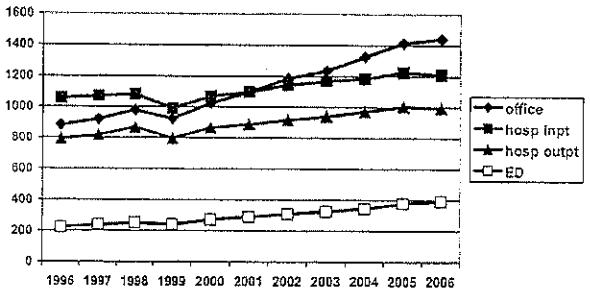

Fig 1. Shifts in place of service between 1996 and 2006 for Medicare noninvasive diagnostic imaging. The vertical axis shows examinations per 1,000 Medicare fee-for-service beneficiaries. Office = examinations performed in private offices or imaging centers; hosp inpt = examinations performed on hospital inpatients; hosp outpt = examinations performed in hospital outpatient facilities; ED = examinations performed in emergency departments.

from 683.4 in 1996 to 852.3 in 2006 (+25%). The rate among other physicians went from 78.8 to 140.3 (+78%).

The situation was quite different in private offices and imaging centers, as shown in Table 3. There, the rate increases were as follows: among radiologists, from 275.9 in 1996 to 398.5 in 2006 (+44%), and among other physicians, from 571.8 to 977.0 (+71%). Thus, nonradiologist physicians performed a considerably larger proportion of imaging in offices, and their rate of growth was considerably more rapid than among radiologists. In 2006, radiologists' share of the private office or imaging center market was 28%, other physicians' share was 68%, and IDTFs' share was 4%. These numbers are based on raw utilization rates and do not take into account the complexity or relative costs of the examinations.

Table 2. Medicare noninvasive diagnostic imaging utilization rates per 1,000 beneficiaries in hospital outpatient facilities, 1996 through 2006

	1996	2006	Percentage Change
Radiologists	683.4	852.3	+25%
Other physicians	78.8	140.3	+78%

Table 3. Medicare noninvasive diagnostic imaging utilization rates per 1,000 beneficiaries in private offices or imaging centers, 1996 through 2006

	1996	2006	Percentage Change
Radiologists	275.9	398.5	+44%
Other physicians	571.8	977.0	+71%
IDTFs	—	58.1	—

Note: IDTF = independent diagnostic testing facility. In 1996, there was no code for IDTFs, so no data were recorded for them.

DISCUSSION

The trends revealed in the tables and figure provide some interesting insight into the NDI market in recent years. Figure 1 demonstrates that in the late 1990s, NDI utilization rates remained relatively flat. However, between 2000 and 2005, there was a progressive increase in all 4 major places of service. In 3 of them—hospital inpatient settings, hospital outpatient facilities, and EDs—the slopes of the lines were relatively similar, indicating that the accrual of new examinations was relatively similar. On the other hand, the slope of the private office line was much steeper, indicating that growth in that place of service was considerably more rapid. Between 2005 and 2006, the rates declined slightly for hospital inpatients and hospital outpatient facilities but continued to increase in private offices. It remains to be seen whether these trends will continue in subsequent years. Although the imaging utilization rates in EDs were the lowest among the 4 primary imaging locations, the growth rate in EDs was the highest. There are several reasons for this, which will be the subject of a future study.

The trends suggest that outpatient imaging is gradually shifting from hospitals to the private office setting. There are several likely explanations. First, it is possible that hospitals have been slow to add outpatient imaging capacity and that physicians and entrepreneurs have filled a gap in supply. Second, it may be that physicians and entrepreneurs have been more aggressive in adding new equipment in their offices and have driven demand up by a combination of marketing and self-referral. However, the fact that the private office NDI utilization rate among radiologists increased by 44% between 1996 and 2006 would seem to militate against this, because radiologists are not in a position to drive demand.

A third factor fueling imaging growth in private offices may be patient preferences [6]. As noted above, many hospitals have been slow to convert their outpatient imaging practices to a truly outpatient setting. In an effort to save equipment and space costs, they continue to do outpatient imaging in the hospital radiology department itself, where outpatient and inpatient studies are intermingled. This means that outpatients often have to put up with unpleasant circumstances, such as seeing sick inpatients on stretchers, or having their examinations delayed because of ED or inpatient emergencies. Physicians and entrepreneurs have responded by building attractive private office facilities, where patients feel more comfortable and where other amenities such as free parking are offered. Not surprisingly, outpatients have opted for these more pleasant and convenient office settings.

Regardless of the cause, what does seem clear is that the NDI utilization rate among outpatients is increasing. The implication for hospitals is that if they want to continue having an

important share of this market, they need to increase their capacity and market it actively to referring physicians, patients, and health care insurance carriers [6]. In past years, many hospitals have relied solely on their capital budgets to pay for imaging equipment, and this has limited their ability to expand (Frank Kyle, Outpatient Imaging Affiliates LLC, personal communication, 2002). In contrast, physicians and entrepreneurs have more frequently relied on lease arrangements to finance their equipment acquisitions and updates. It is likely that hospitals have to adopt this policy as well.

Nonradiologists have been very enterprising in developing imaging capabilities in their private offices, as shown in Table 3. From 1996 to 2006, their office NDI utilization rate increased by 405.2 studies per 1,000 Medicare beneficiaries (from 571.8 in 1996 to 977.0 in 2006), a 71% increase. The private office utilization rate among radiologists during that same time interval increased by 122.6 studies per 1,000, a 44% increase. Thus, nonradiologists accrued new studies (most of which were self-referred) much more rapidly in their offices than did radiologists. The situation is quite different in hospital outpatient facilities, which only perform examinations referred by other physicians. There, radiologists strongly predominate, and the growth rate has been more modest.

Our study had certain limitations. Because it focused on utilization rates, we tabulated only global and professional-component claims, to avoid double counting examinations. This methodology by necessity somewhat overestimates the participation of radiologists while underestimating the participation of those nonradiologists in the "other physicians" category. This is because in some instances (particularly the advanced imaging modalities), nonradiologist physicians own equipment in their offices, perform studies on their patients, bill technical components only, and contract with radiologists, who perform the interpretations and bill separate professional components [4,5]. In instances such as this, our methodology would capture the examinations as "radiologist" examinations, even though nonradiologist physicians were initiating the examinations and collecting the technical-component fees. This limitation does not apply to cardiologists, who make up a large component of the "other physicians" category, because they virtually always read their own studies, rather than contracting with radiologists to do so. Another limitation, as noted above, is that the complexity of examinations was not taken into account; this was purely a study of utilization rates per 1,000 Medicare beneficiaries. We plan to address this in a future study of relative value unit rate growth.

In summary, growth in the private office NDI utilization rate has been rapid in recent years, particularly among nonradiologist physicians. Hospitals are disadvantaged by this trend because imaging is generally felt to be profitable for most institutions. They may want to consider expanding their outpatient imaging capabilities more actively by creating environments deemed more desirable by patients. This study also has certain other health policy implications. The Deficit Reduction Act substantially reduced reimbursement for Medicare private office NDI beginning in 2007, especially for the advanced imaging modalities. Once 2007 and later data become available, it will be important to see what effect this has on utilization rates and patient access.

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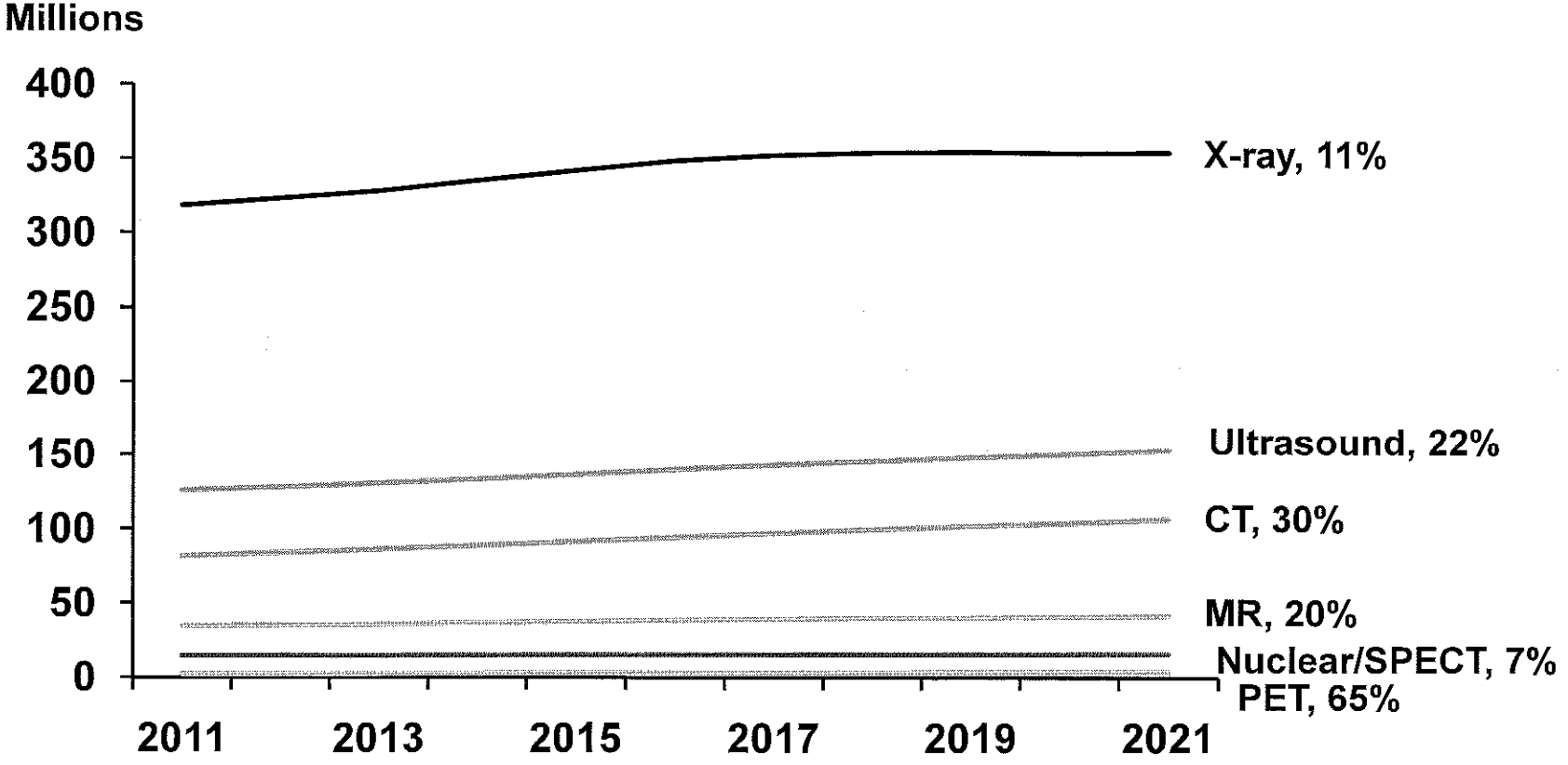
National Trends: Moderate Growth Across All Modalities Through 2020

Sg2 Outpatient Imaging Forecast US Market, 2011–2021



Sources: Impact of Change® v9.0; Pharmetrics; CMS; Sg2 Analysis, 2010.

Attachment III **Curriculum Vitae for Key Personnel**

- **William Jennings, President and Chief Executive Officer, Bridgeport Hospital**
- **Norman Roth, Chief Operating Officer, Bridgeport Hospital**
- **Michael Tatta, Director of Radiology, Bridgeport Hospital**
- **James Brink, M.D., Chair, Department of Diagnostic Radiology, Yale School of Medicine**

William M. Jennings

337 Hill Brook Lane
Fairfield, CT 06824
Home: (203) 292-3362 Mobile: (203) 362-9956

HEALTHCARE EXPERIENCE:

Yale New Haven Health System - $2.1 billion net revenue integrated health system with 4 hospitals in 2 states.

President
September, 2010 – Present
Bridgeport Hospital – 425 beds, $415M net revenue, suburban teaching hospital in Bridgeport, CT, serving a diverse community.

SSM Health Care System - $2.6 billion net revenue integrated health system with twenty hospitals in 4 States. 7 hospitals in St. Louis: 2nd in St. Louis regional market share.

President
September, 2007 – Present
SSM St. Mary's Health Center – 582 bed, $280M net revenue, urban teaching hospital in St. Louis, MO, serving a diverse community and a regional market.

President
January 2008 – Present
SSM St. Louis Heart Institute – 6 hospital, $180M net revenue, cardiovascular services organization.

- 147 residents covering OB/GYN, IM, Peds., Surgery, Path., Radiology
- 875 physicians on staff
- Consolidated CV surgery programs, cardiac anesthesia, and established regional CV market share growth strategy from 21% to 25%.
- Awarded Premier **National Quality Leader** in 2008 and 2010.
- Awarded St. Louis Business Journal **Best Places to Work** 2010.
- Increased hospital market share from 12.9% to 14.6% since 2005.
- Reduced Paid Hours per Adj. Pt. Day from 27 to 23.6 YTD in 2009.
- Increased physician productivity from 1.6 to 2.0 patients per hour worked.
- Decreased monthly hours on ER diversion from >100 to < 10.
- Decreased LWOTs in ED from 12% to 3%.
- Improved St. Mary's Operating Margin from -0.4% to 11% YTD 2010.
- Increased Physician Satisfaction (DMR) from the 21st percentile to the 41st percentile 2006 to 2007.
- Instituted Crew Resource Training in High Risk OB, reducing sentinel events 100% to zero in 2008.
- 2009 Core Measures Composite Scores all greater than 96%. 100% DTB in 2009.

Executive Vice President and Chief Operating Officer
March, 2006 to August, 2007
SSM St. Mary's Health Center

Responsible for day-to-day operations of the health center.

- Awarded Solucient Top 100 Overall Award in Teaching Hospital Category in 2006.
- Awarded Premier/Care Science National Quality Leader in 2006 and 2007.
- Improved Physician Satisfaction 10% over 2005.
- Named U.S. News and World Report top neuroscience program in 2007.
- Improved core measure (composites) compliance 20% in first year.
- Improved Overall Pt. Sat. from 5th percentile to 55th percentile.
- Started Room Service, increasing patient satisfaction with food 14%.
- Started a concurrent coding management program increasing Medicare CMI 40% to 1.59 since pre-launch baseline.
- Started a Patient Safety Mentor Program in 2006 reducing sentinel events housewide by > 50%.

BayCare Health System - $1.5 billion regional health system with 9 hospitals serving the Tampa, Clearwater, St. Petersburg, FL markets. 2nd in regional market share.

Morton Plant North Bay Hospital, New Port Richey, Florida (122 beds)

Administrator and Chief Operating Officer
1999 – 2006

- Managed Oversight of the transition from a for-profit/not-for-profit joint venture to Morton Plant-owned community hospital.
- Formed community-owned Board of Trustees
- Managed all Board relations, from quality planning to quality measurement
- Physician satisfaction improvement > 30 percent from 1999 to 2006. Instituted annual physician as customer measurement tool.
- Replaced/recruited all hospital-based physician specialists.
- Reduced LOS from 5.5 to 4.8 days through planning and implementation of the, then, first and only hospitalist program in the county.
- Achieved Magnet designation from the ANCC.
- Full profit/loss responsibility for Morton Plant North Bay Hospital. $55 million in net revenue.
- Improved patient satisfaction > 13 percent from 1999 to 2006.
- Improved overall team member satisfaction composite score of 74.5 in 2004. Highest in BayCare Health System.

Corporate Vice President
2000 - 2006

- Vice President of Facilities and Construction Services for all 4 Morton Plant Mease hospitals and all outpatient sites/centers, managing < $200 million in construction.
- Morton Plant Mease Corporate Compliance Officer effective May, 2002 to 2006.

- Service Line Executive for Cancer Services and Joint Venture with H. Lee Moffitt Cancer and Research Center, Tampa.

Cookeville Regional Medical Center, Cookeville, Tennessee (227 beds)

Chief Executive Officer (Interim)
Chief Operating Officer and Administrator
1997 – 1999

- Implemented Cardiothoracic Surgery program, including expanded operating room suites, expanded critical care suite, and anesthesia support. Recruited surgeon, anesthesiologist and perfusionists.
- Oversight and executive management of a $25MM hospital expansion program, including Women's Center, nursery and new radiation center in collaboration with Vanderbilt University Medical Center.
- Recruited physicians in the areas of primary care, pulmonary, cardiology, plastic surgery.
- Awarded Tennessee Governor's Quality Award by the State Commission on Quality Management and Improvement.
- Implemented Neurosurgery program.
- Served as direct report to the public Board for one year in my role as interim CEO.

Cleverley and Associates (formerly The Center for Healthcare Industry Performance Studies), Columbus, Ohio

Vice President
1996 – 1997

Responsible for CHIPS national business development, client cost management education, and report production. Accountable for sales and operating functions of ongoing financial studies for over 200 hospitals and revenues in excess of $3MM.

Norton Health System, Louisville, Kentucky.

Executive Manager
1992 - 1996

- Planned and implemented merger of two emergency departments, including medical and hospital staffs. Combined efficiencies resulted in an annual net operating benefit of over $200,000.
- Initiated a comprehensive Occupational Medicine Program with seven sites. Program growth exceeded 400% with operating revenue in excess of $1MM annually with market share growth from 8% to 35%.
- Planned and administered a cost reduction plan for Rehabilitative Services with annual net operating benefit of $432,000.
- Designed, developed and implemented a comprehensive outpatient women's center, including breast health, menopausal services, a fertility program and a comprehensive skin care program.
- Returned a $5MM multi-site Immediate Care operation to profitability in five months by combining cost reduction and revenue enhancement activities.

- Planned, designed and implemented a 17-bed hospital-based skilled nursing facility. Reduced acute orthopedic lengths of stay while maintaining skilled unit independent profitability.
- Managed the recertification of the Kentucky Regional Poison Control Center for Kosair Children's Hospital and the Commonwealth of Kentucky. Accomplished national certification by the American Association of Poison Control Centers in one year.

Norton Health System, Louisville, Kentucky.

Administrative Fellow - 1991
Preceptors: Sal A. Barbera, Sr. Vice President
Stephen A Williams, CEO

The Ohio State University Hospitals, Columbus, Ohio
Graduate Research Assistant, Patient Satisfaction Survey Team
1990 – 1991
Director: Stephen Strasser, Ph.D.

Memorial Hospital of South Bend, South Bend, Indiana
Administrative Resident
Summer – 1990
Preceptors: Phillip A. Newbold, President and CEO
James H. Skogsbergh, Executive Vice President and COO

Cabell Huntington Hospital, Huntington, West Virginia
Administrative Resident
Summer - 1988
Preceptor: W. Don Smith, II, President and Chief Executive Officer

Cabell Huntington Hospital, Huntington, West Virginia
Administrative Intern
Summer - 1987
Preceptor: Donald H. Hutton, President and Chief Executive Officer

Alexandria Hospital, Alexandria, Virginia
Healthcare Co-op
Fall - 1985

EDUCATION:

1989–1991 **Master of Health Administration.** Graduate Program in Hospital and Health Services Administration. The Ohio State University, Columbus, Ohio

1985–1989 **Bachelor of Science in Business Administration**
Miami University, Oxford, Ohio

1992 **Licensed Nursing Home Administrator.** Granted long term care licensure in the Commonwealth of Kentucky 1/27/92. Examination 11/91.

1981-1985 **Episcopal High School,** Alexandria, Virginia

HONORS AND ACTIVITIES:

2009-present	Elected City of Clayton **Chamber of Commerce Board of Directors**.
2009-present	President, **St. Louis Metropolitan Hospital Council**, Missouri Hospital Association.
2006-2009	Appointed Board Member - West County YMCA Board of Directors
2006-present	Appointed to the St. Louis **Regional Health Commission**, Provider Affairs and Integrated Health Network.
2004–2005	Elected **Chairman of the Tampa Bay Chapter of the American Red Cross**
2004-2006	Appointed District Chairman for Eagle Review Board, Boy Scouts of America
2002	Awarded Tampa Bay Business Journal **40 Under 40 Award**
2002-2006	Appointed member of the Pasco Hernando Community College Foundation Board of Directors
2004	Elected Chairman, **American Red Cross Board of Directors**, Tampa Bay Chapter. 2003, appointed Chairman of Financial Development Committee.
2001	Member of the graduating class of 2001, **Leadership Tampa Bay**
2000-2006	Elected Vice Chairman of the Pasco **County Health Facilities Board**, appointed by the Board of County Commissioners.
2000-2002	Appointed member of the Pasco-Hernando Division of the American Heart Association
1999-2006	Member of Rotary International, Seven Springs, Florida
1999	Awarded the William Oxley Thompson Award from the Ohio State University Alumni Association for **Distinctive Career Achievement before age of 36**.
1998	Honored with the ***Modern Healthcare*** **"Up and Comers" Award.**
1990-present	American College of Health Care Executives, Fellow (FACHE)

PERSONAL / INTERESTS:

Date of Birth: June 16, 1967
Married – wife, Kristin
Two children – Sarah (14) , Mason (13)
Interests -- Distance running, golf, tennis

May, 2010

Norman G. Roth
148 Cherry Hill Road
Orange, CT 06477

Norman G. Roth is the Chief Operating Officer of Bridgeport Hospital and Senior Vice President of Yale New Haven Health System, effective September 1, 2011. Prior to that, Roth was with Yale-New Haven Hospital since 1979, most recently as Senior Vice President for Administration at Yale-New Haven Hospital.

Roth joined Yale-New Haven Hospital as the Administrative Director for Emergency Services and has held a variety of posts, including Director of Unit Service Management, Associate Administrator, Assistant Vice President and Vice President for Administration.

His accomplishments include many significant management and leadership milestones such as the planning, design and completion of the 500,000 square foot Smilow Cancer Hospital, all while maintaining responsibility for overseeing Engineering, Environmental Services, Facilities Services, Laboratory Services, Pathology, Perioperative Services, Radiology and Security, among other services.

Prior to his joining Yale-New Haven Hospital, Roth held positions at Blue Cross/Blue Shield of Connecticut and the Veterans Administration Hospital in West Haven.

Roth earned a bachelor's degree in political science from the American University in Washington and a master's degree in health care and hospital administration from George Washington University, also in Washington. He is a fellow of the American College of Healthcare Executives. Roth is active in the community with groups such as the New Haven Chamber of Commerce and the Connecticut Sports Foundation Against Cancer. He lives with his wife Carolyn in Orange.

Michael R. Tatta
10 Harned Place
Trumbull, CT 06611

Home Telephone: (203) 261-5510 Business Telephone: (203) 384-3169

Professional Experience:

9/05 – Present	Bridgeport Hospital, Bridgeport, CT Administrative Director Imaging Services, Laboratory & Pathology Services, Radiation Medicine and EEG & EMG
9/80 – 9/05	Bridgeport Hospital, Bridgeport, CT Administrative Director Radiology
8/78 – 9/80	Norwalk Hospital, Norwalk, CT Chief Radiologic Technologist
6/76 – 8/98	Yale-New Haven Hospital, New Haven, CT Assistant Chief Technologist, Interventional Radiology and Cardiac Catheterization Laboratories
1972 – 6/76	Yale-New Haven Hospital, New Haven, CT Supervisor Adult and Pediatric Cardiac Catherization Laboratories
9/70-12/70	Yale-New Haven Hospital, New Haven, CT Radiologic Technologist

Military Status:

United States Army 1970 – 1972
Specialist Fourth Class
Honorable Discharge

Education:

Bachelor of Science, Quinnipiac College, Hamden, CT – 1980
Health Services Administration

Associates of Science, Quinnipiac College, Hamden, CT – 1970

Radiologic Technology

Certificate in Radiologic Technology, Yale-New Haven Hospital – 1970

Board Certification:

American Registry of Radiologic Technologist, A.R.R.T. (R)

Professional Affiliations:

American Healthcare Radiology Administrators

American Society of Radiologic Technologists

American Registry of Radiologic Technologists

Connecticut Society of Radiologic Technologist

Activities:

Chairman, Fairfield County Mobile PET Collaborative

Chairman, Connecticut Hospital Association, Administrative Directors of Radiology Conference

Member of Gateway Community College Advisory Board for Allied Health

JAMES A. BRINK, M.D., F.A.C.R.

CURRICULUM VITAE

Present Title: Professor and Chair
Yale University School of Medicine
Department of Diagnostic Radiology
789 Howard Ave, TE-2
New Haven, CT 06520-8042
Telephone: (203) 785-6938
E-mail: james.brink@yale.edu

Birthdate & Place: September 13, 1959 Indianapolis, IN

Citizenship: US

Education:

Dates Attended	Institution	Degree Conferred Title or Status
1977-1980	Purdue University West Lafayette, Indiana	Bachelor of Science in Electrical Engineering, Highest Distinction
1980-1984	Indiana University School of Medicine Indianapolis, Indiana	Doctor of Medicine, Highest Distinction
2002	Yale University New Haven, Connecticut	Master of Arts (Honorary)

Career:

1980	Research Assistant	Biomedical Engineering, Purdue University, W. Lafayette, Indiana
1981-1985	Research Associate	Life Sciences Research Division, Indianapolis Center for Advanced Research, Indiana/Purdue University, Indianapolis, Indiana
1984-1985	Intern	Internal Medicine Methodist Hospital of Indiana Indianapolis, Indiana
1985-1989	Resident	Diagnostic Radiology Massachusetts General Hospital Boston, Massachusetts
1985-1990	Clinical Fellow	Department of Radiology Harvard Medical School

		Boston, Massachusetts
1987-1988	Chief Resident	Department of Radiology Massachusetts General Hospital Boston, Massachusetts
1989-1990	Abdominal Imaging Fellow	Abdominal Radiology Massachusetts General Hospital Boston, Massachusetts
1990-1997	Attending Staff Radiologist	Barnes Hospital St. Louis, Missouri
1990-1997	Consulting Staff Radiologist	St. Louis Children's Hospital St. Louis, Missouri
1990-1995	Assistant Professor of Radiology	Mallinckrodt Institute of Radiology Washington University School of Medicine, St. Louis, Missouri
1994-1997	Attending Staff Radiologist	Jewish Hospital of St. Louis St. Louis, Missouri
1995-1997	Associate Professor of Radiology	Mallinckrodt Institute of Radiology Washington University School of Medicine, St. Louis, Missouri
1996-1997	Co-Director, Computed Body Tomography	Mallinckrodt Institute of Radiology Washington University School of Medicine, St. Louis, Missouri
1997-present	Attending Staff Radiologist	Yale New Haven Hospital New Haven, Connecticut
1997-2001	Associate Professor of Radiology	Department of Radiology Yale University School of Medicine New Haven, Connecticut
1997-2002	Vice-Chairman, Clinical Affairs	Department of Radiology Yale University School of Medicine New Haven, Connecticut
1997-2002	Associate Chief	Dept. of Diagnostic Imaging Yale New Haven Hospital New Haven, Connecticut
1998 (July –Dec.)	Acting Chair (during Chair's sabbatical)	Department of Radiology Yale University School of Medicine New Haven, Connecticut
2000-2005	Chief, Abdominal Imaging	Department of Radiology Yale University School of Medicine New Haven, Connecticut
2001-present	Professor of Radiology	Department of Radiology

		Yale University School of Medicine New Haven, Connecticut
2003-2005	Interim Chief	Dept. of Diagnostic Imaging Yale New Haven Hospital New Haven, Connecticut
2003-2005	Interim Chair	Department of Radiology Yale University School of Medicine New Haven, Connecticut
2006-present	Chief	Dept. of Diagnostic Imaging Yale New Haven Hospital New Haven, Connecticut
2006-present	Chair	Department of Radiology Yale University School of Medicine New Haven, Connecticut

Licensure and Certification:

1988	Massachusetts License Registration #60065
1989	American Board of Radiology, Board Certified in Diagnostic Radiology
1990	Missouri License Registration #R3K91
1997	Connecticut License #035829

Professional Societies and Organizations:

1987-present	Radiological Society of North America
1989-2002	International Society of Biliary Radiology
1991-present	American College of Radiology
1992-present	American Roentgen Ray Society
1993-present	Society of Gastrointestinal Radiologists
1995-present	Society of Computed Body Tomography and Magnetic Resonance
2003-present	Association of University Radiologists
2003-present	Society of Chairs of Academic Radiology Departments

Honors and Awards:

1977-1980	Departmental Honors Program, Purdue University
1977	Purdue President's Honor Award Scholarship
1978	Eta Kappa Nu (Electrical Engineering Honorary)
1978	Tau Beta Pi (Engineering Honorary)
1979	Phi Kappa Phi (Academic Honors Society)
1980	E.B. Rinker Medical Scholarship
1981	AMA Research Fellowship
1982	Anna M. Rott Medical Scholarship
1983	Dr. Karl R. Ruddell Research Scholarship

1984	Alpha Omega Alpha Medical Honor Society
1984	IndianaUniversity School of Medicine Academic Achievement Award
1989,1990	RSNA Research Fellowship Award
1992	Cum Laude Award, Society of Computed Body Tomography. Brink JA, Heiken JP, Balfe DM, Sagel SS, DiCroce J, Vannier MW: Spiral CT: decreased spatial resolution in vivo due to broadening of section-sensitivity profile
1992	Cum Laude Award, Society of Computed Body Tomography. Heiken JP, Brink JA, McClennan BM, Sagel SS, Forman HP, DiCroce J. Dynamic contrast-enhanced CT of the liver: comparison of injection rates and uniphasic and biphasic injection protocols
1992	Editor's Recognition Award for Distinction in Reviewing, *Radiology*
1993	Hounsfield Award, Society of Computed Body Tomography. Brink JA, Deyoe LA, Heiken JP, Yoffie RL, Vannier MW. Spiral CT Angiography for Renal Arterial Stenosis: In Vitro Assessment of Technical Parameters
1993-1995	Editor's Recognition Award for Special Distinction in Reviewing, *Radiology*
1994	*AJR* Reviewer with Perfect Review Evaluations
1994	Contrast Award, Society of Computed Body Tomography. Brink JA, Heiken JP, Forman HP, Sagel SS, Molina PA, Brown PC. Reduction of Intravenous Contrast Material Required for Hepatic Spiral CT
1995	Elected as fellow of the Society for Computed Body Tomography and Magnetic Resonance
1996	Cum Laude Award, Society of Computed Body Tomography. Bae KT, Heiken JP, Brink JA. Computer Simulation of CT Contrast Enhancement: Prediction of Aortic and Hepatic Enhancement During Abdominal CT.
1996	Hounsfield Award, Society of Computed Body Tomography. Brink JA, Horesh L, Heiken JP, Glazer HS, Wang G. Depiction of Pulmonary Emboli with Helical CT: Optimization of Window Width and Level in a Porcine Model.
1997	Cum Laude Award, Society of Computed Body Tomography. McFarland EG, Siegel CL, Fisher AJ, Brink JA, Humphrey PA, Heiken JP. Qualitative Evaluation of Cystic Renal Masses by CT.
2000	Cum Laude Award, Society of Computed Body Tomography. McFarland EG, Brink JA, Heiken JP, Balfe DM, Santillan C, McDermott R, Pilgrim T. Diagnostic Performance and Interobserver Variability in Prospective Comparison of Spiral CT Colonography and Colonoscopy.
2001	Moncada Award, Society of Computed Body Tomography. McDermott RA, McFarland EG, Brink JA, Heiken JP, Balfe DM, Santillan C, Pilgram TK. Evaluation of Polyp Size Measurement in Multi-observer Prospective Study of CT Colonography.
2002	Cum Laude Award, Society of Computed Body Tomography. Bhalla S, McFarland EG, Feng F, McDermott R, Ju A, Menias C, Hara AK, Huete A, Brink JA, Littenberg B, Pilgrim TK. Prospective MDCT Study of CT

Colonography Compared to Colonoscopy: Diagnostic Performance of Experienced and Recently Trained Readers.

2003 Elected as "Fellow" of the American College of Radiology

2007-2008 Elected to Best Doctors in America

2008 Elected as "Honorary Member" of the Italian Society of Medical Radiology

2008 Editor's Recognition Award for Reviewing with Distinction, *Radiology*

2010 Editor's Recognition Award for Reviewing with Distinction, *Radiology*

2011-2012 Best Doctor's in America

2012 Holmes Lecturer, New England Roentgen Ray Society

Patents:

1997 U.S. Patent Number 5,687,208, "Method of and Apparatus for Predicting Computed Tomography Contrast Enhancement with Feedback, Inventors: Kyongtae T. Bae, Jay P. Heiken, James A. Brink, Issued November 11, 1997

Grant Support:

1987-1988 Co-Principal Investigator, "Physical Characteristics of Gallstones Removed at Cholecystectomy," 1 year, Dornier, Inc., Marietta, Georgia, $20,000.

1989-1991 Principal Investigator, "Gallstone and Stone Fragment Quantification for Non-Surgical Gallstone Therapies", 2 years, Radiological Society of North America Research Fellowship Award, Chicago, Illinois, $75,000.

1992-1993 Investigator (5% FTE), "Dynamic Contrast-Enhanced CT of the Liver: Comparison of Volumes and Concentrations of Contrast Media," 0.5 years, Mallinckrodt Medical Corporation, St. Louis, Missouri, $46,000.

1992-1995 Principal Investigator (20% FTE), "Optimization of IV Contrast Administration for Spiral CT of the Chest and Abdomen," 3 years, Sanofi-Winthrop Corporation, New York, New York, $326,000.

1992 Co-Investigator, "Clinical Evaluation of Spiral Computed Body Tomography," 6 months, Siemens Medical Systems, Iselin, New Jersey, $30,000.

1993 Co-investigator (15% FTE), "Perfluorooctylbromide as a Gastrointestinal Radiographic Contrast Agent: Comparison with Standard Water Soluble Iodinated X-ray Agents," 3 months, Alliance Pharmaceutical Corporation, San Diego, California, $47,000.

1993 Co-Investigator, "Clinical Evaluation of Spiral Computed Body Tomography," 6 months, Siemens Medical Systems, Iselin, New Jersey, $30,000.

1994 Co-Investigator (7.5% FTE), "Evaluation of Hepatoma in a Woodchuck Model with MR and Spiral CT," Mallinckrodt Medical, Inc., St. Louis, Missouri.

1994	Co-Investigator, "Phase III Clinical Trial of SonoRx Oral Ultrasound Contrast Agent," Bracco Diagnostics, Plainsboro, New Jersey, $49,000.
1994-1995	Principal Investigator, "Development of an Animal Model for Depiction of Pulmonary Emboli with Spiral CT," Siemens Medical Systems, Iselin, New Jersey, $30,000.
1995	Principal Investigator (15% FTE), "Dose-Optimization for Depiction of Pulmonary Emboli with Spiral CT," Mallinckrodt Medical, Inc., St. Louis, Missouri, $106,000.
1995	Co-Investigator, (5% FTE), "Hepatic Enhancement with a Constant Dose (mgI/sec) of Contrast Material: Effect of Contrast Concentration (240 vs. 350 mgI/ml)," Mallinckrodt Medical, Inc., St. Louis, Missouri, $25,525.
1996-1997	Co-Investigator, (10% FTE), "Dual Phase Spiral CT of the Kidneys," Mallinckrodt Medical, Inc., St. Louis, Missouri, $112,579.
1996-1997	Principal Investigator (15% FTE), "Computer Simulation of Contrast Enhancement during Hepatic CT Scanning: Validation Study," Mallinckrodt Medical, Inc., St. Louis, Missouri, $116,656.
1998	Co-Principal Investigator, "Contrast-Enhanced Helical CT vs. Ventilation-Perfusion Scintigraphy in Patients Suspected of Acute Pulmonary Embolism: A Comparative Cost-Benefit and Outcomes Pilot Study, Mallinckrodt Medical, Inc. St. Louis, Missouri, $10,880.
1998-1999	Consultant for Teleradiology / Telemedicine ($30,000), Dept. of Surgery, Yale University School of Medicine
1998-1999	Consultant ($15,000), "Spiral CT Colography (Virtual Colonoscopy) for Detection of Colorectal Polyps, National Institutes of Health. P.I. = Elizabeth McFarland, M.D. (PLCO grant: NO1-CN-25516)
2000-2002	Consultant ($24,000), Grant Renewal: "Spiral CT Colography (Virtual Colonoscopy) for Detection of Colorectal Polyps, National Institutes of Health. P.I. = Elizabeth McFarland, M.D. (PLCO grant: NO1-CN-25516)

Editorial Responsibilities:

1990	Reviewer, *New England Journal of Medicine*
1991-1995	Reviewer, *Journal of Vascular and Interventional Radiology*
1991-present	Reviewer, *Radiology*
1993-present	Reviewer, *American Journal of Roentgenology*
1993-1994	Reviewer, *Critical Reviews in Diagnostic Imaging*
1995-present	Reviewer, *Journal of Computer Assisted Tomography*
1995-2000	Reviewer, *IEEE Transactions on Medical Imaging*
1995	Reviewer, *Journal of the American Medical Association*
1996-present	Reviewer, *Abdominal Imaging*
1996-2006	Panelist for Body Imaging Exhibits, *Radiographics*
1996-1999	Editorial Board, Associate Editor for Gastrointestinal Radiology, *Radiology*
2000-2001	Consultant to the Editor, *Radiology*
2008	Honorary Member, Advisory Board for International Journal of BioSciences and Technology
2009-present	Editorial Board, *Journal of the American College of Radiology*

Administrative Responsibilities:

National / International:

Academy of Radiology Research

2003-2008	Board of Directors, Academy of Radiology Research, (Representative of the Society of Computed Body Tomography and Magnetic Resonance}
2004	Nominating Committee, Academy of Radiology Research

American Board of Radiology

2003	Guest Examiner, American Board of Radiology, Oral Board Exam
2006-2007	Examiner, American Board of Radiology, Oral Board Exam

American College of Radiology

1992-1995	Human Resources Committee, Interventional Radiology Commission, American College of Radiology
1996-1997	Continuous Professional Improvement program, Expert Panelist, American College of Radiology
1998-2005	Commission on Standards and Accreditation, CT Accreditation Committee, American College of Radiology
1998-2002	Commission on Standards and Accreditation, CT Physics Subcommittee, American College of Radiology
2003-present	Executive Committee, Radiological Society of Connecticut (Connecticut State Chapter of the American College of Radiology)
2005	Body Imaging Commission, Abdominal Imaging Committee, American College of Radiology
2006	Commission on Standards and Accreditation, Metrics Committee, Champion for CT Radiation Dose Reduction, American College of Radiology
2008-present	Chair, Commission for Body Imaging, Board of Chancellors, American College of Radiology
2008-2010	Image Metrix, Board of Directors, American College of Radiology
2008-2010	Scenario Planning Committee, American College of Radiology
2009-present	Scenario and Strategic Planning Committee, American College of Radiology
2010	Chair, Ad Hoc Financial Oversight Committee for ACR-ARRS Strategic Integration Merger
2010-2011	Audit Committee, American College of Radiology
2010-present	Chair, Committee on International Education and Meetings, American College of Radiology
2010-present	Executive Committee, American College of Radiology

2011-present	Board of Directors, American Institute for Radiologic Pathology, American College of Radiology

American Roentgen Ray Society

2002	Co-Director, Categorical Course in Computed Body Tomography, American Roentgen Ray Society
2002	Director, Symposium on Radiation Dose with Computed Tomography, American Roentgen Ray Society
2003	Corporate Relations Committee, American Roentgen Ray Society
2004-2009	Chair, Corporate Relations Committee, American Roentgen Ray Society
2004-present	Executive Council, American Roentgen Ray Society
2006-present	Board of Trustees, The Roentgen Fund, American Roentgen Ray Society
2006-2011	Inter-organizational Research Council (IORC), representative of the American Roentgen Ray Society
2007-2011	Chair, International Relations Committee, American Roentgen Ray Society
2009-2010	Vice President, American Roentgen Ray Society
2010-2011	President-Elect, American Roentgen Ray Society
2011-2012	President, American Roentgen Ray Society

National Council for Radiation Protection and Measurements

2002	Program Committee, NCRP Symposium on Computed Tomography: Patient Dose
2005-2017	Elected Member, National Council on Radiation Protection and Measurements (NCRP)
2007	Program Committee, Annual Meeting of the National Council on Radiation Protection and Measurements
2009-2012	Chair, NCRP Scientific Committee 4-3: Diagnostic Reference Levels in Medical Imaging: Recommendations for Application in the United States, National Council on Radiation Protection and Measurements
2011-present	Board of Directors, National Council for Radiation Protection
2011-present	Vice-President for Radiation Protection in Medicine, National Council for Radiation Protection

International Society of Radiology

2010-present	Chair, International Commission for Radiological Education, International Society of Radiology
2010-present	Executive Committee, International Society of Radiology

Radiological Society of North America

2004-2005	Refresher Course Committee, Radiological Society of North America (Gastrointestinal Track Subcommittee Chair)
2005-2006	Vice-Chair, Refresher Course Committee, Radiological Society of North America
2005-2006	Education Council and Subcommittee on Maintenance of Certification, Radiological Society of North America
2006-2009	Chair, Refresher Course Committee, Radiological Society of North America
2009-present	Co-Chair, Joint Task Force on Adult Radiation Protection ('Image Wisely'), Radiological Society of North America
2010	Search Committee, Editor for *Radiographics,* Radiological Society of North America

Society of Chairmen of Academic Radiology Departments

2009-2010	Scenario Planning Committee, Society of Chairman of Academic Radiology Departments
2010-present	Chair, Low Dose Strategic Initiative Group, Society of Chairmen of Academic Radiology Departments

Society of Computed Body Tomography and Magnetic Resonance

1998-2000	Research Committee, Society of Computed Body Tomography and Magnetic Resonance (Chair: 1999 – 2000)
2001-2002	Nominating Committee, Society of Computed Body Tomography and Magnetic Resonance
2003-2005	Corporate Relations Committee, Society of Computed Body Tomography and Magnetic Resonance
2005-2007	Board of Directors (Secretary-Treasurer), Society of Computed Body Tomography and Magnetic Resonance

Miscellaneous

1987-1988	Steering Committee, American Association of Academic Chief Residents in Radiology
2000-2001	Imaging Services Steering Committee, University Heath System Consortium
2003-2012	Committee on Image Quality and Patient Dose in CT, International Commission on Radiation Units
2003-2004	Scientific Program Committee, Society of Gastrointestinal Radiology
2005-present	Vice President, New England Roentgen Ray Society
2010	External Reviewer, University of Colorado, Department of Diagnostic Radiology
2012	Expert Panel, International Atomic Energy Agency, Radiation Protection of Patients

University:

1995-1996	Clinical Advisory Board, Project Spectrum, Washington University School of Medicine
1997-1998	Medical School Council, Yale University School of Medicine
1998-1999	Faculty Computing Committee, Yale University School of Medicine
1998-1999	Search Committee, William's Professor of Medical Informatics, Yale University School of Medicine
2000-2001	Strategic Development Committee, Yale Faculty Practice
2001-2002	Tenure Allotment Committee, Yale University School of Medicine
2002	Contracting Committee, Yale Medical Group
2002	Credentials Committee, Yale Medical Group
2002	Clinical Program Model Committee, Yale Medical Group
2003-2011	Board of Governors, Yale Medical Group
2003-present	Magnetic Resonance Research Center Advisory Committee
2005-present	Yale Cancer Center, Clinical Leadership Committee
2006-2007	Chair, LCME Accreditation Committee for the MD Degree, Yale University School of Medicine
2007-2009	Executive Committee, Board of Governors, Yale Medical Group
2008-2009	Yale University Budget Committee
2008-present	Co-Chair, Yale-Pfizer Bioimaging Alliance
2009-2012	Yale Medical Group, Board of Governors, Elected Representative of Hospital-Based Departments
2009-2012	Yale University Conflict of Interest and Conflict of Commitment Committee
2010-2011	Chair, Clinical Information Systems Committee, Yale Medical Group
2010-2011	Search Committee for Chief Information Officer, Yale University
2010-2011	Chair, Search Committee for Chair of Urology, Yale University School of Medicine

Hospital:

1987-1988	Executive Committee on Teaching and Education, Massachusetts General Hospital
1987-1988	Emergency Services Committee, Massachusetts General Hospital

1997-1998	Emergency Services Review Committee, Yale New Haven Hospital
1998	Peripherally Inserted Central Venous Access Committee, Yale New Haven Hospital
1998-2002	Risk Management Committee, Yale New Haven Hospital
1998-2001	Space and Facilities Renovation Committee, Yale New Haven Hospital
1998-2000	Telemedicine Committee, Yale New Haven Hospital
1998-1999	Chair, Subcommittee for Telemedicine Research, Yale New Haven Hospital
2000-2001	Six Sigma Quality Improvement, Project Leader and Green Belt Trainee
2002-2003	Health Insurance Portability and Accountability Act (HIPAA) Privacy Task Force
2003-present	Medical Board, Yale-New Haven Hospital
2006-2010	Sunrise Clinical Management Leadership Group
2006-2007	Clinical Neuroscience Service Line Planning Committee, Yale-New Haven Hospital
2006-2007	Clinical Oncology Service Line Planning Committee, Yale-New Haven Hospital
2007-present	Institutional Practice Quality and Peer Review Committee, Yale-New Haven Hospital
2010-present	Physician Advisory Group for Implementation of Epic EMR, Yale-New Haven Health System
2011-present	Administrative Committee, Medical Board, Yale-New Haven Hospital

Department:

1987-1990	Education Committee, Department of Radiology, Massachusetts General Hospital
1987-1990	Holmes Lecturer Committee, Department of Radiology, Massachusetts General Hospital
1987-1990	Library Committee, Department of Radiology, Massachusetts General Hospital
1993	Strategic Planning Task Force on Research, Mallinckrodt Institute of Radiology
1994-1997	Educational Resource Committee, Mallinckrodt Institute of Radiology
1995	Incentive Committee, Mallinckrodt Institute of Radiology
1995-1996	Clinical Research Committee, Mallinckrodt Institute of Radiology

1996	Strategic Planning Task Force on Finance, Mallinckrodt Institute of Radiology
1997-2001	Imaging Products Committee, Department of Diagnostic Radiology, Yale University School of Medicine
1997-2001	Research Management Committee, Department of Diagnostic Radiology, Yale University School of Medicine
1997-2002	Co-chair, Infrastructure Committee, Department of Diagnostic Radiology, Yale University School of Medicine
1997-2002	Chair, Clinical Management Committee, Department of Diagnostic Radiology, Yale University School of Medicine
2000-2002	Chair, Emergency Radiology Quality Assurance Committee
2000-2002	Chair, Department of Radiology Compensation Committee
1997-2005	Clinical Director, Picture Archive and Communication Systems, Department of Diagnostic Radiology, Yale University School of Medicine
1997-2005	Clinical Director, 3-D Imaging Laboratory, Department of Diagnostic Radiology, Yale University School of Medicine

Corporate Advisory Boards:

1992	CT Advisory Board, Sanofi-Winthrop Pharmaceuticals, Inc., New York, NY.
1991-1994	Spiral CT Advisory Board, Siemens Medical Systems, Inc., Iselin, NJ.
1996-2007	Medical Advisory Board, Vital Images, Inc., Fairfield, Iowa
1997-2008	CT Advisory Board, General Electric Corporation, Milwaukee, WI
2004	PET/CT Think Tank, PETNET Solutions, Knoxville, TN
2007-2009	Calgary Scientific, Calgary, Alberta, Canada
2010-present	Comparative Effectiveness Research Advisory Board, General Electric Corporation, Milwaukee, WI
2011-present	Image Metrix, Scientific Advisory Board, American College of Radiology

Teaching Responsibilities:

1987-1988	"Barium Examination of the Colon," Core Clerkship in Radiology (Radiology #500 M.3), Harvard Medical School Massachusetts General Hospital, Boston, MA.
1987-1988	Resident Mini-course Coordinator, Department of Radiology, Massachusetts General Hospital, Boston, MA
1988	"Physical basis and comparative physical parameters of electromagnetic, piezoelectric, and spark-gap discharge shock-wave lithotripsy." Abdominal

	Radiology Research Conference, Massachusetts General Hospital, Boston, MA
1989	"GI Neoplasms--Diagnostic and Interventional Radiology," Clinical Course in GI Neoplasms, Department of Radiation Medicine, Massachusetts General Hospital, Boston, MA
1990	"Imaging in the Era of Non-Surgical Gallstone Therapy," In-Service Update, Ambulatory Care Center, Massachusetts General Hospital, Boston, MA
1990	"Ultrasound Physics," Basic Science of Radiology Course, Department of Radiology, Massachusetts General Hospital, Boston, MA
1991-1993	"Abdominal Radiology," Washington University School of Medicine, 3rd year rotation in Diagnostic Radiology, Mallinckrodt Institute of Radiology, St. Louis, MO
1991-1993	"Medical House Staff Conference," Barnes Hospital, Washington University School of Medicine, St. Louis, MO
1993-1995	"Medical Scientist Training Program (MSTP) Radiology Elective," Washington University School of Medicine, St. Louis, MO
1996	"3-D Imaging of the Tracheo-Bronchial Tree," CT Technologists In-Service, Barnes Jewish Hospital, St. Louis, MO
1996	"CT Pelvimetry," CT Technologists In-Service, Barnes Jewish Hospital, St. Louis, MO
1999	"Abdominal Radiology," Radiology Workshop for the Digestive Disease Module, Yale University School of Medicine, New Haven, CT
2003-2004	"Contrast Optimization in Computed Tomography", and "CT Colonography". Seminars in Biomedical Engineering, BME 480/580, Yale University
2004	"Seminar on Virtual Colonoscopy". Gastroenterology Section, Department of Internal Medicine, Yale University School of Medicine
2005-present	Biomedical Engineering Senior Seminar (BENG480); 1 hour (Multislice CT: Technical Principles)

Thesis Advisor for Yale Medical Students:

1998	Jason Oliphant, "Stairstep artifact in helical CT virtual colonoscopy"

Invited Professorships and Lectureships:

1. High-frequency ultrasonic imaging. Methodist Hospital of Indiana, Indianapolis, IN, April, 1985.

2. Non-surgical gallstone therapies. Grand Rounds, Somerville Hospital, Somerville, MA, March, 1988.

3. Physical characteristics of gallstones removed at cholecystectomy: implications for shock-wave lithotripsy. 1st International Biliary Lithotripsy Symposium, Boston, MA, July, 1988.

4. Biliary Lithotripsy. North Shore Radiological Society, Salem, MA, November, 1988.

5. Imaging in the era of gallbladder lithotripsy. Methodist Hospital of Indiana, Indianapolis, IN, December, 1988.

6. Biliary Lithotripsy. Grand Rounds, Pomona Valley Hospital Medical Center, Pomona, CA, July, 1989.

7. Modern Treatment of Biliary Lithiasis, GI-Surgical Rounds, Newton-Wellesley Hospital, Newton, MA, October, 1989.

8. Non-surgical Gallstone Therapies, Medical Grand Rounds, Salem Hospital, Salem, MA, March, 1990.

9. Radiology and Gallbladder Lithotripsy, Scientific Session, Long Island Radiologic Society, Woodbury, NY, May, 1990.

10. Gallstone Imaging Characteristics, IV International Symposium on Biliary Stone Therapy, Mayo Clinic, Rochester, MN, October, 1991.

11. CT of the Peritoneal Ligaments, Refresher Course, American Roentgen Ray Society, Orlando, FL, May, 1992.

12. Visiting Professor. Baptist Medical Center of Oklahoma, Oklahoma City, OK, October, 1992.

13. Imaging of the Pancreatico-biliary System, CT of the Peritoneal Ligaments, and Imaging of the Urinary Tract, Annual Meeting of the Oklahoma State Radiological Society, Oklahoma City, OK, October, 1992.

14. Spiral Computed Body Tomography, Imaging Techniques Seminar, Carle Clinic, Champagne, IL, October, 1992.

15. Visiting Professor, Grand Rounds: Spiral Computed Body Tomography, Massachusetts General Hospital, Harvard Medical School, Boston, MA, June, 1993.

16. Visiting Professor, Spiral Computed Body Tomography, William Beaumont Army Medical Center, El Paso, TX, September 1993.

17. Spiral Computed Body Tomography: Applications in the Chest and Abdomen, City-Wide Radiology Conference, St. Louis, Missouri, December, 1993.

18. Spiral CT: Technical Aspects. Friday Afternoon Symposium, 79th Scientific Assembly of the Radiological Society of North America, Chicago, IL, December 1993

19. CT Angiography, New York Roentgen Society, New York, New York, January, 1994.

20. Visiting Professor, Spiral CT of the Chest and Abdomen, New York University, New York, New York, January, 1994.

21. Spiral CT, Greater St. Louis Society of Radiologists, St. Louis, MO, January, 1994.

22. Cross Sectional Angiography Workshop, Society of Cardiovascular and Interventional Radiology, San Diego, CA, March, 1994.

23. Spiral CT Overview, Orange County Radiological Society, Orange County, CA, March, 1994.

24. Visiting Professor, CT of the Peritoneal Ligaments, University of California at Irvine, Irvine, CA, March, 1994.

25. Radiologic Imaging in Diagnosis and Management of Acute Pancreatitis, Refresher Course and Update in Gastrointestinal Surgery, Washington University School of Medicine, St. Louis, MO, March, 1994.

26. Visiting Professor, Spiral CT, London Clinic and Royal Marsden Clinic, London, England, September, 1994.

27. Spiral CT of Uretero-pelvic Junction Obstruction. 12th World Congress of Endourology and ESWL, St. Louis, MO, December, 1994.

28. Spiral CT Angiography and other topics, Intermountain Imaging Conference, Steamboat Springs, CO, February, 1995.

29. Spiral CT. Kansas Radiologic Society - South Central Kansas Radiologic Society, Wichita, KA, March, 1995.

30. Spiral CT Angiography--Plenary Session and Workshop. Society of Cardiovascular and Interventional Radiology, Ft. Lauderdale, FL, March, 1995.

31. Decimosexto Curso de Diagnostico por Imagenes. Rosario, Argentina, August, 1995.

32. TAC Spirale 1995: Stato Dell'Arte. University of Brescia, Italy, September, 1995.

33. New Orleans Fall Radiology Conference. New Orleans, LA, October, 1995.

34. Visiting Professor, Grand Rounds: New Applications for Spiral CT in Body Imaging. Yale University School of Medicine. New Haven, CT, November, 1995.

35. 13 Curso de Diagnostico por Imagem. Sao Paolo Brazil, December, 1995

36. Spiral CT of the Chest, Spiral CT Angiography. Annual Meeting of the Society of Computed Body Tomography and Magnetic Resonance, Scottsdale, AZ, March 1996.

37. Spiral CT Angiography, Contrast Media Physiology, Siemens CT Users Meeting, Scottsdale, AZ, June 1996.

38. Spiral CT of the Abdomen, CT/MR of the Small Bowel, Spiral CT of the Chest, Spiral CT Angiography. Society of Computed Body Tomography and Magnetic Resonance--Summer Practicum, Aspen, CO, August 1996.

39. MRI met Diepgang. Vaals, The Netherlands, September, 1996.

40. TAC Convenzionale, TAC Spiral e Risonanza Magnetica: L'Addome Oncologico. Venezia, Italy, October, 1996.

41. Practical Issues in Leading-Edge Radiology, Mallinckrodt Institute of Radiology Symposium, St. Louis, MO, October, 1996.

42. Helical CT Angiography of the Chest and Abdomen. Kansas City Radiological Society, Kansas City, KA, February, 1997.

43. MR and CT of the Bile Ducts: State of the Art -- 1997. Society of Gastrointestinal Radiologists, Cancun, Mexico, March, 1997

44. Whole Body Computed Tomography and Magnetic Resonance Imaging—17th Annual Course, Perthshire, Scotland, March, 1997

45. Problematic Renal Mass Evaluation, Aortic Dissection--CT, CT/MR of Pancreatic Neoplasms, CTA/MRA of the Renal Arteries and Abdominal Aorta, Annual Meeting of the Society of Computed Body Tomography and Magnetic Resonance, Washington, DC, April, 1997.

46. Biliary Tract Imaging: A Mutimodality Approach, Refresher Course, Annual Meeting of the American Roentgen Ray Society, Boston, MA, May, 1997.

47. Principles of Spiral/Helical CT, Abdominal and Interventional Radiology Minicourse, Massachusetts General Hospital, Boston, MA, June, 1997.

48. Helical CT and Body MR Imaging, University of Pittsburg Summer Imaging Course, Keystone, CO, July, 1997.

49. Spiral CT 1997: Diagnostic Update. University of Brescia, Italy, September, 1997.

50. CT/MRI Head to Toe Course, New York University School of Medicine, New York, NY, December 1997.

51. Spiral CT: The Nuts and Bolts, Radiology Grand Rounds, Hospital for the University of Pennsylvania, Philadelphia, PA, January, 1998.

52. Computed Body Tomography 1998: The Cutting Edge, Johns Hopkins University, Orlando, FL, February, 1998.

53. Biliary Tract Imaging, Society of Gastrointestinal Radiologists, Rancho Mirage, CA, February, 1998

54. Indeterminate Renal Masses and CT of the Small Bowel, Colorado Society of Radiologists, Denver, CO, March, 1998

55. Clinical Essentials of Spiral CT, Institute for Advanced Medical Education, Ft. Lauderdale, FL, March, 1998

56. Diseases of the Abdomen and Pelvis, International Diagnostic Course in Davos, European Association of Radiologists, Davos, Switzerland, March, 1998

57. Biliary Tract Imaging: A Mutimodality Approach, Refresher Course, Annual Meeting of the American Roentgen Ray Society, San Francisco, CA, April, 1998

58. Clinical Image Management and Communication Systems, First International Symposium on Telemedicine, Athens, Greece, April, 1998

59. Third Annual Summer Abdominal Imaging Conference, University of Pennsylvania, Jackson Hole, WY, July, 1998

60. Practical Applications for Digital Imaging in Radiology, University of Brescia, Italy, September, 1998.

61. Clinical Spiral CT Update – 1998, University of California in Los Angeles, Los Angeles, CA, October, 1998

62. Yale Telemedicine Training Course, Department of Surgery, Yale University School of Medicine, New Haven, CT, November, 1998

63. Diseases of the Abdomen and Pelvis, International Diagnostic Course in Davos, European Association of Radiologists, Davos, Switzerland, March, 1999

64. CT of the Peritoneal and Retroperitoneal Spaces, and Indeterminate Renal Masses, Annual Meeting of the Society of Computed Body Tomography and Magnetic Resonance, New Orleans, LA, April, 1999

65. Clinical Information and Image Management Systems, Yale Endo-Laparoscopic Center Telemedicine Course, New Haven, CT, August, 1999

66. Virtual Colonoscopy: Early Comparison Between Real and Virtual Colonoscopy, Annual Meeting of the Society of Laparoscopic Surgery, New York, NY, December, 1999

67. Spiral CT of the Abdomen: An Old Dog with Some New Tricks. Greater Cincinatti Radiological Society, Cincinatti, OH, January, 2000

68. Visiting Professor, University of Cincinatti, Cincinatti, Ohio, January, 2000

69. Spiral CT of the Abdomen: What's New. Dallas-Fort Worth Radiological Society, Dallas, TX, January, 2000

70. Grand Rounds and Visiting Professor, Parkland Hospital, University of Texas Southwestern Medical Center, Dallas, TX, January, 2000

71. Moderator, Unknown Film Panel – Computed Tomography, New England Roentgen Ray Society, Boston, Massachusetts, February, 2000

72. Whole Body Computed Tomography and Magnetic Resonance Imaging—20th Annual Course, Perthshire, Scotland, March, 2000

73. Visiting Lecturer, 10th Congress of the Asean Association of Radiology, Bangkok, Thailand, March 2000

74. Diagnostica per immagini della patologia pancreatica e biliare: aggiornamenti 2000, Ospedale di Treviglio, Treviglio, Italy, April, 2000

75. Radiologia digitale, PACS, teleradiologia con internet: stato dell'arte nell'anno 2000, Ospedale Civile di Brescia-Radiologia Prima, Brescia, Italy, May 2000

76. Intraabdominal Pathways for the Spread of Disease, Visiting Professor, Incontro con l'Esperto, University of Verona, Verona, Italy, May 2000

77. Intraabdominal Pathways for the Spread of Disease, Radiology Grand Rounds, New York University, New York, NY, June, 2000

78. 22nd Annual Diagnostic Imaging Seminar, University of Pennsylvania Medical Center, Martha's Viineyard, MA, July, 2000

79. CT in the Year 2000: Multidetector and Trauma CT. Convegno Annuale del Gruppo Radiologi Lombardi, Milano, Italy, October, 2000

80. Multidetector CT: Impact on Radiation Dose for Virtual Colonoscopy. 2nd International Symposium on Virtual Colonoscopy, Boston, MA, October, 2000

81. Imaging the Invisible: Mesenteries and Peritoneum of the Upper Abdomen. Refresher Course, 86th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, IL, November, 2000

82. CT/MR Imaging of Problematic Renal Masses and CT of the Peritoneal Ligaments, Grand Rounds, Hartford Hospital, Hartford, CT, January, 2001

83. Multidetector-Row Spiral CT: New Challenges and Opportunities. Grand Rounds, Boston University School of Medicine, Department of Radiology, March, 2001

84. PACS Workstations: Performance and Design. Annual Meeting of the Society of Computed Body Tomography and Magnetic Resonance, Scottsdale, AZ, March, 2001.

85. 3-D CT Imaging of the Chest, Imaging of Pulmonary Emboli, and CT/US Imaging of the Bile Ducts. In "Imaging Ducts, Vessels, and Volumes—The New Approach." University of Verona, Verona, Italy, May, 2001.

86. Principles of Contrast Material Administration and Scan Timing for Spiral CT and Multidetector CT. 2nd Bracco Symposium on Multidetector CT, Barcelona, Spain, May, 2001.

87. Optimization of Technical Parameters for Multidetector CT. 1st Italian Conference on Utilization of Multidetector CT, Alessandria, Italy, May, 2001.

88. Multidetector CT: Application and Impact, and CT Angiography for Renovascular Hypertension. United Kingdom Radiological Congress (UKRC), London, England, May, 2001.

89. Multidetector CT: New Challenges and Opportunities. Grand Rounds, Yale University School of Medicine, Department of Diagnostic Radiology, September, 2001.

90. Principles of Contrast Medium Administration and Scan Timing for Single and Multidetector-Row Spiral CT. International Symposium on Multidetector-Row CT in the New Millennium. Tokyo, Japan, September, 2001.

91. CT after 6PM: Traumatic and Non-traumatic Imaging Applications. Milano, Italy, September, 2001.

92. MRI/CT Update, 2001, Body / Neuro Imaging. Brigham and Women's Hospital, Harvard Medical School, Boston, MA, October, 2001

93. Imaging the Invisible: Mesenteries and Peritoneum of the Upper Abdomen. Refresher Course, 87th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, IL, November, 2001

94. Multidetector CT: New Challenges and Opportunities. Grand Rounds, University of Alabama, Birmingham, Alabama, December, 2001.

95. Optimized Use of Contrast Material in Single and Multislice CT, and Multislice CT: Dose Considerations, 25th Annual Meeting, Society of Computed Body Tomography and Magnetic Resonance, Charleston, South Carolina, March, 2002

96. Spread of Metastatic Disease in the Abdomen, International Diagnostic Course in Davos, European Association of Radiologists, Davos, Switzerland, April, 2002

97. Multidetector CT: General Principles. Categorical Course in Body CT, Annual Meeting of the American Roentgen Ray Society, Atlanta, GA, April, 2002

98. The Future of Medical Imaging, General Electric Lecture, Annual Meeting of the American Roentgen Ray Society, Atlanta, GA, April, 2002

99. Principles of Contrast Administration for MDCT of the Liver, Society of Gastrointestinal Radiologists, Orlando, FL, April, 2002

100. Multidetector CT: New Challenges and Opportunities. Grand Rounds, Medical College of Georgia, Augusta, Georgia, May, 2002

101. Volumetric Multislice CT: General Principles and Radiation Dose Considerations, Volumetric Multislice CT: Principles of Contrast Medium Administration and Scan Timing, Volumetric Multislice CT: Imaging Applications in the Thorax. Third International Workshop on Multislice CT 3D Imaging and Virtual Endoscopy, Rome, Italy, June, 2002

102. Use of High Concentration Contrast Medium: Principles and Rationale – Body CT, Third Annual Symposium on Multislice CT, Paris, France, June, 2002

103. Contrast Optimization and Scan Timing for Single and Multislice CT. International Congress of Radiology, Cancun, Mexico, July, 2002

104. Multidetector CT: New Challenges and Opportunities. Grand Rounds, University of Colorado, Denver, Colorado, July, 2002

105. Multidetector CT Angiography: Principles and Pitfalls, and Radiation Dose Issues with Multidetector CT. Society of Computed Body Tomography and Magnetic Resonance Summer Practicum, Napa, California, August, 2002

106. Multidetector CT Overview, Volumetric CT Imaging of the Thorax, CTA of the Abdominal Aorta and Major Branches. "Gourmet" Body Imaging: Volumetric CT and MR Applications. Convegno Annuale del Gruppo Regionale Radiologi Lombardi della Sirm, Milano, Italy, September, 2002

107. CT Colonography, Multidetector CT Overview, Volumetric CT Imaging of the Thorax, CTA of the Abdominal Aorta and Major Branches. Tomografia Computerizada y Resonancia Magnetica: Estado Actual. Curso Internacional, Hospital Clinico San Carlos, Madrid, Spain, October, 2002

108. Techniques for Peforming and Interpreting CT Colonography, Principles and Radiation Dose with Multislice CT. Medically-principled CT Screening: Theory, Techniques, and Controversies. Society of Computed Body Tomography and Magnetic Resonance Boston, Massachusetts, November, 2002

109. The American College of Radiology Computed Tomography Accreditation Program. Computed Tomography: Patient Dose. NCRP Symposium, Arlington, Virginia, November, 2002

110. Clinical Information and Image Management: Experience at Yale University, and Integrated Health Care Enterprise: Clinical Opportunities and Challenges. La Tradizione Si Rinnova: dalla Pellicola Radiografica all'Ospedale Filmless. Alessandria, Italy, December, 2002

111. Multidetector CT: New Opportunities and Challenges. Grand Rounds, Thomas Jefferson University, Philadelphia, PA, January, 2003

112. MDCT: Basic Principles, Radiation Dose Considerations for Body CT, and CT Colonography: Technique for Performance and Interpretation, 26th Annual Meeting, Society of Computed Body Tomography and Magnetic Resonance, Rancho Mirage, California, March, 2003

113. Keynote Address: "Radiation Dose with Multislice CT: How High Is It?", New Issues Forum: "Radiation Dose with Multislice CT", Categorical Course--Oncologic Radiology: "Patterns of Spread of Metastatic Disease in the Abdomen", Instructional Course:

"Peritoneal Spaces and Ligaments". 103rd Annual Meeting of the American Roentgen Ray Society, San Diego, CA, May, 2003

114. MDCT: Principles and Techniques, MDCT: Radiation Dose Considerations, MDCT: Principles of Contrast Administration and Scan Timing, Techniques for Performing and Interpreting CT Colonography, MDCT Angiography of the Aorta and Major Branches. New York University Summer Radiology Practicum, Prout's Neck, ME, June, 2003

115. G. Leland Melson Visiting Professor and Lecturer. Multislice CT: Radiation Dose Considerations and Future Directions. Mallinckrodt Institute of Radiology, Washington University School of Medicine, St. Louis, MO, September, 2003

116. Contrast Optimization and Scan Timing, and CT Colonography: Technical Considerations. "Advances in Multidetector CT", Institute for Advanced Medical Education. Washington, DC, September, 2003

117. Volumetric Multislice CT: Recent Advancements and Future Directions, Radiation Dose Considerations for Screening with Multislice CT, Coronary Screening: Pros and Cons, Clinical Image and Information Management Systems: Keys to Successful Integration. "Screening CT and Other Volumetric CT Applications". Convegno Annuale del Gruppo Regionale Radiologi Lombardi della Sirm, Milano, Italy, September, 2003

118. Volumetric Multislice CT: Recent Advancements and Future Directions. Meeting of the Radiological Society of Connecticut, Berlin, CT, October, 2003

119. 4, 8, and 16-slice MDCT: Technology, Techniques, and Future Directions; MDCT: Radiation Dose. "New Opportunities for CT, MR, and PET/CT". Society of Computed Body Tomography and Magnetic Resonance, Boston, MA, October, 2003

120. Cross-Sectional Imaging of the Biliary Tract. Refresher Course, 89th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, IL, November, 2003

121. Radiation Dose Considerations for Body CT, Society of Gastrointestinal Radiologists, Scottsdale, AZ, March, 2004

122. Pathways for the Intraabdominal Spread of Malignancy, Radiation Dose Considerations for Body CT, 27th Annual Meeting, Society of Computed Body Tomography and Magnetic Resonance, Las Vegas, NV, March, 2004

123. Clinical Information and Image Management Systems. Clinical Experience at Yale University, Integrated healt care enterprise. Clinical Opportunities and Challenges. Dipartimento di Diagnostica per Immagini Policlinico di Modena – Azienda Ospedaliera, Modena, Italy, March, 2004

124. Virtual Colonoscopy. Grand Rounds, Middlesex Hospital, Middletown, CT, April, 2004

125. Multidetector-row CT: New Challenges and Opportunities, Intraabdominal Pathways for the Spread of Disease. Visiting Professor andGrand Rounds, Department of Diagnostic Imaging, Brown Medical School, April, 2004

126. Principles of Contrast Media Administration and Scan Timing, Techniques for Performing and Interpreting CT Colonography, Multi-slice CT: Radiation Dose Considerations. 5th Annual Course "Multislice Helical CT: Basics to Advanced", Las Vegas , NV, April, 2004

127. Multidetector CT and 3D Imaging in the Abdomen. 104th Annual Meeting of the American Roentgen Ray Society, Miami, FL, May, 2004

128. MDCT: Basic Principles, MDCT: Radiation Dose Considerations, Clinical Image and Information Management Systems: Keys to Successful Integration. SCBT/MR Fourteenth Summer Practicum, Vancouver, Canada, August, 2004

129. American Roentgen Ray Society, CT Angiography: Protocols and Contrast Considerations. Practical Applications in Diagnostic Imaging, Indianapolis, IN, September, 2004

130. American Roentgen Ray Society: Practical Applications in Diagnostic Imaging. CT Angiography: Protocols and Contrast Considerations. Chicago, IL, October 2004

131. American Roentgen Ray Society: Practical Applications in Diagnostic Imaging. CT Angiography: Protocols and Contrast Considerations. Boston, MA, October, 2004

132. Biliary Tract Imaging 2004. Refresher Course, 90th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, IL, November, 2004

133. Multislice CT Angiography of the Aorta and Major Branches, Multislice CT: Technology, Techniques and Future Directions, CT Colonography: Techniques for Performance and Interpretation. 25th Annual Course in Computed Tomography, Magnetic Resonance Imaging & Positron Emission Tomography, Gleneagles, Scotland, March 2005

134. Dose Considerations in MDCT. Abdominal Radiology Course 2005, The Society of Gastrointestinal Radiologists, San Antonio, Texas, March 2005

135. Radiation Safety, CT Colonography. MDCT: A Practical Approach 2005, Society of Computed Body Tomography and Magnetic Resonance, Scottsdale, Arizona, April, 2005

136. Principles of Contrast Media Administration and Scan Timing, CT Angiography of the Aorta and Major Branches, Multislice CT: Radiation Dose Considerations. 6th Annual Multi-Slice Helical CT 2005: Basics to Advanced, Las Vegas, Nevada, May, 2005

137. Multislice CT: Present and Future, Multislice CT: How to Optimize Techniques, CT-Colonography: How to Perform and Interpret, Aorta and Major Branches: Multislice CT-Angiography, Biliary Tract: The Role of Multislice CT Imaging. 8th International Course: Advances in CT & MRI, Barcelona, Spain, May, 2005

138. MDCT: Principles, Protocols, and Applications. 105th Annual Meeting of the American Roentgen Ray Society, New Orleans, LA, May, 2005

139. Pathways for the Intra-abdominal Spread of Disease. The Robert Shapiro Lecture, Hospital of Saint Raphael, New Haven, Connecticut, June, 2005

140. Optimizing Contrast Medium Delivery for Cardiac CT Angiography. Cardiac CT Angiography: A Practical Approach. American Roentgen Ray Society, Washington DC, September, 2005

141. Image Display, Disaster Recovery and Redundancies, Image Distribution, Organizational Issues. PACS Evolution and Revolution. Garda, Italy, October, 2005

142. Optimizing Contrast Medium Delivery for Cardiac CT Angiography. Cardiac CT Angiography: A Practical Approach. American Roentgen Ray Society, Las Vegas, NV, February, 2006

143. Spread of Metastatic Disease in the Abdomen, International Diagnostic Course in Davos, European Association of Radiologists, Davos, Switzerland, April, 2006

144. MDCT Principles, Protocols, and Applications. Instructional Course, American Roentgen Ray Society, Vancouver, Canada, May, 2006

145. How Anatomy Determines the Spread of Peritoneal Disease, European Society of Gastrointestinal and Abdominal Radiology, Crete, Greece, June, 2006

146. Optimizing Contrast Medium Delivery for Cardiac CT Angiography. Cardiac CT Angiography: A Practical Approach. American Roentgen Ray Society, Chicago, IL, September, 2006

147. Contrast Optimization and Scan Timing in Coronary CT Angiography. 13th Chinese Congress of Radiology, Wuhan, Hubei, China, October, 2006

148. Contrast Optimization and Scan Timing in Coronary CTA; Coronary Screening: Pros and Cons; Volumetric Multislice CT: Recent Advancements & Future Directions, Beijing and Shaoyifu Hospitals, Beijing and Hangzhou, China, respectively, October, 2006

149. 64 Slice CT: Principles and Techniques, Contrast Administration for Coronary CTA, CT Colonography: Techniques for Performance and Interpretation, CTA of the Aorta and Great Vessels. Multirow CT: 64 and Beyond, Milano, Italy, November, 2006

150. Contrast Optimization and Scan Timing in Coronary CTA. Connecticut State Radiological Society, Berlin, CT, November, 2006

151. Adult CT: Controlling Dose and Image Quality. Refresher Course, 92th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, IL, November, 2006

152. 64 Slice MDCT: Principles, Techniques, and Future Directions. Grand Rounds – Harborview Medical Center, University of Washington, Seattle, WA, December 2006

153. Optimizing Contrast Medium Delivery for Cardiac CT Angiography. Cardiac CT Angiography: A Practical Approach. American Roentgen Ray Society, San Diego, CA, February, 2007

154. CT Colonography: Performance and Interpretation; Radiation Dose Reduction for CT Examinations. Society of Computed Body Tomography and Magnetic Resonance, Orlando, FL, February, 2007

155. The Use and Misuse of Radiation in Medicine. Third Annual Warren K. Sinclair Keynote Lecture, National Council for Radiation Protection, Arlington, VA, April, 2007

156. Imaging the Peritoneal Cavity: Pearls and Pitfalls. Abdominal Radiology Course – Society of Gastrointestinal Radiologists, Bonita Springs, FL, April, 2007

157. MDCT Techniques 2007: Dose Reduction, Protocols, 3D Imaging. Instructional Course, American Roentgen Ray Society, Orlando, FL, May, 2007

158. Coronary CT Angiography: Optimal Use of IV Contrast Material; CT Colonography: Techniques for Performance and Interpretation; CT as an Exemplar for Use & Misuse of Radiation in Medicine. SCBT/MR Seventeenth Summer Practicum, Banff, Canada, August, 2007

159. Optimizing Contrast Medium Delivery for Cardiac CT Angiography. Cardiac CT Angiography: A Practical Approach. American Roentgen Ray Society, Milwaukee, WI, September, 2007

160. MDCT Technology Update: 64 and Beyond. SCBT/MR Fall MDCT Symposium, Boston, MA, September, 2007

161. Imaging of Aortic Disease: CT and MR. Summit on Acute Aortic Diseases, Lux Et Veritas. Yale University School of Medicine, Department of Cardiothoracic Surgery, New Haven, CT, November, 2007

162. Adult CT: Controlling Dose and Image Quality--Refresher Course, and The Use and Misuse of Radiation in Medicine—International Roundtable. 93rd Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, IL, November, 2007

163. CT as an Exemplar of the Use and Misuse of Radiation in Medicine, and Intra-abdominal Pathways for the Spread of Disease. Brown Medical School and Rhode Island Hospital, Grand Rounds Presentation and Visiting Professorship, Providence, RI, January, 2008

164. The Use and Misuse of Radiation in Medicine. Yale University School of Medicine, Department of Surgery, Grand Rounds, New Haven, CT, February, 2008

165. Imaging the Peritoneal Cavity: Pearls and Pitfalls. Abdominal Radiology Course – Society of Gastrointestinal Radiologists, Palm Springs, CA, February, 2008

166. Optimizing Contrast Medium Delivery for Cardiac CT Angiography. Cardiac CT Angiography: A Practical Approach. American Roentgen Ray Society, Ft. Lauderdale, FL, February, 2008

167. The Use and Misuse of Radiation in Medicine. University of Massachusetts, Department of Diagnostic Radiology, Grand Rounds, Worchester, MA, March 2008

168. Coronary CT Angiography: Optimal Use of IV Contrast Material, Coronary CT Angiography: Radiation Dose Considerations, Society of Computed Body Tomography and Magnetic Resonance, Charleston, SC, April, 2008

169. CT as an Exemplar for the Use and Misuse of Radiation in Medicine. Department of Diagnostic Radiology, Grand Rounds, Brigham and Women's Hospital, Boston, MA, April, 2008

170. CT as an Exemplar for the Use and Misuse of Radiation in Medicine. Department of Diagnostic Radiology, Grand Rounds, Massachusetts General Hospital, Boston, MA, April, 2008

171. MDCT Technology: Optimizing Contrast Utilization, CT as an Exemplar of Use and Misuse of Radiation in Medicine, Future Directions in Multichannel CT. 9th Annual Clinical Advances in Multi-Slice / Multi-Channel CT and CTA, Las Vegas, NV, April, 2008

172. Technical Comparison of 64 Slice CT Scanners: X-Ray Source and Detectors, Trends in MDCT Utilization and Technique: Mandate for Radiation Dose Control, Radiation Dose Monitoring and Reporting for MDCT: Local, National and Global Initiatives. 10th Annual International Symposium on Multidetector-Row CT (Stanford Department of Radiology), Las Vegas, NV, May, 2008

173. Radiation Dosimetry Associated with Cardiac CT Angiography. Cardiovascular Imaging: Integration of SPECT, PET, and CT in Clinical Practice – Symposium in Honor of Frans J. Th. Wackers, MD (Yale Department of Internal Medicine), New Haven, CT, June, 2008

174. Intra- and Subperitoneal Pathways for the Intra-Abdominal Spread of Metastatic Disease, Cancer Risk from Diagnostic Imaging: Risk and Management of Medical Radiation, Multislice CT: Technology Update. International Oncologic Imaging Course, Milano and Cagliari, Italy, June, 2008

175. CT as an Exemplar for the Use and Misuse of Radiation in Medicine. Keynote Address, American Board of Radiology Summit Meeting, Chicago, IL, August, 2008

176. PACS: Yale Experience, Image Display, Disaster Recovery and Redundancies. Digital X-ray and PACS Forum 2008, Curitiba, Brazil, August, 2008

177. Applications for Audience Response Systems in Radiology Education. RSNA Faculty Development Workshop, Chicago, IL, September, 2008

178. Controversies in Radiation Dose and Risk Estimates for CT. General Electric Academic Advisory Council, Niskayuna, NY, October, 2008

179. Multislice CT: Technology Update and Future Directions, Intraperitoneal Pathways for the Spread of Disease in the Abdomen. New Horizons in Radiology, Berlin, Germany, October, 2008

180. Use and Misuse of Radiation in Medicine. Internal Medicine Grand Rounds, University of Arizona, Tucson, AZ, October, 2008

181. Multi-slice CT: Optimizing the Use of Intravenous Contrast Material. Huangguoshu International Interdisciplinary Conference on Biomedical Mathematics, Guizhou, China, November, 2008

182. Clinical Practice: Controlling Adult Radiation Dose and Study Quality--Refresher Course. 94th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, IL, December, 2008

183. Multislice CT: Technology Update and Future Directions, CT as an Exemplar of the Use and Misuse of Radiation in Medicine, Extraperitoneal Pathways for the Spread of Disease in the Abdomen. 9th Annual Vail 2009:New Advances in MR and CT Symposium, Vail, CO, February, 2009.

184. CT as an Exemplar of the Use and Misuse of Radiation in Medicine, Intra-abdominal Pathways for the Spread of Disease. Radiology Grand Rounds. Unversity of Michigan, Ann Arbor, MI, February, 2009.

185. Future Directions in Multislice CT, Coronary CT Angiography: Optimal Use of IV Contrast Material, Coronary CT Angiography: Radiation Dose Considerations. 2nd Annual Pan Arab Congress – Pan Arab Association of Radiological Societies, Alexandria, Egypt, April, 2009.

186. Coronary CT Angiography: Optimal Use of IV Contrast Material, Coronary CT Angiography: Radiation Dose Considerations. Ain Shams Specialized Hospital, Cairo, Egypt, April, 2009.

187. CT as an Exemplar of the Use and Misuse of Radiation in Medicine, Intra-abdominal Pathways for the Spread of Disease. Klatte/Campbell Lecture. Indiana University, Indianapolis, IN, April, 2009.

188. Introduction to Academic Radiology. American Roentgen Ray Society, Boston, May, 2009

189. CT as an Exemplar for the Use and Misuse of Radiation in Medicine. Washington DC Metropolitan Radiological Society, Washington, DC, September, 2009

190. Visiting Professor, Intraperitoneal Pathways for the Spread of Disease, George Washington University, Washington, DC, September, 2009

175. CT as an Exemplar for the Use and Misuse of Radiation in Medicine. Keynote Address, American Board of Radiology Summit Meeting, Chicago, IL, August, 2008

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190. Visiting Professor, Intraperitoneal Pathways for the Spread of Disease, George Washington University, Washington, DC, September, 2009

191. Uses and Misuses of CT in Medicine, Computed Tomography in Emergency Medicine: Ensuring Appropriate Use, National Council of Radiation Protection, Bethesda, MD, September, 2009

192. Visiting Professor, Intraperitoneal Pathways for the Spread of Disease, Georgetown University, Washington, DC, September, 2009

193. Radiation Safety, Utilization, and Waste. Society of Chairmen of Academic Radiology Departments, Kohala Coast, Hawaii, October, 2009

194. Controlling CT Radiation Dose: Emphasis on Head and Neck Imaging, American Society of Head and Neck Radiology, New Orleans, LA, October, 2009

195. Scenario Planning for SCARD and ACR, Association of Administrators in Academic Radiology, Kohala Coast, Hawaii, October, 2009

196. Practical Approach to Optimizing Radiation Dose for Body CT: Cardiac Protocols, Radiological Society of North America, Chicago, IL, December, 2009

197. Optimizing Contrast Medium Delivery for Cardiac CT Angiography. Cardiac CT Angiography: A Practical Approach. American Roentgen Ray Society, Phoenix, AZ, February, 2010

198. Multislice CT: Optimizing Utilization of IV Contrast Material, Intraperitoneal Pathways for the Spread of Disease in the Abdomen, Multislice CT: Technology Update and Future Directions, CT as an Exemplar of the Use and Misuse of Radiation in Medicine. Vail 2010: Multislice CT in Clinical Practice. Vail, CO, February, 2010

199. Coronary CT Angiography: Optimal Use of IV Contrast Material, Coronary CT Angiography: Radiation Dose Considerations, Future Directions in Multislice CT. Annual Meeting of the Society of Computed Body Tomography and Magnetic Resonance, San Diego, CA, March, 2010.

200. Spread of Metastatic Disease in the Abdomen, International Diagnostic Course in Davos, European Association of Radiologists, Davos, Switzerland, March, 2010.

201. Intra-Abdominal Pathways for the Spread of Disease (Part I & II), Future Directions and Radiation Dose Considerations for Multi-slice CT. Visiting Professor, Michigan State University, Lansing, MI, April, 2010

202. Multislice CT: Optimizing Utilization of IV Contrast Material, Radiation Safety, Utilization and Control. Connecticut Society of Radiologic Technologists. Middletown, CT, April, 2010

203. CT as an Exemplar of the Use and Misuse of Radiation in Medicine. Visiting Professor, University of Chicago, Chicago, IL, April, 2010

204. CT Imaging - The Benefits are Worth the Responsibilities. American Association of Physicists in Medicine CT Dose Summit, Atlanta, GA, April, 2010

205. Retroperitoneal Spaces -- Beyond the Visceral Organs: The Mesentery and Peritoneum. Annual meeting of the American Roentgen Ray Society. San Diego, CA, May, 2010

206. CCTA:Protocols – Contrast Media Optimization, Radiation Dose. SCBT/MR Summer Practicum, Jackson Hole, Wyoming, August, 2010

207. Radiation Safety, Utilization and Control in Medical Imaging. Yale Cancer Center Grand Rounds, Yale University School of Medicine, October, 2010

208. Future Directions in Multislice CT Technology; Radiation Safety, Utilization and Control, Intra-abdominal pathways for the spread of disease. Korean Society of Radiology, Seoul, Korea, October, 2010

209. Update on "Image Wisely". Optimizing Radiation Use During Fluoroscopic Procedures Consensus Panel. Society of Interventional Radiology Foundation. Herndon, Virginia, October, 2010

210. Coronary CT Angiography: Optimal Use of IV Contrast Material, Coronary CT Angiography: Radiation Dose Considerations, Radiation Safety, Utilization and Waste, Future Directions in Multislice CT. Chest and Cardiac CT: State of the Art, 2010. Milano and Cagliari, Italy, November, 2010

211. Coronary CT Angiography: Optimal Radiation Dose Considerations. Coronary Artery Imaging: Low Dose CT and New Concepts in Advanced High-Resolution Imaging of Coronary Plaque. Rome, Italy, November, 2010

212. Image Wisely Kickoff, Safety in Medical Imaging, Practical Approach to Optimizing Radiation Dose for Body CT: Cardiac Protocols, Radiological Society of North America, Chicago, IL, December, 2010

213. Observations from the ACR CT Accreditation Program: Areas of Success and Areas for Improvement. NIBIB Summit on Management of Radiation Dose in Computerized Tomography: Toward the Sub-mSv Exam. Bethesda, Maryland, February, 2011

214. Growing Issue and Growing Awareness. Developing an Action Plan for Radiation Safety in Cardiovascular Medicine. DCRI/ACC/AHA Think Tank. Tyson's Corner, VA, February, 2011

215. Image Wisely: A campaign to Promote Safe and Appropriate Use of Medical Imaging in Adults, Future Development in CT. Canadian Association of Radiologists, 74th Annual Scientific Meeting, Montreal, Canada, April, 2011

216. Retroperitoneal Spaces -- Beyond the Visceral Organs: The Mesentery and Peritoneum. Annual meeting of the American Roentgen Ray Society. Chicago, IL, May, 2011

217. Image Wisely: A Campaign to Increase Awareness about Adult Radiation Protection. ARRS-ACR 2011 Symposium: Radiation Dose and CT Scanning—Perspectives on the Problem and Potential Solutions. Washington, DC, May, 2011.

218. Radiation Safety, Utilization and Control in Medical Imaging. Medical Grand Rounds, Texas Health Presbyterian Hospital, Dallas, TX, June, 2011.

219. Clinical Keynote Address: Image Wisely. Annual Meeting of the Florida Radiological Society. Key Biscayne, FL, July, 2011.

220. Key Elements in the Success or Failure of Mergers. 2011 Intersociety Summer Conference. Sundance, Utah, August 2011.

221. Cancer Risk Potential with CT. First Annual International Symposium on Radiation Safety in CT. Massachusetts General Hospital, Boston, MA, September, 2011.

222. CT Imaging: The Benefits Are Worth the Responsibilities, Adapting Scanner Settings to Match Clinical Indication - How Much Variation is Needed. 2001 AAPM Dose Summit, Denver, CO, October, 2011

223. CT Imaging: The Benefits Are Worth the Responsibilities. Masters in Body Imaging – 34th Annual Course of the Society of Computed Body Tomography and Magnetic Resonance, Washington, DC, October, 2011.

224. PACS Implementation: How to Avoid Bumps in the Road. Rationale and Evolution, Image Display, and Organizational Issues. Ospedale Maggiore Policlinico, Milano, Italy, November, 2011

225. Image Wisely Update, Keeping the Benefits of Medical Imaging in Perspective, Radiological Society of North America, Chicago, IL, November, 2011

226. The Physician's Perspective on What to Report. National Academies' Beebe Symposium on Tracking Radiation Exposures from Medical Diagnostics, Washington, DC, December, 2011

227. Radiation Safety, Utilization, and Control. Visiting Professor, University of Vermont, Burlington, VT, January 2012

228. CT Dose Disasters We Have Seen – How Bad Could It Get?, The Image Wisely Campaign. Hot Topics in Body CT: Ultra Low-Dose CT and Dual Energy CT in Your Daily Practice. SCBT/MR, Ft. Myers, FL, February, 2012

229. The Need for Imaging Algorithms. Technical Meeting on Radiation Protection of Patients through the Development of Appropriateness Criteria in Diagnostic Imaging, International Atomic Energy Agency, Vienna, Austria, March, 2012

230. Consolidation of Academic and Non-academic Hospitals into Accountable Care Organizations (ACOs). Association of University Radiologists, San Antonio, TX, March, 2012

231. Holmes Lecture: Minimizing Radiation Dose for Effective Medical Imaging – Efforts of the Image Wisely Campaign. New England Roentgen Ray Society, Boston, MA, April, 2012

232. Low Dose Radiation – Clinical Dose Monitoring. Abdominal Imaging 2012: The Current Knowledge Base that Supports Safe and Clinically Effective Practice. American College of Radiology, Washington, DC, April, 2012

233. CT Dose Reduction in the Abdomen and Pelvis: Patient Tracking and Rationale Exam Selection. American Roentgen Ray Society, Vancouver, BC, May, 2012

234. Coronary CT Angiography: Optimal Use of Contrast Material and Radiation Dose Considerations. International Society of Radiology, Sao Paulo, Brazil, May, 2012

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Attachment IV **American College of Radiology Practice Guidelines:**

- **Performing and Interpreting Diagnostic Computed Tomography (CT)**
- **Performing FDG-PET/CT in Oncology**
- **Performing and Interpreting Magnetic Resonance Imaging (MRI)**

Revised 2011 (Resolution 35)*

ACR PRACTICE GUIDELINE FOR PERFORMING AND INTERPERTING DIAGNOSTIC COMPUTED TOMOGRAPHY (CT)

PREAMBLE

These guidelines are an educational tool designed to assist practitioners in providing appropriate radiation oncology care for patients. They are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care. For these reasons and those set forth below, the American College of Radiology cautions against the use of these guidelines in litigation in which the clinical decisions of a practitioner are called into question.

The ultimate judgment regarding the propriety of any specific procedure or course of action must be made by the physician or medical physicist in light of all the circumstances presented. Thus, an approach that differs from the guidelines, standing alone, does not necessarily imply that the approach was below the standard of care. To the contrary, a conscientious practitioner may responsibly adopt a course of action different from that set forth in the guidelines when, in the reasonable judgment of the practitioner, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology subsequent to publication of the guidelines. However, a practitioner who employs an approach substantially different from these guidelines is advised to document in the patient record information sufficient to explain the approach taken.

The practice of medicine involves not only the science, but also the art of dealing with the prevention, diagnosis, alleviation, and treatment of disease. The variety and complexity of human conditions make it impossible to always reach the most appropriate diagnosis or to predict with certainty a particular response to treatment.

Therefore, it should be recognized that adherence to these guidelines will not assure an accurate diagnosis or a successful outcome. All that should be expected is that the practitioner will follow a reasonable course of action based on current knowledge, available resources, and the needs of the patient to deliver effective and safe medical care. The sole purpose of these guidelines is to assist practitioners in achieving this objective.

I. INTRODUCTION

Computed tomography (CT) is a radiologic modality that provides clinical information in the detection, differentiation, and demarcation of disease. It is the primary diagnostic modality for a variety of presenting problems and is widely accepted as a supplement to other imaging techniques.

CT is a form of medical imaging that involves the exposure of patients to ionizing radiation [1]. According to National Council on Radiation Protection & Measurements (NCRP) report 160 [2], the radiation exposure from CT contributes to nearly half of all the radiation exposure from medical procedures to the U.S. population. It should only be performed under the supervision of a physician with the necessary training in radiation protection to optimize examination safety [1,3-5]. A Qualified Medical Physicist must be available [6].

CT examinations should be performed only for a valid medical reason and with the minimum exposure that provides the image quality necessary for adequate diagnostic information [7-11].

This guideline applies to all CT examinations performed in all settings.

(For pediatric considerations see section VII.)

II. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

Physicians who supervise and interpret CT examinations should be licensed medical practitioners who have a thorough understanding of the indications for CT as well as a familiarity with the basic physical principles and limitations of the technology of CT imaging. They should be familiar with alternative and complementary imaging and diagnostic procedures and should be capable of correlating the results of these with CT findings. The physicians should have a thorough understanding of CT technology and instrumentation as well as radiation safety. Physicians responsible for CT examinations should be able to demonstrate familiarity with the anatomy, physiology, and pathophysiology of those organs or anatomic areas that are being examined. These physicians should provide evidence of training and the requisite competence to perform CT examinations successfully.

A. Physician

All examinations must be performed under the supervision of and interpreted by a physician who has the following qualifications:

1. Certification in Radiology or Diagnostic Radiology by the American Board of Radiology, American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or the Collège des Médecins du Québec, and involvement with the supervision, interpretation, and reporting of 300 CT examinations in the past 36 months.[1]

   or

   Completion of a diagnostic radiology residency program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA) to include involvement with the supervision, interpretation, and reporting of 500 CT examinations in the past 36 months.[1]

   or

   Physicians not board certified in radiology or not trained in a diagnostic radiology residency program who assume these responsibilities for CT imaging exclusively in a specific anatomical area should meet the following criteria: completion of an ACGME approved residency program in the specialty practiced plus 200 hours of Category I CME in the performance and interpretation of CT in the subspecialty where CT reading occurs; and supervision, interpretation, and reporting of 500 cases in that subspecialty area during the past 36 months in a supervised situation.

   and

2. The physician should have documented training in the physics of diagnostic radiology. Additionally, the physician must demonstrate training in the principles of radiation protection, the hazards of radiation exposure to both patients and radiologic personnel, and appropriate monitoring requirements.

   and

3. The physician should be thoroughly acquainted with the many morphologic and pathophysiologic manifestations and artifacts demonstrated on CT. Additionally, supervising physicians should have appropriate knowledge of alternative imaging methods, including the use of and indications for general radiography and specialized studies such as angiography, ultrasonography, magnetic resonance imaging, and nuclear medicine studies.

   and

4. The physician should be familiar with patient preparation for the examination. The physician must have had training in the recognition and treatment of adverse effects of contrast materials used for these studies. See the ACR Manual on Contrast Media and the ACR Practice Guideline for the Use of Intravascular Contrast Media [12-13].

   and

5. The physician must have the responsibility for reviewing all indications for the examination; specifying the use, dosage, and rate of administration of contrast agents; specifying the imaging technique, including available techniques to reduce radiation dose; interpreting images; generating official interpretations (final reports); and maintaining the quality of the images and the interpretations.

Maintenance of Competence

All physicians performing CT examinations should demonstrate evidence of continuing competence in the interpretation and reporting of those examinations. Competency can be assured on the basis of continuing experience or through monitoring and evaluation that indicates acceptable technical success, accuracy of interpretation, and appropriateness of evaluation.

[1] Completion of an accredited radiology residency in the past 24 months will be presumed to be satisfactory experience for the reporting and interpreting requirement.

Continuing Medical Education

The physician's continuing education should be in accordance with the ACR Practice Guideline for Continuing Medical Education (CME) and should include CME in CT as is appropriate to the physician's practice needs.

B. Qualified Medical Physicist

A Qualified Medical Physicist is an individual who is competent to practice independently one or more of the subfields in medical physics. The ACR considers certification and continuing education and experience in the appropriate subfield(s) to demonstrate that an individual is competent to practice one or more of the subfield(s) in medical physics and to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR), the Canadian College of Physics in Medicine, or for MRI, by the American Board of Medical Physics (ABMP) in magnetic resonance imaging physics.

The appropriate subfields of medical physics for computed tomography are Radiological Physics and Diagnostic Radiological Physics.

A Qualified Medical Physicist should meet the ACR Practice Guideline for Continuing Medical Education (CME). (ACR Resolution 17, 1996 – revised in 2008, Resolution 7)

C. Registered Radiologist Assistant

A registered radiologist assistant is an advanced level radiographer who is certified and registered as a radiologist assistant by the American Registry of Radiologic Technologists (ARRT) after having successfully completed an advanced academic program encompassing an ACR/ASRT (American Society of Radiologic Technologists) radiologist assistant curriculum and a radiologist-directed clinical preceptorship. Under radiologist supervision, the radiologist assistant may perform patient assessment, patient management and selected examinations as delineated in the Joint Policy Statement of the ACR and the ASRT titled "Radiologist Assistant: Roles and Responsibilities" and as allowed by state law. The radiologist assistant transmits to the supervising radiologists those observations that have a bearing on diagnosis. Performance of diagnostic interpretations remains outside the scope of practice of the radiologist assistant. (ACR Resolution 34, adopted in 2006)

D. Radiologic Technologist

The technologist should have the responsibility for patient comfort, preparing and positioning the patient for the CT examination, monitoring the patient during the examination, and obtaining the CT data in a manner prescribed by the supervising physician. If intravenous contrast material is to be administered, qualifications for technologists performing intravenous injections should be in compliance with current ACR policy[2] and with existing operating procedures or manuals at the imaging facility. The technologist should also perform the regular quality control testing of the CT system under the supervision of a medical physicist.

Technologists performing CT examinations should be certified by the American Registry of Radiologic Technologists (ARRT) or have an unrestricted state license with documented training and experience in CT.

III. SPECIFICATIONS OF THE EXAMINATION

The written or electronic request for a CT examination should provide sufficient information to demonstrate the medical necessity of the examination and allow for its proper performance and interpretation.

Documentation that satisfies medical necessity includes 1) signs and symptoms and/or 2) relevant history (including known diagnoses). Additional information regarding the specific reason for the examination or a provisional diagnosis would be helpful and may at times be needed to allow for the proper performance and interpretation of the examination.

The request for the examination must be originated by a physician or other appropriately licensed health care provider. The accompanying clinical information should be provided by a physician or other appropriately licensed health care provider familiar with the patient's clinical problem or question and consistent with the state's scope of practice requirements. (ACR Resolution 35, adopted in 2006)

Images must be labeled with the following: a) patient identification, b) facility identification, c) examination date, and d) the side (right or left) of the anatomic site imaged.

IV. DOCUMENTATION

High-quality patient care requires adequate documentation. There should be a permanent finalized

[2]See the ACR Practice Guideline for the Use of Intravascular Contrast Media.

record of the CT examination and its interpretation. Images of all appropriate areas, both normal and abnormal, should be recorded in a suitable archival format. An official interpretation (final report) of the CT findings should be included in the patient's medical record regardless of where the study is performed. Retention of the CT examination should be consistent both with clinical need and with relevant legal and local health care facility requirements.

Reporting should be in accordance with the ACR Practice Guideline for Communication of Diagnostic Imaging Findings.

V. EQUIPMENT SPECIFICATIONS

See the various anatomic CT procedure guidelines or standards for definitive equipment specifications.

VI. RADIATION SAFETY IN IMAGING

A. General Policy

Radiologists, medical physicists, radiologic technologists, and all supervising physicians have a responsibility to minimize radiation dose to individual patients, to staff, and to society as a whole, while maintaining the necessary diagnostic image quality. This concept is known as "as low as reasonably achievable (ALARA)."

Facilities, in consultation with the medical physicist, should have in place and should adhere to policies and procedures, in accordance with ALARA, to vary examination protocols to take into account patient body habitus, such as height and/or weight, body mass index or lateral width. The dose reduction devices that are available on imaging equipment should be active; if not; manual techniques should be used to moderate the exposure while maintaining the necessary diagnostic image quality. Periodically, radiation exposures should be measured and patient radiation doses estimated by a medical physicist in accordance with the appropriate ACR Technical Standard. (ACR Resolution 17, adopted in 2006 – revised in 2009, Resolution 11)

Facilities performing CT should be attentive to radiation exposure in the pediatric population and adhere to the principles of patient appropriate dosing protocols, such as those suggested by Image Gently [24].

B. Actions Specifically for CT

1. The lead radiologist, lead CT technologist, and qualified medical physicist should collaborate to design and review all new or modified protocol settings, to ensure that both image quality and radiation dose aspects are appropriate.
2. The facility should establish radiation dose thresholds during any new CT protocol design.
3. If an estimated radiation dose is above the applicable threshold for a routine clinical CT examination, steps should be taken to adjust the protocol to fall within established values, if possible.
4. A periodic review process should be instituted for all protocols to ensure that no changes have been applied that may degrade image quality or unreasonably increase radiation dose.
5. Depending on the implementation on a particular scanner, the CT dose estimate display option should not be disabled. Such information should be viewed during the examination prescription phase.
6. CT staff should maintain CT-specific continuing education that focuses on patient safety.

VII. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education appearing under the heading *Position Statement on QC & Improvement, Safety, Infection Control, and Patient Education* on the ACR web site (http://www.acr.org/guidelines).

A comprehensive CT quality control program should be documented and maintained at the CT facility. The program should help to minimize radiation risk to the patient, facility personnel, and the public, and to maximize the quality of diagnostic information. CT facility personnel must adhere to radiation safety regulations when inside the scanner room. Overall program responsibility should remain with the physician, but specific program implementation should be supervised by the medical physicist in compliance with local and state regulations as well as manufacturer specifications. The facility should maintain a record of quality control tests, frequency of performance, and description of procedures, as well as a list of individuals or groups performing each test. Moreover, the parameters of technique, equipment testing, and acceptability of limits for each test should also be maintained, along with sample records for each test. Quantitative dose determination should be conducted periodically, in addition to equipment performance monitoring.

The supervising physician should review all practices and policies at least annually. Policies with respect to contrast and sedation must be administered in accordance with institutional policy as well as state and federal regulations. A physician should be available on-site whenever intravenous or intrathecal contrast or intravenous sedation is administered [12-13].

Appropriate emergency equipment and medications must be immediately available to treat adverse reactions associated with administered medications [14]. The equipment and medications should be monitored for inventory and drug expiration dates on a regular basis. The equipment, medications, and other emergency support must also be appropriate for the range of ages and sizes in the patient population.

The lowest possible radiation dose consistent with acceptable diagnostic image quality should be used, particularly in pediatric examinations. Radiation doses should be determined periodically based on a reasonable sample of pediatric examinations. For further information see the ACR–SPR Practice Guideline for the Performance of Pediatric Computed Tomography (CT) [15-16]. Technical factors should be appropriate for the size and the age of the child and should be determined with consideration of parameters such as characteristics of the imaging system, organs in the radiation field, lead shielding, etc. Guidelines concerning effective pediatric technical factors are published in the radiological literature [17-25].

For the pregnant or potentially pregnant patient, see the ACR Practice Guideline for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation.

Equipment performance monitoring should be in accordance with the ACR Technical Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography (CT) Equipment.

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ACR PRACTICE GUIDELINE FOR PERFORMING FDG-PET/CT IN ONCOLOGY

PREAMBLE

These guidelines are an educational tool designed to assist practitioners in providing appropriate radiologic care for patients. They are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care. For these reasons and those set forth below, the American College of Radiology cautions against the use of these guidelines in litigation in which the clinical decisions of a practitioner are called into question.

The ultimate judgment regarding the propriety of any specific procedure or course of action must be made by the physician or medical physicist in light of all the circumstances presented. Thus, an approach that differs from the guidelines, standing alone, does not necessarily imply that the approach was below the standard of care. To the contrary, a conscientious practitioner may responsibly adopt a course of action different from that set forth in the guidelines when, in the reasonable judgment of the practitioner, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology subsequent to publication of the guidelines. However, a practitioner who employs an approach substantially different from these guidelines is advised to document in the patient record information sufficient to explain the approach taken.

The practice of medicine involves not only the science, but also the art of dealing with the prevention, diagnosis, alleviation, and treatment of disease. The variety and complexity of human conditions make it impossible to always reach the most appropriate diagnosis or to predict with certainty a particular response to treatment. Therefore, it should be recognized that adherence to these guidelines will not assure an accurate diagnosis or a successful outcome. All that should be expected is that the practitioner will follow a reasonable course of action based on current knowledge, available resources, and the needs of the patient to deliver effective and safe medical care. The sole purpose of these guidelines is to assist practitioners in achieving this objective.

I. INTRODUCTION

This guideline has been developed by the American College of Radiology (ACR) to guide interpreting physicians performing positron emission tomography/ computed tomography (PET/CT) with fluorine-18-2-fluoro-2-deoxy-D-glucose (FDG) for oncologic imaging in adult and pediatric patients.

FDG-PET is a scintigraphic technique that provides three-dimensional information about the rate of glucose metabolism in the body and is a sensitive method for detecting, staging, and monitoring the effects of therapy for many malignancies. CT uses an external source of radiation to provide three-dimensional images of the density of the tissues in the body. CT images provide information about the size and shape of organs and abnormalities within the body. Combined PET/CT devices [1-2] provide both the metabolic information from FDG-PET and the anatomic information from CT in a single examination. The information obtained by PET/CT has been shown to be more accurate in evaluating patients with known or suspected malignancy than either PET or CT alone or PET and CT obtained separately but interpreted together [3-10].

FDG-PET and CT are proven diagnostic procedures. The advantages of having both PET and CT in a single device have resulted in rapid dissemination of this technology in the United States. Techniques for registration and fusion of images obtained from separate PET and CT scanners have been available for several years and have been shown to improve diagnostic accuracy [11-18]. This practice guideline, however, pertains only to combined PET/CT devices.

Several issues related to PET/CT have arisen and include equipment specifications, image acquisition protocols, supervision, interpretation, professional qualifications, and safety. A discussion of these issues by representatives of the ACR, the Society of Nuclear Medicine, and the Society of Computed Body Tomography and Magnetic Resonance is available [19].

II. GOAL

The goal of PET/CT imaging in oncology is to enable the interpreting physician to 1) distinguish benign from malignant disease, 2) determine the extent of disease, 3) detect residual and recurrent tumors, 4) monitor the effect of therapy, and 5) guide therapy.

III. DEFINITIONS

For the purposes of this guideline, the following definitions apply:

PET/CT fusion: The simultaneous display (superimposed or not) of registered PET and CT image sets. When superimposed, the image sets are typically displayed with the PET data color-coded onto the grayscale CT data.

PET/CT registration: The process of taking PET and CT image sets that represent the same body volume and aligning them such that there is a voxel-by-voxel match for the purpose of combined image display (fusion) or image analysis.

PET/CT scanner: A device that includes a single patient table for obtaining a CT scan or PET scan, or both. If the patient stays reasonably immobile between the scans, the PET and CT data are aligned and can be accurately fused.

IV. INDICATIONS

Indications for PET/CT include, but are not limited to, the following:

1. Evaluating an abnormality detected by another imaging method to determine the level of metabolism and the likelihood of malignancy.
2. Searching for an unknown primary tumor when metastatic disease is discovered as the first manifestation of cancer.
3. Staging patients with known malignancy.
4. Monitoring the effect of therapy on known malignancies.
5. Determining if residual abnormalities on imaging studies following treatment represent tumor or post-treatment inflammation, fibrosis, or necrosis.
6. Detecting recurrence, especially in the presence of elevated tumor markers.
7. Assisting in treatment planning.

PET/CT does not work equally well for all tumors. A continuing review of the literature is recommended to determine the most effective applications.

For the pregnant or potentially pregnant patient, see the ACR Practice Guideline for Imaging Pregnant or Potentially Pregnant Adolescents and Women with ionizing radiation.

V. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

A. Physician

1. All PET/CT examinations must be performed under the supervision of and interpreted by a physician who has the following qualifications:
   a. Certification in Radiology or Diagnostic Radiology by the American Board of Radiology, American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or the Collège des Médecins du Québec; and involvement with the interpretation, reporting, and/or supervised review of 300 PET and/or PET/CT examinations in the past 36 months; 15 hours of PET and PET/CT CME (AMA category 1), at least 8 of which are PET/CT; and meets the physician training and experience requirements of the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT)[1], and the physician qualifications in the ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals.

or

[1]Should include cases that are representative of the following areas: abdomen, chest, neck, and pelvis. In meeting the requirements of the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography, physicians who are certified by the ABNM and have completed the ACGME approved nuclear medicine residency program, can count up to 100 hours of didactic training in CT toward satisfying the 200 hours requirement in the guideline, and 500 CT cases interpreted under the supervision of a physician qualified under the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography.

b. Completion of a diagnostic radiology residency program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA) to include involvement with the interpretation, reporting, and supervised review of 500 or more PET and/or PET/CT examinations in the past 36 months; 15 hours of PET and PET/CT CME (AMA category 1), at least 8 of which are PET/CT; and meets the physician training and experience requirements of the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT), and the physician qualifications in the ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals.

or

c. Certification in Nuclear Medicine by the ABNM or in special competence in nuclear medicine by the ABR; and involvement with the interpretation, reporting, and/or supervised review 300 PET and/or PET/CT examinations in the past 36 months; 15 hours of PET and PET/CT CME (AMA category 1), at least 8 of which are PET/CT; and meets the physician training and experience requirements of the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT), and the physician qualifications in the ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals.

or

Physicians in the certification/training categories in a, b, and c above, but without the recent PET or PET/CT involvement specified may achieve the required PET/CT training experience equivalent by completing and documenting the following:

i. Physician category a: 150 PET and/or PET/CT interpretations in a supervised situation,[2] at least 100 of which are PET/CT, and 15 hours of PET and/or PET/CT CME, at least 8 of which are PET/CT. The physician training requirements of the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT) and the physician qualifications in the ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals must be met.

ii. Physician category b: 200 PET and/or PET/CT interpretations in a supervised situation, at least 150 of which are PET/CT, and 25 hours of PET and/or PET/CT CME, at least 8 of which are PET/CT. The physician training requirements of the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT) and the physician qualifications in the ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals must be met.

iii. Physician category c: 150 PET and/or PET/CT interpretations in a supervised situation, at least 100 of which are PET/CT, and 15 hours of PET and/or PET/CT CME, at least 8 of which are PET/CT. The physician training requirements of the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT) and the physician qualifications in the ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals must be met.

or

d. Physicians not board certified in radiology or nuclear medicine, or not trained in a diagnostic radiology residency or nuclear medicine program who assume the responsibilities of supervising, interpreting, and reporting PET/CT examinations, should meet the following criteria: completion of an ACGME approved residency program plus 80 hours of PET and PET/CT CME, at least 40 of which are PET/CT, and supervision, interpretation, and reporting of 500 PET/CT cases in a supervised situation. In addition, these physicians must meet the training requirements in the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT) and the qualifications in the ACR–SNM Technical

[2]Acceptable ways to have PET/CT and CT case interpretations in a supervised situation include practice-based learning locally or in a visiting fellowship, learning in an interactive live case based on conference where an interpretation is rendered and then scored or critiqued, or distance learning such as over the Internet, in an interactive case-based format where an interpretation is rendered and then scored or critiqued, under the supervision or review of physicians expert in the field.

Standard for Diagnostic Procedures Using Radiopharmaceuticals.

and

2. The physician shall have documented training in the physics of nuclear medicine and diagnostic radiology. Additionally, the physician must demonstrate training in the principles of radiation protection; the hazards of radiation exposure to patients, radiological personnel and the public; handling radiopharmaceuticals; and the appropriate regulatory and monitoring requirements.

and

3. The physician should be thoroughly acquainted with the many morphologic, pathologic, and physiologic radiopharmaceutical distributions with artifacts demonstrated on PET/CT. Additionally, the supervising physician should have appropriate knowledge of alternative imaging methods, including the use and indications for general radiography and specialized studies such as angiography, ultrasonography, magnetic resonance imaging (MRI), and alternative nuclear medicine studies.

and

4. The physician should be familiar with patient preparation for the examination. The physician must have training in and knowledge of the properties of radiopharmaceuticals used as well as in the recognition and treatment of adverse effects of contrast materials that may be employed.

and

5. The physician shall have the responsibility for reviewing all indications for the examination; specifying the radiopharmaceutical dose and the type, dose, and administration rate of any contrast materials employed; specifying imaging technique and protocol; treating and documenting of any adverse reactions and relevant patient counseling; interpreting images; generating official interpretations (final reports); and maintaining the quality of the images and the interpretations.

The required qualifications set forth in section V.A above will become applicable by July 1, 2009. Until then the physician should work toward achieving these requirements in a supervised situation or where expert consultation is readily available.

Maintenance of Competence

All physicians performing PET/CT examinations should demonstrate evidence of continuing competence in the interpretation and reporting of those examinations. If competence is assured primarily based on continuing experience, a minimum of 75 examinations per year is recommended in order to maintain the physician's skills. Because a physician's practice or location may preclude this method, continued competency can also be assured through monitoring and evaluation that indicates acceptable technical success, accuracy of interpretation, and appropriateness of evaluation.

B. Qualified Medical Physicist

A Qualified Medical Physicist is an individual who is competent to practice independently one or more of the subfields in medical physics. The ACR considers certification and continuing education and experience in the appropriate subfield(s) to demonstrate that an individual is competent to practice one or more of the subfields in medical physics and is a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR), the Canadian College of Physics in Medicine, or for MRI, by the American Board of Medical Physics (ABMP) in magnetic resonance imaging physics.

The appropriate subfields of medical physics for this standard are Diagnostic Radiological Physics and Radiological Physics.

A Qualified Medical Physicist should meet the ACR Practice Guideline for Continuing Medical Education (CME). (ACR Resolution 17, 1996 – revised in 2008, Resolution 7)

The medical physicist or other qualified scientist performing services in support of nuclear medicine facilities should meet all of the following criteria:

1. Advanced training directed at the specific area of responsibility (e.g., radiopharmacy, medical physics, health physics or instrumentation).
2. Licensure, if required by state regulations.
3. Documented regular participation in continuing education in the area of specific involvement to maintain competency.
4. Knowledge of radiation safety and protection and of all rules and regulations applying to the area of practice.

C. Radiologic and Nuclear Medicine Technologist

See the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT) and the ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals.

Representatives of the Society of Nuclear Medicine and the American Society of Radiologic Technologists (ASRT) met in 2002 to discuss the training of technologists for PET/CT. The recommendations from that consensus conference and the plans for training

technologists for PET/CT are given in [20]. As a consequence of this conference and ensuing educational recommendations, cross-training and continuing educational programs have been developed to educate radiologic, radiation therapy, and nuclear medicine technologists in PET/CT fusion imaging.

The Nuclear Medicine Technology Certification Board (NMTCB) has developed a PET specialty examination that is open to appropriately educated and trained, certified, or registered nuclear medicine technologists, registered radiologic technologists, CT technologists, and registered radiation therapists, as defined on the NMTCB Web site (www.nmtcb.org). The American Registry of Radiologic Technologists (ARRT) offers a CT certification examination for qualified radiologic technologists and allows certified or registered nuclear medicine technologists who have met the educational and training requirements to take this examination. Eligibility criteria are located on the ARRT Web site (www.arrt.org).

VI. SPECIFICATIONS OF THE EXAMINATION

A. The written or electronic request for an FDG-PET/CT examination should provide sufficient information to demonstrate the medical necessity of the examination and allow for its proper performance and interpretation.

Documentation that satisfies medical necessity includes 1) signs and symptoms and/or 2) relevant history (including known diagnoses). Additional information regarding the specific reason for the examination or a provisional diagnosis would be helpful and may at times be needed to allow for the proper performance and interpretation of the examination.

The request for the examination must be originated by a physician or other appropriately licensed health care provider. The accompanying clinical information should be provided by a physician or other appropriately licensed health care provider familiar with the patient's clinical problem or question and consistent with the state scope of practice requirements. (ACR Resolution 35, adopted in 2006)

See the ACR Practice Guideline for the Performance of Computed Tomography (CT) of the Extracranial Head and Neck in Adults and Children, the ACR Practice Guideline for the Performance of Pediatric and Adult Thoracic Computed Tomography (CT), and the ACR–SPR Practice Guideline for the Performance of Computed Tomography (CT) of the Abdomen and Computed Tomography (CT) of the Pelvis.

Sections VI. B, C, E, F below have been copied from an article in the *Journal of Nuclear Medicine Technology*, "Procedure Guideline for Tumor Imaging with ^{18}F-FDG PET/CT 1.0," with permission from the Society of Nuclear Medicine. [21].

B. Patient Preparation

The major goals of preparation are to minimize tracer uptake in normal issues, such as the myocardium and skeletal muscle, while maintaining uptake in target tissues (neoplastic disease). The preparation should include, but not be limited to, the following:

1. Pregnancy testing when appropriate.
2. Fasting instruction and no oral or intravenous fluids containing sugar or dextrose (4 to 6 hours).
3. Serum glucose analysis immediately prior to FDG administration.
4. Hydration (a loop diuretic, without or with bladder) catheterization, may be used to reduce accumulated urinary tracer activity in the bladder.
5. Keeping the patient in a warm room 30 to 60 minutes prior to injection and until the time of FDG injection to help minimize brown fat uptake. Lorazepam or diazepam given prior to injection of FDG may reduce uptake by brown adipose tissue or skeletal muscle. Beta-blockers may also reduce uptake by brown fat.
6. Focused history regarding diabetes, recent exercise, dates of diagnosis and treatments, medications, and recent trauma or infections.

C. Radiopharmaceutical

For adults, the amount of radiopharmaceutical administered should be 370 to 740 MBq (10 to 20 mCi); and for children, 5.18 to 7.4 MBq/kg (0.14 to 0.20 mCi/kg)[3]. The radiopharmaceutical should be injected at a site contralateral to the site of concern. With PET/CT, the radiation dose to the patient is the combination of the dose from the PET radiopharmaceutical and the dose from the CT portion of the study.

D. Protocol for CT Imaging

The PET/CT examination can be performed either as a diagnostic PET/CT scan with the CT scan obtained for attenuation correction and anatomic correlation or as a diagnostic PET scan and an optimized CT scan, with or without contrast. If a diagnostic CT scan is requested, the CT protocol appropriate for the body region(s) requested

[3]For more specific guidance on pediatric dosing, please refer to the *Pediatric Radiopharmaceutical Administered Doses: 2010 North American Consensus Guidelines* [22].

should be used. If the CT scan is obtained for attenuation correction and anatomic correlation, the CT parameters should be set to minimize patient radiation dose, while still ensuring that the CT images are of sufficient quality to allow for accurate anatomic correlation of PET findings.

For the diagnostic CT scan of the abdomen and/or pelvis, an intraluminal gastrointestinal contrast agent may be administered to provide adequate visualization of the gastrointestinal tract unless medically contraindicated or unnecessary for the clinical indication. This may be a positive contrast agent such as dilute barium or Gastrografin, or a negative contrast agent such as water. Highly concentrated barium collections may result in an attenuation-correction artifact that leads to a significant overestimation of the regional FDG concentration [23]; dilute barium and oral iodinated agents cause less overestimation and do not impact image quality [23-26].

When indicated, the CT scan can be performed with intravenous contrast material using appropriate injection techniques. High intravascular concentrations of intravenous contrast agents may cause an attenuation-correction artifact on the PET image [27-28], but the impact is limited [24,29].

PET and CT findings should be correlated with each other. Clinically important findings on the CT scan should be reported.

Breathing patterns during CT acquisition - for PET/CT the position of the diaphragm should match as closely as possible on the PET emission and the CT transmission images.

E. Protocol for PET Emission Imaging

Emission images are obtained at least 45 minutes following radiopharmaceutical injection. Emission image acquisition time varies from 2 to 5 minutes or longer per bed position for body imaging and is based on the administered activity, patient body weight, and the sensitivity of the PET tomograph (as determined largely by detector composition and acquisition method).

Semiquantitative estimation of tumor glucose metabolism using the standardized uptake value (SUV) is based on relative lesion radioactivity measured on images corrected for attenuation and normalized for the injected dose and body weight, lean body mass, or body surface area. The accuracy of SUV measurements depends on the accuracy of the calibration of the PET tomograph, among other factors. The reproducibility of SUV measurements depends on the reproducibility of clinical protocols, and is affected by dose infiltration, time of imaging after FDG administration, type of reconstruction algorithms, type of attenuation maps, size of the region of interest, changes in uptake by organs other than the tumor, methods of analysis (e.g., max, mean), etc. This measurement is performed on a static emission image typically acquired more than 45 minutes postinjection.

A change of intensity of uptake with semiquantitative measurements, expressed in absolute values and percent change, may be appropriate in some clinical scenarios. However, the technical protocol and analysis of images need to be more consistent in the two sets of images.

F. Interpretation

With an integrated PET/CT system, typically the software packages provide registered and aligned CT images; FDG-PET images and fusion images in the axial, coronal, and sagittal planes; and maximum-intensity-projection (MIP) images for review in the 3D-cine mode. FDG-PET images with and without attenuation correction should be available for review.

Normal and variable physiologic uptake of FDG can be seen to some extent in every viable tissue, including the brain, myocardium (where the uptake is significant in some patients despite prolonged fasting), breast, liver, spleen, stomach, intestines, kidneys and urine, muscle, lymphoid tissue (e.g., tonsils), bone marrow, salivary glands, thymus, uterus, ovaries, testes, and brown adipose tissue.

On whole-body scans, studies have shown that FDG-PET imaging of the brain is relatively insensitive for detecting cerebral metastases, partially related to the high physiologic FDG uptake in the gray matter.

Although the pattern of FDG uptake and specific CT findings as well as correlation with history, physical examination and other imaging modalities are usually the most helpful in differentiating benign from malignant lesions, semi-quantitative estimates (e.g., SUV) may also be of value, especially for evaluating changes with time or therapy.

Processes other than malignancies may cause false-positive and false-negative results. The following list, although not all-inclusive, includes the most commonly encountered causes:

1. False-positive findings
    a. Physiologic uptake that may lead to false-positive interpretations
        - Salivary glands and lymphoid tissue in the head and neck
        - Thyroid
        - Brown adipose tissue
        - Thymus, especially in children
        - Lactating breast
        - Areola

- Skeletal and smooth muscle (more marked with hyperinsulinemia)
- Gastrointestinal (e.g., esophagus, stomach, bowel)
- Urinary tract structures (containing excreted FDG)
- Female genital tract (e.g., uterus during menses, corpus luteum cyst)

b. Inflammatory processes
- Postsurgical inflammation/infection/hematoma, biopsy site, amputation site
- Postradiation (e.g., radiation pneumonitis)
- Postchemotherapy
- Local inflammatory disease, especially granulomatous processes (e.g., sarcoidosis, fungal and mycobacterial disease)
- Ostomy site (e.g., trachea, colon) and drainage tubes
- Injection site
- Thyroiditis
- Esophagitis, gastritis, inflammatory bowel disease
- Acute and occasionally chronic pancreatitis
- Acute cholangitis and cholecystitis
- Osteomyelitis, recent fracture sites, joint prostheses
- Lymphadenitis

c. Benign neoplasms
- Pituitary adenoma
- Adrenal adenoma
- Thyroid follicular adenoma
- Salivary glands tumors (e.g., Warthin's, pleomorphic adenoma)
- Colonic adenomatous polyps and villous adenoma
- Ovarian thecoma and cystadenoma
- Giant cell tumor
- Aneurysmal bone cyst
- Leiomyoma

d. Hyperplasia/dysplasia
- Graves' disease
- Cushing's disease
- Bone marrow hyperplasia (e.g., anemia, cytokine therapy)
- Thymic rebound hyperplasia (after chemotherapy)
- Fibrous dysplasia
- Paget's disease

e. Ischemia
- Hibernating myocardium

f. Artifacts
- Misalignment between PET and CT data can cause attenuation correction artifacts. PET images without attenuation correction and fusion images can be used to help identify these artifacts.
- Inaccuracies in converting from polychromatic CT energies to the 511 keV energy of annihilation radiation can cause artifacts around metal or dense barium, although these artifacts are less common with newer conversion algorithms.

g. False-negative findings
- Small size (< 2 x resolution of the system)
- Tumor necrosis
- Recent chemotherapy or radiotherapy
- Recent high-dose steroid therapy
- Hyperglycemia and hyperinsulinemia
- Some low-grade tumors (e.g., sarcoma, lymphoma, brain tumor)
- Tumors with large mucinous components
- Some hepatocellular carcinomas, especially well-differentiated tumors
- Some genitourinary carcinomas, especially well-differentiated tumors
- Prostate carcinoma, especially well-differentiated tumors
- Some neuroendocrine tumors, especially well-differentiated tumors
- Some thyroid carcinomas, especially well-differentiated tumors
- Some bronchioloalveolar carcinomas
- Some lobular carcinomas of the breast
- Some skeletal metastases, especially osteoblastic or sclerotic tumors
- Some osteosarcomas

VII. EQUIPMENT SPECIFICATIONS

See the ACR Technical Standard for Medical Nuclear Physics Performance Monitoring of PET/CT Imaging Equipment, the ACR Practice Guideline for the Performance of Computed Tomography (CT) of the Extracranial Head and Neck in Adults and Children, the ACR Practice Guideline for the Performance of Pediatric and Adult Thoracic Computed Tomography (CT), and the ACR–SPR Practice Guideline for the Performance of Computed Tomography (CT) of the Abdomen and Computed Tomography (CT) of the Pelvis.

A. Performance Guidelines

For patient imaging, the PET/CT scanner should meet or exceed the following specifications:

1. For the CT scanner
   a. Spiral scan time: <5 sec (<2 sec is preferable)

   b. Slice thickness and collimation: <5 mm (<2 mm is preferable)
   c. Limiting spatial resolution: >8 lp/cm for >32 cm display field of view (DFOV) and >10 lp/cm for <24 cm DFOV
2. For the PET scanner
   a. In-plane spatial resolution: <6.5 mm
   b. Axial resolution: <6.5 mm
   c. Sensitivity (3D): >4.0 cps/kBq
   d. Sensitivity (2D): >1.0 cps/kBq
   e. Uniformity: <5%
3. For the combined PET/CT scanner
   a. Maximum co-scan range (CT and PET): >160 cm
   b. Maximum patient weight: >350 lb
   c. Patient port diameter: >59 cm

B. Appropriate emergency equipment and medications must be immediately available to treat adverse reactions associated with administered medications. The equipment and medications should be monitored for inventory and drug expiration dates on a regular basis. The equipment, medications, and other emergency support must also be appropriate for the range of ages and sizes in the patient population.

C. A fusion workstation with the capability to display CT, PET, and fused images with different percentages of CT and PET blending should also be available.

D. PET/CT scanning done specifically for radiation therapy planning should be performed with a flat table top, immobilization devices as needed, and the use of appropriate positioning systems.

VIII. DOCUMENTATION

A. Reporting should be in accordance with the ACR Practice Guideline for Communication of Diagnostic Imaging Findings.

In addition, the procedure section should include the dose of radiopharmaceutical, route of administration, uptake time, field of view, patient positioning, and baseline glucose level.

The findings section should include description of location, extent, and intensity of abnormal FDG uptake in relation to normal comparable tissues and describe the relevant morphologic findings related to PET abnormalities on the CT images. An estimate of the intensity of FDG uptake can be provided with the SUV; however, the intensity of uptake may be described as mild, moderate, or intense or in relation to the background uptake in normal hepatic parenchyma (average SUV weight: 2.0 to 3.0, maximum SUV: 3.0 to 4.0). If the CT scan was requested and performed as a diagnostic examination, the CT component of the study may be reported separately, if necessary to satisfy regulatory, administrative, or reimbursement requirements. In that case, the PET/CT report can refer to the diagnostic CT scan report for findings not related to the PET/CT combined findings.

When PET/CT is performed for monitoring therapy, a comparison of extent and intensity of uptake may be summarized as metabolic progressive disease, metabolic stable disease, metabolic partial response, or metabolic complete response using published criteria for these categories [30].

IX. EQUIPMENT QUALITY CONTROL

PET performance monitoring should be in accordance with the ACR Technical Standard for Medical Nuclear Physics Performance Monitoring of Gamma Cameras and the ACR Technical Standard for Medical Nuclear Physics Performance Monitoring of PET/CT Imaging Equipment.

CT monitoring should be in accordance with the ACR Technical Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography (CT) Equipment.

The quality control (QC) procedures for PET/CT should include both the CT procedures and the PET procedures according to the ACR Technical Standards. The QC procedures for the CT should include air and water calibrations in Hounsfield units for a range of kV. The QC procedures for PET should include a calibration measurement of activity in a phantom containing a known radionuclide concentration, generally as a function of axial position within the scanner field of view. A daily check on the stability of the individual detectors should also be performed to identify detector failures and drifts.

In addition, for PET/CT, the alignment between the CT and PET scanners should be checked periodically. Such a check should determine an offset between the CT and PET scanners that is incorporated into the fused image display to ensure accurate image alignment.

X. RADIATION SAFETY IN IMAGING

Radiologists, medical physicists, radiologic technologists, and all supervising physicians have a responsibility to minimize radiation dose to individual patients, to staff, and to society as a whole, while maintaining the necessary diagnostic image quality. This concept is known as "as low as reasonably achievable (ALARA)."

Facilities, in consultation with the medical physicist should have in place and should adhere to policies and procedures, in accordance with ALARA, to vary examination protocols to take into account patient body habitus, such as height and/or weight, body mass index or

lateral width. The dose reduction devices that are available on imaging equipment should be active; if not, manual techniques should be used to moderate the exposure while maintaining the necessary diagnostic image quality. Periodically, radiation exposures should be measured and patient radiation doses estimated by a medical physicist in accordance with the appropriate ACR Technical Standard. (ACR Resolution 17, adopted in 2006 – revised in 2009, Resolution 11)

XI. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education appearing under the heading *Position Statement on QC & Improvement, Safety, Infection Control, and Patient Education* on the ACR web page (http://www.acr.org/guidelines).

In all pediatric patients, the lowest exposure factors should be chosen that would produce images of diagnostic quality.

For specific issues regarding CT quality control, see the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT).

For specific issues regarding PET and PET/CT quality control, see section IX on Equipment Quality Control.

Equipment performance monitoring should be in accordance with the ACR Technical Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography (CT) Equipment.

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*Guidelines and standards are published annually with an effective date of October 1 in the year in which amended, revised or approved by the ACR Council. For guidelines and standards published before 1999, the effective date was January 1 following the year in which the guideline or standard was amended, revised, or approved by the ACR Council.

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ACR PRACTICE GUIDELINE FOR PERFORMING AND INTERPRETING MAGNETIC RESONANCE IMAGING (MRI)

PREAMBLE

These guidelines are an educational tool designed to assist practitioners in providing appropriate radiation oncology care for patients. They are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care. For these reasons and those set forth below, the American College of Radiology cautions against the use of these guidelines in litigation in which the clinical decisions of a practitioner are called into question.

The ultimate judgment regarding the propriety of any specific procedure or course of action must be made by the physician or medical physicist in light of all the circumstances presented. Thus, an approach that differs from the guidelines, standing alone, does not necessarily imply that the approach was below the standard of care. To the contrary, a conscientious practitioner may responsibly adopt a course of action different from that set forth in the guidelines when, in the reasonable judgment of the practitioner, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology subsequent to publication of the guidelines. However, a practitioner who employs an approach substantially different from these guidelines is advised to document in the patient record information sufficient to explain the approach taken.

The practice of medicine involves not only the science, but also the art of dealing with the prevention, diagnosis, alleviation, and treatment of disease. The variety and complexity of human conditions make it impossible to always reach the most appropriate diagnosis or to predict with certainty a particular response to treatment. Therefore, it should be recognized that adherence to these guidelines will not assure an accurate diagnosis or a successful outcome. All that should be expected is that the practitioner will follow a reasonable course of action based on current knowledge, available resources, and the needs of the patient to deliver effective and safe medical care. The sole purpose of these guidelines is to assist practitioners in achieving this objective.

I. INTRODUCTION

Magnetic resonance imaging (MRI) is a multiplanar imaging method based on an interaction between radiofrequency (RF) electromagnetic fields and certain nuclei in the body (usually hydrogen nuclei) after the body has been placed in a strong magnetic field.[1] MRI differentiates between normal and abnormal tissues, providing a sensitive examination to detect disease. This sensitivity is based on the high degree of inherent contrast due to variations in the magnetic relaxation properties of different tissues, both normal and diseased, and the dependence of the MRI signal on these tissue properties.

II. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

A. Physician

A physician must be responsible for all aspects of the study including, but not limited to, reviewing indications for the examination, specifying the pulse sequences to be performed, specifying the use and dosage of contrast agents, interpreting images, generating official

[1] See ACR Glossary of MR Terms, 5th edition, 2005.

interpretations (final reports), and assuring the quality of the images and the interpretations.

Physicians assuming these responsibilities for MR imaging of all anatomical areas (exclusive of cardiac MRI) should meet one of the following criteria:

> Certification in Radiology or Diagnostic Radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or the Collège des Médecins du Québec, and involvement with the supervision, interpretation, and reporting of 300 MRI examinations within the last 36 months.[2]
>
> or
>
> Completion of a diagnostic radiology residency program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA) to include involvement with the supervision, interpretation, and reporting of 500 MRI examinations in the past 36 months.
>
> or
>
> Physicians not board certified in radiology or not trained in a diagnostic radiology residency program who assumes these responsibilities for MR imaging exclusively in a specific anatomical area, excluding cardiac MRI, should meet the following criteria:
>
> Completion of an ACGME approved residency program in the specialty practiced, plus 200 hours of Category I CME in MRI to include, but not limited to: MRI physics, recognition of MRI artifacts, safety, instrumentation, and clinical applications of MRI in the subspecialty area where MRI reading occurs; and supervision, interpretation, and reporting of 500 MRI cases in that specialty area in the past 36 months in a supervised situation. For neurologic MRI, at least 50 of the 500 cases must have been MR angiography (MRA) of the central nervous system.

Specific qualifications for physicians performing cardiac MRI are described in the ACR–NASCI–SPR Practice Guideline for the Performance and Interpretation of Cardiac MRI.

Maintenance of Competence

All physicians performing MRI examinations should demonstrate evidence of continuing competence in the interpretation and reporting of those examinations. If competence is assured primarily on the basis of continuing experience, a minimum of 100 examinations per year is recommended in order to maintain the physician's skills. Because a physician's practice or location may preclude this method, continued competency can also be assured through monitoring and evaluation that indicates acceptable technical success, accuracy of interpretation, and appropriateness of evaluation.

Continuing Medical Education

The physician's continuing education should be in accordance with the ACR Practice Guideline for Continuing Medical Education (CME) and should include CME in MRI as is appropriate to the physician's practice needs.

B. Medical Physicist / MR Scientist

The personnel qualified to carry out acceptance testing and monitoring of MRI equipment for the purposes of this guideline include a medical physicist or an MR scientist.

A Qualified Medical Physicist is an individual who is competent to practice independently one or more subfields in medical physics. The American College of Radiology (ACR) considers certification and continuing education and experience in the appropriate subfield(s) to demonstrate that an individual is competent to practice in one or more subfields in medical physics, and to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR), the Canadian College of Physics in Medicine, or for MRI, by the American Board of Medical Physics (ABMP), in magnetic resonance imaging physics.

The appropriate subfields of medical physics for this guideline are Diagnostic Radiological Physics and Radiological Physics.

A Qualified MR Scientist is an individual who has a graduate degree in a physical science involving nuclear magnetic resonance (NMR) or MRI. These individuals should have 3 years of documented experience in a clinical MR environment.

The Qualified Medical Physicist/MR Scientist should meet the ACR Practice Guideline for Continuing Medical Education (CME). (ACR Resolution 17, 1996 – revised in 2008, Resolution 7)

The medical physicist/MR scientist must be familiar with the principles of MRI safety for patients, personnel, and the public; the Food and Drug Administration's guidance for MR diagnostic devices; and other regulations pertaining to the performance of the equipment being monitored. The medical physicist/MR scientist must be knowledgeable in the field of nuclear MR physics and

[2]Board certification and completion of an accredited radiology residency in the past 24 months will be presumed to be satisfactory experience for the reporting and interpreting requirement.

familiar with MRI technology, including function, clinical uses, and performance specifications of MRI equipment, as well as calibration processes and limitations of the performance testing hardware, procedures, and algorithms. The medical physicist/MR scientist must have a working understanding of clinical imaging protocols and methods of their optimization. This proficiency must be maintained by participation in continuing education programs of sufficient frequency to ensure familiarity with current concepts, equipment, and procedures.

The medical physicist/MR scientist may be assisted in obtaining test data for performance monitoring by other properly trained individuals. These individuals must be properly trained and approved by the medical physicist/MR scientist in the techniques of performing the tests, the function and limitations of the imaging equipment and test instruments, the reason for the tests, and the importance of the test results. The medical physicist/MR scientist must review and approve all measurements.

C. Registered Radiologist Assistant

A registered radiologist assistant is an advanced level radiographer who is certified and registered as a radiologist assistant by the American Registry of Radiologic Technologists (ARRT) after having successfully completed an advanced academic program encompassing an ACR/ASRT (American Society of Radiologic Technologists) radiologist assistant curriculum and a radiologist-directed clinical preceptorship. Under radiologist supervision, the radiologist assistant may perform patient assessment, patient management, and selected examinations as delineated in the Joint Policy Statement of the ACR and the ASRT titled "Radiologist Assistant: Roles and Responsibilities" and as allowed by state law. The radiologist assistant transmits to the supervising radiologists those observations that have a bearing on diagnosis. Performance of diagnostic interpretations remains outside the scope of practice of the radiologist assistant. (ACR Resolution 34, adopted in 2006) [1]

D. Radiology Technologist

The technologist should participate in assuring patient comfort and safety, preparing and positioning the patient for the MRI examination, and obtaining the MRI data in a manner suitable for interpretation by the physician. The technologist should also perform frequent quality control testing in accordance with the MRI manufacturer's recommendations.

The technologist performing MRI should:

1. Be certified by the American Registry of Radiologic Technologists (ARRT), the American Registry of MRI Technologists (ARMRIT), or the Canadian Association of Medical Radiation Technologists (CAMRT) as an MRI technologist (RTMR).

   or

2. Be certified by the ARRT and/or have appropriate state licensure and have 6 months supervised clinical experience in MRI scanning.

   or

3. Have an associate's degree in an allied health field or a bachelor's degree and certification in another clinical imaging field and have 6 months of supervised clinical MRI scanning.

To assure competence, the responsible physician should evaluate any technologist who began performing MRI prior to October 1996 and who does not meet the above criteria.

Any technologist practicing MRI scanning should be licensed in the jurisdiction in which he/she practices, if state licensure exists. To assure competence, all technologists must be evaluated by the supervising physician.

III. TECHNIQUES AND INDICATIONS

The currently accepted techniques and indications for MRI are discussed in various ACR Practice Guidelines that are based on anatomic sites of examination. It is important that each site offering MRI have documented procedures and technical expertise and appropriate equipment to examine each anatomic site. Because the clinical applications of MRI continue to expand, the enumerated techniques and indications in the reference documents may not be all-inclusive.

Each site's procedures should be reviewed and updated at appropriate intervals. The final judgment regarding appropriateness of a given examination for a particular patient is the responsibility of the ordering physician or other appropriately licensed health care provider and radiologist. The decision to use MRI to scan a particular part of the human body depends on the MRI software and hardware available and the relative cost, efficacy, and availability of alternative imaging methods. The examination should provide images with suitable contrast characteristics, spatial resolution, signal-to-noise ratio, and section geometry appropriate to the specific clinical indications.

IV. POSSIBLE CONTRAINDICATIONS

Possible contraindications include, but are not limited to, the presence of cardiac pacemakers, ferromagnetic intracranial aneurysm clips, certain neurostimulators, certain cochlear implants, and certain other ferromagnetic foreign bodies or electronic devices [2-5]. Possible contraindications should be listed on a screening questionnaire. All patients should be screened for possible contraindications prior to MRI scanning [6-7]. Published test results and/or on-site testing of an identical device or foreign body may be helpful to determine whether a patient with a particular medical device or foreign body may be safely scanned. There is no known adverse effect of MRI on the fetus. The decision to scan during pregnancy should be made on an individual basis [8].

V. SPECIFICATIONS OF THE EXAMINATION

The examination should be performed within parameters currently approved by the FDA. Examinations that use techniques not approved by the FDA may be considered when they are judged to be medically appropriate.

The written or electronic request for an MRI examination should provide sufficient information to demonstrate the medical necessity of the examination and allow for its proper performance and interpretation of the examination.

Documentation that satisfies medical necessity includes 1) signs and symptoms and/or 2) relevant history (including known diagnoses). Additional information regarding the specific reason for the examination or a provisional diagnosis would be helpful and may at times be needed to allow for the proper performance and interpretation of the examination.

The request for the examination must be originated by a physician or other appropriately licensed health care provider. The accompanying clinical information should be provided by a physician or other appropriately licensed health care provider familiar with the patient's clinical problem or question and consistent with the state's scope of practice requirements. (ACR Resolution 35, adopted in 2006)

Images should be labeled with the following: a) patient identification, b) facility identification, c) examination date, and d) image orientation indicated by unambiguous polarity symbols (e.g., R, L, A, P, H, F).

VI. DOCUMENTATION

High-quality patient care requires adequate documentation. There should be a permanent record of the MRI examination and its interpretation. Imaging of all appropriate areas, both normal and abnormal, should be recorded in a suitable archival format. If contrast material is administered during the MRI examination, the brand name of the contrast agent and the administered dose should be recorded and included in the permanent record of the MRI examination. An official interpretation (final report) of the MRI findings should be included in the patient's medical record regardless of where the study is performed. Retention of the MRI examination should be consistent both with clinical need and with relevant legal and local health care facility requirements.

Reporting should be in accordance with the ACR Practice Guideline for Communication of Diagnostic Imaging Findings.

VII. SAFETY GUIDELINES

Safety guidelines, practices, and policies must be written, enforced, reviewed, and documented at least annually by the supervising physician. These guidelines should take into consideration potential magnetic field interactions for ferromagnetic objects in the MRI environment [9]. They should also consider potential patient hazards (e.g., from magnetic field interactions, tissue heating, and induced electrical currents) and potential hazards posed by implanted objects and materials within the patient as well as other individuals in the MR environment [4-5].

A screening program should be implemented to assure appropriate and safe use of MR contrast material and to reduce the risk of nephrogenic systemic fibrosis (NSF) [10-11]. For further information on ACR screening recommendations see the ACR Manual on Contrast Media [12] and the ACR Guidance Document for Safe MR Practices [8]. Peer-reviewed literature pertaining to MR safety should be reviewed on a regular basis.

In pregnancy, gadolinium-based contrast agents (GBCAs) cross the placental barrier, enter the fetal circulation, and pass via the kidneys into the amniotic fluid. Although no definite adverse effects of GBCA administration on the human fetus have been documented, the potential bioeffects of fetal GBCA exposure are not well understood. GBCA administration should therefore be avoided during pregnancy unless no suitable alternative imaging is possible and the benefits of contrast administration outweigh the potential risk to the fetus. (See the ACR–SPR Practice Guideline for the Safe and Optimal Performance of Fetal MRI).

When GBCAs are administered to nursing women, a small amount of the contrast agent is excreted in the breast milk. It is unlikely that the minute amount of GBCA absorbed by a nursing infant's gastrointestinal tract will be harmful. If there is concern on the part of the referring physician, radiologist, or patient, the nursing mother can be advised to discard her breast milk for 24 hours after GBCA administration.

When contrast and/or sedation are necessary, they must be administered in accordance with institutional policy and state and federal law by a qualified practitioner with training in cardiopulmonary resuscitation [13]. (See the ACR Practice Guideline for the Use of Intravascular Contrast Media and the ACR–SIR Practice Guideline for Sedation/Analgesia.)

Appropriate emergency equipment and medications must be immediately available to treat adverse reactions associated with administered medications. The equipment and medications should be monitored for inventory and drug expiration dates on a regular basis. The equipment, medications, and other emergency support must also be appropriate for the range of ages and sizes in the patient population.

VIII. EQUIPMENT SPECIFICATIONS

The MRI equipment specifications and performance must meet all state and federal requirements. The requirements include, but are not limited to, specifications of maximum static magnetic field strength, maximum rate of change of magnetic field strength (dB/dt), maximum radiofrequency power deposition (specific absorption rate), and maximum acoustic noise levels.

IX. QUALITY CONTROL PROGRAM

A documented quality control program must be maintained at the MR site. Quality control testing should be conducted by the technologist and/or service engineer with review at least annually by the supervising physician and/or a medical physicist/MR scientist [14-16].

X. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education appearing under the heading *Position Statement on QC & Improvement, Safety, Infection Control, and Patient Education* on the ACR web site (http://www.acr.org/guidelines).

Equipment performance monitoring should be in accordance with the ACR Technical Standard for Diagnostic Medical Physics Performance Monitoring of Magnetic Resonance Imaging (MRI) Equipment.

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REFERENCES

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*Guidelines and standards are published annually with an effective date of October 1 in the year in which amended, revised or approved by the ACR Council. For guidelines and standards published before 1999, the effective date was January 1 following the year in which the guideline or standard was amended, revised, or approved by the ACR Council.

Development Chronology for this Guideline
1992 (Resolution 14)
Amended 1995 (Resolution 53)
Revised 1996 (Resolution 1)
Revised 2000 (Resolution 16)
Revised 2001 (Resolution 12)
Amended 2002 (Resolution 2)
Revised 2006 (Resolution 15,16g,34,35,36)
Revised 2011 (Resolution 19)

Attachment V **Documentation of Bridgeport Hospital's Non-Profit Status**

STATE OF CONNECTICUT

Exemption Certificate

Charitable And Religious Organizations

I Hereby Certify: that this organization is the holder of valid exemption permit No. ..E00822.. issued pursuant to the Sales and Use Tax Act, that the service(s) which I shall purchase or tangible personal property described herein which I shall purchase or lease from: .....

.....

will be used exclusively by this organization for the purposes for which it is organized and will not be resold.

Description of property or service(s) to be purchased:

.....

.....

Name of Purchaser (organization) .....

.....BRIDGEPORT HOSPITAL.....

Address .....267 Grant Street.....

By .... Title

Dated: ..... 20.. at ...Bridgeport.....

APF 621 Adkins, New Britain, Conn. 2-61

STATE OF CONNECTICUT

TAX EXEMPTION PERMIT ISSUED UNDER SALES AND USE TAX ACT

State Tax Department — Collections and Accounting Division
92 Farmington Ave., Hartford, Conn. 06115

In accordance with the provisions of the Sales and Use Tax Act, effective July 1, 1953 and the Regulations thereunder, it is hereby certified that the charitable or religious organization named below is exempt from all sales and use taxes on purchases of tangible personal property made by it for the sole and exclusive purposes of the organization.

Permit No. E-00822 Date Issued 7-24-47

BRIDGEPORT HOSPITAL
267 Grant Street
Bridgeport, Conn. 06610

J. George Bronson
Tax Commissioner

This permit is NOT assignable or transferable.

C&A-S185E (5/74) DUPLICATE

Attachment VI **Bridgeport Hospital's Department of Public Health License**

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0040

General Hospital

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

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

Bridgeport Hospital is located at 267 Grant Street, Bridgeport, CT 06610.

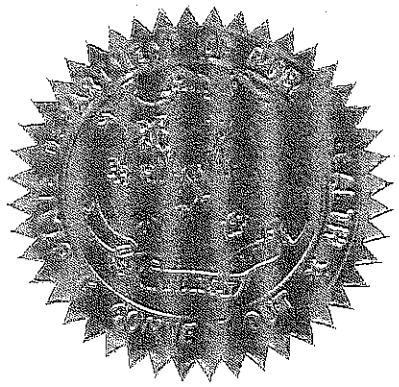
The maximum number of beds shall not exceed at any time:

10 Bassinets
373 General Hospital Beds

This license expires **March 31, 2014** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, April 1, 2012. RENEWAL.

Satellites:

Geriatric Partial Hospital, 305 Boston Avenue, Stratford, CT
Child Partial Hospital, 305 Boston Avenue, Stratford, CT
Psychiatric Adult Partial Hospital Program, 305 Boston Avenue, Stratford, CT
Fairfield Urgent Care Center, 309 Stillson Road, Fairfield, CT
Bridgeport Hospital Primary Care Center, 226 Mill Hill Avenue, Bridgeport, CT



Jewel Mullen, MD, MPH, MPA
Commissioner

Attachment VII **Depreciation Schedule for Capital Equipment**

BRIDGEPORT HOSPITAL

Schedule for Radiology Capital Expenses

	Capital Exp.	Useful Life	Fiscal Year 2012	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 2023	Total
Existing Medical Equipment	$ 977,481	5		195,496	195,496	195,496	195,496	195,496							977,481
Upgrade to Stratford MRI	$ 500,000	5		50,000	100,000	100,000	100,000	100,000	50,000						500,000
Replacement of Fairfield Ultrasound	$ 150,000	5		15,000	30,000	30,000	30,000	30,000	15,000						150,000
Upgrade to Stratford CT	$ 350,000	5		29,167	70,000	70,000	70,000	70,000	29,167						338,333
PACS: Computers and Telecommunications	$ 500,000	5		50,000	100,000	100,000	100,000	100,000	50,000						500,000
Office Furnishings	$ 50,000	10		2,500	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	2,500	50,000
Patient Furnishings	$ 50,000	7		3,571	7,143	7,143	7,143	7,143	7,143	7,143	3,571				50,000
Building Upgrades	$ 325,000	7		46,429	46,429	46,429	46,429	46,429	46,429	46,429					325,000
Additional Technical Capital	$ 750,000	5	-		150,000	150,000	150,000	150,000	150,000						750,000
Capital Investment Total:	**$ 3,652,481**		**$ -**	**$ 392,163**	**$ 704,068**	**$ 704,068**	**$ 704,068**	**$ 704,068**	**$ 352,738**	**$ 58,571**	**$ 8,571**	**$ 5,000**	**$ 5,000**		**$ 3,640,814**

Attachment VIII **Financial Attachment I**

Bridgeport Hospital

(All dollars are in thousands)

Total Facility:	FY 2011 Actual			FY 2012 Projected			FY 2013 Projected			FY 2014 Projected		
Description	**W/O CON**	**Incremental**	**With CON**	**W/O CON**	**Incremental**	**With CON**	**W/O CON**	**Incremental**	**With CON**	**W/O CON**	**Incremental**	**With CON**
NET PATIENT REVENUE												
Non-Government	$187,876		$187,876	$197,621		$197,621	$209,510	$14,486	$223,996	$221,677	$14,811	$236,488
Medicare	144,481		144,481	142,733		142,733	143,589	1,096	144,685	146,707	1,121	147,828
Medicaid and Other Medical Assistance	76,930		76,930	74,792		74,792	75,653	837	76,490	70,880	856	71,736
Other Government	328		328	333		333	338	0	338	343	0	343
Total Net Patient Revenue	$409,615	$0	$409,615	$415,479	$0	$415,479	$429,090	$16,419	$445,509	$439,607	$16,788	$456,395
Other Operating Revenue	7,707		7,707	16,528		16,528	8,137	0	8,137	7,468	0	7,468
Revenue from Operations	$417,322	$0	$417,322	$432,007	$0	$432,007	$437,227	$16,419	$453,646	$447,075	$16,788	$463,863
OPERATING EXPENSES												
Salaries and Fringe Benefits	192,563		192,563	197,719		197,719	204,837	3,994	208,831	214,975	4,198	219,173
Professional / Contracted Services	80,709		80,709	94,952		94,952	95,805	1,220	97,025	97,919	1,371	99,290
Supplies and Drugs	76,282		76,282	71,237		71,237	66,064	480	66,544	68,483	501	68,984
Bad Debts	12,302		12,302	15,586		15,586	14,115	0	14,115	18,362	0	18,362
Other Operating Expense	(3,426)		(3,426)	(3,249)		(3,249)	4,184	1,237	5,421	(18,492)	1,320	(17,172)
Subtotal	$358,430	$0	$358,430	$376,245	$0	$376,245	$385,005	$6,931	$391,936	$381,247	$7,390	$388,637
Depreciation/Amortization	17,879		17,879	20,443		20,443	24,574	392	24,966	31,474	704	32,178
Interest Expense	3,110		3,110	3,157		3,157	5,552	597	6,149	5,206	567	5,773
Lease Expense	3,860		3,860	4,766		4,766	4,909	500	5,409	5,056	510	5,566
Total Operating Expense	$383,278	$0	$383,278	$404,611	$0	$404,611	$420,040	$8,420	$428,460	$422,983	$9,171	$432,154
Gain/(Loss) from Operations	$34,044	$0	$34,044	$27,396	$0	$27,396	$17,187	$7,999	$25,186	$24,092	$7,617	$31,709
Plus: Non-Operating Revenue	(38)		(38)	436		436	1,300	0	1,300	1,500	0	1,500
Revenue Over/(Under) Expense	$34,006	$0	$34,006	$27,832	$0	$27,832	$18,487	$7,999	$26,486	$25,592	$7,617	$33,209
FTEs	2,073		2,073	2,105		2,105	2,083	25	2,107	2,084	0	2,084
Volumes												
Inpatient Discharges	19,058		19,058	18,112		18,112	19,454		19,454	18,142		18,142
Patient Days	104,095		104,095	99,748		99,748	104,260		104,260	98,948		98,948
Outpatient Volumes	218,306		218,306	238,579		238,579	202,492	56,744	259,236	233,151	57,765	290,916
Radiology Volumes								80,082			81,523	
Subtotal: Radiology Volumes:								**136,826**			**139,288**	
Break-even Volume:								**41,069**			**44,534**	

*Volume Statistics:
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.

Total Facility:	FY 2015 Projected		
Description	**W/O CON**	**Incremental**	**With CON**
NET PATIENT REVENUE			
Non-Government	$233,320	$15,145	$248,465
Medicare	145,540	1,146	146,686
Medicaid and Other Medical Assistance	71,023	875	71,898
Other Government	348	0	348
Total Net Patient Revenue	$450,231	$17,166	$467,397
Other Operating Revenue	7,468	0	7,468
Revenue from Operations	$457,699	$17,166	$474,865
OPERATING EXPENSES			
Salaries and Fringe Benefits	225,599	4,412	230,011
Professional / Contracted Services	100,436	1,385	101,821
Supplies and Drugs	76,795	524	77,319
Bad Debts	19,700	0	19,700
Other Operating Expense	(31,893)	1,396	(30,497)
Subtotal	$390,637	$7,717	$398,354
Depreciation/Amortization	32,879	704	33,583
Interest Expense	4,844	536	5,380
Lease Expense	5,208	520	5,728
Total Operating Expense	$433,568	$9,477	$443,045
Gain/(Loss) from Operations	$24,131	$7,689	$31,820
Plus: Non-Operating Revenue	1,700	0	1,700
Revenue Over/(Under) Expense	$25,831	$7,689	$33,520
FTEs	2,086	0	2,086
Volumes			
Inpatient Discharges	18,339		18,339
Patient Days	99,092		99,092
Outpatient Volumes	235,034	58,805	293,839
Radiology Volumes		82,991	
Subtotal: Radiology Volumes:		**141,796**	
Break-even Volume:		**45,813**	

*Volume Statistics:
Provide projected inpatient and/or outpatient statist

Attachment IX **Financial Attachment II**

Bridgeport Hospital

Type of Service Description: Radiology
Type of Unit Description: Imaging
# of Months in Operation: 12

FY 2013 FY Projected Incremental Total Incremental Expenses: $ 8,420,395	(1)	(2) Rate Technical	(3) Total Units	Payor Mix	(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	Net Rev Per Case Technical	Growth Rate Technical	(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		$948	18,595	23.2%	$17,628,060	$16,532,041			$1,096,019	$58.94	n/a	$1,953,532	($857,513)
Medicaid		$948	7,223	9.0%	$6,847,404	$6,010,334			$837,070	$115.89	n/a	$757,836	$79,234
CHAMPUS/TriCare		$948	0	0.0%	$0	$0			$0	$0.00	n/a	$0	$0
Total Governmental			25,818	32.2%	$24,475,464	$22,542,375	$0	$0	$1,933,089		n/a	$2,711,367	($778,278)
Commercial Insurers		$948	53,463	66.8%	$50,682,924	$36,196,665			$14,486,259	$270.96	n/a	$5,624,824	$8,861,435
Uninsured		$948	801	1.0%	$759,348	$759,348			$0	$0.00	n/a	$84,204	($84,204)
Total NonGovernment			54,264	67.8%	$51,442,272	$36,956,013	$0	$0	$14,486,259		n/a	$5,709,028	$8,777,231
Total All Payers		**$948**	**80,082**	**100.0%**	**$75,917,736**	**$59,498,388**	**$0**	**$0**	**$16,419,348**	**205**	**n/a**	**$8,420,395**	**$7,998,953**
										Break-even Volume:		41,069	

Type of Service Description: Radiology
Type of Unit Description: Imaging
# of Months in Operation: 12

FY 2014 FY Projected Incremental Total Incremental Expenses: $9,170,657	(1)	(2) Rate Technical	(3) Total Units	Payor Mix	(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	Net Rev Per Case Technical	Growth Rate Technical	(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		$1,014	18,930	23.2%	$19,201,835	$18,081,226			$1,120,609	$59.20	0.4%	$2,127,592	($1,006,983)
Medicaid		$1,014	7,353	9.0%	$7,458,589	$6,602,739			$855,850	$116.39	0.4%	$825,359	$30,491
CHAMPUS/TriCare		$1,014	0	0.0%	$0	$0			$0	$0.00	0.0%	$0	$0
Total Governmental			26,283	32.2%	$26,660,424	$24,683,965	$0	$0	$1,976,459		2.2%	$2,952,952	($976,493)
Commercial Insurers		$1,014	54,425	66.8%	$55,206,543	$40,395,279			$14,811,264	$272.14	0.4%	$6,125,999	$8,685,265
Uninsured		$1,014	815	1.0%	$826,703	$826,703	$1,014,315		$0	$0.00	0.0%	$91,707	($91,707)
Total NonGovernment			55,240	67.8%	$56,033,246	$41,221,982	$1,014,315	$0	$14,811,264		2.2%	$6,217,705	$8,593,559
Total All Payers		**$1,014**	**81,523**	**100.0%**	**$82,693,670**	**$65,905,947**	**$1,014,315**	**$0**	**$16,787,723**	**206**		**$9,170,657**	**$7,617,066**
										Break-even Volume:		44,534	

Type of Service Description: Radiology
Type of Unit Description: Imaging
# of Months in Operation: 12

FY 2015 FY Projected Incremental Total Incremental Expenses: $9,476,299	(1)	(2) Rate Technical	(3) Total Units	Payor Mix	(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	Net Rev Per Case Technical	Growth Rate Technical	(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		$1,085	19,270	23.2%	$20,914,987	$19,769,110			$1,145,877	$59.46	3.0%	$2,198,501	($1,052,624)
Medicaid		$1,085	7,486	9.0%	$8,125,044	$7,249,895			$875,149	$116.90	0.0%	$852,867	$22,282
CHAMPUS/TriCare		$1,085	0	0.0%	$0	$0			$0	$0.00	3.0%	$0	$0
Total Governmental			26,756	32.2%	$29,040,031	$27,019,005	$0	$0	$2,021,026		2.6%	$3,051,368	($1,030,342)
Commercial Insurers		$1,085	55,404	66.8%	$60,133,574	$44,988,336			$15,145,238	$273.36	3.0%	$6,330,168	$8,815,070
Uninsured		$1,085	830	1.0%	$900,853	$900,853	$1,014,315		$0	$0.00	0.0%	$94,763	($94,763)
Total NonGovernment			56,234	67.8%	$61,034,427	$45,889,189	$1,014,315	$0	$15,145,238		2.8%	$6,424,931	$8,720,307
Total All Payers		**$1,085**	**82,990**	**100.0%**	**$90,074,458**	**$72,908,194**	**$1,014,315**	**$0**	**$17,166,264**	**207**		**$9,476,299**	**$7,689,965**
										Break-even Volume:		45,813	

Attachment X **Financial Attachment III**

BRIDGEPORT HOSPITAL
RADIOLOGY

Assumptions

	FY 2013	FY 2014	FY 2015
NET REVENUE RATE INCREASES			
1) Government	0.0 - 3.0%	0.0 - 3.0%	0.0 - 3.0%
2) Non-Government	0.0 - 3.0%	0.0 - 3.0%	0.0 - 3.0%

	FY 2013	FY 2014	FY 2015
EXPENSES			
A. Salaries and Fringe Benefits	3.5%	3.5%	3.5%
B. Non-Salary			
1) Professional / Contracted Services	3.0%	3.0%	3.0%
2) Supplies and Drugs	3.0%	3.0%	3.0%
3) Lease Expense	2.0%	2.0%	2.0%
4) Depreciation	schedule	schedule	schedule
5) Interest	-5.0%	-5.0%	-5.0%
6) All Other Expenses	3.5%	3.5%	3.5%

	FY 2013	FY 2014	FY 2015
VOLUMES			
Inpatient	1.8%	1.8%	1.8%
Emergency Department	1.8%	1.8%	1.8%
Outpatient	1.8%	1.8%	1.8%

Attachment XI **Financial Attachment IV: Chargemaster Rates**

BRIDGEPORT HOSPITAL
Charge Master

Modality	CPT Code	Service Code	Description	Rev Code	Price
PET/CT	78491	15000121	PET:METABLIC ASS./SPECT	404	$9,263.00
PET/CT	78608	15000122	PET SCAN BRAIN-METABOLIC	404	$9,263.00
PET/CT	78609	15000001	PET:BRAIN PERFUSION	404	$9,263.00
PET/CT	78814	15000129	PET CT LIMITED AREA	404	$8,389.00
PET/CT	78814	15000133	PET CT LIMITED AREA PS	404	$7,840.00
PET/CT	78815	15000130	PET CT SKULL-THIGH	404	$8,821.00
PET/CT	78815	15000134	PET CT SKULL-THIGH PS	404	$8,244.00
PET/CT	78816	15000131	PET CT WHOLE BODY	404	$9,817.00
PET/CT	78816	15000135	PET CT WHOLE BODY PS	404	$9,175.00
PET/CT	G0235	15000132	PET SCAN,OTHER SITE	404	$8,821.00
PET/CT	G0252	15000002	PET:BREAST INITIAL DX	404	$9,263.00
CT SCAN	70450	15080100	C.T. HEAD W/O CONTRAST	351	$2,343.00
CT SCAN	70460	15080200	CT HEAD W/CONTRAST	351	$2,357.00
CT SCAN	70470	15080268	CT HEAD W & W/O CONTRAST	351	$3,171.00
CT SCAN	70480	15080269	CT ORB/P FOSSA/SELLA W/O	351	$2,338.00
CT SCAN	70481	15080270	CT ORB/P FOSSA/SELLA W/CO	351	$3,085.00
CT SCAN	70482	15080271	CT ORB/P FOS/SELLA W&W/O	351	$3,664.00
CT SCAN	70486	15080272	CT MAXILLOFACIAL W/O CONT	351	$3,113.00
CT SCAN	70487	15080273	CT MAXILLOFACIAL W/CONTRA	351	$3,144.00
CT SCAN	70488	15080274	CT MAXILLOFACIAL W&W/O CO	351	$3,171.00
CT SCAN	70490	15080275	CT NECK W/O CONTRAST	351	$3,113.00
CT SCAN	70491	15080276	CT NECK W/CONTRAST	351	$3,151.00
CT SCAN	70492	15080277	CT NECK W&W/O CONTRAST	351	$3,171.00
CT SCAN	70496	15080593	CTA HEAD W/WO CONTRAST	352	$1,666.00
CT SCAN	70498	15080594	CTA NECK W/WO CONTRAST	352	$1,666.00
CT SCAN	71250	15080278	CT THORAX W/O CONTRAST	352	$2,155.00
CT SCAN	71260	15080279	CT THORAX W/CONTRAST	352	$3,151.00
CT SCAN	71270	15080280	CT THORAX W&W/O CONTRAST	352	$3,276.00
CT SCAN	71275	15080591	CTA CHEST W/WO CONTRAST	352	$2,891.00
CT SCAN	72125	15080281	CT CERVICAL SPINE W/O CON	352	$3,113.00
CT SCAN	72126	15080282	CT CERVICAL SPINE W/CONTR	352	$3,144.00
CT SCAN	72127	15080283	CT CERVICAL SPINE W&W/O C	352	$3,171.00
CT SCAN	72128	15080284	CT THORACIC SPINE W/O CON	352	$2,786.00
CT SCAN	72129	15080285	CT THORACIC SPINE W/CONTR	352	$3,375.00
CT SCAN	72130	15080286	CT THRACIC SPINE W&W/O CO	352	$3,965.00
CT SCAN	72131	15080287	CT LUMBAR SPINE W/O CONTR	352	$3,113.00
CT SCAN	72132	15080288	CT LUMBAR SPINE W/CONTRAS	352	$3,144.00
CT SCAN	72133	15080289	CT LUMBAR SPINE W&W/O CON	352	$3,171.00
CT SCAN	72191	15080598	CTA PELVIS W/WO CONTRAST	352	$2,497.00
CT SCAN	72192	15080290	CT PELVIS W/O CONTRAST	352	$3,151.00
CT SCAN	72193	15080291	CT PELVIS W/CONTRAST	352	$3,276.00

BRIDGEPORT HOSPITAL
Charge Master

Modality	CPT Code	Service Code	Description	Rev Code	Price
CT SCAN	72194	15080292	CT PELVIS W&W/O CONTRAST	352	$3,408.00
CT SCAN	72292	15082703	CT GUIDED VERTEBROPLASTY	352	$927.00
CT SCAN	73200	15080293	UPPER EXT WO CONTRAST RT	352	$2,045.00
CT SCAN	73200	15080310	UPPER EXT WO CONTAST LT	352	$2,045.00
CT SCAN	73200	15080311	UPPER EXT WO CONTRAST BIL	352	$2,727.00
CT SCAN	73201	15080294	UPPER EXT W/CONTRAST RT	352	$2,626.00
CT SCAN	73201	15080312	UPPER EXT W/CONTRAST LT	352	$2,626.00
CT SCAN	73201	15080313	UPPER EXT W/CONTRAST BIL	352	$3,501.00
CT SCAN	73202	15080295	UPPER EXTW/WO CONTRAST RT	352	$3,965.00
CT SCAN	73202	15080314	UPPER EXT W/WO CONTRST LT	352	$3,965.00
CT SCAN	73202	15080315	UPPER EXT W/WO CONTR BIL	352	$5,286.00
CT SCAN	73206	15080596	CTA UPPER EXTR W/O CONTRS	352	$1,054.00
CT SCAN	73700	15080296	LOWER EXT WO CONTRAST RT	352	$3,113.00
CT SCAN	73700	15080316	LOWER EXT WO CONTRAST LT	352	$3,113.00
CT SCAN	73700	15080317	LOWER EXT WO CONTRAST BIL	352	$4,152.00
CT SCAN	73701	15080297	LOWER EXT W CONTRAST RT	352	$3,151.00
CT SCAN	73701	15080318	LOWER EXT W CONTRAST LT	352	$3,151.00
CT SCAN	73701	15080319	LOWER EXT W CONTRAST BIL	352	$4,201.00
CT SCAN	73702	15080298	LOWER EXT W/WO CONTR RT	352	$3,171.00
CT SCAN	73702	15080320	LOWER EXT W/WO CONTR LT	352	$3,171.00
CT SCAN	73702	15080321	LOWER EXT W/WO CONTR BIL	352	$4,231.00
CT SCAN	73706	15080597	CTA LWE EXTR W/WO CONTRST	352	$3,331.00
CT SCAN	74150	15080300	CT ABDOMEN W/O CONTRAST	352	$3,113.00
CT SCAN	74160	15080301	CT ABDOMEN W/CONTRAST	352	$3,151.00
CT SCAN	74170	15080302	CT ABDOMEN W&W/O CONTRAST	352	$3,171.00
CT SCAN	74174	15084650	CTA ABDOMEN & PELVIS	352	$5,021.00
CT SCAN	74175	15080595	CTA ABDOMEN W/O CONTRST	352	$2,524.00
CT SCAN	74176	15082611	CT ABDOMEN & PELVIS	352	$7,334.00
CT SCAN	74177	15082612	CT ABD & PELV W CONTRAST	352	$6,427.00
CT SCAN	74178	15082613	CT ABD & PELV W/WO CONT	352	$6,579.00
CT SCAN	74261	15080303	CT COLONOSCOPY DIAGNOSTIC	350	$823.00
CT SCAN	75635	15080592	CTA AORTA/RUNOFF W/WO CON	352	$1,054.00
CT SCAN	75989	15082635	ABSCESS DRAINAGE	352	$1,015.00
CT SCAN	76376	15080133	CT 3D RECONSTRUCTION	351	$944.00
CT SCAN	76377	15081545	CT RECON PHY WORKSTATION	352	$2,381.00
CT SCAN	76380	15080600	CT LIMITED FOLLOW UP STDY	352	$549.00
CT SCAN	76497	15084549	UNLISTED CT PROCEDURE	350	$2,061.00
CT SCAN	77012	15080304	CT GUIDANCE-NEEDLE BIOPSY	352	$2,061.00
CT SCAN	77012	15080305	CT GUIDANCE FOR CYST ASPI	352	$2,061.00
CT SCAN	77012	15080585	C.T. GUIDED LUNG BIOPSY	352	$2,061.00
CT SCAN	77012	15080586	C.T. GUIDED BONE BIOPSY	352	$2,061.00
CT SCAN	77012	15080587	C.T. GUIDED LIVER BIOPSY	352	$2,061.00

BRIDGEPORT HOSPITAL

Charge Master

Modality	CPT Code	Service Code	Description	Rev Code	Price
CT SCAN	77012	15080588	C.T. GUIDED BX ABDOMEN/PE	352	$2,061.00
CT SCAN	77013	15080427	CT RF ABLATION	352	$937.00
CT SCAN	77014	15080110	CT GUID RAD THER FIELDS	352	$874.00
CT SCAN	77073	15080758	CT LEG LENGTH-SCANOGRAM	350	$768.00
MRI	70336	15100100	MRI TEMPO-MANDIBULAR JOIN	610	$2,246.00
MRI	70540	15100101	MRI ORBIT, FACE&NECK WO	610	$2,027.00
MRI	70542	15101020	MRI ORBIT,FACE,NECK WWO	610	$1,378.00
MRI	70543	15101021	MRI ORBIT,FACE,NECK WWO C	610	$3,764.00
MRI	70544	15101022	MRA HEAD	610	$3,656.00
MRI	70545	15101023	MRA HEAD W/CONTRAST	610	$3,986.00
MRI	70546	15101024	MRA HEAD W/WO CONTRAST	610	$4,315.00
MRI	70547	15101025	MRA NECK/CAROTID WO	610	$3,167.00
MRI	70548	15101026	MRA NECK/CAROTID W CONT	610	$3,603.00
MRI	70549	15101027	MRA NECK/CAROTID W/WO CON	610	$4,040.00
MRI	70551	15100103	MRI BRAIN WITHOUT CONTRST	611	$2,431.00
MRI	70552	15100104	MRI BRAIN WITH CONTRAST	611	$3,761.00
MRI	70553	15100105	MRI BRAIN W&W/O CONTRAST	611	$5,026.00
MRI	71550	15100106	MRI CHEST	610	$2,027.00
MRI	71551	15101028	MRI CHEST W/CONTRAST	610	$2,097.00
MRI	71552	15101029	MRI CHEST W/WO CONTRAST	610	$2,164.00
MRI	71555	15100107	MRA CHEST W&W/O CONTRAST	610	$3,140.00
MRI	72141	15100108	MRI CERV.SPINE W/O CONTRA	610	$3,352.00
MRI	72142	15100110	MRI CERV.SPINE W/CONTRAST	610	$3,663.00
MRI	72146	15100111	MRI THOR.SPINE W/O CONTRS	610	$3,283.00
MRI	72147	15100112	MRI THOR.SPINE W/CONTRAST	610	$3,593.00
MRI	72148	15100113	MRI LUMB.SPINE W/O CONTRS	610	$3,352.00
MRI	72149	15100114	MRI LUMB.SPINE W/CONTRAST	610	$3,663.00
MRI	72156	15100115	MRI CERV.SPINE W&W/O CONT	610	$4,992.00
MRI	72157	15100116	MRI THOR.SPINE W&W/O CONT	610	$4,992.00
MRI	72158	15100117	MRI LUMB.SPINE W&W/O CONT	610	$4,992.00
MRI	72159	15100118	MRA SPIN.CAN.W OR W/O CON	610	$3,601.00
MRI	72195	15101030	MRI PELVIS W/O CONTRAST	610	$1,378.00
MRI	72196	15100119	MRI PELVIS W CONTRAST	610	$2,029.00
MRI	72197	15101031	MRI PELVIS W/WO CONTRAST	610	$2,680.00
MRI	72198	15100120	MRA PEL.W.OR W/O CONTRAST	610	$3,139.00
MRI	73218	15101018	MRI UPER EXT NJ WO CONT	610	$1,722.00
MRI	73219	15101032	MRI UPPR EXT NON JNT W/CT	610	$1,875.00
MRI	73220	15100121	MRI UPPER EXT.NON JOINT	610	$2,027.00
MRI	73221	15100123	MRI UPPER EXTRE.ANY JOINT	610	$2,449.00
MRI	73222	15101033	MRI UPPR EXT ANY JNT W/CT	610	$2,601.00
MRI	73223	15101034	MRI UPPR EXT ANY JNT W/WO	610	$2,752.00

BRIDGEPORT HOSPITAL

Charge Master

Modality	CPT Code	Service Code	Description	Rev Code	Price
MRI	73225	15100124	MRA UPPER EXT.W/WO CONTRA	610	$3,258.00
MRI	73718	15101019	MRI LOW EXT NJ WO CONT	610	$1,722.00
MRI	73719	15101035	MRI LWR EXT NON JNT W/CNT	610	$2,385.00
MRI	73720	15100125	MRI LOW EXT NJ W/WO CONT	610	$3,050.00
MRI	73721	15100126	MRI LOWER EXTR.ANY JOINT	610	$1,989.00
MRI	73722	15101036	MRI LWR EXT ANY JNT W/CNT	610	$2,420.00
MRI	73723	15101037	MRI LWR EXT ANY JNT W/WOC	610	$2,852.00
MRI	73725	15100127	MRA LOWER EXTRE.W/WO CONT	610	$3,125.00
MRI	74181	15100128	MRI ABDOMEN	610	$2,007.00
MRI	74182	15101038	MRI ABDOME W/CONTRAST	610	$2,343.00
MRI	74183	15101039	MRI ABDOME W/WO CONTRST	610	$2,852.00
MRI	74185	15100129	MRA ABDOMEN W/WO CONTRAST	610	$2,093.00
MRI	76376	15100133	MR 3D RECONSTRUCTION	610	$944.00
MRI	76390	15100134	MR SPECTROSCOPY	610	$2,246.00
MRI	77058	15100131	MRI BREAST UNILATERAL	610	$3,431.00
MRI	77059	15100132	MRI BREAT BILATERAL	610	$4,528.00

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

July 13, 2012

VIA FAX ONLY

Ms. Carolyn Salsgiver
Senior Vice President
Planning and Marketing
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

RE: Certificate of Need Application; Docket Number: 12-31766-CON
Acquisition and Operation of Two MRI Scanners, One PET/CT Scanner and Four CT Scanners.

Dear Ms. Salsgiver:

On June 13, 2012, the Office of Health Care Access ("OHCA") received your Certificate of Need application filing on behalf of Bridgeport Hospital ("Applicant"), for the acquisition of two Magnetic Resonance Imaging ("MRI") scanners, one Positron Emission Tomography-Computed Tomography ("PET/CT") scanner and four Computed Tomography ("CT") scanners, currently owned and operated by Robert D. Russo, M.D.'s, P.C. ("Practice").

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

1. On page 18 of the application the Applicant states that upon approval of this proposal, it intends to relocate the Guilford's MRI unit to Applicant's comprehensive outpatient center in Trumbull in 2014. Please explain how the need for MRI services for the patients residing in Guilford area will be met after the relocation of currently operating an MRI?

2. On page 21 of the CON application it states that "by acquiring Russo Radiology's existing imaging equipment, the Applicant will be able to gain a larger presence in the radiology field, which is consistent with the Hospital's strategy to enhance access to key services for patients by locating them off-campus in the community". Does the Applicant have a Board approved written strategic plan?

If so, please provide OHCA all pages relevant to imaging services.

3. Please explain the need for the Applicant to acquire each of the scanners currently owned and operated by the Practice.

4. On page 21 of the application, the Applicant provides information on the proposed scanners. Please explain if the PET/CT located at 2660 Main Street in Bridgeport was converted to a PET/CT scanner from a CT scanner or was it originally acquired as PET/CT scanner?

5. On page 30 of the Application, Table 2a provides the historical and current imaging utilization for years 2009, 2010 and 2011. Please explain the reasons for the decrease in utilization by location.

6. Please expand Table 2a to include all CT, MRI and PET/CT scanners operated by the Applicant. Be sure to include historical, current year and projected scan volumes.

7. Please revise each line of the scan volumes presented in Table 2a in "CFY 2012" column, updating CT, PET/CT and MRI volumes for the most recently completed FY. Identify the number of months represented in the "FY 2012" column.

8. On page 38 of the application, the Applicant provided the minimum number of units required to show an incremental gain. Please explain the reasoning and analysis for this conclusion.

9. Please provide a list of the current physicians affiliated (referral base) with the Practice and the Applicant by town and specialty.

10. Please provide the Docket/Report number of each scanner's CON authorization and history (when acquired, operated and its origin to the location) for the Practice and the Applicant.

11. The Applicant proposes to finance the acquisition by using Applicant's operating funds. On page 128 the Applicant projects the overall revenue over expenses for FY13, FY14 and FY15 as $26,486K, $33,209K and $33,520K respectively with the CON.

    a. Pease explain if the Applicant will be funding the proposed $19,000K cost of the project from one fiscal year or several fiscal years.
    b. If funding all from one year, please specify fiscal year and whether the Applicant will have enough funds reminding to cover any other expenses after paying for this proposal.

In responding to the questions contained in this letter, please repeat each question before providing your response. Paginate and date your response, i.e., each page in its entirety.

Information filed after the CON application submission (i.e. completeness letter, late file submissions, and the like must be numbered sequentially from the Applicant document preceding it. As the current submission for the application concludes with page 139, please begin with the completeness response with page 140. Reference Docket Number: 12-31766-CON and submit one (1) original and six (6) hard copies of your response in its entirety, including any supporting documentation. Submit a scanned copy of your response in Adobe format, an electronic copy in MS Word format and any worksheets in MS Excel, including all attachments, on CD.

If you have any questions concerning this letter, please feel free to contact Steve Lazarus at (860) 418-7012 or me at (860) 418-7007.

Sincerely,

A. Veyberman

Alla M. Veyberman
Health Care Analyst

****
*** TX REPORT ***
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TRANSMISSION OK

TX/RX NO	2992
RECIPIENT ADDRESS	912033843751
DESTINATION ID	
ST. TIME	07/13 14:56
TIME USE	00'36
PAGES SENT	4
RESULT	OK

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: CAROLYN SALSGIVER

FAX: 203.384.3751

AGENCY: BRIDGEPORT HOSPITAL

FROM: OHCA

DATE: 07/13/2012 **Time:**

NUMBER OF PAGES: 4
(including transmittal sheet

Comments:

Completeness Letter
Docket Number: 12-31766-CON
Acquisition of Certain of the Assets of Robert D. Russo

Greer, Leslie

From: Veyberman, Alla
Sent: Wednesday, July 25, 2012 11:45 AM
To: Greer, Leslie
Subject: FW: Russo CON Completeness Questions, DN 12-31766

FYI-sorry, forgot to CC you when sent it originally.

From: Veyberman, Alla
Sent: Wednesday, July 25, 2012 10:30 AM
To: 'Richards, Amy'
Cc: Lazarus, Steven
Subject: RE: Russo CON Completeness Questions, DN 12-31766

Good morning Amy,
You are correct, we're looking for the each scanner's CON authorization # and scanner history, such as whether the scanner is new, refurbished, and the number of days per week It's in operation).
In order to make it more convenient for you, we have summarized our request in the table below.

Scanner	Location	CON authorization Docket #	Acquired (year)	Days of operation (per week)	Own/Leased	New/Refurbished
example: CT	Hospital/ER	08-XXXXX-CON	2XXX	5 days	Own	refurbish 2XXX

Please feel free to call me if you have any questions.

Thanks,

Alla

Alla Veyberman
CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860.418.7007
Fax: 860.418.7053
Email: Alla.Veyberman@ct.gov

From: Richards, Amy [mailto:Amy.Richards@bpthosp.org]
Sent: Tuesday, July 24, 2012 2:43 PM
To: Lazarus, Steven
Cc: Veyberman, Alla
Subject: RE: Russo CON Completeness Questions, DN 12-31766

Hi Steven, I'm trying to reach you to clarify something in question 10. Can you please explain what you mean by "history (origin to the location)" of each scanner? Do you mean whether it was new, moved from another site, refurbished, etc.?

Thanks.
Amy

From: Lazarus, Steven [mailto:Steven.Lazarus@ct.gov]
Sent: Wednesday, July 18, 2012 12:49 PM
To: Richards, Amy
Cc: Veyberman, Alla
Subject: RE: Russo CON Completeness Questions, DN 12-31766

You are welcome.

Steve

Steven W. Lazarus
Associate Health Care Analyst
Office of Heaalth Care Access
A Division of Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone (Direct): 860.418.7012
Fax (Main): 860.418.7053

From: Richards, Amy [mailto:karich@bpthosp.org]
Sent: Wednesday, July 18, 2012 10:11 AM
To: Lazarus, Steven
Cc: Veyberman, Alla
Subject: RE: Russo CON Completeness Questions, DN 12-31766

Hmmm, not sure – we recently updated our email addresses so maybe the one I gave you didn't take effect yet. At any rate, I did receive this one. Thanks so much!

From: Lazarus, Steven [mailto:Steven.Lazarus@ct.gov]
Sent: Wednesday, July 18, 2012 10:04 AM
To: Richards, Amy
Cc: Veyberman, Alla
Subject: RE: Russo CON Completeness Questions, DN 12-31766

Good Morning Amy,

Not sure why you didn't get it. I had emailed it to you the same day. Here is another try. Please let me know that you received this email.

Thanks,
Steve

Steven W. Lazarus
Associate Health Care Analyst
Office of Heaalth Care Access
A Division of Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone (Direct): 860.418.7012
Fax (Main): 860.418.7053

From: Richards, Amy [mailto:karich@bpthosp.org]
Sent: Wednesday, July 18, 2012 9:59 AM
To: Lazarus, Steven
Subject: Russo CON Completeness Questions, DN 12-31766

Hi Steven,
Just following up to see if you can please email me the completeness questions document for the Bridgeport Hospital Russo Radiology CON, DN 12-31766.

Many thanks.
Amy

Amy Richards
Senior Planner
Bridgeport Hospital
(203) 384-4481

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

July 30, 2012

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

RE: DN 12-31766-CON, Acquisition of Certain of the Assets of Robert D. Russo, M.D./ Russo Radiology PC

Dear Ms. Martone,

In response to the letter from OHCA dated July 13, 2012, I am pleased to provide Bridgeport Hospital's responses to the completeness questions issued by OHCA in the above Certificate of Need.

1. On page 18 of the application the Applicant states that upon approval of this proposal, it intends to relocate the Guilford's MRI unit to Applicant's comprehensive outpatient center in Trumbull in 2014. Please explain how the need for MRI services for the patients residing in Guilford area will be met after the relocation of currently operating an MRI?

Patients residing in the Guilford area will continue to have their MRI needs met after the relocation of the MRI unit at Madison Radiology Imaging to a planned Bridgeport Hospital outpatient center in Trumbull in 2014. As shown in the table on page 29 of the Certificate of Need, there are three other MRI units in the 4-town Guilford service area (consisting of Branford, Clinton, Guilford and Madison), at the following locations:

- **Branford Open MRI and Diagnostic Imaging Center, 1208 Main Street, Branford**
- **YNHH Temple Radiology, 111 Goose Lane, Guilford**
- **Guilford Radiology, 1591 Boston Post Road, Guilford**

Guilford-area physicians are able to refer their patients to any of the above existing MRI locations within the same service area as the Guilford MRI. More importantly, the above locations can accommodate the Guilford MRI's volume. A phone survey conducted on July 23, 2012 indicated that MRI scans could be scheduled within a few days of calling at each of these providers, suggesting that access can be obtained in a timely manner. In addition, the Yale-New Haven Temple Radiology site at 111 Goose Lane can accommodate same-day emergent patients in need of an MRI scan if deemed necessary by the referring physician.

As Guilford is out of Bridgeport Hospital's primary service area, the Hospital concluded that it could better respond to community need and ensure access by moving the Guilford MRI unit to a location within its service area. The Hospital needs an MRI unit for its future cancer center in Trumbull.

2. On page 21 of the CON application it states that "by acquiring Russo Radiology's existing imaging equipment, the Applicant will be able to gain a larger presence in the radiology field, which is consistent with the Hospital's strategy to enhance access to key services for patients

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

by locating them off-campus in the community". Does the Applicant have a Board approved written strategic plan?

If so, please provide OHCA all pages relevant to imaging services.

The Bridgeport Hospital Fiscal Year 2012-14 Strategic Plan is proprietary and cannot be released. The plan consists of numerous objectives and metrics under certain broad goals, including the following:

- **Goal: Pursue strategic growth**
- **Objective: Establish Bridgeport Hospital-owned outpatient imaging services selectively throughout the region**
- **Metric: Purchase the Russo Radiology practice**

The Fiscal Year 2012-14 Strategic Plan was reviewed and approved by the Board of Directors after an extensive process that included a day-long retreat attended by both Board members and Hospital executives. The Strategic Plan includes other references to locating key services in the communities the Hospital serves, off its main campus to improve access for its patients and physicians. The recent acquisition of its on-campus MRI unit [DN 11-31722-CON, approved December 16, 2011] is also part of this strategic plan. A modern hospital today that will succeed in health care reform as care is streamlined must be able to provide integrated, efficient and high quality outpatient radiology services to its patients.

While providing patients with access to key outpatient services in the community is a significant strategic goal for the Hospital, the Hospital must also continually seek opportunities to solidify its financial position. Outpatient radiology services are a source of significant revenues which most full-service hospitals, both in Connecticut and nationally, have incorporated into their service continuum. Bridgeport Hospital does not have any outpatient radiology services in the community. It only has outpatient radiology services on its campus, and for many years the Hospital has sought to address this gap in its continuum of services. The addition of the Russo Radiology imaging sites will allow the Hospital to close this gap so that it can provide a full continuum of care for patients, and this service will also bring additional technical revenues to the Hospital. In the context of declining reimbursement from payers, the unknown impact of health care reform on reimbursement, the need for stringent cost control, the need for ongoing technological and physical plant maintenance and improvements and increases in uninsured and underinsured patients, this additional revenue is essential and will help allow the Hospital to meet its mission of providing high quality, comprehensive care to the community. In addition, offering outpatient community-based imaging services will better position the Hospital to respond to changes in reimbursement methodologies, such as moves to Accountable Care Organizations (ACOs), bundled payments and other innovations. The Hospital needs a full complement of ancillary services available both on and off campus in order to respond to these changes.

After this acquisition, patients and physicians will finally be able to choose a suburban, Bridgeport Hospital-owned outpatient radiology service for their care. They do not have this option today, and the Hospital expects volume to grow over time as patients choose to be served by the Hospital (though the projections contained in the CON application are conservative and do not make any assumptions regarding such growth).

3. Please explain the need for the Applicant to acquire each of the scanners currently owned and operated by the Practice.

The scanners that Bridgeport Hospital proposes to acquire are established units that have been in operation for many years. These scanners provide essential diagnostic imaging services to thousands of patients each year and receive regular referrals by many local physicians. Based on a review of the CON files for each scanner that Bridgeport Hospital proposes to acquire, all Russo Radiology scanners received Certificate of Need approval from OHCA for either their original acquisition or replacement; those regulatory approvals were based on OHCA's finding that there was clear public need for the units. That need still exists today and is enhanced by the increasing importance of access to community-based outpatient services for patients.

As OHCA has already concluded that there is clear public need for the imaging equipment Bridgeport Hospital proposes to acquire, the Russo Radiology scanners will continue to serve patients and will remain part of the state's imaging capacity, even if CON approval is not granted and the transaction does not proceed. They will operate more efficiently and cost effectively as a Bridgeport Hospital outpatient service, however, due to the Hospital's ability to enhance electronic connectivity and implement centralized scheduling processes. These additional scanners will give patients access to more suburban, convenient locations for their Hospital imaging services. The Hospital is implementing the Epic electronic medical record system in September 2013, which will integrate patient information acquired at all Hospital sites, including the proposed community-based imaging centers, into a single medical record for each patient. This will increase efficiency by reducing the need for duplicate testing in patients, including instances where patients have had a recent outpatient scan and are admitted to the Hospital or visit the Emergency Department. The implementation of Epic will also provide physicians with a complete record of a patient's recent scans and imaging procedures from any Hospital site, which will positively impact quality and patient safety. Clinical quality will also be enhanced due to the oversight by physicians from Yale Diagnostic Radiology, which will directly benefit patients due to the level of expertise and experience that these physicians provide to Hospital outpatient imaging services.

Many hospitals have pursued the strategy of providing access to imaging services in a local community in order to expand their referral base, generate additional revenue and meet patients' requests for access to non-hospital campus-based outpatient care. This acquisition allows Bridgeport Hospital to pursue a vital strategic imperative by leveraging existing imaging capacity and not adding new capacity to the state, and in so doing, to prepare for the future of health care reform by improving quality and safety and reducing costs and improving efficiency.

Because Bridgeport Hospital's existing on-campus CT scanners are running at high capacity, certain Hospital outpatients who require a CT scan could obtain their scan at one of the new community sites, which also ensures sufficient capacity on the Hospital-based scanners for inpatients, Emergency Department patients and other individuals who are not appropriate for off-site scanning.

In addition, Bridgeport Hospital's acquisition of the proposed scanners provides patients and physicians who prefer Bridgeport Hospital with the ability to choose a Hospital-affiliated imaging service in the community, which is currently not available. Currently all

the outpatient imaging centers in the Hospital's primary service area are owned by private physician groups, which lack the electronic connectivity to the Hospital's medical record and the programmatic oversight that Bridgeport Hospital will provide.

The need for Bridgeport Hospital to acquire certain of the CT, PET/CT and MRI scanners currently owned and operated by Russo Radiology is explained in greater detail below.

CT Scan, 4699 Main Street, Bridgeport (CON Authorization under Docket 98-1504)
This scanner has been in operation for six years. It serves patients in the greater Bridgeport region who need outpatient CT scans but prefer to access them in a convenient community location with easily accessible parking, instead of an inpatient hospital campus where they have to park in a parking garage and walk approximately quarter of a mile to the hospital's third floor where the CT scanner is located.

CT Scan, 2660 Main Street, Bridgeport (CON Authorization under Docket 02-556)
This scanner has been in operation for seven years. Due to this unit's close proximity to the CT scanner at 4699 Main Street, the Hospital plans to relocate it to the planned Hospital outpatient cancer center to be located at 5520 Park Avenue in Trumbull, which is expected to open in 2014 (see Docket No. 10-31279-MDF, which also references this new site). Moving this unit to Trumbull will ensure that Bridgeport Hospital patients have access to a full array of imaging services in a community setting. The planned center will include a comprehensive outpatient cancer center, whose patients require an array of imaging services, including CT, to diagnose and monitor the progression of cancer.

PET/CT Scan, 2660 Main Street, Bridgeport (CON Authorization under Docket 09-31485)
This is the same unit as the CT scanner listed above, but with additional PET capability due to an add-on unit that was later installed (DN 09-31485). It has been in operation for seven years, but will be relocated to the planned outpatient center in Trumbull so that PET scanning is available onsite to the Hospital's cancer patients, who are typically the highest utilizers of PET scans.

CT Scan, 425 Post Road, Fairfield (CON Authorization under Docket 02-556)
The CT unit in Fairfield has been in operation for seven years and provides access to CT scanning to residents of Fairfield and other local towns.

CT Scan, 2909 Main Street, Stratford (CON Authorization under Docket 02-556)
The Stratford CT scanner has been in operation for eight years and provides community, non-inpatient hospital access to CT scanning to residents of Stratford and other area towns.

MRI, 2595 Main Street, Stratford (CON Authorization under Docket 98-1003)
MRI services have been available at this location for eight years. It serves numerous patients in Stratford, which is a key primary service area referral market for Bridgeport Hospital, as well as other local towns.

Interest in MRI, 705 Boston Post Road, Guilford (CON Modification of Docket 01-539 granted in 03-22850-MDF)
The MRI unit has been in operation for nine years. As previously stated, the Hospital intends to continue to operate the MRI in the short term until such time as the MRI can be relocated to a planned Bridgeport Hospital outpatient center in Trumbull. This center will include comprehensive cancer care services, for which MRI is a critical imaging modality,

so the unit will serve an important function in supporting the oncology services provided at the center.

4. On page 21 of the application, the Applicant provides information on the proposed scanners. Please explain if the PET/CT located at 2660 Main Street in Bridgeport was converted to a PET/CT scanner from a CT scanner or was it originally acquired as PET/CT scanner?

The PET/CT located at 2660 Main Street in Bridgeport was originally acquired by Russo Radiology as a CT scanner under DN 02-556. It was later converted to a PET/CT scanner with the addition of a PET unit, which subsequently received a CON as an integrated PET/CT scanner under DN 09-31485.

5. On page 30 of the Application, Table 2a provides the historical and current imaging utilization for years 2009, 2010 and 2011. Please explain the reasons for the decrease in utilization by location.

Please see the table below for each location and the factors related to a decrease in utilization, if any.

Location	Imaging Modality	Factors Related to Decline in Utilization (If Any)
4699 Main Street, Bridgeport	CT	As previously stated in the CON, CT volume declined from FY 2010 to 2011 due to a change in CPT codes by the American Medical Association that resulted in abdomen and pelvis scans being bundled into one code, rather than being broken out into two codes (and two procedures) as in past years. Eight CPT codes (72191, 72192, 72193, 72194, 74150, 74160, 74170 and 74175) that were used for pelvis and abdomen CT scans, with and without contrast, have been discontinued and replaced with just four CPT codes (74174, 74176, 74177 and 74178), leading to a decline in reported volumes. Based on projected data for FY 2012 (six months annualized), CT volume at this site is projected to increase slightly over FY 2011.
2660 Main Street, Bridgeport	CT	CT volume at this location increased from FY 2009 to 2010. As previously stated in the CON, CT volume declined from FY 2010 to 2011 due to a change in CPT codes by the American Medical Association that resulted in abdomen and pelvis scans being bundled into one code, rather than being broken out into two codes (and two procedures) as in past years. Eight CPT codes (72191, 72192, 72193, 72194, 74150, 74160, 74170 and 74175) that were used for pelvis and abdomen CT scans, with and without contrast, have been discontinued and replaced with just four CPT codes (74174, 74176, 74177 and 74178), leading to a decline in reported volumes.
425 Post Road, Fairfield	CT	As previously stated in the CON, CT volume declined from FY 2010 to 2011 due to a change in CPT codes by the American Medical Association that resulted in abdomen and pelvis scans being bundled into one code, rather than being broken out into two codes (and two procedures) as in past years. Eight CPT codes (72191, 72192, 72193, 72194, 74150, 74160, 74170 and 74175) that were used for pelvis and abdomen CT scans, with and without contrast, have been discontinued and replaced with just four CPT codes (74174, 74176, 74177 and 74178), leading to a decline in reported volumes. Based on projected data for FY 2012 (six months annualized), CT volume at this site is projected to remain stable compared

		to FY 2011.
2909 Main Street, Stratford	**CT**	**CT volume at this location increased from FY 2009 to 2010 As previously stated in the CON, CT volume declined from FY 2010 to 2011 due to a change in CPT codes by the American Medical Association that resulted in abdomen and pelvis scans being bundled into one code, rather than being broken out into two codes (and two procedures) as in past years. Eight CPT codes (72191, 72192, 72193, 72194, 74150, 74160, 74170 and 74175) that were used for pelvis and abdomen CT scans, with and without contrast, have been discontinued and replaced with just four CPT codes (74174, 74176, 74177 and 74178), leading to a decline in reported volumes. In addition, the scanner was down for service for eight business days between January and June 2012, which accounted for a decline of 59 cases, which would annualize to a decline of 118 cases for FY2012.**
267 Grant Street, Bridgeport	**CT**	**Bridgeport Hospital installed a second CT scanner, dedicated to use by Emergency Department patients, in July 2011. Volume for the two units combined has remained stable from FY 2011 to 2012 (projected).**
2660 Main Street, Bridgeport	**PET/CT**	**PET/CT volumes decreased from Fiscal Year 2009 to 2011 due to another PET/CT scanner being approved and placed at St. Vincent's Medical Center approximately 300 yards from this practice site. This PET-CT will be moved to support cancer and other services at the Bridgeport Hospital outpatient center at 5520 Park Ave in Trumbull in 2014.**
267 Grant Street, Bridgeport	**PET/CT**	**Not applicable. PET/CT volume at Bridgeport Hospital (available through a contracted service) remained stable between Fiscal Year 2009 and 2011.**
705 Boston Post Road, Guilford	**MRI**	**This scanner was the first MRI in the town of Guilford at the time of original CON approval. Since then, two more MRI scanners have been approved and placed in Guilford. Volume at this unit has been diluted as a result of the additional nearby MRI providers. Based on projected data for FY 2012 (six months annualized), MRI volume at this site is projected to increase slightly over FY 2011.**
2595 Main Street, Stratford	**MRI**	**In FY 2011, some MRI volume shifted from this location to a new Russo Radiology MRI unit at 75 Kings Highway in Fairfield that opened in 2011.**
267 Grant Street, Bridgeport	**MRI**	**Bridgeport Hospital assumed control of the MRI unit at the Hospital in July 2012. Prior to that time, it was a contracted service through an outside radiology group and the Hospital only referred inpatients and certain Emergency Department patients to this unit.**

6. Please expand Table 2a to include all CT, MRI and PET/CT scanners operated by the Applicant. Be sure to include historical, current year and projected scan volumes.

Please see revised Table 2a below, which has been updated to include Bridgeport Hospital's CT, MRI and PET/CT volumes. Please note that FY 2011 MRI volume for Russo Radiology at 2595 Main Street in Stratford has been restated. The volume submitted in the CON included scans performed at another location.

	Actual Volume (Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs)**		
	FY 2009	FY 2010	FY 2011	FY 2012 6 Months Jan - Jun Annualized	FY 2013	FY 2014	FY 2015
Scanner***							
CT - 4699 Main St., Bridgeport (Commerce Park)	3,037	2,716	2,017	2,124	2,045	2,082	2,119
CT - 2660 Main St., Bridgeport (Main Street, Bpt)	1,069	1,385	862	700	874	890	906
CT - 425 Post Rd., Fairfield (Fairfield)	1,364	1,243	815	822	826	841	856
CT - 2909 Main St., Stratford (Stratford)	1,907	2,015	1,872	1,563	1,898	1,932	1,967
CT - 267 Grant St., Bridgeport (Hospital - existing CT Scanner)	22,668	22,937	18,556	5,988	6,048	6,108	6,169
CT - 267 Grant St., Bridgeport (ED Unit, opened July 2011)	n/a	n/a	3,840	16,199	16,361	16,524	16,690
CT SCAN	**30,045**	**30,296**	**27,962**	**27,396**	**28,052**	**28,378**	**28,707**
PET/CT - 2660 Main St., Bridgeport (Main Street, Bpt)	160	107	77	68	62	62	62
PET/CT - 267 Grant St., Bridgeport (Hospital)	360	280	344	328	331	335	338
PET	**520**	**387**	**421**	**396**	**393**	**397**	**400**
MRI - 705 Boston Post Rd., Guilford	767	637	612	738	464	473	481
MRI - 2595 Main St., Stratford (Stratford MRI)	2,738	2,889	1,997	1,768	2,079	2,116	2,155
MRI - 267 Grant St., Bridgeport (Hospital)	4,928	4,681	4,830	4,444	4,529	4,619	4,709
MRI	**8,433**	**8,207**	**7,439**	**6,950**	**7,072**	**7,208**	**7,345**

***Note: Bridgeport Hospital Fiscal Year 2012 volume is nine months (October 2011 to June 2012) annualized.**

In reviewing Fiscal Year 2012 volume for the Hospital's two CT scanners, it is important to note that the ED-based unit was installed in July 2011. Since that time, there has been a significant shift of volume from the existing inpatient CT scanner, which traditionally has served all hospital patients, to the ED-based scanner, due to the heavy utilization of CT imaging by ED patients. Between the two machines, CT volume has remained stable.

7. Please revise each line of the scan volumes presented in Table 2a in "CFY 2012" column, updating CT, PET/CT and MRI volumes for the most recently completed FY. Identify the number of months represented in the "FY 2012" column.

Please see Table 2a shown in response to Question 6 above. Volumes for all Russo Radiology sites for the current fiscal year have been updated to reflect six months of its fiscal year (January to June) annualized. Volumes for Fiscal Year 2012 for Bridgeport Hospital are based on nine months (October 2011 to June 2012) annualized.

8. On page 38 of the application, the Applicant provided the minimum number of units required to show an incremental gain. Please explain the reasoning and analysis for this conclusion.

The minimum number of units required to show an incremental gain in the original CON was based on total operating expenses for all Hospital imaging modalities divided by the average reimbursement for all Hospital imaging modalities, including x-ray, mammography and ultrasound along with CT, PET/CT and MRI.

As shown in Financial Attachment II in the original CON, the break-even calculation is shown by fiscal year, as follows:
2013: $8,420,395 operating expenses / $205 average net revenue per unit = 41,069 break-even volume
2014: $9,170,657 operating expenses / $206 average net revenue per unit = 44,534 break-even volume

2015: $9,476,299 operating expenses / $207 average net revenue per unit = 45,813 break-even volume

9. Please provide a list of the current physicians affiliated (referral base) with the Practice and the Applicant by town and specialty.

Please see Attachment XII for a list of Bridgeport Hospital's active and courtesy medical staff by town and specialty and Russo Radiology's referral base by town and specialty.

10. Please provide the Docket/Report number of each scanner's CON authorization and history (when acquired, operated and its origin to the location) for the Practice and the Applicant.

Please see the following table for the CON authorization and history of each scanner.

Owner	Scanner	Location	CON Authorization & Docket	Acquisition Date	Days of Operation	Owned/ Leased	New/ Refurbished
Russo Radiology	CT Scanner	4699 Main Street, Bridgeport	05-30627-WVR (replacement of unit authorized in 98-1504)	2006	Monday - Friday	Owned	New
Russo Radiology	CT Scanner	2660 Main Street, Bridgeport	02-556 (no CON required for original purchase)	2005	Monday - Friday	Owned	Refurbished
Russo Radiology	PET/CT Scanner (same unit as CT scanner above)	2660 Main Street, Bridgeport	09-31485-CON	2005	Tuesday, Thursday, Friday	Owned	Refurbished
Russo Radiology	CT Scanner	425 Post Road, Fairfield	02-556 (no CON required for original purchase)	2003; moved to this location in March 2005	Monday - Friday	Owned	New
Russo Radiology	CT Scanner	2909 Main Street, Stratford	02-556 (no CON required for original purchase)	2004	Monday - Friday	Owned	New
Russo Radiology	MRI Scanner	2595 Main Street, Stratford	03-30154 – WVR (replacement of unit authorized in 98-1003)	2004	Monday-Friday	Owned	New
Russo Radiology (interest in MRI	MRI Scanner	705 Boston Post Road, Guilford	01-539 (replacement of unit authorized in	2003	Monday - Thursday	Leased	New

operated by Madison Radiology Imaging LLC)			98-1005)				
Bridgeport Hospital	CT Scanner	267 Grant Street, Bridgeport	09-31384-WVR	2009	Monday - Friday	Lease	New
Bridgeport Hospital	CT Scanner (Emergency Dept.)	267 Grant Street, Bridgeport	07-30352-MDF, 09-30352-MDF, 11-30352-MDF	2011	Monday - Sunday	Owned	New
Bridgeport Hospital	MRI Scanner	267 Grant Street, Bridgeport	11-31722-CON	2012 (effective September)	Monday - Sunday	Owned	New
Bridgeport Hospital	PET/CT	267 Grant Street, Bridgeport	00-509-CON, 02-584-CON	2002	Monday & Thursday (half days)	Under contractual agreement	New

11. The Applicant proposes to finance the acquisition by using Applicant's operating funds. On page 128 the Applicant projects the overall revenue over expenses for FY13, FY14 and FY15 as $26,486K, $33,209K and $33,520K respectively with the CON.

    a. Pease explain if the Applicant will be funding the proposed $19,000K cost of the project from one fiscal year or several fiscal years.

    Bridgeport Hospital will be funding the proposed $19,000,000 project cost over four (4) fiscal years. Of the total capital cost, $7,000,000 will be spent in the first year, and the remaining $12,000,000 will be spread over years two through four. With the exception of the $750,000 for the upgrade to the CT Scanner upgrade at 4699 Main Street in Bridgeport, which is scheduled for year two, all other equipment purchases will happen in year one. By spreading the $19,000,000 over four years, the Hospital's capital budget will be adjusted appropriately to use operating income instead of needing to borrow money.

    b. If funding all from one year, please specify fiscal year and whether the Applicant will have enough funds reminding to cover any other expenses after paying for this proposal.

    Not applicable. The proposal will be funded over four years.

Please contact me for any additional information you might need.

Sincerely,

Carolyn Salsgiver
Senior Vice President, Planning & Marketing

Attachment XII

Referring Physicians

- **Bridgeport Hospital Active and Courtesy Medical Staff**
- **Russo Radiology Referring Providers**

Active Medical Staff, Bridgeport Hospital

Ramzan	Usman	M.D.	Medicine/Primary Care		
Heiat	Asefeh	M.D.	Medicine/Primary Care	Branford	06405
Watson	Charles	M.D.	Anesthesia/General Anesthesia	Bridgeport	06610
Young	Janine	M.D.	Emergency Medicine/Ambulatory Emergency Care	Bridgeport	06610
Althoff	Seth	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Baxt	Brian	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Cahill	Justin	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Chen	Bo	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Conway	J.F. Donal	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Ferrigno	Rockman	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Flynn	Janeane	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Harris	Darcy	D.O.	Emergency Medicine/Emergency Care	Bridgeport	06610
Hernandez	Steven	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Jermyn	Roland	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610-0120
Jordan	B. Bryan	D.O.	Emergency Medicine/Emergency Care	Bridgeport	06610
Katigbak	Guillermo	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
LaMonte	Thomas	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Maisel	Jonathan	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Michos	Christopher	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Pagan	Krystal	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Reese	George	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Rodriguez Acosta	Manuel	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Salomon	Morton	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610-0120
Shah	Tanya	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Sirleaf	James	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Walsh	Brooks	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Werdmann	Michael	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Nash	Esther	M.D.	Emergency Medicine/Occupational/Industrial Med.	Bridgeport	06610
Ohene-Adjei	Rita	M.D.	Emergency Medicine/Occupational/Industrial Med.	Bridgeport	06610
Adjepong	Yaw	M.D.	Medicine/Ambulatory Care	Bridgeport	06610
Ali	S. M. Yousuf	M.D.	Medicine/Cardiology	Bridgeport	06610
Amir	Doron	M.D.	Medicine/Cardiology	Bridgeport	06610
Bloom	Gregory	M.D.	Medicine/Cardiology	Bridgeport	06606
Lancaster	Gilead	M.D.	Medicine/Cardiology	Bridgeport	06610
Landau	Charles	M.D.	Medicine/Cardiology	Bridgeport	06606
Logue	Michael	M.D.	Medicine/Cardiology	Bridgeport	06610
Lottick	Adam	M.D.	Medicine/Cardiology	Bridgeport	06606
Luciano	Adolfo	M.D.	Medicine/Cardiology	Bridgeport	06610
Marshalko	Stephen	M.D.	Medicine/Cardiology	Bridgeport	06610
McPherson	Craig	M.D.	Medicine/Cardiology	Bridgeport	06610
Mejia	Victor	M.D.	Medicine/Cardiology	Bridgeport	06606
Raza	Mohummad	M.D.	Medicine/Cardiology	Bridgeport	06606
Sackstein	Robert	M.D.	Medicine/Cardiology	Bridgeport	06606
Tiano	Joseph	M.D.	Medicine/Cardiology	Bridgeport	06610
Werner	Craig	M.D.	Medicine/Cardiology	Bridgeport	06606
Zarich	Stuart	M.D.	Medicine/Cardiology	Bridgeport	06610
Klein	Rhonda	M.D.	Medicine/Dermatology	Bridgeport	06610
Majumdar	Sachin	M.D.	Medicine/Endocrinology	Bridgeport	06610
Estime	Pierre	D.O.	Medicine/Family Medicine	Bridgeport	06605
Filiberto	Cosmo	M.D.	Medicine/Family Medicine	Bridgeport	06606
Gada	Pritee	M.D.	Medicine/Family Medicine	Bridgeport	06606
Malik	Awais	M.D.	Medicine/Family Medicine	Bridgeport	06605
Abdelsayed	George	M.D.	Medicine/Gastroenterology	Bridgeport	06610
Grayer	David	M.D.	Medicine/Gastroenterology	Bridgeport	06610
Link	Richard	M.D.	Medicine/Gastroenterology	Bridgeport	06606
Nelson	Alan	M.D.	Medicine/Gastroenterology	Bridgeport	06606
Krishnakurup	Jayakrishnan	M.D.	Medicine/Geriatrics	Bridgeport	06610
Dainiak	Nicholas	M.D.	Medicine/Hematology	Bridgeport	06610

Adam-Eldien	Rabie	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Afrin	Syeda	D.O.	Medicine/Hospital Medicine	Bridgeport	06610
Apiado	Frederick	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Badara	Mircea	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Boateng	Freda	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Bordea	Doru	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Dhawan	Savdeep	M.D.	Medicine/Hospital Medicine	Bridgeport	06611
Dijeh	Sylvester	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Faheem	Osman	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Giuran Benetato	Iulian	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Grewal	Kevin	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Hoq	Sheikh	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Jain	Mohit	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Misra	Monique	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Namek	Karim	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Nedelcuta	Steluta	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
O'Connell	Ryan	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Paramanathan	Wigneswaran	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Perali	Tulasi	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Ravi	Sandeep	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Sikorski	Linsley	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Srivastava	Ajay	M.D.	Medicine/Hospital Medicine	Bridgeport	06610
Dommu	Aaron	M.D.	Medicine/Nephrology	Bridgeport	06606
Feintzeig	Irwin	M.D.	Medicine/Nephrology	Bridgeport	06606
Fogel	Mitchell	M.D.	Medicine/Nephrology	Bridgeport	06606
Gavin	James	M.D.	Medicine/Nephrology	Bridgeport	06606
Hunt	William	M.D.	Medicine/Nephrology	Bridgeport	06606
Kim	Robert	M.D.	Medicine/Nephrology	Bridgeport	06606
Nussbaum	Paul	M.D.	Medicine/Nephrology	Bridgeport	06606
Chennattu	Bindu	M.D.	Medicine/Physical Medicine & Rehabilitation	Bridgeport	06606
Kelly	Sean	M.D.	Medicine/Physical Medicine & Rehabilitation	Bridgeport	06606
Cutney	Andrew	M.D.	Medicine/Primary Care	Bridgeport	06606
Duchen	Douglas	M.D.	Medicine/Primary Care	Bridgeport	06606
Geeti	Adiba	M.D.	Medicine/Primary Care	Bridgeport	06610
Glasser	Jack	M.D.	Medicine/Primary Care	Bridgeport	06606
Gupta	Manisha	M.D.	Medicine/Primary Care	Bridgeport	06610
Hutchinson	Karen	M.D.	Medicine/Primary Care	Bridgeport	06610
Ju	Jennifer	M.D.	Medicine/Primary Care	Bridgeport	06606
Khalid	Haroon	M.D.	Medicine/Primary Care	Bridgeport	06605
Kolade	Ebenezer	M.D.	Medicine/Primary Care	Bridgeport	06606
Kolade	Christina	D.O.	Medicine/Primary Care	Bridgeport	06606
Manson	Olga	M.D.	Medicine/Primary Care	Bridgeport	06604
Panzer	Kevin	M.D.	Medicine/Primary Care	Bridgeport	06606
Reyes	Myrna	M.D.	Medicine/Primary Care	Bridgeport	06608
Sherlip	Bernard	M.D.	Medicine/Primary Care	Bridgeport	06606
Smith	Michael	M.D.	Medicine/Primary Care	Bridgeport	06610
Srinivasan	Janakshree	M.D.	Medicine/Primary Care	Bridgeport	06605
Stelman	Milla	M.D.	Medicine/Primary Care	Bridgeport	06606
Stewart	Raymond	M.D.	Medicine/Primary Care	Bridgeport	06608
Torres	Richard	M.D.	Medicine/Primary Care	Bridgeport	06608
Williams	Dennis (Dan)	M.D.	Medicine/Primary Care	Bridgeport	06606
Williams	Frances	M.D.	Medicine/Primary Care	Bridgeport	06608
Chinniah	Anton	M.D.	Medicine/Pulmonary Diseases	Bridgeport	06610
DeGirolamo	Angela	M.D.	Medicine/Pulmonary Diseases	Bridgeport	06610
Kaufman	David	M.D.	Medicine/Pulmonary Diseases	Bridgeport	06610
Kwon	Jeffrey	M.D.	Medicine/Pulmonary Diseases	Bridgeport	06610
Manthous	Constantine	M.D.	Medicine/Pulmonary Diseases	Bridgeport	06610
Wolff	Armand	M.D.	Medicine/Pulmonary Diseases	Bridgeport	06610
Mani	Sheida	M.D.	Medicine/Radiation Medicine	Bridgeport	06610

McGibbon	Bruce	M.D.	Medicine/Radiation Medicine	Bridgeport	06610
Mojcik	Christopher	M.D.	Medicine/Rheumatology	Bridgeport	06606
Nascimento	Joao	M.D.	Medicine/Rheumatology	Bridgeport	06606
Santomauro	Anthony	M.D.	Obstetrics & Gynecology/Ambulatory Gyn Surgery	Bridgeport	06606
Luchansky	Edward	M.D.	Obstetrics & Gynecology/Ambulatory Obstetrics & Gynecology	Bridgeport	06610
Richman	Susan	M.D.	Obstetrics & Gynecology/Gynecology	Bridgeport	06606
Dunston-Boone	Gina	M.D.	Obstetrics & Gynecology/Maternal-Fetal Medicine	Bridgeport	06610
Kleinman	Gary	M.D.	Obstetrics & Gynecology/Maternal-Fetal Medicine	Bridgeport	06610
Stiller	Robert	M.D.	Obstetrics & Gynecology/Maternal-Fetal Medicine	Bridgeport	06610
Laifer	Steven	M.D.	Obstetrics & Gynecology/Obstetrics	Bridgeport	06610
Donaldson-Ramos	Shireen	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06605
Marcus	Peter	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06610
Mikhail	Lyree	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06610
Ortiz Cardenas	Claudia	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06605
Padilla	Linda	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06608
Perez	Raul	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06605
Presnick	Carole	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06610
Sauer	Harold	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06610
Chacho	Karol	M.D.	Obstetrics & Gynecology/Reproductive Endo & Infertility	Bridgeport	06606
Doyle	Michael	M.D.	Obstetrics & Gynecology/Reproductive Endo & Infertility	Bridgeport	06606
Hao	Liming	M.D.	Pathology/Clinical Hematology	Bridgeport	06610
Domfeh	Akosua	M.D.	Pathology/Cytology	Bridgeport	06610
Pinto	Marguerite	M.D.	Pathology/Cytology	Bridgeport	06610
Choi	Young	M.D.	Pathology/Pathology	Bridgeport	06610
Cohen	Paul	M.D.	Pathology/Pathology	Bridgeport	06610
Parkash	Vinita	M.D.	Pathology/Pathology	Bridgeport	06610
Zolkowski-Wynne	Joanna	M.D.	Pediatrics/Adolescent Medicine	Bridgeport	06610
Goldberg	Paul	M.D.	Pediatrics/Allergy/Immunology	Bridgeport	06606
Chessin	Robert	M.D.	Pediatrics/Developmental Pediatrics	Bridgeport	06606
Lowell	Darcy	M.D.	Pediatrics/Developmental Pediatrics	Bridgeport	06610
Weber-Chess	Barbara	M.D.	Pediatrics/Developmental Pediatrics	Bridgeport	06610
Butler	Christine	M.D.	Pediatrics/Neonatology	Bridgeport	06610
Freedman	Richard	M.D.	Pediatrics/Neonatology	Bridgeport	06606
Herzlinger	Robert	M.D.	Pediatrics/Neonatology	Bridgeport	06610
Jacobs	Harris	M.D.	Pediatrics/Neonatology	Bridgeport	06610
Menzies	Cheryl	M.D.	Pediatrics/Neonatology	Bridgeport	06610
Tsang	Benjamin	M.D.	Pediatrics/Neonatology	Bridgeport	06606
Driggers	J. Allyson	M.D.	Pediatrics/Pediatric Ambulatory Medicine	Bridgeport	06610
Berkwits	Kieve	M.D.	Pediatrics/Pediatric Cardiology	Bridgeport	06610
Gaeta	Mary Lou	M.D.	Pediatrics/Pediatric Hospitalist Medicine	Bridgeport	06610
McDonald	Bruce	M.D.	Pediatrics/Pediatric Nephrology	Bridgeport	06610
Hen	Jacob	M.D.	Pediatrics/Pediatric Pulmonology	Bridgeport	06610
Abramowitz	Nicole	M.D.	Pediatrics/Pediatrics	Bridgeport	06606
Anyoha	Anselm	M.D.	Pediatrics/Pediatrics	Bridgeport	06606
Beig	Fauzia	M.D.	Pediatrics/Pediatrics	Bridgeport	06610
Citarella	Jason	D.O.	Pediatrics/Pediatrics	Bridgeport	06604
Cronin	Harold	M.D.	Pediatrics/Pediatrics	Bridgeport	06606
Cronin-Weir	Taralyn	D.O.	Pediatrics/Pediatrics	Bridgeport	06606
Dalal	Bipin	M.D.	Pediatrics/Pediatrics	Bridgeport	06606
Dawlagala	Umanga	M.D.	Pediatrics/Pediatrics	Bridgeport	06608
Ferreira	Maria	M.D.	Pediatrics/Pediatrics	Bridgeport	06604
Guerra	Maria	M.D.	Pediatrics/Pediatrics	Bridgeport	06608
Malave	Pedro	M.D.	Pediatrics/Pediatrics	Bridgeport	06604
Natt	Beth	M.D.	Pediatrics/Pediatrics	Bridgeport	06610
Nordgren	Robert	M.D.	Pediatrics/Pediatrics	Bridgeport	06610
Ozturk	Ceyhun	M.D.	Pediatrics/Pediatrics	Bridgeport	06605
Richards	Dara	M.D.	Pediatrics/Pediatrics	Bridgeport	06605
Rickard-Casey	Renee	M.D.	Pediatrics/Pediatrics	Bridgeport	06606
Shah	Varsha	M.D.	Pediatrics/Pediatrics	Bridgeport	06610
Shah	Mukeshkumar	M.D.	Pediatrics/Pediatrics	Bridgeport	06606

Small	Martha	M.D.	Pediatrics/Pediatrics	Bridgeport	06606
Tzakas	Nicholas	M.D.	Pediatrics/Pediatrics	Bridgeport	06604
Villafana	Juan	M.D.	Pediatrics/Pediatrics	Bridgeport	06610
White	Mary	M.D.	Psychiatry/Child Psychiatry	Bridgeport	06604
Zou	Lei	M.D.	Psychiatry/Child Psychiatry	Bridgeport	06610
Ciancimino	David	M.D.	Psychiatry/Psychiatry	Bridgeport	06606
Dolan	Neil	M.D.	Psychiatry/Psychiatry	Bridgeport	06610
Koslosky	Kourtney	M.D.	Psychiatry/Psychiatry	Bridgeport	06610
Morgan	Charles	M.D.	Psychiatry/Psychiatry	Bridgeport	06610
Nedelcuta	Mihaela	M.D.	Psychiatry/Psychiatry	Bridgeport	06610
Philip	Jisha	M.D.	Psychiatry/Psychiatry	Bridgeport	06605
Kaye	Alan	M.D.	Radiology/Ultrasound	Bridgeport	06610
Robinson	Malcolm	M.D.	Surgery/Cardio-Thoracic	Bridgeport	06610
Rose	Daniel	M.D.	Surgery/Cardio-Thoracic	Bridgeport	06606
Atweh	Nabil	M.D.	Surgery/General Surgery	Bridgeport	06610
Garvey	Richard	M.D.	Surgery/General Surgery	Bridgeport	06610
Honigsberg	Elizabeth	M.D.	Surgery/General Surgery	Bridgeport	06610
Mpuku	Felix	M.D.	Surgery/General Surgery	Bridgeport	06606
Shah	Subhash	M.D.	Surgery/General Surgery	Bridgeport	06610
Gross	Stewart	M.D.	Surgery/Hand Surgery	Bridgeport	06606
Lipow	Kenneth	M.D.	Surgery/Neurosurgery	Bridgeport	06610
Mastroianni	Patrick	M.D.	Surgery/Neurosurgery	Bridgeport	06606
Opalak	Michael	M.D.	Surgery/Neurosurgery	Bridgeport	06606
Zimmerman	Gary	M.D.	Surgery/Neurosurgery	Bridgeport	06610
Combest	Spiro	M.D.	Surgery/Ophthalmology	Bridgeport	06606
Falcone	Philip	M.D.	Surgery/Ophthalmology	Bridgeport	06606
Kaplan	Jeffrey	M.D.	Surgery/Ophthalmology	Bridgeport	06606
Robbins	Kim	M.D.	Surgery/Ophthalmology	Bridgeport	06606
Sandler	Jeffrey	M.D.	Surgery/Ophthalmology	Bridgeport	06606
Weisz	James	M.D.	Surgery/Ophthalmology	Bridgeport	06606
Cerqueira	Paula	D.M.D.	Surgery/Oral & Maxillofacial Surgery	Bridgeport	06606
Dinkes	Lawrence	D.D.S.	Surgery/Oral & Maxillofacial Surgery	Bridgeport	06606
Rockoff	Paul	D.D.S.	Surgery/Oral & Maxillofacial Surgery	Bridgeport	06606
Spadinger	Andrew	D.D.S.	Surgery/Oral & Maxillofacial Surgery	Bridgeport	06606
Brown	David	M.D.	Surgery/Orthopedics	Bridgeport	06606
Gordon	Matthew	M.D.	Surgery/Orthopedics	Bridgeport	06606
Katz	Eric	M.D.	Surgery/Orthopedics	Bridgeport	06606
Rago	Thomas	M.D.	Surgery/Orthopedics	Bridgeport	06606
Schlein	Allen	M.D.	Surgery/Orthopedics	Bridgeport	06605
Lane	Edward	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Bridgeport	06606
Chieco-Schwartz	Tina	D.P.M.	Surgery/Podiatric Medicine	Bridgeport	06606
Schwartz	Robert	D.P.M.	Surgery/Podiatric Medicine	Bridgeport	06606
Davis	R. Daniel	D.P.M.	Surgery/Podiatric Surgery	Bridgeport	06606
Harinstein	Howard	D.P.M.	Surgery/Podiatric Surgery	Bridgeport	06606
Howie	Sahani	D.P.M.	Surgery/Podiatric Surgery	Bridgeport	06606
Zuckman	Arnold	D.P.M.	Surgery/Podiatric Surgery	Bridgeport	06606
Cavicke	Dana	M.D.	Surgery/Trauma, Burns & Surgical Critical Care	Bridgeport	06610
Cholewczynski	Walter	M.D.	Surgery/Trauma, Burns & Surgical Critical Care	Bridgeport	06610
Ivy	Michael	M.D.	Surgery/Trauma, Burns & Surgical Critical Care	Bridgeport	06610
Savetamal	Alisa	M.D.	Surgery/Trauma, Burns & Surgical Critical Care	Bridgeport	06610
Schulz	John	M.D.	Surgery/Trauma, Burns & Surgical Critical Care	Bridgeport	06610
Tereb	Denis	M.D.	Surgery/Trauma, Burns & Surgical Critical Care	Bridgeport	06610
Armm	Milton	M.D.	Surgery/Urology	Bridgeport	06606
Small	Jeffrey	M.D.	Surgery/Urology	Bridgeport	06606
Kishinevsky	Anya	M.D.	Surgery/Plastic & Reconstructive Surgery	Darien	06820
Spector	Kenneth	M.D.	Medicine/Cardiology	Derby	06418
Anand	Rahul	M.D.	Anesthesia/Acute & Chronic Pain Management	Fairfield	06824
Kirschenbaum	Lawrence	M.D.	Anesthesia/Acute & Chronic Pain Management	Fairfield	06824
Gordon	Kilbourn	M.D.	Emergency Medicine/Ambulatory Emergency Care	Fairfield	06824

Koteles	Alicia	M.D.	Emergency Medicine/Ambulatory Emergency Care	Fairfield	06824
Backman	Kenneth	M.D.	Medicine/Allergy & Immunology	Fairfield	06824
Bloom	Katherine	M.D.	Medicine/Allergy & Immunology	Fairfield	06824
Veksler-Offengenden	Irena	M.D.	Medicine/Allergy & Immunology	Fairfield	06824
Casale	Linda	M.D.	Medicine/Cardiology	Fairfield	06824
Chiravuri	Murali	M.D.	Medicine/Cardiology	Fairfield	06824
Driesman	Mitchell	M.D.	Medicine/Cardiology	Fairfield	06824
Fishman	Robert	M.D.	Medicine/Cardiology	Fairfield	06824
Krichavsky	Marc	M.D.	Medicine/Cardiology	Fairfield	06824
Kunkes	Steven	M.D.	Medicine/Cardiology	Fairfield	06824
Meizlish	Jay	M.D.	Medicine/Cardiology	Fairfield	06824
Moskowitz	Robert	M.D.	Medicine/Cardiology	Fairfield	06824
Pinto	Edward	M.D.	Medicine/Cardiology	Fairfield	06824
Schussheim	Adam	M.D.	Medicine/Cardiology	Fairfield	06824
Taikowski	Richard	M.D.	Medicine/Cardiology	Fairfield	06824
Tuohy	Edward	M.D.	Medicine/Cardiology	Fairfield	06824
Winslow	Robert	M.D.	Medicine/Cardiology	Fairfield	06824
Machledt	John	M.D.	Medicine/Endocrinology	Fairfield	06824
Cheuk	William	M.D.	Medicine/Family Medicine	Fairfield	06824
Heller	Warren	M.D.	Medicine/Geriatrics	Fairfield	06824
Dhanjal	Sandhya	M.D.	Medicine/Oncology	Fairfield	06824
Dressler	Kenneth	M.D.	Medicine/Oncology	Fairfield	06824
Reznikoff	Glen	M.D.	Medicine/Oncology	Fairfield	06824
Brennan	Michael	M.D.	Medicine/Physical Medicine & Rehabilitation	Fairfield	06824
Saffir	Michael	M.D.	Medicine/Physical Medicine & Rehabilitation	Fairfield	06824
Ahmadian	Fereshteh(Faye)	M.D.	Medicine/Primary Care	Fairfield	06824
Bard	Adam	M.D.	Medicine/Primary Care	Fairfield	06825
Belkin	Barton	M.D.	Medicine/Primary Care	Fairfield	06824
Burlison	Kathleen	M.D.	Medicine/Primary Care	Fairfield	06824
Cimino	Peter	M.D.	Medicine/Primary Care	Fairfield	06824
Fine	Kenneth	M.D.	Medicine/Primary Care	Fairfield	06825
Jain	Monica	M.D.	Medicine/Primary Care	Fairfield	06824
Lastomirsky	David	M.D.	Medicine/Primary Care	Fairfield	06824
Miller	Leslie	D.O.	Medicine/Primary Care	Fairfield	06824
Monteiro	Nirmala	M.D.	Medicine/Primary Care	Fairfield	06824
Rao	Sanjeev	M.D.	Medicine/Primary Care	Fairfield	06824
Sikorski	Kristan	M.D.	Medicine/Primary Care	Fairfield	06824
Smerling	Neil	M.D.	Medicine/Primary Care	Fairfield	06824
Tortora	Peter	M.D.	Medicine/Primary Care	Fairfield	06824
Weicholz	Sheldon	M.D.	Medicine/Primary Care	Fairfield	06824
Greenspan	Philip	M.D.	Medicine/Pulmonary Diseases	Fairfield	06825
Blair	Emily	D.O.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
Boslow	Judy	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
Cassell	Steven	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
Edusa	Valentine	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
Espina-Lee	Elenita	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
Jacobs	Lee	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
LaMastra	Philip	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
Reyes	Jose	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
Tandon	Sapna	D.O.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
VanDell	Peter	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06824
Yaari	Abraham	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Fairfield	06825
Hobbie	Robert	M.D.	Pediatrics/Adolescent Medicine	Fairfield	06824
Cohen	Elin	M.D.	Pediatrics/Developmental Pediatrics	Fairfield	06825
Amberson	Nancy	M.D.	Pediatrics/Pediatrics	Fairfield	06825
Chaddha	Subhash	M.D.	Pediatrics/Pediatrics	Fairfield	06824
Chung	Taesun	M.D.	Pediatrics/Pediatrics	Fairfield	06824
Jalkut	Susanna	M.D.	Pediatrics/Pediatrics	Fairfield	06825
Nordberg	Karen	M.D.	Pediatrics/Pediatrics	Fairfield	06825

Odinak	Thomas	M.D.	Pediatrics/Pediatrics	Fairfield	06825
Patil	Ranjana	M.D.	Pediatrics/Pediatrics	Fairfield	06825
Quinn	Kathryn	M.D.	Pediatrics/Pediatrics	Fairfield	06825-3546
Waynik	Mark	M.D.	Psychiatry/Psychiatry	Fairfield	06824
Lettera	James	M.D.	Surgery/Cardio-Thoracic	Fairfield	06825
Crombie	Roselle	M.D.	Surgery/General Surgery	Fairfield	06824
Pronovost	Mary	M.D.	Surgery/General Surgery	Fairfield	06824
Thornton	Scott	M.D.	Surgery/General Surgery	Fairfield	06824
Shear	Perry	M.D.	Surgery/Neurosurgery	Fairfield	06824
Driesman	Shelley	M.D.	Surgery/Ophthalmology	Fairfield	06825
Omohundro	Dan	M.D.	Surgery/Ophthalmology	Fairfield	06825
Rabinowitz	Stephen	M.D.	Surgery/Ophthalmology	Fairfield	06825
Sarracino	Joanna	M.D.	Surgery/Ophthalmology	Fairfield	06825
Small	Peter	M.D.	Surgery/Ophthalmology	Fairfield	06824
Steckel	Mark	M.D.	Surgery/Ophthalmology	Fairfield	06824
Weitzman	Marc	M.D.	Surgery/Ophthalmology	Fairfield	06825
Lipton	Lawrence	D.M.D.	Surgery/Oral & Maxillofacial Surgery	Fairfield	06825
Rothberg	Melanie	D.M.D.	Surgery/Oral & Maxillofacial Surgery	Fairfield	06824
Awad	John	M.D.	Surgery/Orthopedics	Fairfield	06824
Backe	Henry	M.D.	Surgery/Orthopedics	Fairfield	06824
Bindelglass	David	M.D.	Surgery/Orthopedics	Fairfield	06824
Brittis	Dante	M.D.	Surgery/Orthopedics	Fairfield	06824
Cimino	William	M.D.	Surgery/Orthopedics	Fairfield	06824
Dawe	Robert	M.D.	Surgery/Orthopedics	Fairfield	06824
Geiger	Arthur	M.D.	Surgery/Orthopedics	Fairfield	06824-6024
Hermele	Herbert	M.D.	Surgery/Orthopedics	Fairfield	06824
Kwok	Patrick	M.D.	Surgery/Orthopedics	Fairfield	06824
Langeland	Rolf	M.D.	Surgery/Orthopedics	Fairfield	06824
Malin	Joel	M.D.	Surgery/Orthopedics	Fairfield	06824
Morrison	Murray	M.D.	Surgery/Orthopedics	Fairfield	06824
Perlman	Jerold	M.D.	Surgery/Orthopedics	Fairfield	06825-4023
Richer	Ross	M.D.	Surgery/Orthopedics	Fairfield	06824
Stanton	Robert	M.D.	Surgery/Orthopedics	Fairfield	06824
Staub	Edward	M.D.	Surgery/Orthopedics	Fairfield	06824
Fliegelman	Lawrence	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Fairfield	06824
Levin	Richard	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Fairfield	06824
Bluestein	Harvey	M.D.	Surgery/Plastic & Reconstructive Surgery	Fairfield	06824
Rosenthal	Jeffrey	M.D.	Surgery/Plastic & Reconstructive Surgery	Fairfield	06824
Yan	David	M.D.	Surgery/Plastic & Reconstructive Surgery	Fairfield	06824
Burrows	Stephen	D.P.M.	Surgery/Podiatric Medicine	Fairfield	06824
Abraham	Jossie	D.P.M.	Surgery/Podiatric Surgery	Fairfield	06824
Callahan	Carol	D.P.M.	Surgery/Podiatric Surgery	Fairfield	06825
DeRose	Deborah	D.P.M.	Surgery/Podiatric Surgery	Fairfield	06824
Kassaris	Chris	D.P.M.	Surgery/Podiatric Surgery	Fairfield	06824
Sparta	Khristine	D.P.M.	Surgery/Podiatric Surgery	Fairfield	06824
Tortora	Louise	D.P.M.	Surgery/Podiatric Surgery	Fairfield	06824
Yale	Abraham	D.P.M.	Surgery/Podiatric Surgery	Fairfield	06824
Pinto	Arthur	M.D.	Surgery/Urology	Fairfield	06824
Blattman	Seth	M.D.	Surgery/Vascular Surgery	Fairfield	06825
Demartini	Paul	M.D.	Surgery/Vascular Surgery	Fairfield	06825
King	Brian	M.D.	Surgery/Vascular Surgery	Fairfield	06825
Ott Young	Anke	M.D.	Surgery/Plastic & Reconstructive Surgery	Garden City	11530
Shah	Sumit	M.D.	Surgery/Ophthalmology	Hamden	06518
Srivastava	Bhaskar	M.D.	Medicine/Dermatology	Middlebury	06762
Zhang	Jianhui	M.D.	Medicine/Neurology	Middlebury	06762
Goldner	Stephen	M.D.	Medicine/Primary Care	Milford	06460
Rosenberg	Ilene	M.D.	Medicine/Primary Care	Milford	06460
Snyder	Christopher	M.D.	Medicine/Primary Care	Milford	06460
Spanolios	Paris	M.D.	Medicine/Primary Care	Milford	06460

Spector	Gary	M.D.	Medicine/Primary Care	Milford	06460
Tracy	Todd	M.D.	Medicine/Primary Care	Milford	06460
Lopusny	Diana	M.D.	Pediatrics/Pediatrics	Milford	06460
Lenard	Edward	M.D.	Pediatrics/Pediatrics	Monroe	06468
Milevoj	Luisa	D.O.	Pediatrics/Pediatrics	Monroe	06468
Paramanathan	Mary	M.D.	Pediatrics/Pediatrics	Monroe	06468
Sheiman	Rachel	M.D.	Pediatrics/Pediatrics	Monroe	06468
Smith	Marilyn	M.D.	Pediatrics/Pediatrics	Monroe	06468
Tsalapatanis	John	M.D.	Pediatrics/Pediatrics	Monroe	06468
Alexander	James	M.D.	Psychiatry/Psychiatry	Monroe	06468
Knaus	David	D.D.S.	Surgery/Oral & Maxillofacial Surgery	Monroe	06468
Addona	Tommaso	M.D.	Surgery/Plastic & Reconstructive Surgery	New Canaan	06840
Oray-Schrom	Pinar	M.D.	Medicine/Primary Care	New Haven	06520-8025
Evans	Suzanne	M.D.	Medicine/Radiation Medicine	New Haven	06520-8040
Peschel	Richard	M.D.	Medicine/Radiation Medicine	New Haven	06520
Kocinsky	Hetal	M.D.	Pediatrics/Pediatric Nephrology	New Haven	06510
Darr	Umer	M.D.	Surgery/Cardio-Thoracic	New Haven	06511
Dewar	Michael	M.D.	Surgery/Cardio-Thoracic	New Haven	06511
Salzano	Richard	M.D.	Surgery/Cardio-Thoracic	New Haven	06511
Glassman	Mark	M.D.	Pediatrics/Pediatric Gastroenterology	Norwalk	06851
Bernie	Jonathan	M.D.	Surgery/Urology	Norwalk	06850
Shin	Chung	M.D.	Surgery/Vascular Surgery	Norwalk	06851
D'Souza	Anthony	M.D.	Medicine/Cardiology	Shelton	06484
Woodworth	Stephen	M.D.	Medicine/Cardiology	Shelton	06484
Doan	Christopher	M.D.	Medicine/Family Medicine	Shelton	06484
Joshi	Kavita	M.D.	Medicine/Primary Care	Shelton	06484
Rapko	Leon	D.O.	Medicine/Primary Care	Shelton	06484
Rowe	Stephanie	D.O.	Medicine/Primary Care	Shelton	06484
Chao	Nelson	M.D.	Medicine/Pulmonary Diseases	Shelton	06484
Bruce	Lindsey	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
Cuteri	Joseph	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
Vash-Margita	Alla	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
Benson	Kevin	M.D.	Pediatrics/Pediatrics	Shelton	06484
Carroll	Richard	M.D.	Pediatrics/Pediatrics	Shelton	06484
Gallo-VanEss	Diane	M.D.	Pediatrics/Pediatrics	Shelton	06484
Georgalas	Melanie	M.D.	Pediatrics/Pediatrics	Shelton	06484
Johnson	Christa	M.D.	Pediatrics/Pediatrics	Shelton	06484
Laugel	Karen	M.D.	Pediatrics/Pediatrics	Shelton	06484
Mongillo	Nicholas	M.D.	Pediatrics/Pediatrics	Shelton	06484
Rivelli	Michelle	M.D.	Pediatrics/Pediatrics	Shelton	06484
Steeves	Corrie	M.D.	Pediatrics/Pediatrics	Shelton	06484
Sokol	Joseph	M.D.	Surgery/Ophthalmology	Shelton	06484
Ramaley	Ben	M.D.	Obstetrics & Gynecology/Gynecology	Southport	06890
Sager	Barbara	M.D.	Obstetrics & Gynecology/Gynecology	Southport	06890
Lee	Michael	M.D.	Pediatrics/Adolescent Medicine	Southport	06890
Hebbar	Sushma	M.D.	Pediatrics/Pediatrics	Southport	06890
Hemenway	Charles	M.D.	Pediatrics/Pediatrics	Southport	06890
Homa	Thomas	M.D.	Pediatrics/Pediatrics	Southport	06890
Weinrib	Amy	M.D.	Pediatrics/Pediatrics	Southport	06890
Chervin	Bradford	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Southport	06890
Vasquez	Tito	M.D.	Surgery/Plastic & Reconstructive Surgery	Southport	06890
Lorenz	David	M.D.	Medicine/Cardiology	Stamford	06905
Portnay	Edward	M.D.	Medicine/Cardiology	Stamford	06905
Negbenebor	Darlene	M.D.	Medicine/Gastroenterology	Stamford	06902
Basta	Yong-Son	M.D.	Pediatrics/Pediatrics	Stamford	06902
Castillo	Jairo	M.D.	Anesthesia/Ambulatory Anesthesia	Stratford	06614-1300
Rosenblum	Martin	M.D.	Anesthesia/Ambulatory Anesthesia	Stratford	06614-1300
Costin	Mihaela	M.D.	Anesthesia/Cardiovascular Anesthesia	Stratford	06614-1300
Gray	Pamela	M.D.	Anesthesia/Cardiovascular Anesthesia	Stratford	06614-1300

Jaffe	David	M.D.	Anesthesia/Cardiovascular Anesthesia	Stratford	06614-1300
Stone	Kenneth	M.D.	Anesthesia/Cardiovascular Anesthesia	Stratford	06614-1300
Esposito	Claire	M.D.	Anesthesia/Critical Care Medicine Anesthesia	Stratford	06614
Lamba	Amarjit	M.D.	Anesthesia/Critical Care Medicine Anesthesia	Stratford	06614-1300
Kaiser	Glen	M.D.	Anesthesia/General Anesthesia	Stratford	06614-1300
Kumaraswami	Rajesh	M.D.	Anesthesia/General Anesthesia	Stratford	06614
Nessralla	Laurie-Ann	M.D.	Anesthesia/General Anesthesia	Stratford	06614
Packman	Michael	M.D.	Anesthesia/General Anesthesia	Stratford	06614-1300
Peluso	Anthony	M.D.	Anesthesia/General Anesthesia	Stratford	06614
Sharnick	Ambrose	M.D.	Anesthesia/General Anesthesia	Stratford	06614
Buonafede	Dennis	M.D.	Anesthesia/Obstetric Anesthesia	Stratford	06614-1300
Caramico	Lisa	M.D.	Anesthesia/Pediatric Anesthesia	Stratford	06614
Feinberg	Dennis	M.D.	Medicine/Dermatology	Stratford	06614
Wainer	Bruce	M.D.	Medicine/Endocrinology	Stratford	06614
Lauren	David	D.O.	Medicine/Family Medicine	Stratford	06614
Andres	Pietro	M.D.	Medicine/Gastroenterology	Stratford	06614
Bedford	Andrew	M.D.	Medicine/Gastroenterology	Stratford	06614
Soloway	Gregory	M.D.	Medicine/Gastroenterology	Stratford	06614
Taubin	Howard	M.D.	Medicine/Gastroenterology	Stratford	06614
Argento	Vivian	M.D.	Medicine/Geriatrics	Stratford	06614
Blagodatny	Marina	M.D.	Medicine/Geriatrics	Stratford	06614
Choksey	Mithil	M.D.	Medicine/Geriatrics	Stratford	06614
Skudlarska	Beata	M.D.	Medicine/Geriatrics	Stratford	06614
Lobo	David	M.D.	Medicine/Infectious Diseases	Stratford	06614
Miljkovic	Goran	M.D.	Medicine/Infectious Diseases	Stratford	06614
Saul	Zane	M.D.	Medicine/Infectious Diseases	Stratford	06614
Barasch	Philip	M.D.	Medicine/Neurology	Stratford	06615
Beck	Lawrence	M.D.	Medicine/Neurology	Stratford	06615
Butler	James	M.D.	Medicine/Neurology	Stratford	06615
Sena	Kanaga	M.D.	Medicine/Neurology	Stratford	06615
George	Sosamma	M.D.	Medicine/Physical Medicine & Rehabilitation	Stratford	06615
Webb	Lisa	M.D.	Medicine/Physical Medicine & Rehabilitation	Stratford	06615
Chou	Lucia	M.D.	Medicine/Primary Care	Stratford	06614
Connolly	Michael	M.D.	Medicine/Primary Care	Stratford	06614
Forest	Lee	D.O.	Medicine/Primary Care	Stratford	06615
Jutkowitz	David	M.D.	Medicine/Primary Care	Stratford	06615
Kellogg	Mary	M.D.	Medicine/Primary Care	Stratford	06615
Keogh	Raymond	M.D.	Medicine/Primary Care	Stratford	06614
Kirkland	John	M.D.	Medicine/Primary Care	Stratford	06614
Kochan	Charles	M.D.	Medicine/Primary Care	Stratford	06614
Prewitt	R. Scott	M.D.	Medicine/Primary Care	Stratford	06614
Ralabate	James	M.D.	Medicine/Primary Care	Stratford	06614
Ramirez	Randolph	M.D.	Medicine/Primary Care	Stratford	06615
Toumanian	Karine	M.D.	Medicine/Primary Care	Stratford	06614
Yannopoulos	Panayotes	D.O.	Medicine/Primary Care	Stratford	06614
Thomas	Kenneth	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Stratford	06614
Kazi	Azimuddin	M.D.	Pediatrics/Pediatric Neurology	Stratford	06615
Nallainathan	Sanath	M.D.	Pediatrics/Pediatric Neurology	Stratford	06615
Figueroa	Eduardo	M.D.	Pediatrics/Pediatrics	Stratford	06615
Kirjner	Ester	M.D.	Pediatrics/Pediatrics	Stratford	06615
Landis	Robert	M.D.	Pediatrics/Pediatrics	Stratford	06614
Leonida	Sophia	M.D.	Pediatrics/Pediatrics	Stratford	06497
McGuire	Kathleen	M.D.	Pediatrics/Pediatrics	Stratford	06615
Rodriguez-Murphy	Amanda	M.D.	Pediatrics/Pediatrics	Stratford	06614
Smillie	Christina	M.D.	Pediatrics/Pediatrics	Stratford	06615
Bansal	Raj	M.D.	Psychiatry/Psychiatry	Stratford	06614
Zachmann	Dorothy	M.D.	Psychiatry/Psychiatry	Stratford	06614
Choy	Octavio	M.D.	Radiology/Neuroradiology	Stratford	06614
DiBartholomeo	Thomas	M.D.	Radiology/Radiology	Stratford	06614

DeBroff	Brian	M.D.	Surgery/Ophthalmology	Stratford	06614
Diaz	Vicente	M.D.	Surgery/Ophthalmology	Stratford	06614
McCullough	David	M.D.	Surgery/Ophthalmology	Stratford	06615
Musto	Anthony	M.D.	Surgery/Ophthalmology	Stratford	06614
Seamonds	Perry	M.D.	Surgery/Ophthalmology	Stratford	06614
Bianchi	Mark	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Stratford	06615-5811
Dobas	Daniel	D.P.M.	Surgery/Podiatric Surgery	Stratford	06614
Domanick	Thomas	D.P.M.	Surgery/Podiatric Surgery	Stratford	06614
Irby	Ceasar	D.P.M.	Surgery/Podiatric Surgery	Stratford	06614
Boolbol	Robert	M.D.	Anesthesia/Acute & Chronic Pain Management	Trumbull	06611
Sood	Pardeep	M.D.	Anesthesia/Acute & Chronic Pain Management	Trumbull	06611
King	Michael	M.D.	Medicine/Allergy & Immunology	Trumbull	06611
Lerner	Seth	M.D.	Medicine/Dermatology	Trumbull	06611
Noonan	Michael	M.D.	Medicine/Dermatology	Trumbull	06611
Oestreicher	Mark	M.D.	Medicine/Dermatology	Trumbull	06611
Patrignelli	Robert	M.D.	Medicine/Dermatology	Trumbull	06611
Wilder	Jason	D.O.	Medicine/Dermatology	Trumbull	06611
Guoth	Maria	M.D.	Medicine/Endocrinology	Trumbull	06611
Rich	Glenn	M.D.	Medicine/Endocrinology	Trumbull	06611
Gupta	Bhawna	M.D.	Medicine/Family Medicine	Trumbull	06611
Burns	Bryan	M.D.	Medicine/Gastroenterology	Trumbull	06611
Gupta	Tarun	M.D.	Medicine/Gastroenterology	Trumbull	06611
Lam	Chunwang	M.D.	Medicine/Gastroenterology	Trumbull	06611
Landau	Alan	M.D.	Medicine/Gastroenterology	Trumbull	06611
Latzman	Gordon	M.D.	Medicine/Gastroenterology	Trumbull	06611
Stupak	Daniel	M.D.	Medicine/Gastroenterology	Trumbull	06611
Weiss	Scott	M.D.	Medicine/Gastroenterology	Trumbull	06611
Witt	David	M.D.	Medicine/Hematology	Trumbull	06611
Fischbach	Neal	M.D.	Medicine/Oncology	Trumbull	06611
Folman	Robert	M.D.	Medicine/Oncology	Trumbull	06611
Malefatto	Jerry	M.D.	Medicine/Oncology	Trumbull	06611
Persico	Justin	M.D.	Medicine/Oncology	Trumbull	06611
Triano	Laura	M.D.	Medicine/Oncology	Trumbull	06611
Alcedo	Francis	M.D.	Medicine/Primary Care	Trumbull	06611
Bertini	Nicholas	M.D.	Medicine/Primary Care	Trumbull	06611
Evangelista	Joseph	M.D.	Medicine/Primary Care	Trumbull	06611
Flores	John	M.D.	Medicine/Primary Care	Trumbull	06611
Gentes	Cynthia	M.D.	Medicine/Primary Care	Trumbull	06611
Hulcher	William	M.D.	Medicine/Primary Care	Trumbull	06611
Logiadis	Emmanuel	M.D.	Medicine/Primary Care	Trumbull	06611
Mallitz	Michelle	M.D.	Medicine/Primary Care	Trumbull	06611
Miller	Stuart	M.D.	Medicine/Primary Care	Trumbull	06611
Napolitano	Guido	M.D.	Medicine/Primary Care	Trumbull	06611
Peterson	Arnold	M.D.	Medicine/Primary Care	Trumbull	06611
Rama	Myl	M.D.	Medicine/Primary Care	Trumbull	06611
Spano	Frank	M.D.	Medicine/Primary Care	Trumbull	06611
Urciuoli	Stephen	M.D.	Medicine/Primary Care	Trumbull	06611
Zangrillo	Richard	M.D.	Medicine/Primary Care	Trumbull	06611
Ayala	John-Paul	M.D.	Medicine/Pulmonary Diseases	Trumbull	06611
Rudolph	Daniel	M.D.	Medicine/Pulmonary Diseases	Trumbull	06611
Salam	Adil	M.D.	Medicine/Pulmonary Diseases	Trumbull	06611
Simkovitz	Philip	M.D.	Medicine/Pulmonary Diseases	Trumbull	06611
Turetsky	Arthur	M.D.	Medicine/Pulmonary Diseases	Trumbull	06611
Cassetta	Michael	D.O.	Medicine/Rheumatology	Trumbull	06611
Dumitrescu	Mirela	M.D.	Medicine/Rheumatology	Trumbull	06611
Gladstein	Geoffrey	M.D.	Medicine/Rheumatology	Trumbull	06611
Guadagnoli	Germano	M.D.	Medicine/Rheumatology	Trumbull	06611
Abder	Roxanne	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Berger	Robin	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611

Choudhary	Ronika	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Deal	Robert	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Goldstone-Orly	Leslie	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Harman	Mary Beth	D.O.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Laifer	Julie	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Laser	Mark	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Squicciarini	Helena	D.O.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Torbey	Marina	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Trumbull	06611
Levi	Andrew	M.D.	Obstetrics & Gynecology/Reproductive Endo & Infertility	Trumbull	06611
Williams	Shaun	M.D.	Obstetrics & Gynecology/Reproductive Endo & Infertility	Trumbull	06611
Kayani	Sohail	M.D.	Pediatrics/Pediatric Pulmonology	Trumbull	06611
Baker	Kathryn	D.O.	Pediatrics/Pediatrics	Trumbull	06611
Bonheim	David	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Botta	Marivic	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Dayan	Nimrod	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Dewera-Moczerniuk	Alicja	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Esposito	Jay	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Goldsweig	Bracha	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Hagani	Andrea	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Hau	Kee Hung	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Hochstadt	Judith	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Macken	Christine	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Michel	Jeremy	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Soto	Alicia	M.D.	Pediatrics/Pediatrics	Trumbull	06611
Karol	Ian	M.D.	Radiology/Body Computed Tomography	Trumbull	06611
Kier	Ruben	M.D.	Radiology/Body Computed Tomography	Trumbull	06611
Marrinan	Greg	M.D.	Radiology/Body Computed Tomography	Trumbull	06611
Reeser	Pamela	M.D.	Radiology/Body Computed Tomography	Trumbull	06611
Yagan	Neda	M.D.	Radiology/Body Computed Tomography	Trumbull	06611
Hughes	Terence	M.D.	Radiology/Interventional Radiology	Trumbull	06611
Olsavsky	Thomas	M.D.	Radiology/Interventional Radiology	Trumbull	06611
Stein	Stephen	M.D.	Radiology/Interventional Radiology	Trumbull	06611
Velasco	Noel	M.D.	Radiology/Interventional Radiology	Trumbull	06611
Zinn	Kenneth	M.D.	Radiology/Interventional Radiology	Trumbull	06611
Meszaros	Michael	M.D.	Radiology/Neuroradiology	Trumbull	06611
Muro	Gerard	M.D.	Radiology/Neuroradiology	Trumbull	06611
Rosovsky	Mark	M.D.	Radiology/Neuroradiology	Trumbull	06611
Williams	Scott	M.D.	Radiology/Nuclear Radiology	Trumbull	06611
Chaddha	Bina	M.D.	Radiology/Radiology	Trumbull	06611
Even	Michele	M.D.	Radiology/Radiology	Trumbull	06611
Fan	Jennifer	M.D.	Radiology/Radiology	Trumbull	06611
Federman	Adam	M.D.	Radiology/Radiology	Trumbull	06611
Goodstine	Shelley	M.D.	Radiology/Radiology	Trumbull	06611
Greenstein	Caren	M.D.	Radiology/Radiology	Trumbull	06611
Harkins-Squitieri	Kelly	M.D.	Radiology/Radiology	Trumbull	06611
Lo	Lawrence	M.D.	Radiology/Radiology	Trumbull	06611
Sapire	Joshua	M.D.	Radiology/Radiology	Trumbull	06611
Schwartz	Dana	M.D.	Radiology/Radiology	Trumbull	06611
Shimkin	Peter	M.D.	Radiology/Radiology	Trumbull	06611
Steenbergen	Peter	M.D.	Radiology/Radiology	Trumbull	06611
Cohen	Steven	M.D.	Radiology/Ultrasound	Trumbull	06611
Kenler	Andrew	M.D.	Surgery/General Surgery	Trumbull	06611
Mintz	Abraham	M.D.	Surgery/Neurosurgery	Trumbull	06611
Chiu	Rafael	M.D.	Surgery/Ophthalmology	Trumbull	06611
Klein	Wendy	M.D.	Surgery/Ophthalmology	Trumbull	06611
Pulice	Edward	M.D.	Surgery/Ophthalmology	Trumbull	06611
Simses	John	M.D.	Surgery/Ophthalmology	Trumbull	06611
Thornquist	Steven	M.D.	Surgery/Ophthalmology	Trumbull	06611
Coffey	Tom	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Trumbull	06611

Kerner	Jeffrey	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Trumbull	06611
Levine	Steven	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Trumbull	06611
Pearl	Adam	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Trumbull	06611
Waltzman	Michael	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Trumbull	06611
Jandali	Shareef	M.D.	Surgery/Plastic & Reconstructive Surgery	Trumbull	06611
Feldman	Alan	D.P.M.	Surgery/Podiatric Surgery	Trumbull	06611
Kaufman	Jeremy	M.D.	Surgery/Urology	Trumbull	06611
Paraiso	Edward	M.D.	Surgery/Urology	Trumbull	06611
Viner	Nicholas	M.D.	Surgery/Urology	Trumbull	06611
Weinstein	Robert	M.D.	Surgery/Urology	Trumbull	06611
Zuckerman	Howard	M.D.	Surgery/Urology	Trumbull	06611
Bauer	Stephen	M.D.	Surgery/Vascular Surgery	Trumbull	06611
Bowman	Jonathan	M.D.	Surgery/Vascular Surgery	Trumbull	06611
Gagne	Paul	M.D.	Surgery/Vascular Surgery	Trumbull	06611
Huribal	Marsel	M.D.	Surgery/Vascular Surgery	Trumbull	06611
Kucher	Taras	M.D.	Surgery/Vascular Surgery	Trumbull	06611
Manoni	Timothy	M.D.	Surgery/Vascular Surgery	Trumbull	06611
Marsan	Ben	M.D.	Surgery/Vascular Surgery	Trumbull	06611
Sergi	Michael	M.D.	Surgery/Vascular Surgery	Trumbull	06611
Sanchez	Juan	M.D.	Surgery/Cardio-Thoracic	Waterbury	06706
Ostroff	Barry	M.D.	Emergency Medicine/Occupational/Industrial Med.	Westport	06880
Karpenos	Leonid	M.D.	Medicine/Cardiology	Westport	06880
Benaderet	Steven	M.D.	Medicine/Family Medicine	Westport	06880
Custis	Kyle	M.D.	Medicine/Family Medicine	Westport	06880
Altbaum	Robert	M.D.	Medicine/Primary Care	Westport	06880
Baum	David	M.D.	Medicine/Primary Care	Westport	06880
Denowitz	Jill	M.D.	Medicine/Primary Care	Westport	06880
Dresdner	Robert	M.D.	Medicine/Primary Care	Westport	06880
Horn	Jay	M.D.	Medicine/Primary Care	Westport	06880
Karol	Nina	M.D.	Medicine/Primary Care	Westport	06880
Sierra	Cesar	M.D.	Surgery/Ophthalmology	Westport	06880
O'Connell	Joseph	M.D.	Surgery/Plastic & Reconstructive Surgery	Westport	06880
Friedman	Craig	M.D.	Surgery/Otolaryngology & Head & Neck Surgery	Wilton	06880

Active: 623 Records

Courtesy Medical Staff, Bridgeport Hospital

Fox	Matthew	M.D.	Radiology/Radiology		
DePue	Scot	M.D.	Emergency Medicine/Emergency Care	Bridgeport	06610
Channamsetty	Venu	M.D.	Medicine/Cardiology	Bridgeport	06606
Harper	Kathleen	D.O.	Medicine/Cardiology	Bridgeport	06606
Kosinski	Edward	M.D.	Medicine/Cardiology	Bridgeport	06606
Klufas	Adrian	M.D.	Medicine/Primary Care	Bridgeport	06606
Levin	Wayne	M.D.	Medicine/Primary Care	Bridgeport	06606
Weitzman	Hervey	M.D.	Medicine/Primary Care	Bridgeport	06606
Fitzgerald	William	M.D.	Medicine/Pulmonary Diseases	Bridgeport	06606-4237
Gottschall	Daniel	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06606
Hines	Brian	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06610
Sandhu	Katherine	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06606
Soberman	Steven	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06606
Wible-Kant	Joanne	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Bridgeport	06606
Pomeraniec	Lazaro	M.D.	Psychiatry/Child Psychiatry	Bridgeport	06606
Miller-Rivero	Nancy	M.D.	Surgery/Ophthalmology	Bridgeport	06606
Rudich	Reuven	M.D.	Surgery/Ophthalmology	Bridgeport	06606-1830
Depuy	James	M.D.	Surgery/Orthopedics	Bridgeport	06606
Levi	David	M.D.	Anesthesia/Acute & Chronic Pain Management	Danbury	06810
Fisher	Lawrence	M.D.	Medicine/Cardiology	Danbury	06810
Pollack	Brian	M.D.	Medicine/Cardiology	Danbury	06810
Scartozzi	Richard	M.D.	Surgery/Ophthalmology	Danbury	06810
Passaretti	David	M.D.	Surgery/Plastic & Reconstructive Surgery	Darien	06820
Kaushal	Neelima	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Derby	06418

Rivera	Arnold	M.D.	Surgery/Urology	Derby	06418
Grossman	Edward	M.D.	Medicine/Gastroenterology	Fairfield	06824
Lopatin	Richard	M.D.	Medicine/Gastroenterology	Fairfield	06824
Mauer	Kenneth	M.D.	Medicine/Gastroenterology	Fairfield	06824
Spivack	Julie	M.D.	Medicine/Gastroenterology	Fairfield	06824
Berard	Paul	M.D.	Medicine/Hematology	Fairfield	06824
Gross	Jeffrey	M.D.	Medicine/Neurology	Fairfield	06824
McAllister	Peter	M.D.	Medicine/Neurology	Fairfield	06824
Quan-Hong	Anthony	M.D.	Medicine/Neurology	Fairfield	06824
Duda	E. Andrew	M.D.	Medicine/Oncology	Fairfield	06824
Herbin	T. Joseph	M.D.	Medicine/Primary Care	Fairfield	06825
Bushell	David	M.D.	Medicine/Pulmonary Diseases	Fairfield	06825
Gentry	Eric	M.D.	Medicine/Pulmonary Diseases	Fairfield	06825
Wieber	Stasia	M.D.	Medicine/Pulmonary Diseases	Fairfield	06825
FitzGibbons	James	M.D.	Surgery/Orthopedics	Fairfield	06824
Kingsly	Kenneth	M.D.	Surgery/Urology	Fairfield	06824
Muldoon	Lawrence	MD	Surgery/Urology	Fairfield	06824
Schual	Roger	M.D.	Surgery/Urology	Fairfield	06824
Karkanitsa	Leonid	M.D.	Medicine/Primary Care	Hamden	06517
Gruskay	Jeffrey	M.D.	Pediatrics/Neonatology	Milford	06460
Kipperman	Harry	M.D.	Pediatrics/Pediatrics	Milford	06460
Lockhart	Roberta	M.D.	Pediatrics/Pediatrics	Milford	06460
Sadinsky	Howard	D.O.	Pediatrics/Pediatrics	Milford	06460
Shelling	Richard	M.D.	Pediatrics/Pediatrics	Milford	06460
Oestrich	Charles	M.D.	Surgery/Ophthalmology	Milford	06460
Armel	Harvey	M.D.	Surgery/Urology	Milford	06460
Davenport	Thomas	M.D.	Surgery/Plastic & Reconstructive Surgery	New Canaan	
Chang	Bryan	M.D.	Medicine/Radiation Medicine	New Haven	06520
Contessa	Joseph	M.D.	Medicine/Radiation Medicine	New Haven	06510
Decker	Roy H.	M.D.	Medicine/Radiation Medicine	New Haven	06504
Glazer	Peter	M.D.	Medicine/Radiation Medicine	New Haven	06520-8040
Higgins	Susan A.	M.D.	Medicine/Radiation Medicine	New Haven	06520-8040
Moran	Meena	M.D.	Medicine/Radiation Medicine	New Haven	06520
Patel	Abhijit	M.D.	Medicine/Radiation Medicine	New Haven	06510
Roberts	Kenneth B.	M.D.	Medicine/Radiation Medicine	New Haven	06520-8040
Weidhaas	Joanne	M.D.	Medicine/Radiation Medicine	New Haven	06520
Wilson	Lynn	M.D.	Medicine/Radiation Medicine	New Haven	06520
Yu	James	M.D.	Medicine/Radiation Medicine	New Haven	06520
Cai	Guoping	M.D.	Pathology/Cytology	New Haven	06511
Harigopal	Malini	M.D.	Pathology/Cytology	New Haven	06520
Prasad	Manju	M.D.	Pathology/Cytology	New Haven	06502
Theoharis	Constantine	M.D.	Pathology/Cytology	New Haven	06520
Adeniran	Adebowale	M.D.	Pathology/Pathology	New Haven	06510
Bossuyt	Veerle	M.D.	Pathology/Pathology	New Haven	06520
Braddock	Demetrios	M.D.	Pathology/Pathology	New Haven	06520
Camp	Robert	M.D.	Pathology/Pathology	New Haven	06520
Chhieng	Cheung (David)	M.D.	Pathology/Pathology	New Haven	06520
Haines	George	M.D.	Pathology/Pathology	New Haven	06520
Homer	Robert	M.D.	Pathology/Pathology	New Haven	06520
Hudnall	Stanley	M.D.	Pathology/Pathology	New Haven	06520
Hui	Pei	M.D.	Pathology/Pathology	New Haven	06510
Huttner	Anita	M.D.	Pathology/Pathology	New Haven	06520
Jain	Dhanpat	M.D.	Pathology/Pathology	New Haven	06520
Kenney	Barton	M.D.	Pathology/Pathology	New Haven	06510
Khelifa	Sihem	M.D.	Pathology/Pathology	New Haven	06510
Kowalski	Diane	M.D.	Pathology/Pathology	New Haven	06520
Landry	Marie	M.D.	Pathology/Pathology	New Haven	06520
Levi	Angelique	M.D.	Pathology/Pathology	New Haven	06519
Madri	Joseph	M.D.	Pathology/Pathology	New Haven	06510

Mitchell	Kisha	M.D.	Pathology/Pathology	New Haven	06520
Moeckel	Gilbert	M.D.	Pathology/Pathology	New Haven	06520
Rimm	David	M.D.	Pathology/Pathology	New Haven	06510
Rinder	Henry	M.D.	Pathology/Pathology	New Haven	06520-8035
Robert	Marie	M.D.	Pathology/Pathology	New Haven	06520
Saglam	Ozlen	M.D.	Pathology/Pathology	New Haven	06510
Sinard	John	M.D.	Pathology/Pathology	New Haven	06520
Sklar	Jeffrey	M.D.	Pathology/Pathology	New Haven	06520
Smith	Brian	M.D.	Pathology/Pathology	New Haven	06520
Snyder	Edward	M.D.	Pathology/Pathology	New Haven	06504
Tavassoli	Fattaneh	M.D.	Pathology/Pathology	New Haven	06520
Vortmeyer	Alexander	M.D.	Pathology/Pathology	New Haven	06520
West	Alexander	M.D.	Pathology/Pathology	New Haven	06520
Wu	Yanyun	M.D.	Pathology/Pathology	New Haven	06504
Xu	Mina	M.D.	Pathology/Pathology	New Haven	06520
Weeks	Bevin	M.D.	Pediatrics/Pediatric Cardiology	New Haven	06520
Agrawal	Anjali	M.D.	Radiology/Radiology	New Haven	06510
Aribandi	Manohar	M.D.	Radiology/Radiology	New Haven	06510
Aschkenasi	Carl	M.D.	Radiology/Radiology	New Haven	06510
Chinta	Bharath	M.D.	Radiology/Radiology	New Haven	06510
Crouch	John	M.D.	Radiology/Radiology	New Haven	06510
Eigles	Stephen	M.D.	Radiology/Radiology	New Haven	06510
Kalyanpur	Arjun	M.D.	Radiology/Radiology	New Haven	06510
Kamath	Sanjay	M.D.	Radiology/Radiology	New Haven	06510
Pandit	Meenakshi	M.D.	Radiology/Radiology	New Haven	06510
Pennington	Norman	M.D.	Radiology/Radiology	New Haven	06510
Larrison	Wayne	M.D.	Surgery/Ophthalmology	New Haven	06519
Floch	Neil	MD	Surgery/General Surgery	Norwalk	06851
Floch	Craig	MD	Surgery/General Surgery	Norwalk	06851
Ingraldi	Peter	M.D.	Surgery/General Surgery	Norwalk	06851
Raymond	Ronald	M.D.	Medicine/Cardiology	Ridgefield	06877
Casablanca	Domenic	M.D.	Medicine/Primary Care	Shelton	06484
Leonardi	Rachel	D.O.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
O'Reilly	Michael	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
Rawal	Rupalini	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
Reese	Katherine	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
Shapiro	Phyliss	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
Vander Vennet	Scott	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Shelton	06484
Ruchman	Mark	M.D.	Surgery/Ophthalmology	Southbury	06488
Sharma	Krishn	M.D.	Surgery/Orthopedics	Stamford	06902
Sheiman	Robert	M.D.	Medicine/Pulmonary Diseases	Stratford	06614
Levine	Edwin	M.D.	Medicine/Gastroenterology	Trumbull	06611
Fisher	Steven	M.D.	Medicine/Primary Care	Trumbull	06611
Passeri	Daniel	M.D.	Surgery/General Surgery	Trumbull	06611
Belkin	Stuart	M.D.	Surgery/Orthopedics	Trumbull	06611
Boone	Peter	M.D.	Surgery/Orthopedics	Trumbull	06611
Girasole	Gerard	M.D.	Surgery/Orthopedics	Trumbull	06611
Martin	David	M.D.	Surgery/Orthopedics	Trumbull	06611
Redler	Michael	M.D.	Surgery/Orthopedics	Trumbull	06611
Spak	James	M.D.	Surgery/Orthopedics	Trumbull	06611
Weiland	Daniel	M.D.	Surgery/Orthopedics	Trumbull	06611
Wilchinsky	Mark	MD	Surgery/Orthopedics	Trumbull	06611
Kett	Kevin	M.D.	Medicine/Cardiology	Waterbury	06708
Preston	Mark	M.D.	Obstetrics & Gynecology/Gynecology	Waterbury	06708
Marjanovic	Stevan	M.D.	Obstetrics & Gynecology/Obstetrics and Gynecology	Waterbury	06706
Jayanthi	Lata	M.D.	Pediatrics/Pediatrics	Waterbury	06706
Sheynberg	Boris	M.D.	Medicine/Cardiology	Westport	06880
Bartels	Isis	M.D.	Pediatrics/Pediatrics	Westport	06880
Czuczka	Peter	M.D.	Pediatrics/Pediatrics	Westport	06880

Marks	Laura	M.D.	Pediatrics/Pediatrics	Westport	06880
Owens	Jeffrey	M.D.	Pediatrics/Pediatrics	Westport	06880
Sollinger	Jonathan	M.D.	Pediatrics/Pediatrics	Westport	06880
Woodward	Janet	M.D.	Pediatrics/Pediatrics	Westport	06880

Courtesy: 146 Records

Grand Total: 769 Records

REFERRING NAME	CITY	STATE	SPECIALTY
MOLL, DAVID	ANSONIA	CT	Endocrinology
SONG, LIQUN	ANSONIA	CT	Endocrinology
SCHWARTZ, HAROLD	ANSONIA	CT	Gastroenterology
ALIYU, OLUREMI	ANSONIA	CT	Internal Medicine
ANJUM, FATIMA	ANSONIA	CT	Internal Medicine
DREZNICK, JEFFREY	ANSONIA	CT	Internal Medicine
QADIR, ESHAN	ANSONIA	CT	Internal Medicine
CAMBRIA,GERALD	ANSONIA	CT	Orthopedics
RICHO, GARY	ANSONIA	CT	Orthopedics
CURTISS, DOUGLAS	ANSONIA	CT	Pediatrics
GERMANO, GERALD	ANSONIA	CT	Pediatrics
LAVALLEE, ROBERT	ANSONIA	CT	Pediatrics
WAYNE, ANTHONY	ANSONIA	CT	Pediatrics
SCHILLER, DAVID	AVON	CT	Chiropractor
STAGG, JENNIFER J	AVON	CT	Naturopathy
BURSTEIN, DAVID	AVON	CT	Orthopedics
KOZAR, ALBERT	AVON	CT	Orthopedics
TORTLAND, PAUL	AVON	CT	Sports Medicine
COSTANZO, ALFRED	BETHEL	CT	Chiropractor
LETNERFOYE, MICHELLE	BETHEL	CT	Internal Medicine
WENICK, ROBERT	BETHEL	CT	Internal Medicine
HERMAN, LIZ	BETHEL	CT	Naturopathy
FEIN, MICHAEL	BETHEL	CT	Podiatry
FOYE, MICHELLE	BETHEL	CT	Primary Care
FEINGOLD, DAVID	BLOOMFIELD	CT	Orthopedics
FELICE, PATRICK	BLOOMFIELD	CT	Plastic Surgery
CAMBI, BRIAN	BRANFORD	CT	Cardiology
DZIURA, DAVID	BRANFORD	CT	Chiropractor
CZIBULKA, AGNES	BRANFORD	CT	ENT
CROTEAU, MARC	BRANFORD	CT	Family Practice
CABIN, HENRY S	BRANFORD	CT	Internal Medicine
CHAN, BELINDA	BRANFORD	CT	Internal Medicine
EILBOTT, DAVID	BRANFORD	CT	Internal Medicine
GOLDBERG, PHILIP	BRANFORD	CT	Internal Medicine
HONIG, JAIMY	BRANFORD	CT	Internal Medicine
PERROTTI, MARK	BRANFORD	CT	Internal Medicine
RADEBOLD, ANDREA	BRANFORD	CT	Internal Medicine
SIGNORE, CHRISTINE	BRANFORD	CT	Internal Medicine
ZUMPANO, JAMES	BRANFORD	CT	Internal Medicine
RICE, ERIN	BRANFORD	CT	Pediatrics
LEVY, HAROLD	BRANFORD	CT	Primary Care
BEINER, JOHN	BRANFORD	CT	Surgery
FEIGENBAUM, BERNARD	BRIDGEPORT	CT	Allergy & Immunology
GOLDBERG, PAUL	BRIDGEPORT	CT	Allergy & Immunology
HEMMERS, PHILIE	BRIDGEPORT	CT	Allergy & Immunology
ROCKWELL, WILLIAM	BRIDGEPORT	CT	Allergy & Immunology
SANTILLI, JOHN JR.	BRIDGEPORT	CT	Allergy & Immunology
ADEFUIN, ZOSIMO	BRIDGEPORT	CT	Cardiology
AMIR, DORON	BRIDGEPORT	CT	Cardiology
BLOOM, GREGORY	BRIDGEPORT	CT	Cardiology
CASERTA, ROBERT	BRIDGEPORT	CT	Cardiology
CHANNAMSETTY, VENU	BRIDGEPORT	CT	Cardiology
CLARK, ADAM	BRIDGEPORT	CT	Cardiology
DIMEO, ALBERT	BRIDGEPORT	CT	Cardiology
FAHEEM, OSMAN	BRIDGEPORT	CT	Cardiology
GOODMAN, JONATHAN	BRIDGEPORT	CT	Cardiology
HARPER, KATHLEEN	BRIDGEPORT	CT	Cardiology
HEYDE, MEREDITH	BRIDGEPORT	CT	Cardiology
JAMSHIDI, AHMED	BRIDGEPORT	CT	Cardiology

KOSINSKI, EDWARD	BRIDGEPORT	CT	Cardiology
LANDAU, CHARLES	BRIDGEPORT	CT	Cardiology
LENHART, KEVIN	BRIDGEPORT	CT	Cardiology
LISI, KENNETH	BRIDGEPORT	CT	Cardiology
LOGUE, MICHAEL	BRIDGEPORT	CT	Cardiology
LOTTICK, ADAM	BRIDGEPORT	CT	Cardiology
LUCIANO, ADOLFO	BRIDGEPORT	CT	Cardiology
MARSHALKO, STEPHEN	BRIDGEPORT	CT	Cardiology
MEJIA, VICTOR	BRIDGEPORT	CT	Cardiology
ORJUELA, HERNANDO	BRIDGEPORT	CT	Cardiology
PANETTA, RANDOLPH	BRIDGEPORT	CT	Cardiology
PANNALA, RAHUL	BRIDGEPORT	CT	Cardiology
PUN, MANUEL	BRIDGEPORT	CT	Cardiology
RAZA, MOHUMMAD	BRIDGEPORT	CT	Cardiology
ROBINSON, MALCOLM CLIVE	BRIDGEPORT	CT	Cardiology
RONEN, ALON	BRIDGEPORT	CT	Cardiology
ROSE, JOSEPH	BRIDGEPORT	CT	Cardiology
SACKSTEIN, ROBERT	BRIDGEPORT	CT	Cardiology
SARFRAZ, NAEEM	BRIDGEPORT	CT	Cardiology
STEMPER, SHERRY	BRIDGEPORT	CT	Cardiology
TIANO, JOSEPH	BRIDGEPORT	CT	Cardiology
TOTA, ROBERT	BRIDGEPORT	CT	Cardiology
WERNER, CRAIG	BRIDGEPORT	CT	Cardiology
ALTAMIRANO, JOSE	BRIDGEPORT	CT	Chiropractor
ARPIE, DAVID	BRIDGEPORT	CT	Chiropractor
BARONE, ALICE	BRIDGEPORT	CT	Chiropractor
CARPENTER, PAUL	BRIDGEPORT	CT	Chiropractor
CHASANOFF, GLENN	BRIDGEPORT	CT	Chiropractor
COLLINS, TRICIA	BRIDGEPORT	CT	Chiropractor
CORRIGAN, WILLIAM	BRIDGEPORT	CT	Chiropractor
DECARVALHO, GEORGE	BRIDGEPORT	CT	Chiropractor
FITZGERALD, DARYL	BRIDGEPORT	CT	Chiropractor
GOLDRING, ROBERT	BRIDGEPORT	CT	Chiropractor
HART, ANGELA	BRIDGEPORT	CT	Chiropractor
KACZANOWSKI, KRISTEN	BRIDGEPORT	CT	Chiropractor
KAWECKI, TODD	BRIDGEPORT	CT	Chiropractor
KONECNY, JONATHAN	BRIDGEPORT	CT	Chiropractor
LYNNE, JENNIFER	BRIDGEPORT	CT	Chiropractor
MERKER, PHILIP	BRIDGEPORT	CT	Chiropractor
NETTER, JENNIFER	BRIDGEPORT	CT	Chiropractor
PERRAULT, TERRANCE	BRIDGEPORT	CT	Chiropractor
RIBEIRO, VICTOR	BRIDGEPORT	CT	Chiropractor
RICKARD, CHRISTOPHER	BRIDGEPORT	CT	Chiropractor
ROBALLEY, THOMAS	BRIDGEPORT	CT	Chiropractor
STATLER, RENNIE	BRIDGEPORT	CT	Chiropractor
THOMPSON, NOEL	BRIDGEPORT	CT	Chiropractor
VANG, HOUA	BRIDGEPORT	CT	Chiropractor
HIRSHORN, STEVEN	BRIDGEPORT	CT	Colon and Rectal Surgery
LUCK, LEON	BRIDGEPORT	CT	Dermatology
MAIOCCO, KENNETH	BRIDGEPORT	CT	Dermatology
MOSS, JEREMY	BRIDGEPORT	CT	Dermatology
PESCE, JOSEPH	BRIDGEPORT	CT	Dermatology
PESCE, KATHERINE	BRIDGEPORT	CT	Dermatology
GUILLOT, JUAN	BRIDGEPORT	CT	Emergency Medicine
JORDAN, BRYAN	BRIDGEPORT	CT	Emergency Medicine
METUGEAHONE, ANNE	BRIDGEPORT	CT	Emergency Medicine
SHEKHER, MANU	BRIDGEPORT	CT	Emergency Medicine
STRATFORD, KEVIN	BRIDGEPORT	CT	Emergency Medicine
THOMAS, LISTY	BRIDGEPORT	CT	Emergency Medicine
BENAVIVMESKIN,DANIELLE	BRIDGEPORT	CT	Endocrinology

CASTILLO, JUDITH	BRIDGEPORT	CT	Endocrinology
DUBEN, MICHAEL	BRIDGEPORT	CT	Endocrinology
ROSA, JOSEPH	BRIDGEPORT	CT	Endocrinology
BREDA, STEPHEN	BRIDGEPORT	CT	ENT
BERIANU,R	BRIDGEPORT	CT	Family Practice
CREMIN, TONYA	BRIDGEPORT	CT	Family Practice
DOHERTY, HAROLD	BRIDGEPORT	CT	Family Practice
DUCHEN, DOUGLAS	BRIDGEPORT	CT	Family Practice
ENNIS, KATHLEEN	BRIDGEPORT	CT	Family Practice
FILIBERTO, COSMO	BRIDGEPORT	CT	Family Practice
GOMEZ, IRAN	BRIDGEPORT	CT	Family Practice
GUERRA, MARIA	BRIDGEPORT	CT	Family Practice
HABIB, NADER	BRIDGEPORT	CT	Family Practice
JU, JENNIFER	BRIDGEPORT	CT	Family Practice
MALIK, AWAIS	BRIDGEPORT	CT	Family Practice
NAIR, SUMI	BRIDGEPORT	CT	Family Practice
SHIN, GYEYEE	BRIDGEPORT	CT	Family Practice
SIDDIQUA, MUBEEN	BRIDGEPORT	CT	Family Practice
STELMAN, MILLA	BRIDGEPORT	CT	Family Practice
STEWART, RAYMOND	BRIDGEPORT	CT	Family Practice
ABDELSAYED, GEORGE	BRIDGEPORT	CT	Gastroenterology
BLANCO, EMIL	BRIDGEPORT	CT	Gastroenterology
CASTILLO, EDDY	BRIDGEPORT	CT	Gastroenterology
COBRIN, GENA	BRIDGEPORT	CT	Gastroenterology
FREITAS, MARILEE	BRIDGEPORT	CT	Gastroenterology
GRAYER, DAVID	BRIDGEPORT	CT	Gastroenterology
LINK, RICHARD	BRIDGEPORT	CT	Gastroenterology
NEGBENEBOR, DARLENE	BRIDGEPORT	CT	Gastroenterology
NELSON, ALAN	BRIDGEPORT	CT	Gastroenterology
WEISS, SCOTT	BRIDGEPORT	CT	Gastroenterology
WOODS, STRICK	BRIDGEPORT	CT	Gastroenterology
PLEBAN, WALTER	BRIDGEPORT	CT	General Surgery
GOODMAN, LINDSAY	BRIDGEPORT	CT	Gynecology
GROSS, STEWART	BRIDGEPORT	CT	Hand Surgery
RAGO, THOMAS	BRIDGEPORT	CT	Hand Surgery
ALEALI, SEYED	BRIDGEPORT	CT	Hematology
BOJANAPALLY, PADMAJA	BRIDGEPORT	CT	Infectious Diseases
KIM, GRACE	BRIDGEPORT	CT	Infectious Diseases
MAHAJAN, AMIT	BRIDGEPORT	CT	Infectious Diseases
ALI, YOUSUF	BRIDGEPORT	CT	Internal Medicine
AMANKONA, RAYMOND	BRIDGEPORT	CT	Internal Medicine
ANAND, NALINI	BRIDGEPORT	CT	Internal Medicine
ANAND, RAKESH	BRIDGEPORT	CT	Internal Medicine
ANDRE, J. VALERY	BRIDGEPORT	CT	Internal Medicine
ANGOTTO, LINDA	BRIDGEPORT	CT	Internal Medicine
BAJAJ, NAVIN	BRIDGEPORT	CT	Internal Medicine
BALASINGHAM, ANNA	BRIDGEPORT	CT	Internal Medicine
BARTALONI, PETER	BRIDGEPORT	CT	Internal Medicine
BEDRI, BADRELDIN	BRIDGEPORT	CT	Internal Medicine
BLAGODATNY, MARINA	BRIDGEPORT	CT	Internal Medicine
BOSSI, PAIGE	BRIDGEPORT	CT	Internal Medicine
BRENNAN, ELIZABETH	BRIDGEPORT	CT	Internal Medicine
CAVALIERE, MICHAEL	BRIDGEPORT	CT	Internal Medicine
CHINNIAH, ANTON	BRIDGEPORT	CT	Internal Medicine
CICCAGLIONE, ANTHONY	BRIDGEPORT	CT	Internal Medicine
CORDEROFERRER, YAMITZA	BRIDGEPORT	CT	Internal Medicine
CUTNEY, ANDREW	BRIDGEPORT	CT	Internal Medicine
DAWLAGALA, UMANGEDA	BRIDGEPORT	CT	Internal Medicine
DISTEFANO, ARCANGELO	BRIDGEPORT	CT	Internal Medicine
DOROSARIO, ARNOLD	BRIDGEPORT	CT	Internal Medicine

ESCOBAR, SANTIAGO	BRIDGEPORT	CT	Internal Medicine
ESTIME, PIERRE	BRIDGEPORT	CT	Internal Medicine
FREE, RICHARD	BRIDGEPORT	CT	Internal Medicine
GADA, PRITEE	BRIDGEPORT	CT	Internal Medicine
GARCIA, ALMA	BRIDGEPORT	CT	Internal Medicine
GEETI, ADIBA	BRIDGEPORT	CT	Internal Medicine
GLASSER, JACK	BRIDGEPORT	CT	Internal Medicine
GROCHOWALSKA, AGNIESZKA	BRIDGEPORT	CT	Internal Medicine
HEINEKEN, CHRISTIAN	BRIDGEPORT	CT	Internal Medicine
HERMAN, SCOTT	BRIDGEPORT	CT	Internal Medicine
HOGBERG, MELANIE	BRIDGEPORT	CT	Internal Medicine
HOQ, SHEIKH	BRIDGEPORT	CT	Internal Medicine
HUSSAIN, SYED	BRIDGEPORT	CT	Internal Medicine
HUSSERL, PAUL	BRIDGEPORT	CT	Internal Medicine
KAUL, NIDHI	BRIDGEPORT	CT	Internal Medicine
KHALID, H.	BRIDGEPORT	CT	Internal Medicine
KLUFAS, ADRIAN	BRIDGEPORT	CT	Internal Medicine
KOLADE, EBENEZER	BRIDGEPORT	CT	Internal Medicine
KUMARGUDDATI, ACHUTA	BRIDGEPORT	CT	Internal Medicine
LEVIN, WAYNE	BRIDGEPORT	CT	Internal Medicine
LI, ZHONGZHEN	BRIDGEPORT	CT	Internal Medicine
LOCKWOOD, MONICA	BRIDGEPORT	CT	Internal Medicine
LU, ESTHER	BRIDGEPORT	CT	Internal Medicine
LUTHI, CHRISTOPHER	BRIDGEPORT	CT	Internal Medicine
MALTZ, ASHLEY	BRIDGEPORT	CT	Internal Medicine
MANSON, OLGA	BRIDGEPORT	CT	Internal Medicine
MASONE, PASQUALE	BRIDGEPORT	CT	Internal Medicine
MAXWELL, DONALD	BRIDGEPORT	CT	Internal Medicine
MCEWAN, NATASHA	BRIDGEPORT	CT	Internal Medicine
MCPHERSON, CRAIG	BRIDGEPORT	CT	Internal Medicine
MIAN, MUNA	BRIDGEPORT	CT	Internal Medicine
MICHELSASHWOOD, KARIN	BRIDGEPORT	CT	Internal Medicine
MOHOLKAR, MANOJ	BRIDGEPORT	CT	Internal Medicine
MONGILLO, ANTHONY	BRIDGEPORT	CT	Internal Medicine
NASH, ESTHER	BRIDGEPORT	CT	Internal Medicine
NORI, KENNETH	BRIDGEPORT	CT	Internal Medicine
PAEK, HUNG	BRIDGEPORT	CT	Internal Medicine
PALHETE, ANA	BRIDGEPORT	CT	Internal Medicine
PANZER, KEVIN	BRIDGEPORT	CT	Internal Medicine
PARAMANATHAN, WIGINSWARF	BRIDGEPORT	CT	Internal Medicine
PARAS, CHRISTOS	BRIDGEPORT	CT	Internal Medicine
PATEL, CAMA	BRIDGEPORT	CT	Internal Medicine
PREDA, IOANA	BRIDGEPORT	CT	Internal Medicine
PRESNICK, CAROLE	BRIDGEPORT	CT	Internal Medicine
RAO, SANJEEV	BRIDGEPORT	CT	Internal Medicine
RASTOGI, AMIT	BRIDGEPORT	CT	Internal Medicine
REILLY, HUGH	BRIDGEPORT	CT	Internal Medicine
RELIHAN, CYNTHIA	BRIDGEPORT	CT	Internal Medicine
REYES, MYRNA	BRIDGEPORT	CT	Internal Medicine
ROJAS, LUIS	BRIDGEPORT	CT	Internal Medicine
ROUSH, GEORGE	BRIDGEPORT	CT	Internal Medicine
SACKS, WILLIAM	BRIDGEPORT	CT	Internal Medicine
SAMUEL, JEMI	BRIDGEPORT	CT	Internal Medicine
SHEIMAN, ROBERT	BRIDGEPORT	CT	Internal Medicine
SMITH, MICHAEL	BRIDGEPORT	CT	Internal Medicine
SORA, IULIAN	BRIDGEPORT	CT	Internal Medicine
SRINIVASAN, JANAKSHREE	BRIDGEPORT	CT	Internal Medicine
TILLUCKDHARRY, LISA	BRIDGEPORT	CT	Internal Medicine
TORRES, RICHARD	BRIDGEPORT	CT	Internal Medicine
TORTORELLO, JOSEPH	BRIDGEPORT	CT	Internal Medicine

USERA, GIANINA	BRIDGEPORT	CT	Internal Medicine
VALLABHANENI, VASUDHA	BRIDGEPORT	CT	Internal Medicine
VALLETTA, GERALD	BRIDGEPORT	CT	Internal Medicine
WEISS, PNINA	BRIDGEPORT	CT	Internal Medicine
WILLIAMS, DENNIS	BRIDGEPORT	CT	Internal Medicine
WILLIAMS, FRANCES	BRIDGEPORT	CT	Internal Medicine
WILLIAMS, JESSIE	BRIDGEPORT	CT	Internal Medicine
ZAFAR, SYED	BRIDGEPORT	CT	Internal Medicine
ZELLNER, MARSHA	BRIDGEPORT	CT	Internal Medicine
HERZOG, ANDREW	BRIDGEPORT	CT	Medical Oncology
BLAIS, JOAN	BRIDGEPORT	CT	Naturopathy
BOSCH, CRISTINA	BRIDGEPORT	CT	Naturopathy
GELMAN, ELANA	BRIDGEPORT	CT	Naturopathy
HOKAYEM, NADINE	BRIDGEPORT	CT	Naturopathy
HUBSHER, MITCH	BRIDGEPORT	CT	Naturopathy
JOHNSON, JOSEPH	BRIDGEPORT	CT	Naturopathy
MCNALLY, RYAN	BRIDGEPORT	CT	Naturopathy
NAPOLI, LOUISE	BRIDGEPORT	CT	Naturopathy
NOE, JODY	BRIDGEPORT	CT	Naturopathy
NORTON, EMMA	BRIDGEPORT	CT	Naturopathy
ROSENBERGER, LISA	BRIDGEPORT	CT	Naturopathy
SCHUSKY, READ	BRIDGEPORT	CT	Naturopathy
SIMINOVICH, BARBARA	BRIDGEPORT	CT	Naturopathy
SKOWRON, JARED	BRIDGEPORT	CT	Naturopathy
STRATFORD, BENJAMIN	BRIDGEPORT	CT	Naturopathy
WIESNER, AMY	BRIDGEPORT	CT	Naturopathy
DOMMU, AARON	BRIDGEPORT	CT	Nephrology
FEINTZEIG, IRWIN	BRIDGEPORT	CT	Nephrology
FOGEL, MITCHELL	BRIDGEPORT	CT	Nephrology
GAVIN, JAMES	BRIDGEPORT	CT	Nephrology
HUNT, WILLIAM	BRIDGEPORT	CT	Nephrology
KIM, ROBERT	BRIDGEPORT	CT	Nephrology
NUSSBAUM, PAUL	BRIDGEPORT	CT	Nephrology
MICALIZZI, JR, PHILIP	BRIDGEPORT	CT	Neurology
SPICER, LISA	BRIDGEPORT	CT	Neurology
LIPOW, KENNETH	BRIDGEPORT	CT	Neurosurgery
MASTROIANNI, PATRICK	BRIDGEPORT	CT	Neurosurgery
NIJENSOHN, DANIEL	BRIDGEPORT	CT	Neurosurgery
OPALAK, MICHAEL	BRIDGEPORT	CT	Neurosurgery
AZODI, MASOUD	BRIDGEPORT	CT	Obstetrics/Gynecology
BENESDETTMER, JAIMEE	BRIDGEPORT	CT	Obstetrics/Gynecology
BHARUCHA, MAMATA	BRIDGEPORT	CT	Obstetrics/Gynecology
CHACHO, KAROL	BRIDGEPORT	CT	Obstetrics/Gynecology
DARAK, LEAH	BRIDGEPORT	CT	Obstetrics/Gynecology
DONALDSONRAMOS,SHIREEN	BRIDGEPORT	CT	Obstetrics/Gynecology
DUBROWIN, RONNIE	BRIDGEPORT	CT	Obstetrics/Gynecology
EREKSON, ELISABETH	BRIDGEPORT	CT	Obstetrics/Gynecology
FISH, CARTER	BRIDGEPORT	CT	Obstetrics/Gynecology
GONCALVES, ISABEL	BRIDGEPORT	CT	Obstetrics/Gynecology
GOTTSCHALL, DANIEL	BRIDGEPORT	CT	Obstetrics/Gynecology
HAGE, PIERRE	BRIDGEPORT	CT	Obstetrics/Gynecology
HELLERMAN, SALLY	BRIDGEPORT	CT	Obstetrics/Gynecology
HINES, BRIAN	BRIDGEPORT	CT	Obstetrics/Gynecology
ICATAR, JULIANNE	BRIDGEPORT	CT	Obstetrics/Gynecology
KARSIF, BRIAN	BRIDGEPORT	CT	Obstetrics/Gynecology
KASHANI, SHABNAN	BRIDGEPORT	CT	Obstetrics/Gynecology
KLEINMAN, GARY	BRIDGEPORT	CT	Obstetrics/Gynecology
KOLIN, GAIL	BRIDGEPORT	CT	Obstetrics/Gynecology
LEITE, SARA	BRIDGEPORT	CT	Obstetrics/Gynecology
LUCHANSKY, EDWARD	BRIDGEPORT	CT	Obstetrics/Gynecology

MANNING, JOHN	BRIDGEPORT	CT	Obstetrics/Gynecology
MARCUS, PETER	BRIDGEPORT	CT	Obstetrics/Gynecology
MASTER, MURRAY	BRIDGEPORT	CT	Obstetrics/Gynecology
MEHTA, ANJALI	BRIDGEPORT	CT	Obstetrics/Gynecology
ORTIZ, CLAUDIA	BRIDGEPORT	CT	Obstetrics/Gynecology
PADILLA, LINDA	BRIDGEPORT	CT	Obstetrics/Gynecology
PARODIS, MARIA GABRIELA	BRIDGEPORT	CT	Obstetrics/Gynecology
PEREZ, RAUL	BRIDGEPORT	CT	Obstetrics/Gynecology
SANTOMAURO, ANTHONY	BRIDGEPORT	CT	Obstetrics/Gynecology
SAUER, HAROLD	BRIDGEPORT	CT	Obstetrics/Gynecology
SILASI, DAN ARIN	BRIDGEPORT	CT	Obstetrics/Gynecology
SILBERMAN, LESTER	BRIDGEPORT	CT	Obstetrics/Gynecology
SOBERMAN, STEVEN	BRIDGEPORT	CT	Obstetrics/Gynecology
STILLER, ROBERT	BRIDGEPORT	CT	Obstetrics/Gynecology
TUMMALA, VASUNDARA	BRIDGEPORT	CT	Obstetrics/Gynecology
WIBLE-KANT, JOANNE	BRIDGEPORT	CT	Obstetrics/Gynecology
ZIKARAS, ROBERT	BRIDGEPORT	CT	Obstetrics/Gynecology
COMBEST, SPIRO	BRIDGEPORT	CT	Ophthalmology
FALCONE, PHILIP	BRIDGEPORT	CT	Ophthalmology
KAPLAN, JEFFREY	BRIDGEPORT	CT	Ophthalmology
KESSLER, DANIEL	BRIDGEPORT	CT	Ophthalmology
MANJONEY, DELIA	BRIDGEPORT	CT	Ophthalmology
MASI, ANTHONY	BRIDGEPORT	CT	Ophthalmology
MILLER-RIVERA, NANCY	BRIDGEPORT	CT	Ophthalmology
PATEL, ANITHA	BRIDGEPORT	CT	Ophthalmology
ROBBINS, KIM	BRIDGEPORT	CT	Ophthalmology
RUDICH, REUVEN	BRIDGEPORT	CT	Ophthalmology
SANDLER, JEFFREY	BRIDGEPORT	CT	Ophthalmology
SEO, SCOTT	BRIDGEPORT	CT	Ophthalmology
STAIGER, PETER	BRIDGEPORT	CT	Ophthalmology
UMLANDT, AMANDA	BRIDGEPORT	CT	Ophthalmology
WEISZ, JAMES	BRIDGEPORT	CT	Ophthalmology
FITZGERALD, BRIAN	BRIDGEPORT	CT	Oral Surgeon
BROWN, DAVID	BRIDGEPORT	CT	Orthopedics
CAROLAN, PATRICK	BRIDGEPORT	CT	Orthopedics
DEPUY, JAMES	BRIDGEPORT	CT	Orthopedics
GEIGER, ARTHUR	BRIDGEPORT	CT	Orthopedics
GONZALEZ-COLON, JENNIFER	BRIDGEPORT	CT	Orthopedics
GORDON, MATTHEW	BRIDGEPORT	CT	Orthopedics
KASENDORF, ROGER	BRIDGEPORT	CT	Orthopedics
KATZ, ERIC	BRIDGEPORT	CT	Orthopedics
KOMNINAKAS, IGNATIUS	BRIDGEPORT	CT	Orthopedics
SCHLEIN, ALLEN	BRIDGEPORT	CT	Orthopedics
WALLER, SCOTT	BRIDGEPORT	CT	Orthopedics
LANE, EDWARD	BRIDGEPORT	CT	Otolaryngology
RICHER, SARA	BRIDGEPORT	CT	Otolaryngology
ABDELAL, NADA	BRIDGEPORT	CT	Pediatrics
ABRAMOWITZ, NICOLE	BRIDGEPORT	CT	Pediatrics
ANYOHA, ANSELM	BRIDGEPORT	CT	Pediatrics
BAERSHALEV, TARYN	BRIDGEPORT	CT	Pediatrics
BALLAS, KATHLEEN	BRIDGEPORT	CT	Pediatrics
BERNING, RICHARD	BRIDGEPORT	CT	Pediatrics
BOTTA, MARIVIC	BRIDGEPORT	CT	Pediatrics
CARROLL, RICHARD	BRIDGEPORT	CT	Pediatrics
CASEY, RENEE	BRIDGEPORT	CT	Pediatrics
CHESSIN, ROBERT	BRIDGEPORT	CT	Pediatrics
CITARELLA, JASON	BRIDGEPORT	CT	Pediatrics
COPPOLA, AMANDA	BRIDGEPORT	CT	Pediatrics
CRONIN, HAROLD	BRIDGEPORT	CT	Pediatrics
DALAL, BIPIN	BRIDGEPORT	CT	Pediatrics

DAWSON, HEATHER	BRIDGEPORT	CT	Pediatrics
DAYAN, NIMROD	BRIDGEPORT	CT	Pediatrics
DEPAOLA, THOMAS	BRIDGEPORT	CT	Pediatrics
DEWERAMOCZERNIUK, ALICJA	BRIDGEPORT	CT	Pediatrics
EAGAN, PATRICIA	BRIDGEPORT	CT	Pediatrics
FERREIRA, MARIA	BRIDGEPORT	CT	Pediatrics
FISH, SVETLANA	BRIDGEPORT	CT	Pediatrics
FREEDMAN, RICHARD	BRIDGEPORT	CT	Pediatrics
FULLERTON, SUSAN	BRIDGEPORT	CT	Pediatrics
HEN, JACOB	BRIDGEPORT	CT	Pediatrics
HOMA, THOMAS	BRIDGEPORT	CT	Pediatrics
JALKUT, SUSANNA	BRIDGEPORT	CT	Pediatrics
KARINA, MICHELLE	BRIDGEPORT	CT	Pediatrics
LANDIS, ROBERT	BRIDGEPORT	CT	Pediatrics
LEARSY, DAWN	BRIDGEPORT	CT	Pediatrics
LEE, MICHAEL	BRIDGEPORT	CT	Pediatrics
MALAVE, PEDRO	BRIDGEPORT	CT	Pediatrics
MILIASESIS, CHRISTA	BRIDGEPORT	CT	Pediatrics
MOEMEKA, ANGELA	BRIDGEPORT	CT	Pediatrics
ODINAK, THOMAS	BRIDGEPORT	CT	Pediatrics
ORAY-SCHROM, PINAR	BRIDGEPORT	CT	Pediatrics
OZTRUK, CEYHUN	BRIDGEPORT	CT	Pediatrics
PARAMANATHAN, MARY	BRIDGEPORT	CT	Pediatrics
RICHARDS, DARA	BRIDGEPORT	CT	Pediatrics
RODRIGUEZ-MURPHY, AMANDA	BRIDGEPORT	CT	Pediatrics
ROWAN, CHERISE	BRIDGEPORT	CT	Pediatrics
SAM, CLAUDIA	BRIDGEPORT	CT	Pediatrics
SCHARE, GEORGE	BRIDGEPORT	CT	Pediatrics
SCHUTZENGEL, ROY	BRIDGEPORT	CT	Pediatrics
SCHUTZENGEL, SARA	BRIDGEPORT	CT	Pediatrics
SEDLIS, JAMES	BRIDGEPORT	CT	Pediatrics
SHAH, ASKOK	BRIDGEPORT	CT	Pediatrics
SHAH, MUKESH	BRIDGEPORT	CT	Pediatrics
SHAH, VARSHA	BRIDGEPORT	CT	Pediatrics
SHEIMAN, RACHEL	BRIDGEPORT	CT	Pediatrics
SMALL, MARTHA	BRIDGEPORT	CT	Pediatrics
STEEVES, CORRIE	BRIDGEPORT	CT	Pediatrics
VIDAL, ADA	BRIDGEPORT	CT	Pediatrics
VILLAFANA, JUAN	BRIDGEPORT	CT	Pediatrics
WEINBERGER, NORMAN	BRIDGEPORT	CT	Pediatrics
WEINRIB, AMY	BRIDGEPORT	CT	Pediatrics
WEINSTEIN, NORMAN	BRIDGEPORT	CT	Pediatrics
WEIR-CRONIN,TARALYN	BRIDGEPORT	CT	Pediatrics
ZOLKOWSKI-WYNNE, JOANNA	BRIDGEPORT	CT	Pediatrics
GRAHAM, CARISSE	BRIDGEPORT	CT	Physical Therapy
KELLY, SEAN	BRIDGEPORT	CT	Physician Medicine and Rehabilitation
SHEEHAN, DANIEL	BRIDGEPORT	CT	Physician Medicine and Rehabilitation
BROWN, ROBERT	BRIDGEPORT	CT	Podiatry
CHIECO, TINA	BRIDGEPORT	CT	Podiatry
DAVIS, DANIEL	BRIDGEPORT	CT	Podiatry
DUDZIS, JULIENNE	BRIDGEPORT	CT	Podiatry
HARINSTEIN, HOWARD	BRIDGEPORT	CT	Podiatry
HOWIE, SAHANI	BRIDGEPORT	CT	Podiatry
IRBY, CEASAR	BRIDGEPORT	CT	Podiatry
MAIOCCO, JOHN	BRIDGEPORT	CT	Podiatry
PIERRE, KARANA	BRIDGEPORT	CT	Podiatry
SCHICKLER, MARK	BRIDGEPORT	CT	Podiatry
SCHWARTZ, ROBERT	BRIDGEPORT	CT	Podiatry
SMITH, ROBERT	BRIDGEPORT	CT	Podiatry
ZUCKMAN, ARNOLD	BRIDGEPORT	CT	Podiatry

ADJEPONG, YAW	BRIDGEPORT	CT	Primary Care
BLOT, CRISTINA	BRIDGEPORT	CT	Primary Care
BUENAFE, XANDER	BRIDGEPORT	CT	Primary Care
CAMACHO, JOSE	BRIDGEPORT	CT	Primary Care
CIMINIELLO, FRANK	BRIDGEPORT	CT	Primary Care
ROBBINS, DAVID	BRIDGEPORT	CT	Primary Care
SCIFO, FRANK	BRIDGEPORT	CT	Primary Care
CIANCIMINO, DAVID	BRIDGEPORT	CT	Psychiatry
GIANETTI, DAVID	BRIDGEPORT	CT	Psychiatry
SALAMANCA, ROSALBA	BRIDGEPORT	CT	Psychiatry
SHAH, HANSA	BRIDGEPORT	CT	Psychiatry
STUBENHAUS, JAY	BRIDGEPORT	CT	Psychiatry
WHITE, KAY	BRIDGEPORT	CT	Psychiatry
WOLF, LINDA	BRIDGEPORT	CT	Psychiatry
FITZGERALD, WILLIAM	BRIDGEPORT	CT	Pulmonology
KAUFMAN, DAVID	BRIDGEPORT	CT	Pulmonology
PANCOAST, THOMSON	BRIDGEPORT	CT	Pulmonology
WEISMAN, BENJAMIN	BRIDGEPORT	CT	Pulmonology
FANG, DEBORAH	BRIDGEPORT	CT	Radiation Oncology
IANNUZZI, CHRISTOPHER	BRIDGEPORT	CT	Radiation Oncology
WEITZMAN, HERVEY	BRIDGEPORT	CT	Radiation Oncology
DOYLE, MICHAEL	BRIDGEPORT	CT	Reproductive Endocrinology
LEVI, DAVID	BRIDGEPORT	CT	Reproductive Endocrinology
WILLIAMS,SHAUN	BRIDGEPORT	CT	Reproductive Endocrinology
MOJCIK, CHRISTOPHER	BRIDGEPORT	CT	Rheumatology
NASCIMENTO, J.M.	BRIDGEPORT	CT	Rheumatology
ATWEH, NABIL	BRIDGEPORT	CT	Surgery
BIRD, DENNIS	BRIDGEPORT	CT	Surgery
BUTLER, WILLIAM	BRIDGEPORT	CT	Surgery
COCCO, THOMAS	BRIDGEPORT	CT	Surgery
DEMESTIHAS, ANTHY	BRIDGEPORT	CT	Surgery
GARVEY, RICHARD	BRIDGEPORT	CT	Surgery
HONIGSBERG , ELIZABETH	BRIDGEPORT	CT	Surgery
KAML, GARY	BRIDGEPORT	CT	Surgery
LOVANIO, RICHARD	BRIDGEPORT	CT	Surgery
MANJONEY, VINCENT	BRIDGEPORT	CT	Surgery
MPUKU, FELIX	BRIDGEPORT	CT	Surgery
ROSS, DOUGLAS	BRIDGEPORT	CT	Surgery
SHAH, SUBHASH	BRIDGEPORT	CT	Surgery
MARCUS, STUART	BRIDGEPORT	CT	Surgical Oncology
SQUITIERI, RAPHAEL	BRIDGEPORT	CT	Thorascic Surgery
GUADAGNINI, KAREN	BRISTOL	CT	Internal Medicine
CUCKA, MICHAEL	BRISTOL	CT	Orthopedics
GADOCI, ROBERT	BROOKFIELD	CT	Chiropractor
ROUGHLEY, ROGER	BROOKFIELD	CT	Chiropractor
FARRELL, MATHEW	BROOKFIELD	CT	Family Practice
MODWEL, KUMKUM	BROOKFIELD	CT	Family Practice
DIAZ, IVETTE	BROOKFIELD	CT	Internal Medicine
MOREIRA, IRENE	BROOKFIELD	CT	Internal Medicine
FISH, DANIEL	BROOKFIELD	CT	Orthopedics
GUPTA, SANJA	BROOKFIELD	CT	Orthopedics
APOLTAN, ANAMARIA	CHESHIRE	CT	Internal Medicine
KAYNE, RICHARD	CHESHIRE	CT	Internal Medicine
STAIR, DAVID	CHESHIRE	CT	Internal Medicine
CHINCHILLA, JEANNETTE	CHESHIRE	CT	Pediatrics
VIERIG, KATHLEEN	CHESHIRE	CT	Primary Care
WINOKUR, EDWARD	CLINTON	CT	Internal Medicine
BERMAN, MICHAEL	CLINTON	CT	Obstetrics/Gynecology
BRUNETTI, JAMES A.	COS COB	CT	Internal Medicine
KANEBROCK, MARY	COS COB	CT	Internal Medicine

MAYUS, MARCUS	COS COB	CT	Internal Medicine
BLANCHER, KEVIN	COS COB	CT	Orthopedics
GARDNER, MARY ANN	COS COB	CT	Orthopedics
SCHWARTZ, MICHAEL	COS COB	CT	Orthopedics
RASCOFF, HENRY	COS COB	CT	Pediatrics
HARARY, MARK	COS COB	CT	Sports Medicine
EDELHEIT, DAVID	COVENTRY	CT	Cardiology
SIEGEL, S JONATHAN	CROMWELL	CT	Family Practice
DAMATO, RAYMOND	CROMWELL	CT	Internal Medicine
ALEXANDER, JONATHON	DANBURY	CT	Cardiology
COBLENS, KAREN	DANBURY	CT	Cardiology
SODERLUND, HANNE	DANBURY	CT	Cardiology
MANONI, RONALD	DANBURY	CT	Chiropractor
CHAUSNER, ARTHUR	DANBURY	CT	Endocrinology
HEGDE, SONIA	DANBURY	CT	Endocrinology
PRAWIUS, HERBERT	DANBURY	CT	Endocrinology
SAVINO, ROBERT	DANBURY	CT	Endocrinology
BUSSELL, STUART E	DANBURY	CT	General Surgery
SHAHABI, SHOHREH	DANBURY	CT	General Surgery
KLOSS, ROBERT	DANBURY	CT	Hematology
ACKIRON, LOWELL	DANBURY	CT	Internal Medicine
BLACKMAN, MARY E	DANBURY	CT	Internal Medicine
BONWETSCH, ROBERT	DANBURY	CT	Internal Medicine
COHENURAM, MICHAEL	DANBURY	CT	Internal Medicine
DAVIS, ALLEN	DANBURY	CT	Internal Medicine
KAPLAN, HOWARD	DANBURY	CT	Internal Medicine
MAGAVI, NINI	DANBURY	CT	Internal Medicine
SPIEGEL, MICHAEL	DANBURY	CT	Internal Medicine
THOMAS, BYRON	DANBURY	CT	Internal Medicine
WEINER, JAY	DANBURY	CT	Internal Medicine
CULLIGAN, NEIL	DANBURY	CT	Neurology
HABIBI, BEHZAD	DANBURY	CT	Neurology
KREMENITZER, MARTIN	DANBURY	CT	Neurology
MARKIND, SAMUEL	DANBURY	CT	Neurology
YLAGAN, VICTOR	DANBURY	CT	Neurology
SANDERSON, SCOTT P.	DANBURY	CT	Neurosurgery
BARRY, ANDREA L	DANBURY	CT	Obstetrics/Gynecology
DAVIDSON, KAREN	DANBURY	CT	Obstetrics/Gynecology
HENRIQUEZ, JOSE	DANBURY	CT	Obstetrics/Gynecology
MILLER, MARY BETH	DANBURY	CT	Obstetrics/Gynecology
MIRZA, MISHAL	DANBURY	CT	Obstetrics/Gynecology
SEALEY, RANDOLPH	DANBURY	CT	Obstetrics/Gynecology
WENICK, DIANE	DANBURY	CT	Obstetrics/Gynecology
ZAMORE, STEVEN	DANBURY	CT	Obstetrics/Gynecology
BOMBACK, DAVID	DANBURY	CT	Orthopedics
BRAND, MICHAEL	DANBURY	CT	Orthopedics
CIMINIELLO, ANGELO	DANBURY	CT	Orthopedics
CRAIG, MICHAEL	DANBURY	CT	Orthopedics
DEVENEY, ROBERT	DANBURY	CT	Orthopedics
DUNLEAVY, JOHN	DANBURY	CT	Orthopedics
FISHER, JOHN	DANBURY	CT	Orthopedics
HENSHAW, ROSS	DANBURY	CT	Orthopedics
HERMANTIN, FRANK	DANBURY	CT	Orthopedics
KRAMER, DAVID	DANBURY	CT	Orthopedics
LAGRATTA, ROGER	DANBURY	CT	Orthopedics
LUNT, JOHN GLEN	DANBURY	CT	Orthopedics
MADONIA-BARR, JENNIFER	DANBURY	CT	Orthopedics
ROGELL, MATTHEW	DANBURY	CT	Orthopedics
SOUTHERN, DANIEL	DANBURY	CT	Orthopedics
AARONSON, BETH	DANBURY	CT	Physician Medicine and Rehabilitation

CATANIA, JOSEPH	DANBURY	CT	Primary Care
DERVISEVIC, AIDA	DANBURY	CT	Primary Care
EHRLICH, CONRAD	DANBURY	CT	Primary Care
KOPF, RICHARD	DANBURY	CT	Primary Care
TENENBAUM, STEVEN	DANBURY	CT	Primary Care
MAROTTA, ROCCO	DANBURY	CT	Psychiatry
CHRONAKOS, JOHN	DANBURY	CT	Pulmonology
OELBERG, DAVID	DANBURY	CT	Pulmonology
MILLER, KENNETH	DANBURY	CT	Rheumatology
TROCK, DAVID	DANBURY	CT	Rheumatology
BOUBOULIS, DENIS	DARIEN	CT	Allergy & Immunology
BIRSKY, GREG	DARIEN	CT	Chiropractor
MARSILLO, ROBERT	DARIEN	CT	Chiropractor
ZEMBROWSKI, ROBERT	DARIEN	CT	Chiropractor
SKOLNICK, STANLEY	DARIEN	CT	Family Practice
COLLINSBAINE, AMANDA	DARIEN	CT	Internal Medicine
DAM, MARK	DARIEN	CT	Internal Medicine
GIESEN, WILLIAM	DARIEN	CT	Internal Medicine
JANET, SAMUEL	DARIEN	CT	Internal Medicine
JOSE, JENNIFER	DARIEN	CT	Internal Medicine
LEBOWITZ, ALAN	DARIEN	CT	Internal Medicine
LINDBERG, ROBERT	DARIEN	CT	Internal Medicine
MINER, CHARLES	DARIEN	CT	Internal Medicine
MOORE, CALEB	DARIEN	CT	Internal Medicine
NAGLER, WILLIBALD	DARIEN	CT	Internal Medicine
NEGUS, PHILLIP	DARIEN	CT	Internal Medicine
SCHWARTZ, MICHAEL B	DARIEN	CT	Internal Medicine
CIULLA, MELINDY	DARIEN	CT	Obstetrics/Gynecology
BREYAN, NICHOLAS	DARIEN	CT	Orthopedics
BAILEY, ELIZABETH	DARIEN	CT	Pediatrics
DUBAZ, JOHN	DARIEN	CT	Pediatrics
GOTZ, DEBRA K.	DARIEN	CT	Pediatrics
LEPAGE, REBECCA	DARIEN	CT	Pediatrics
RAMIREZ-CEPEDA, ESTER	DARIEN	CT	Pediatrics
TSIMOYIANIS, GEORGE	DARIEN	CT	Pediatrics
NEWMAN, FREDERIC	DARIEN	CT	Plastic Surgery
PASSARETTI, DAVID	DARIEN	CT	Plastic Surgery
VELAZQUEZ, JOSEPHINE	DARIEN	CT	Podiatry
WEISS, ROBERT G	DARIEN	CT	Podiatry
COLLINS, SUSAN	DARIEN	CT	Surgery
MITCHELL, SUNNY	DARIEN	CT	Surgery
GREGSON, THOMAS	DERBY	CT	Chiropractor
SOTO, LELAND	DERBY	CT	General Surgery
ABIDOR, GERARD	DERBY	CT	Internal Medicine
AHMADI, RAMIN	DERBY	CT	Internal Medicine
ANGSTREICH, GREG	DERBY	CT	Internal Medicine
JAGADEESH, SHOBHA	DERBY	CT	Internal Medicine
CARRESE, ALEXANDER	DERBY	CT	Obstetrics/Gynecology
KALMAN, ROY	DERBY	CT	Obstetrics/Gynecology
RONAN, CYNTHIA	DERBY	CT	Obstetrics/Gynecology
SCHWEITZER, CARLOS	DERBY	CT	Orthopedics
FELDMAN, DANIEL	DERBY	CT	Pain Management
RAUCHWERGER, JACOB	DERBY	CT	Pain Management
THIMINEUR, MARK	DERBY	CT	Pain Management
RIVERA, ARNOLD	DERBY	CT	Primary Care
CHAISSON, K. MARYA	DERBY	CT	Pulmonology
DOBULER, KENNETH	DERBY	CT	Pulmonology
PONOMARENKO, IHOR	DERBY	CT	Surgery
WILKINSON, BRADFORD	DURHAM	CT	Cardiology
FEKE, TANYA	DURHAM	CT	Family Practice

MEMON, MOHAMMED	EAST HARTFORD	CT	Family Practice
CAMPBELL, CATHLEEN	EAST HARTFORD	CT	Obstetrics/Gynecology
ACCOMANDO, ANGELO	EAST HAVEN	CT	Primary Care
ROBACK, MICHAEL	EASTON	CT	Orthopedics
FERLAN, VIRGINIA	ENFIELD	CT	Obstetrics/Gynecology
LUCEY, KIMBERLY ANN	ENFIELD	CT	Ophthalmology
RICHARDSON, WILLIAM	ENFIELD	CT	Primary Care
SCHAFFNER, ANDREA	ESSEX	CT	Internal Medicine
SPAGNOLA, ALAN	ESSEX	CT	Internal Medicine
LUSTER, STEVEN	ESSEX	CT	Orthopedics
WHITE, MARTIN	ESSEX	CT	Orthopedics
CORIC, ANN	ESSEX	CT	Primary Care
ALTSCHUL-LATZMAN, AIMEE	FAIRFIELD	CT	Allergy & Immunology
BACKMAN, KENNETH	FAIRFIELD	CT	Allergy & Immunology
MCGRATH, KEVIN	FAIRFIELD	CT	Allergy & Immunology
BANERJEE, ARJUN	FAIRFIELD	CT	Cardiology
BANKER, JEFFREY	FAIRFIELD	CT	Cardiology
BERMAN, JEFFREY	FAIRFIELD	CT	Cardiology
BLATTMAN, SETH	FAIRFIELD	CT	Cardiology
CASALE, LINDA	FAIRFIELD	CT	Cardiology
DRIESMAN, MITCHELL	FAIRFIELD	CT	Cardiology
FISHMAN, ROBERT	FAIRFIELD	CT	Cardiology
GILL, ALAN	FAIRFIELD	CT	Cardiology
HENDIZADEH, PEDRAM	FAIRFIELD	CT	Cardiology
KUNKES, STEVEN	FAIRFIELD	CT	Cardiology
MEIZLISH, JAY	FAIRFIELD	CT	Cardiology
MOSKOWITZ, ROBERT	FAIRFIELD	CT	Cardiology
SCHUSSHEIM, ADAM	FAIRFIELD	CT	Cardiology
SELTER, JARED	FAIRFIELD	CT	Cardiology
BAKER, BRIAN	FAIRFIELD	CT	Chiropractor
BOGANNAM, NICHOLAS	FAIRFIELD	CT	Chiropractor
BROWN, HEATHER M	FAIRFIELD	CT	Chiropractor
CARR, BRETT	FAIRFIELD	CT	Chiropractor
DEMARCO, KRISTINE	FAIRFIELD	CT	Chiropractor
GEORGE, PAMELA	FAIRFIELD	CT	Chiropractor
KENNEY, MATTHEW C	FAIRFIELD	CT	Chiropractor
KINIK, STEPHANIE	FAIRFIELD	CT	Chiropractor
KOCH, DOUGLAS	FAIRFIELD	CT	Chiropractor
LEONARD, MATTHEW	FAIRFIELD	CT	Chiropractor
PINSKY, RICHARD	FAIRFIELD	CT	Chiropractor
RAGO, CHRISTOPHER	FAIRFIELD	CT	Chiropractor
RAYBALL, KRISTIN	FAIRFIELD	CT	Chiropractor
RUSZA, JACQUELINE	FAIRFIELD	CT	Chiropractor
SILVER, PAUL	FAIRFIELD	CT	Chiropractor
SMITH, KIMBERLY	FAIRFIELD	CT	Chiropractor
TIERNEY, MICHAEL	FAIRFIELD	CT	Chiropractor
TIKRANIAN, HAROUTYOUN	FAIRFIELD	CT	Chiropractor
TOBET, MICHAEL	FAIRFIELD	CT	Chiropractor
TROKNYA, MICHAEL	FAIRFIELD	CT	Chiropractor
WALCZYK, JEFFREY M	FAIRFIELD	CT	Chiropractor
WEINSTEIN, BRADLEY	FAIRFIELD	CT	Chiropractor
YAUN, ANDREW	FAIRFIELD	CT	Chiropractor
THORNTON, SCOTT	FAIRFIELD	CT	Colon and Rectal Surgery
COHEN, IVAN	FAIRFIELD	CT	Dermatology
SMITH, ELIZABETH	FAIRFIELD	CT	Dermatology
SCALA-MARSH, JODONNA	FAIRFIELD	CT	Emergency Medicine
BLANK, VICTORIA	FAIRFIELD	CT	Family Practice
DUNCAN, ANNA	FAIRFIELD	CT	Family Practice
MILLER, LESLIE	FAIRFIELD	CT	Family Practice
NOVIK, LARRY	FAIRFIELD	CT	Family Practice

WATKINS-COLWELL, KELLIE	FAIRFIELD	CT	Family Practice
GROSSMAN, EDWARD	FAIRFIELD	CT	Gastroenterology
LOPATIN, RICHARD	FAIRFIELD	CT	Gastroenterology
MAUER, KENNETH	FAIRFIELD	CT	Gastroenterology
SPIVACK, JULIE	FAIRFIELD	CT	Gastroenterology
HOFFMAN, PAMELA	FAIRFIELD	CT	Geriatric Medicine
BERARD, PAUL	FAIRFIELD	CT	Hematology/Oncology
COOPER, MILTON	FAIRFIELD	CT	Hematology/Oncology
DHANJAL, SANDHYA	FAIRFIELD	CT	Hematology/Oncology
DUDA, ANDREW	FAIRFIELD	CT	Hematology/Oncology
MALEFATTO, JERRY	FAIRFIELD	CT	Hematology/Oncology
REZNIKOFF, GLEN	FAIRFIELD	CT	Hematology/Oncology
TRIANO, LAURA	FAIRFIELD	CT	Hematology/Oncology
AHMADIAN, FAYE	FAIRFIELD	CT	Internal Medicine
ANAND, RAHUL	FAIRFIELD	CT	Internal Medicine
BARD, ADAM	FAIRFIELD	CT	Internal Medicine
BELKIN, BARTON	FAIRFIELD	CT	Internal Medicine
BURD, ROBERT	FAIRFIELD	CT	Internal Medicine
BURLISON, KATHLEEN	FAIRFIELD	CT	Internal Medicine
CIMINO, PETER	FAIRFIELD	CT	Internal Medicine
DAFCIK, ADRIAN	FAIRFIELD	CT	Internal Medicine
DAS, DEBASISH	FAIRFIELD	CT	Internal Medicine
DIAMOND, RANDI	FAIRFIELD	CT	Internal Medicine
FINE, KENNETH	FAIRFIELD	CT	Internal Medicine
GARRELL, DAVID	FAIRFIELD	CT	Internal Medicine
GARRELL, MARVIN	FAIRFIELD	CT	Internal Medicine
GOLDFARB, GEORGE	FAIRFIELD	CT	Internal Medicine
GOLZARI, HOUTAN	FAIRFIELD	CT	Internal Medicine
GORDON, KILBORNE	FAIRFIELD	CT	Internal Medicine
GUPTA, RAHUL	FAIRFIELD	CT	Internal Medicine
HERBIN, JOSEPH	FAIRFIELD	CT	Internal Medicine
JAIN, MONICA	FAIRFIELD	CT	Internal Medicine
JOHN, GENEVIEVE	FAIRFIELD	CT	Internal Medicine
KULAKOV, SLAVA	FAIRFIELD	CT	Internal Medicine
LASTOMIRSKY, DAVID	FAIRFIELD	CT	Internal Medicine
LEBOWITZ, WALLACE	FAIRFIELD	CT	Internal Medicine
LISI, KRISTINE M.	FAIRFIELD	CT	Internal Medicine
MARKS, DAVID	FAIRFIELD	CT	Internal Medicine
MAYER, DEBORAH	FAIRFIELD	CT	Internal Medicine
MOLLOY, EDWARD	FAIRFIELD	CT	Internal Medicine
MONTEIRO, NIRMALA	FAIRFIELD	CT	Internal Medicine
PASSALACQUA, JOANN	FAIRFIELD	CT	Internal Medicine
RANNO, MICHELE	FAIRFIELD	CT	Internal Medicine
SIKORSKI, KRISTAN	FAIRFIELD	CT	Internal Medicine
SMERLING, NEIL	FAIRFIELD	CT	Internal Medicine
TORTORA, PETER	FAIRFIELD	CT	Internal Medicine
FISCHBACH, NEAL	FAIRFIELD	CT	Medical Oncology
FOLMAN, ROBERT	FAIRFIELD	CT	Medical Oncology
HARROLD, LAURIE	FAIRFIELD	CT	Medical Oncology
PATIL, RANJANA	FAIRFIELD	CT	Medical Oncology
PERSICO, JUSTIN	FAIRFIELD	CT	Medical Oncology
HENNINGER, BRIAN	FAIRFIELD	CT	Naturopathy
KAUSHIK, NEERU	FAIRFIELD	CT	Naturopathy
AFOLALU, BAYO	FAIRFIELD	CT	Nephrology
HOTCHKISS, MARK	FAIRFIELD	CT	Nephrology
SIMON, DAVID	FAIRFIELD	CT	Nephrology
WALLACE, SARA	FAIRFIELD	CT	Nephrology
DANKWAH-QUANSAH, MAAME	FAIRFIELD	CT	Neurology
GOTTSCHALK, P CHRISTOPHER	FAIRFIELD	CT	Neurology
GROSS, JEFFREY	FAIRFIELD	CT	Neurology

KADIMI, SRINATH	FAIRFIELD	CT	Neurology
MCALLISTER, PETER	FAIRFIELD	CT	Neurology
QUANHONG, ANTHONY	FAIRFIELD	CT	Neurology
SHEAR, PERRY	FAIRFIELD	CT	Neurology
SIEGEL, KENNETH	FAIRFIELD	CT	Neurology
TOOTHAKER, THOMAS	FAIRFIELD	CT	Neurology
ZAGAR, DARIO	FAIRFIELD	CT	Neurology
BLAIR, EMILY	FAIRFIELD	CT	Obstetrics/Gynecology
BOSLOW, JUDY	FAIRFIELD	CT	Obstetrics/Gynecology
ESPINA, ELLEN	FAIRFIELD	CT	Obstetrics/Gynecology
GEER-YAN, LISA	FAIRFIELD	CT	Obstetrics/Gynecology
GOLDBERG, ROBERT	FAIRFIELD	CT	Obstetrics/Gynecology
GOLDSTEIN, DANIEL	FAIRFIELD	CT	Obstetrics/Gynecology
LAMASTRA, PHILIP	FAIRFIELD	CT	Obstetrics/Gynecology
MEULENBERG, AMANDA	FAIRFIELD	CT	Obstetrics/Gynecology
NEALON, DEENA	FAIRFIELD	CT	Obstetrics/Gynecology
OFER, ADAM	FAIRFIELD	CT	Obstetrics/Gynecology
REYES, JOSE	FAIRFIELD	CT	Obstetrics/Gynecology
SAUTER, ELIZABETH	FAIRFIELD	CT	Obstetrics/Gynecology
SIVAK, DENIS	FAIRFIELD	CT	Obstetrics/Gynecology
YAARI, ABRAHAM	FAIRFIELD	CT	Obstetrics/Gynecology
DELLAROCCA, ROBERT	FAIRFIELD	CT	Ophthalmology
DRIESMAN, SHELLEY	FAIRFIELD	CT	Ophthalmology
OMOHUNDRO, DAN	FAIRFIELD	CT	Ophthalmology
RABINOWITZ, STEPHEN	FAIRFIELD	CT	Ophthalmology
SILVER, PETER	FAIRFIELD	CT	Ophthalmology
SMALL, PETER	FAIRFIELD	CT	Ophthalmology
WEITZMAN, MARC	FAIRFIELD	CT	Ophthalmology
ABRAHAM, JOSSIE	FAIRFIELD	CT	Orthopedics
AWAD, JOHN	FAIRFIELD	CT	Orthopedics
BACKE, HENRY	FAIRFIELD	CT	Orthopedics
BELKIN, STUART	FAIRFIELD	CT	Orthopedics
BINDELGLASS, DAVID	FAIRFIELD	CT	Orthopedics
BOONE, PETER	FAIRFIELD	CT	Orthopedics
BRITTIS, DANTE	FAIRFIELD	CT	Orthopedics
CIMINO, WILLIAM	FAIRFIELD	CT	Orthopedics
FITZGIBBONS, JAMES	FAIRFIELD	CT	Orthopedics
GARVER, ERIC	FAIRFIELD	CT	Orthopedics
KIRSCHENBAUM, LAWRENCE	FAIRFIELD	CT	Orthopedics
KWOK, PATRICK	FAIRFIELD	CT	Orthopedics
LANGELAND, ROLF	FAIRFIELD	CT	Orthopedics
MALIN, JOEL	FAIRFIELD	CT	Orthopedics
PERLMAN, JEROLD	FAIRFIELD	CT	Orthopedics
REDLER, MICHAEL	FAIRFIELD	CT	Orthopedics
RICHER, ROSS	FAIRFIELD	CT	Orthopedics
SPAK, JAMES	FAIRFIELD	CT	Orthopedics
STAUB, EDWARD	FAIRFIELD	CT	Orthopedics
WILCHINSKY, MARK	FAIRFIELD	CT	Orthopedics
FLIEGELMAN, LAWRENCE	FAIRFIELD	CT	Otolaryngology
LEVIN, RICHARD	FAIRFIELD	CT	Otolaryngology
AMBERSON, NANCY	FAIRFIELD	CT	Pediatrics
CHADDHA, SUBHASH	FAIRFIELD	CT	Pediatrics
COHEN, ELIN	FAIRFIELD	CT	Pediatrics
HOBBIE, ROBERT	FAIRFIELD	CT	Pediatrics
QUINN, KATHRYN	FAIRFIELD	CT	Pediatrics
WOODS, CHARLES	FAIRFIELD	CT	Pediatrics
BRENNAN, MICHAEL	FAIRFIELD	CT	Physician Medicine and Rehabilitation
MASTINO, CHRISTOPHER	FAIRFIELD	CT	Physician Medicine and Rehabilitation
SAFFIR, MICHAEL	FAIRFIELD	CT	Physician Medicine and Rehabilitation
WARMAN, MARC	FAIRFIELD	CT	Physician Medicine and Rehabilitation

YUAN, ANDREW	FAIRFIELD	CT	Physician Medicine and Rehabilitation
BLUESTEIN, HARVEY	FAIRFIELD	CT	Plastic Surgery
ROSENTHAL, JEFFREY	FAIRFIELD	CT	Plastic Surgery
SOFER, ALFRED	FAIRFIELD	CT	Plastic Surgery
YAN, DAVID	FAIRFIELD	CT	Plastic Surgery
CALLAHAN, CAROL	FAIRFIELD	CT	Podiatry
DEROSE, DEBORAH	FAIRFIELD	CT	Podiatry
GAVIN, MARTIN	FAIRFIELD	CT	Podiatry
HALPIN, MAUREEN	FAIRFIELD	CT	Podiatry
IORIO, ANTHONY	FAIRFIELD	CT	Podiatry
KASSARIS, CHRIS	FAIRFIELD	CT	Podiatry
TORTORA, LOUISE	FAIRFIELD	CT	Podiatry
YU, SONG	FAIRFIELD	CT	Podiatry
CHEUK, WILLIAM	FAIRFIELD	CT	Primary Care
GOLD, RHONDA	FAIRFIELD	CT	Primary Care
LABONTE, KRISTINA	FAIRFIELD	CT	Primary Care
SNOWDEN, LENORE	FAIRFIELD	CT	Primary Care
WEICHOLZ, SHELDON	FAIRFIELD	CT	Primary Care
WAYNIK, MARK	FAIRFIELD	CT	Psychiatry
BUSHELL, DAVID	FAIRFIELD	CT	Pulmonology
GENTRY, ERIC	FAIRFIELD	CT	Pulmonology
GREENSPAN, PHILIP	FAIRFIELD	CT	Pulmonology
RICHARD, PATRICIA	FAIRFIELD	CT	Pulmonology
WEIBER, STASIA	FAIRFIELD	CT	Pulmonology
CROMBIE, ROSELLE	FAIRFIELD	CT	Surgery
FLOCH, CRAIG	FAIRFIELD	CT	Surgery
PRONOVOST, MARY	FAIRFIELD	CT	Surgery
LETTERA, JAMES	FAIRFIELD	CT	Thorascic Surgery
SZETO, MARJORIE	FARIFIELD	CT	Obstetrics/Gynecology
ARONOFF, RICHARD	FARIFIELD	CT	Podiatry
ARCIERO, ROBERT	FARMINGTON	CT	Chiropractor
ABELES, ARYEH	FARMINGTON	CT	Infectious Diseases
WHITE, WILLIAM	FARMINGTON	CT	Internal Medicine
BREWER, MOLLY	FARMINGTON	CT	Obstetrics/Gynecology
FARWEL,L MARY	FARMINGTON	CT	Obstetrics/Gynecology
STEADMAN,URSULA	FARMINGTON	CT	Obstetrics/Gynecology
SULLIVAN, RAYMOND	FARMINGTON	CT	ORTHOPEDIC
ARONOW, MICHAEL	FARMINGTON	CT	Orthopedics
SHEA, KEVIN	FARMINGTON	CT	Orthopedics
ZIOGAS, BARBARA	FARMINGTON	CT	Pediatrics
REGAN, ADINE	FARMINGTON	CT	Primary Care
PARKE,ANN	FARMINGTON	CT	Rheumatology
ZAHEER, WAJIH	GILFORD	CT	Radiation Oncology
KLINE, ROBERTA	GLASTONBURY	CT	Obstetrics/Gynecology
PETRUZZELLI, ANITA	GLASTONBURY	CT	Obstetrics/Gynecology
BURNHAM, BRUCE	GLASTONBURY	CT	Plastic Surgery
TISHLER, DARREN	GLASTONBURY	CT	Surgery
MATCZUK, AGNES	GREENWICH	CT	Allergy & Immunology
ENNIS, FRANCIS	GREENWICH	CT	Cardiology
MICKLEY, DIANE	GREENWICH	CT	Cardiology
BARTKO, JOSEPH	GREENWICH	CT	Chiropractor
MARCUS, ADRIAN	GREENWICH	CT	Chiropractor
MIDDAUGH, LOUISE	GREENWICH	CT	Chiropractor
SHIELDS, KAREN	GREENWICH	CT	Chiropractor
TREBING, WILLIAM	GREENWICH	CT	Chiropractor
GOLDBERG, JUDITH	GREENWICH	CT	Endocrinology
GOLDBERGBERMAN, JUDITH	GREENWICH	CT	Endocrinology
PADILLA, ALFRED	GREENWICH	CT	Endocrinology
BORGES, JAMES	GREENWICH	CT	Family Practice
ORPHANOS, JAMES	GREENWICH	CT	Family Practice

BERKEN, CLIFFORD	GREENWICH	CT	Gastroenterology
BONHEIM, NELSON	GREENWICH	CT	Gastroenterology
KHAGHAN, NEDA	GREENWICH	CT	Gastroenterology
SELKIN, ALAN	GREENWICH	CT	Gastroenterology
ZWAS, FELICE	GREENWICH	CT	Gastroenterology
CROWE, JOHN	GREENWICH	CT	Hand Surgery
HOLLISTER, DICKERMAN	GREENWICH	CT	Hematology/Oncology
ROSENBERG, ARTHUR	GREENWICH	CT	Hematology/Oncology
ALLEVA, ANTHONY A.	GREENWICH	CT	Internal Medicine
BROWNING, NICHOLAS	GREENWICH	CT	Internal Medicine
EDELMANN, CHRIS M	GREENWICH	CT	Internal Medicine
FENNELL, GAIL M.	GREENWICH	CT	Internal Medicine
HERZIG, STEVEN	GREENWICH	CT	Internal Medicine
KHAIRKHAH, NAZANINE	GREENWICH	CT	Internal Medicine
KOSTAS, ODYSSEAS	GREENWICH	CT	Internal Medicine
LEVY, ERIC	GREENWICH	CT	Internal Medicine
LORIA, FRANKLIN	GREENWICH	CT	Internal Medicine
MENDELSOHN, FELICIA	GREENWICH	CT	Internal Medicine
MICKLEY, STEVEN	GREENWICH	CT	Internal Medicine
PUGLISI, JEFFREY	GREENWICH	CT	Internal Medicine
SENNETT, MARGARET	GREENWICH	CT	Internal Medicine
SHEA, JUDITH	GREENWICH	CT	Internal Medicine
STARK, ROBERT	GREENWICH	CT	Internal Medicine
WOLFSON, ELLEN	GREENWICH	CT	Internal Medicine
WONG, ANDREW	GREENWICH	CT	Internal Medicine
CAMPBELL, SARAH GAMBEL	GREENWICH	CT	Naturopathy
APOSTOLIDES, PAUL	GREENWICH	CT	Neurology
MORRIS, JAMES	GREENWICH	CT	Neurology
NAHM, FREDERICK	GREENWICH	CT	Neurology
CAMEL, MARK	GREENWICH	CT	Neurosurgery
DOUGLAS, ANDREA	GREENWICH	CT	Neurosurgery
FIORE, AMORY	GREENWICH	CT	Neurosurgery
FIRLIK, KATRINA	GREENWICH	CT	Neurosurgery
GHOGAWALA, ZOHER	GREENWICH	CT	Neurosurgery
ASLAMI, ANGELA	GREENWICH	CT	Obstetrics/Gynecology
CARROLL, DZWINKA	GREENWICH	CT	Obstetrics/Gynecology
CAVALIERI, RALPH	GREENWICH	CT	Obstetrics/Gynecology
COLETTI, DONNA	GREENWICH	CT	Obstetrics/Gynecology
CULVAHOUSE, S. WEAR	GREENWICH	CT	Obstetrics/Gynecology
DAVIDSON, BROOKE	GREENWICH	CT	Obstetrics/Gynecology
DONOVAN, LESLIE	GREENWICH	CT	Obstetrics/Gynecology
FILOR, CAROLINE	GREENWICH	CT	Obstetrics/Gynecology
FRANCIS, GAETANE	GREENWICH	CT	Obstetrics/Gynecology
GARRETT, LEILA	GREENWICH	CT	Obstetrics/Gynecology
HAGBERG, DONNA	GREENWICH	CT	Obstetrics/Gynecology
HUNG, ELIZABETH	GREENWICH	CT	Obstetrics/Gynecology
JACOBSON, EDWARD	GREENWICH	CT	Obstetrics/Gynecology
KLEBAN, REBECCA	GREENWICH	CT	Obstetrics/Gynecology
MILLER, AUDREY	GREENWICH	CT	Obstetrics/Gynecology
MOLINELLI, ELIZABETH	GREENWICH	CT	Obstetrics/Gynecology
REID, LINDA	GREENWICH	CT	Obstetrics/Gynecology
ROHR, MICHELLE	GREENWICH	CT	Obstetrics/Gynecology
VIOLI, CATERINA	GREENWICH	CT	Obstetrics/Gynecology
WILLIAMS, CARLA	GREENWICH	CT	Obstetrics/Gynecology
ECHEVERRI, ANNA	GREENWICH	CT	Occupational Medicine
CUNNINGHAM, JAMES	GREENWICH	CT	Orthopedics
KAVANAGH, BRIAN	GREENWICH	CT	Orthopedics
MAGIT, DAVID	GREENWICH	CT	Orthopedics
NOCEK, DAVID	GREENWICH	CT	Orthopedics
OPOSTOLIDES, PAUL	GREENWICH	CT	Orthopedics

PLANCHER, KEVIN	GREENWICH	CT	Orthopedics
SNOWBALL, HALINA	GREENWICH	CT	Orthopedics
VADASDI, KATHERINE	GREENWICH	CT	Orthopedics
COHEN, ERIK	GREENWICH	CT	Pediatrics
SCHNEIDER, MARCIE	GREENWICH	CT	Pediatrics
DELVECCHIO, JOHN	GREENWICH	CT	Physical Therapy
HEFTLER, JEFFREY	GREENWICH	CT	Physical Therapy
GORDON, NEIL	GREENWICH	CT	Plastic Surgery
MARGOLES, SANDRA	GREENWICH	CT	Plastic Surgery
MCCAULEY, STUART	GREENWICH	CT	Primary Care
SEKIGUCHI, RAYMOND	GREENWICH	CT	Primary Care
SETHI, PAUL	GREENWICH	CT	Primary Care
MARINO, A. MICHAEL	GREENWICH	CT	Pulmonology
DANEHOWER, RICHARD	GREENWICH	CT	Rheumatology
COHEN, GLORIA	GREENWICH	CT	Sports Medicine
MOLINELLI, BRUCE	GREENWICH	CT	Surgery
WARD, BARBARA	GREENWICH	CT	Surgery
PARMELEE, DAVID	GUILFORD	CT	Cardiology
HURLBURT, NANCY	GUILFORD	CT	Family Practice
KYRCZ, ROBERT	GUILFORD	CT	Family Practice
VENDER, RONALD	GUILFORD	CT	Gastroenterology
CRISCENZO, DONNA	GUILFORD	CT	Internal Medicine
WEISS-RIVERA, JUDITH	GUILFORD	CT	Internal Medicine
WOOD, LISA	GUILFORD	CT	Internal Medicine
FLAGG, JULIE	GUILFORD	CT	Obstetrics/Gynecology
GROSSO, JOSEPH	GUILFORD	CT	Obstetrics/Gynecology
KRAMER, KENNETH	GUILFORD	CT	Orthopedics
TOMAK, SANDA	GUILFORD	CT	Orthopedics
STRONG, ANN	GUILFORD	CT	Pediatrics
COLLINS, BETH	GUILFORD	CT	Plastic Surgery
PRICE, GARY	GUILFORD	CT	Plastic Surgery
CHICARILLI, ZENO N	GUILFORD	CT	Surgery
GRAUER, LEONARD	HAMDEN	CT	Cardiology
CHANG, DEAN	HAMDEN	CT	Gastroenterology
GENEROSO, RAMON	HAMDEN	CT	Gastroenterology
GINSBURG, PHILIP	HAMDEN	CT	Gastroenterology
UMASHANKER, RENUKA	HAMDEN	CT	Gastroenterology
BLANDER, STEVEN	HAMDEN	CT	Internal Medicine
BRAVERMAN, TAMAR	HAMDEN	CT	Internal Medicine
BROWN, KAREN	HAMDEN	CT	Internal Medicine
CHUSTECKA, MARGARET	HAMDEN	CT	Internal Medicine
HENRY, ROBERT	HAMDEN	CT	Internal Medicine
KARAM, DORIS	HAMDEN	CT	Internal Medicine
KARKANITSA, LEONID	HAMDEN	CT	Internal Medicine
KORTMANSKY, JEREMY	HAMDEN	CT	Internal Medicine
KUMAR, BABU	HAMDEN	CT	Internal Medicine
RANANI, DANNI	HAMDEN	CT	Internal Medicine
SARACCO, FERNANDO	HAMDEN	CT	Internal Medicine
SUN, DHARINI	HAMDEN	CT	Internal Medicine
YAPA, RAMANI	HAMDEN	CT	Internal Medicine
RITTERMAN, ROBIN	HAMDEN	CT	Naturopathy
SENSENIG, JAMES	HAMDEN	CT	Naturopathy
WERTKIN, AVIVA	HAMDEN	CT	Naturopathy
ASIS, MARIA	HAMDEN	CT	Obstetrics/Gynecology
HUTTLER, CRAIG	HAMDEN	CT	Obstetrics/Gynecology
MASI, PAUL	HAMDEN	CT	Ophthalmology
MILNER, MARK	HAMDEN	CT	Ophthalmology
SWAN, ANDREW	HAMDEN	CT	Ophthalmology
ALTMAN, MARK	HAMDEN	CT	Orthopedics
BERNSTEIN, RICHARD	HAMDEN	CT	Orthopedics

COHEN, DAVID	HAMDEN	CT	Orthopedics
GIBSON, DAVID	HAMDEN	CT	Orthopedics
MARINO, JOHN	HAMDEN	CT	Orthopedics
MORAN, THOMAS	HAMDEN	CT	Orthopedics
SELLA, ENZO	HAMDEN	CT	Orthopedics
WESTERGAN, ROBERT	HAMDEN	CT	Orthopedics
STUPAK, HOWARD	HAMDEN	CT	Otolaryngology
MANN, CYNTHIA F.	HAMDEN	CT	Pediatrics
GENSICKI, EDWARD	HAMDEN	CT	Podiatry
PAPPAS, ESTELLE	HAMDEN	CT	Podiatry
MAH, MIMI	HAMDEN	CT	Primary Care
BONADIES, JOHN	HAMDEN	CT	Surgery
CIARDIELLO, KENNETH	HAMDEN	CT	Surgery
SQUIER, RAYMOND	HARTFORD	CT	Anesthesiology
HYAMS, JEFFREY	HARTFORD	CT	Gastroenterology
WEISER, JEFFREY	HARTFORD	CT	Gastroenterology
BRADY, ELIZABETH	HARTFORD	CT	General Surgery
DAOUD, IBRAHIM	HARTFORD	CT	General Surgery
HIGHT, DONALD	HARTFORD	CT	General Surgery
BILGRAMI, SYED	HARTFORD	CT	Internal Medicine
DIAS, RAQUEL	HARTFORD	CT	Internal Medicine
DIMARIO, FRANCIS	HARTFORD	CT	Neurology
PRASAD, AVINASH	HARTFORD	CT	Neurology
CALDERON, STEPHEN	HARTFORD	CT	Neurosurgery
KILLORY, BRENDAN	HARTFORD	CT	Neurosurgery
MARTIN, JONATHAN	HARTFORD	CT	Neurosurgery
ELLIGERS, KENNETH	HARTFORD	CT	Obstetrics/Gynecology
FREYLIKHMAN, GENE	HARTFORD	CT	Obstetrics/Gynecology
QUINLAN, ROSEMARY	HARTFORD	CT	Obstetrics/Gynecology
WEISMAN, VALERIE	HARTFORD	CT	Obstetrics/Gynecology
BACALL, GEORGE	HARTFORD	CT	Ophthalmology
BECKER, GERALD	HARTFORD	CT	Orthopedics
YIGIT, SEVKET	HARTFORD	CT	Pediatric Endocrinology
SAYEJ, WAEL	HARTFORD	CT	Pediatrics
MAZO, JAMES	HARTFORD	CT	Physician Medicine and Rehabilitation
FOLKERSON, JOHN	HARTFORD	CT	Primary Care
CURTIS, DAVID	HARTFORD	CT	Surgery
HULL, DAVID	HARTFORD	CT	Surgery
LALLY, ANNE	HARTFORD	CT	Surgery
ORLANDO, ROCCO	HARTFORD	CT	Surgery
YANCOSKIE, MARCUS	HUNTINGTON	CT	Chiropractor
BENZONI, LUCIA	LITCHFIELD	CT	Internal Medicine
EPSTEIN, SERLE	MADISON	CT	Internal Medicine
EDE, HELEN	MADISON	CT	Primary Care
MUNSON, LAURA	MANCHESTER	CT	Chiropractor
THIELE, STEVEN	MANCHESTER	CT	Chiropractor
OSLEY, ROBERT	MANCHESTER	CT	Primary Care
GILDERSLEEVE, ROBERT	MANSFIELD CENTER	CT	Obstetrics/Gynecology
RIVERA, IVELISSE	MERIDEN	CT	Family Practice
FELD, TATIANA	MERIDEN	CT	Internal Medicine
HELMECZI, ILDIKO	MERIDEN	CT	Internal Medicine
KAPLAN, JAY	MERIDEN	CT	Internal Medicine
SCHWARTZ, ALAN	MERIDEN	CT	Internal Medicine
PRAVDA, JEFFREY	MERIDEN	CT	Orthopedics
CASKEY, RICHARD	MIDDLEBURY	CT	Chiropractor
FILLMORE, JONATHAN	MIDDLEBURY	CT	Endocrinology
KAPLAN, MICHAEL	MIDDLEBURY	CT	Orthopedics
KEGGI, JOHN	MIDDLEBURY	CT	Orthopedics
RAFTERY, CHARLES	MIDDLEBURY	CT	Orthopedics
PATEL, BHAVESH	MIDDLEBURY	CT	Physician Medicine and Rehabilitation

BROWN, WILFRED	MIDDLEBURY	CT	Plastic Surgery
DANYLIW, THOMAS	MIDDLETOWN	CT	Emergency Medicine
HUDSON, KERRIAN	MIDDLETOWN	CT	Family Practice
NOVAK, DANIEL	MIDDLETOWN	CT	Family Practice
HIRSCH, RUBIN	MIDDLETOWN	CT	Internal Medicine
BINGHAM, ANN	MIDDLETOWN	CT	Obstetrics/Gynecology
IRONS, SALLY	MIDDLETOWN	CT	Obstetrics/Gynecology
MANZI, CLARE	MIDDLETOWN	CT	Obstetrics/Gynecology
MCLEOD, CARLA	MIDDLETOWN	CT	Obstetrics/Gynecology
BASH, JEFFREY	MIDDLETOWN	CT	Orthopedics
RUBINS, DAVID	MIDDLETOWN	CT	Orthopedics
BROWN, DEBRA ANN	MIDDLETOWN	CT	Pediatrics
FARRELL, MICHAEL	MIDDLETOWN	CT	Surgical Oncology
CHANDRA, BIRUR	MILFORD	CT	Allergy & Immunology
CARRUTH, JEFFREY	MILFORD	CT	Anesthesiology
BLUM, RICHARD	MILFORD	CT	Cardiology
KEGEL, JEFFREY	MILFORD	CT	Cardiology
OESTRICH, CHARLES	MILFORD	CT	Cardiology
SPECTOR, GARY	MILFORD	CT	Cardiology
STONE, KAREN	MILFORD	CT	Cardiology
CONSOLE, RACHEL	MILFORD	CT	Chiropractor
DEANGELO, WILLIAM	MILFORD	CT	Chiropractor
FORTE, FRANK	MILFORD	CT	Chiropractor
GIANNATTASIO, JOSEPH	MILFORD	CT	Chiropractor
ROTHENHAUSEN, VICTORIA	MILFORD	CT	Chiropractor
WANG, SUSAN	MILFORD	CT	Endocrinology
CHEN, EATON	MILFORD	CT	ENT
HASS, DAVID	MILFORD	CT	Gastroenterology
QUADIR, MUZIANA	MILFORD	CT	General Surgery
CHHABRA, VIJAY	MILFORD	CT	Hematology
BRAMMER, ROBIN	MILFORD	CT	Internal Medicine
BRUNSON, DEBORAH	MILFORD	CT	Internal Medicine
CHANG, SUE	MILFORD	CT	Internal Medicine
CHHATRIWALA, HATIM	MILFORD	CT	Internal Medicine
GOLDNER, STEPHEN	MILFORD	CT	Internal Medicine
HAR, DEAN	MILFORD	CT	Internal Medicine
NOWICKI, JOHN	MILFORD	CT	Internal Medicine
SIDANA, JASDEEP	MILFORD	CT	Internal Medicine
TARKHAN, ISMAIL	MILFORD	CT	Internal Medicine
KATZ, DAVID	MILFORD	CT	Naturopathy
PATTERSON-MARSHALL, BRIDG	MILFORD	CT	Neurology
ADSUAR, NATALIE	MILFORD	CT	Obstetrics/Gynecology
BRINES, PATRICIA	MILFORD	CT	Obstetrics/Gynecology
DOHR, KAY	MILFORD	CT	Obstetrics/Gynecology
FLETCHER, KIM	MILFORD	CT	Obstetrics/Gynecology
PRINGLE, REBECCA	MILFORD	CT	Obstetrics/Gynecology
SHARPE, TIMOTHY	MILFORD	CT	Obstetrics/Gynecology
SILIDKER, JOEL	MILFORD	CT	Obstetrics/Gynecology
TOWNSHEND, PAMELA	MILFORD	CT	Obstetrics/Gynecology
WARTEL, LAWRENCE	MILFORD	CT	Obstetrics/Gynecology
WINELAND, REBECCA	MILFORD	CT	Obstetrics/Gynecology
BROTHERS, DAVID	MILFORD	CT	Ophthalmology
RAYHER, MICHAEL	MILFORD	CT	Ophthalmology
SPROTZER, SAMUEL	MILFORD	CT	Ophthalmology
KATSETOS, JOHN	MILFORD	CT	Orthopedics
LAHAV, AMIT	MILFORD	CT	Orthopedics
LYNCH, CHRISTOPHER	MILFORD	CT	Orthopedics
MINOTTI, PHILLIP	MILFORD	CT	Orthopedics
SCHACHTER, AARON	MILFORD	CT	Orthopedics
SADINSKY, HOWARD	MILFORD	CT	Pediatrics

MARINO, JOHN	MILFORD	CT	Physician Medicine and Rehabilitation
FISCHER, PAUL	MILFORD	CT	Plastic Surgery
MELAMED, SCOTT	MILFORD	CT	Podiatry
NOVICKI, ROBERT	MILFORD	CT	Podiatry
PARKS, JESSE	MILFORD	CT	Podiatry
PRESSMAN, MARTIN	MILFORD	CT	Podiatry
DIETTE, KEVIN	MILFORD	CT	Primary Care
MORRIS, ARTEMIS	MILFORD	CT	Primary Care
WONG, MICHAEL	MILFORD	CT	Primary Care
CARLSON, ELISE	MILFORD	CT	Rheumatology
GUGLIN, CHARLES	MILFORD	CT	Surgery
HSU, ANDREW	MILFORD	CT	Surgery
RAMADAN, NMADIM	MILFORD	CT	Surgery
RIVERA, JOHN	MILLDALE	CT	Family Practice
WEIKMAN, SHARON	MONROE	CT	Cardiology
ANDERSON, MARK	MONROE	CT	Chiropractor
BASSANI, JEAN	MONROE	CT	Chiropractor
DIAMOND, SEAN	MONROE	CT	Chiropractor
VACCARO, NICOLA	MONROE	CT	Chiropractor
ANTONICO, JOSEPH	MONROE	CT	Internal Medicine
CHIRUNOMULA, NAGARAJA	MONROE	CT	Internal Medicine
CHIRUNOMULA, SEKAR	MONROE	CT	Internal Medicine
JOSHI, KAVITA	MONROE	CT	Internal Medicine
MAJOR, JUDITH	MONROE	CT	Internal Medicine
GOLDSWEIG, BRACHA	MONROE	CT	Pediatrics
LENARD, EDWARD	MONROE	CT	Pediatrics
MILEVOJ, LUISA	MONROE	CT	Pediatrics
SMITH, MARILYN	MONROE	CT	Pediatrics
TSALAPATANIS, JOHN	MONROE	CT	Pediatrics
TZAKAS, NICHOLAS	MONROE	CT	Pediatrics
LUCIANO, CARMEN	MONROE	CT	Podiatry
BRODOFF, STANLEY	MONROE	CT	Primary Care
HERMAN, GLENN	NAUGATUCK	CT	Chiropractor
SCHIANO, CARL	NAUGATUCK	CT	Chiropractor
BERLAND, GRETCHEN	NAUGATUCK	CT	Internal Medicine
HILLSMAN, REGINA	NAUGATUCK	CT	Orthopedics
GOLDSTEIN, ADAM	NEW BRITAIN	CT	Internal Medicine
ROSENSTEIN, MYRA	NEW BRITAIN	CT	Internal Medicine
ANDREOLI, JOHN	NEW BRITAIN	CT	Obstetrics/Gynecology
GOLDBERG, SHARON	NEW BRITAIN	CT	Obstetrics/Gynecology
KOZLOWSKI, DEREK	NEW BRITAIN	CT	Obstetrics/Gynecology
DONAHUE, TERRENCE	NEW BRITAIN	CT	Orthopedics
GERRATANO, FRANK	NEW BRITAIN	CT	Orthopedics
STECKLER, JEFFREY	NEW BRITAIN	CT	Orthopedics
CURRAO, WILLIAM	NEW BRITAIN	CT	Pediatrics
BECK, STEVEN	NEW BRITAIN	CT	Physician Medicine and Rehabilitation
BORGONOS, OVANES	NEW BRITAIN	CT	Primary Care
SCALISE, PAUL	NEW BRITAIN	CT	Pulmonology
GUERRERA, ROBERT	NEW CAANAN	CT	Psychiatry
COOPER, RICHARD	NEW CANAAN	CT	Chiropractor
TECZAR, DAWN	NEW CANAAN	CT	Chiropractor
WILLIAMS, BRADLEY	NEW CANAAN	CT	Chiropractor
CROWN, CHARLES	NEW CANAAN	CT	Internal Medicine
GALLOUSIS, STEPHEN	NEW CANAAN	CT	Internal Medicine
HASAPIS, PETER	NEW CANAAN	CT	Internal Medicine
PAPAHARIS, BASIL	NEW CANAAN	CT	Internal Medicine
SHUTKIN, PETER	NEW CANAAN	CT	Internal Medicine
SLATER, JAMES	NEW CANAAN	CT	Internal Medicine
SUBRAMANIAN, SHEILA	NEW CANAAN	CT	Internal Medicine
VOYTOVICH, JULIA	NEW CANAAN	CT	Internal Medicine

WESTFALL, RICHARD	NEW CANAAN	CT	Internal Medicine
CHANG, CHRISTINA	NEW CANAAN	CT	Obstetrics/Gynecology
COCA, SARAH	NEW CANAAN	CT	Obstetrics/Gynecology
FLYNN, WILLIAM	NEW CANAAN	CT	Pediatrics
GRUNBERG, EVA	NEW CANAAN	CT	Pediatrics
NEWMAN, ALYSSA	NEW CANAAN	CT	Pediatrics
PIERCE, HARRISON	NEW CANAAN	CT	Pediatrics
MORELLI, ALAN	NEW CANAAN	CT	Physical Therapy
COOPERMAN, SHEILA	NEW CANAAN	CT	Psychiatry
GOLDBERG, JOSEPH	NEW CANAAN	CT	Psychiatry
KISSILENKO, ANRI	NEW CANAAN	CT	Psychiatry
SHANDER, ELLYN	NEW CANAAN	CT	Psychiatry
BILES, WILLIAM	NEW FAIRFIELD	CT	Family Practice
BARRETT, PETER	NEW HAVEN	CT	Cardiology
BATSFORD, WILLIAM	NEW HAVEN	CT	Cardiology
CHANDLER, JOHN	NEW HAVEN	CT	Cardiology
DONAHUE, THOMAS	NEW HAVEN	CT	Cardiology
FAHEY, JOHN	NEW HAVEN	CT	Cardiology
FREED, LISA	NEW HAVEN	CT	Cardiology
HASHIM, SABET	NEW HAVEN	CT	Cardiology
KEMAL, MUSTAPHA	NEW HAVEN	CT	Cardiology
LANIN, DONALD	NEW HAVEN	CT	Cardiology
MATTSON, RICHARD	NEW HAVEN	CT	Cardiology
OSIS, MARIE	NEW HAVEN	CT	Cardiology
RIVERA, STEPHANIE	NEW HAVEN	CT	Cardiology
SELZER, ARTHUR	NEW HAVEN	CT	Cardiology
WOLFSON, STEVEN	NEW HAVEN	CT	Cardiology
ALPIZAR-DIAZ, THEZLAY	NEW HAVEN	CT	Chiropractor
CHOATE, KEITH	NEW HAVEN	CT	Dermatology
ARDESHIRPOUR, LALEH	NEW HAVEN	CT	Endocrinology
CARLING, TOBIAS	NEW HAVEN	CT	Endocrinology
SAKHAROVA, OLGA	NEW HAVEN	CT	Endocrinology
HENLEY, JULIAN	NEW HAVEN	CT	ENT
LAZZAROS, LAZARIDES	NEW HAVEN	CT	Family Practice
AMEEN, NADIA	NEW HAVEN	CT	Gastroenterology
BOGARDUS, SIDNEY	NEW HAVEN	CT	Gastroenterology
EGGERS, CAROL	NEW HAVEN	CT	Gastroenterology
FISHER, ROSEMARIE L	NEW HAVEN	CT	Gastroenterology
LIM, JOSEPH	NEW HAVEN	CT	Gastroenterology
LIPCAN, MICHAEL	NEW HAVEN	CT	Gastroenterology
OIKONOMOU, IOANNIS	NEW HAVEN	CT	Gastroenterology
WHITE, ROBERT	NEW HAVEN	CT	Gastroenterology
WOLFSOHN, DAVID	NEW HAVEN	CT	Gastroenterology
FRIEDMAN, AMY	NEW HAVEN	CT	General Surgery
KULKARNI, SANJAY	NEW HAVEN	CT	General Surgery
KWASS, WALTER	NEW HAVEN	CT	General Surgery
YAVOREK, GEORGE	NEW HAVEN	CT	General Surgery
COOPER, DENNIS	NEW HAVEN	CT	Hematology/Oncology
HOFSTATTER, ERIN	NEW HAVEN	CT	Hematology/Oncology
BALTIMORE, ROBERT	NEW HAVEN	CT	Infectious Diseases
TOPAL, JEFFREY	NEW HAVEN	CT	Infectious Diseases
AFOLALU, ABISOLA	NEW HAVEN	CT	Internal Medicine
AGGARWAL, SANJAY	NEW HAVEN	CT	Internal Medicine
BREIER, RICHARD	NEW HAVEN	CT	Internal Medicine
BRUNET, CRISTINA	NEW HAVEN	CT	Internal Medicine
COHN, LAUREN	NEW HAVEN	CT	Internal Medicine
COONEY, ELIZABETH	NEW HAVEN	CT	Internal Medicine
COONEY, LEO MATHIAS	NEW HAVEN	CT	Internal Medicine
ELLIS, PETER	NEW HAVEN	CT	Internal Medicine
FABREGAS, GERALDINE	NEW HAVEN	CT	Internal Medicine

FLOCH, MARTIN	NEW HAVEN	CT	Internal Medicine
FOLEY, JOHN	NEW HAVEN	CT	Internal Medicine
FORMICA, RICHARD	NEW HAVEN	CT	Internal Medicine
GOLDEN, MARJORIE	NEW HAVEN	CT	Internal Medicine
HARRIS, LYNDSAY	NEW HAVEN	CT	Internal Medicine
HELBURN, DANIEL	NEW HAVEN	CT	Internal Medicine
HOJJATI, MEHRNAZ	NEW HAVEN	CT	Internal Medicine
HUOT, STEPHEN	NEW HAVEN	CT	Internal Medicine
JACOBY, DANIEL	NEW HAVEN	CT	Internal Medicine
JAKAB, SOPHIA	NEW HAVEN	CT	Internal Medicine
JAMIDAR, PRIYA	NEW HAVEN	CT	Internal Medicine
KLEINSTEIN, JUDY	NEW HAVEN	CT	Internal Medicine
LIEBLING, ANNE	NEW HAVEN	CT	Internal Medicine
LUPSA, BEATRICE	NEW HAVEN	CT	Internal Medicine
PANULLO, WAYNE	NEW HAVEN	CT	Internal Medicine
REVKIN, JAMES	NEW HAVEN	CT	Internal Medicine
RODRIGUES, ALLAN	NEW HAVEN	CT	Internal Medicine
ROSENTHAL, MICHAEL	NEW HAVEN	CT	Internal Medicine
SAMUELSON, ROBERT	NEW HAVEN	CT	Internal Medicine
SCHILSKY, MICHAEL	NEW HAVEN	CT	Internal Medicine
SELTZER, ARTHUR	NEW HAVEN	CT	Internal Medicine
SHI, JULIA MEIYEE	NEW HAVEN	CT	Internal Medicine
SZNOL, MARIO	NEW HAVEN	CT	Internal Medicine
TARA, HAROLD	NEW HAVEN	CT	Internal Medicine
TWOHIG, KEVIN	NEW HAVEN	CT	Internal Medicine
VAHEY, MARIANNE	NEW HAVEN	CT	Internal Medicine
WARREN, WAYNE	NEW HAVEN	CT	Internal Medicine
WHITE, KATHLEEN	NEW HAVEN	CT	Internal Medicine
FARBER, LEONARD	NEW HAVEN	CT	Medical Oncology
LACY, JILL	NEW HAVEN	CT	Medical Oncology
SIPPLES, REBECCA	NEW HAVEN	CT	Medical Oncology
BIA, MARGARET	NEW HAVEN	CT	Nephrology
CAREY, HUGH	NEW HAVEN	CT	Nephrology
SMITH, JAMES DOUGLAS	NEW HAVEN	CT	Nephrology
ABBED,KHALID	NEW HAVEN	CT	Neurology
COLBERG, JOHN	NEW HAVEN	CT	Neurology
CRETELLA, LORI	NEW HAVEN	CT	Neurology
DUCKROW, ROBERT	NEW HAVEN	CT	Neurology
GLASSMAN, DAVID	NEW HAVEN	CT	Neurology
HAREL, NOAM	NEW HAVEN	CT	Neurology
NAVARATNAM, DHASAKUMAR	NEW HAVEN	CT	Neurology
PAN, JULLIE	NEW HAVEN	CT	Neurology
PREININGEROVA, JANA	NEW HAVEN	CT	Neurology
RILEY, CLAIRE	NEW HAVEN	CT	Neurology
SCHINDLER, JOSEPH	NEW HAVEN	CT	Neurology
SPENCER, SUSAN	NEW HAVEN	CT	Neurology
VIVES, KENNETH	NEW HAVEN	CT	Neurology
WALSH, THOMAS	NEW HAVEN	CT	Neurology
YOUNG, RICHARD	NEW HAVEN	CT	Neurology
ARKINS, THOMAS	NEW HAVEN	CT	Neurosurgery
BULSARA, KETAN	NEW HAVEN	CT	Neurosurgery
CHIANG, VERONICA	NEW HAVEN	CT	Neurosurgery
DUNCAN, CHARLES	NEW HAVEN	CT	Neurosurgery
SABSHIN, JAMES	NEW HAVEN	CT	Neurosurgery
STRUGAR, JOHN	NEW HAVEN	CT	Neurosurgery
ACHARYA, AMI	NEW HAVEN	CT	Obstetrics/Gynecology
ARICI, AYDIN	NEW HAVEN	CT	Obstetrics/Gynecology
BERCIK, RICHARD	NEW HAVEN	CT	Obstetrics/Gynecology
CONNELL, KATHLEEN	NEW HAVEN	CT	Obstetrics/Gynecology
COPEL, JOSHUA	NEW HAVEN	CT	Obstetrics/Gynecology

EDUSA, ASIA	NEW HAVEN	CT	Obstetrics/Gynecology
FLAHERTY, SEAN	NEW HAVEN	CT	Obstetrics/Gynecology
GUESS, MARSHA	NEW HAVEN	CT	Obstetrics/Gynecology
HAN, CHRISTINA	NEW HAVEN	CT	Obstetrics/Gynecology
KARLOVSKY, EMIL	NEW HAVEN	CT	Obstetrics/Gynecology
LEISER, ALIZA	NEW HAVEN	CT	Obstetrics/Gynecology
MOSCARELLI, RICHARD	NEW HAVEN	CT	Obstetrics/Gynecology
PLISIC, LILLJANA	NEW HAVEN	CT	Obstetrics/Gynecology
RATH, KRISTINA	NEW HAVEN	CT	Obstetrics/Gynecology
SCHWARTZ, PETER	NEW HAVEN	CT	Obstetrics/Gynecology
STRONG, ANN	NEW HAVEN	CT	Obstetrics/Gynecology
TAYLOR, HUGH	NEW HAVEN	CT	Obstetrics/Gynecology
ANDERSON, LISA	NEW HAVEN	CT	Occupational Medicine
CORRIGAN, MARGARET	NEW HAVEN	CT	Occupational Medicine
KOSTINA ONEIL, YANINA	NEW HAVEN	CT	Ophthalmology
LEVIN, FLORA	NEW HAVEN	CT	Ophthalmology
PORTELA, ROSALIZ	NEW HAVEN	CT	Ophthalmology
DODDS, SETH	NEW HAVEN	CT	Orthopedics
GRAUER, JONATHAN	NEW HAVEN	CT	Orthopedics
IRVING, JOHN	NEW HAVEN	CT	Orthopedics
JOKL, PETER	NEW HAVEN	CT	Orthopedics
LESLIE, MICHAEL	NEW HAVEN	CT	Orthopedics
MAUNG, ADRIAN	NEW HAVEN	CT	Orthopedics
PELKER, RICHARD	NEW HAVEN	CT	Orthopedics
REACH, JOHN	NEW HAVEN	CT	Orthopedics
SHINE, JOHN	NEW HAVEN	CT	Orthopedics
WERDIGER, NORMAN	NEW HAVEN	CT	Orthopedics
WIJESEKERA, SHIRVINDA	NEW HAVEN	CT	Orthopedics
WU, JOSEPH	NEW HAVEN	CT	Orthopedics
ARIYAN, STEPHAN	NEW HAVEN	CT	Otolaryngology
DAGOSTINO, MARK	NEW HAVEN	CT	Otolaryngology
MARCUS, LARRY	NEW HAVEN	CT	Otolaryngology
PURUSHOTHAMAN, RADHIKA	NEW HAVEN	CT	Pediatric Endocrinology
BOULWARE, SUSAN	NEW HAVEN	CT	Pediatrics
ESCALERA, SANDRA	NEW HAVEN	CT	Pediatrics
FERTLOLT, J DEBORAH	NEW HAVEN	CT	Pediatrics
WINDOM, ROBERT	NEW HAVEN	CT	Pediatrics
SALOMON, JEFFREY	NEW HAVEN	CT	Plastic Surgery
BLUME, PETER	NEW HAVEN	CT	Podiatry
KEY, JONATHAN	NEW HAVEN	CT	Podiatry
BAEHRING, JOACHIM	NEW HAVEN	CT	Primary Care
DESHPANDE, HARI	NEW HAVEN	CT	Primary Care
STUBBE, DOROTHY	NEW HAVEN	CT	Psychiatry
ZIMBREAN, PAULA	NEW HAVEN	CT	Psychiatry
GERSTENHABER, BRETT	NEW HAVEN	CT	Pulmonology
GULATI, MRIDU	NEW HAVEN	CT	Pulmonology
MATHAY, RICHARD	NEW HAVEN	CT	Pulmonology
PISANI, MARGARET	NEW HAVEN	CT	Pulmonology
PUCHALSKI, JONATHAN	NEW HAVEN	CT	Pulmonology
TOOSY, KAISER	NEW HAVEN	CT	Pulmonology
GETTINGER, SCOTT	NEW HAVEN	CT	Radiation Oncology
GRUBE, BAIBA	NEW HAVEN	CT	Radiation Oncology
HIGGINS, SUSAN	NEW HAVEN	CT	Radiation Oncology
BUNIN, VIVIANE	NEW HAVEN	CT	Rheumatology
EVANS, JANINE	NEW HAVEN	CT	Rheumatology
GEORGE, DIANE	NEW HAVEN	CT	Rheumatology
KOHLER, MINNA	NEW HAVEN	CT	Rheumatology
SETH, ABHINAV	NEW HAVEN	CT	Rheumatology
WANG, YOUSONG MD	NEW HAVEN	CT	Rheumatology
AU, ALEXANDER	NEW HAVEN	CT	Surgery

BARCEWICZ, PAUL	NEW HAVEN	CT	Surgery
DUFFY, ANDREW	NEW HAVEN	CT	Surgery
KILLELEA, BRIGID	NEW HAVEN	CT	Surgery
MANES, PETER	NEW HAVEN	CT	Surgery
NADZAM, GEOFFREY	NEW HAVEN	CT	Surgery
ROBERTS, KURT	NEW HAVEN	CT	Surgery
YANAGISAWA, KEN	NEW HAVEN	CT	Surgery
LANNIN, DONALD	NEW HAVEN	CT	Surgical Oncology
SOUSA, JULIE ANN	NEW HAVEN	CT	Surgical Oncology
BOFFA, DANIEL	NEW HAVEN	CT	Thorascic Surgery
DETTERBECK, FRANK	NEW HAVEN	CT	Thorascic Surgery
MADSEN, JOHN	NEW LONDON	CT	Internal Medicine
SPITZ, ROBERT	NEW LONDON	CT	Obstetrics/Gynecology
SACHS, TAMARA	NEW MILFORD	CT	Internal Medicine
TURCHIANO, JOHN	NEW MILFORD	CT	Internal Medicine
TYLER, JEFFREY	NEW MILFORD	CT	Internal Medicine
TRIAS, ORLITO	NEW MILFORD	CT	Obstetrics/Gynecology
BROWN, CAMERON	NEW MILFORD	CT	Orthopedics
GEORGE, DANIEL	NEW MILFORD	CT	Orthopedics
BECK, JONATHAN	NEW MILFORD	CT	Primary Care
YAGHOUBIAN, ROBERT	NEW MILFORD	CT	Primary Care
ALTORELLI, ALPHONSE	NEW PRESTON	CT	Internal Medicine
CALLE, STUART	NEWINGTON	CT	Emergency Medicine
STRAZNICKY, PAUL	NEWINGTON	CT	General Surgery
RILEY, KATHLEEN	NEWINGTON	CT	Naturopathy
COOPERSMITH, RICHARD	NEWTOWN	CT	Chiropractor
SCHMID, DELLA	NEWTOWN	CT	Chiropractor
AFSHAR, ALIREZA	NEWTOWN	CT	Family Practice
ISGUT, ALEXANDER	NEWTOWN	CT	Pediatrics
BRICKMAN, REBECCA	NEWTOWN	CT	Podiatry
RICHEIMER, WILLIAM	NORTH FRANKLIN	CT	Cardiology
CHHABRA, SUNITA	NORTH HAVEN	CT	Internal Medicine
DARIA, ANTONIO	NORTH HAVEN	CT	Internal Medicine
HONG, XIAOMING	NORTH HAVEN	CT	Internal Medicine
KAGAN, JENNIFER	NORTH HAVEN	CT	Internal Medicine
KELLEY, GEORGIA	NORTH HAVEN	CT	Internal Medicine
LIBEN, ERIC	NORTH HAVEN	CT	Internal Medicine
RINGSTAD, BJORN	NORTH HAVEN	CT	Internal Medicine
DUROCHER, RICHARD	NORTH HAVEN	CT	Podiatry
BIONDI, ROBERT	NORWALK	CT	Allergy & Immunology
DEN, MARVIN	NORWALK	CT	Allergy & Immunology
LESTER, MITCHELL	NORWALK	CT	Allergy & Immunology
LOUIT, AYNERIC	NORWALK	CT	Allergy & Immunology
SPROVIERO, JOSEPH	NORWALK	CT	Allergy & Immunology
STEMBER, RISHON	NORWALK	CT	Allergy & Immunology
MIRONOV, DIMTRY	NORWALK	CT	Anesthesiology
GREENWALD, JONATHAN	NORWALK	CT	Cardiology
KIRMSER, RALPH	NORWALK	CT	Cardiology
LENTINI, DONNA	NORWALK	CT	Cardiology
LOMNITZ, DAVID	NORWALK	CT	Cardiology
LORENZ, DAVID	NORWALK	CT	Cardiology
MICHAELSON, STEPHEN	NORWALK	CT	Cardiology
NELSON, GEORGE	NORWALK	CT	Cardiology
RICH, DAVID DANIEL	NORWALK	CT	Cardiology
SCHUSSHEIM, DEBRA	NORWALK	CT	Cardiology
BARNETT, LARRY	NORWALK	CT	Chiropractor
BERTIER, WILLIAMS	NORWALK	CT	Chiropractor
COREN, WENDY	NORWALK	CT	Chiropractor
DAMKOHLER, LEIGH	NORWALK	CT	Chiropractor
DEMASSA, DOUGLAS	NORWALK	CT	Chiropractor

DOLCIMASCOLO, PHILIP	NORWALK	CT	Chiropractor
FRENCH, THOMAS	NORWALK	CT	Chiropractor
GORDON, MITCHELL	NORWALK	CT	Chiropractor
HAMMER, DEBORAH	NORWALK	CT	Chiropractor
HAMMER, WARREN	NORWALK	CT	Chiropractor
HOLLAND, DANIEL	NORWALK	CT	Chiropractor
JOACHIM, MARK	NORWALK	CT	Chiropractor
MARSHALL, JERRY	NORWALK	CT	Chiropractor
MENA, MANAL	NORWALK	CT	Chiropractor
MERZON, ALISSA	NORWALK	CT	Chiropractor
MILLER, PAUL	NORWALK	CT	Chiropractor
MONSALVE-SMITH, ASTRID	NORWALK	CT	Chiropractor
MULLIN, RICHARD	NORWALK	CT	Chiropractor
NATHANSON, BRIAN	NORWALK	CT	Chiropractor
OVERLAND, KEITH	NORWALK	CT	Chiropractor
PASSERO, KENNETH	NORWALK	CT	Chiropractor
ROSENKRANTZ, ANDREW	NORWALK	CT	Chiropractor
SCLAFANI, LEN	NORWALK	CT	Chiropractor
SHASHATY, PAUL	NORWALK	CT	Chiropractor
SLOVES, RISA	NORWALK	CT	Chiropractor
SLOVIN, BRENDA	NORWALK	CT	Chiropractor
SLOVIN, ERIC	NORWALK	CT	Chiropractor
GUTHRIE, JAMES	NORWALK	CT	Colon and Rectal Surgery
MCCLANE, JAMES	NORWALK	CT	Colon and Rectal Surgery
KAHAN, RONALD S	NORWALK	CT	Dermatology
KOLENIK, STEVEN	NORWALK	CT	Dermatology
WEISSMAN, DEBRA	NORWALK	CT	Dermatology
CARIUS, MICHAEL	NORWALK	CT	Emergency Medicine
DODIS, REGINA	NORWALK	CT	Endocrinology
MARTIN, MARIA	NORWALK	CT	Endocrinology
SIEGEL, GLENN	NORWALK	CT	Endocrinology
SOTSKY, MINDY	NORWALK	CT	Endocrinology
DUNN, VAUGHN	NORWALK	CT	ENT
BEGER, ERIK	NORWALK	CT	Family Practice
BOOKAS, TIM	NORWALK	CT	Family Practice
CURRIM, AHMED	NORWALK	CT	Family Practice
PARNAS, DAVID	NORWALK	CT	Family Practice
PARSONS, JENNIFER	NORWALK	CT	Family Practice
PATEL, BHARAT	NORWALK	CT	Family Practice
SAMAI, HOSSEIN	NORWALK	CT	Family Practice
SOVA, CHRIS	NORWALK	CT	Family Practice
VANSON, CYNTHIA	NORWALK	CT	Family Practice
WEIR, LORI	NORWALK	CT	Family Practice
WILLIAMS, EMOLIERE	NORWALK	CT	Family Practice
ADELMANN, CHARLES	NORWALK	CT	Gastroenterology
GROSS, SETH	NORWALK	CT	Gastroenterology
HALE, WILLIAM	NORWALK	CT	Gastroenterology
MEIGHAN, DENNIS	NORWALK	CT	Gastroenterology
RIBACK, HARVEY	NORWALK	CT	Gastroenterology
SAMMARCO, FRANK	NORWALK	CT	Gastroenterology
ZACHARY, KIRK	NORWALK	CT	Gastroenterology
KAVOOKJIAN, HAIK	NORWALK	CT	Hand Surgery
CHANDRA, SUMEET	NORWALK	CT	Hematology/Oncology
NAIR, KESAV	NORWALK	CT	Hematology/Oncology
RUSKIN, ANDREA	NORWALK	CT	Hematology/Oncology
ZAHRAH, GEORGE	NORWALK	CT	Hematology/Oncology
SCHWEITZER, MARVIN	NORWALK	CT	Holistic Medicine
BLICK, GARY	NORWALK	CT	Infectious Diseases
YEE, ARTHUR	NORWALK	CT	Infectious Diseases
BORON, ANN	NORWALK	CT	Internal Medicine

CHI, TAONAN	NORWALK	CT	Internal Medicine
CLEARY, JOSEPH	NORWALK	CT	Internal Medicine
EISON, HOWARD	NORWALK	CT	Internal Medicine
GASSMAN, VICTORIA	NORWALK	CT	Internal Medicine
HELIOTIS, ARTHUR	NORWALK	CT	Internal Medicine
HUNTLEY, RICHARD	NORWALK	CT	Internal Medicine
JACKSON, PAMELA	NORWALK	CT	Internal Medicine
JACOBSON, STUART	NORWALK	CT	Internal Medicine
KELLY, PAUL	NORWALK	CT	Internal Medicine
KUMAR, SUJATHA	NORWALK	CT	Internal Medicine
LEFF, ALISON JOY	NORWALK	CT	Internal Medicine
LEONE, DONALD	NORWALK	CT	Internal Medicine
LEWIS, JAMES	NORWALK	CT	Internal Medicine
LIPIRA, EUGENE	NORWALK	CT	Internal Medicine
MCNICOL, DONALD	NORWALK	CT	Internal Medicine
OCONNELL, JAMES	NORWALK	CT	Internal Medicine
PASSARO, MARIA	NORWALK	CT	Internal Medicine
PAVLIS, MARIA	NORWALK	CT	Internal Medicine
PERLIN, MARTIN	NORWALK	CT	Internal Medicine
PINO, PAOLO	NORWALK	CT	Internal Medicine
QURESHI, YAHYA	NORWALK	CT	Internal Medicine
RESTREPO, MARIA	NORWALK	CT	Internal Medicine
REZA, SYED	NORWALK	CT	Internal Medicine
SAMUEL, JAMES	NORWALK	CT	Internal Medicine
SERIN, CRAIG	NORWALK	CT	Internal Medicine
SKLUTH, MYRA	NORWALK	CT	Internal Medicine
SMINA, CRISTINA	NORWALK	CT	Internal Medicine
SPARKS, MAURA	NORWALK	CT	Internal Medicine
STERN, EDRA	NORWALK	CT	Internal Medicine
SVOGUN, JOHN	NORWALK	CT	Internal Medicine
URBINA, BRENDA	NORWALK	CT	Internal Medicine
YASNER, ROBERT	NORWALK	CT	Internal Medicine
YOUNG, JEAN	NORWALK	CT	Internal Medicine
YURKOVETSKY, NATALIA	NORWALK	CT	Internal Medicine
GERVASI, RICHARD	NORWALK	CT	Nephrology
WIENER, PAUL	NORWALK	CT	Nephrology
BATSON, RAMON	NORWALK	CT	Neurology
FIRLIK, ANDREW	NORWALK	CT	Neurology
KELLY, GEORGE	NORWALK	CT	Neurology
KNORR, AMY	NORWALK	CT	Neurology
THOMPSON, JAMES	NORWALK	CT	Neurology
WEISS, GERALD	NORWALK	CT	Neurology
KAYE, ROGER	NORWALK	CT	Neurosurgery
LEVINE, ROBERT	NORWALK	CT	Neurosurgery
SHAHID, JAVED	NORWALK	CT	Neurosurgery
STORY, DARYL	NORWALK	CT	Neurosurgery
TARABAN, IRINA	NORWALK	CT	Neurosurgery
AYOUB, THOMAS	NORWALK	CT	Obstetrics/Gynecology
DELPRETE, DEANNA	NORWALK	CT	Obstetrics/Gynecology
HEDAYATZADEH, MARYAM	NORWALK	CT	Obstetrics/Gynecology
HUMES, MARY ELLEN	NORWALK	CT	Obstetrics/Gynecology
KERR, ALICIA	NORWALK	CT	Obstetrics/Gynecology
KULAGA, ELLEN	NORWALK	CT	Obstetrics/Gynecology
MURDOCK, CYNTHIA	NORWALK	CT	Obstetrics/Gynecology
NORMAN, CATALINA	NORWALK	CT	Obstetrics/Gynecology
UGOL, JAY	NORWALK	CT	Obstetrics/Gynecology
UPRIGHT, CAROL	NORWALK	CT	Obstetrics/Gynecology
VARADARAJAN, VIDHYA	NORWALK	CT	Obstetrics/Gynecology
WALDRON, CHRISTINE	NORWALK	CT	Obstetrics/Gynecology
GIVOGRE, GINA	NORWALK	CT	Occupational Medicine

PATEL, NIRMAL	NORWALK	CT	Occupational Medicine
STERLING, ROBERT	NORWALK	CT	Occupational Medicine
WILKINSON, JAY	NORWALK	CT	Occupational Medicine
DOCTOR, LESLIE	NORWALK	CT	Ophthalmology
KONYKHOV, OLGA	NORWALK	CT	Ophthalmology
LIBRE, PETER	NORWALK	CT	Ophthalmology
OBERMAN, JEFFREY	NORWALK	CT	Ophthalmology
PIRIKH, NEETI	NORWALK	CT	Ophthalmology
SPECTOR, SCOTT	NORWALK	CT	Ophthalmology
WONG, ALISON	NORWALK	CT	Ophthalmology
BARTON, JEROME	NORWALK	CT	Orthopedics
BAST, BRIAN	NORWALK	CT	Orthopedics
BRADY, ROBERT	NORWALK	CT	Orthopedics
CHEN, ALICE	NORWALK	CT	Orthopedics
DARROW, MARIE	NORWALK	CT	Orthopedics
DELUCA,JEFFREY	NORWALK	CT	Orthopedics
FRANK, JOSHUA	NORWALK	CT	Orthopedics
GEORGE, ROBERT	NORWALK	CT	Orthopedics
KLEEMAN, T.JAY	NORWALK	CT	Orthopedics
LEFKOWITZ, LAWRENCE	NORWALK	CT	Orthopedics
LYNCH, MICHAEL	NORWALK	CT	Orthopedics
MARKEY, PAUL	NORWALK	CT	Orthopedics
MARKS, MICHAEL	NORWALK	CT	Orthopedics
POLIFRONI, NICHOLAS	NORWALK	CT	Orthopedics
PROTOMASTRO, PAUL	NORWALK	CT	Orthopedics
ROSS, MARTIN	NORWALK	CT	Orthopedics
STOVELL, PETER	NORWALK	CT	Orthopedics
PARKER, ANDREW	NORWALK	CT	Otolaryngology
VRIS, THOMAS	NORWALK	CT	Otolaryngology
WEISS, ROBERT L	NORWALK	CT	Otolaryngology
PAWELCZAK, MELISSA	NORWALK	CT	Pediatric Endocrinology
GLASSMAN, MARK	NORWALK	CT	Pediatric Gastroenterology
CLACHKO, BETSY	NORWALK	CT	Pediatrics
DOBOS, ARTHUR	NORWALK	CT	Pediatrics
GREVIOUS, STEPHEN	NORWALK	CT	Pediatrics
JORQUERA, PATRICIA	NORWALK	CT	Pediatrics
JURO, KEVIN	NORWALK	CT	Pediatrics
KIM, MINA	NORWALK	CT	Pediatrics
MARCONI, JEANNE	NORWALK	CT	Pediatrics
MATIK, LIBIA	NORWALK	CT	Pediatrics
MOORE, JENNIFER	NORWALK	CT	Pediatrics
MOSCATEL, MARLEIGH	NORWALK	CT	Pediatrics
PACHLER, MARYELLEN	NORWALK	CT	Pediatrics
SABILE, STELLA	NORWALK	CT	Pediatrics
SAVARESE, DAVID	NORWALK	CT	Pediatrics
SIEGEL, SARAH	NORWALK	CT	Pediatrics
VINCENT, MARK	NORWALK	CT	Pediatrics
VATTAM, SREENADA	NORWALK	CT	Physical Therapy
ALMENTERO, FELIX	NORWALK	CT	Physician Medicine and Rehabilitation
KNOPLOCH, SILVIA	NORWALK	CT	Physician Medicine and Rehabilitation
MANFREDI, CHRISTOPHER	NORWALK	CT	Physician Medicine and Rehabilitation
SOLOMON, GARY	NORWALK	CT	Physician Medicine and Rehabilitation
GREENBERG, SHELDON	NORWALK	CT	Plastic Surgery
HERMAN, STEVEN	NORWALK	CT	Plastic Surgery
ROSEN, RICK	NORWALK	CT	Plastic Surgery
GREENBERGER, HARRIS	NORWALK	CT	Podiatry
PATEL, DEVANG	NORWALK	CT	Podiatry
RESNICK, LONNIE	NORWALK	CT	Podiatry
RICE, ANDREW	NORWALK	CT	Podiatry
RICE, JACK	NORWALK	CT	Podiatry

HUSKINS, DENNIS	NORWALK	CT	Primary Care
SHIH, GARY	NORWALK	CT	Primary Care
ZAIOOR, HUSSEIN	NORWALK	CT	Primary Care
AFRICANO, ARTHUR	NORWALK	CT	Psychiatry
ALCANTARA, AURA	NORWALK	CT	Psychiatry
SLOAN, BART	NORWALK	CT	Psychiatry
BERMAN, LEWIS	NORWALK	CT	Pulmonology
COCHRAN, CHARLES	NORWALK	CT	Pulmonology
FINE, JONATHAN	NORWALK	CT	Pulmonology
KURTZ, CAROLINE	NORWALK	CT	Pulmonology
MURPHY, ANDREW	NORWALK	CT	Pulmonology
STAW, IGAL	NORWALK	CT	Pulmonology
WINTER, STEVEN	NORWALK	CT	Pulmonology
HURWITZ, JOSHUA	NORWALK	CT	Reproductive Endocrinology
LEONDIRES, MARK	NORWALK	CT	Reproductive Endocrinology
RICHLIN, SPENCER S.	NORWALK	CT	Reproductive Endocrinology
NOVACK, STUART	NORWALK	CT	Rheumatology
ROSE, ROBERTA	NORWALK	CT	Rheumatology
STEIN, JESSICA	NORWALK	CT	Rheumatology
STEINMAN, STUART	NORWALK	CT	Sports Medicine
CAPASSE, JEANNE	NORWALK	CT	Surgery
FLOCH, NEIL	NORWALK	CT	Surgery
GREENBERG, MANDY	NORWALK	CT	Surgery
LAVORGNA, KATHLEEN	NORWALK	CT	Surgery
FRANK, RICHARD	NORWALK	CT	Surgical Oncology
ZELKOWITZ, RICHARD	NORWALK	CT	Surgical Oncology
PAPPAS, CHRISTOS	NORWALK	CT	Thorascic Surgery
DEUTSCH, PAUL	NORWICH	CT	Internal Medicine
GALAN, LILIANA	NORWICH	CT	Internal Medicine
SHEA, PETER	NORWICH	CT	Internal Medicine
PINCUS, JAYNE	OLD GREENWICH	CT	Internal Medicine
RUBIN, BURTON	OLD GREENWICH	CT	Internal Medicine
ARMENTANO, MICHAEL	OLD GREENWICH	CT	Naturopathy
KROWITZ, ELIZABETH	OLD GREENWICH	CT	Pediatrics
WEINER, GAYLE	OLD GREENWICH	CT	Pediatrics
DOHERTY, TERRENCE	OLD SAYBROOK	CT	Family Practice
GALLO, DAVID	OLD SAYBROOK	CT	Pediatric Endocrinology
HAUTANIEMI, LUCINDA	OLD SAYBROOK	CT	Primary Care
JACOBY, STEVEN	ORANGE	CT	Cardiology
KOHLI-PAMNANI, ANITA	ORANGE	CT	Cardiology
POSSICK, STEVEN	ORANGE	CT	Cardiology
KOBRIN, JEN	ORANGE	CT	Chiropractor
LEPENSKY, MARK	ORANGE	CT	Chiropractor
DUFOUR, KAREN	ORANGE	CT	Internal Medicine
FAHMI, NASIHA	ORANGE	CT	Internal Medicine
LASALA, JOHANNA	ORANGE	CT	Internal Medicine
REUBEN, DANIEL	ORANGE	CT	Internal Medicine
REYNOLDS, JEFFREY	ORANGE	CT	Nephrology
KOPEL, DAWN	ORANGE	CT	Obstetrics/Gynecology
LYNCH, VINCENT	ORANGE	CT	Obstetrics/Gynecology
OCONNOR, MEGHAN	ORANGE	CT	Obstetrics/Gynecology
RICHMAN, SUSAN	ORANGE	CT	Obstetrics/Gynecology
SPINNER, JANET	ORANGE	CT	Obstetrics/Gynecology
WITHINGTON, MARGARET	ORANGE	CT	Obstetrics/Gynecology
DIANA, RICHARD	ORANGE	CT	Orthopedics
MORGAN, JAMES	ORANGE	CT	Pediatrics
WIESNER, ELIZABETH	ORANGE	CT	Pediatrics
PRICE, DANIEL	ORANGE	CT	Primary Care
CONSTANTINOU, EUGENE	OXFORD	CT	Internal Medicine
MCLEOD-LABISSIERE , RENIKA	PROSPECT	CT	Family Practice

ALMEIDA, CARLOS	PROSPECT	CT	Internal Medicine
LIVIGNI, MARIE	PROSPECT	CT	Internal Medicine
UBERTI, JAMES	PROSPECT	CT	Internal Medicine
SOOKHAN, NICOLE	PROSPECT	CT	Surgery
MUSCOLINO, JOSEPH	REDDING	CT	Chiropractor
PERRETZ, PERRY	REDDING	CT	Physician Medicine and Rehabilitation
MONROE, JEFFREY	RIDGEFIELD	CT	Cardiology
FERNANDEZ, DENISE	RIDGEFIELD	CT	Chiropractor
PARDEE, DARRIN	RIDGEFIELD	CT	Chiropractor
MASCARDO, RENATO	RIDGEFIELD	CT	Endocrinology
AHERN, JAMES	RIDGEFIELD	CT	Family Practice
BURNS, LORRAINE	RIDGEFIELD	CT	Family Practice
CIGNO, THOMAS	RIDGEFIELD	CT	Family Practice
GALBAN, CAROLANN	RIDGEFIELD	CT	Family Practice
JOHNSTON, DAVID	RIDGEFIELD	CT	Family Practice
MAKI, WENDY	RIDGEFIELD	CT	Family Practice
MICHAUD, NATALIE	RIDGEFIELD	CT	Family Practice
MILLER, JENNIFER	RIDGEFIELD	CT	Family Practice
BERMAN, EDWARD	RIDGEFIELD	CT	Internal Medicine
GLOUZGAL, SERAFIMA	RIDGEFIELD	CT	Internal Medicine
PAZER, DAVID	RIDGEFIELD	CT	Internal Medicine
PRESTON, LISA	RIDGEFIELD	CT	Internal Medicine
SAPERSTEIN, STANLEY	RIDGEFIELD	CT	Internal Medicine
KIM, HELEN	RIDGEFIELD	CT	Neurology
GILLOTTI, PATRICE	RIDGEFIELD	CT	Obstetrics/Gynecology
RUBEN, RICHARD	RIDGEFIELD	CT	Obstetrics/Gynecology
CASSELS, CHRISTOPHER	RIDGEFIELD	CT	Orthopedics
ELFENBEIN, DAVID	RIDGEFIELD	CT	Orthopedics
FELICIANO, EDWARD	RIDGEFIELD	CT	Orthopedics
BRITTO, ANIL	RIDGEFIELD	CT	Pediatrics
DORSO, JAY	RIDGEFIELD	CT	Pediatrics
ELISOFON, ROBERT	RIDGEFIELD	CT	Pediatrics
LEIB, SUSAN	RIDGEFIELD	CT	Pediatrics
NORDBERG, KAREN	RIDGEFIELD	CT	Pediatrics
TZAGOLOFF, NATASHA	RIDGEFIELD	CT	Pediatrics
BRUCATO, GREGORY	RIDGEFIELD	CT	Plastic Surgery
MASCARDO, TERESITA	RIDGEFIELD	CT	Plastic Surgery
TURK, RUSSELL	RIVERSIDE	CT	Obstetrics/Gynecology
CALLAGHAN, DANIEL	ROCKY HILL	CT	Family Practice
CARRABBA, ANGELO	ROCKY HILL	CT	Obstetrics/Gynecology
BENTIVEGNA, JOSEPH	ROCKY HILL	CT	Ophthalmology
DERANEY, ROD	SANDY HOOK	CT	Chiropractor
CROUSE, L VICKY	SANDY HOOK	CT	Naturopathy
COHEN, GEORGE	SANDYHOOK	CT	Internal Medicine
SIGNORIELLO, JOHN	SEYMOUR	CT	Chiropractor
STCYR, NICOLE	SEYMOUR	CT	Chiropractor
MANCHER, KENNETH	SEYMOUR	CT	Family Practice
GOWDA, MADHU	SEYMOUR	CT	Internal Medicine
WHYTE, SCOTT	SHARON	CT	Emergency Medicine
KURISH, DAVID R.	SHARON	CT	Primary Care
CHAO, NELSON	SHELTON	CT	Allergy & Immunology
GERCKENS, PATSY	SHELTON	CT	Cardiology
PLAVEC, MARTIN	SHELTON	CT	Cardiology
HAGER, LOREN	SHELTON	CT	Chiropractor
LOGAN, GERALD	SHELTON	CT	Chiropractor
LYDDY, MAURA	SHELTON	CT	Chiropractor
SANDT, ANNETTE	SHELTON	CT	Chiropractor
WILNER, LARRY	SHELTON	CT	Chiropractor
KATIGBAK, GIL	SHELTON	CT	Emergency Medicine
CASABLANCA, DOMENIC	SHELTON	CT	Family Practice

CONNOLLY, JOSEPH P	SHELTON	CT	Family Practice
KONESWARAN, SAROJA	SHELTON	CT	Family Practice
MATHIAS, ELLIOTT	SHELTON	CT	Family Practice
MIZAK, DANIEL	SHELTON	CT	Family Practice
RAPKO, LEON	SHELTON	CT	Family Practice
ROWE, STEPHANIE	SHELTON	CT	Family Practice
STREIT, SAMUEL	SHELTON	CT	Family Practice
SWANSON, PETER	SHELTON	CT	Family Practice
ZEDEK, LEOR	SHELTON	CT	Family Practice
WOLLMAN, DAN	SHELTON	CT	Geriatric Medicine
ASGARI, BARDIA	SHELTON	CT	Internal Medicine
CHESS, DAVID	SHELTON	CT	Internal Medicine
FARENS, JOHN	SHELTON	CT	Internal Medicine
GEORGIE, SUJA	SHELTON	CT	Internal Medicine
KILLEN, ANDREW	SHELTON	CT	Internal Medicine
LAVY, GAD	SHELTON	CT	Internal Medicine
MARSHALL, JANE	SHELTON	CT	Internal Medicine
MIKAN, PAUL	SHELTON	CT	Internal Medicine
BELL, ALICE	SHELTON	CT	Naturopathy
BRUCE, LINDSEY	SHELTON	CT	Obstetrics/Gynecology
BURSELL, JESSICA	SHELTON	CT	Obstetrics/Gynecology
CUTERI, JOSEPH	SHELTON	CT	Obstetrics/Gynecology
FLEISCHMAN, STEVEN	SHELTON	CT	Obstetrics/Gynecology
GABRIELE, KATHLEEN	SHELTON	CT	Obstetrics/Gynecology
GENTILE, REID	SHELTON	CT	Obstetrics/Gynecology
HANSON, THOMAS	SHELTON	CT	Obstetrics/Gynecology
LEONARDI, RACHEL	SHELTON	CT	Obstetrics/Gynecology
NAJAMY, SARAH	SHELTON	CT	Obstetrics/Gynecology
OREILLY, MICHAEL	SHELTON	CT	Obstetrics/Gynecology
RAWAL, RUPALINI	SHELTON	CT	Obstetrics/Gynecology
REEL, MICHAEL	SHELTON	CT	Obstetrics/Gynecology
REESE, KATHERINE	SHELTON	CT	Obstetrics/Gynecology
SHAPIRO, PHYLISS	SHELTON	CT	Obstetrics/Gynecology
UMEK, APRIL	SHELTON	CT	Obstetrics/Gynecology
VANDERVENNETT, SCOTT	SHELTON	CT	Obstetrics/Gynecology
VASH-MARGITA, ALLA	SHELTON	CT	Obstetrics/Gynecology
MESKIN, SETH	SHELTON	CT	Ophthalmology
PINKE, JAMES	SHELTON	CT	Ophthalmology
THOMSON, JEFFREY	SHELTON	CT	Orthopedics
GALLO, DIANE	SHELTON	CT	Pediatric Gastroenterology
BENSON, KEVIN	SHELTON	CT	Pediatrics
LAUGEL, KAREN	SHELTON	CT	Pediatrics
MAFFEI, DAVID	SHELTON	CT	Primary Care
JAKUBOWSKI, CHRISTOPHER	SOUTH MERIDEN	CT	Cardiology
NANAVATI, VIPUL	SOUTH WINDSOR	CT	Orthopedics
PEARSON, NEIL	SOUTHBURY	CT	Cardiology
CARR, ROBERT	SOUTHBURY	CT	Family Practice
SIELING, BETH	SOUTHBURY	CT	General Surgery
MILLER, MARY	SOUTHBURY	CT	Holistic Medicine
AQUAVIA, MARY	SOUTHBURY	CT	Internal Medicine
NISBETH, HEATHER	SOUTHBURY	CT	Internal Medicine
OCONNOR, CAROLYN	SOUTHBURY	CT	Internal Medicine
OTT, CASEY	SOUTHBURY	CT	Internal Medicine
WELSH, REGAN	SOUTHBURY	CT	Obstetrics/Gynecology
WHITCMOBE, PATRICIA	SOUTHBURY	CT	Obstetrics/Gynecology
CRONIN, TARA	SOUTHBURY	CT	Ophthalmology
RUCHMAN, MARK	SOUTHBURY	CT	Ophthalmology
SILBERT, JONATHAN	SOUTHBURY	CT	Ophthalmology
BALFOUR, SARAH	SOUTHBURY	CT	Primary Care
COHEN, ROBERT M.	SOUTHBURY	CT	Primary Care

POLOKOFF, ELLEN	SOUTHBURY	CT	Surgery
MANNING, CHRISTOPHER	SOUTHINGTON	CT	Internal Medicine
CHIAPPETTA, RUSSELL	SOUTHINGTON	CT	Orthopedics
INGELS, DARIN	SOUTHPORT	CT	Cardiology
RAMALEY, BEN	SOUTHPORT	CT	Obstetrics/Gynecology
SAGER, BARBARA	SOUTHPORT	CT	Obstetrics/Gynecology
SCARBROUGH, KATHLEEN	SOUTHPORT	CT	Obstetrics/Gynecology
CHERVIN, BRADFORD	SOUTHPORT	CT	Otolaryngology
HEBBAR, SUSHMA	SOUTHPORT	CT	Pediatrics
HEMENWAY, CHARLES	SOUTHPORT	CT	Pediatrics
VASQUEZ, TITO	SOUTHPORT	CT	Plastic Surgery
LINDNER, PAUL	STAMFORD	CT	Allergy & Immunology
LU, EMMY	STAMFORD	CT	Anesthesiology
ALIPERTI, LORNA C.	STAMFORD	CT	Cardiology
CHOI, JOONUN	STAMFORD	CT	Cardiology
FISHMAN, MINDY	STAMFORD	CT	Cardiology
GREEN, JEFF	STAMFORD	CT	Cardiology
LABARRE, ROBERT	STAMFORD	CT	Cardiology
LANDESMANN, RICHARD	STAMFORD	CT	Cardiology
MCLEOD, GAVIN	STAMFORD	CT	Cardiology
BENDER, SCOTT	STAMFORD	CT	Chiropractor
DUNN, LORI	STAMFORD	CT	Chiropractor
FASTIGGI, THOMAS J	STAMFORD	CT	Chiropractor
GABRIEL, MEL	STAMFORD	CT	Chiropractor
JASTHI, RADHIKA	STAMFORD	CT	Chiropractor
LAMONICA, MICHAEL S.	STAMFORD	CT	Chiropractor
MALKIEL, REUBEN	STAMFORD	CT	Chiropractor
PEYSER, MARC	STAMFORD	CT	Chiropractor
TORTORA, FRANCIS	STAMFORD	CT	Chiropractor
VELEZ, ISABEL	STAMFORD	CT	Chiropractor
GENUA, JILL C	STAMFORD	CT	Colon and Rectal Surgery
LITTLEJOHN, CHARLES	STAMFORD	CT	Colon and Rectal Surgery
MCCLANE, STEVEN	STAMFORD	CT	Colon and Rectal Surgery
KONANDREAS, LUKAS	STAMFORD	CT	Emergency Medicine
MOY, LARRY	STAMFORD	CT	Emergency Medicine
ARDEN-CORDONE, MARY	STAMFORD	CT	Endocrinology
FREITAG, ANNA	STAMFORD	CT	Endocrinology
MISRA, BISMRUTA	STAMFORD	CT	Endocrinology
PANTALEO, ANTONIO	STAMFORD	CT	Endocrinology
VINNICK, LEONARD	STAMFORD	CT	Endocrinology
ALAIGH, RAVINDER	STAMFORD	CT	Family Practice
ALAIGH, SADHNA	STAMFORD	CT	Family Practice
ALLEN, ROBERT	STAMFORD	CT	Family Practice
BREWER, ANNE	STAMFORD	CT	Family Practice
CASTILLO, DIONNE	STAMFORD	CT	Family Practice
COLODNY, NIKKI	STAMFORD	CT	Family Practice
DEVARAJ, SHANTHI	STAMFORD	CT	Family Practice
DOYLE, MICHAEL E	STAMFORD	CT	Family Practice
FALKOFF, ALAN	STAMFORD	CT	Family Practice
FENN, ANNE	STAMFORD	CT	Family Practice
GOMEZ, EFRAIM	STAMFORD	CT	Family Practice
GREELEY, JOHN	STAMFORD	CT	Family Practice
HERBERT, JOSHUA	STAMFORD	CT	Family Practice
MALLOZZI, ANGELO	STAMFORD	CT	Family Practice
MAYZLER, BORIS	STAMFORD	CT	Family Practice
MOSKOWITZ, HENRY	STAMFORD	CT	Family Practice
ROBIN, MARC	STAMFORD	CT	Family Practice
SCHANTZ, NANCY	STAMFORD	CT	Family Practice
ZUNG, HALLI	STAMFORD	CT	Family Practice
DETTMER, ROBERT	STAMFORD	CT	Gastroenterology

GARDNER, PETER	STAMFORD	CT	Gastroenterology
PLANSKY, ROBERT	STAMFORD	CT	Gastroenterology
SHEINBAUM, RICHARD	STAMFORD	CT	Gastroenterology
WALDSTREICHER, STUART	STAMFORD	CT	Gastroenterology
ANGEVINE, ANNE	STAMFORD	CT	Hematology/Oncology
DELPRETE, SALVATORE	STAMFORD	CT	Hematology/Oncology
LO, STEVE	STAMFORD	CT	Hematology/Oncology
TEPLER, ISIDORE	STAMFORD	CT	Hematology/Oncology
WEINSTEIN, PAUL	STAMFORD	CT	Hematology/Oncology
ADLER-KLEIN, DEBRA	STAMFORD	CT	Internal Medicine
ARANOW, ELISABETH	STAMFORD	CT	Internal Medicine
BARON, BRUCE	STAMFORD	CT	Internal Medicine
BERNSTEIN, MICHAEL	STAMFORD	CT	Internal Medicine
BHALODIYA, VIPUI	STAMFORD	CT	Internal Medicine
BIVONA, JAMES	STAMFORD	CT	Internal Medicine
COSTANZO, JOSEPH	STAMFORD	CT	Internal Medicine
COX, CELESTE	STAMFORD	CT	Internal Medicine
DAUNT, DEBORAH	STAMFORD	CT	Internal Medicine
DITEODORO, JACK V.	STAMFORD	CT	Internal Medicine
DORF, BRYAN	STAMFORD	CT	Internal Medicine
FUSCO, MICHAEL	STAMFORD	CT	Internal Medicine
GALLOP, VERNETTA	STAMFORD	CT	Internal Medicine
GORDON, LAURIE	STAMFORD	CT	Internal Medicine
HENNESSEY, BRIAN	STAMFORD	CT	Internal Medicine
INAMDAR, NINA	STAMFORD	CT	Internal Medicine
ISRAEL, SHARA	STAMFORD	CT	Internal Medicine
KARP, SHARON	STAMFORD	CT	Internal Medicine
KATSIGIANNIS, ANTHONY	STAMFORD	CT	Internal Medicine
KLEIN, NEIL	STAMFORD	CT	Internal Medicine
KOPARAN, TULIN	STAMFORD	CT	Internal Medicine
KRYSPIN, TERESA	STAMFORD	CT	Internal Medicine
LISTOKIN, TED	STAMFORD	CT	Internal Medicine
MADHOUN, MAHER	STAMFORD	CT	Internal Medicine
MELLIS, JAMES	STAMFORD	CT	Internal Medicine
MEYERS, KATHARINE	STAMFORD	CT	Internal Medicine
MORRIS, LYNN	STAMFORD	CT	Internal Medicine
NEUBERGER, SANTI	STAMFORD	CT	Internal Medicine
OLIN, CRAIG	STAMFORD	CT	Internal Medicine
OZOLS, ADAM	STAMFORD	CT	Internal Medicine
RADIN, DAVID	STAMFORD	CT	Internal Medicine
RICHTER, EDWIN	STAMFORD	CT	Internal Medicine
ROSENBERG, REMI	STAMFORD	CT	Internal Medicine
SHAPIRO, ROBERT	STAMFORD	CT	Internal Medicine
SHENDER, ANNA	STAMFORD	CT	Internal Medicine
SILVA, LEE TRACY	STAMFORD	CT	Internal Medicine
SLOGOFF, FREDERICK	STAMFORD	CT	Internal Medicine
SLOGOFF, RICHARD	STAMFORD	CT	Internal Medicine
SLUTSKY, RICHARD	STAMFORD	CT	Internal Medicine
SOBO, HENRY	STAMFORD	CT	Internal Medicine
SPENCER, JAMES	STAMFORD	CT	Internal Medicine
TEPPER, DEBORAH	STAMFORD	CT	Internal Medicine
TROY, CATHERINE	STAMFORD	CT	Internal Medicine
TULUCA, INGA	STAMFORD	CT	Internal Medicine
VADEL, SHIRA B	STAMFORD	CT	Internal Medicine
VIETORISZ, TOMAS	STAMFORD	CT	Internal Medicine
WANG, FANG	STAMFORD	CT	Internal Medicine
ZUCKER, MICHAEL	STAMFORD	CT	Internal Medicine
FUTTERMAN, LAURA	STAMFORD	CT	Naturopathy
HELLER, DANIEL	STAMFORD	CT	Naturopathy
DILA, CARL	STAMFORD	CT	Neurology

NURZIA, MICHAEL	STAMFORD	CT	Neurology
RAPOPORT, ALAN	STAMFORD	CT	Neurology
RESOR, LOUISE	STAMFORD	CT	Neurology
ROSENSTEIN,CORY	STAMFORD	CT	Neurology
XISTRIS, EVANGELOS	STAMFORD	CT	Neurology
BESSER, GARY	STAMFORD	CT	Obstetrics/Gynecology
BROWN, MICHELE	STAMFORD	CT	Obstetrics/Gynecology
CAHILL, PATRICK	STAMFORD	CT	Obstetrics/Gynecology
CASTILLO, RITA	STAMFORD	CT	Obstetrics/Gynecology
CLASS, MONIQUE	STAMFORD	CT	Obstetrics/Gynecology
DECHOLNOKY, CORINNE	STAMFORD	CT	Obstetrics/Gynecology
DISHONGH, LISA	STAMFORD	CT	Obstetrics/Gynecology
EVANS, JOEL	STAMFORD	CT	Obstetrics/Gynecology
FERRUCCI, LEONARD	STAMFORD	CT	Obstetrics/Gynecology
FERRUCCI, VITO	STAMFORD	CT	Obstetrics/Gynecology
GENNARO, ROBERT	STAMFORD	CT	Obstetrics/Gynecology
GHOFFRANY, SHIEVA	STAMFORD	CT	Obstetrics/Gynecology
GOLDPIN, STEPHANIE	STAMFORD	CT	Obstetrics/Gynecology
GOODHUE, PETER	STAMFORD	CT	Obstetrics/Gynecology
HEADING, GEORGE	STAMFORD	CT	Obstetrics/Gynecology
HOFFMANN-OLSEN, ASTRID	STAMFORD	CT	Obstetrics/Gynecology
KLEINKLAUS-LEE, AMY	STAMFORD	CT	Obstetrics/Gynecology
KOMARYNSKY, IRENE	STAMFORD	CT	Obstetrics/Gynecology
MANDARA, SILVIO	STAMFORD	CT	Obstetrics/Gynecology
MORGANELLI, ELAINE	STAMFORD	CT	Obstetrics/Gynecology
MORRIS, JOHN	STAMFORD	CT	Obstetrics/Gynecology
RUHL, SUSAN	STAMFORD	CT	Obstetrics/Gynecology
RUPPE, ERIN	STAMFORD	CT	Obstetrics/Gynecology
VISCARELLO, RICHARD	STAMFORD	CT	Obstetrics/Gynecology
WEINSTEIN, DAVID	STAMFORD	CT	Obstetrics/Gynecology
WERTHEIM, IRIS	STAMFORD	CT	Obstetrics/Gynecology
WEBER, RICHARD	STAMFORD	CT	Ophthalmology
BRODSKY, ADAM	STAMFORD	CT	Orthopedics
CAVALLO, RUSSELL	STAMFORD	CT	Orthopedics
DAMICO, JOSEPH	STAMFORD	CT	Orthopedics
DIFAZIO, FRANK	STAMFORD	CT	Orthopedics
DOWDLE, JOHN	STAMFORD	CT	Orthopedics
DOWNING, JOHN	STAMFORD	CT	Orthopedics
HIRSH, LAURIE	STAMFORD	CT	Orthopedics
HUGHES, PETER	STAMFORD	CT	Orthopedics
MCGINNIS, GEORGE	STAMFORD	CT	Orthopedics
RUBENSTEIN, HENRY	STAMFORD	CT	Orthopedics
SCHMIDT, TRACY	STAMFORD	CT	Orthopedics
SCHMIDT, WILLIAM	STAMFORD	CT	Orthopedics
SHARMA, KRISHN	STAMFORD	CT	Orthopedics
SIMON, SCOTT	STAMFORD	CT	Orthopedics
TIFFORD, CRAIG	STAMFORD	CT	Orthopedics
TROY, ALLEN	STAMFORD	CT	Orthopedics
WEISEL, ALAN	STAMFORD	CT	Orthopedics
BRAMWIT, STEVEN	STAMFORD	CT	Otolaryngology
KLENOFF, BRUCE	STAMFORD	CT	Otolaryngology
MARRINAN, MICHELLE	STAMFORD	CT	Otolaryngology
MILES, RICHARD	STAMFORD	CT	Otolaryngology
BARBADIMOS, ARIS N.	STAMFORD	CT	Pain Management
XIONG, YUTING	STAMFORD	CT	Pain Management
XIONG,DAVID	STAMFORD	CT	Pain Management
ANDREWS, ADADE	STAMFORD	CT	Pediatrics
BERKUN, DAVID	STAMFORD	CT	Pediatrics
DURICA, JON	STAMFORD	CT	Pediatrics
DYER, LORI	STAMFORD	CT	Pediatrics

KENEFICK, TIMOTHY	STAMFORD	CT	Pediatrics
LANCMAN, HAYDEE	STAMFORD	CT	Pediatrics
LASKY, SUSAN	STAMFORD	CT	Pediatrics
LEVINE, DOROTHY	STAMFORD	CT	Pediatrics
ROONEY, LISA	STAMFORD	CT	Pediatrics
SADEGHI, HOSSEIN	STAMFORD	CT	Pediatrics
SWIDLER, SANFORD	STAMFORD	CT	Pediatrics
BERTACCHI, PETER	STAMFORD	CT	Physician Medicine and Rehabilitation
WALSHIN, DAVID	STAMFORD	CT	Physician Medicine and Rehabilitation
NORDBERG, LEIF	STAMFORD	CT	Plastic Surgery
REILLY, MARY	STAMFORD	CT	Podiatry
SHINDLER, STEVEN	STAMFORD	CT	Podiatry
SIROKA, PETER	STAMFORD	CT	Podiatry
GAMBINO, JOSEPH	STAMFORD	CT	Primary Care
SLIVA, TRACY	STAMFORD	CT	Primary Care
YOON, HENRY	STAMFORD	CT	Primary Care
LEBRON-RODRIGUEZ, DELIA	STAMFORD	CT	Psychiatry
SHEFTELL, FRED	STAMFORD	CT	Psychiatry
THAU, STEVEN	STAMFORD	CT	Pulmonology
DOWLING, SEAN W.	STAMFORD	CT	Radiation Oncology
MILLER, NORA	STAMFORD	CT	Reproductive Endocrinology
GINSBURG, FRANCES	STAMFORD	CT	Rheumatology
TAN, IRENE	STAMFORD	CT	Rheumatology
ACOSTA, RODRIGO	STAMFORD	CT	Sports Medicine
AMANN, CHRISTOPHER	STAMFORD	CT	Sports Medicine
ANDRIANI, RUDY	STAMFORD	CT	Sports Medicine
DOWLING, SEAN	STAMFORD	CT	Sports Medicine
DREYER, NEIL	STAMFORD	CT	Sports Medicine
SILVER, MARC	STAMFORD	CT	Sports Medicine
BULL, SHERMAN	STAMFORD	CT	Surgery
CORVO, PHILIP	STAMFORD	CT	Surgery
DITKOFF, BETH ANN	STAMFORD	CT	Surgery
LINCER, ROBERT	STAMFORD	CT	Surgery
MANASSEH, DONNA MARIE	STAMFORD	CT	Surgery
MILLER, KEVIN	STAMFORD	CT	Surgery
ROSENSTOCK, ARTHUR	STAMFORD	CT	Surgery
SARNELLE, JAMES	STAMFORD	CT	Surgery
SHAIO SANDHU, KATHERINE	STAMFORD	CT	Surgery
DONG, XIANG DA	STAMFORD	CT	Surgical Oncology
RUBIN,HARVEY	STAMFORD	CT	Thorascic Surgery
CORSELLO, EDWARD	STRATFORD	CT	Chiropractor
DOMBROSKI, JOHN E	STRATFORD	CT	Chiropractor
LEVIN, SARAH	STRATFORD	CT	Chiropractor
MARINO, ROBERT	STRATFORD	CT	Chiropractor
PATRIA, MICHAEL	STRATFORD	CT	Chiropractor
PESALE, ROBERT	STRATFORD	CT	Chiropractor
YOO, KEUMHUNG	STRATFORD	CT	Chiropractor
FEINBERG, DENNIS	STRATFORD	CT	Dermatology
WHITMAN, GAIL	STRATFORD	CT	Dermatology
BOREYKO, CHRISTOPHER	STRATFORD	CT	Emergency Medicine
COHEN, VICTOR	STRATFORD	CT	Emergency Medicine
KUNKEL, JOEL	STRATFORD	CT	Emergency Medicine
MILLER, MAURICE	STRATFORD	CT	Emergency Medicine
SPECHT, EVANGELINE	STRATFORD	CT	Emergency Medicine
BRUCETAGOE, CHARLES	STRATFORD	CT	Family Practice
DEVARAJ, CHANDER	STRATFORD	CT	Family Practice
FOREST, LEE	STRATFORD	CT	Family Practice
JUTKOWITZ, DAVID	STRATFORD	CT	Family Practice
RAMIREZ, RANDOLPH	STRATFORD	CT	Family Practice
ANDRES, PIETRO	STRATFORD	CT	Gastroenterology

BEDFORD, ANDREW	STRATFORD	CT	Gastroenterology
TAUBIN, HOWARD	STRATFORD	CT	Gastroenterology
TEREB, DENIS	STRATFORD	CT	General Surgery
ARGENTO, VIVIAN	STRATFORD	CT	Geriatric Medicine
CHOKSEY, MITHIL	STRATFORD	CT	Geriatric Medicine
SKUDLARSKA, BEATA	STRATFORD	CT	Geriatric Medicine
LOBO, DAVID	STRATFORD	CT	Infectious Diseases
SAUL, ZANE	STRATFORD	CT	Infectious Diseases
SRINIVASAN, SUBA	STRATFORD	CT	Infectious Diseases
CHOU, LUCIA	STRATFORD	CT	Internal Medicine
GRIFFINKELLOGG, MARY	STRATFORD	CT	Internal Medicine
KEOGH, RAYMOND	STRATFORD	CT	Internal Medicine
KIRKLAND, JOHN	STRATFORD	CT	Internal Medicine
KOCHAN, CHARLES	STRATFORD	CT	Internal Medicine
LAUREN, DAVID	STRATFORD	CT	Internal Medicine
LIM, JENELYN	STRATFORD	CT	Internal Medicine
LOPEZ, ANTONIO	STRATFORD	CT	Internal Medicine
LOPEZAGOSTO, DIANA	STRATFORD	CT	Internal Medicine
MARTIN, VICTOR	STRATFORD	CT	Internal Medicine
MELTON, BARRY	STRATFORD	CT	Internal Medicine
MOROCZ, EVA	STRATFORD	CT	Internal Medicine
PASSARO HENRY, MARIA	STRATFORD	CT	Internal Medicine
RALABATE, JAMES	STRATFORD	CT	Internal Medicine
RALABATE-ELLA GRASSO, JAME	STRATFORD	CT	Internal Medicine
SIKORSKY, ADE	STRATFORD	CT	Internal Medicine
SIKORSKY, KAGDIS	STRATFORD	CT	Internal Medicine
SIKORSKY, MONGILLO	STRATFORD	CT	Internal Medicine
SIKORSKY, VALLABHANENI	STRATFORD	CT	Internal Medicine
TOUMANIAN, KARINE	STRATFORD	CT	Internal Medicine
WAINER, BRUCE	STRATFORD	CT	Internal Medicine
YANNOPOULOS, PETER	STRATFORD	CT	Internal Medicine
BARASCH, PHILIP	STRATFORD	CT	Neurology
BECK, LAWRENCE	STRATFORD	CT	Neurology
BUTLER, JAMES	STRATFORD	CT	Neurology
KAZI, AZIMUDDIN	STRATFORD	CT	Neurology
SENA, KANAGA	STRATFORD	CT	Neurology
ZHANG, JIANHUI	STRATFORD	CT	Neurology
CASSELL, STEVEN	STRATFORD	CT	Obstetrics/Gynecology
EDUSA, VALENTINE	STRATFORD	CT	Obstetrics/Gynecology
FICKIES, LOREN	STRATFORD	CT	Obstetrics/Gynecology
JACOBS, LEE	STRATFORD	CT	Obstetrics/Gynecology
MARRONE, JENNIFER	STRATFORD	CT	Obstetrics/Gynecology
TANDON, SAPNA	STRATFORD	CT	Obstetrics/Gynecology
THOMAS, KENNETH	STRATFORD	CT	Obstetrics/Gynecology
VANDELL, PETER	STRATFORD	CT	Obstetrics/Gynecology
MCCULLOUGH, DAVID	STRATFORD	CT	Ophthalmology
MUSTO, ANTHONY	STRATFORD	CT	Ophthalmology
DAWE, ROBERT	STRATFORD	CT	Orthopedics
FELDMAN, ALAN	STRATFORD	CT	Orthopedics
GLASS, MAC ELLIS	STRATFORD	CT	Orthopedics
MORRISON, MURRAY	STRATFORD	CT	Orthopedics
STANTON, ROBERT	STRATFORD	CT	Orthopedics
BIANCHI, MARK	STRATFORD	CT	Otolaryngology
WALTZMAN, MICHAEL	STRATFORD	CT	Otolaryngology
CONNOLLY, MICHAEL	STRATFORD	CT	Pediatrics
GEORGALAS, MELANIE	STRATFORD	CT	Pediatrics
JOHNSON, CHRISTA	STRATFORD	CT	Pediatrics
LEONIDA, SOPHIA	STRATFORD	CT	Pediatrics
LOPUSNY, DIANA	STRATFORD	CT	Pediatrics
MCGUIRE, KATHLEEN	STRATFORD	CT	Pediatrics

PREWITT, R. SCOTT	STRATFORD	CT	Pediatrics
RIVELLI, MICHELLE	STRATFORD	CT	Pediatrics
DOBAS, DANIEL	STRATFORD	CT	Podiatry
DOMANICK, THOMAS	STRATFORD	CT	Podiatry
SHERMAN, ROBERT	STRATFORD	CT	Podiatry
WHITE, KAREN	STRATFORD	CT	Podiatry
PAGANO, WILLIAM	STRATFORD	CT	Primary Care
RODICAN, ANDREW	STRATFORD	CT	Primary Care
CHOLEWCZYNSKI, WALTER	STRATFORD	CT	Surgery
DUERR, L. SEAN	STRATFORD	CT	Surgery
SEAMONDS, PERRY	STRATFORD	CT	Surgery
WASSON, DENNIS	STRATFORD	CT	Surgery
BARCHINI, GEORGE	THOMASTON	CT	Internal Medicine
LEBOWITZ, ARTHUR	THOMASTON	CT	Internal Medicine
MARCU, CORINA	THOMASTON	CT	Pulmonology
ROSENBERG, BRADLEY	TORRINGTON	CT	Family Practice
BRANDT, DEBRA	TORRINGTON	CT	Internal Medicine
BREZENOFF, LEIGH	TORRINGTON	CT	Orthopedics
LANE,SPERO	TORRINGTON	CT	Orthopedics
PENNY, KEITH	TORRINGTON	CT	Orthopedics
WISCH, DOUGLAS	TORRINGTON	CT	Orthopedics
STEKLER, DAVID	TORRINGTON	CT	Primary Care
KING, MICHAEL	TRUMBULL	CT	Allergy & Immunology
TURETSKY, ARTHUR	TRUMBULL	CT	Allergy & Immunology
ALCAN, KARLE	TRUMBULL	CT	Cardiology
HEIMAN, MARK	TRUMBULL	CT	Cardiology
JUMPER, ROBERT	TRUMBULL	CT	Cardiology
PITTARO, MICHAEL	TRUMBULL	CT	Cardiology
SANCHEZ, JUAN,MD	TRUMBULL	CT	Cardiology
TESTO, KIMBERLY	TRUMBULL	CT	Cardiology
BELLOWS, KEVIN	TRUMBULL	CT	Chiropractor
BOGANNAM, JOHN	TRUMBULL	CT	Chiropractor
BREINER, LORI	TRUMBULL	CT	Chiropractor
COLONDONA, ALEXANDER	TRUMBULL	CT	Chiropractor
DUMONT, CHAD	TRUMBULL	CT	Chiropractor
FIRGELESKI, JOSEPH	TRUMBULL	CT	Chiropractor
FREED, WILLIAM	TRUMBULL	CT	Chiropractor
PAGLIARO-HAYWOOD, MICHELE	TRUMBULL	CT	Chiropractor
SILBER, JEFFREY	TRUMBULL	CT	Chiropractor
LERNER, SETH	TRUMBULL	CT	Dermatology
NOONAN, MICHAEL	TRUMBULL	CT	Dermatology
PATRIGNELLI, ROBERT	TRUMBULL	CT	Dermatology
GUOTH, MARIA	TRUMBULL	CT	Endocrinology
RICH, GLENN	TRUMBULL	CT	Endocrinology
KERNER, JEFFREY	TRUMBULL	CT	ENT
KRAMER, THEODORE	TRUMBULL	CT	ENT
JAYANTHI, SARMA	TRUMBULL	CT	Family Practice
BURNS, BRYAN	TRUMBULL	CT	Gastroenterology
GUPTA, TARUN	TRUMBULL	CT	Gastroenterology
LAM, CHUNWANG	TRUMBULL	CT	Gastroenterology
LANDAU, ALAN	TRUMBULL	CT	Gastroenterology
LATZMAN, GORDON	TRUMBULL	CT	Gastroenterology
LEVINE, EDWIN	TRUMBULL	CT	Gastroenterology
FOTOVAT, AHMAD	TRUMBULL	CT	General Surgery
PASSERI, DANIEL	TRUMBULL	CT	General Surgery
WITT, DAVID	TRUMBULL	CT	Hematology/Oncology
ALCEDO, FRANCES	TRUMBULL	CT	Internal Medicine
ALFANO-KOSTENKO, RENEE	TRUMBULL	CT	Internal Medicine
AUSTRIAN, DONALD	TRUMBULL	CT	Internal Medicine
BERTINI, NICHOLAS	TRUMBULL	CT	Internal Medicine

CAFARO, MICHAEL	TRUMBULL	CT	Internal Medicine
CHANDA, KABERI	TRUMBULL	CT	Internal Medicine
CLARKE, PAUL	TRUMBULL	CT	Internal Medicine
EVANGELISTA, JOSEPH	TRUMBULL	CT	Internal Medicine
FISHER, STEVEN	TRUMBULL	CT	Internal Medicine
FLORES, JOHN	TRUMBULL	CT	Internal Medicine
GENTES, CYNTHIA	TRUMBULL	CT	Internal Medicine
GLADSTEIN, GEOFFREY	TRUMBULL	CT	Internal Medicine
HULCHER, WILLIAM	TRUMBULL	CT	Internal Medicine
KAYANI, SOHAIL	TRUMBULL	CT	Internal Medicine
KOCINSKY, DANIEL	TRUMBULL	CT	Internal Medicine
LEVIN, RONALD	TRUMBULL	CT	Internal Medicine
LOGIADIS, EMMANUEL	TRUMBULL	CT	Internal Medicine
MACKINTOSH, BARBARA	TRUMBULL	CT	Internal Medicine
MALLITZ, MICHELLE	TRUMBULL	CT	Internal Medicine
MILLER, STUART	TRUMBULL	CT	Internal Medicine
NAPOLITANO, GUIDO	TRUMBULL	CT	Internal Medicine
PETERSON, ARNOLD	TRUMBULL	CT	Internal Medicine
RAMA, MYL	TRUMBULL	CT	Internal Medicine
RAMZAN, USMAN	TRUMBULL	CT	Internal Medicine
SEKERAK, RICHARD	TRUMBULL	CT	Internal Medicine
SERGI, MICHAEL	TRUMBULL	CT	Internal Medicine
SICA, DANIEL	TRUMBULL	CT	Internal Medicine
SPANO, FRANK	TRUMBULL	CT	Internal Medicine
SPECHT, NEIL	TRUMBULL	CT	Internal Medicine
STUPAK, DANIEL	TRUMBULL	CT	Internal Medicine
TRISTINE, EDWARD	TRUMBULL	CT	Internal Medicine
URCIUOLI, STEPHEN	TRUMBULL	CT	Internal Medicine
WALTERS, ALBERT	TRUMBULL	CT	Internal Medicine
LEVY, DAVID	TRUMBULL	CT	Medical Oncology
KONTOMERKOS, CHRISTINE	TRUMBULL	CT	Naturopathy
MINTZ, ABRAHAM	TRUMBULL	CT	Neurology
ABDER, ROXANNE	TRUMBULL	CT	Obstetrics/Gynecology
BAKER, KATHERINE	TRUMBULL	CT	Obstetrics/Gynecology
BERGER, ROBIN	TRUMBULL	CT	Obstetrics/Gynecology
CHOUDHARY, RONIKA	TRUMBULL	CT	Obstetrics/Gynecology
DEAL, ROBERT	TRUMBULL	CT	Obstetrics/Gynecology
GOLDSTONE-ORLY, LESLIE	TRUMBULL	CT	Obstetrics/Gynecology
HARMAN, MARY BETH	TRUMBULL	CT	Obstetrics/Gynecology
LAIFER, JULIE	TRUMBULL	CT	Obstetrics/Gynecology
LASER, MARK	TRUMBULL	CT	Obstetrics/Gynecology
SERVETAS, GREGORY	TRUMBULL	CT	Obstetrics/Gynecology
SINCLAIR, DONNA	TRUMBULL	CT	Obstetrics/Gynecology
SQUICCIARINI, HELENA	TRUMBULL	CT	Obstetrics/Gynecology
TORBEY, MARINA	TRUMBULL	CT	Obstetrics/Gynecology
CHIU, RAFAEL	TRUMBULL	CT	Occupational Medicine
KLEIN, WENDY	TRUMBULL	CT	Ophthalmology
PULICE, EDWARD	TRUMBULL	CT	Ophthalmology
SCARTOZZI, RICHARD	TRUMBULL	CT	Ophthalmology
SIMSES, JOHN	TRUMBULL	CT	Ophthalmology
THORNQUIST, STEVEN	TRUMBULL	CT	Ophthalmology
COHEN, ISAAC	TRUMBULL	CT	Orthopedics
GIRASOLE, GERARD	TRUMBULL	CT	Orthopedics
MANGIERI, JOHN	TRUMBULL	CT	Orthopedics
MARTIN, DAVID	TRUMBULL	CT	Orthopedics
WEILAND, DANIEL	TRUMBULL	CT	Orthopedics
COFFEY, TOM	TRUMBULL	CT	Otolaryngology
LEVINE, STEVEN	TRUMBULL	CT	Otolaryngology
MILGRIM, LAWRENCE	TRUMBULL	CT	Otolaryngology
PEARL, ADAM	TRUMBULL	CT	Otolaryngology

BOOLBOL, ROBERT	TRUMBULL	CT	Pain Management
HOCHSTADT, JUDITH	TRUMBULL	CT	Pediatric Endocrinology
HAGANI, ANDREA	TRUMBULL	CT	Pediatric Hematology/Oncology
BONHEIM, DAVID	TRUMBULL	CT	Pediatrics
DAYAN, NIMROD	TRUMBULL	CT	Pediatrics
ESPOSITO, JAY	TRUMBULL	CT	Pediatrics
MACKEN, CHRISTINE	TRUMBULL	CT	Pediatrics
MARTINELLO, SHANNON	TRUMBULL	CT	Pediatrics
MICHEL, JEREMY	TRUMBULL	CT	Pediatrics
RAPPAPORT, MARCY	TRUMBULL	CT	Pediatrics
SOTO, ALICIA	TRUMBULL	CT	Pediatrics
ZEITER, DONNA	TRUMBULL	CT	Pediatrics
JANDALI, SHAREEF	TRUMBULL	CT	Plastic Surgery
ETERNO, ROBERT	TRUMBULL	CT	Podiatry
MCDAVITT, ERIN CLAIRE	TRUMBULL	CT	Primary Care
NAPOLITANO, JOHN	TRUMBULL	CT	Primary Care
RUDOLPH, DANIEL	TRUMBULL	CT	Pulmonology
SALAM, ADIL	TRUMBULL	CT	Pulmonology
SIMKOVITZ, PHILIP	TRUMBULL	CT	Pulmonology
SOOD, PARDEEP	TRUMBULL	CT	Pulmonology
EVANS, SUZANNE	TRUMBULL	CT	Radiation Oncology
LEVI, ANDREW	TRUMBULL	CT	Reproductive Endocrinology
CASSETTA, MICHAEL	TRUMBULL	CT	Rheumatology
DUMITRESCU, MIRELA	TRUMBULL	CT	Rheumatology
GUADAGNOLI, GERMANO	TRUMBULL	CT	Rheumatology
BHARUCHA, JITENDRA	TRUMBULL	CT	Surgery
CARLSON, MATTHEW	TRUMBULL	CT	Surgery
DELPIN, CHRISTINA	TRUMBULL	CT	Surgery
EHRLICH, TIMOTHY	TRUMBULL	CT	Surgery
KENLER, ANDREW	TRUMBULL	CT	Surgery
ZHITNIKOV, SERGEY	TRUMBULL	CT	Surgery
CLUKEY, DAVID	WALLINGFORD	CT	Chiropractor
MARSCHNER, KURT	WALLINGFORD	CT	Chiropractor
ALMOUNAYER, MOHAMMED	WALLINGFORD	CT	Internal Medicine
BRAYLOVSKY, ANATOLY	WALLINGFORD	CT	Internal Medicine
HUANG, JOHN	WALLINGFORD	CT	Internal Medicine
NATH, SUJAI	WALLINGFORD	CT	Neurology
COVEY, AARON	WALLINGFORD	CT	Orthopedics
DRISCOLL, JON	WALLINGFORD	CT	Orthopedics
DUDEK, ROBERT	WALLINGFORD	CT	Orthopedics
FOSTER, CRAIG	WALLINGFORD	CT	Orthopedics
PARET, RONALD	WALLINGFORD	CT	Orthopedics
MONTI, DAVID	WALLINGFORD	CT	Physician Medicine and Rehabilitation
SCHWARTZ, RONALD	WALLINGFORD	CT	Primary Care
PARRILLO, LUCIEN	WALLINGFORD	CT	Sports Medicine
DE ESCOBAR, DECIO	WATERBURY	CT	Allergy & Immunology
SUGAR, JEROME	WATERBURY	CT	ENT
GRECO, THOMAS	WATERBURY	CT	Infectious Diseases
COOPER SMITH, LESLIE	WATERBURY	CT	Internal Medicine
KHAN, ABDUS	WATERBURY	CT	Internal Medicine
LONGO, FRANK	WATERBURY	CT	Internal Medicine
MONGELLUZZO, PHILIP	WATERBURY	CT	Internal Medicine
ROSENBAUM, JULIE	WATERBURY	CT	Internal Medicine
RUGGIERO, MARK	WATERBURY	CT	Internal Medicine
SADIQ, ADNAN	WATERBURY	CT	Internal Medicine
PUN, HECTOR	WATERBURY	CT	Medical Oncology
KARNASIEWICZ, MICHAEL	WATERBURY	CT	Neurology
TORREY, STEVEN	WATERBURY	CT	Neurology
WAITZE, ALAN	WATERBURY	CT	Neurosurgery
HOLDEN, RICHARD	WATERBURY	CT	Obstetrics/Gynecology

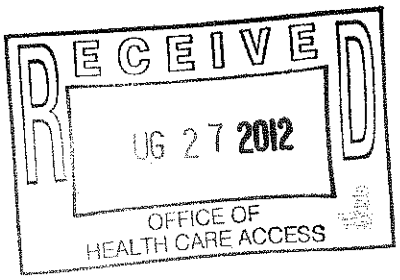
KACZMAREK, JOHN	WATERBURY	CT	Obstetrics/Gynecology
MILLERICK, DAVID	WATERBURY	CT	Obstetrics/Gynecology
PEARLSTONE, MELISSA	WATERBURY	CT	Obstetrics/Gynecology
BEAUVAIS, PAUL	WATERBURY	CT	ORTHOPEDIC
NELSON, ANDREW	WATERBURY	CT	ORTHOPEDIC
HENDRIKSON, ROBERT	WATERBURY	CT	Orthopedics
MANZO, RICHARD	WATERBURY	CT	Orthopedics
TAYLOR, GLENN	WATERBURY	CT	Orthopedics
WETMORE, ROBERT	WATERBURY	CT	Orthopedics
WINICKI, RAYMOND	WATERBURY	CT	Otolaryngology
GHALY, TAMER B.	WATERBURY	CT	Pain Management
NISENBAUM, MICHELLE	WATERBURY	CT	Pain Management
COHEN, MIRIAM	WATERBURY	CT	Pediatrics
ALVAREZ, ALEXANDER	WATERBURY	CT	Primary Care
KAPLOVE, KENNETH	WATERBURY	CT	Primary Care
EISEN, STEPHEN	WATERBURY	CT	Psychiatry
MIRABILELEVENS, ELIZABETH	WATERBURY	CT	Pulmonology
PODELL, DAVID	WATERBURY	CT	Rheumatology
MALETZ, FRANK	WATERFORD	CT	Orthopedics
DANDREA, RONALD	WATERTOWN	CT	Internal Medicine
RUBENSTEIN, STEPHEN	WATERTOWN	CT	Internal Medicine
MULLEN, DAVID	WATERTOWN	CT	Podiatry
RASOULPOUR, MINA	WEST HARTFORD	CT	Cardiology
MCDERMOTT, PATRICK	WEST HARTFORD	CT	Internal Medicine
AIETA, FRANK	WEST HARTFORD	CT	Naturopathy
HAY, SEONAID	WEST HAVEN	CT	Cardiology
KRAVETZ, JEFFREY	WEST HAVEN	CT	Cardiology
KRISHNAMURTHY, RAJ	WEST HAVEN	CT	Cardiology
MUJTADA, QAIYUM	WEST HAVEN	CT	Cardiology
CARPENOS, RICHARD	WEST HAVEN	CT	Chiropractor
FIGUEROA, AWILDA	WEST HAVEN	CT	Chiropractor
NARDECCHIA, ANTHONY	WEST HAVEN	CT	Chiropractor
PATERNA, MATTHEW	WEST HAVEN	CT	Chiropractor
RUBINO, ROBERT	WEST HAVEN	CT	Chiropractor
HULINSKY, ILJA	WEST HAVEN	CT	Endocrinology
ABIJO, ATINUKE	WEST HAVEN	CT	Internal Medicine
BALLIS, HORATIO	WEST HAVEN	CT	Internal Medicine
BALSAMO, JOSEPH	WEST HAVEN	CT	Internal Medicine
BRESCIA, GINA	WEST HAVEN	CT	Internal Medicine
BRIENZA, REBECCA	WEST HAVEN	CT	Internal Medicine
DHINDSA, SUMEET	WEST HAVEN	CT	Internal Medicine
FEDERMAN, DANIEL	WEST HAVEN	CT	Internal Medicine
FERNANDO, KUMU	WEST HAVEN	CT	Internal Medicine
GUNDERSON, CRAIG	WEST HAVEN	CT	Internal Medicine
HASKELL, SALLY	WEST HAVEN	CT	Internal Medicine
KHODZINSKIY, ROMAN	WEST HAVEN	CT	Internal Medicine
KNOLL, LAURENCE	WEST HAVEN	CT	Internal Medicine
MCNAMARA, CINDY	WEST HAVEN	CT	Internal Medicine
SACHELLJONES, JACQUELINE	WEST HAVEN	CT	Internal Medicine
SATCHELL-JONES, JACQUELINE	WEST HAVEN	CT	Internal Medicine
SCHWARTZ, AMY	WEST HAVEN	CT	Internal Medicine
VAHEY, MARIANNE	WEST HAVEN	CT	Internal Medicine
VASQUEZ, LUZ SELENIA	WEST HAVEN	CT	Internal Medicine
WALALIYADDA, ANURUDDHA	WEST HAVEN	CT	Internal Medicine
MACHADO, DUARTE	WEST HAVEN	CT	Neurology
INAGAMI, MARI	WEST HAVEN	CT	Obstetrics/Gynecology
DADDIO, MARK	WEST HAVEN	CT	Podiatry
GORECKI, JILL	WEST HAVEN	CT	Podiatry
VITALE, GLENN	WEST HAVEN	CT	Podiatry
KASHAF, SUSAN	WEST HAVEN	CT	Primary Care

LINCOLN, ELIZABETH	WEST HAVEN	CT	Primary Care
MALLIN, JOSEPH	WEST HAVEN	CT	Primary Care
ZAIN, MONA	WEST HAVEN	CT	Primary Care
RICHESON, ROBERT	WEST SIMSBURY	CT	Cardiology
RIDGE, SHANE	WESTBROOK	CT	Family Practice
LAI, JAMES	WESTBROOK	CT	Internal Medicine
LIEBERMAN, BRETT	WESTON	CT	Pediatrics
LIEBERMAN, GERALD	WESTON	CT	Pediatrics
BRUNOSKI, THOMAS	WESTPORT	CT	Allergy & Immunology
GOLDMAN, BORIS	WESTPORT	CT	Cardiology
KARPENOS, LEONID	WESTPORT	CT	Cardiology
MCGLYNN, MICHAEL	WESTPORT	CT	Cardiology
SHEYNBERG,BORIS	WESTPORT	CT	Cardiology
CLYNE, LISA	WESTPORT	CT	Chiropractor
GABRIEL, JULIE	WESTPORT	CT	Chiropractor
GOLDSCHLAGER, NANCY	WESTPORT	CT	Chiropractor
GUERIN, PATRICK	WESTPORT	CT	Chiropractor
ILOWITZ, ANDREW	WESTPORT	CT	Chiropractor
KANTOR, JONATHAN	WESTPORT	CT	Chiropractor
LANDER, JOSHUA	WESTPORT	CT	Chiropractor
PROPPER, ADAM	WESTPORT	CT	Chiropractor
RANDAZZO, JANE	WESTPORT	CT	Chiropractor
RANDAZZO, LOUISE	WESTPORT	CT	Chiropractor
SCHUMANN, JOYCE	WESTPORT	CT	Chiropractor
FUTORYAN, TANYA	WESTPORT	CT	Dermatology
FERNOW, LESLEY	WESTPORT	CT	Family Practice
ALTBAUM, ROBERT	WESTPORT	CT	Internal Medicine
BALBOA, GENE	WESTPORT	CT	Internal Medicine
BAUM, DAVID	WESTPORT	CT	Internal Medicine
BECK, DAVID	WESTPORT	CT	Internal Medicine
BENADERET, STEVEN	WESTPORT	CT	Internal Medicine
CUSTIS, KYLE	WESTPORT	CT	Internal Medicine
DENOWITZ, JILL	WESTPORT	CT	Internal Medicine
DRESDNER, ROBERT	WESTPORT	CT	Internal Medicine
FRUMKIN, SAMUEL	WESTPORT	CT	Internal Medicine
GREENBURG, JERRY	WESTPORT	CT	Internal Medicine
HORN, JAY	WESTPORT	CT	Internal Medicine
IANNINI, GEORGE	WESTPORT	CT	Internal Medicine
KAPLAN, FRED	WESTPORT	CT	Internal Medicine
KAROL, NINA	WESTPORT	CT	Internal Medicine
SINGER, RICHARD	WESTPORT	CT	Internal Medicine
STEINBERG, WARREN	WESTPORT	CT	Internal Medicine
TARTARONE, THERESA	WESTPORT	CT	Internal Medicine
TELTSER, ROBERT	WESTPORT	CT	Internal Medicine
QAYYUM, ZHEALA	WESTPORT	CT	Neurology
LIGGETT, PETER	WESTPORT	CT	Ophthalmology
BARTELS, ISIS	WESTPORT	CT	Pediatrics
CZUCZKA, PETER	WESTPORT	CT	Pediatrics
GORMAN, NICOLE C.	WESTPORT	CT	Pediatrics
GRUEN, JENNIFER	WESTPORT	CT	Pediatrics
MARKS, LAURA	WESTPORT	CT	Pediatrics
OWENS, JEFFREY	WESTPORT	CT	Pediatrics
PERLMAN, FERN	WESTPORT	CT	Pediatrics
SITRIN, STEPHEN	WESTPORT	CT	Pediatrics
SOLLINGER, JONATHAN	WESTPORT	CT	Pediatrics
STORCH SMITH, LORI	WESTPORT	CT	Pediatrics
WOODWARD, JANET	WESTPORT	CT	Pediatrics
OCONNELL, JOSEPH	WESTPORT	CT	Plastic Surgery
SIERRA, CESAR	WESTPORT	CT	Plastic Surgery
SINGER, JOEL	WESTPORT	CT	Plastic Surgery

ABRAHAMSEN, THOMAS	WESTPORT	CT	Podiatry
BORAN, MIHALEA	WESTPORT	CT	Psychiatry
DAVIES, MARY JO	WESTPORT	CT	Psychiatry
GERMAIN, BRUNY	WESTPORT	CT	Psychiatry
ISRAELY, ROBERT	WESTPORT	CT	Psychiatry
KONDEV, VANJA	WESTPORT	CT	Psychiatry
LEVINE, STEWART	WESTPORT	CT	Psychiatry
HULINSKA, HANA	WESTPORT	CT	Rheumatology
LIPPMAN, KENNETH	WESTPORT	CT	Rheumatology
GADZIK, JAMES	WESTPORT	CT	Surgery
MEINKE, ALAN	WESTPORT	CT	Surgery
CARBONE, GUY	WETHERSFIELD	CT	Chiropractor
KSHEERSAGAR, PANKAJ	WILLIMANTIC	CT	Family Practice
PANDAIN, CHELLIAH	WILLIMANTIC	CT	Internal Medicine
MCMAHON, JOHN	WILTON	CT	Cardiology
MATOCHIK, STEPHEN	WILTON	CT	Chiropractor
ROSEN, ELIHU	WILTON	CT	Chiropractor
WINSTON, MARY	WILTON	CT	Chiropractor
DSOUZA, ARTHUR	WILTON	CT	Gastroenterology
FUCHS, MARTIN	WILTON	CT	Gastroenterology
BERGWERK, SALLY	WILTON	CT	Internal Medicine
COUTURE, CAROLYN	WILTON	CT	Internal Medicine
GADE, NANCY	WILTON	CT	Internal Medicine
IYER, PRIYA	WILTON	CT	Internal Medicine
LEWIN, MICHAEL	WILTON	CT	Internal Medicine
OHARA, NANCY	WILTON	CT	Internal Medicine
PHILLIPS, STEPHEN	WILTON	CT	Internal Medicine
RADIN, ALAN	WILTON	CT	Internal Medicine
SCHORMAN, DEIRDRE	WILTON	CT	Internal Medicine
FUCIGNA, CAROL	WILTON	CT	Obstetrics/Gynecology
GARRITANO, KIKELOMO	WILTON	CT	Obstetrics/Gynecology
KELLY, CARLA	WILTON	CT	Obstetrics/Gynecology
LEE, CHAU	WILTON	CT	Obstetrics/Gynecology
OLAH, EVA	WILTON	CT	Obstetrics/Gynecology
WELLENSTEIN, RENEE	WILTON	CT	Obstetrics/Gynecology
AGOGLIA, AMY	WILTON	CT	Pediatrics
FRELIECH, JEANINE	WILTON	CT	Pediatrics
HUFNAGEL, JOSEPH	WILTON	CT	Pediatrics
KOCMOND, JONATHAN	WILTON	CT	Pediatrics
KURRA, SAROJINI	WILTON	CT	Pediatrics
MARTIN, DEAN	WILTON	CT	Pediatrics
MIER, MELANIE	WILTON	CT	Pediatrics
WARREN, MATTHEW	WILTON	CT	Pediatrics
SWEENEY, CYNTHIA	WILTON	CT	Physical Therapy
CONNOR, MICHAEL	WILTON	CT	Podiatry
KIME, CHARLES	WINDSOR	CT	Orthopedics
SZCZEPANSKI, ANDREW	WINSTED	CT	Internal Medicine
DIDOMIZIO, PAUL	WOLCOTT	CT	Chiropractor
GIACOMAZZI , PETER	WOLCOTT	CT	Internal Medicine
RAAD, MARC	WOLCOTT	CT	Internal Medicine
COCCO, MICHAEL	WOODBRIDGE	CT	Chiropractor
SCHREIBER, WILLIAM	WOODBRIDGE	CT	Internal Medicine
MCNAIR, CHARLES	WOODBURY	CT	Internal Medicine

St.Vincent's Health Services

Susan L. Davis, R.N., Ed.D.
President and Chief Executive Officer
Market Leader, Gulf Coast-Florida/NY-CT
(203) 576-5454
sdavis@stvincents.org



August 24, 2012

Ms. Kimberly R. Martone
Director of Operations
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

Re: DN 12-31766-CON
Acquisition of Certain of the Assets of Robert D. Russo, M.D./Russo Radiology PC

Dear Ms. Martone:

St. Vincent's Medical Center is an acute care hospital located at 2800 Main Street, Bridgeport, Connecticut. We are writing to the Office of Health Care Access with respect to CON application DN 12-31766-CON, pursuant to which Bridgeport Hospital intends to acquire certain assets of Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology").

As part of the acquisition, Bridgeport Hospital states that it intends to acquire an MRI unit operating in Guilford, Connecticut. While in the short term Bridgeport Hospital intends to continue to operate the MRI unit in Guilford, according to page 18 of the CON application, Bridgeport Hospital intends to relocate the MRI to "a comprehensive outpatient center that the Hospital is planning to construct at 5520 Park Avenue in Trumbull, with a projected start date of 2014."

Page 24 of the CON application states that "[t]he acquisition of the MRI unit in Guilford, with the intent to relocate it in 2014 to a Bridgeport Hospital comprehensive ambulatory center in the Hospital's primary service area, will help ensure that a comprehensive array of diagnostic services is available at the planned center in Trumbull without introducing new MRI capacity into the state." Page 26 of the application further states that "[t]he acquisition of the MRI unit in Guilford, which will be relocated to Trumbull in 2014, will be a key diagnostic service in a planned Bridgeport Hospital outpatient center that will include comprehensive cancer care and other clinical services."

In its Completeness Responses, Bridgeport Hospital explains that "[a]s Guildford is out of Bridgeport Hospital's primary service area, the Hospital concluded that it could better respond to community need and ensure access by moving the Guilford MRI unit to a location within its service area. The Hospital needs an MRI unit for its future cancer center in Trumbull."

The CON application does not provide specific information supporting any need for this MRI in Trumbull. Indeed, information supporting the need for this scanner does not yet exist, as the cancer center in which it would be placed is not scheduled to begin operations under 2014.

We note that in 2010, OHCA denied St. Vincent's request to acquire, through a change in ownership, an MRI scanner that was already operating in an outpatient imaging facility in Trumbull. OHCA's decision referred to the number of existing MRI scanners operating in St. Vincent's Medical Center's primary service area (see Final Decision in DN 10-31578-CON).

We further note that OHCA has recently authorized the addition of a hospital-based MRI scanner at Bridgeport Hospital (see Final Decision in DN 11-31722-CON). The Norma Pfriem Cancer Institute at Bridgeport Hospital currently provides services at Bridgeport Hospital and in Fairfield and will be supported by the hospital-based MRI that OHCA has already approved.

Bridgeport Hospital has not yet completed construction of its Trumbull cancer center, nor has it presented in its CON application or responses to completeness questions any specific information as to projected need for an additional MRI scanner at this location once the cancer center opens. It has only made conclusory statements that it will need an MRI for its cancer center, and noted that the relocation of this scanner will not introduce new capacity into the state.

While Bridgeport Hospital states that its relocation of the MRI scanner will not introduce new capacity into the *state*, we believe the proposal to relocate this MRI to Trumbull from Guilford should be analyzed in the same way as the acquisition of an additional MRI into Bridgeport Hospital's *service area*. In its completeness questions, OHCA has already asked about the effect a relocation of this equipment would have on the Guilford market. Bridgeport Hospital's response in this regard remains to be analyzed by OHCA. However, even if OHCA were to determine that a relocation of the MRI would not adversely impact the Guilford market, we respectfully submit that OHCA must consider the effect of an additional MRI on the Bridgeport market. We believe that the data necessary to analyze Bridgeport Hospital's request is not yet available and that consideration of this issue is premature – the cancer center in which it will be placed is not yet operational, and the time period in which its operation is projected to commence is at least two years in the future. We further believe that before OHCA approves the addition of another MRI scanner to the market area, it should determine whether the MRI scanner it has already approved for Bridgeport Hospital under Final Decision DN 11-31722-CON will have adequate capacity to serve the cancer center in Trumbull.

St. Vincent's is planning a joint venture with Advanced Radiology with respect to several off-campus outpatient imaging sites. This proposal will involve MRI scanners that are operating in the market today, including an MRI scanner in Trumbull. In light of these plans, we are

concerned about this request to increase capacity in outpatient imaging centers in the service area – especially when the proposed increase will occur in the future, and where specific information to support need has not been provided and is not yet available. We urge OHCA to look closely at this issue as it reviews Bridgeport Hospital's application. Thank you for your consideration.

Very truly yours,

Susan L Davis, RN, Ed.D
President and Chief Executive Officer

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

August 31, 2012 Via Fax and Regular Mail

Ms. Carolyn Salsgiver
Senior Vice President
Planning and Marketing
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

RE: Certificate of Need Application; Docket Number: 12-31766-CON
Bridgeport Hospital acquisition of the Two MRI Scanners, One PET/CT Scanner and Four CT Scanners.

Dear Ms. Salsgiver,

This letter is to inform you that, pursuant to Section 19a-639a(d) of the Connecticut General Statutes, the Office of Health Care Access has determined that the above-referenced application has been deemed complete as of August 31, 2012. The date of August 31, 2012, also begins the ninety-day review period of the application.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7007.

Sincerely,

A. Veyberman

Alla Veyberman
OHCA Health Care Analyst

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	3033
RECIPIENT ADDRESS	912033843946
DESTINATION ID	
ST. TIME	08/31 10:24
TIME USE	00'19
PAGES SENT	2
RESULT	OK

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: CAROLYN SALSGIVER

FAX: 203.384.3946

AGENCY: BRIDGEPORT HOSPITAL

FROM: OHCA

DATE: 08/31/2012 **Time:**

NUMBER OF PAGES: 2
(including transmittal sheet

Comments:

Deemed Complete Letter
Docket Number: 12-31766-CON

PLEASE PHONE ***IF THERE ARE ANY***

Greer, Leslie

From: Lazarus, Steven
Sent: Thursday, October 18, 2012 11:25 AM
To: Olejarz, Barbara; Greer, Leslie
Cc: Martone, Kim; Riggott, Kaila; Hansted, Kevin; Veyberman, Alla
Subject: FW: Russo CON Hearing

Bridgeport is confirming November 19 as their choice of the dates provided by OHCA.

Steve

Steven W. Lazarus
Associate Health Care Analyst
Office of Health Care Access
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone (Direct): 860.418.7012
Fax (Main): 860.418.7053

From: Richards, Amy [mailto:Amy.Richards@YNHH.ORG]
Sent: Thursday, October 18, 2012 10:48 AM
To: Lazarus, Steven
Cc: Castagna, Susan
Subject: Russo CON Hearing

Hi Steven,
It looks like Monday, November 19th is the best day for us for the Russo CON hearing. Please confirm this date and the hearing time at your earliest convenience.

Many thanks.
Amy

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: October 19, 2012

RE: Certificate of Need Application; Docket Number: 12-31766-CON
Bridgeport Hospital
Acquisition of Two MRI Scanners, One PET/CT Scanner and Four CT Scanners

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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.

Connecticut Department of Public Health

Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 34038
Hartford, Connecticut 06134-0308
www.ct.gov/dph

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 19, 2012

Carolyn Salsgiver
Senior Vice President, Planning & Marketing
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

RE: Certificate of Need Application, Docket Number 12-31766-CON
Bridgeport Hospital
Bridgeport Hospital Acquisition of Two MRI Scanners, One PET/CT Scanner and Four CT Scanners

Dear Ms. Salsgiver,

With the receipt of the completed Certificate of Need ("CON") application information submitted by Bridgeport Hospital ("Applicant") on August 31, 2012, 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:	Bridgeport Hospital
Docket Number:	12-31766-CON
Proposal:	Bridgeport Hospital Acquisition of Two MRI Scanners, One PET/CT Scanner and Four CT Scanners with a total capital expenditure of $19,000,000

Notice is hereby given of a public hearing to be held in this matter to commence on:

Date: November 19, 2012

Time: 10:00 a.m.

Place: Department of Public Health, Office of Health Care Access
Third Floor Hearing Room
410 Capitol Avenue
Hartford, CT 06134

The Applicants are 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 Connecticut Post* pursuant to General Statutes § 19a-639a (f).

Sincerely,

Kimberly R. Martone
Director of Operations

Enclosure

cc: Henry Salton, Esq., Office of the Attorney General
Marianne Horn, Department of Public Health
Kevin Hansted, Department of Public Health
Wendy Furniss, Department of Public Health
Marielle Daniels, Connecticut Hospital Association

KRM: AV:SWL lmg

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 19, 2012 Requisition # 40091

Connecticut Post
410 State Street
Bridgeport, CT 06604-4560

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 **Monday, October 22, 2012**. 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 Alla Veyberman or Steven Lazarus 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:AV:SWL:lmg

Connecticut Post **October 19, 2012**
Notice of Public Hearing, Docket Number 12-31766-CON

PLEASE INSERT THE FOLLOWING:

Office of Health Care Access Public Hearing

Statute Reference:	19a-638
Applicant:	Bridgeport Hospital
Town(s):	Bridgeport, Fairfield, Guilford and Stratford
Docket Number:	12-31766-CON
Proposal:	Bridgeport Hospital Acquisition of Two MRI Scanners, One PET/CT Scanner and Four CT Scanners with a total capital expenditure of $19,000,000
Date:	November 19, 2012
Time:	10:00 a.m.
Place:	Department of Public Health, Office of Health Care Access Third Floor Hearing Room 410 Capitol Avenue Hartford, CT 06134

Any person who wishes to request status in the above listed public hearing may file a written petition no later than November 14, 2012 (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.

Greer, Leslie

From: ADS <ADS@graystoneadv.com>
Sent: Friday, October 19, 2012 11:35 AM
To: Greer, Leslie
Subject: Re: Hearing Notice 12-31766-CON

Good day!

Thanks so much for your ad submission.
We will be in touch shortly and look forward to serving you.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

PLEASE NOTE: New Department of Labor guidelines allow web base advertising when hiring foreign nationals. To provide required documentation Graystone will retrieve & archive verification for the 1st and 30th days of posting for $115.00/web site. If required, notify Graystone when ad placement is approved.

Thank you,
Graystone Group Advertising

2710 North Avenue
Bridgeport, CT 06604
Phone: 800-544-0005
Fax: 203-549-0061

E-mail new ad requests to: ads@graystoneadv.com
http://www.graystoneadv.com/

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Friday, October 19, 2012 11:29 AM
To: ads <ads@graystoneadv.com>
Subject: Hearing Notice 12-31766-CON

To Whom It May Concern,
Please run the attached hearing notice in the Connecticut Post no later than October 22,2012. For billing purposes, please refer to requisition 40091.

Thank you,

Leslie M. Greer
CT Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
Hartford, CT 06134
Phone: (860) 418-7013
Fax: (860) 418-7053
Website: www.ct.gov/ohca

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	3091
RECIPIENT ADDRESS	912033843751
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ST. TIME	10/19 11:48
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PAGES SENT	6
RESULT	OK

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: CAROLYN SALSGIVER

FAX: (203) 384-3751

AGENCY: BRIDGEPORT HOSPITAL

FROM: ALLA VEYBERMAN

DATE: 10/19/12 **TIME:**

NUMBER OF PAGES: 6
(including transmittal sheet

Comments: Docket 12-31766-CON Hearing Notice

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

Greer, Leslie

From: Laurie <Laurie@graystoneadv.com>
Sent: Friday, October 19, 2012 4:10 PM
To: Greer, Leslie
Subject: FW: Hearing Notice 12-31766-CON
Attachments: 12-31766 CT Post.doc

Your legal notice is all set to run as follows:

CT Post, 10/22 issue - $361.68

Thanks,
Laurie Miller

Graystone Group Advertising
2710 North Ave., Ste 200, Bridgeport, CT 06604
Ph: 203-549-0060, ext 319, Fax: 203-549-0061,Toll free: 800-544-0005
email: laurie@graystoneadv.com
www.graystoneadv.com

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Friday, October 19, 2012 11:29 AM
To: ads <ads@graystoneadv.com>
Subject: Hearing Notice 12-31766-CON

To Whom It May Concern,
Please run the attached hearing notice in the Connecticut Post no later than October 22,2012. For billing purposes, please refer to requisition 40091.

Thank you,

Leslie M. Greer
CT Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
Hartford, CT 06134
Phone: (860) 418-7013
Fax: (860) 418-7053
Website: www.ct.gov/ohca

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

November 5, 2012

Ms. Carolyn Salsgiver
Senior Vice President
Planning and Marketing
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

RE: Certificate of Need Application, Docket Number 12-31766-CON
Bridgeport Hospital to Acquire Two (2) MRI Scanners, One (1) PET/CT Scanner and Four (4) CT Scanners Currently Located in the Towns of Bridgeport, Fairfield, Stratford and Guilford.
Request for Prefile Testimony and Interrogatories

Dear Ms. Salsgiver:

The Office of Health Care Access ("OHCA") will hold a public hearing on Monday, November 19, 2012, at 10:00 a.m. in the Department of Public Health's third floor hearing room, 410 Capitol Avenue, Hartford, regarding the Certificate of Need ("CON") application identified above. 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. Bridgeport Hospital (herein known as "Applicant") must submit prefiled testimony to OHCA no later than 12:00 p.m. on Wednesday, November 14, 2012.

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 paper outlining the topics that will be discussed at the hearing and interragotories that need to be filed with OHCA at the same time as the Pre-file testimony, November 14, 2012 by Noon.

Please contact Alla Veyberman at (860) 418-7007, if you have any questions concerning this request.

Sincerely,

Kevin T. Hansted
Hearing Officer

Attachment

KRM:swl

ISSUES/INTERROGATORIES

for Public Hearing:

Certificate of Need Application, Docket Number: 12-31766-CON

Bridgeport Hospital

Bridgeport Hospital's Acquisition of Two (2) MRI scanners, One (1) PET/CT Scanner and Four (4) CT Scanners

Please be fully prepared to discuss topics as described below:

1. Three (3) years of historical and projected utilization of each of the Bridgeport Hospital's ("Hospital's) MRI, CT and PET/PET-CT utilization.
2. Capacity of each of the MRI, CT and PET/PET-CT scanners for the Hospital and the proposed scanners.
3. The need for Hospital to acquire each of the seven (7) proposed scanners.
4. The Hospital's service area for its current MRI, CT, PET/PET-CT scanners.
5. The need for Hospital to acquire any proposed scanners outside its services area.

Provide a written response as an attachment to the Hospital's pre-file testimony:

1. Provide updated annual utilization (Jan-Dec) for each of the proposed seven (7) imaging scanners (by location).
2. Provide updated annual utilization (Jan-Dec) for each of the Hospital's current MRI, CT, PET/PET-CT scanners (by location).

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	3109
RECIPIENT ADDRESS	912033843751
DESTINATION ID	
ST. TIME	11/05 16:55
TIME USE	00'36
PAGES SENT	4
RESULT	OK

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Carolyn Salsgiver

FAX: (203) 384-3751

AGENCY:

FROM: Alla Voytserman

DATE: 11/5/12 TIME: ~3:45

NUMBER OF PAGES:
(including transmittal sheet

Comments: Pre-file Request Enclosed.

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Greer, Leslie

From: Lazarus, Steven
Sent: Wednesday, November 14, 2012 2:40 PM
To: Greer, Leslie
Subject: FW: Prefile Testimony for Docket No.: 12-31766-CON.

Please make sure you can download the file.

Steve

Ps. Hard copies are being hand delivered still by close of business today.

Steven W. Lazarus
Associate Health Care Analyst
Office of Health Care Access
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone (Direct): 860.418.7012
Fax (Main): 860.418.7053

From: helpdesk@wiggin.com [mailto:helpdesk@wiggin.com]
Sent: Wednesday, November 14, 2012 2:32 PM
To: Lazarus, Steven
Subject: Prefile Testimony for Docket No.: 12-31766-CON.

*** You have a secure file transfer awaiting download. Details enclosed. ***

FROM: helpdesk@wiggin.com
TO: Kimberly.martone@ct.gov; kimberly.martone@po.state.ct.us; Steven.Lazarus@ct.gov
SUBJECT: Prefile Testimony for Docket No.: 12-31766-CON.

FILE TRANSFER WAITING:
Click the secure link to download.
http://wiggin.leapfile.com/get.jsp?t=4028817e3ae77b24013b00652e7c3c86
(TRANSFER EXPIRES November 28, 2012 02:31 PM)

Please click the link to our Secure File Transfer system, to download the two documents to be filed. Reply to rmatthews@wiggin.com if there are problems or questions.

WIGGIN AND DANA

WD Secure File DOWNLOAD

Date	11/14/12 11:26:13 AM GMT-08:00
From	Wiggin Helpdesk (helpdesk@wiggin.com)
To	Kimberly.martone@ct.gov; kimberly.martone@po.state.ct.us; Steven.Lazarus@ct.gov
Subject	Prefile Testimony for Docket No.: 12-31766-CON.

Please click the link to our Secure File Transfer system, to download the two documents to be filed. Reply to rmatthews@wiggin.com if there are problems or questions.

Files

Filename	Size	Action
DN 12-31766 OHCA Hearing pp204-245.pdf	16.992 MB	DOWNLOAD
DN 12-31766 OHCA Hearing pp246-304.pdf	22.371 MB	DOWNLOAD
Batch download all files in one zip file		ZIP All
Beta Enhanced Download , support resume download (Required Java 1.5+)		DOWNLOAD

IMPORTANT: Save the files **first**. Once downloaded, they will be automatically deleted.

Helpful Hints

- If you have the option of saving the file or opening it in an application, choose save the file.
- Download each file individually or get everything at once in a single ZIP file. Use "ZIP ALL" for best results. If you can't open the ZIP files, install WinZip (Windows) or StuffIT (Mac).

Employee Login - Privacy Policy - Security Statement -

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

November 14, 2012

VIA EMAIL AND HAND DELIVERY

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: Certificate of Need Application, Docket Number 12-31766-CON
Application of Bridgeport Hospital to Acquire Certain Assets of Russo Radiology, PC
Public hearing: Monday, November 19, 2012

Dear Hearing Officer Hansted:

On behalf of the Bridgeport Hospital, enclosed please find prefile testimony of:

- William M. Jennings, President and Chief Executive Officer of Bridgeport Hospital;
- Norman G. Roth, Chief Operating Officer of Bridgeport Hospital;
- Patrick J. Schmincke, Vice President of Clinical Administration for Bridgeport Hospital;
- James A. Brink, M.D., Chair of the Department of Diagnostic Radiology at Yale School of Medicine; and
- Robert D. Russo, M.D., owner of Russo Radiology

Each of us will attend the hearing to adopt our testimony and answer any questions that OHCA may have.

Please note that, in accordance with OHCA's request dated November 5, 2012 (the "November 5 Hearing Notice"), updated utilization statistics for both the Hospital's scanners and the scanners currently owned by Russo Radiology have been provided in the form of a revised Table 2a (attached to the prefile testimony of Mr. Schmincke as Exhibit B).

In addition, we have tried to address each of the topics/issues identified in the November 5 Hearing Notice in our testimony. For ease of reference, please find a chart below that shows which speaker's testimony addresses each of the topics in the Issues/Interrogatories document for the public hearing:

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

Topic	Prefile Testimony
1. Three (3) years of historical and projected utilization for each of the Bridgeport Hospital's ("Hospital's") MRI, CT and PET/PET-CT utilization	Patrick Schmincke – Exhibit B, Revised Table 2a
2. Capacity of each of the MRI, CT and PET/PET-CT scanners for the Hospital and the proposed scanners	Patrick Schmincke – Exhibit A, Capacity Analysis
3. The need for the Hospital to acquire each of the seven (7) scanners	Norman Roth testimony, Patrick Schmincke testimony
4. The Hospital's service area for its current MRI, CT and PET/PET-CT scanners	Norman Roth testimony
5. The need for the Hospital to acquire any proposed scanners outside its service area	Norman Roth testimony
1. Provided updated annual utilization (Jan – Dec) for each of the proposed seven (7) imaging scanners (by location)	Patrick Schmincke – Exhibit B, Revised Table 2a
2. Provide updated annual utilization (Jan – Dec) for each of the Hospital's current MRI, CT, PET/PET-CT scanners (by location)	Patrick Schmincke – Exhibit B, Revised Table 2a

We will be happy to address any additional questions you have at the hearing.

Also enclosed is a Notice of Appearance on behalf of Wiggin and Dana LLP, who is representing Bridgeport Hospital in this matter.

If you have any questions regarding this submission, please do not hesitate to contact me at (203) 384-3478.

Sincerely,

William M. Jennings
President

cc: Steven W. Lazarus, OHCA Analyst

STATE OF CONNECTICUT

BEFORE THE DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS	:	DOCKET NO. 12-31766-CON
IN RE APPLICATION OF BRIDGEPORT HOSPITAL TO ACQUIRE CERTAIN OF THE ASSETS OF RUSSO RADIOLOGY, PC	:	NOVEMBER 14, 2012

NOTICE OF APPEARANCE

Please enter the appearance of Wiggin and Dana LLP on behalf of Bridgeport Hospital.

We both plan to attend the hearing on Monday, November 19, 2012 on behalf of our client.

Respectfully submitted,

BRIDGEPORT HOSPITAL

By: Aaron S. Bayer
Rebecca A. Matthews
Wiggin and Dana LLP
One Century Tower
New Haven, CT 06508-1832
203-498-4400 (Telephone)
203-782-2889 (Fax)
abayer@wiggin.com
rmatthews@wiggin.com
Its Attorneys

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefile Testimony of William M. Jennings
President and Chief Executive Officer, Bridgeport Hospital

I. Introduction

Hearing Officer Hansted and members of the Office of Health Care Access ("OHCA") staff, thank you for the opportunity to discuss Bridgeport Hospital's application for a Certificate of Need to acquire certain imaging equipment currently owned and operated by Robert D. Russo M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology"). My colleagues and I appreciate this time today to share with you the reasons why the proposed acquisition is of such vital importance to our patients as well as Bridgeport Hospital, to provide updated volume projections and additional information related to our plans for some of the proposed imaging equipment, and to answer any questions that you may have regarding the proposal.

By way of background, I am the President and Chief Executive Officer at Bridgeport Hospital, which I joined in 2010. I am also an Executive Vice President of Yale New Haven Health System (YNHHS). Prior to joining YNHHS, I worked at SSM Health Care System in St. Louis, Missouri, where I was the President of the SSM St. Mary's Health Care Center. I have worked in the field of health care administration for over twenty years.

Prefile testimony in support of this certificate of need is being provided by the individuals listed below:

- Norman G. Roth, Chief Operating Officer, Bridgeport Hospital
- Patrick Schmincke, Vice President, Clinical Administration, Bridgeport Hospital

- James A. Brink, M.D., Chair of the Department of Diagnostic Radiology and a Professor of Diagnostic Radiology at the Yale School of Medicine, and Chief of Diagnostic Radiology at Yale-New Haven Hospital
- Robert D. Russo, M.D., Owner of Robert D. Russo & Associates Radiology

Together, we would like to explain the significant impact that this proposal will have on access to imaging services, enhancement of clinical quality, and the provision of efficient, cost-effective care, all of which will be accomplished without adding new imaging capacity to the state of Connecticut. In doing so, we will address the various topics related to the proposal that were included in OHCA's Issues/Interrogatories document for the public hearing.

II. Summary of Key Points

Because my colleagues' testimonies discuss the project in significant detail, I would like to summarize the critical points that each makes, as follows:

- Bridgeport Hospital's current outpatient imaging capacity is inadequate. Our on-campus CT and MRI scanners primarily serve the needs of our inpatients and Emergency Department patients, whose clinical needs are typically more acute than those of outpatients. In addition, these scanners are operating at or near capacity, and outpatient volume and related imaging utilization at the Hospital is projected to increase in FY 2013
- Our patients tell us that when possible, they prefer to access routine, non-emergent outpatient services in a community setting. Care can often be provided at these settings at a lower cost than in the inpatient hospital. We strive to constantly be responsive to patients' needs and to operate in as cost-effective a manner as possible
- As Bridgeport Hospital and Yale New Haven Health System prepare for health care reform, we must expand our continuum of services. Outpatient diagnostic radiology services is an essential part of this continuum and one for which the Hospital currently lacks sufficient capacity.
- The acquisition of the Russo Radiology scanners will ensure that underserved patients in our local community, including patients from two federally funded healthcare centers and the AmeriCares clinic in Bridgeport, continue to have access to outpatient imaging services.

- The proposal focuses on high quality existing imaging equipment and does not add new capacity to the state. Indeed, we propose to relocate an underutilized MRI scanner in Guilford and an underutilized CT scanner in Fairfield to a site where they will serve a vital clinical need and achieve increased utilization, at the planned cancer center at our Park Avenue Campus. The acquisition of Russo Radiology's PET/CT scanner will allow us to terminate our agreement with a mobile PET/CT provider.
- Plans for the Hospital's Park Avenue Campus, which will feature a Smilow cancer care center, are well underway. The inclusion of CT, PET/CT and MRI scanners to ensure comprehensive care for cancer patients at this site is a critical aspect of the project.
- The implementation of Epic, YNHHS' System-wide electronic medical record, will provide a significant benefit to patients by improving communication between providers, ensuring more timely diagnosis and care for patients, and reducing the potential for costly duplicate testing.
- With the integration of the Russo Radiology physicians into Yale Diagnostic Radiology (YDR), clinical quality for patients will be enhanced through access to YDR's sub-specialty expertise and their availability for clinical oversight, and through the implementation of imaging standards that are consistent across Bridgeport Hospital, the proposed Bridgeport Hospital outpatient sites and Yale-New Haven Hospital.
- Bridgeport Hospital provides significant levels of charity and under-reimbursed care to our community. In order to continue this commitment, we require programs like outpatient radiology that bring a positive financial gain to the Hospital and we must continually seek new sources of revenue.
- Revisions to our volume projections reflect updated assumptions and information regarding the project. In addition, we have conducted an analysis of our existing imaging capacity, which shows that acquisition of the Russo Radiology scanners will be necessary for us to meet future patient demand.
- The project meets several of OHCA's statutory criteria for public need.

III. Conclusion

Based on the testimony that my colleagues will provide, along with the information submitted in our Certificate of Need and Completeness Responses, I believe we have

provided clear evidence of the public need for this proposal. The acquisition of Russo Radiology imaging centers will enhance patient access, enhance clinical quality and improve operational efficiencies, meet a clear public need and fulfill a vital Hospital imperative for additional revenue sources. I request that you approve this Certificate of Need. Thank you.

The foregoing is my sworn testimony.

William M. Jennings
President and Chief Executive Officer
Bridgeport Hospital

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefile Testimony of Norman G. Roth
Chief Operating Officer, Bridgeport Hospital

I. Introduction

Hearing Officer Hansted and members of the Office of Health Care Access ("OHCA") staff, thank you for the opportunity to discuss Bridgeport Hospital's application for a Certificate of Need to acquire certain imaging equipment currently owned and operated by Robert D. Russo M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology"). This application is critically important to Bridgeport Hospital as a means of (i) meeting current and anticipated outpatient radiology needs of its patients; and (ii) expanding and enhancing cancer care services to patients in Bridgeport Hospital's primary and secondary service areas.[1]

Before discussing the proposal more specifically, I would like to provide you with some background regarding my position with Bridgeport Hospital and as part of the Yale New Haven Health System (of which Bridgeport Hospital is a part). I am currently the Chief Operating Officer of Bridgeport Hospital, a position I have held since September, 2011. Prior to that, I worked at Yale-New Haven Hospital for thirty-two (32) years, most recently as Senior Vice President for Administration. In these positions, I have been intimately involved in operations,

[1] As indicated in the Application (p. 26), the population to be served includes residents of Bridgeport Hospital's primary and secondary service areas, as well as patients from other towns and states that currently seek care at the Hospital and at Russo Radiology's existing practice locations. The towns that make up Bridgeport Hospital's primary service area are: Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford and Trumbull. The towns that make up Bridgeport Hospital's secondary service area are: Ansonia, Beacon Falls, Derby, Naugatuck, Newtown, Orange, Oxford, Seymour, Weston and Westport.

including outpatient services, and was instrumental in the establishment of the Smilow Cancer Hospital at Yale-New Haven, which was approved by OHCA in 2005 (OHCA Agreed Settlement, Docket Number 04-30410-CON).

The proposal before you now represents a unique opportunity for Bridgeport Hospital to further two critical objectives in a cost-efficient manner and without adding additional imaging capacity into the State. First, the proposal will permit Bridgeport Hospital to expand access to outpatient imaging services to its patients – a service that commenced earlier this year following OHCA's approval for Bridgeport Hospital to acquire an on-campus MRI. (OHCA Docket Number 11-31722-CON). Unlike most hospitals, Bridgeport Hospital currently has no off-site imaging facilities in the community, an important service for patients. Second, the proposal will permit Bridgeport Hospital and the Yale New Haven Health System to expand the state of the art cancer care provided by Smilow Cancer Hospital to Bridgeport Hospital's service area. That expansion is consistent with the Agreed Settlement approved by OHCA establishing Smilow, which expressly recognized the importance of establishing a network of cancer services and access to cancer-related clinical trials.

A summary of the proposed transaction is outlined below, followed by support for our position that approval of this important transaction will further OHCA's statutory mission of "promot[ing] the provision of quality health care in a manner that ensures access for all state residents to cost-effective services so as to avoid duplication of health services and improve the availability and financial stability of health care services throughout the state" (Conn. General Stat. 19-a-637 (2012). In addition to the overview that my testimony will provide, testimony by Patrick Schmincke, Vice President of Clinical Administration at Bridgeport Hospital; Dr. James Brink, Chair of the Department of Diagnostic Radiology at Yale School of Medicine; and Dr. Robert Russo of Russo Radiology, will provide greater detail, particularly regarding capacity and utilization, clinical quality, and the benefits of integration of services under the Yale New Haven Health System's electronic medical record platform.

II. Summary of Proposed Transaction

Bridgeport Hospital proposes to acquire six (6) scanners that are currently owned and operated by Russo Radiology.[2] Three (3) of the scanners (listed below) will remain in their current locations, but will operate as outpatient locations of Bridgeport Hospital, in order to serve the current and anticipated outpatient radiology needs of Bridgeport Hospital's patients:

Equipment Type	Current Location	Manufacturer	Model	Slices/Strength
CT Scanner	4699 Main Street Bridgeport	Philips	Brilliance	64 Slice
CT Scanner	2909 Main Street Stratford	Philips	MX 8000	6 Slice
MRI	2595 Main Street Stratford	GE	Highspeed	1.5 T

Three (3) additional scanners are proposed to be acquired and moved to Bridgeport Hospital's planned comprehensive outpatient center in Trumbull (the "Park Avenue Campus"):

Equipment Type	Current Location	Manufacturer	Model	Slices/Strength
PET/CT Scanner	2660 Main Street Bridgeport	GE	Discovery	4 Slice
CT Scanner	425 Post Road Fairfield	GE	Lightspeed	16 Slice
MRI	705 Boston Post Rd Guilford	Philips	Infinion	1.5 T

Development of the Park Avenue Campus (located at 5520 Park Avenue in Trumbull) is well underway. Two (2) buildings already exist on the campus and various services have been established at the site, including antenatal testing, breast care and radiation oncology. The next phase of development is to construct a third building on the campus to connect the existing two (2) buildings. This third structure will include physicians' offices, diagnostic testing, and comprehensive outpatient cancer care in affiliation with Smilow Cancer Hospital and may also include outpatient surgery. Information on the Park Avenue Campus, as presented to the Board

[2] We note that OHCA has indicated in its notice of hearing and interrogatories an understanding that seven (7) scanners are proposed to be acquired. In fact, Bridgeport Hospital proposes to acquire only six (6) scanners. the scanner currently located at the Russo Radiology site at 2660 Main Street in Bridgeport is a single, combined scanner that can perform both CT and PET/CT scans. In the application, Bridgeport Hospital broke out volume on this machine separately (CT scans and PET/CT scans), which may be the source of the confusion.

of Directors at a recent meeting, is attached as **Exhibit A**. As you can see from the exhibit, architectural schematics have already been prepared and various key regulatory approvals have already been obtained. The inclusion of MR, CT and PET/CT imaging at this location is crucial to the services planned at the site, as further described in testimony of Dr. James Brink, Chair of Yale School of Medicine's Department of Radiology. The importance of this technology is also highlighted in the letters of support attached as **Exhibit B**.

Although some of the radiologists affiliated with Russo Radiology are scheduled to retire, those that will remain with Russo Radiology will join Yale School of Medicine, which will contract to provide professional radiology services at each of Bridgeport Hospital's outpatient radiology sites. Through this affiliation, patients will have access to Yale School of Medicine's network of specialists and professional radiology will be performed consistently across all locations in accordance with policies and procedures adopted by Bridgeport Hospital and Yale.

In addition, the Epic electronic medical records system will be implemented at each of the sites at the same time as Epic is implemented at Bridgeport Hospital (in 2013). Epic will provide referring and treating physicians with access to patients' complete medical records, including imaging scans and test results. Because Epic is being implemented at all of the Yale New Haven Health System sites (including affiliated hospital locations, as well as physician offices maintained by Yale School of Medicine and Northeast Medical Group), Epic will enhance clinical quality, improve the coordination of care, reduce duplicate testing, and facilitate timely diagnosis – resulting in better, more cost-effective care for patients.

III. Need Analysis

The need for these acquisitions – as well as the benefits that will be realized consistent with OHCA's mission if the acquisitions are approved - is described in more detail below.

A. Public Need

Bridgeport Hospital and its Board continually evaluate patient needs and areas for strategic growth. As part of its Board approved Strategic Plan for Fiscal Years 2012-2014, Bridgeport Hospital identified a need for additional outpatient radiology and oncology services. In evaluating requirements for these services, it became clear that Bridgeport Hospital's existing

imaging equipment and facilities were insufficient to serve this need – and that acquisition of existing equipment owned by Russo Radiology is a better, more cost-effective and efficient way to put existing imaging capacity to higher and better use. Among the reasons that this acquisition serves a public need are the following:

Bridgeport Hospital Does Not Have Sufficient Outpatient Imaging Services Currently. Unlike the majority of Connecticut hospitals,[3] Bridgeport Hospital does not currently own or operate any off-campus outpatient radiology centers - and the imaging services it has on its main campus are either insufficient or otherwise inappropriate for meeting these outpatient needs. Patrick Schmincke, Bridgeport Hospital's Vice President of Clinical Administration, will provide you with more detailed information on capacity and utilization of Bridgeport Hospital's current imaging equipment. In the simplest terms, however, the MRI and CT scanners at the hospital are each operating at or near capacity and cannot be used to serve the proposed outpatient population.

Most hospitals maintain separate outpatient locations in order to serve their ambulatory outpatient population in a lower-care (and lower-cost) setting. As detailed in the materials submitted with our application, it is widely understood and accepted in the healthcare industry that patients generally prefer to access their outpatient care in their local community. *Recent Shifts in Place of Service for Noninvasive Diagnostic Imaging: Have Hospitals Missed an Opportunity?* J Am Coll Radiol 2009;6:96-99 (Application pp. 46-49). Off-campus sites tend to provide easier access (including ample parking) and do not require patients to navigate complex hospital facilities for routine procedures or scans. The need for care in the community becomes even more critical for cancer patients who require frequent care (e.g., daily or weekly chemotherapy) and are often immuno-suppressed. For these patients, a local setting separate from other acute-care hospital services may be an important factor in their care.

In addition, many hospitals have access to off-campus scanners in order to ensure priority access of on-campus scanners for inpatients and emergency department patients, and also as back-up in the event that on-campus scanners have an interruption in service. For example,

[3] According to research performed by Yale New Haven Health System planning staff, 87% of the fifteen largest hospitals in the state of Connecticut have off-campus imaging (MRI, CT or PET/CT)) capability, and 13% do not. Two hospitals make up that thirteen percent, and both are located in Bridgeport – Bridgeport Hospital and St. Vincent's Medical Center.

during the recent hurricane, the MRI on Bridgeport Hospital's campus was unusable due to widespread power outages. Acquisition of the scanners at the Russo Radiology sites would provide additional capacity only a short distance from the hospital campus (for example, the three scanners to be acquired for general outpatient radiology services are all within about two (2) miles from the hospital campus).[4]

Utilization of Outpatient Imaging is Projected to Increase. Bridgeport Hospital has consistently experienced increasing inpatient and outpatient volumes. In FY2012, inpatient volume increased by five percent (5%) and the Hospital is conservatively projecting a three percent (3%) increase for FY2013. These increases are also expected with respect to outpatients and will result in increased need for imaging services. To be consistent with prior applications, including OHCA Docket Number 11-31722-CON (which approved the acquisition of the Hospital's on-campus MRI), the Hospital has projected two percent (2%) increases in outpatient services, including imaging services. National trends support these projections and anticipate significant increases in outpatient imaging rates over the next ten (10) years. *See* Sg2 Outpatient Imaging Forecast, US Market 2011-2021, showing projected increases of twenty percent (20%) for MRI and thirty percent (30%) for CT scans over that ten (10) year period. (Application, p. 50); *See also* The Advisory Board Company Imaging Market Update 2012 (a copy of which is attached as Exhibit C to the testimony of Patrick Schmincke), estimating annual increases during the period 2011-2016 of 1.65% for CT, 2.1% for MR and 4.1% for PET/CT) (which yield projected aggregate increases consistent with those projected by Sg2).

In the specialty of oncology, in particular, imaging needs are also anticipated to increase. As recognized by OHCA in its approval of the Smilow Cancer Hospital, demand for cancer-related services is expected to increase as a result of various factors, including the following: (i) the increasing and aging of the population; (ii) increasing utilization of services as a result of

[4] Bridgeport Hospital has also considered whether a generator would provide cost-effective back-up in power outages. However, the cost of a generator sufficient to operate the on-campus MRI would be greater than the acquisition cost of the equipment from Russo Radiology. Based on discussions with facilities personnel at Bridgeport Hospital, the cost of a generator, plus the required transfer switch, transformer wire/material and labor would likely total between $850,000 to $1,000,000 and could cost upwards of $2,000,000. Use of a generator would also not provide the benefits of additional scanning equipment and locations to which patients can be redirected when needed.

improved survival and fewer side effects from treatment; (iii) increasing utilization of services resulting from better and earlier detection of cancer; (iv) increasing utilization of new technologies that are expanding the treatment options for patients; and (v) physician recruitment resulting in increasing numbers of expanded and enhanced clinical programs, expanding clinical research and new treatment modalities. (OHCA Agreed Settlement, Docket Number 04-30410-CON, FF 19) As described in Dr. Brink's testimony, specialty imaging modalities such as MR, CT and PET/CT are critical to establishing and monitoring the treatment plans for cancer patients.

Bridgeport Hospital is also actively recruiting professionals to its service area in various specialties. For example, the planned Park Avenue Campus is being structured to include physician offices. A number of oncology recruitments are underway for the planned cancer center. In addition, a local gastroenterology practice has executed binding documents to join Northeast Medical Group and maintain offices at that site. Bridgeport Hospital has also approached its current medical staff about occupying space in the building and the response has been so positive that there is a wait list for space in the building. These trends and other recruitments by Northeast Medical Group are all anticipated to increase demand for outpatient radiology services.

With the existing Bridgeport Hospital scanners at or near capacity, these increased needs cannot be met unless additional equipment can be obtained.

Health Care Reform Necessitates Consolidation. As OHCA is well aware, the health care industry is in an unprecedented era of change and reform. As payors move to "pay for performance" models and bundled payments, coordinated and cost-effective care will become more and more critical for a hospital's survival and quality care for patients. This is evidenced by the many applications before OHCA for hospitals to acquire outpatient radiology sites under the current control of private radiology groups. As reimbursement models change and the benefits to patients of coordinated and integrated care become more and more clear, these trends are expected to continue. Hospitals are expected to play a key role in providing platforms for coordinating and integrating care across the continuum of outpatient and inpatient services.

Due in part to its affiliation with the Yale New Haven Health System and Yale School of Medicine, Bridgeport Hospital is well positioned to coordinate care and improve quality for outpatients. If approved, acquisition of the Russo Radiology equipment and locations will permit Bridgeport Hospital to satisfy the outpatient radiology needs of its patients and continue to serve the patients already seen by Russo Radiology physicians. Installation of Epic, coordination of care with Yale School of Medicine, and implementation of best practices from the various affiliates of the Yale New Haven Health System are all expected to enhance quality, improve coordination of care, and reduce duplication of services – all to the benefit of patients and the State.

Diversification of services – particularly into services with enhanced revenue streams – is also critical for nonprofit hospitals like Bridgeport Hospital that provide numerous critical services at a loss. These services include the hospital's Primary Care Center, which is a vital point of access for thousands of Bridgeport area residents; the behavioral health program; the diabetes educational program; antenatal testing unit and pulmonary rehabilitation. In addition, as a nonprofit health care provider, Bridgeport Hospital provides significant uncompensated care to those in need. As shown in the Hospital's audited financial statements for fiscal year 2011 (filed with OHCA[5]), the Hospital provided $16.5 million in uncompensated and charity care and another $27.7 million in under-reimbursed Medicaid services. Although audited financials are not yet available for fiscal year 2012, Bridgeport Hospital expects that the levels of uncompensated and charity care will be consistent with those provided in the past. While it is part of our mission to serve the community, we must also provide programs with a positive financial impact to balance the significant losses we incur from these community-oriented programs and the payer mix of our patients. The revenue stream anticipated from outpatient radiology services can and will be used by Bridgeport Hospital to support services such as these, consistent with the hospital's nonprofit mission. Without positive revenue streams such as outpatient imaging services, Bridgeport Hospital's community programs could be financially compromised.

Proposal Presents a Unique Opportunity to Enhance Utilization of Current Capacity in the State. As described above, demand for outpatient imaging services is expected to increase.

[5] See http://www.ct.gov/dph/lib/dph/ohca/hospitalfillings/2011/bregt_2011afs_hospital.pdf

This proposal presents a unique opportunity to utilize current capacity in the State to meet these increased needs and improve utilization. The source of the enhanced utilization will be two-fold: First, the Russo Radiology sites that will remain in existence will continue to serve their current patient-base as well as the additional needs of Bridgeport Hospital patients. Second, the proposal to move three (3) scanners to the Park Avenue Campus will result in underutilized equipment being consolidated and repurposed to higher and better use. More specifically:

- The MRI in Guilford (the "Guilford MRI") is currently underutilized (providing just slightly over 600 scans in 2011). This underutilization is due, in large part, to the fact that significant capacity is available in the Guilford area. There are other MRI scanners in Guilford and one in Branford, each of which has additional, unutilized capacity. See Application, p. 29, showing that there are three (3) other MRIs In the four (4)-town Guilford service area and Bridgeport Hospital's Response to OHCA's Completeness Question Number 1, establishing excess capacity based on a phone survey conducted in July. The ability for Bridgeport Hospital to acquire the Guilford MRI now, during the planning phases of the cancer center to be located at the Park Avenue Campus, will provide Bridgeport Hospital with the opportunity to (i) transition MRI services in Guilford to other providers with excess imaging capacity; and (ii) later move the Guilford MRI to the Park Avenue Campus where it can serve a critical need for cancer patients. Bridgeport Hospital plans to upgrade the Guilford MRI from a 1.5T to a 3.0T in order to provide state of the art imaging for cancer patients at the Park Avenue Campus. This upgrade will be undertaken prior to the move and all required notifications to OHCA will be made.

  Planning for the new cancer center, including the imaging services that will be provided at the facility, must be completed now in order for space and fit-out requirements to be appropriately incorporated prior to completion of construction and opening of the facility in early 2015. Because the imaging services are so critical to the cancer center services, it is necessary for the Hospital to have certainty on these services before moving forward with other planning activities.

This interim period also provides sufficient time for services to be transitioned in Guilford without inconvenience to patients or referring physicians.

- With respect to PET/CT, acquisition of the PET/CT scanner currently located at 2660 Main Street in Bridgeport (the "Russo PET/CT") will allow Bridgeport Hospital to do away with the part time contracted service of a PET/CT (Bridgeport Hospital currently contracts with an outside vendor for access to a mobile PET/CT scanner two half-days per week). If the acquisition is approved, Bridgeport Hospital will move the Russo PET/CT to the hospital campus until it can later be moved to the new cancer center at the Park Avenue Campus. This acquisition will permit Bridgeport Hospital to provide PET/CT scans five (5) days per week on a single scanner. The Russo PET/CT is currently used for both PET/CT scans and CT scans. Once the Russo PET/CT is moved to the Park Avenue Campus, it will be used exclusively for PET/CT scans. CT scanning services previously performed on that scanner will be redirected to the other CT scanners owned and operated by Bridgeport Hospital, resulting in higher utilization of each.

- The CT scanner located at 425 Post Road in Fairfield (the "Fairfield CT") is also underutilized at its current location. Because sufficient capacity exists in Fairfield, and utilization of CT scans is expected to increase with the opening of additional services at the Park Avenue Campus, Bridgeport Hospital has determined that it will be most cost-effective and appropriate to move this machine to the Park Avenue Campus in 2015. As with the Guilford MRI, the Fairfield CT will remain in its current location during the interim period, and existing services will be appropriately transitioned to other services in Fairfield during that time.

A revised Table 2a, showing the impact of these moves and consolidations on utilization projections, is attached as Exhibit B to the testimony of Patrick Schmincke.[6] As evidenced on

[6] Per OHCA's request included with its notice of a hearing in this matter, the revised Table 2a includes updated annualized volume information for the current calendar year, based on information through October 2012. Changes

the revised table, Bridgeport Hospital has considered carefully the strategic impact of the proposed acquisitions in order to achieve greater utilization without adding capacity in the State.

The Proposed Acquisition Will Increase Access of the Poor, Uninsured, and Underinsured to Community-Based Imaging Services. Bridgeport Hospital maintains a generous charity care policy that provides free or reduced cost services to patients who are uninsured or underinsured and who meet certain financial eligibility criteria. As stated above, in fiscal year 2011, the Hospital provided $16.5 million in uncompensated and charity care and another $27.7 million in under-reimbursed Medicaid services and expects to have provided similar levels of care in fiscal year 2012. Approval of the proposed acquisition will ensure access to community-based imaging and other services for patients in Bridgeport Hospital's service area who otherwise would not be able to afford such services.

B. Other Benefits/Support for Determination of Need

As described above, the need for Bridgeport Hospital to acquire the additional imaging equipment and sites is clear. Just as important, the ability to acquire existing assets from Russo Radiology presents an opportunity for Bridgeport Hospital to meet this need in a cost-efficient and strategic manner, without adding additional capacity to the State. As such, approval of the transaction will further OHCA's mission as outlined in Conn. Gen. Stat. § 19a-637.

In evaluating applications for certificates of need, OHCA is statutorily required to consider the factors enumerated in Gen. Stat. § 19a-639(a) (1) through (9). Consideration of these factors clearly establish support for approval of the application currently before OHCA:

The proposed project is consistent with applicable policies and standards adopted in regulations by OHCA and the state-wide health care facilities and services plan. OHCA has not adopted by regulation any policies or standards relating to the acquisition of existing imaging equipment. In addition, the state-wide health care plan that OHCA has been developing has not yet been finalized and adopted. However, the proposed acquisition and integration of existing imaging equipment into the Hospital system is consistent with OHCA's broad statutory goal of

to the projections from what was provided in the Application and the Responses to the Completeness Questions are also highlighted, with explanations for the changes provided.

"ensur[ing] access for all state residents to cost-effective services so as to avoid duplication of health services and improve the availability and financial stability of health care services throughout the state." Conn. Gen. Stat. § 19a-637. The transaction will not add new imaging equipment to the state health system, is consistent with the broad goals of improving access to and the provision of high quality, cost-effective health care, and will improve the financial stability of an urban hospital that is important to the state health system.

While the acquisition allows for consistent and appropriate imaging capacity and utilization, as recognized in the draft state-wide health care plan, they are not the only factors to consider in evaluating proposals involving imaging equipment. Special considerations include: (i) the capabilities of the proposed scanners as compared to existing scanners; (ii) the ability of the applicant to serve an underserved population and not jeopardize the financial viability of the project; (iii) the impact on existing services, including avoiding delays in timely diagnosis or treatment; (iv) the use of the proposed scanner for clinical research; (v) the history of the applicant in running accredited, financially successful facilities; (vi) the applicant's ability to make radiation dose exposure decisions; and (vii) the unique patient populations or specific clinical needs for specialty scanners or specific clinical applications, including scanners with multiple use applications; complexity of scanning procedures, including the impact on available scanner access due to lengthy procedures; necessity for back-up and redundant equipment to meet the needs of emergency departments. As described above, these factors favor approval of the application presented by Bridgeport Hospital.

There is a clear public need for the services proposed. As described above, and supported by testimony of others in this proceeding, the need for integrated outpatient care, including outpatient radiology services, is expected to increase and Bridgeport Hospital's current resources are not sufficient to meet anticipated demand.

Bridgeport Hospital has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the State. Bridgeport Hospital has a long history of providing quality care to patients in the State. As described above, the acquisition of outpatient radiology equipment and sites, and their associated revenue streams, are critical to the

Hospital's financial future and the ability of the Hospital to continue to provide needed services to patients, including services to the community that it currently provides at a loss.

Bridgeport Hospital has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region. Integration of services with those of Bridgeport Hospital, in affiliation with the Yale New Haven Health System and Yale School of Medicine, will improve quality of care and ensure access. Implementation of Epic will assist physicians to coordinate care in a cost-effective manner and avoid duplication of services, including imaging services. Control of services by a nonprofit health system will ensure continued access for uninsured and underinsured patients, and also provide revenues to support needed primary care services that are provided at a loss.

Bridgeport Hospital's past and proposed provision of health care services to relevant patient populations and payer mix supports this application. Bridgeport Hospital has a long history of quality care in its service area. In addition, as an urban nonprofit hospital, Bridgeport Hospital has long ensured access to patients without insurance (or with insufficient coverage), a tradition that will be furthered by this transaction.

Bridgeport Hospital has identified utilization of existing health care facilities and health care services in its service area. By acquiring existing equipment, Bridgeport Hospital's proposal will permit it to satisfy anticipated outpatient needs, while continuing to serve populations currently served by Russo Radiology and not adversely impacting other unaffiliated providers.

Bridgeport Hospital has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities. The acquisition of existing equipment avoids the addition of added capacity to the region. In addition, the planned move of certain equipment from Guilford and Fairfield to the new Park Avenue Campus will result in underutilized equipment being repurposed for higher and better utilization. Together with integration of services under Epic, duplication and unnecessary services will be reduced.

IV. Conclusion

For all the reasons set forth above, Bridgeport Hospital asserts that the mission of OHCA will best be served by approving the transaction before it. Approval of the proposed acquisitions will clearly satisfy an important public need, ensure access, improve quality and contribute to the continued financial strength of the health care system in the State. It is also important to emphasize that the proposed sites are all approved and established imaging centers that are operating today. They will continue to operate and provide imaging services to patients regardless of their ownership structure. In other words, they will not be closed down if this transaction is not approved, but will continue to function without the benefits and improvements to clinical quality, operating efficiency and utilization that Bridgeport Hospital would provide. For these reasons, we respectfully request that you approve this Certificate of Need.

Thank you.

The foregoing is my sworn testimony.

Norman G. Roth
Chief Operating Officer
Bridgeport Hospital

EXHIBIT A

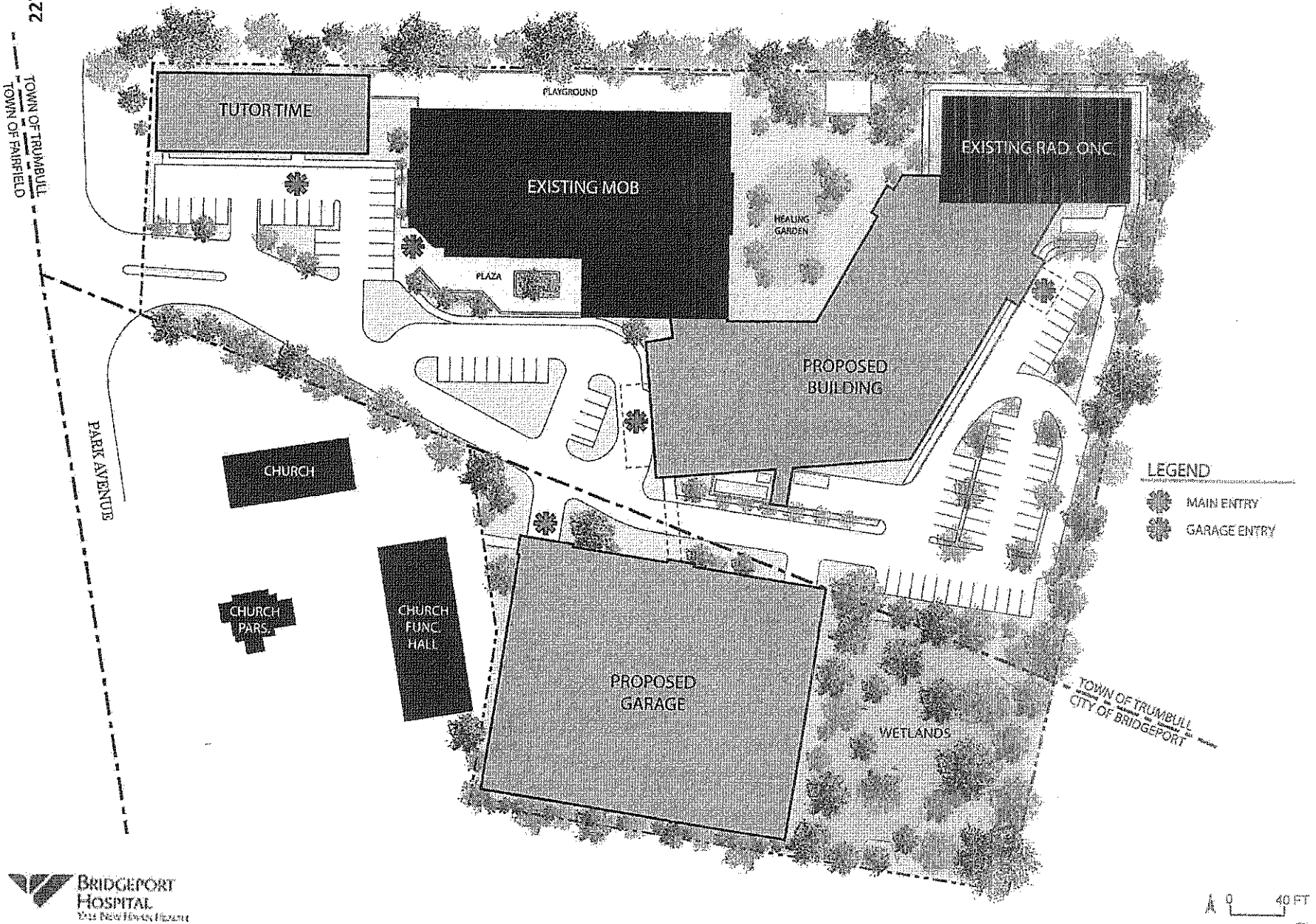
Plans re Park Avenue Campus

Park Avenue Project

Bridgeport Hospital Board of Directors Meeting

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

Proposed Site Plan

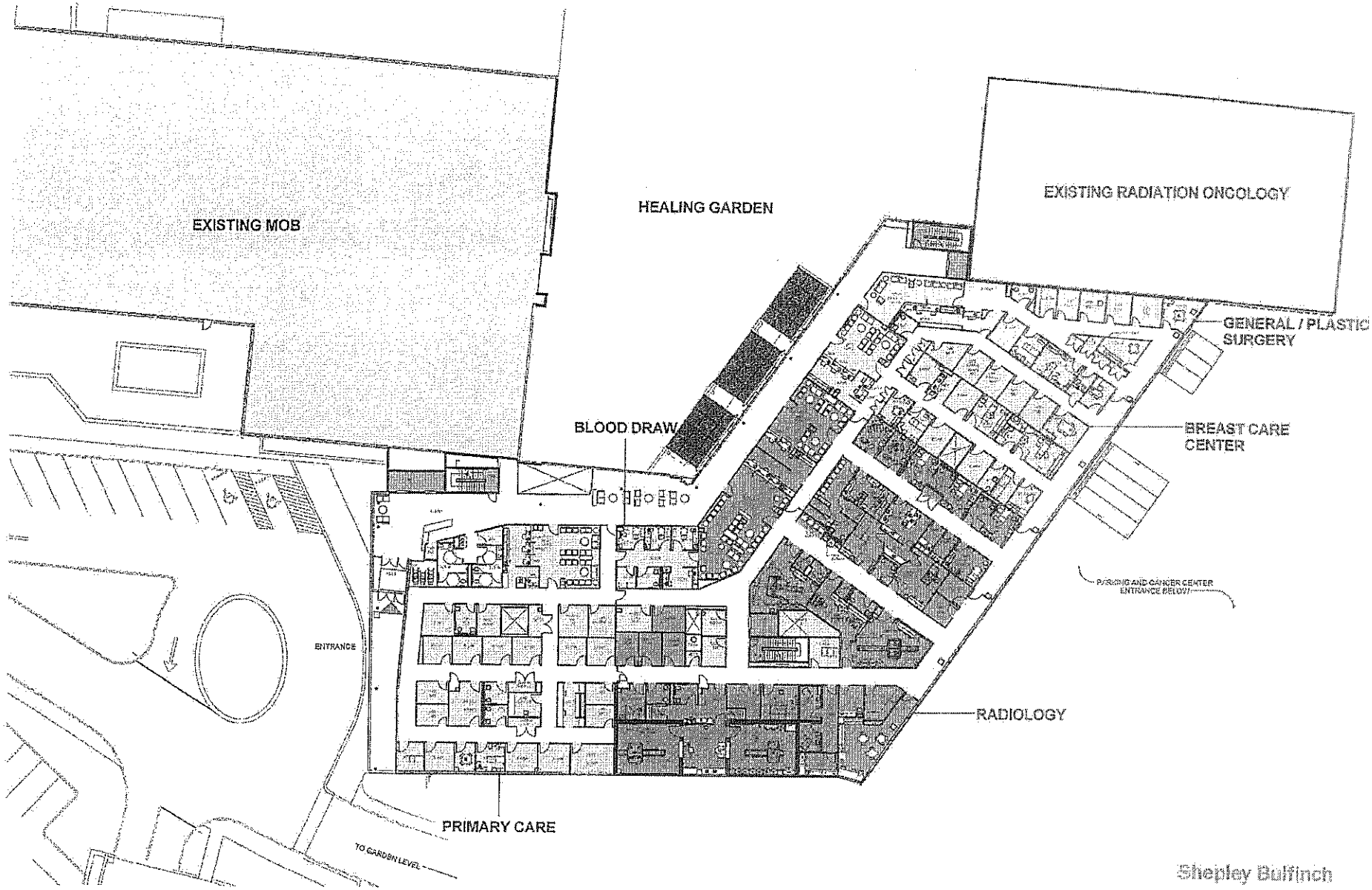


BRIDGEPORT HOSPITAL

228 Programs in Park Avenue Building

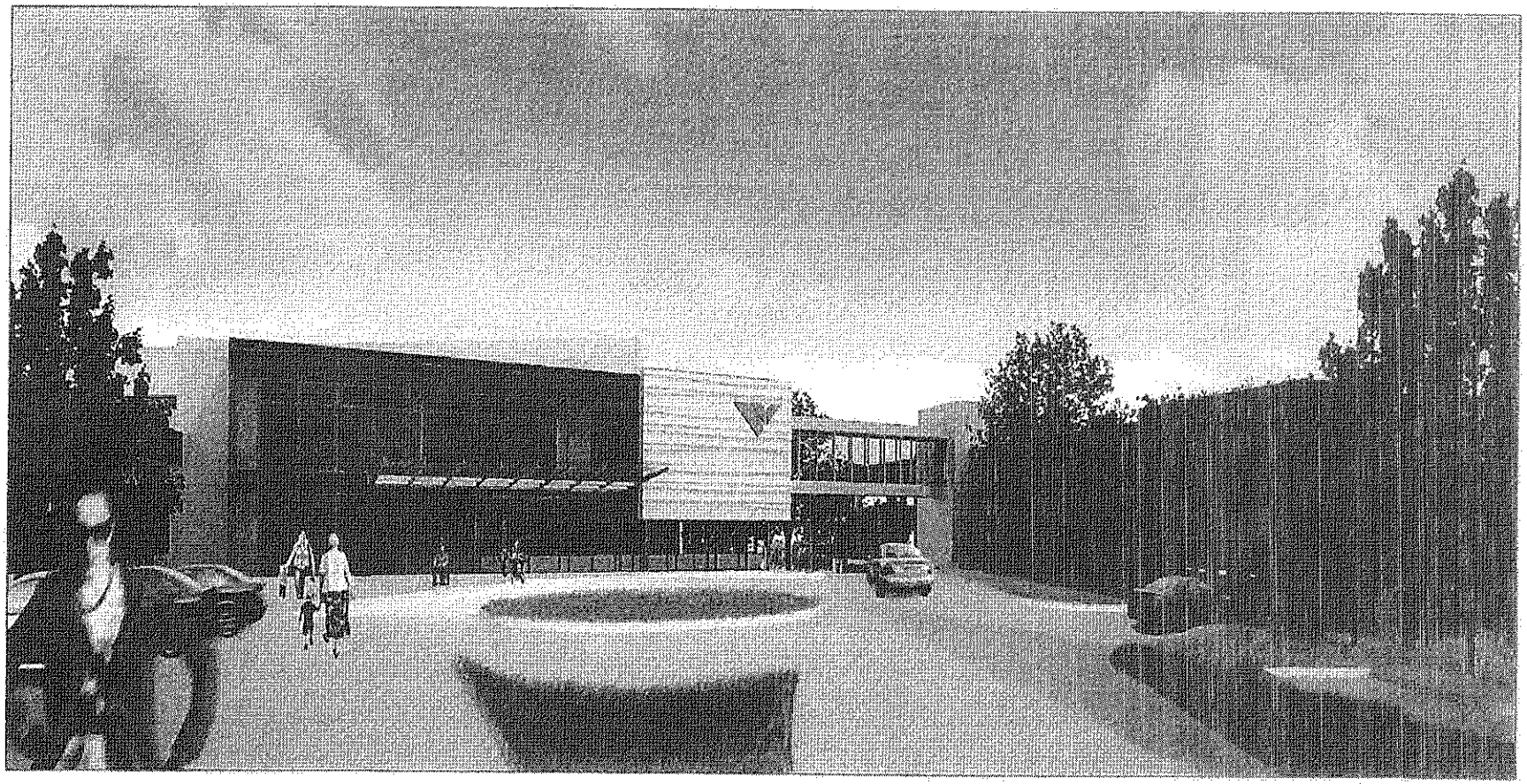
- Ambulatory Surgery (Hospital)
- GI Suites (Hospital)
- Primary Care Practice/Walk-In (NEMG)
- General Surgery/Plastic Surgery (NEMG)
- Breast Care Center
- Radiology
- Medical Oncology
- Chemotherapy and Infusion (with pharmacy)
- Laboratory (with draw station)

Level 1 Plan

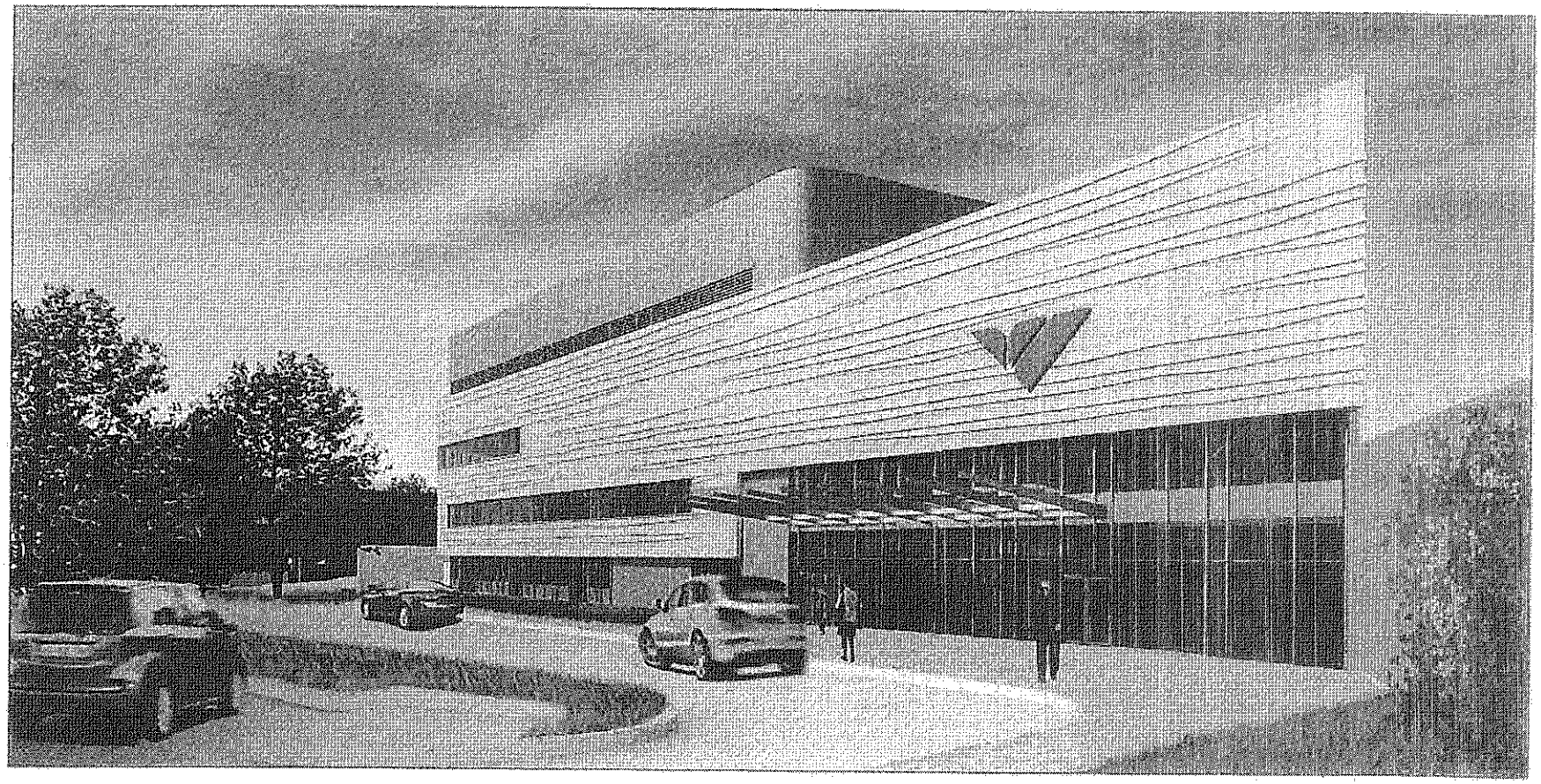

EXISTING MOB
HEALING GARDEN
EXISTING RADIATION ONCOLOGY
GENERAL / PLASTIC SURGERY
BLOOD DRAW
BREAST CARE CENTER
PARKING AND CANCER CENTER ENTRANCE BELOW
ENTRANCE
RADIOLOGY
PRIMARY CARE
TO GARDEN LEVEL

Campus Aerial

Main Entry



Cancer Center Entry



Approval Timeline 2012-2013

Approved August 27, 2012	Bridgeport Wetlands
Approved September 24, 2012	Bridgeport Wetlands
Approved October 2, 2012	Trumbull Wetlands
Meeting November 14, 2012	Trumbull Planning & Zoning
July → December	State Traffic Commission (Office State Traffic Administration)
November/December	Merritt Parkway Commission (Advisory)
December	Final Construction Documents
January 2013	Building Permit (4 to 8 Weeks) Bridgeport
Late Winter/Spring	Begin Garage Construction

Exhibit B

Letters of Support

See attached letters from:

Mary T. Pronovost, M.D.
Neal Fischbach, M.D.
Andrew Kenler, M.D.
Peter Tortora, M.D.

MARY T. PRONOVOST, M.D., F.A.C.S.
Specializing in Diseases of the Breast

111Beach Road
Fairfield, CT 06824

Tel. (203) 254-2381
Fax: (203) 255-8515

November 12, 2012

Ms. Kimberly Martone
CT Department of Public Health
Office of Health Care Access
Director of Operations
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Martone:

I am writing this letter of support for Bridgeport Hospital's CON application Docket Number 12-31766 to purchase certain assets of the Russo Radiology Practice. I strongly support having have Bridgeport Hospital outpatient radiology services in the community, specifically at Park Avenue in Trumbull, where my practice will be located.

I am a fellowship trained breast surgeon and the Medical Director of the Norma F. Pfriem Breast Care Center, and I treat hundreds of Bridgeport Hospital's breast cancer patients each year. While my current office is in Fairfield at the Norma F. Pfriem Breast Care Center, there is a comprehensive Breast Care Center being built as part of the new building planned for 5520 Park Avenue. Once that center opens, I will be working at Park Avenue as well as my current office, because the new center will be part of a full service cancer center where my patients will be able to get all their cancer care under one roof. I can't offer that to them today in Fairfield.

The Park Avenue Campus currently has medical oncology and radiation services. A key service that is needed in a comprehensive cancer center is access to high quality, convenient imaging services. This service is not available at Park Avenue at this time, but is planned for the new building. This is an important service for my patients and me. For my patients, they are often very sick, and would benefit greatly from having all their key services under one roof. They often require radiology tests (CT, PET/CT, MRIs, ultrasounds) to help with their diagnosis and treatment plans, and today they have to travel to other sites in the community to get these images taken. If the radiology services were at Park Ave, they could have their images taken on the same day as their visit/treatment, and if I needed to inspect the images before the test was complete or needed to talk to the radiologist, I could simply run next door to do this between patients. This would speed up care decisions and improve safety, since I can ensure accurate images and see the results quickly to make a care decision.

For myself, I need to ensure that my patients are getting images taken on high quality, up to date radiology equipment so the images are clear and accurate and I can make appropriate treatment decisions. The equipment that Bridgeport Hospital plans to put into the Park Avenue Radiology Center, since they are working closely with the Smilow Cancer Hospital, will be of the highest quality needed for patient safety. Many of the private radiology centers in the community have older models or machines that have been refurbished or at the end of their life, and thus the images are not as clear as they need to be. Once this new radiology center opens, I will refer most of my cancer patients to it for service because it will help me make the best treatment plan for them.

I strongly support approval of this application.

Dr. Mary Pronovost
Medical Director, Norma F. Pfriem Breast Care Center
111 Beach Road
Fairfield, CT 06824

ONCOLOGY ASSOC. OF BRIDGEPORT, P.C.
ROBERT FOLMAN, M.D.
JERRY MALEFATTO, M.D.
LAURIE HARROLD, M.D.
NEAL FISCHBACH, M.D.
DAVID WITT, M.D.

bridgeportoncology.com

5520 Park Avenue
Suite 203
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Telephone: (203) 502-8400
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111 Beach Road
Fairfield, CT 06824
Telephone: (203) 255-2766
Fax: (203) 255-2974

November 12, 2012

Ms. Kimberly Martone
CT Department of Public Health
Office of Health Care Access
Director of Operations
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Martone:

I am writing this letter of support for Bridgeport Hospital's CON application Docket Number 12-31766 to purchase certain assets of the Russo Radiology Practice. I strongly support having Bridgeport Hospital outpatient radiology services in the community, specifically at Park Avenue in Trumbull, where my practice is located.

I am a medical oncologist and practice in a group of 4 other oncologists caring for the majority of cancer patients diagnosed and treated at Bridgeport Hospital. Through a unique collaboration with Bridgeport Hospital we have created an exemplary Community Cancer Center which facilitates the prospective, multidisciplinary treatment planning essential to optimal cancer outcomes. The Norma Pfriem Cancer Institute's Park Avenue campus brings together Medical Oncology, Surgical Oncology, and a variety of support services including nutrition and genetic counseling. However, the one essential piece that is missing is access to high quality, comprehensive radiology services. Cancer patients require the full spectrum of diagnostic imaging including X-Rays, ultrasound, CT, MRI, and nuclear medicine (PET/CT and Bone Scan). Further, they require access to the increasing complement of interventional radiology services including placement of central venous catheters, biopsies, ablations and other minimally invasive cancer procedures. Not only do we require these services, it is vital these services be available as part of the Cancer Institute campus. Sick patients will conveniently and safely undergo imaging and therapeutic procedures at the same location and often on the same day they will see their cancer providers. Equally vital, we will be able to immediately and personally communicate with the Radiologists for treatment planning or review of urgent radiologic findings.

Our collaboration with Bridgeport Hospital is expanding to an equally important partnership with Smilow Cancer Institute. Our goal and expectation is that this relationship will result in our patient's having access to the highest quality cancer care in the world in the convenience of their community. Modern imaging technology staffed by highly trained Radiologists who function as an integral part of the cancer care team will make this goal a reality.

For all of these reasons, I strongly support approval of this application.

Dr. Neal Fischbach, MD
Oncology Associates of Bridgeport
5520 Park Avenue
Trumbull, CT 06611

November 12, 2012

Ms. Kimberly Martone
CT Department of Public Health
Office of Health Care Access
Director of Operations
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Martone:

I am writing this letter of support for Bridgeport Hospital's CON application Docket Number 12-31766 to purchase certain assets of the Russo Radiology Practice. I strongly support having have Bridgeport Hospital outpatient radiology services in the community, specifically at Park Avenue in Trumbull, where my practice is located.

I am a breast surgeon with the Norma F. Pfriem Breast Care Center and I treat hundreds of Bridgeport Hospital's breast cancer patients each year. My patients today come to Park Avenue for their office visits and minor procedures in my office. They can have their chemotherapy in the Oncology Associates of Bridgeport office which is next to mine, and can get their radiation therapy on site, since the hospital has opened their new radiation oncology center on the campus.

The one key service that is needed in a comprehensive cancer center that is missing is at Park Avenue is access to high quality, convenient imaging services. This is important for my patients and me. For my patients, they are often very sick, and would benefit greatly from having all their key services under one roof. They often require radiology tests (CT, PET/CT, MRIs, ultrasounds) to help with their diagnosis and treatment plans, and today they have to travel to other sites in the community to get these images taken. This is difficult for them to travel to various places when they are ill. If the radiology services were here at Park Ave, they could have their images taken on the same day as their visit/treatment, and if I needed to inspect the images before the test was complete or needed to consult with the the radiologist, I could simply walk next door and consult with them. This type of real time collaboration is critical to integrated breast care. It speed up medical decisions, improves safety, cuts down on unnecessary extra testing, is cost effective, and provides an integrated collaborative approach to cancer care that is too often missing in most communities.

Although my practice involves using ultrasound and digital mammography to diagnose and treat benign and malignant breast disease, a comprehensive cancer care center is incomplete without MRI, CAT and PET/CT. In this multidisciplinary cancer care paradigm, it is an absolute necessity to have full radiologic devices at a cancer center where breast surgeons practice. The process is collaborative between the breast surgeon and the radiologist, with the patient being the ultimate beneficiary.

Bridgeport Hospital's radiology services at Park Avenue is going to be state of the art, with not only the latest and best technology (MRI,CAT, PET/CT) but equally important, all the aforementioned necessary radiology equipment will be available at this one site, again ensuring a patient experience not available elsewhere in this region. My patients absolutely need access to mammography, ultrasound, MRI, CT, PET Scans to ensure they get accurate diagnosis and treatment.

Personally, Bridgeport Hospital's affiliation with the Smilow Cancer Center as part of the Yale New Haven Health System gives me great confidence that the radiology equipment at Park Avenue will be the best available and completely comprehensive.

I strongly support approval of this application.

Dr. Andrew Kenler
Suite 207
5520 Park Avenue
Trumbull, CT 06611

Fairfield Medical Group, LLC

1300 Post Road • Suite 202 • Fairfield, Connecticut 06824
(203) 255-8827 • Fax (203) 259-4610

PETER C. TORTORA, M.D., F.A.C.P.
MONICA JAIN, M.D.

PETER R. CIMINO, M.D., F.A.C.P.
ERICA CICCONE, Office Manager

November 12, 2012

Ms. Kimberly Martone
CT Department of Public Health
Office of Health Care Access
Director of Operations
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Martone:

I am writing this letter of support for Bridgeport Hospital's CON application Docket Number 12-31766 to purchase certain assets of the Russo Radiology Practice. I will be pleased to have Bridgeport Hospital outpatient radiology services in the community, as the Epic electronic medical record system and clinical integration with the hospital will provide for improved patient care and safety, and the locations in the community will make it more convenient for my patients.

Currently, for my patients to utilize a Bridgeport Hospital outpatient imaging service, they have to go to the hospital campus. Most patients of my patients will not do that, due to the travel distance into Bridgeport, and the fact that they have to pay for parking and walk through the hospital campus to get to the radiology department. My own office practice in Fairfield is on the Epic system, and having my patients receive their imaging service from convenient, suburban Bridgeport Hospital sites will be beneficial because their radiology images will be in Epic also, and I will be able to see them easily so I can make timely, accurate treatment decisions. This will also minimize unnecessary duplication that can happen when a patient receives a test in the community which then must be repeated at the hospital due to the inability to access the original image/report which is in a different electronic medical record system.
I strongly support approval of this application. Please let me know if you have any questions.

Sincerely,

Peter Tortora, M.D., F.A.C.P.
President of the Medical Staff, Bridgeport Hospital
Assistant Clinical Professor of Medicine
Yale University, School of Medicine

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefile Testimony of Patrick J. Schmincke
Vice President, Clinical Administration, Bridgeport Hospital

I. Introduction

Hearing Officer Hansted and members of the Office of Health Care Access ("OHCA") staff, thank you for the opportunity to discuss Bridgeport Hospital's application for a certificate of need to acquire certain imaging equipment currently owned and operated by Robert D. Russo M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology"). I am Vice President of Clinical Administration at Bridgeport Hospital with responsibility for various services, including outpatient imaging services. My background is in science and management, having earned an Associate's Degree in Applied Science, Respiratory Care and a Bachelor Degree in Management. I am currently a candidate to receive a Master Degree in Business Administration (graduating this month). I am a member of the American College of Health Care Executives. I have over (21) years of healthcare experience with the last seventeen (17) being in a management capacity.

Norman Roth has described for you the importance of this application to Bridgeport Hospital and our patient base. In addition, Drs. Russo and Brink have outlined the enhancements to quality care and reductions in duplications of services that are expected to result from approval of the transaction. I would like to now provide you with specific data relating to capacity and utilization of the scanners at issue in this application, as well projections for utilization of the scanners if this application is approved. As a result of more detailed analysis and new developments since the certificate of need application was filed, my testimony and

exhibits contain updated capacity and utilization data to supplement, and in some instances, replace, data provided in the application.

II. Capacity and Target Utilization

We understand OHCA's concerns about the historical proliferation of imaging services in the state and possible excess capacity in certain areas. This transaction, however, will not add any new imaging capacity to region, but will instead make better and more efficient use of existing equipment.

As outlined in Norman Roth's testimony, Bridgeport Hospital has carefully considered the proposed transaction and its strategic importance. Based on the capacity and utilization of the Hospital's existing scanners, and projected utilization in light of the Hospital's planned cancer center and other outpatient services (all of which is discussed in more detail below), Bridgeport Hospital has determined that the acquisition of the scanners now owned by Russo Radiology – including the move of certain of the scanners to the new Park Avenue Campus – will be the most cost-effective way to ensure access for Bridgeport Hospital's patients to this important service.

In order to determine whether or not an existing piece of equipment is being sufficiently utilized, capacity for the equipment must be defined. To date, no standard definition of capacity has been adopted by OHCA. Draft guidelines are, however, in process and under discussion with stakeholders. The most recent draft guidelines (from June 2012) propose the following targets for 100% capacity (on an annual basis), by equipment type:

Equipment Type	*100% Capacity*
MRI	4,000 scans
CT Scanner – Hospital Based	12,000 scans
CT Scanner – Off Campus	3,700 scans
PET/CT Scanner	700 scans

Understanding that it is unrealistic to expect equipment to operate at 100% capacity – because equipment needs to be taken off line from time to time for maintenance and availability must be assured for acute and emergent patients – OHCA has proposed that target utilization

should be 85% of capacity. In other words, equipment will be assumed to be operating at an appropriate level if the following volumes are being achieved on an annual basis:

Equipment Type	*Target Utilization (85% Capacity)*
MRI	3,400 scans
CT Scanner – Hospital Based	10,200 scans
CT Scanner – Off Campus	3,145 scans
PET/CT Scanner	595 scans

Capacity is also often defined by a formula that considers hours of operation, multiplied by an average time per scan, adjusted again for maintenance/downtime. A calculation of capacity using this formula for each of the scanners involved in this application is set forth on **Exhibit A**. Actual hours of operation have been used for each scanner and average time per scan is based on the actual scheduled time allowed per procedure. This formula may more accurately reflect the specific operations of each scanner, based on real criteria, including the actual hours of operation determined to best serve patients.

III. Utilization and Projections

In addition to calculating capacity for each of the scanners currently owned by Bridgeport Hospital and Russo Radiology, **Exhibit A** shows actual and projected volumes of scans and then compares those actual and projected volumes to capacity (i.e. utilization is established as a percentage of capacity).

Bridgeport Hospital submitted preliminary actual and projected volumes for each scanner as part of its certificate of need application and in response to completeness questions. See Application, page 30 and Response to Completeness Questions, Page 7. In preparing these preliminary projections, current volumes were extrapolated over future periods without a detailed analysis of anticipated changes to volume resulting from changes in location or usage of the equipment. In addition, certain reductions were erroneously factored into the projections based on an assumption that copays may increase for services converted to hospital-based.

Since the filing of the Application and the Response to Completeness Questions, additional analysis has been performed to determine more precise projections. Refined

projections are included in a revised Table 2a, attached to this testimony as **Exhibit B**, and included in the capacity/utilization analysis shown on **Exhibit A**. Changes from the projections previously provided are highlighted, and explanations are provided, on Exhibit B. A few important items to note:

- As specifically requested by OHCA in its notice of hearing in this matter, Bridgeport Hospital has revised annualized volume information for the current year, based on scans performed year-to-date through October. Except where otherwise noted, projections have been extrapolated from these revised volume statistics assuming two percent (2%) growth each year. Support for this growth projection is discussed below.

- Where Bridgeport Hospital proposes to relocate scanners and/or consolidate services (for example, the proposed termination of the Hospital's current arrangement for a mobile PET/CT and consolidation of PET/CT services on the PET/CT currently owned by Russo Radiology, which will result in CT volume being distributed to other scanners), these changes have been expressly factored into the projections.

- In connection with the Park Avenue Campus, Bridgeport Hospital worked with a national consulting firm, Regents Health Resources, Inc., to determine potential volumes based on population increases and other demographic changes. As explained on **Exhibit B**, location and accessibility were examined in light of population and demographics to develop appropriate projections for services at this new location.

- Since the time of filing of the application, Bridgeport Hospital has further researched the requirements of various payors and based on that research, the Hospital believes that most patients will not see any change in co-pay as a result of a conversion of the service to hospital-based. Accordingly, this reduction factor has been eliminated from the projections.

As you can see from **Exhibits A** and **B**, Bridgeport Hospital's existing equipment MR and CT scanners are currently at or near capacity and its PET/CT scanner is being used at an appropriate level considering that the scanner is available only two half-days per week. As such, these existing scanners leave little or no room for growth and will not be sufficient to meet projected demand.

In light of the various factors expected to increase utilization of the near term, it is clear that the acquisition of the Russo Radiology scanners will be necessary to meet anticipated demand. To reiterate and build upon the testimony of Norman Roth, some of these factors include:

- Anticipated increases in overall volumes of inpatients and outpatients at the Hospital (In FY2012, inpatient volume increased by five percent (5%) and the Hospital is conservatively projecting a three percent (3%) increase for FY2013; consistent with historical increases, outpatient volumes are expected to increase by two percent (2%)).

- Trends showing anticipated increased demand for sophisticated imaging (*See* Sg2 Outpatient Imaging Forecast, US Market 2011-2021, showing projected increases of twenty percent (20%) for MRI and thirty percent (30%) for CT scans over the ten (10) year period from 2011-2021. (Application, p. 50); See also The Advisory Board Company Imaging Market Update 2012 (a copy of which is attached as **Exhibit C**), estimating annual increases during the period 2011-2016 of 1.65% for CT, 2.1% for MR and 4.1% for PET/CT), (which yield projected aggregate increases consistent with those projected by Sg2).

- Increased demand for cancer care services – of which imaging services are an important component - as a result of numerous factors, including the increasing and aging of the population, the increasing utilization of services as a result of improved survival and fewer side effects from treatment, and the increasing utilization of services resulting from better and earlier detection of cancer. (OHCA Agreed Settlement, Docket Number 04-30410-CON, FF 19)

- New physicians being recruited to the Bridgeport Hospital service area, which will likely result in increased demand for imaging and other diagnostic services. Further information on these recruitments has been described in Norman Roth's testimony.

- The strategic structure of this acquisition, which will ensure access to outpatient imaging in key communities in Bridgeport Hospital's service area and also ensure that underutilized equipment is moved or repurposed for better and higher utilization.

In addition, because the proposed acquisition does not involve the purchase of new equipment, and because the professionals associated with Russo Radiology will continue to serve their current patients, it is clear that all of the scanners to be acquired will be needed to continue to meet existing demand and to further meet future demand. As described in Dr. Russo's testimony and the letters of support attached thereto, existing referral relationships to the Russo Radiology physicians are expected to continue and increase. Access to the broad, specialized expertise of the Department of Radiology at the Yale School of Medicine will further increase referrals.

IV. Quality

It is also important to note that the equipment proposed to be acquired has been consistently upgraded and is state of the art. See Responses to Completeness Question 10, outlining the replacements and upgrades made to the Russo Radiology equipment. In fact, Russo Radiology is the only full-service radiology practice in Connecticut to achieve full three-year accreditation for its services from the Joint Commission. Although Bridgeport Hospital has plans to upgrade the MRI to be located on the Park Avenue Campus due to the specialized patient-base to be served there, all of the equipment to be acquired is of a standard that is consistent with the high standards maintained by Bridgeport Hospital and assures quality care for its patients. The proposed acquisition will satisfy a critical need for Bridgeport Hospital's patients and not merely be a means of shifting control of existing services.

V. Conclusion

Based on the above testimony plus the information submitted in our Certificate of Need and Completeness Responses, I believe we have provided clear evidence of the public need for this proposal. The acquisition of Russo Radiology imaging centers will enhance access, improve quality and operational efficiencies, meet a clear public need and fulfill a vital Hospital imperative for additional revenue sources. I request that you approve this Certificate of Need. Thank you.

The foregoing is my sworn testimony.

Patrick Schmincke
Vice President, Clinical Administration
Bridgeport Hospital

EXHIBIT A

Capacity Analysis

[See attached.]

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2009	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
250 Capacity Analysis	Not In Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	Not In Service In 2009 CT 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	16	0	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	0.0	0.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year	0	360	22,668	0	2,738	767	1,907	1,364	3,037	160	1,069
Capacity per day	0	3	31	0	11	10	17	17	17	3	8
Capacity per year	0	248	8,070	0	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	3	87	-	11	3	7	5	12	1	7
Total actual exams per year	-	360	22,668	-	2,738	767	1,907	1,364	3,037	160	1,069
Average exams per month	-	30	1,889	-	228	64	159	114	253	13	89
Percent of capacity utilized	**0%**	**145%**	**281%**	**0%**	**99%**	**29%**	**43%**	**31%**	**69%**	**42%**	**93%**

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2010	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
251 Capacity Analysis	Not in Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	Not in Service In 2010 CT 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	16	0	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	0.0	0.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year	0	280	22,937	0	2,889	637	2,015	1,243	2,716	107	1,385
Capacity per day	0	3	31	0	11	10	17	17	17	3	8
Capacity per year	0	248	8,070	0	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	3	88	-	11	2	8	5	10	1	9
Total actual exams per year	-	280	22,937	-	2,889	637	2,015	1,243	2,716	107	1,385
Average exams per month	-	23	1,911	-	241	53	168	104	226	9	115
Percent of capacity utilized	**0%**	**113%**	**284%**	**0%**	**104%**	**24%**	**46%**	**28%**	**62%**	**28%**	**154%**

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2011	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
252 Capacity Analysis	Not in Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT 1/2 Year in Svc GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	12	12	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	4.0	4.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year .	0	344	18,556	3,840	1,997	612	1,872	815	2,017	77	862
Capacity per day	0	3	23	23	11	10	17	17	17	3	8
Capacity per year	0	248	5,960	5,960	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	3	71	15	8	2	7	3	8	0	6
Total actual exams per year	-	344	18,556	3,840	1,997	612	1,872	815	2,017	77	862
Average exams per month	-	29	1,546	320	166	51	156	68	168	6	72
Percent of capacity utilized	**0%**	**139%**	**311%**	**64%**	**72%**	**23%**	**43%**	**19%**	**46%**	**20%**	**75%**

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2012	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
253 Capacity Analysis	MR 1.5T 1/2 Year in Svc Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total annualized exams per year	2,981	270	4,252	16,837	3,362	738	1,733	900	2,344	78	787
Capacity per day	18	3	16	47	11	10	17	17	17	3	8
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	383	1,448
Average exams per day	11	3	16	65	13	3	7	3	9	0	5
Total annualized exams per year	2,981	270	4,252	16,837	3,362	738	1,733	900	2,344	78	787
Average exams per month	248	23	354	1,403	280	62	144	75	195	7	66
Percent of capacity utilized	**65%**	**109%**	**109%**	**143%**	**121%**	**28%**	**39%**	**20%**	**53%**	**20%**	**68%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145	595	3,145
Difference: Greater/(Less than)	(419)	(325)	(5,948)	6,637	(38)	(2,662)	(1,412)	(2,245)	(801)	(517)	(2,358)
	OHCA Diff	Total Vol	Total Capacity	Total % of Capacity	OHCA Diff	Total Vol	Total Capacity	Total % of Capacity			
Total MRI	(419)	2,981	4,563	65%	(2,700)	4,100	5,378	76%			
Total CT	689	21,089	15,644	135%	(6,816)	5,764	14,348	40%			
Total PET/CT	(325)	270	248	109%	(517)	78	383	20%			

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2013	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
254 Capacity Analysis	MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 3550 Main St BPT	CT 4 Slice GE Discovery 3550 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,533	355	4,337	17,174	3,429	753	1,768	1,721	2,391		
Capacity per day	18	3	16	47	11	10	17	17	17	0	0
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	0	0
Total est. exams per day	17	3	17	66	13	3	7	7	9	-	-
Total projected exams per year	4,533	355	4,337	17,174	3,429	753	1,768	1,721	2,391	-	-
Average exams per month	378	30	361	1,431	286	63	147	143	199	-	-
Percent of capacity utilized	99%	143%	111%	146%	124%	29%	40%	39%	54%	0%	0%
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,133	(240)	(5,863)	6,974	29	(2,647)	(1,377)	(1,424)	(754)		
	OHCA Diff	Total Vol	Total Capacity	Total % of Capacity	OHCA Diff	Total Vol	Total Capacity	Total % of Capacity			
Total MRI	1,133	4,533	4,563	99%	(2,618)	4,182	5,378	78%			
Total CT	1,111	21,511	15,644	138%	(3,555)	5,880	13,200	45%			
Total PET/CT	(240)	355	248	143%	-	-	0	0%			

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

2014	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
255 Capacity Analysis	MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2650 Main St BPT	CT 4 Slice GE Discovery 2650 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,623	362	4,424	17,517	3,498	768	1,803	1,755	2,439		
Capacity per day	18	3	16	47	11	10	17	17	17	0	0
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	0	0
Total est. exams per day	18	3	17	67	13	3	7	7	9	0	0
Total projected exams per year	4,623	362	4,424	17,517	3,498	768	1,803	1,755	2,439	0	0
Average exams per month	385	30	369	1,460	292	64	150	146	203	0	0
% Exams Est Day Shift	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Totals Exams Est Day Shift	18	3	17	67	13	3	7	7	9	0	0
Percent of capacity utilized	101%	146%	113%	149%	126%	29%	41%	40%	55%	0%	0%
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,223	(233)	(5,776)	7,317	98	(2,632)	(1,342)	(1,390)	(706)		
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	1,223	4,623	4,563	101%	(2,534)	4,266	5,378	79%			
Total CT	1,541	21,941	15,644	140%	(3,438)	5,997	13,200	45%			
Total PET/CT	(233)	362	248	146%	-	-	0	0%			

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2015	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
256 Capacity Analysis	MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT Park Ave, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Park Ave, BPT	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT Park Ave, BPT	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2560 Main St BPT	CT 4 Slice GE Discovery 2560 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	8	9	4	4
Days available per week	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,716	466	4,512	17,868	3,568	3,933	1,839	4,165	2,488		
Capacity per day	18	3	16	47	11	10	17	16	17	0	0
Capacity per year	4,563	652	3,911	11,733	2,770	2,607	4,400	3,911	4,400	0	0
Total est. exams per day	18	2	17	69	14	15	7	16	10	-	-
Total projected exams per year	4,716	466	4,512	17,868	3,568	3,933	1,839	4,165	2,488	-	-
Average exams per month	393	39	376	1,489	297	328	153	347	207	-	-
Percent of capacity utilized	103%	71%	115%	152%	129%	151%	42%	106%	57%	0%	0%
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,316	(129)	(5,688)	7,668	168	533	(1,306)	1,020	(657)		
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	1,316	4,716	4,563	103%	701	7,501	5,378	139%			
Total CT	1,980	22,380	15,644	143%	(943)	8,492	12,711	67%			
Total PET/CT	(129)	466	652	71%	-	-	0	0%			

EXHIBIT B

Revised Table 2a

Original	Actual Volume Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs) **		
	FY 2009	FY 2010	FY2011	FY 2012 6 Months Jan - Jun Annualized	FY 2013	FY 2014	FY 2015
Scanner***							
CT - 4699 Main St., Bridgeport (Commerce Park)	3,037	2,716	2,017	2,124	2,045	2,082	2,119
CT - 2660 Main St., Bridgeport (Main Street, Bpt)	1,069	1,385	862	700	874	890	906
CT - 425 Post Rd., Fairfield (Fairfield)	1,364	1,243	815	822	826	841	856
CT - 2909 Main St., Stratford (Stratford)	1,907	2,015	1,872	1,563	1,898	1,932	1,967
CT - 267 Grant St., Bridgeport (Hospital - existing CT Scanner)	22,668	22,937	18,556	5,988	6,048	6,108	6,169
CT - 267 Grant St., Bridgeport (ED Unit opened July 2011)	n/a	n/a	3,840	16,199	16,361	16,524	16,690
CT SCAN	**30,045**	**30,296**	**27,962**	**27,396**	**28,052**	**28,377**	**28,707**
PET/CT - 2660 Main St., Bridgeport (Main Street, Bpt)	160	107	77	68	62	62	62
PET/CT - 267 Grant St., Bridgeport (Hospital)	360	280	344	328	331	335	338
PET	**520**	**387**	**421**	**396**	**393**	**397**	**400**
MRI - 705 Boston Post Rd., Guilford	767	637	612	738	464	473	481
MRI - 2595 Main St., Stratford (Stratford MRI)	2,738	2,889	1,997	1,768	2,079	2,116	2,155
MRI - 267 Grant St., Bridgeport (Hospital)	4,928	4,681	4,830	4,444	4,529	4,619	4,709
MRI	**8,433**	**8,207**	**7,439**	**6,950**	**7,072**	**7,208**	**7,345**

Revised Projections	Actual Volume Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs) **			2012 Explanations	2013 Assumptions	2014 Assumptions	2015 Assumptions
	FY 2009	FY 2010	FY2011	FY 2012 Jan - Oct Annualized	FY 2013	FY 2014	FY 2015				
Scanner***											
CT - 4699 Main St., Bridgeport (Commerce Park)	3,037	2,716	2,017	2,344	2,391	2,439	2,488	Updated to reflect revised annualized volume based on actual scans through October 2012	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
CT - 2660 Main St., Bridgeport (Main Street, Bpt)	1,069	1,385	862	787	N/A	N/A	N/A	FY'12 decrease in referrals going to other providers. We do not anticipate any additional loss of referrals	Unit to be relocated to BH. CT scans will be shifted to Fairfield Unit	N/A	N/A
CT - 425 Post Rd., Fairfield (Fairfield)	1,364	1,243	815	900	1,721	1,755	N/A	Updated to reflect revised annualized volume based on actual scans through October 2012	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	Fairfield unit to be relocated to Park Ave.
CT - 2909 Main St., Stratford (Stratford)	1,907	2,015	1,872	1,733	1,768	1,803	1,839	FY'12 decrease referrals because Urologist acquired their own scanner. We do not anticipate any additional loss of referrals.	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
CT - 267 Grant St., Bridgeport (Hospital - existing CT Scar	22,668	22,937	18,556	4,252	4,337	4,424	4,512	Updated to reflect revised annualized volume based on actual scans through October 2012	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
CT - 267 Grant St., Bridgeport (ED Unit opened July 2011	N/A	N/A	3,840	16,837	17,174	17,517	17,868	Updated to reflect revised annualized volume based on actual scans through October 2012	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
CT - 5520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	4,165	N/A	N/A	N/A	15% of non-hospital based CTs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus. 1790 scans can also be shifted from Fairfield.
CT SCAN	30,045	30,296	27,962	26,853	27,390	27,939	30,872				
PET/CT - 2660 Main St., Bridgeport (Main Street, Bpt)	160	107	77	78	N/A	N/A	N/A	Updated to reflect revised annualized volume based on actual scans through October 2012	Unit to be relocated to BH	N/A	N/A
PET/CT - 267 Grant St., Bridgeport (Hospital)	360	280	344	270	355	362	N/A	FY'12 decrease due to patient/physician dissatisfaction with service availability (currently only available 2 half-days per week per Hospital's contract with mobile PET/CT vendor). Referrals will return and increase as a result of unit availability	Main Street Scans, 2% growth with PET/CT availability increasing	2% growth based on historical growth, service area population change and the annual change in modality use rate	Grant St unit to be relocated to Park Ave.
PET/CT - 5520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	466	N/A	N/A	N/A	40% of non-hospital based PET/CTs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus. Includes 369 scans being shifted from Grant
PET	520	387	421	348	355	362	466				

Revised Projections	Actual Volume Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs) **						
	FY 2009	FY 2010	FY2011	FY 2012 Jan - Oct Annualized	FY 2013	FY 2014	FY 2015	2012 Explanations	2013 Assumptions	2014 Assumptions	2015 Assumptions
MRI - 705 Boston Post Rd., Guilford	767	637	612	738	753	768	N/A	Updated to reflect revised annualized volume based on actual scans through October 2012	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	Guilford Unit to be relocated to Park Ave.
MRI - 2595 Main St., Stratford (Stratford MRI)	2,738	2,889	1,997	3,362	3,429	3,498	3,568	FY'12 scans adjusted to reflect orthopedic cases that go to Stratford MRI	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts.	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
MRI - 267 Grant St., Bridgeport (Hospital)	N/A	N/A	N/A	2,981	4,533	4,623	4,716	BH's new MRI opened Oct 1, 2012. Projections based on actual volume, cases anticipated to grow to 4444/yr.	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
MRI - 3520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	3,933	N/A	N/A	N/A	20% of non-hospital based MRIs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus.
MRI	3,505	3,526	2,609	7,081	8,715	8,889	12,217				

EXHIBIT C

The Advisory Board Company Imaging Marketing Update 2012

[See attached.]

The Advisory Board Company | Imaging Performance Partnership

Imaging Market Update

Outlook for Volumes, Payment and Policy

Four Key Market Forces Confronting Imaging

Uneven March Towards Health Care Reform

- Fate of individual mandate, entire ACA[1] potentially at stake

Continuing Pressures on Reimbursement and Volumes

- Payer steerage
- Medicare reimbursement cuts

Imaging Provider Consolidation

- Radiology group M&As
- IDTF[2] consolidation
- Emergence of national radiology companies

Rise of the Health Care Consumer

- Increasing service expectations
- Patient price sensitivity

1) Patient Protection and Affordable Care Act
2) Independent Diagnostic Testing Facility

Source: Imaging Performance Partnership research and analysis.

Percent Change in Outpatient Volume, 2011 Versus 2010

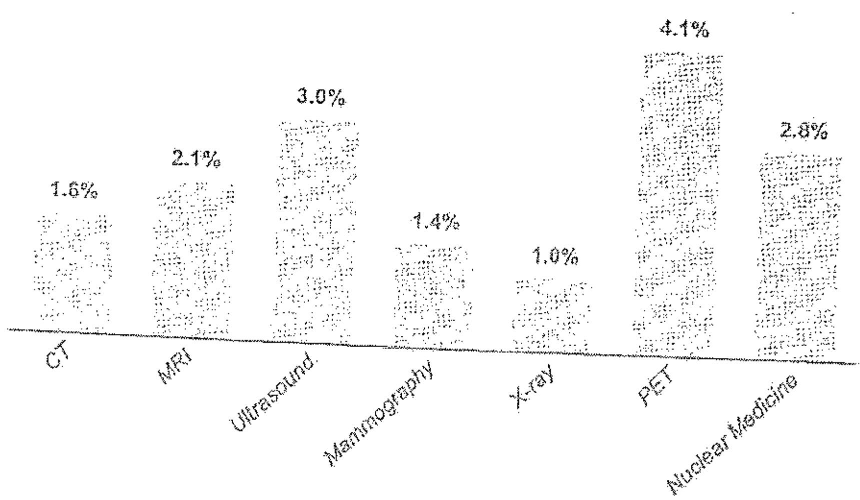
Modality	25th percentile	50th percentile	75th percentile
CT	-18%	-7%	-5%
MRI	-2%	1%	7%
General Radiography	-6%	0%	5%
Mammography	2%	4%	10%
Ultrasound	-1%	4%	10%
Nuclear Medicine	-2%	5%	7%
Interventional Radiology	-9%	2%	5%
PET / PET-CT	-10%	0%	6%

Source: Imaging Performance Partnership 2012 Volumes and Integration Survey; Imaging Performance Partnership research and analysis.

Slowing Growth Moving Forward

Percent Volume Outpatient Growth

Projected Compound Annual Growth Rate (CAGR), All Providers 2011-2016



Source: Outpatient Imaging Market Estimator; Imaging Performance Partnership research and analysis.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefile Testimony of James Brink, M.D.
Chair, Department of Diagnostic Radiology, Yale School of Medicine and
Chief, Diagnostic Radiology, Yale-New Haven Hospital

I. Introduction

Hearing Officer Hansted and members of the Office of Health Care Access (OHCA) staff, thank you for the opportunity to discuss Bridgeport Hospital's application for a certificate of need to acquire certain imaging equipment currently owned and operated by Robert D. Russo M.D./Medical Specialty Group PC d/b/a Robert D. Russo M.D. & Associates, Radiology ("Russo Radiology"). I am the Chair of the Department of Diagnostic Radiology and a Professor of Diagnostic Radiology at the Yale School of Medicine, and Chief of Diagnostic Radiology at Yale-New Haven Hospital. I am board certified in Diagnostic Radiology and received my fellowship training in abdominal and interventional radiology at the Mass General Hospital in Boston. I have been at the Yale School of Medicine since 1997.

I would like to share my thoughts on why the approval of this certificate of need is so important to patients in the Bridgeport area, and to cancer patients in particular, including the importance of certain imaging modalities in oncology care. I will also discuss the ways in which the collaboration with Yale Diagnostic Radiology and the implementation of the Epic electronic medical record will enhance care for patients and serve the public need.

II. Importance of MRI, CT and PET/CT at Planned Cancer Center

Norman Roth has shared the plans for the Bridgeport Hospital cancer center at the Park Avenue Campus in Trumbull, which will be a Smilow cancer care center that is designed and operated in close collaboration with the clinical and administrative staff at the Smilow Cancer Hospital at Yale-New Haven. In order to provide comprehensive cancer care at this location, it is essential that Bridgeport Hospital has a range of imaging modalities on site, including the proposed MRI, CT and PET/CT scanners. The information obtained from various imaging studies is essential to the diagnosis, staging and management of cancer and to assess tumor response to treatment. MRI is especially effective in showing excellent soft tissue detail, particularly of the brain/spine, liver and pelvis. Please see the attached journal article, "Oncologic Imaging,"[1] for more information on this subject. CT is effective in detecting small malignancies and to measure their size and precise location. PET/CT, which combines radiological and nuclear medicine imaging modalities to provide both anatomical and functional information, is particularly effective in whole-body tumor staging and lung cancer staging, among other uses. Advanced cancer care would not be complete in this era without the inclusion of these critical imaging modalities.

In addition to the clinical importance of MRI, CT and PET/CT, providing imaging services onsite at the proposed cancer center is an important benefit for patients, since imaging is an integral tool in the entire continuum of cancer care, including diagnosis, management and follow-up. Placing diagnostic radiology services in close proximity to infusion, radiation therapy, physician offices and other services represents appropriate care for cancer patients in order to minimize the number of locations they must visit for all aspects of their care. Cancer patients often require numerous tests and procedures. Because these patients are often immunosuppressed and elderly, as well as frail due to the nature of their disease, it would be a burden for them to have to travel offsite from the Park Avenue Campus to access imaging services during a time when they are medically vulnerable. In order to simplify their care and make their cancer treatment less stressful, these patients need services that are in close proximity

[1] Shim, Oncologic Imaging, January 2012.

to each other. The inclusion of the MRI, CT and PET/CT equipment at the Park Avenue Campus would help address that issue.

III. Collaboration with Yale School of Medicine Department of Diagnostic Radiology

As part of this proposal, the existing radiologists from Russo Radiology who will continue to provide services at the Bridgeport Hospital sites will join the faculty of the Yale School of Medicine Department of Diagnostic Radiology (YDR). Current plans are for three (3) radiologists to join YDR full-time, while four (4) will join on a per diem basis. As a result, scans at the locations to be acquired will all be read by the same former Russo radiologists (now YDR), with consultation by YDR radiologic subspecialists for additional review and clinical oversight as needed. The field of diagnostic radiology has evolved in recent years such that there are fewer general radiologists who review and interpret all types of imaging scans, including x-rays, ultrasounds, nuclear medicine, CT scans and MRI scans. Rather, there are now radiologic subspecialists who focus exclusively on certain types of scans and parts of the anatomy. At Yale Diagnostic Radiology, we have 64 radiologists in active clinical practice. While our radiologists are expert in all organ systems and imaging modalities, they have focused their practice on one of the following areas: abdominal imaging, breast imaging, emergency radiology, interventional radiology, musculoskeletal imaging, neuroradiology, nuclear medicine (including PET), pediatric imaging and thoracic imaging. As a result of this specialization, YDR radiologists have developed significant proficiency in their areas of knowledge, resulting in superior image interpretation and clinical diagnosis. This expertise will improve the quality of care for patients of the proposed Bridgeport Hospital outpatient imaging centers, because their scans can be reviewed by experienced YDR subspecialists as needed, with instant access to the scans through the Epic electronic medical record, regardless of which outpatient imaging site the patient visits. This is a significant clinical benefit that is not available today at these current centers, and would not be available if these centers are not acquired by Bridgeport Hospital. In addition, due to the involvement and clinical oversight of YDR, there will be consistent imaging standards between the Bridgeport Hospital outpatient sites, Bridgeport Hospital and Yale-New Haven Hospital, bringing the clinical best practices of a leading academic medical center to the community setting. Moreover, YDR is in the process of implementing tumor measurement tracking software that was developed by the Tumor Imaging Metrics Core, a multi-institutional

core facility for clinical trials conducted at the Harvard Medical School hospitals. Yale will be the first institution outside of Harvard to use this software, and it will greatly facilitate the care of Smilow cancer patients who are enrolled in clinical trials.

Russo Radiology is accredited by the American College of Radiology in CT, Nuclear Medicine, PET/CT, Mammography, Ultrasound and MRI. This accreditation will be maintained once the sites are acquired by Bridgeport Hospital.

IV. Implementation of Epic

Yale New Haven Health System and Yale School of Medicine are in the process of implementing Epic at each of their sites. Once implemented, Bridgeport Hospital, Greenwich Hospital and Yale-New Haven Hospital patient records will be integrated with those of the physicians affiliated with Yale School of Medicine and Northeast Medical Group (the medical foundation affiliated with Yale New Haven Health System). Epic is a state-of-the-art medical record system that will provide physicians with immediate access to comprehensive patient records and test results and also provides centralized scheduling across the Yale New Haven Health System sites.

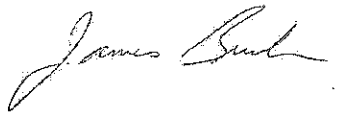
By implementing Epic at the proposed outpatient radiology sites, physicians will have immediate access to films and records from scans performed at those sites, avoiding potentially significant delays in care for patients. In addition, the films and records will be incorporated into the patient's overall medical record, which will facilitate the coordination of comprehensive care and also permit physicians to access historical films and records for comparison against follow-up exams and results. Such access will not only provide higher quality and reduce delays in diagnosis and treatment, but also avoid unnecessary duplication of scans.

V. Conclusion

Acquisition of the Russo Radiology imaging centers by Bridgeport Hospital will enhance care for patients. As I described, the imaging modalities that the Hospital is proposing to acquire are vital elements in the provision of comprehensive cancer care at the Park Avenue Campus,

and their availability at the proposed cancer center will enhance the care process for oncology patients. Approval of the proposed acquisition will enhance quality of care, and improve access to needed services consistent with OHCA's mission. I request that you approve this certificate of need. Thank you.

The foregoing is my sworn testimony.



James A. Brink, M.D.
Chair, Department of Diagnostic Radiology
Yale School of Medicine
Chief, Diagnostic Radiology
Yale-New Haven Hospital

Exhibit A – Shim, Oncologic Imaging January 2012

[See attached.]

Oncologic Imaging

John Shim, MD

Keywords

Functional imaging
Staging
Imaging modalities

Summary and Key Points

1. Radiology is important in the detection, diagnosis, and staging of cancer. Radiology helps to guide treatment planning, assess response to the treatment and monitor follow up/ progression/recurrence of most malignancies.

2. The most commonly used modalities for oncologic imaging are Computed Tomography (CT), Magnetic Resonance Imaging (MRI), and Positron Emission Tomography (PET)/Computed Tomography.

Introduction

Imaging is an integral part of the multidisciplinary management of cancer. Radiographic techniques are indispensible for proper staging of cancers and evaluation of the response of tumors to treatment. A wide variety of imaging modalities is available to clinicians. This chapter will introduce the role of radiology in the diagnosis and treatment of cancer.

Radiology in Staging

Staging of cancer is a way to describe the extent of spread of a tumor throughout the body. Each malignancy has a unique staging system; however the TNM classification is the most widely used staging system. Radiology is integral to staging the various malignancies using noninvasive techniques. Tumor (T) size, location, and regional involvement can be assessed radiographically. Even depth of invasion within a tissue can be assessed by MRI and endoscopic ultrasound. Nodal (N) and metastatic (M) disease may also be staged.

Radiologic staging becomes especially important to guide treatment planning. As an example, cervical cancer staging by ultrasound or MRI can determine whether a patient's tumor is operable. MRI in particular demonstrates exquisite soft tissue detail; (Figures 1a- c) Even depth of invasion within a tissue can be assessed by MRI and endoscopic ultrasound. Nodal (N) and metastatic (M) disease may also be staged. When parametrial invasion is identified, patients are classified as Stage IIB for which radiation and chemotherapy are the treatment of choice over primary resection.

Notes & Additional Reading

The TNM Staging System was developed by the American Joint Committee on Cancer.

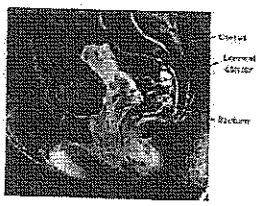


Figure 1a. Sagittal contrast MRI. University of Massachusetts Medical School

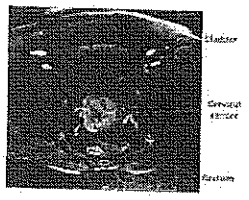


Figure 1b. Axial contrast MRI. Stage IVa with bladder involvement and hydroureter. University of Massachusetts Medical School

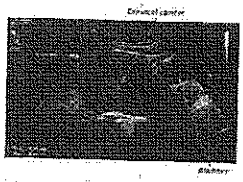


Figure 1c. Ultrasound. University of Massachusetts Medical School

Functional imaging with PET/CT, and dynamic contrast enhanced CT/MRI are being used to assess tumor response to therapy.

Functional imaging with PET/CT, and dynamic contrast enhanced CT/MRI are being used to assess tumor response to therapy. The Response Evaluation Criteria In Solid Tumor (RECIST) provides guidelines for the categorization of treatment responses into 4 groups:

Treatment Response	Definition
Complete Response (CR)	Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
Partial Response (PR)	≥ 30% decrease in the sum of the longest diameter (SLD) of target lesions
Stable Disease (SD)	Persistence of non-target lesion(s) or/and maintenance of tumor marker level above the normal limits
Progression of Disease (PD)	> 20% increase in the SLD (min 5mm increase) OR the appearance of one or more new lesions and/or unequivocal progression of existing non-target lesions.

Cancer staging is covered in detail in the Cancer Concepts: Staging of Cancer Chapter.

Tumor assessment early in the course of treatment can be very helpful. If growth of tumor (progression) is seen despite treatment, then it will be necessary to discontinue potentially toxic therapies that are not working and/or to switch to therapies that may be more effective.

Modalities

X-ray/ Fluoroscopy/ Mammography

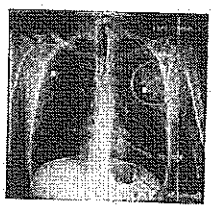


Figure 2a. AP x-ray demonstrating left upper lobe (LUL) mass. University of Massachusetts Medical School

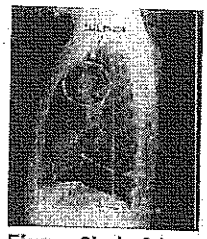


Figure 2b. Left lateral x-ray showing LUL mass. University of Massachusetts Medical School.

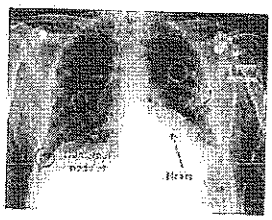


Figure 2c. AP x-ray demonstrating Leiomyosarcoma metastasis to lung. University of Massachusetts Medical School

Figure 2d. Well-defined lytic lesion in 2nd proximal phalynx consistent with benign enchondroma. University of Massachusetts Medical School

Fluoroscopy incorporates rapid or continuous imaging with an x-ray beam to dynamically image patients. These studies include the esophagram, upper GI series, and barium enema (many of which are no longer performed due to other imaging alternatives). (Figures 3-4)

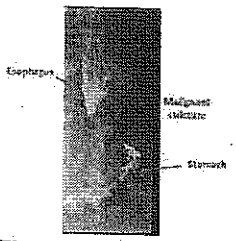


Figure 3. Esophogram with malignant mass effect extending up from GE junction. University of Massachusetts Medical School

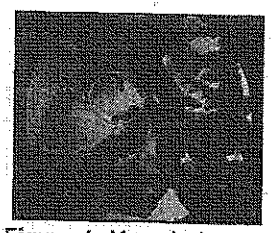
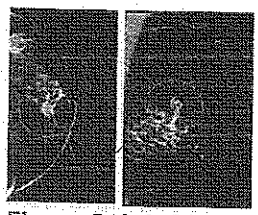


Figure 4. Mass lesion causing narrowing of ileocecal valve. Diagnosis: carcinoid. University of Massachusetts Medical School

Mammography, however, remains an essential modality for breast cancer detection. With relative low radiation exposure, high resolution images of the breast parenchyma can be studied for soft tissue masses, or microcalcifications which can be associated with ductal carcinoma. (Figures 5a-b) MRI is now a very useful adjunct to mammography.



Figures 5a-b. Left breast mass 12 o'clock with spiculated margins. University of Massachusetts Medical School

Ultrasound

In ultrasonagraphy, a small transducer with a piezoelectric ceramic element rapidly vibrates up to 20 million times per second creating sounds waves that pass through the body. Depending on tissue characteristics, the sound waves are reflected back to the transducer to variable degrees allowing the information to create images. Although comprehensive staging cannot be performed with ultrasound alone, many benefits including the lack of ionizing radiation and better characterization of cystic lesions make ultrasound an important modality in oncologic imaging.

Ultrasound works best in media that transmit the sound waves well. Areas like the female pelvic structures, breasts (Figure 6), upper abdomen, and thyroid gland can be well-imaged. Additionally, small transducers have been fitted onto endoscopes for detailed imaging of esophageal, pancreatic, and colorectal malignancies. Doppler ultrasound also allows the radiologist to obtain blood

flow characteristics of an organ or tumor.

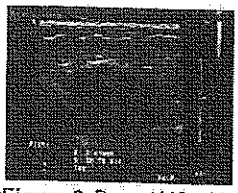


Figure 6. Breast US with large mass in R 6 o'clock position. University of Massachusetts Medical School

Computerized Tomography (CT)

In the late 1970's, CT scanning was developed using a rotating x-ray source and detector, allowing for the creation of high resolution 3D imaging of body structures and tissues. Intravenous and at times oral contrast, a special dye, may be used with CT to see abnormalities more easily. CT provides good spatial resolution. Advances in technology, sub-millimeter pictures, and rapid acquisition techniques have enabled us to detect smaller and smaller malignancies and develop techniques like Virtual Colonoscopy. CT is currently the most widely used radiographic modality in the adult population, including co-registration (fusion) with other modalities like PET/CT. (Figure 7) The drawback to this technology is the larger radiation dose to the patient.

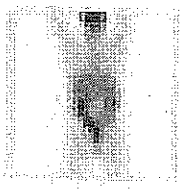


Figure 7. Normal FDG PET rotating MIP. Physiologic bowel uptake. University of Massachusetts Medical School

Information from the CT scanner is converted into Hounsfield units (HU) based on attenuation and density. Water is set at 0 HU, while fat and air are less dense and measure -100 HU and -1000 HU respectively. Muscle normally demonstrates 40 HU, while bone can measure 400 HU or more. By convention, the less dense objects are displayed as black. (Figure 8)

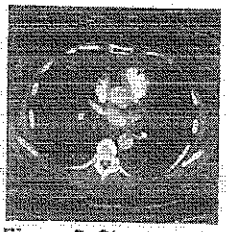


Figure 8. Structures from the least dense (black) to the most dense (white) – Air (lungs) / Fat / Muscle / Contrast (heart) / Bone

Magnetic Resonance Imaging (MRI)

MRI provides superb contrast resolution at the cost of lower spatial resolution (image clarity). Patients are placed within a large magnetic field created either by a permanent magnetic or liquid nitrogen cooled superconductor. Radiofrequency pulses generate signal based on the different tissue characteristics, which is then interpreted into images by the scanner. Images can be provided from various angles and constructed into a three dimensional image. Imaging of the brain/ spine, liver, and pelvis heavily relies on MRI for the increased sensitivity and specificity compared with CT. (Figures 9a-b) Advances with functional MRI and MR Spectroscopy are continually being explored with clinical and research applications. (Figures 10a-b)

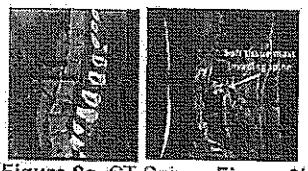
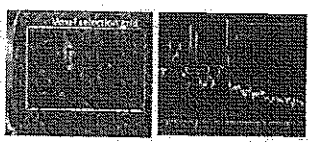


Figure 9a. CT Spine. **Figure 9b,** MR Spine. University of Massachusetts Medical School



Figures 10a-b. MRS with normal peaks in area of hyperintense white matter signal. University of Massachusetts Medical School

Contraindications to MRI are related to the strong magnetic field (10,000 to 300,000 times the field strength on the Earth's surface). This includes patients with ferromagnetic material implanted in the body (pacemaker, certain aneurysm clips, deep nerve stimulators, endoscopy capsules, Swan-Ganz catheters, etc). Even certain tattoo inks contain elements of iron which have been reported to be a cause of thermal injury from electromagnetic induction. A comprehensive list of these items can be found at http://www.mrisafety.com/list.asp

Interventional Radiology

Interventional radiology is a subset of radiology performed both for the diagnosis and/or treatment of particular diagnoses. This includes vascular interventional (like angiography, embolization, and stent placement) and non-vascular interventional (ultrasound/CT-guided biopsy, aspiration, percutaneous drainage, radiofrequency ablation). Although some diagnostic angiographic studies can be supplanted by CT Angiography (CTA) and magnetic resonance angiography (MRA), (Figures 11a-b) there is an ongoing need for therapeutic angiographic techniques, such as transhepatic arterial chemoembolization (TACE).

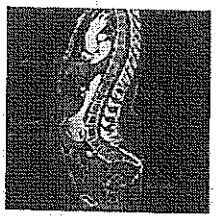
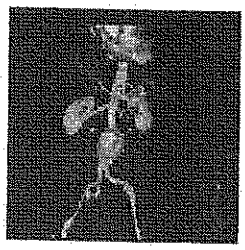


Figure 11a. CTA with ruptured AAA. Static sagittal reformatted contrast enhanced CT. University of Massachusetts Medical School



movie

Figure 11b. CTA with ruptured AAA. 3D MIP (maximum intensity projection) images demonstrating only selected structures. University of Massachusetts Medical School

Contrast Enhancement

Contrast agents increase the sensitivity of conventional imaging. Intravenous agents like nonionic Omnipaque for CT or gadolinium-based Magnevist for MRI, distribute proportional to blood flow allowing better visualization of hypervascular tumors. Oral contrast agents (x-ray, CT) and microbubbles (ultrasound) are also used in order to enhance their respective imaging modalities.

Although contrast is essential for ideal imaging parameters, side effects are rare but can be prohibitive. Some examples include allergies (can be pre-treated with steroids), contrast-induced nephropathy (worsened with pre-existing renal insufficiency or diabetes), and nephrogenic systemic fibrosis (Gadolinium based contrast in renal failure patients). Intravascular contrast use is associated with a small risk of death.

Nuclear Medicine

The division of nuclear medicine uses physiologic/functional imaging to provide valuable information that may not be obtained through the anatomic imaging discussed above. The basis of nuclear medicine is to inject radioactive isotopes bound to specific radiopharmaceuticals, and image the resultant radioactive decay based on physiologic localization. Unlike CT, ultrasound, or MRI, the multitude of radiopharmaceuticals involved in each create a unique image and address very specific issues in diagnosis and treatment. Common nuclear medicine studies used in oncologic imaging include bone scans (Technetium 99m-MDP) (Figure 12), neuroendocrine tumor imaging (Indium-111 pentotreotide), and CD20 antibody imaging (Indium-111 Zevalin). Lymphoscintigraphy (Technetium 99m – sulfur colloid) is another commonly ordered study to aid in sentinel lymph node biopsy. New molecular markers are

MRI was developed in the late 1970's.

being studied for future clinical use, and show considerable promise in the field of oncologic imaging. Meta-iodobenzylguanidine (MIBG) scans are used for the study of tumors such as neuroblastomas. Additional information about the mechanism of uptake and uses for these scans can be found at AuntMinnie.com.

Figure 12. Superscan with prostate metastases. University of Massachusetts Medical School

MRI has the advantage of more exquisitely demonstrating soft tissue components rather than primarily the bony components seen on CT.

Positron Emission Tomography (PET)

Radioactive positron emitters (carbon-11, nitrogen-13, oxygen-15, fluorine-18, etc.) are cyclotron created particles that decay by beta-plus process. The annihilation reaction between the resultant positron and a neighboring electron produce a pair of photons rather than the single photon seen with other general nuclear medicine isotopes. The most common and widely used PET agent is fluoro-18-deoxyglucose (FDG). The glucose analog can be administered intravenously and has similar physiologic distribution to its parent molecule. Na-glucose transporters carry FDG across the cell membrane which can then be phosphorylated to FDG-6-P. Further metabolism of the agent is blocked, and the FDG molecule becomes trapped within the cell where the fluorine-18 decays.

FDG accumulation occurs in normal glucose-avid organs like the brain, salivary glands, liver, and bowel. Additionally a large percentage of malignancies demonstrate abnormal substrate uptake which is helpful for diagnosis, and monitoring disease recurrence. Examples include nonsmall cell lung cancer, breast cancer, colorectal cancer, pelvic malignancies, lymphoma, sarcomas, and head/neck cancer. Many ongoing clinical trials are evaluating whether FDG can also be used to predict treatment response and help refine therapy planning.

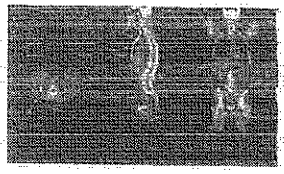


Figure 13a. Breast CA with diffuse metastases. University of Massachusetts Medical School

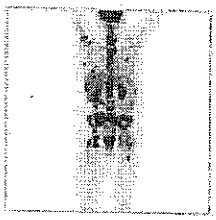


Figure 13b. Breast CA with diffuse metastases. University of Massachusetts Medical School

As with other nuclear medicine agents, patient preparation can be an important part of getting accurate results. Recent glucose ingestion will act as a competitive inhibitor, decreasing the sensitivity for malignant disease. Insulin (endogenous or exogenous) can alter glucose dynamics and also decrease sensitivity for oncologic imaging. Because the biodistribution of the FDG molecule is dependent on where glucose is being metabolized, exercise prior to the study will drive uptake into the skeletal muscles and again decrease sensitivity. Guidelines for proper patient preparation can be found at the National Cancer Institute PET Guidelines.

Conclusion

Oncologic imaging is a continually evolving field with clinical applications that directly and indirectly impact the patient's outcome. Each modality has advantages and disadvantages depending on the question being answered. Every physician is expected to be able to, at the least, review the images ordered and compare his impression with the official diagnostic radiologist interpretation.

Thought Questions

1. A 68 year old man with a T1, N0 (Stage I) squamous cell carcinoma of the lung undergoes a left upper lobectomy. Four months later, a chest CT shows no evidence of tumor. He continues with regular check-ups consisting of physical exams and periodic chest CTs. 18 months after his surgery another chest CT shows an enlarged right mediastinal lymph node. Biopsy of the node shows squamous cell cancer. The patient and his family wonder why the abnormality was not seen previously. They wonder why his physicians did not have him get regular MRIs or PET scans. How could you answer them?

2. A 22 year old woman was successfully treated for Hodgkin's Disease three years ago. Her physician still wants to her to have CT scans periodically, but she is concerned about exposure to x-rays. What can you tell her about the differences in radiation exposure from chest x-rays, chest CTs, chest MRI, breast ultrasound, and PET scan?

3. A 52 year old woman has a routine screening mammogram that detects a mass in her right breast. An ultrasound is obtained that shows a mass that is consistent with a fibroadenoma. An MRI of the breast shows a mass that enhances with gadolinium. At this point the patient is thoroughly confused about why she had all these different imaging studies. What can you tell her about how these modes of imaging provide different information about a breast mass?

Glossary

Co-registration- Matching different modality images together so the anatomic structures line up

CTA- CT Angiography or map of the blood vessels performed with computerized tomography

Dynamic imaging (with CT, MR, PET, or US)- Multiple time point imaging that takes advantage of the abnormal blood supply

Endogenous- Substrate or process that occurs within the body

Exogenous- Substrate of process that occurs outside the body and can be administered to the patient

Functional imaging- Images based on physiologic distribution rather than anatomic or structural characteristics.

Hounsfield units (HU)- A linear scale based for radiodensity with water defined as 0 HU.

Meta-iodobenzylguanidine (MIBG) scan- Nuclear medicine tracer with a structure similar to norepinephrine and is picked up by the adrenal medulla. Typically used to image pheochromocytoma, and neuroblastoma.

Microbubbles- Ultrasound contrast agent constructed of 1-4 um bubbles of gas surrounded by a thin shell

MRA- Magnetic resonance angiography or map of the blood vessels performed with magnetic resonance imaging

Nephrogenic systemic fibrosis- Rare condition causing fibrosis of the skin, joints and internal organs associated with Gadolinium contrast in patients with renal failure

Nephropathy- Damage to the kidney

Non-invasive radiology techniques- Procedures that do not penetrate into the body. Almost all diagnostic imaging falls into this category

Phosphorylate- Enzymatic process which adds a phosphate group onto a substrate

Physiologic imaging- See functional imaging

Piezoelectric- Process that converts electrical input into mechanical output (vibration) and vice versa

Staging- Procedure to determine where and how much cancer is in a patient.

Treatment response- Effects of usually noninvasive therapies on disease burden.

Virtual Colonoscopy- CT procedure using air distension to evaluate the colon similar to what would be seen during a colonoscopy

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefiled Testimony of Robert D. Russo, M.D.
Owner, Robert D. Russo, M.D. & Associates Radiology, P.C.

I. INTRODUCTION

Good Morning Hearing Officer Hansted and members of the OHCA staff. My name is Dr. Robert Russo. I am the owner of Medical Specialty Group, PC d/b/a Robert D. Russo M.D. & Associates Radiology ("Russo Radiology" or the "Practice") with its principal office at 917 Bridgeport Avenue, Shelton, Connecticut 06484. Russo Radiology has a long history of providing quality medical imaging services to patients at various locations in the Bridgeport Hospital (the "Hospital") service area. I thank you for this opportunity to speak in support of Bridgeport Hospital's Certificate of Need Application ("CON") regarding the Hospital's proposed acquisition of the MRI, CT and PET/CT scanners currently owned by Russo Radiology. As will be shown in my testimony below, it is my belief that approval of this transaction will ensure that the tradition of quality and community-focused care begun by Russo Radiology will continue and be enhanced under the auspices of Bridgeport Hospital.

II. QUALIFICATION OF THE PRACTICE

Russo Radiology is a private radiology practice and was founded by my father, Robert Russo Sr., M.D. in 1949. Russo Radiology operates the only community-based outpatient imaging center within the City of Bridgeport, Connecticut's largest city. Our Practice provides its

patients with excellent patient care and a full array of medical imaging performed by board certified radiologists. The Practice operates outpatient imaging centers in Bridgeport, Fairfield and Stratford and I own an interest in an MRI machine in Guilford. The Practice was the first imaging center in the nation to earn three-year accreditation from the Joint Commission. The Practice has earned this distinction three consecutive times for a total of nine years and is the only full-service radiology practice in Connecticut to achieve this standard. As part of its long-standing commitment to the community, Russo Radiology serves the needs of patients at various federally qualified health centers and other nonprofits.

III. QUALIFICATIONS OF WITNESS TO TESTIFY

I have a lifetime of experience practicing radiology. I completed my medical education at Tulane University and was certified by the American Board of Radiology in 1977. I completed my internship at Oschner Clinic and Hospital in New Orleans. When I was a resident of the Radiology Department at Yale New Haven Hospital, I was appointed Chief Resident in 1976. I practiced Radiology at St. Vincent's Medical Center in Bridgeport, and served on the Board as Department Chairman from 1988 to 2003. I am a fellow of the American College of Radiology.

IV. PUBLIC NEED

As OHCA is well aware, health care reform and other factors are resulting in consolidation of health care providers and enhanced focus on continuity and quality of care. After careful consideration, Russo Radiology has determined that its tradition of quality and community-based care can best be continued – and, in fact, enhanced – by affiliation with Bridgeport Hospital. For the reasons detailed below, the acquisition by Bridgeport Hospital of the outpatient imaging centers now operated by Russo Radiology will positively impact the

community and the current patients of both Russo Radiology and Bridgeport Hospital, while also strengthening the financial health and stability of the Hospital, ensuring its ability to continue to provide other community based care provided in the service area.

1. Integrating Russo Radiology Imaging Sites With Bridgeport Hospital Will Better Address the Community's Health Care Needs

Russo Radiology is an important provider of imaging service in the Bridgeport Hospital community and service area. The continued provision of these radiology services at accessible locations within the Hospital's service area will ensure needed access and continued quality. Following this transaction, the patients of Russo Radiology will continue to receive outstanding care with the additional benefits of hospital integration and integration with the Yale School of Medicine.

Underserved Patient Accessibility: The scanner locations are highly accessible to patients in a number of ways. First, the practice locations are strategically located in the community and will continue to be located in such a manner. For patients with transportation issues, certain of the Russo Radiology locations are easily accessible by volunteer transportation and by public transportation, including strategic locations on various bus routes. Also, Russo Radiology accepts referrals for and services many needy patients, including providing the majority of imaging needs for patients from three federally funded healthcare clinics in Bridgeport, including Americares and Planned Parenthood. Imaging services are available to patients of federal healthcare clinics on a same-day basis. As far as I am aware, we are the only outpatient radiology practice that offers same-day service on a non-emergent basis in our region. These services and this level of access will continue upon approval of this CON. Consistent with

Bridgeport Hospital's generous charity care policies, underserved patients will continue to benefit from care at each of these locations.

Utilization: Utilization levels of the imaging equipment owned by Russo Radiology has been consistent and is appropriate within the applicable guidelines as indicated in the pre-filed testimony of my colleagues.[1] In light of Bridgeport Hospital's strategic plans for growth, it is anticipated that utilization will only increase. Bridgeport Hospital has carefully considered appropriate locations for each of the scanners to be acquired in order to ensure that patient needs will continue to be met and access will be enhanced. Consistent Quality: Russo Radiology has been a regional resource for technologically advanced scanning and has performed over 1 million scans since 2000. The Practice prides itself on providing its patients with access to the most up-to-date imaging equipment. As OHCA is aware, the Practice has been consistently upgrading its imaging technology over the years and offers the best in the region. Affiliation with Bridgeport Hospital will ensure that the appropriate resources are available to continually upgrade imaging capability. A review of the utilization charts provided demonstrates that this transaction will ensure that patient needs will be continually met in the future at the same high level of care.

Further, the integration of Epic technology into Russo Radiology will enhance quality of care. The Practice maintains well in excess of three hundred thousand active patients. Integrating these patients into the Epic system will have a positive effect on patient delivery and quality as it will add an easily accessible health information patient portal and increase patient history access and improve quality of care provided. Patients will now have their scans loaded into the Epic system which will be available for review by any provider in the system. All Russo Radiology providers and other providers will have instant access to patient scans through Epic

[1] See Exhibits A and B to the testimony of Patrick Schmincke.

when it is integrated into Bridgeport Hospital. This allows for consistency in medical records retention for all patients and avoids the need for duplicative scans.

2. Other Improvements to Patient Care as a Result of the Transaction

Hospital Partnership: In today's changing medical environment, new health care delivery models are being developed. These models demand significant integration and a full continuum of care by providers. With the recent presidential election results, the reform measures demanding integration are not jeopardized and transactions such as this one are in line with that course. The ultimate goal of integration is significantly enhanced quality of medical care with streamlined costs. Imaging services are a significant part of the delivery system. After the transaction, Russo Radiology professionals will be able to participate in Bridgeport Hospital and Yale School of Medicine programs, tumor boards and medical conferences among many other advantages.

Collaborative Care: This transaction will allow a better continuum of care. The addition of community-based imaging services by Bridgeport Hospital and the integration with the Russo Radiology patients will be beneficial to all patients, providers and the local and state health care system. Upon completion of the transaction, physicians will be employed by the Yale School of Medicine, granting them access to more sub-specialty radiologists to collaborate with and ensure high quality reading of scans. Being able to integrate into Yale School of Medicine will bring advanced level of care to patients by an already excellent group of radiologists. Further, integration will improve scheduling through the use of a centralized scheduling system, reduce unnecessary repetitive scans by providing full medical records access through Epic and allow the continued provision of community centered care by the Hospital.

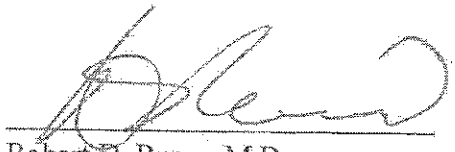
3. Referral Patterns Will Remain Unchanged, with Some Increase in Expected Referrals

This transaction with Bridgeport Hospital will preserve and maintain the current referral patterns and provide the best imaging services. Russo Radiology has a long history of established referral patterns in the service area. As indicated in the letters submitted by referring practitioners and attached to my prefile as **Exhibit A**, many referring physicians have had long and established referral relationships with Russo Radiology based on the radiologists' consistent and excellent quality. There are sufficient numbers of referring providers available to maintain the imaging modalities being acquired. There is no expected decrease in referrals from physicians in the community. Referring providers will continue to refer their patients to Russo Radiology after the transaction as indicated in the letters submitted. In addition, because of enhanced access to specialists and the affiliation with Yale School of Medicine, it is anticipated that referrals will increase.

V. CONCLUSION

Thank you for providing me the opportunity to present this pre-filed testimony on behalf of the Applicant. I urge your prompt approval of the application and will be happy to answer any questions you may have.

The foregoing is my sworn testimony.



Robert D. Russo, M.D.
Owner, Robert D. Russo, M.D. & Associates Radiology

EXHBIIT A

Letters of Support

Timothy M. Herbst
First Selectman

Office of the First Selectman
Town Hall
5866 Main Street
Trumbull, Connecticut 06611
203-452-5005

TOWN OF TRUMBULL
CONNECTICUT

November 13, 2012

To Whom It May Concern:

As the First Selectman of the Town of Trumbull, Connecticut I have been fully apprised of the Park Avenue project being developed by Bridgeport Hospital and the Yale – New Haven Healthcare System. These medical services are vital to our area and bringing the quality of the Smilow Cancer Center and its world renowned physicians to our town is of significant benefit. I understand imaging services provided by Robert D. Russo's radiology offices are to be combined with the Bridgeport Hospital outpatient services. I fully support the need for the services within our town and understand this project will become a regional resource. This proposed merger will bring high technical jobs to Trumbull and also improve the quality of healthcare provided. These are two important and laudable goals.

I have known Dr. Russo and his family for many years and understand their devotion to the community and to the quality of medical care. I can think of no better collaboration of physicians and administrators to lead this project and help our citizens. I believe the delivery of healthcare is changing and the merging of large entities such as Bridgeport Hospital and Russo Radiology will give the citizens of this region the quality healthcare they deserve.

I therefore strongly support the application of Bridgeport Hospital to acquire the private practice of Russo Radiology and to lead us into the future of healthcare in our region.

Very truly yours,

Timothy M. Herbst
First Selectman

OPTIMUS HEALTH CARE
The Center for a Healthier You

Administrative Offices
982 East Main Street
Bridgeport, CT 06608-1913
Phone: (203) 696-3260
Fax: (203) 339-7677
www.optimushealthcare.org

November 14, 2012

Dear Deputy Commissioner Davis:

I am an administrator of a large FQHC in Fairfield County who refers patients to Russo Radiology for imaging studies. Optimus has been referring patients to Russo Radiology for many years. We choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to our patients to be able to have easy access to outpatient quality radiological procedures. Our patients also have a choice as to where their radiology needs are met.

I am writing to express our support of the proposed acquisition by Bridgeport Hospital and to state that we will continue to provide patient referrals to these radiologists after OHCA approval of the sale. I understand as a result of this transaction, the radiologists may now be employed directly by the Yale – New Haven hospital system and Optimus will continue to refer to them because I am confident in their demonstrated ability over the years. I support strategic planning in my region.

Thank you,

Ludwig Spinelli

Ludwig Spinelli
Chief Executive Officer

Joint Commission

Hervey A. Weitzman, M.D.

4699 MAIN STREET ,SUITE 213
BRIDGEPORT, CT 06606

PHONE: 203-374-0277
FAX: 203-374-1020
WEB: HWEITZMANMD.COM (IN PROGRESS)

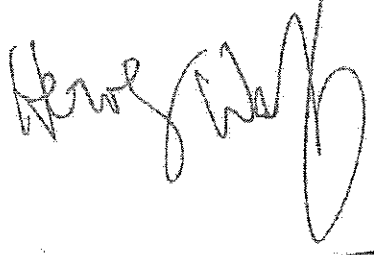
290

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

I am writing to express my support of the proposed acquisition by Bridgeport Hospital and to state that I will continue to provide patient referrals to these radiologists after OHCA approval of the sale. I understand as a result of this transaction, the radiologists may now be employed directly by the Yale School of Medicine and I will continue to refer to them because I am confident in their demonstrated ability over the years. I support strategic planning in my region.

Thank you,



PHILIP SIMKOVITZ, M.D., F.C.C.P.
5520 Park Avenue, Suite 202
Trumbull, CT 06611
(203) 365.0577 • Fax: (203) 365.0324

Diplomate American Board of Internal Medicine
Diplomate American Board of Pulmonary Diseases
Diplomate American Board of Critical Care

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

I am writing to express my support of the proposed acquisition by Bridgeport Hospital and to state that I will continue to provide patient referrals to these radiologists after OHCA approval of the sale. I understand as a result of this transaction, the radiologists may now be employed directly by the Yale School of Medicine and I will continue to refer to them because I am confident in their demonstrated ability over the years. I support strategic planning in my region.

Thank you,

Gastroenterology Associates of Fairfield County P.C.
The Digestive Health Experts

Edward T. Grossman, MD, FACP, FACG
Richard N. Lopatin, MD, FACP, FACG
Kenneth R. Mauer, MD, FACP, FACG
Strick J. Woods, MD
Julie E. Spivack, MD
Eddy A. Castillo, MD
Emil J. Blanco, MD
Gena M. Cobrin, MD
Danielle M. Weckesser, PA-C
Joseph Engel MPS, Administrator

November 12, 2012

Dear Deputy Commissioner Davis:

I am a physician practicing in the Bridgeport community who has been referring my patients to Russo Radiology for many years. My experience with Russo Radiology has been excellent. They provide quality professional services.

It is my understanding that Russo Radiology has been acquired by Bridgeport Hospital. Additionally, it is my understanding that the radiologists may now be employed directly by the Yale School of Medicine. In spite of this, I plan to continue to maintain my referral patterns. My experience with this practice has been excellent and I hope that it will continue to provide the same quality of imaging services in the ensuing years.

If you have any further questions, Please do not hesitate to contact me.

Sincerely,

Strick J. Woods, M.D.
SJW:mra

PriMed
Physicians United For Patient Care

Anthony Mongillo, M.D.
Christian Heineken, M.D.
Pasquale Masone, M.D.
Arcangelo DiStefano, M.D.
Vasudha Vallabhaneni, M.D.

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Anthony Mongillo MD

ANTHONY J. MONGILLO, M.D.
3180 Main Street
Bridgeport, CT 06606
Tel: (203) 373-9100

Joao M.A. Nascimento, M.D., FACP, FACR
Christopher F. Mojcik, M.D., PhD
Jacinta Pereira-Renaldi, APRN, NP-C
Sarena Kelly, APRN, FNP-BC

Diplomate, American Boards of Rheumatology and Internal Medicine

3203 Main Street • Bridgeport, CT 06606
Phone (203) 371-0009 • Fax (203) 371-0091

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Lusitana
HEALTHCARE, LLC

www.LusitanaHC.com Phone (203) 334-2000 Fax (203) 334-2005

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

I am writing to express my support of the proposed acquisition by Bridgeport Hospital and to state that I will continue to provide patient referrals to these radiologists after OHCA approval of the sale. I understand as a result of this transaction, the radiologists may now be employed directly by the Yale School of Medicine and I will continue to refer to them because I am confident in their demonstrated ability over the years. I support strategic planning in my region.

Thank you,

Ana M. Palheta, MD

2660 MAIN STREET, SUITE 205 • BRIDGEPORT, CT 06606

Andrew J. Levi, MD, FACOG

Park Avenue Fertility and Reproductive Medicine

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

I am writing to express my support of the proposed acquisition by Bridgeport Hospital and to state that I will continue to provide patient referrals to these radiologists after OHCA approval of the sale. I understand as a result of this transaction, the radiologists may now be employed directly by the Yale School of Medicine and I will continue to refer to them because I am confident in their demonstrated ability over the years. I support strategic planning in my region.

Thank you,

1305 Post Road, Suite 100
Fairfield, CT 06824
203-254-6000

Fax 203-372-6706
www.parkavefertility.com

5520 Park Avenue, Suite 103
Trumbull, CT 06611
203-372-6700

Jennifer M. Ju, M.D.
FAMILY HEALTH AND WELLNESS CENTER OF BRIDGEPORT, LLC
FAMILY PRACTICE

4699 MAIN STREET, SUITE 201
BRIDGEPORT, CT 06606
TELEPHONE (203) 372-9002
FAX (203) 372-6747

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Jennifer Ju, MD

PULMONARY & INTERNAL MEDICINE OF FAIRFIELD COUNTY, P.C.

BENJAMIN WEISMAN, MD, FACP
BLAINE E. MESSING, MD

INTERNAL MEDICINE
PULMONARY DISEASES

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

4699 MAIN STREET • SUITE 209 • BRIDGEPORT, CT 06606 • TEL (203) 374-2747 • FAX (203) 372-0204
76 QUALITY STREET • TRUMBULL, CT 06611 • TEL (203) 445-1300 • FAX (203) 445-1304

PriMed
Physicians United For Patient Care

Douglas Duchen, M.D.
Cosmo Filiberto, M.D.
~~Myra Waynik, M.D.~~
Milla Stelman, M.D.
Pritee Gada, M.D.
~~Ann Mesinger, A.P.R.N./F.N.P., MHN, AE-C~~
Pamela Gau, A.P.R.N./F.N.P.
Diane Warren, A.P.R.N./F.N.P.

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Thank you,

3715 Main Street, Suite 200 & 205
Bridgeport, CT 06606
(203) 372-4065 Fax (203) 372-1644

DECARVALHO SPINE & REHAB, LLC.
DR. GEORGE U. DECARVALHO, M.M.S., D.C.
3715 Main Street, Suite 201
Bridgeport, CT 06606
Tel (203) 371-9909
Fax (203) 371-9949

300

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

JEFFREY D. SMALL, M.D.
ADULT AND PEDIATRIC UROLOGY

4695 MAIN STREET
BRIDGEPORT, CT 06606
TEL 203 372 4419
FAX 203 372 4919

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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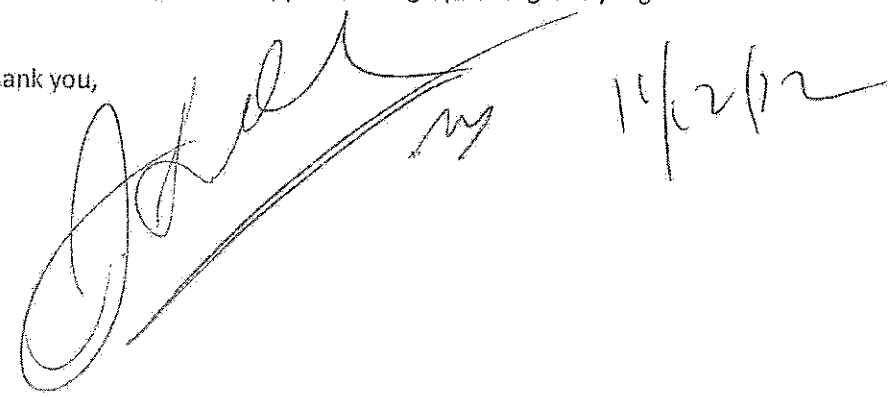
Thank you,



CARDIOMED OF CONNECTICUT, L.L.C.
4695 Main Street, Suite 19
Bridgeport, CT 06606

Mohummad Raza
M.D., F.R.C.P., F.A.C.C.
Email: m-raza@msn.com

Phone: (203) 371-5189
Fax: (203) 372-6365

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Mohummad Raza

MD. F.R.C.P. F.A.C.C.

KAROL JOSEPH CHACHO, M.D.
Reproductive Endocrinology and Infertility
4699 MAIN STREET
BRIDGEPORT, CONNECTICUT 06606

203/372-5282

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Karol J. Chacho

NORMAN WEINSTEIN, M.D.
CHARLES A. WOODS, M.D.
ROBERT J. HOBBIE, M.D.
MICHAEL A. LEE, M.D.
RICHARD E. CARROLL, M.D.
ROBERT D. CHESSIN, M.D.
RICHARD M. FREEDMAN, M.D.
JUDITH K. HOCHSTADT, M.D.
DIANE M. GALLO, M.D.
MARTHA Y. SMALL, M.D.
SUSANNA K. JALKUT, M.D.

PEDIATRIC HEALTHCARE ASSOCIATES
4699 MAIN STREET
BRIDGEPORT, CT 06606
TEL: (203) 452-8322
FAX: (203) 371-7198

THOMAS J. KOPINAK, M.D.
NANCY C. AMBERSON, M.D.
AMY S. WEINRIB, M.D.
ROBERT C. LANDIS M.D.
ANDREA B. HAGANI, M.D.
AMANDA MURPHY, M.D.
THOMAS P. HOMA, M.D.
NADA ABDEL A'AL, MD.
NIMROD E. DAYAN, M.D.
CORRIE C. STEEVES, M.D.
MARIVIC D. BOTTA, M.D.

Dear Deputy Commissioner Davis,

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Thank you,

Robert D. Chessin, M.D,
Pediatric Healthcare Associates

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

November 14, 2012

VIA EMAIL AND HAND DELIVERY

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: Certificate of Need Application, Docket Number 12-31766-CON
Application of Bridgeport Hospital to Acquire Certain Assets of Russo Radiology, PC
Public hearing: Monday, November 19, 2012

Dear Hearing Officer Hansted:

On behalf of the Bridgeport Hospital, enclosed please find prefile testimony of:

- William M. Jennings, President and Chief Executive Officer of Bridgeport Hospital;
- Norman G. Roth, Chief Operating Officer of Bridgeport Hospital;
- Patrick J. Schmincke, Vice President of Clinical Administration for Bridgeport Hospital;
- James A. Brink, M.D., Chair of the Department of Diagnostic Radiology at Yale School of Medicine; and
- Robert D. Russo, M.D., owner of Russo Radiology

Each of us will attend the hearing to adopt our testimony and answer any questions that OHCA may have.

Please note that, in accordance with OHCA's request dated November 5, 2012 (the "November 5 Hearing Notice"), updated utilization statistics for both the Hospital's scanners and the scanners currently owned by Russo Radiology have been provided in the form of a revised Table 2a (attached to the prefile testimony of Mr. Schmincke as Exhibit B).

In addition, we have tried to address each of the topics/issues identified in the November 5 Hearing Notice in our testimony. For ease of reference, please find a chart below that shows which speaker's testimony addresses each of the topics in the Issues/Interrogatories document for the public hearing:

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

Topic	Prefile Testimony
1. Three (3) years of historical and projected utilization for each of the Bridgeport Hospital's ("Hospital's") MRI, CT and PET/PET-CT utilization	Patrick Schmincke – Exhibit B, Revised Table 2a
2. Capacity of each of the MRI, CT and PET/PET-CT scanners for the Hospital and the proposed scanners	Patrick Schmincke – Exhibit A, Capacity Analysis
3. The need for the Hospital to acquire each of the seven (7) scanners	Norman Roth testimony, Patrick Schmincke testimony
4. The Hospital's service area for its current MRI, CT and PET/PET-CT scanners	Norman Roth testimony
5. The need for the Hospital to acquire any proposed scanners outside its service area	Norman Roth testimony
1. Provided updated annual utilization (Jan – Dec) for each of the proposed seven (7) imaging scanners (by location)	Patrick Schmincke – Exhibit B, Revised Table 2a
2. Provide updated annual utilization (Jan – Dec) for each of the Hospital's current MRI, CT, PET/PET-CT scanners (by location)	Patrick Schmincke – Exhibit B, Revised Table 2a

We will be happy to address any additional questions you have at the hearing.

Also enclosed is a Notice of Appearance on behalf of Wiggin and Dana LLP, who is representing Bridgeport Hospital in this matter.

If you have any questions regarding this submission, please do not hesitate to contact me at (203) 384-3478.

Sincerely,

William M. Jennings
President

cc: Steven W. Lazarus, OHCA Analyst

STATE OF CONNECTICUT

BEFORE THE DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS	:	DOCKET NO. 12-31766-CON
IN RE APPLICATION OF BRIDGEPORT HOSPITAL TO ACQUIRE CERTAIN OF THE ASSETS OF RUSSO RADIOLOGY, PC	:	NOVEMBER 14, 2012

NOTICE OF APPEARANCE

Please enter the appearance of Wiggin and Dana LLP on behalf of Bridgeport Hospital.

We both plan to attend the hearing on Monday, November 19, 2012 on behalf of our client.

Respectfully submitted,

BRIDGEPORT HOSPITAL

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefile Testimony of William M. Jennings
President and Chief Executive Officer, Bridgeport Hospital

I. Introduction

Hearing Officer Hansted and members of the Office of Health Care Access ("OHCA") staff, thank you for the opportunity to discuss Bridgeport Hospital's application for a Certificate of Need to acquire certain imaging equipment currently owned and operated by Robert D. Russo M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology"). My colleagues and I appreciate this time today to share with you the reasons why the proposed acquisition is of such vital importance to our patients as well as Bridgeport Hospital, to provide updated volume projections and additional information related to our plans for some of the proposed imaging equipment, and to answer any questions that you may have regarding the proposal.

By way of background, I am the President and Chief Executive Officer at Bridgeport Hospital, which I joined in 2010. I am also an Executive Vice President of Yale New Haven Health System (YNHHS). Prior to joining YNHHS, I worked at SSM Health Care System in St. Louis, Missouri, where I was the President of the SSM St. Mary's Health Care Center. I have worked in the field of health care administration for over twenty years.

Prefile testimony in support of this certificate of need is being provided by the individuals listed below:

- Norman G. Roth, Chief Operating Officer, Bridgeport Hospital
- Patrick Schmincke, Vice President, Clinical Administration, Bridgeport Hospital

- James A. Brink, M.D., Chair of the Department of Diagnostic Radiology and a Professor of Diagnostic Radiology at the Yale School of Medicine, and Chief of Diagnostic Radiology at Yale-New Haven Hospital
- Robert D. Russo, M.D., Owner of Robert D. Russo & Associates Radiology

Together, we would like to explain the significant impact that this proposal will have on access to imaging services, enhancement of clinical quality, and the provision of efficient, cost-effective care, all of which will be accomplished without adding new imaging capacity to the state of Connecticut. In doing so, we will address the various topics related to the proposal that were included in OHCA's Issues/Interrogatories document for the public hearing.

II. Summary of Key Points

Because my colleagues' testimonies discuss the project in significant detail, I would like to summarize the critical points that each makes, as follows:

- Bridgeport Hospital's current outpatient imaging capacity is inadequate. Our on-campus CT and MRI scanners primarily serve the needs of our inpatients and Emergency Department patients, whose clinical needs are typically more acute than those of outpatients. In addition, these scanners are operating at or near capacity, and outpatient volume and related imaging utilization at the Hospital is projected to increase in FY 2013
- Our patients tell us that when possible, they prefer to access routine, non-emergent outpatient services in a community setting. Care can often be provided at these settings at a lower cost than in the inpatient hospital. We strive to constantly be responsive to patients' needs and to operate in as cost-effective a manner as possible
- As Bridgeport Hospital and Yale New Haven Health System prepare for health care reform, we must expand our continuum of services. Outpatient diagnostic radiology services is an essential part of this continuum and one for which the Hospital currently lacks sufficient capacity.
- The acquisition of the Russo Radiology scanners will ensure that underserved patients in our local community, including patients from two federally funded healthcare centers and the AmeriCares clinic in Bridgeport, continue to have access to outpatient imaging services.

- The proposal focuses on high quality existing imaging equipment and does not add new capacity to the state. Indeed, we propose to relocate an underutilized MRI scanner in Guilford and an underutilized CT scanner in Fairfield to a site where they will serve a vital clinical need and achieve increased utilization, at the planned cancer center at our Park Avenue Campus. The acquisition of Russo Radiology's PET/CT scanner will allow us to terminate our agreement with a mobile PET/CT provider.
- Plans for the Hospital's Park Avenue Campus, which will feature a Smilow cancer care center, are well underway. The inclusion of CT, PET/CT and MRI scanners to ensure comprehensive care for cancer patients at this site is a critical aspect of the project.
- The implementation of Epic, YNHHS' System-wide electronic medical record, will provide a significant benefit to patients by improving communication between providers, ensuring more timely diagnosis and care for patients, and reducing the potential for costly duplicate testing.
- With the integration of the Russo Radiology physicians into Yale Diagnostic Radiology (YDR), clinical quality for patients will be enhanced through access to YDR's sub-specialty expertise and their availability for clinical oversight, and through the implementation of imaging standards that are consistent across Bridgeport Hospital, the proposed Bridgeport Hospital outpatient sites and Yale-New Haven Hospital.
- Bridgeport Hospital provides significant levels of charity and under-reimbursed care to our community. In order to continue this commitment, we require programs like outpatient radiology that bring a positive financial gain to the Hospital and we must continually seek new sources of revenue.
- Revisions to our volume projections reflect updated assumptions and information regarding the project. In addition, we have conducted an analysis of our existing imaging capacity, which shows that acquisition of the Russo Radiology scanners will be necessary for us to meet future patient demand.
- The project meets several of OHCA's statutory criteria for public need.

III. Conclusion

Based on the testimony that my colleagues will provide, along with the information submitted in our Certificate of Need and Completeness Responses, I believe we have

provided clear evidence of the public need for this proposal. The acquisition of Russo Radiology imaging centers will enhance patient access, enhance clinical quality and improve operational efficiencies, meet a clear public need and fulfill a vital Hospital imperative for additional revenue sources. I request that you approve this Certificate of Need. Thank you.

The foregoing is my sworn testimony.

William M. Jennings
President and Chief Executive Officer
Bridgeport Hospital

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
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Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefile Testimony of Norman G. Roth
Chief Operating Officer, Bridgeport Hospital

I. Introduction

Hearing Officer Hansted and members of the Office of Health Care Access ("OHCA") staff, thank you for the opportunity to discuss Bridgeport Hospital's application for a Certificate of Need to acquire certain imaging equipment currently owned and operated by Robert D. Russo M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology"). This application is critically important to Bridgeport Hospital as a means of (i) meeting current and anticipated outpatient radiology needs of its patients; and (ii) expanding and enhancing cancer care services to patients in Bridgeport Hospital's primary and secondary service areas.[1]

Before discussing the proposal more specifically, I would like to provide you with some background regarding my position with Bridgeport Hospital and as part of the Yale New Haven Health System (of which Bridgeport Hospital is a part). I am currently the Chief Operating Officer of Bridgeport Hospital, a position I have held since September, 2011. Prior to that, I worked at Yale-New Haven Hospital for thirty-two (32) years, most recently as Senior Vice President for Administration. In these positions, I have been intimately involved in operations,

[1] As indicated in the Application (p. 26), the population to be served includes residents of Bridgeport Hospital's primary and secondary service areas, as well as patients from other towns and states that currently seek care at the Hospital and at Russo Radiology's existing practice locations. The towns that make up Bridgeport Hospital's primary service area are: Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford and Trumbull. The towns that make up Bridgeport Hospital's secondary service area are: Ansonia, Beacon Falls, Derby, Naugatuck, Newtown, Orange, Oxford, Seymour, Weston and Westport.

including outpatient services, and was instrumental in the establishment of the Smilow Cancer Hospital at Yale-New Haven, which was approved by OHCA in 2005 (OHCA Agreed Settlement, Docket Number 04-30410-CON).

The proposal before you now represents a unique opportunity for Bridgeport Hospital to further two critical objectives in a cost-efficient manner and without adding additional imaging capacity into the State. First, the proposal will permit Bridgeport Hospital to expand access to outpatient imaging services to its patients – a service that commenced earlier this year following OHCA's approval for Bridgeport Hospital to acquire an on-campus MRI. (OHCA Docket Number 11-31722-CON). Unlike most hospitals, Bridgeport Hospital currently has no off-site imaging facilities in the community, an important service for patients. Second, the proposal will permit Bridgeport Hospital and the Yale New Haven Health System to expand the state of the art cancer care provided by Smilow Cancer Hospital to Bridgeport Hospital's service area. That expansion is consistent with the Agreed Settlement approved by OHCA establishing Smilow, which expressly recognized the importance of establishing a network of cancer services and access to cancer-related clinical trials.

A summary of the proposed transaction is outlined below, followed by support for our position that approval of this important transaction will further OHCA's statutory mission of "promot[ing] the provision of quality health care in a manner that ensures access for all state residents to cost-effective services so as to avoid duplication of health services and improve the availability and financial stability of health care services throughout the state" (Conn. General Stat. 19-a-637 (2012). In addition to the overview that my testimony will provide, testimony by Patrick Schmincke, Vice President of Clinical Administration at Bridgeport Hospital; Dr. James Brink, Chair of the Department of Diagnostic Radiology at Yale School of Medicine; and Dr. Robert Russo of Russo Radiology, will provide greater detail, particularly regarding capacity and utilization, clinical quality, and the benefits of integration of services under the Yale New Haven Health System's electronic medical record platform.

II. Summary of Proposed Transaction

Bridgeport Hospital proposes to acquire six (6) scanners that are currently owned and operated by Russo Radiology.[2] Three (3) of the scanners (listed below) will remain in their current locations, but will operate as outpatient locations of Bridgeport Hospital, in order to serve the current and anticipated outpatient radiology needs of Bridgeport Hospital's patients:

Equipment Type	Current Location	Manufacturer	Model	Slices/Strength
CT Scanner	4699 Main Street Bridgeport	Philips	Brilliance	64 Slice
CT Scanner	2909 Main Street Stratford	Philips	MX 8000	6 Slice
MRI	2595 Main Street Stratford	GE	Highspeed	1.5 T

Three (3) additional scanners are proposed to be acquired and moved to Bridgeport Hospital's planned comprehensive outpatient center in Trumbull (the "Park Avenue Campus"):

Equipment Type	Current Location	Manufacturer	Model	Slices/Strength
PET/CT Scanner	2660 Main Street Bridgeport	GE	Discovery	4 Slice
CT Scanner	425 Post Road Fairfield	GE	Lightspeed	16 Slice
MRI	705 Boston Post Rd Guilford	Philips	Infinion	1.5 T

Development of the Park Avenue Campus (located at 5520 Park Avenue in Trumbull) is well underway. Two (2) buildings already exist on the campus and various services have been established at the site, including antenatal testing, breast care and radiation oncology. The next phase of development is to construct a third building on the campus to connect the existing two (2) buildings. This third structure will include physicians' offices, diagnostic testing, and comprehensive outpatient cancer care in affiliation with Smilow Cancer Hospital and may also include outpatient surgery. Information on the Park Avenue Campus, as presented to the Board

[2] We note that OHCA has indicated in its notice of hearing and interrogatories an understanding that seven (7) scanners are proposed to be acquired. In fact, Bridgeport Hospital proposes to acquire only six (6) scanners. the scanner currently located at the Russo Radiology site at 2660 Main Street in Bridgeport is a single, combined scanner that can perform both CT and PET/CT scans. In the application, Bridgeport Hospital broke out volume on this machine separately (CT scans and PET/CT scans), which may be the source of the confusion.

of Directors at a recent meeting, is attached as **Exhibit A**. As you can see from the exhibit, architectural schematics have already been prepared and various key regulatory approvals have already been obtained. The inclusion of MR, CT and PET/CT imaging at this location is crucial to the services planned at the site, as further described in testimony of Dr. James Brink, Chair of Yale School of Medicine's Department of Radiology. The importance of this technology is also highlighted in the letters of support attached as **Exhibit B**.

Although some of the radiologists affiliated with Russo Radiology are scheduled to retire, those that will remain with Russo Radiology will join Yale School of Medicine, which will contract to provide professional radiology services at each of Bridgeport Hospital's outpatient radiology sites. Through this affiliation, patients will have access to Yale School of Medicine's network of specialists and professional radiology will be performed consistently across all locations in accordance with policies and procedures adopted by Bridgeport Hospital and Yale.

In addition, the Epic electronic medical records system will be implemented at each of the sites at the same time as Epic is implemented at Bridgeport Hospital (in 2013). Epic will provide referring and treating physicians with access to patients' complete medical records, including imaging scans and test results. Because Epic is being implemented at all of the Yale New Haven Health System sites (including affiliated hospital locations, as well as physician offices maintained by Yale School of Medicine and Northeast Medical Group), Epic will enhance clinical quality, improve the coordination of care, reduce duplicate testing, and facilitate timely diagnosis – resulting in better, more cost-effective care for patients.

III. Need Analysis

The need for these acquisitions – as well as the benefits that will be realized consistent with OHCA's mission if the acquisitions are approved - is described in more detail below.

A. Public Need

Bridgeport Hospital and its Board continually evaluate patient needs and areas for strategic growth. As part of its Board approved Strategic Plan for Fiscal Years 2012-2014, Bridgeport Hospital identified a need for additional outpatient radiology and oncology services. In evaluating requirements for these services, it became clear that Bridgeport Hospital's existing

imaging equipment and facilities were insufficient to serve this need – and that acquisition of existing equipment owned by Russo Radiology is a better, more cost-effective and efficient way to put existing imaging capacity to higher and better use. Among the reasons that this acquisition serves a public need are the following:

Bridgeport Hospital Does Not Have Sufficient Outpatient Imaging Services Currently. Unlike the majority of Connecticut hospitals,[3] Bridgeport Hospital does not currently own or operate any off-campus outpatient radiology centers - and the imaging services it has on its main campus are either insufficient or otherwise inappropriate for meeting these outpatient needs. Patrick Schmincke, Bridgeport Hospital's Vice President of Clinical Administration, will provide you with more detailed information on capacity and utilization of Bridgeport Hospital's current imaging equipment. In the simplest terms, however, the MRI and CT scanners at the hospital are each operating at or near capacity and cannot be used to serve the proposed outpatient population.

Most hospitals maintain separate outpatient locations in order to serve their ambulatory outpatient population in a lower-care (and lower-cost) setting. As detailed in the materials submitted with our application, it is widely understood and accepted in the healthcare industry that patients generally prefer to access their outpatient care in their local community. *Recent Shifts in Place of Service for Noninvasive Diagnostic Imaging: Have Hospitals Missed an Opportunity?* J Am Coll Radiol 2009;6:96-99 (Application pp. 46-49). Off-campus sites tend to provide easier access (including ample parking) and do not require patients to navigate complex hospital facilities for routine procedures or scans. The need for care in the community becomes even more critical for cancer patients who require frequent care (e.g., daily or weekly chemotherapy) and are often immuno-suppressed. For these patients, a local setting separate from other acute-care hospital services may be an important factor in their care.

In addition, many hospitals have access to off-campus scanners in order to ensure priority access of on-campus scanners for inpatients and emergency department patients, and also as back-up in the event that on-campus scanners have an interruption in service. For example,

[3] According to research performed by Yale New Haven Health System planning staff, 87% of the fifteen largest hospitals in the state of Connecticut have off-campus imaging (MRI, CT or PET/CT)) capability, and 13% do not. Two hospitals make up that thirteen percent, and both are located in Bridgeport – Bridgeport Hospital and St. Vincent's Medical Center.

during the recent hurricane, the MRI on Bridgeport Hospital's campus was unusable due to widespread power outages. Acquisition of the scanners at the Russo Radiology sites would provide additional capacity only a short distance from the hospital campus (for example, the three scanners to be acquired for general outpatient radiology services are all within about two (2) miles from the hospital campus).[4]

Utilization of Outpatient Imaging is Projected to Increase. Bridgeport Hospital has consistently experienced increasing inpatient and outpatient volumes. In FY2012, inpatient volume increased by five percent (5%) and the Hospital is conservatively projecting a three percent (3%) increase for FY2013. These increases are also expected with respect to outpatients and will result in increased need for imaging services. To be consistent with prior applications, including OHCA Docket Number 11-31722-CON (which approved the acquisition of the Hospital's on-campus MRI), the Hospital has projected two percent (2%) increases in outpatient services, including imaging services. National trends support these projections and anticipate significant increases in outpatient imaging rates over the next ten (10) years. *See* Sg2 Outpatient Imaging Forecast, US Market 2011-2021, showing projected increases of twenty percent (20%) for MRI and thirty percent (30%) for CT scans over that ten (10) year period. (Application, p. 50); *See also* The Advisory Board Company Imaging Market Update 2012 (a copy of which is attached as Exhibit C to the testimony of Patrick Schmincke), estimating annual increases during the period 2011-2016 of 1.65% for CT, 2.1% for MR and 4.1% for PET/CT) (which yield projected aggregate increases consistent with those projected by Sg2).

In the specialty of oncology, in particular, imaging needs are also anticipated to increase. As recognized by OHCA in its approval of the Smilow Cancer Hospital, demand for cancer-related services is expected to increase as a result of various factors, including the following: (i) the increasing and aging of the population; (ii) increasing utilization of services as a result of

[4] Bridgeport Hospital has also considered whether a generator would provide cost-effective back-up in power outages. However, the cost of a generator sufficient to operate the on-campus MRI would be greater than the acquisition cost of the equipment from Russo Radiology. Based on discussions with facilities personnel at Bridgeport Hospital, the cost of a generator, plus the required transfer switch, transformer wire/material and labor would likely total between $850,000 to $1,000,000 and could cost upwards of $2,000,000. Use of a generator would also not provide the benefits of additional scanning equipment and locations to which patients can be redirected when needed.

improved survival and fewer side effects from treatment; (iii) increasing utilization of services resulting from better and earlier detection of cancer; (iv) increasing utilization of new technologies that are expanding the treatment options for patients; and (v) physician recruitment resulting in increasing numbers of expanded and enhanced clinical programs, expanding clinical research and new treatment modalities. (OHCA Agreed Settlement, Docket Number 04-30410-CON, FF 19) As described in Dr. Brink's testimony, specialty imaging modalities such as MR, CT and PET/CT are critical to establishing and monitoring the treatment plans for cancer patients.

Bridgeport Hospital is also actively recruiting professionals to its service area in various specialties. For example, the planned Park Avenue Campus is being structured to include physician offices. A number of oncology recruitments are underway for the planned cancer center. In addition, a local gastroenterology practice has executed binding documents to join Northeast Medical Group and maintain offices at that site. Bridgeport Hospital has also approached its current medical staff about occupying space in the building and the response has been so positive that there is a wait list for space in the building. These trends and other recruitments by Northeast Medical Group are all anticipated to increase demand for outpatient radiology services.

With the existing Bridgeport Hospital scanners at or near capacity, these increased needs cannot be met unless additional equipment can be obtained.

Health Care Reform Necessitates Consolidation. As OHCA is well aware, the health care industry is in an unprecedented era of change and reform. As payors move to "pay for performance" models and bundled payments, coordinated and cost-effective care will become more and more critical for a hospital's survival and quality care for patients. This is evidenced by the many applications before OHCA for hospitals to acquire outpatient radiology sites under the current control of private radiology groups. As reimbursement models change and the benefits to patients of coordinated and integrated care become more and more clear, these trends are expected to continue. Hospitals are expected to play a key role in providing platforms for coordinating and integrating care across the continuum of outpatient and inpatient services.

Due in part to its affiliation with the Yale New Haven Health System and Yale School of Medicine, Bridgeport Hospital is well positioned to coordinate care and improve quality for outpatients. If approved, acquisition of the Russo Radiology equipment and locations will permit Bridgeport Hospital to satisfy the outpatient radiology needs of its patients and continue to serve the patients already seen by Russo Radiology physicians. Installation of Epic, coordination of care with Yale School of Medicine, and implementation of best practices from the various affiliates of the Yale New Haven Health System are all expected to enhance quality, improve coordination of care, and reduce duplication of services – all to the benefit of patients and the State.

Diversification of services – particularly into services with enhanced revenue streams – is also critical for nonprofit hospitals like Bridgeport Hospital that provide numerous critical services at a loss. These services include the hospital's Primary Care Center, which is a vital point of access for thousands of Bridgeport area residents; the behavioral health program; the diabetes educational program; antenatal testing unit and pulmonary rehabilitation. In addition, as a nonprofit health care provider, Bridgeport Hospital provides significant uncompensated care to those in need. As shown in the Hospital's audited financial statements for fiscal year 2011 (filed with OHCA[5]), the Hospital provided $16.5 million in uncompensated and charity care and another $27.7 million in under-reimbursed Medicaid services. Although audited financials are not yet available for fiscal year 2012, Bridgeport Hospital expects that the levels of uncompensated and charity care will be consistent with those provided in the past. While it is part of our mission to serve the community, we must also provide programs with a positive financial impact to balance the significant losses we incur from these community-oriented programs and the payer mix of our patients. The revenue stream anticipated from outpatient radiology services can and will be used by Bridgeport Hospital to support services such as these, consistent with the hospital's nonprofit mission. Without positive revenue streams such as outpatient imaging services, Bridgeport Hospital's community programs could be financially compromised.

Proposal Presents a Unique Opportunity to <u>Enhance</u> Utilization of Current Capacity in the State. As described above, demand for outpatient imaging services is expected to increase.

[5] See http://www.ct.gov/dph/lib/dph/ohca/hospitalfillings/2011/brgpt_2011afs_hospital.pdf

This proposal presents a unique opportunity to utilize current capacity in the State to meet these increased needs and improve utilization. The source of the enhanced utilization will be two-fold: First, the Russo Radiology sites that will remain in existence will continue to serve their current patient-base as well as the additional needs of Bridgeport Hospital patients. Second, the proposal to move three (3) scanners to the Park Avenue Campus will result in underutilized equipment being consolidated and repurposed to higher and better use. More specifically:

- The MRI in Guilford (the "Guilford MRI") is currently underutilized (providing just slightly over 600 scans in 2011). This underutilization is due, in large part, to the fact that significant capacity is available in the Guilford area. There are other MRI scanners in Guilford and one in Branford, each of which has additional, unutilized capacity. See Application, p. 29, showing that there are three (3) other MRIs In the four (4)-town Guilford service area and Bridgeport Hospital's Response to OHCA's Completeness Question Number 1, establishing excess capacity based on a phone survey conducted in July. The ability for Bridgeport Hospital to acquire the Guilford MRI now, during the planning phases of the cancer center to be located at the Park Avenue Campus, will provide Bridgeport Hospital with the opportunity to (i) transition MRI services in Guilford to other providers with excess imaging capacity; and (ii) later move the Guilford MRI to the Park Avenue Campus where it can serve a critical need for cancer patients. Bridgeport Hospital plans to upgrade the Guilford MRI from a 1.5T to a 3.0T in order to provide state of the art imaging for cancer patients at the Park Avenue Campus. This upgrade will be undertaken prior to the move and all required notifications to OHCA will be made.

  Planning for the new cancer center, including the imaging services that will be provided at the facility, must be completed now in order for space and fit-out requirements to be appropriately incorporated prior to completion of construction and opening of the facility in early 2015. Because the imaging services are so critical to the cancer center services, it is necessary for the Hospital to have certainty on these services before moving forward with other planning activities.

This interim period also provides sufficient time for services to be transitioned in Guilford without inconvenience to patients or referring physicians.

- With respect to PET/CT, acquisition of the PET/CT scanner currently located at 2660 Main Street in Bridgeport (the "Russo PET/CT") will allow Bridgeport Hospital to do away with the part time contracted service of a PET/CT (Bridgeport Hospital currently contracts with an outside vendor for access to a mobile PET/CT scanner two half-days per week). If the acquisition is approved, Bridgeport Hospital will move the Russo PET/CT to the hospital campus until it can later be moved to the new cancer center at the Park Avenue Campus. This acquisition will permit Bridgeport Hospital to provide PET/CT scans five (5) days per week on a single scanner. The Russo PET/CT is currently used for both PET/CT scans and CT scans. Once the Russo PET/CT is moved to the Park Avenue Campus, it will be used exclusively for PET/CT scans. CT scanning services previously performed on that scanner will be redirected to the other CT scanners owned and operated by Bridgeport Hospital, resulting in higher utilization of each.

- The CT scanner located at 425 Post Road in Fairfield (the "Fairfield CT") is also underutilized at its current location. Because sufficient capacity exists in Fairfield, and utilization of CT scans is expected to increase with the opening of additional services at the Park Avenue Campus, Bridgeport Hospital has determined that it will be most cost-effective and appropriate to move this machine to the Park Avenue Campus in 2015. As with the Guilford MRI, the Fairfield CT will remain in its current location during the interim period, and existing services will be appropriately transitioned to other services in Fairfield during that time.

A revised Table 2a, showing the impact of these moves and consolidations on utilization projections, is attached as Exhibit B to the testimony of Patrick Schmincke.[6] As evidenced on

[6] Per OHCA's request included with its notice of a hearing in this matter, the revised Table 2a includes updated annualized volume information for the current calendar year, based on information through October 2012. Changes

the revised table, Bridgeport Hospital has considered carefully the strategic impact of the proposed acquisitions in order to achieve greater utilization without adding capacity in the State.

The Proposed Acquisition Will Increase Access of the Poor, Uninsured, and Underinsured to Community-Based Imaging Services. Bridgeport Hospital maintains a generous charity care policy that provides free or reduced cost services to patients who are uninsured or underinsured and who meet certain financial eligibility criteria. As stated above, in fiscal year 2011, the Hospital provided $16.5 million in uncompensated and charity care and another $27.7 million in under-reimbursed Medicaid services and expects to have provided similar levels of care in fiscal year 2012. Approval of the proposed acquisition will ensure access to community-based imaging and other services for patients in Bridgeport Hospital's service area who otherwise would not be able to afford such services.

B. Other Benefits/Support for Determination of Need

As described above, the need for Bridgeport Hospital to acquire the additional imaging equipment and sites is clear. Just as important, the ability to acquire existing assets from Russo Radiology presents an opportunity for Bridgeport Hospital to meet this need in a cost-efficient and strategic manner, without adding additional capacity to the State. As such, approval of the transaction will further OHCA's mission as outlined in Conn. Gen. Stat. § 19a-637.

In evaluating applications for certificates of need, OHCA is statutorily required to consider the factors enumerated in Gen. Stat. § 19a-639(a) (1) through (9). Consideration of these factors clearly establish support for approval of the application currently before OHCA:

The proposed project is consistent with applicable policies and standards adopted in regulations by OHCA and the state-wide health care facilities and services plan. OHCA has not adopted by regulation any policies or standards relating to the acquisition of existing imaging equipment. In addition, the state-wide health care plan that OHCA has been developing has not yet been finalized and adopted. However, the proposed acquisition and integration of existing imaging equipment into the Hospital system is consistent with OHCA's broad statutory goal of

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to the projections from what was provided in the Application and the Responses to the Completeness Questions are also highlighted, with explanations for the changes provided.

"ensur[ing] access for all state residents to cost-effective services so as to avoid duplication of health services and improve the availability and financial stability of health care services throughout the state." Conn. Gen. Stat. § 19a-637. The transaction will not add new imaging equipment to the state health system, is consistent with the broad goals of improving access to and the provision of high quality, cost-effective health care, and will improve the financial stability of an urban hospital that is important to the state health system.

While the acquisition allows for consistent and appropriate imaging capacity and utilization, as recognized in the draft state-wide health care plan, they are not the only factors to consider in evaluating proposals involving imaging equipment. Special considerations include: (i) the capabilities of the proposed scanners as compared to existing scanners; (ii) the ability of the applicant to serve an underserved population and not jeopardize the financial viability of the project; (iii) the impact on existing services, including avoiding delays in timely diagnosis or treatment; (iv) the use of the proposed scanner for clinical research; (v) the history of the applicant in running accredited, financially successful facilities; (vi) the applicant's ability to make radiation dose exposure decisions; and (vii) the unique patient populations or specific clinical needs for specialty scanners or specific clinical applications, including scanners with multiple use applications; complexity of scanning procedures, including the impact on available scanner access due to lengthy procedures; necessity for back-up and redundant equipment to meet the needs of emergency departments. As described above, these factors favor approval of the application presented by Bridgeport Hospital.

There is a clear public need for the services proposed. As described above, and supported by testimony of others in this proceeding, the need for integrated outpatient care, including outpatient radiology services, is expected to increase and Bridgeport Hospital's current resources are not sufficient to meet anticipated demand.

Bridgeport Hospital has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the State. Bridgeport Hospital has a long history of providing quality care to patients in the State. As described above, the acquisition of outpatient radiology equipment and sites, and their associated revenue streams, are critical to the

Hospital's financial future and the ability of the Hospital to continue to provide needed services to patients, including services to the community that it currently provides at a loss.

Bridgeport Hospital has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region. Integration of services with those of Bridgeport Hospital, in affiliation with the Yale New Haven Health System and Yale School of Medicine, will improve quality of care and ensure access. Implementation of Epic will assist physicians to coordinate care in a cost-effective manner and avoid duplication of services, including imaging services. Control of services by a nonprofit health system will ensure continued access for uninsured and underinsured patients, and also provide revenues to support needed primary care services that are provided at a loss.

Bridgeport Hospital's past and proposed provision of health care services to relevant patient populations and payer mix supports this application. Bridgeport Hospital has a long history of quality care in its service area. In addition, as an urban nonprofit hospital, Bridgeport Hospital has long ensured access to patients without insurance (or with insufficient coverage), a tradition that will be furthered by this transaction.

Bridgeport Hospital has identified utilization of existing health care facilities and health care services in its service area. By acquiring existing equipment, Bridgeport Hospital's proposal will permit it to satisfy anticipated outpatient needs, while continuing to serve populations currently served by Russo Radiology and not adversely impacting other unaffiliated providers.

Bridgeport Hospital has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities. The acquisition of existing equipment avoids the addition of added capacity to the region. In addition, the planned move of certain equipment from Guilford and Fairfield to the new Park Avenue Campus will result in underutilized equipment being repurposed for higher and better utilization. Together with integration of services under Epic, duplication and unnecessary services will be reduced.

IV. Conclusion

For all the reasons set forth above, Bridgeport Hospital asserts that the mission of OHCA will best be served by approving the transaction before it. Approval of the proposed acquisitions will clearly satisfy an important public need, ensure access, improve quality and contribute to the continued financial strength of the health care system in the State. It is also important to emphasize that the proposed sites are all approved and established imaging centers that are operating today. They will continue to operate and provide imaging services to patients regardless of their ownership structure. In other words, they will not be closed down if this transaction is not approved, but will continue to function without the benefits and improvements to clinical quality, operating efficiency and utilization that Bridgeport Hospital would provide. For these reasons, we respectfully request that you approve this Certificate of Need.

Thank you.

The foregoing is my sworn testimony.

Norman G. Roth
Chief Operating Officer
Bridgeport Hospital

EXHIBIT A

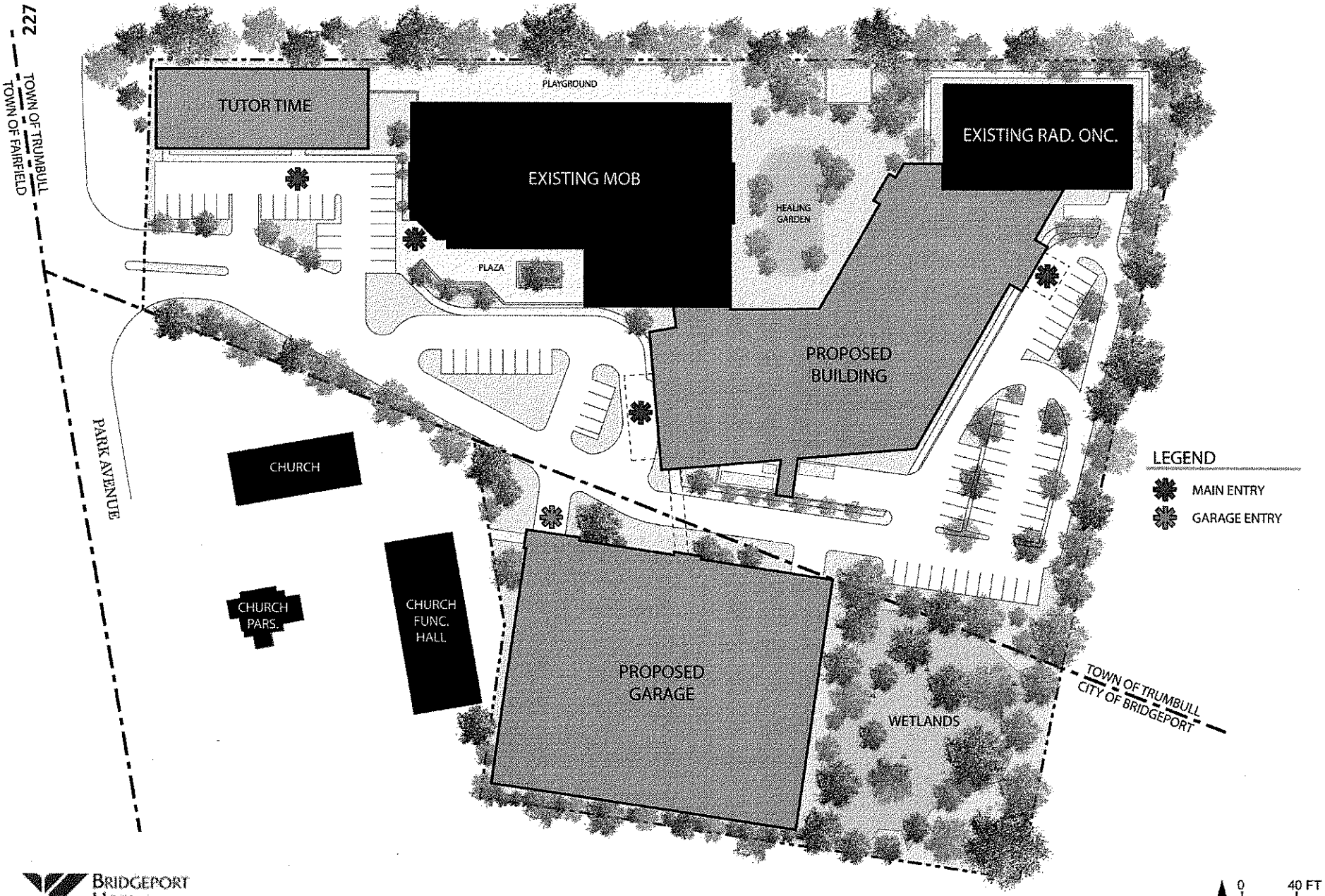
Plans re Park Avenue Campus

Park Avenue Project

Bridgeport Hospital Board of Directors Meeting

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

Proposed Site Plan



BRIDGEPORT HOSPITAL
Yale New Haven Health

0 40 FT

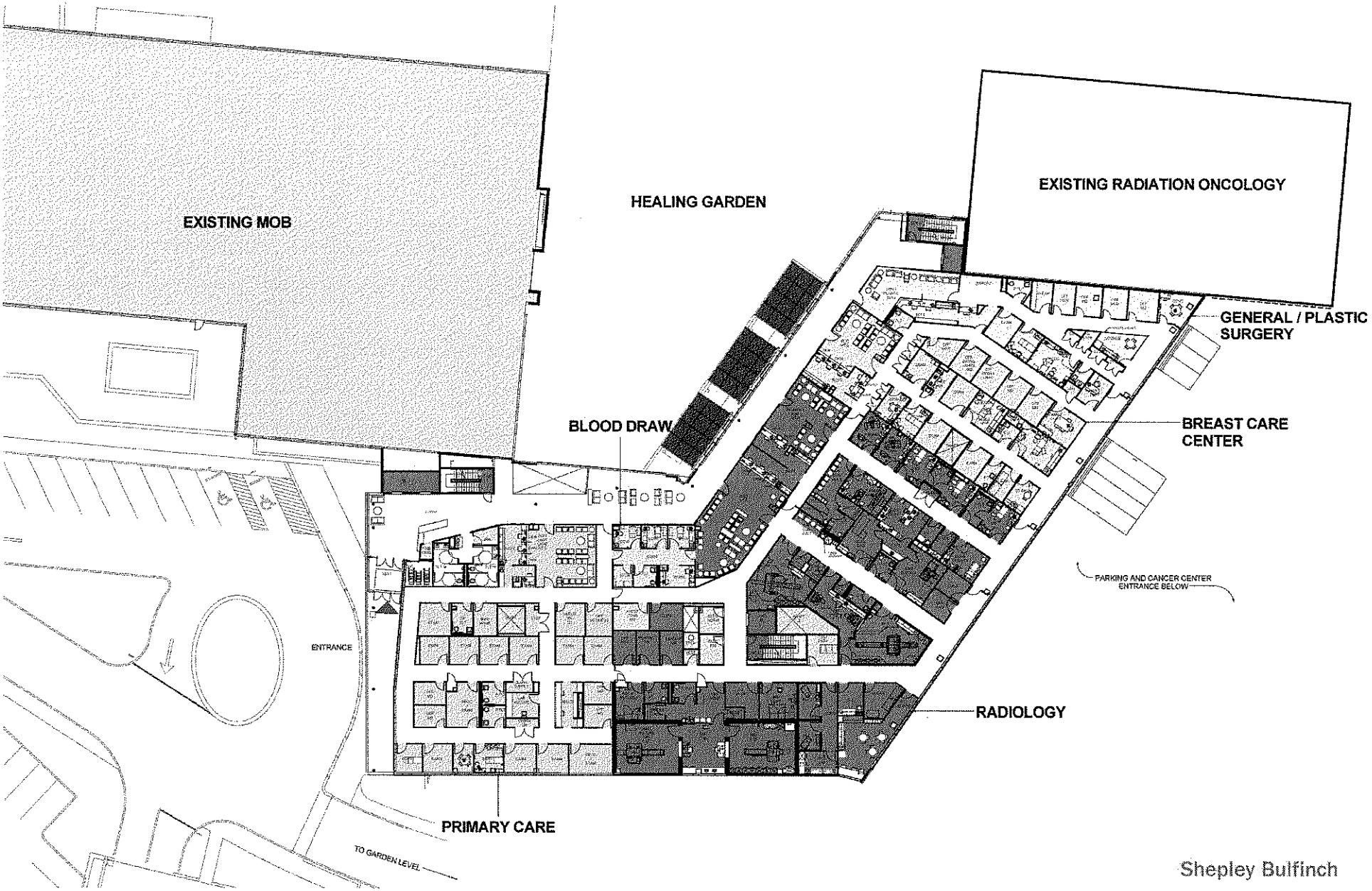
228

Programs in Park Avenue Building

- Ambulatory Surgery (Hospital)
- GI Suites (Hospital)
- Primary Care Practice/Walk-In (NEMG)
- General Surgery/Plastic Surgery (NEMG)
- Breast Care Center
- Radiology
- Medical Oncology
- Chemotherapy and Infusion (with pharmacy)
- Laboratory (with draw station)

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

Level 1 Plan



Shepley Bulfinch

Campus Aerial

Main Entry

Cancer Center Entry

Approval Timeline 2012-2013

Approved August 27, 2012	Bridgeport Wetlands
Approved September 24, 2012	Bridgeport Wetlands
Approved October 2, 2012	Trumbull Wetlands
Meeting November 14, 2012	Trumbull Planning & Zoning
July → December	State Traffic Commission (Office State Traffic Administration)
November/December	Merritt Parkway Commission (Advisory)
December	Final Construction Documents
January 2013	Building Permit (4 to 8 Weeks) Bridgeport
Late Winter/Spring	Begin Garage Construction

Exhibit B

Letters of Support

See attached letters from:

Mary T. Pronovost, M.D.
Neal Fischbach, M.D.
Andrew Kenler, M.D.
Peter Tortora, M.D.

MARY T. PRONOVOST, M.D., F.A.C.S.
Specializing in Diseases of the Breast

111Beach Road
Fairfield, CT 06824

Tel. (203) 254-2381
Fax: (203) 255-8515

November 12, 2012

Ms. Kimberly Martone
CT Department of Public Health
Office of Health Care Access
Director of Operations
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Martone:

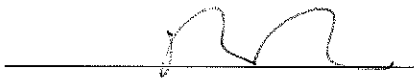
I am writing this letter of support for Bridgeport Hospital's CON application Docket Number 12-31766 to purchase certain assets of the Russo Radiology Practice. I strongly support having have Bridgeport Hospital outpatient radiology services in the community, specifically at Park Avenue in Trumbull, where my practice will be located.

I am a fellowship trained breast surgeon and the Medical Director of the Norma F. Pfriem Breast Care Center, and I treat hundreds of Bridgeport Hospital's breast cancer patients each year. While my current office is in Fairfield at the Norma F. Pfriem Breast Care Center, there is a comprehensive Breast Care Center being built as part of the new building planned for 5520 Park Avenue. Once that center opens, I will be working at Park Avenue as well as my current office, because the new center will be part of a full service cancer center where my patients will be able to get all their cancer care under one roof. I can't offer that to them today in Fairfield.

The Park Avenue Campus currently has medical oncology and radiation services. A key service that is needed in a comprehensive cancer center is access to high quality, convenient imaging services. This service is not available at Park Avenue at this time, but is planned for the new building. This is an important service for my patients and me. For my patients, they are often very sick, and would benefit greatly from having all their key services under one roof. They often require radiology tests (CT, PET/CT, MRIs, ultrasounds) to help with their diagnosis and treatment plans, and today they have to travel to other sites in the community to get these images taken. If the radiology services were at Park Ave, they could have their images taken on the same day as their visit/treatment, and if I needed to inspect the images before the test was complete or needed to talk to the radiologist, I could simply run next door to do this between patients. This would speed up care decisions and improve safety, since I can ensure accurate images and see the results quickly to make a care decision.

For myself, I need to ensure that my patients are getting images taken on high quality, up to date radiology equipment so the images are clear and accurate and I can make appropriate treatment decisions. The equipment that Bridgeport Hospital plans to put into the Park Avenue Radiology Center, since they are working closely with the Smilow Cancer Hospital, will be of the highest quality needed for patient safety. Many of the private radiology centers in the community have older models or machines that have been refurbished or at the end of their life, and thus the images are not as clear as they need to be. Once this new radiology center opens, I will refer most of my cancer patients to it for service because it will help me make the best treatment plan for them.

I strongly support approval of this application.



Dr. Mary Pronovost
Medical Director, Norma F. Pfriem Breast Care Center
111 Beach Road
Fairfield, CT 06824

ONCOLOGY ASSOC. OF BRIDGEPORT, P.C.
ROBERT FOLMAN, M.D.
JERRY MALEFATTO, M.D.
LAURIE HARROLD, M.D.
NEAL FISCHBACH, M.D.
DAVID WITT, M.D.

bridgeportoncology.com

5520 Park Avenue
Suite 203
Trumbull, CT 06611

Telephone: (203) 502-8400
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111 Beach Road
Fairfield, CT 06824

Telephone: (203) 255-2766
Fax: (203) 255-2974

November 12, 2012

Ms. Kimberly Martone
CT Department of Public Health
Office of Health Care Access
Director of Operations
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Martone:

I am writing this letter of support for Bridgeport Hospital's CON application Docket Number 12-31766 to purchase certain assets of the Russo Radiology Practice. I strongly support having Bridgeport Hospital outpatient radiology services in the community, specifically at Park Avenue in Trumbull, where my practice is located.

I am a medical oncologist and practice in a group of 4 other oncologists caring for the majority of cancer patients diagnosed and treated at Bridgeport Hospital. Through a unique collaboration with Bridgeport Hospital we have created an exemplary Community Cancer Center which facilitates the prospective, multidisciplinary treatment planning essential to optimal cancer outcomes. The Norma Pfriem Cancer Institute's Park Avenue campus brings together Medical Oncology, Surgical Oncology, and a variety of support services including nutrition and genetic counseling. However, the one essential piece that is missing is access to high quality, comprehensive radiology services. Cancer patients require the full spectrum of diagnostic imaging including X-Rays, ultrasound, CT, MRI, and nuclear medicine (PET/CT and Bone Scan). Further, they require access to the increasing complement of interventional radiology services including placement of central venous catheters, biopsies, ablations and other minimally invasive cancer procedures. Not only do we require these services, it is vital these services be available as part of the Cancer Institute campus. Sick patients will conveniently and safely undergo imaging and therapeutic procedures at the same location and often on the same day they will see their cancer providers. Equally vital, we will be able to immediately and personally communicate with the Radiologists for treatment planning or review of urgent radiologic findings.

Our collaboration with Bridgeport Hospital is expanding to an equally important partnership with Smilow Cancer Institute. Our goal and expectation is that this relationship will result in our patient's having access to the highest quality cancer care in the world in the convenience of their community. Modern imaging technology staffed by highly trained Radiologists who function as an integral part of the cancer care team will make this goal a reality.

For all of these reasons, I strongly support approval of this application.

Dr. Neal Fischbach, MD
Oncology Associates of Bridgeport
5520 Park Avenue
Trumbull, CT 06611

November 12, 2012

Ms. Kimberly Martone
CT Department of Public Health
Office of Health Care Access
Director of Operations
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Martone:

I am writing this letter of support for Bridgeport Hospital's CON application Docket Number 12-31766 to purchase certain assets of the Russo Radiology Practice. I strongly support having have Bridgeport Hospital outpatient radiology services in the community, specifically at Park Avenue in Trumbull, where my practice is located.

I am a breast surgeon with the Norma F. Pfriem Breast Care Center and I treat hundreds of Bridgeport Hospital's breast cancer patients each year. My patients today come to Park Avenue for their office visits and minor procedures in my office. They can have their chemotherapy in the Oncology Associates of Bridgeport office which is next to mine, and can get their radiation therapy on site, since the hospital has opened their new radiation oncology center on the campus.

The one key service that is needed in a comprehensive cancer center that is missing is at Park Avenue is access to high quality, convenient imaging services. This is important for my patients and me. For my patients, they are often very sick, and would benefit greatly from having all their key services under one roof. They often require radiology tests (CT, PET/CT, MRIs, ultrasounds) to help with their diagnosis and treatment plans, and today they have to travel to other sites in the community to get these images taken. This is difficult for them to travel to various places when they are ill. If the radiology services were here at Park Ave, they could have their images taken on the same day as their visit/treatment, and if I needed to inspect the images before the test was complete or needed to consult with the the radiologist, I could simply walk next door and consult with them. This type of real time collaboration is critical to integrated breast care. It speed up medical decisions, improves safety, cuts down on unnecessary extra testing, is cost effective, and provides an integrated collaborative approach to cancer care that is too often missing in most communities.

Although my practice involves using ultrasound and digital mammography to diagnose and treat benign and malignant breast disease, a comprehensive cancer care center is incomplete without MRI, CAT and PET/CT. In this multidisciplinary cancer care paradigm, it is an absolute necessity to have full radiologic devices at a cancer center where breast surgeons practice. The process is collaborative between the breast surgeon and the radiologist, with the patient being the ultimate beneficiary.

Bridgeport Hospital's radiology services at Park Avenue is going to be state of the art, with not only the latest and best technology (MRI,CAT, PET/CT) but equally important, all the aforementioned necessary radiology equipment will be available at this one site, again ensuring a patient experience not available elsewhere in this region. My patients absolutely need access to mammography, ultrasound, MRI, CT, PET Scans to ensure they get accurate diagnosis and treatment.

Personally, Bridgeport Hospital's affiliation with the Smilow Cancer Center as part of the Yale New Haven Health System gives me great confidence that the radiology equipment at Park Avenue will be the best available and completely comprehensive.

I strongly support approval of this application.

Dr. Andrew Kenler
Suite 207
5520 Park Avenue
Trumbull, CT 06611

Fairfield Medical Group, LLC

1300 Post Road • Suite 202 • Fairfield, Connecticut 06824
(203) 255-8827 • Fax (203) 259-4610

PETER C. TORTORA, M.D., F.A.C.P.
MONICA JAIN, M.D.

PETER R. CIMINO, M.D., F.A.C.P.
ERICA CICCONE, Office Manager

November 12, 2012

Ms. Kimberly Martone
CT Department of Public Health
Office of Health Care Access
Director of Operations
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Martone:

I am writing this letter of support for Bridgeport Hospital's CON application Docket Number 12-31766 to purchase certain assets of the Russo Radiology Practice. I will be pleased to have Bridgeport Hospital outpatient radiology services in the community, as the Epic electronic medical record system and clinical integration with the hospital will provide for improved patient care and safety, and the locations in the community will make it more convenient for my patients.

Currently, for my patients to utilize a Bridgeport Hospital outpatient imaging service, they have to go to the hospital campus. Most patients of my patients will not do that, due to the travel distance into Bridgeport, and the fact that they have to pay for parking and walk through the hospital campus to get to the radiology department. My own office practice in Fairfield is on the Epic system, and having my patients receive their imaging service from convenient, suburban Bridgeport Hospital sites will be beneficial because their radiology images will be in Epic also, and I will be able to see them easily so I can make timely, accurate treatment decisions. This will also minimize unnecessary duplication that can happen when a patient receives a test in the community which then must be repeated at the hospital due to the inability to access the original image/report which is in a different electronic medical record system.
I strongly support approval of this application. Please let me know if you have any questions.

Sincerely,

Peter Tortora, M.D., F.A.C.P.
President of the Medical Staff, Bridgeport Hospital
Assistant Clinical Professor of Medicine
Yale University, School of Medicine

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefile Testimony of Patrick J. Schmincke
Vice President, Clinical Administration, Bridgeport Hospital

I. Introduction

Hearing Officer Hansted and members of the Office of Health Care Access ("OHCA") staff, thank you for the opportunity to discuss Bridgeport Hospital's application for a certificate of need to acquire certain imaging equipment currently owned and operated by Robert D. Russo M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology"). I am Vice President of Clinical Administration at Bridgeport Hospital with responsibility for various services, including outpatient imaging services. My background is in science and management, having earned an Associate's Degree in Applied Science, Respiratory Care and a Bachelor Degree in Management. I am currently a candidate to receive a Master Degree in Business Administration (graduating this month). I am a member of the American College of Health Care Executives. I have over (21) years of healthcare experience with the last seventeen (17) being in a management capacity.

Norman Roth has described for you the importance of this application to Bridgeport Hospital and our patient base. In addition, Drs. Russo and Brink have outlined the enhancements to quality care and reductions in duplications of services that are expected to result from approval of the transaction. I would like to now provide you with specific data relating to capacity and utilization of the scanners at issue in this application, as well projections for utilization of the scanners if this application is approved. As a result of more detailed analysis and new developments since the certificate of need application was filed, my testimony and

exhibits contain updated capacity and utilization data to supplement, and in some instances, replace, data provided in the application.

II. Capacity and Target Utilization

We understand OHCA's concerns about the historical proliferation of imaging services in the state and possible excess capacity in certain areas. This transaction, however, will not add any new imaging capacity to region, but will instead make better and more efficient use of existing equipment.

As outlined in Norman Roth's testimony, Bridgeport Hospital has carefully considered the proposed transaction and its strategic importance. Based on the capacity and utilization of the Hospital's existing scanners, and projected utilization in light of the Hospital's planned cancer center and other outpatient services (all of which is discussed in more detail below), Bridgeport Hospital has determined that the acquisition of the scanners now owned by Russo Radiology – including the move of certain of the scanners to the new Park Avenue Campus – will be the most cost-effective way to ensure access for Bridgeport Hospital's patients to this important service.

In order to determine whether or not an existing piece of equipment is being sufficiently utilized, capacity for the equipment must be defined. To date, no standard definition of capacity has been adopted by OHCA. Draft guidelines are, however, in process and under discussion with stakeholders. The most recent draft guidelines (from June 2012) propose the following targets for 100% capacity (on an annual basis), by equipment type:

Equipment Type	***100% Capacity***
MRI	4,000 scans
CT Scanner – Hospital Based	12,000 scans
CT Scanner – Off Campus	3,700 scans
PET/CT Scanner	700 scans

Understanding that it is unrealistic to expect equipment to operate at 100% capacity – because equipment needs to be taken off line from time to time for maintenance and availability must be assured for acute and emergent patients – OHCA has proposed that target utilization

should be 85% of capacity. In other words, equipment will be assumed to be operating at an appropriate level if the following volumes are being achieved on an annual basis:

Equipment Type	*Target Utilization (85% Capacity)*
MRI	3,400 scans
CT Scanner – Hospital Based	10,200 scans
CT Scanner – Off Campus	3,145 scans
PET/CT Scanner	595 scans

Capacity is also often defined by a formula that considers hours of operation, multiplied by an average time per scan, adjusted again for maintenance/downtime. A calculation of capacity using this formula for each of the scanners involved in this application is set forth on **Exhibit A**. Actual hours of operation have been used for each scanner and average time per scan is based on the actual scheduled time allowed per procedure. This formula may more accurately reflect the specific operations of each scanner, based on real criteria, including the actual hours of operation determined to best serve patients.

III. Utilization and Projections

In addition to calculating capacity for each of the scanners currently owned by Bridgeport Hospital and Russo Radiology, **Exhibit A** shows actual and projected volumes of scans and then compares those actual and projected volumes to capacity (i.e. utilization is established as a percentage of capacity).

Bridgeport Hospital submitted preliminary actual and projected volumes for each scanner as part of its certificate of need application and in response to completeness questions. See Application, page 30 and Response to Completeness Questions, Page 7. In preparing these preliminary projections, current volumes were extrapolated over future periods without a detailed analysis of anticipated changes to volume resulting from changes in location or usage of the equipment. In addition, certain reductions were erroneously factored into the projections based on an assumption that copays may increase for services converted to hospital-based.

Since the filing of the Application and the Response to Completeness Questions, additional analysis has been performed to determine more precise projections. Refined

projections are included in a revised Table 2a, attached to this testimony as **Exhibit B**, and included in the capacity/utilization analysis shown on **Exhibit A**. Changes from the projections previously provided are highlighted, and explanations are provided, on Exhibit B. A few important items to note:

- As specifically requested by OHCA in its notice of hearing in this matter, Bridgeport Hospital has revised annualized volume information for the current year, based on scans performed year-to-date through October. Except where otherwise noted, projections have been extrapolated from these revised volume statistics assuming two percent (2%) growth each year. Support for this growth projection is discussed below.

- Where Bridgeport Hospital proposes to relocate scanners and/or consolidate services (for example, the proposed termination of the Hospital's current arrangement for a mobile PET/CT and consolidation of PET/CT services on the PET/CT currently owned by Russo Radiology, which will result in CT volume being distributed to other scanners), these changes have been expressly factored into the projections.

- In connection with the Park Avenue Campus, Bridgeport Hospital worked with a national consulting firm, Regents Health Resources, Inc., to determine potential volumes based on population increases and other demographic changes. As explained on **Exhibit B**, location and accessibility were examined in light of population and demographics to develop appropriate projections for services at this new location.

- Since the time of filing of the application, Bridgeport Hospital has further researched the requirements of various payors and based on that research, the Hospital believes that most patients will not see any change in co-pay as a result of a conversion of the service to hospital-based. Accordingly, this reduction factor has been eliminated from the projections.

As you can see from **Exhibits A** and **B**, Bridgeport Hospital's existing equipment MR and CT scanners are currently at or near capacity and its PET/CT scanner is being used at an appropriate level considering that the scanner is available only two half-days per week. As such, these existing scanners leave little or no room for growth and will not be sufficient to meet projected demand.

In light of the various factors expected to increase utilization of the near term, it is clear that the acquisition of the Russo Radiology scanners will be necessary to meet anticipated demand. To reiterate and build upon the testimony of Norman Roth, some of these factors include:

- Anticipated increases in overall volumes of inpatients and outpatients at the Hospital (In FY2012, inpatient volume increased by five percent (5%) and the Hospital is conservatively projecting a three percent (3%) increase for FY2013; consistent with historical increases, outpatient volumes are expected to increase by two percent (2%)).

- Trends showing anticipated increased demand for sophisticated imaging (*See* Sg2 Outpatient Imaging Forecast, US Market 2011-2021, showing projected increases of twenty percent (20%) for MRI and thirty percent (30%) for CT scans over the ten (10) year period from 2011-2021. (Application, p. 50); See also The Advisory Board Company Imaging Market Update 2012 (a copy of which is attached as **Exhibit C**), estimating annual increases during the period 2011-2016 of 1.65% for CT, 2.1% for MR and 4.1% for PET/CT), (which yield projected aggregate increases consistent with those projected by Sg2).

- Increased demand for cancer care services – of which imaging services are an important component - as a result of numerous factors, including the increasing and aging of the population, the increasing utilization of services as a result of improved survival and fewer side effects from treatment, and the increasing utilization of services resulting from better and earlier detection of cancer. (OHCA Agreed Settlement, Docket Number 04-30410-CON, FF 19)

- New physicians being recruited to the Bridgeport Hospital service area, which will likely result in increased demand for imaging and other diagnostic services. Further information on these recruitments has been described in Norman Roth's testimony.

- The strategic structure of this acquisition, which will ensure access to outpatient imaging in key communities in Bridgeport Hospital's service area and also ensure that underutilized equipment is moved or repurposed for better and higher utilization.

In addition, because the proposed acquisition does not involve the purchase of new equipment, and because the professionals associated with Russo Radiology will continue to serve their current patients, it is clear that all of the scanners to be acquired will be needed to continue to meet existing demand and to further meet future demand. As described in Dr. Russo's testimony and the letters of support attached thereto, existing referral relationships to the Russo Radiology physicians are expected to continue and increase. Access to the broad, specialized expertise of the Department of Radiology at the Yale School of Medicine will further increase referrals.

IV. Quality

It is also important to note that the equipment proposed to be acquired has been consistently upgraded and is state of the art. See Responses to Completeness Question 10, outlining the replacements and upgrades made to the Russo Radiology equipment. In fact, Russo Radiology is the only full-service radiology practice in Connecticut to achieve full three-year accreditation for its services from the Joint Commission. Although Bridgeport Hospital has plans to upgrade the MRI to be located on the Park Avenue Campus due to the specialized patient-base to be served there, all of the equipment to be acquired is of a standard that is consistent with the high standards maintained by Bridgeport Hospital and assures quality care for its patients. The proposed acquisition will satisfy a critical need for Bridgeport Hospital's patients and not merely be a means of shifting control of existing services.

V. Conclusion

Based on the above testimony plus the information submitted in our Certificate of Need and Completeness Responses, I believe we have provided clear evidence of the public need for this proposal. The acquisition of Russo Radiology imaging centers will enhance access, improve quality and operational efficiencies, meet a clear public need and fulfill a vital Hospital imperative for additional revenue sources. I request that you approve this Certificate of Need. Thank you.

The foregoing is my sworn testimony.

Patrick Schmincke
Vice President, Clinical Administration
Bridgeport Hospital

EXHIBIT A

Capacity Analysis

[See attached.]

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2009	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
250 **Capacity Analysis**	Not in Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	Not in Service in 2009 CT 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	16	0	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	0.0	0.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year	0	360	22,668	0	2,738	767	1,907	1,364	3,037	160	1,069
Capacity per day	0	3	31	0	11	10	17	17	17	3	8
Capacity per year	0	248	8,070	0	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	3	87	-	11	3	7	5	12	1	7
Total actual exams per year	-	360	22,668	-	2,738	767	1,907	1,364	3,037	160	1,069
Average exams per month	-	30	1,889	-	228	64	159	114	253	13	89
Percent of capacity utilized	**0%**	**145%**	**281%**	**0%**	**99%**	**29%**	**43%**	**31%**	**69%**	**42%**	**93%**

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2010	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
251 **Capacity Analysis**	Not in Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	Not in Service in 2010 CT 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	16	0	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	0.0	0.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year	0	280	22,937	0	2,889	637	2,015	1,243	2,716	107	1,385
Capacity per day	0	3	31	0	11	10	17	17	17	3	8
Capacity per year	0	248	8,070	0	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	3	88	-	11	2	8	5	10	1	9
Total actual exams per year	-	280	22,937	-	2,889	637	2,015	1,243	2,716	107	1,385
Average exams per month	-	23	1,911	-	241	53	168	104	226	9	115
Percent of capacity utilized	**0%**	**113%**	**284%**	**0%**	**104%**	**24%**	**46%**	**28%**	**62%**	**28%**	**121%**

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2011	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
252 **Capacity Analysis**	Not in Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT 1/2 Year in Svc GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	12	12	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	4.0	4.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year	0	344	18,556	3,840	1,997	612	1,872	815	2,017	77	862
Capacity per day	0	3	23	23	11	10	17	17	17	3	8
Capacity per year	0	248	5,960	5,960	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	3	71	15	8	2	7	3	8	0	6
Total actual exams per year	-	344	18,556	3,840	1,997	612	1,872	815	2,017	77	862
Average exams per month	-	29	1,546	320	166	51	156	68	168	6	72
Percent of capacity utilized	**0%**	**139%**	**311%**	**64%**	**72%**	**23%**	**43%**	**19%**	**46%**	**20%**	**75%**

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2012	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
253 Capacity Analysis	MR 1.5T 1/2 Year in Svc Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total annualized exams per year	2,981	270	4,252	16,837	3,362	738	1,733	900	2,344	78	787
Capacity per day	18	3	16	47	11	10	17	17	17	3	8
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	11	3	16	65	13	3	7	3	9	0	5
Total annualized exams per year	2,981	270	4,252	16,837	3,362	738	1,733	900	2,344	78	787
Average exams per month	248	23	354	1,403	280	62	144	75	195	7	66
Percent of capacity utilized	**65%**	**109%**	**109%**	**143%**	**121%**	**28%**	**39%**	**20%**	**53%**	**20%**	**69%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145	595	3,145
Difference: Greater/(Less than)	(419)	(325)	(5,948)	6,637	(38)	(2,662)	(1,412)	(2,245)	(801)	(517)	(2,358)
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	(419)	2,981	4,563	65%	(2,700)	4,100	5,378	76%			
Total CT	689	21,089	15,644	135%	(6,816)	5,764	14,348	40%			
Total PET/CT	(325)	270	248	109%	(517)	78	383	20%			

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2013	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
254 **Capacity Analysis**	MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,533	355	4,337	17,174	3,429	753	1,768	1,721	2,391		
Capacity per day	18	3	16	47	11	10	17	17	17	0	0
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	0	0
Total est. exams per day	17	3	17	66	13	3	7	7	9	-	-
Total projected exams per year	4,533	355	4,337	17,174	3,429	753	1,768	1,721	2,391	-	-
Average exams per month	378	30	361	1,431	286	63	147	143	199	-	-
Percent of capacity utilized	**99%**	**143%**	**111%**	**146%**	**124%**	**29%**	**40%**	**39%**	**54%**	**0%**	**0%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,133	(240)	(5,863)	6,974	29	(2,647)	(1,377)	(1,424)	(754)		
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	1,133	4,533	4,563	99%	(2,618)	4,182	5,378	78%			
Total CT	1,111	21,511	15,644	138%	(3,555)	5,880	13,200	45%			
Total PET/CT	(240)	355	248	143%	-	-	0	0%			

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2014	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
255 **Capacity Analysis**	MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,623	362	4,424	17,517	3,498	768	1,803	1,755	2,439		
Capacity per day	18	3	16	47	11	10	17	17	17	0	0
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	0	0
Total est. exams per day	18	3	17	67	13	3	7	7	9	0	0
Total projected exams per year	4,623	362	4,424	17,517	3,498	768	1,803	1,755	2,439	0	0
Average exams per month	385	30	369	1,460	292	64	150	146	203	0	0
% Exams Est Day Shift	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Totals Exams Est Day Shift	18	3	17	67	13	3	7	7	9	0	0
Percent of capacity utilized	**101%**	**146%**	**113%**	**149%**	**126%**	**29%**	**41%**	**40%**	**55%**	**0%**	**0%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,223	(233)	(5,776)	7,317	98	(2,632)	(1,342)	(1,390)	(706)		
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	1,223	4,623	4,563	101%	(2,534)	4,266	5,378	79%			
Total CT	1,541	21,941	15,644	140%	(3,438)	5,997	13,200	45%			
Total PET/CT	(233)	362	248	146%	-	-	0	0%			

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2015	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
256 Capacity Analysis	MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT Park Ave, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Park Ave, BPT	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT Park Ave, BPT	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	8	9	4	4
Days available per week	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,716	466	4,512	17,868	3,568	3,933	1,839	4,165	2,488		
Capacity per day	18	3	16	47	11	10	17	16	17	0	0
Capacity per year	4,563	652	3,911	11,733	2,770	2,607	4,400	3,911	4,400	0	0
Total est. exams per day	18	2	17	69	14	15	7	16	10	-	-
Total projected exams per year	4,716	466	4,512	17,868	3,568	3,933	1,839	4,165	2,488	-	-
Average exams per month	393	39	376	1,489	297	328	153	347	207	-	-
Percent of capacity utilized	**103%**	**71%**	**115%**	**152%**	**129%**	**151%**	**42%**	**106%**	**57%**	**0%**	**0%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,316	(129)	(5,688)	7,668	168	533	(1,306)	1,020	(657)		
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	1,316	4,716	4,563	103%	701	7,501	5,378	139%			
Total CT	1,980	22,380	15,644	143%	(943)	8,492	12,711	67%			
Total PET/CT	(129)	466	652	71%	-	-	0	0%			

EXHIBIT B

Revised Table 2a

Original	Actual Volume Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs) **		
	FY 2009	FY 2010	FY2011	FY 2012 6 Months Jan - Jun Annualized	FY 2013	FY 2014	FY 2015
Scanner***							
CT - 4699 Main St., Bridgeport (Commerce Park)	3,037	2,716	2,017	2,124	2,045	2,082	2,119
CT - 2660 Main St., Bridgeport (Main Street, Bpt)	1,069	1,385	862	700	874	890	906
CT - 425 Post Rd., Fairfield (Fairfield)	1,364	1,243	815	822	826	841	856
CT - 2909 Main St., Stratford (Stratford)	1,907	2,015	1,872	1,563	1,898	1,932	1,967
CT - 267 Grant St., Bridgeport (Hospital - existing CT Scanner)	22,668	22,937	18,556	5,988	6,048	6,108	6,169
CT - 267 Grant St., Bridgeport (ED Unit opened July 2011)	n/a	n/a	3,840	16,199	16,361	16,524	16,690
CT SCAN	**30,045**	**30,296**	**27,962**	**27,396**	**28,052**	**28,377**	**28,707**
PET/CT - 2660 Main St., Bridgeport (Main Street, Bpt)	160	107	77	68	62	62	62
PET/CT - 267 Grant St., Bridgeport (Hospital)	360	280	344	328	331	335	338
PET	**520**	**387**	**421**	**396**	**393**	**397**	**400**
MRI - 705 Boston Post Rd., Guilford	767	637	612	738	464	473	481
MRI - 2595 Main St., Stratford (Stratford MRI)	2,738	2,889	1,997	1,768	2,079	2,116	2,155
MRI - 267 Grant St., Bridgeport (Hospital)	4,928	4,681	4,830	4,444	4,529	4,619	4,709
MRI	**8,433**	**8,207**	**7,439**	**6,950**	**7,072**	**7,208**	**7,345**

Revised Projections	Actual Volume Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs) **			2012 Explanations	2013 Assumptions	2014 Assumptions	2015 Assumptions
Scanner***	FY 2009	FY 2010	FY2011	FY 2012 Jan - Oct Annualized	FY 2013	FY 2014	FY 2015				
CT - 4699 Main St., Bridgeport (Commerce Park)	3,037	2,716	2,017	2,344	2,391	2,439	2,488	Updated to reflect revised annualized volume based on actual scans through October 2012	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
CT - 2660 Main St., Bridgeport (Main Street, Bpt)	1,069	1,385	862	787	N/A	N/A	N/A	FY'12 decrease in referrals going to other providers. We do not anticipate any additional loss of referrals	Unit to be relocated to BH. CT scans will be shifted to Fairfield Unit	N/A	N/A
CT - 425 Post Rd., Fairfield (Fairfield)	1,364	1,243	815	900	1,721	1,755	N/A	Updated to reflect revised annualized volume based on actual scans through October 2012	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	Fairfield unit to be relocated to Park Ave.
CT - 2909 Main St., Stratford (Stratford)	1,907	2,015	1,872	1,733	1,768	1,803	1,839	FY'12 decrease referrals because Urologist acquired their own scanner. We do not anticipate any additional loss of referrals.	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
CT - 267 Grant St., Bridgeport (Hospital - existing CT Scar	22,668	22,937	18,556	4,252	4,337	4,424	4,512	Updated to reflect revised annualized volume based on actual scans through October 2012	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
CT - 267 Grant St., Bridgeport (ED Unit opened July 2011	N/A	N/A	3,840	16,837	17,174	17,517	17,868	Updated to reflect revised annualized volume based on actual scans through October 2012	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
CT - 5520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	4,165	N/A	N/A	N/A	15% of non-hospital based CTs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus. 1790 scans can also be shifted from Fairfield.
CT SCAN	**30,045**	**30,296**	**27,962**	**26,853**	**27,390**	**27,939**	**30,872**				
PET/CT - 2660 Main St., Bridgeport (Main Street, Bpt)	160	107	77	78	N/A	N/A	N/A	Updated to reflect revised annualized volume based on actual scans through October 2012	Unit to be relocated to BH	N/A	N/A
PET/CT - 267 Grant St., Bridgeport (Hospital)	360	280	344	270	355	362	N/A	FY'12 decrease due to patient/physician dissatisfaction with service availability (currently only available 2 half-days per week per Hospital's contract with mobile PET/CT vendor). Referrals will return and increase as a result of unit availability	Main Street Scans, 2% growth with PET/CT availability increasing	2% growth based on historical growth, service area population change and the annual change in modality use rate	Grant St unit to be relocated to Park Ave.
PET/CT - 5520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	466	N/A	N/A	N/A	40% of non-hospital based PET/CTs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus. Includes 369 scans being shifted from Grant
PET	**520**	**387**	**421**	**348**	**355**	**362**	**466**				

Revised Projections	Actual Volume Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs) **			2012 Explanations	2013 Assumptions	2014 Assumptions	2015 Assumptions
	FY 2009	FY 2010	FY2011	FY 2012 Jan - Oct Annualized	FY 2013	FY 2014	FY 2015				
MRI - 705 Boston Post Rd., Guilford	767	637	612	738	753	768	N/A	Updated to reflect revised annualized volume based on actual scans through October 2012	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	Guilford Unit to be relocated to Park Ave.
MRI - 2595 Main St., Stratford (Stratford MRI)	2,738	2,889	1,997	3,362	3,429	3,498	3,568	FY'12 scans adjusted to reflect orthopedic cases that go to Stratford MRI	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
MRI - 267 Grant St., Bridgeport (Hospital)	N/A	N/A	N/A	2,981	4,533	4,623	4,716	BH's new MRI opened Oct 1, 2012. Projections based on actual volume, cases anticipated to grow to 4444/yr.	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
MRI - 5520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	3,933	N/A	N/A	N/A	20% of non-hospital based MRIs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus.
MRI	**3,505**	**3,526**	**2,609**	**7,081**	**8,715**	**8,889**	**12,217**				

EXHIBIT C

The Advisory Board Company Imaging Marketing Update 2012

[See attached.]

The Advisory Board Company | Imaging Performance Partnership

Imaging Market Update

Outlook for Volumes, Payment, and Policy

Four Key Market Forces Confronting Imaging

1. **Uneven March Towards Health Care Reform**
   - Fate of individual mandate, entire ACA[1] potentially at stake

2. **Continuing Pressures on Reimbursement and Volumes**
   - Payer steerage
   - Medicare reimbursement cuts

3. **Imaging Provider Consolidation**
   - Radiology group M&As
   - IDTF[2] consolidation
   - Emergence of national radiology companies

4. **Rise of the Health Care Consumer**
   - Increasing service expectations
   - Patient price sensitivity

1) Patient Protection and Affordable Care Act
2) Independent Diagnostic Testing Facility

Source: Imaging Performance Partnership research and analysis.

A Closer Look

Percent Change in Outpatient Volume, 2011 Versus 2010

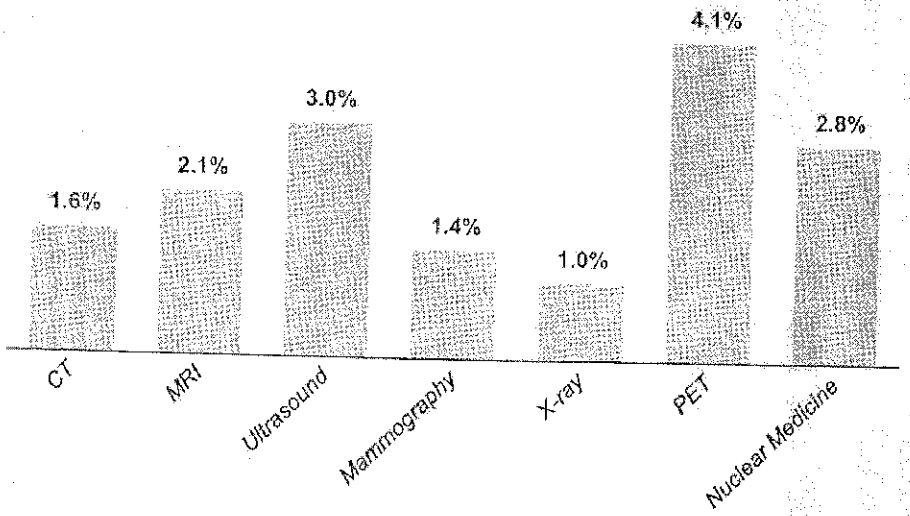
Modality	25th percentile	50th percentile	75th percentile
CT	-18%	-7%	-5%
MRI	-2%	1%	7%
General Radiography	-6%	0%	5%
Mammography	2%	4%	10%
Ultrasound	-1%	4%	10%
Nuclear Medicine	-2%	5%	7%
Interventional Radiology	-9%	-2%	5%
PET / PET-CT	-10%	0%	6%

Source: Imaging Performance Partnership 2012 Volumes and Integration Survey; Imaging Performance Partnership research and analysis.

Slowing Growth Moving Forward

Percent Volume Outpatient Growth

Projected Compound Annual Growth Rate (CAGR), All Providers 2011-2016



Source: Outpatient Imaging Market Estimator; Imaging Performance Partnership research and analysis.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefile Testimony of James Brink, M.D.
Chair, Department of Diagnostic Radiology, Yale School of Medicine and
Chief, Diagnostic Radiology, Yale-New Haven Hospital

I. Introduction

Hearing Officer Hansted and members of the Office of Health Care Access (OHCA) staff, thank you for the opportunity to discuss Bridgeport Hospital's application for a certificate of need to acquire certain imaging equipment currently owned and operated by Robert D. Russo M.D./Medical Specialty Group PC d/b/a Robert D. Russo M.D. & Associates, Radiology ("Russo Radiology"). I am the Chair of the Department of Diagnostic Radiology and a Professor of Diagnostic Radiology at the Yale School of Medicine, and Chief of Diagnostic Radiology at Yale-New Haven Hospital. I am board certified in Diagnostic Radiology and received my fellowship training in abdominal and interventional radiology at the Mass General Hospital in Boston. I have been at the Yale School of Medicine since 1997.

I would like to share my thoughts on why the approval of this certificate of need is so important to patients in the Bridgeport area, and to cancer patients in particular, including the importance of certain imaging modalities in oncology care. I will also discuss the ways in which the collaboration with Yale Diagnostic Radiology and the implementation of the Epic electronic medical record will enhance care for patients and serve the public need.

II. Importance of MRI, CT and PET/CT at Planned Cancer Center

Norman Roth has shared the plans for the Bridgeport Hospital cancer center at the Park Avenue Campus in Trumbull, which will be a Smilow cancer care center that is designed and operated in close collaboration with the clinical and administrative staff at the Smilow Cancer Hospital at Yale-New Haven. In order to provide comprehensive cancer care at this location, it is essential that Bridgeport Hospital has a range of imaging modalities on site, including the proposed MRI, CT and PET/CT scanners. The information obtained from various imaging studies is essential to the diagnosis, staging and management of cancer and to assess tumor response to treatment. MRI is especially effective in showing excellent soft tissue detail, particularly of the brain/spine, liver and pelvis. Please see the attached journal article, "Oncologic Imaging,"[1] for more information on this subject. CT is effective in detecting small malignancies and to measure their size and precise location. PET/CT, which combines radiological and nuclear medicine imaging modalities to provide both anatomical and functional information, is particularly effective in whole-body tumor staging and lung cancer staging, among other uses. Advanced cancer care would not be complete in this era without the inclusion of these critical imaging modalities.

In addition to the clinical importance of MRI, CT and PET/CT, providing imaging services onsite at the proposed cancer center is an important benefit for patients, since imaging is an integral tool in the entire continuum of cancer care, including diagnosis, management and follow-up. Placing diagnostic radiology services in close proximity to infusion, radiation therapy, physician offices and other services represents appropriate care for cancer patients in order to minimize the number of locations they must visit for all aspects of their care. Cancer patients often require numerous tests and procedures. Because these patients are often immunosuppressed and elderly, as well as frail due to the nature of their disease, it would be a burden for them to have to travel offsite from the Park Avenue Campus to access imaging services during a time when they are medically vulnerable. In order to simplify their care and make their cancer treatment less stressful, these patients need services that are in close proximity

[1] Shim, Oncologic Imaging, January 2012.

to each other. The inclusion of the MRI, CT and PET/CT equipment at the Park Avenue Campus would help address that issue.

III. Collaboration with Yale School of Medicine Department of Diagnostic Radiology

As part of this proposal, the existing radiologists from Russo Radiology who will continue to provide services at the Bridgeport Hospital sites will join the faculty of the Yale School of Medicine Department of Diagnostic Radiology (YDR). Current plans are for three (3) radiologists to join YDR full-time, while four (4) will join on a per diem basis. As a result, scans at the locations to be acquired will all be read by the same former Russo radiologists (now YDR), with consultation by YDR radiologic subspecialists for additional review and clinical oversight as needed. The field of diagnostic radiology has evolved in recent years such that there are fewer general radiologists who review and interpret all types of imaging scans, including x-rays, ultrasounds, nuclear medicine, CT scans and MRI scans. Rather, there are now radiologic subspecialists who focus exclusively on certain types of scans and parts of the anatomy. At Yale Diagnostic Radiology, we have 64 radiologists in active clinical practice. While our radiologists are expert in all organ systems and imaging modalities, they have focused their practice on one of the following areas: abdominal imaging, breast imaging, emergency radiology, interventional radiology, musculoskeletal imaging, neuroradiology, nuclear medicine (including PET), pediatric imaging and thoracic imaging. As a result of this specialization, YDR radiologists have developed significant proficiency in their areas of knowledge, resulting in superior image interpretation and clinical diagnosis. This expertise will improve the quality of care for patients of the proposed Bridgeport Hospital outpatient imaging centers, because their scans can be reviewed by experienced YDR subspecialists as needed, with instant access to the scans through the Epic electronic medical record, regardless of which outpatient imaging site the patient visits. This is a significant clinical benefit that is not available today at these current centers, and would not be available if these centers are not acquired by Bridgeport Hospital. In addition, due to the involvement and clinical oversight of YDR, there will be consistent imaging standards between the Bridgeport Hospital outpatient sites, Bridgeport Hospital and Yale-New Haven Hospital, bringing the clinical best practices of a leading academic medical center to the community setting. Moreover, YDR is in the process of implementing tumor measurement tracking software that was developed by the Tumor Imaging Metrics Core, a multi-institutional

core facility for clinical trials conducted at the Harvard Medical School hospitals. Yale will be the first institution outside of Harvard to use this software, and it will greatly facilitate the care of Smilow cancer patients who are enrolled in clinical trials.

Russo Radiology is accredited by the American College of Radiology in CT, Nuclear Medicine, PET/CT, Mammography, Ultrasound and MRI. This accreditation will be maintained once the sites are acquired by Bridgeport Hospital.

IV. Implementation of Epic

Yale New Haven Health System and Yale School of Medicine are in the process of implementing Epic at each of their sites. Once implemented, Bridgeport Hospital, Greenwich Hospital and Yale-New Haven Hospital patient records will be integrated with those of the physicians affiliated with Yale School of Medicine and Northeast Medical Group (the medical foundation affiliated with Yale New Haven Health System). Epic is a state-of-the-art medical record system that will provide physicians with immediate access to comprehensive patient records and test results and also provides centralized scheduling across the Yale New Haven Health System sites.

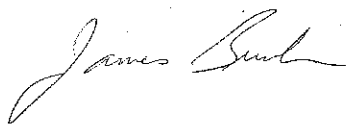
By implementing Epic at the proposed outpatient radiology sites, physicians will have immediate access to films and records from scans performed at those sites, avoiding potentially significant delays in care for patients. In addition, the films and records will be incorporated into the patient's overall medical record, which will facilitate the coordination of comprehensive care and also permit physicians to access historical films and records for comparison against follow-up exams and results. Such access will not only provide higher quality and reduce delays in diagnosis and treatment, but also avoid unnecessary duplication of scans.

V. Conclusion

Acquisition of the Russo Radiology imaging centers by Bridgeport Hospital will enhance care for patients. As I described, the imaging modalities that the Hospital is proposing to acquire are vital elements in the provision of comprehensive cancer care at the Park Avenue Campus,

and their availability at the proposed cancer center will enhance the care process for oncology patients. Approval of the proposed acquisition will enhance quality of care, and improve access to needed services consistent with OHCA's mission. I request that you approve this certificate of need. Thank you.

The foregoing is my sworn testimony.



James A. Brink, M.D.
Chair, Department of Diagnostic Radiology
Yale School of Medicine
Chief, Diagnostic Radiology
Yale-New Haven Hospital

Exhibit A – Shim, Oncologic Imaging January 2012

[See attached.]

Oncologic Imaging

John Shim, MD

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Keywords

Functional imaging
Staging
Imaging modalities

Summary and Key Points

1. Radiology is important in the detection, diagnosis, and staging of cancer. Radiology helps to guide treatment planning, assess response to the treatment and monitor follow up/ progression/recurrence of most malignancies.

2. The most commonly used modalities for oncologic imaging are Computed Tomography (CT), Magnetic Resonance Imaging (MRI), and Positron Emission Tomography (PET)/Computed Tomography.

Introduction

Imaging is an integral part of the multidisciplinary management of cancer. Radiographic techniques are indispensible for proper staging of cancers and evaluation of the response of tumors to treatment. A wide variety of imaging modalities is available to clinicians. This chapter will introduce the role of radiology in the diagnosis and treatment of cancer.

Radiology in Staging

Staging of cancer is a way to describe the extent of spread of a tumor throughout the body. Each malignancy has a unique staging system; however the TNM classification is the most widely used staging system. Radiology is integral to staging the various malignancies using noninvasive techniques. Tumor (T) size, location, and regional involvement can be assessed radiographically. Even depth of invasion within a tissue can be assessed by MRI and endoscopic ultrasound. Nodal (N) and metastatic (M) disease may also be staged.

Radiologic staging becomes especially important to guide treatment planning. As an example, cervical cancer staging by ultrasound or MRI can determine whether a patient's tumor is operable. MRI in particular demonstrates exquisite soft tissue detail; (Figures 1a- c) Even depth of invasion within a tissue can be assessed by MRI and endoscopic ultrasound. Nodal (N) and metastatic (M) disease may also be staged. When parametrial invasion is identified, patients are classified as Stage IIB for which radiation and chemotherapy are the treatment of choice over primary resection.

Notes & Additional Reading

The TNM Staging System was developed by the American Joint Committee on Cancer.

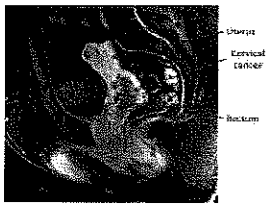


Figure 1a. Sagittal contrast MRI. University of Massachusetts Medical School

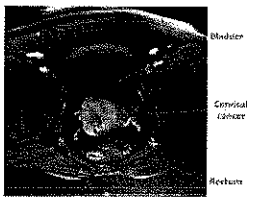


Figure 1b. Axial contrast MRI. Stage IVa with bladder involvement and hydroureter. University of Massachusetts Medical School

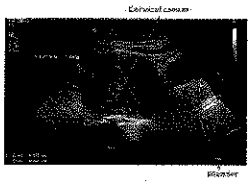


Figure 1c. Ultrasound. University of Massachusetts Medical School

Cancer staging is covered in detail in the Cancer Concepts: Staging of Cancer Chapter.

Functional imaging with PET/CT, and dynamic contrast enhanced CT/MRI are being used to assess tumor response to therapy.

Functional imaging with PET/CT, and dynamic contrast enhanced CT/MRI are being used to assess tumor response to therapy. The Response Evaluation Criteria In Solid Tumor (RECIST) provides guidelines for the categorization of treatment responses into 4 groups:

Treatment Response	Definition
Complete Response (CR)	Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
Partial Response (PR)	≥ 30% decrease in the sum of the longest diameter (SLD) of target lesions
Stable Disease (SD)	Persistence of non-target lesion(s) or/and maintenance of tumor marker level above the normal limits
Progression of Disease (PD)	> 20% increase in the SLD (min 5mm increase) OR the appearance of one or more new lesions and/or unequivocal progression of existing non-target lesions.

Tumor assessment early in the course of treatment can be very helpful. If growth of tumor (progression) is seen despite treatment, then it will be necessary to discontinue potentially toxic therapies that are not working and/or to switch to therapies that may be more effective.

Modalities

X-ray/ Fluoroscopy/ Mammography

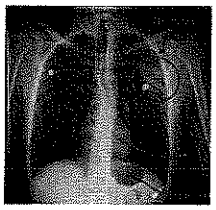


Figure 2a. AP x-ray demonstrating left upper lobe (LUL) mass. University of Massachusetts Medical School

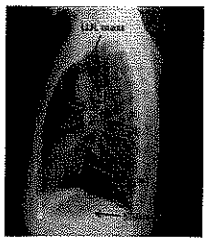


Figure 2b. Left lateral x-ray showing LUL mass. University of Massachusetts Medical School.

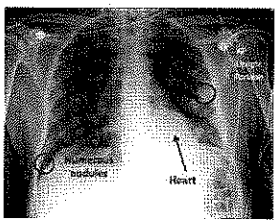


Figure 2c. AP x-ray demonstrating Leiomyosarcoma metastasis to lung. University of Massachusetts Medical School

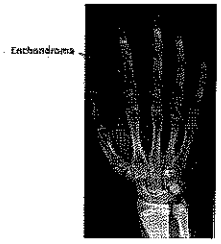


Figure 2d. Well-defined lytic lesion in 2nd proximal phalynx consistent with benign enchondroma. University of Massachusetts Medical School

Fluoroscopy incorporates rapid or continuous imaging with an x-ray beam to dynamically image patients. These studies include the esophagram, upper GI series, and barium enema (many of which are no longer performed due to other imaging alternatives). (Figures 3-4)

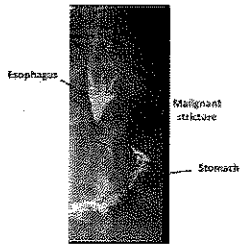
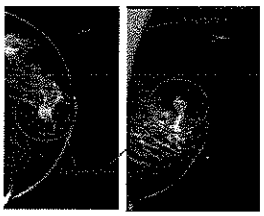


Figure 3. Esophogram with malignant mass effect extending up from GE junction. University of Massachusetts Medical School

Figure 4. Mass lesion causing narrowing of ileocecal valve. Diagnosis: carcinoid. University of Massachusetts Medical School

Mammography, however, remains an essential modality for breast cancer detection. With relative low radiation exposure, high resolution images of the breast parenchyma can be studied for soft tissue masses, or microcalcifications which can be associated with ductal carcinoma. (Figures 5a-b) MRI is now a very useful adjunct to mammography.



Figures 5a-b. Left breast mass 12 o'clock with spiculated margins. University of Massachusetts Medical School

Ultrasound

In ultrasonagraphy, a small transducer with a piezoelectric ceramic element rapidly vibrates up to 20 million times per second creating sounds waves that pass through the body. Depending on tissue characteristics, the sound waves are reflected back to the transducer to variable degrees allowing the information to create images. Although comprehensive staging cannot be performed with ultrasound alone, many benefits including the lack of ionizing radiation and better characterization of cystic lesions make ultrasound an important modality in oncologic imaging.

Ultrasound works best in media that transmit the sound waves well. Areas like the female pelvic structures, breasts (Figure 6), upper abdomen, and thyroid gland can be well-imaged. Additionally, small transducers have been fitted onto endoscopes for detailed imaging of esophageal, pancreatic, and colorectal malignancies. Doppler ultrasound also allows the radiologist to obtain blood

flow characteristics of an organ or tumor.

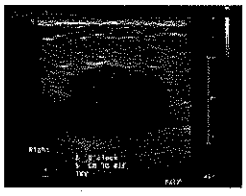


Figure 6. Breast US with large mass in R 6 o'clock position. University of Massachusetts Medical School

Computerized Tomography (CT)

In the late 1970's, CT scanning was developed using a rotating x-ray source and detector, allowing for the creation of high resolution 3D imaging of body structures and tissues. Intravenous and at times oral contrast, a special dye, may be used with CT to see abnormalities more easily. CT provides good spatial resolution. Advances in technology, sub-millimeter pictures, and rapid acquisition techniques have enabled us to detect smaller and smaller malignancies and develop techniques like Virtual Colonoscopy. CT is currently the most widely used radiographic modality in the adult population, including co-registration (fusion) with other modalities like PET/CT. (Figure 7) The drawback to this technology is the larger radiation dose to the patient.

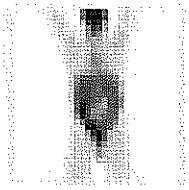


Figure 7. Normal FDG PET rotating MIP. Physiologic bowel uptake. University of Massachusetts Medical School

Information from the CT scanner is converted into Hounsfield units (HU) based on attenuation and density. Water is set at 0 HU, while fat and air are less dense and measure -100 HU and -1000 HU respectively. Muscle normally demonstrates 40 HU, while bone can measure 400 HU or more. By convention, the less dense objects are displayed as black. (Figure 8)

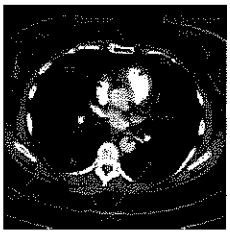
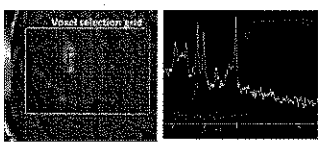


Figure 8. Structures from the least dense (black) to the most dense (white) – Air (lungs) / Fat / Muscle / Contrast (heart) / Bone

Magnetic Resonance Imaging (MRI)

MRI provides superb contrast resolution at the cost of lower spatial resolution (image clarity). Patients are placed within a large magnetic field created either by a permanent magnetic or liquid nitrogen cooled superconductor. Radiofrequency pulses generate signal based on the different tissue characteristics, which is then interpreted into images by the scanner. Images can be provided from various angles and constructed into a three dimensional image. Imaging of the brain/ spine, liver, and pelvis heavily relies on MRI for the increased sensitivity and specificity compared with CT. (Figures 9a-b) Advances with functional MRI and MR Spectroscopy are continually being explored with clinical and research applications. (Figures 10a-b)

Figure 9a. CT Spine **Figure 9b**, MR Spine. University of Massachusetts Medical School



Figures 10a-b. MRS with normal peaks in area of hyperintense white matter signal. University of Massachusetts Medical School

Contraindications to MRI are related to the strong magnetic field (10,000 to 300,000 times the field strength on the Earth's surface). This includes patients with ferromagnetic material implanted in the body (pacemaker, certain aneurysm clips, deep nerve stimulators, endoscopy capsules, Swan-Ganz catheters, etc). Even certain tattoo inks contain elements of iron which have been reported to be a cause of thermal injury from electromagnetic induction. A comprehensive list of these items can be found at http://www.mrisafety.com/list.asp

Interventional Radiology

Interventional radiology is a subset of radiology performed both for the diagnosis and/or treatment of particular diagnoses. This includes vascular interventional (like angiography, embolization, and stent placement) and non-vascular interventional (ultrasound/CT-guided biopsy, aspiration, percutaneous drainage, radiofrequency ablation). Although some diagnostic angiographic studies can be supplanted by CT Angiography (CTA) and magnetic resonance angiography (MRA), (Figures 11a-b) there is an ongoing need for therapeutic angiographic techniques, such as transhepatic arterial chemoembolization (TACE).

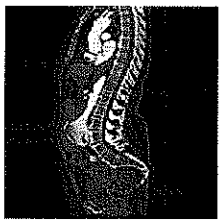
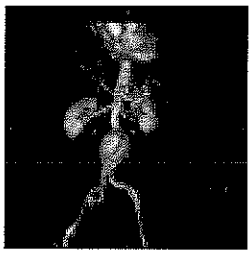


Figure 11a. CTA with ruptured AAA. Static sagittal reformatted contrast enhanced CT. University of Massachusetts Medical School



movie

Figure 11b. CTA with ruptured AAA. 3D MIP (maximum intensity projection) images demonstrating only selected structures. University of Massachusetts Medical School

Contrast Enhancement

Contrast agents increase the sensitivity of conventional imaging. Intravenous agents like nonionic Omnipaque for CT or gadolinium-based Magnevist for MRI, distribute proportional to blood flow allowing better visualization of hypervascular tumors. Oral contrast agents (x-ray, CT) and microbubbles (ultrasound) are also used in order to enhance their respective imaging modalities.

Although contrast is essential for ideal imaging parameters, side effects are rare but can be prohibitive. Some examples include allergies (can be pre-treated with steroids), contrast-induced nephropathy (worsened with pre-existing renal insufficiency or diabetes), and nephrogenic systemic fibrosis (Gadolinium based contrast in renal failure patients). Intravascular contrast use is associated with a small risk of death.

Nuclear Medicine

The division of nuclear medicine uses physiologic/functional imaging to provide valuable information that may not be obtained through the anatomic imaging discussed above. The basis of nuclear medicine is to inject radioactive isotopes bound to specific radiopharmaceuticals, and image the resultant radioactive decay based on physiologic localization. Unlike CT, ultrasound, or MRI, the multitude of radiopharmaceuticals involved in each create a unique image and address very specific issues in diagnosis and treatment. Common nuclear medicine studies used in oncologic imaging include bone scans (Technetium 99m-MDP) (Figure 12), neuroendocrine tumor imaging (Indium-111 pentotreotide), and CD20 antibody imaging (Indium-111 Zevalin). Lymphoscintigraphy (Technetium 99m – sulfur colloid) is another commonly ordered study to aid in sentinel lymph node biopsy. New molecular markers are

MRI was developed in the late 1970's.

being studied for future clinical use, and show considerable promise in the field of oncologic imaging. Meta-iodobenzylguanidine (MIBG) scans are used for the study of tumors such as neuroblastomas. Additional information about the mechanism of uptake and uses for these scans can be found at AuntMinnie.com.

Figure 12. Superscan with prostate metastases. University of Massachusetts Medical School

MRI has the advantage of more exquisitely demonstrating soft tissue components rather than primarily the bony components seen on CT.

Positron Emission Tomography (PET)

Radioactive positron emitters (carbon-11, nitrogen-13, oxygen-15, fluorine-18, etc.) are cyclotron created particles that decay by beta-plus process. The annihilation reaction between the resultant positron and a neighboring electron produce a pair of photons rather than the single photon seen with other general nuclear medicine isotopes. The most common and widely used PET agent is fluoro-18-deoxyglucose (FDG). The glucose analog can be administered intravenously and has similar physiologic distribution to its parent molecule. Na-glucose transporters carry FDG across the cell membrane which can then be phosphorylated to FDG-6-P. Further metabolism of the agent is blocked, and the FDG molecule becomes trapped within the cell where the fluorine-18 decays.

FDG accumulation occurs in normal glucose-avid organs like the brain, salivary glands, liver, and bowel. Additionally a large percentage of malignancies demonstrate abnormal substrate uptake which is helpful for diagnosis, and monitoring disease recurrence. Examples include nonsmall cell lung cancer, breast cancer, colorectal cancer, pelvic malignancies, lymphoma, sarcomas, and head/neck cancer. Many ongoing clinical trials are evaluating whether FDG can also be used to predict treatment response and help refine therapy planning.

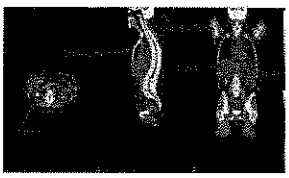


Figure 13a. Breast CA with diffuse metastases. University of Massachusetts Medical School

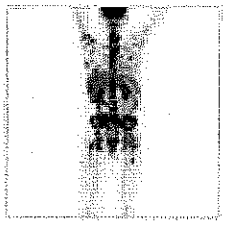


Figure 13b. Breast CA with diffuse metastases. University of Massachusetts Medical School

As with other nuclear medicine agents, patient preparation can be an important part of getting accurate results. Recent glucose ingestion will act as a competitive inhibitor, decreasing the sensitivity for malignant disease. Insulin (endogenous or exogenous) can alter glucose dynamics and also decrease sensitivity for oncologic imaging. Because the biodistribution of the FDG molecule is dependent on where glucose is being metabolized, exercise prior to the study will drive uptake into the skeletal muscles and again decrease sensitivity. Guidelines for proper patient preparation can be found at the National Cancer Institute PET Guidelines.

Conclusion

Oncologic imaging is a continually evolving field with clinical applications that directly and indirectly impact the patient's outcome. Each modality has advantages and disadvantages depending on the question being answered. Every physician is expected to be able to, at the least, review the images ordered and compare his impression with the official diagnostic radiologist interpretation.

Thought Questions

1. A 68 year old man with a T1, N0 (Stage I) squamous cell carcinoma of the lung undergoes a left upper lobectomy. Four months later, a chest CT shows no evidence of tumor. He continues with regular check-ups consisting of physical exams and periodic chest CTs. 18 months after his surgery another chest CT shows an enlarged right mediastinal lymph node. Biopsy of the node shows squamous cell cancer. The patient and his family wonder why the abnormality was not seen previously. They wonder why his physicians did not have him get regular MRIs or PET scans. How could you answer them?

2. A 22 year old woman was successfully treated for Hodgkin's Disease three years ago. Her physician still wants to her to have CT scans periodically, but she is concerned about exposure to x-rays. What can you tell her about the differences in radiation exposure from chest x-rays, chest CTs, chest MRI, breast ultrasound, and PET scan?

3. A 52 year old woman has a routine screening mammogram that detects a mass in her right breast. An ultrasound is obtained that shows a mass that is consistent with a fibroadenoma. An MRI of the breast shows a mass that enhances with gadolinium. At this point the patient is thoroughly confused about why she had all these different imaging studies. What can you tell her about how these modes of imaging provide different information about a breast mass?

Glossary

Co-registration- Matching different modality images together so the anatomic structures line up

CTA- CT Angiography or map of the blood vessels performed with computerized tomography

Dynamic imaging (with CT, MR, PET, or US)- Multiple time point imaging that takes advantage of the abnormal blood supply

Endogenous- Substrate or process that occurs within the body

Exogenous- Substrate of process that occurs outside the body and can be administered to the patient

Functional imaging- Images based on physiologic distribution rather than anatomic or structural characteristics.

Hounsfield units (HU)- A linear scale based for radiodensity with water defined as 0 HU.

Meta-iodobenzylguanidine (MIBG) scan- Nuclear medicine tracer with a structure similar to norepinephrine and is picked up by the adrenal medulla. Typically used to image pheochromocytoma, and neuroblastoma.

Microbubbles- Ultrasound contrast agent constructed of 1-4 um bubbles of gas surrounded by a thin shell

MRA- Magnetic resonance angiography or map of the blood vessels performed with magnetic resonance imaging

Nephrogenic systemic fibrosis- Rare condition causing fibrosis of the skin, joints and internal organs associated with Gadolinium contrast in patients with renal failure

Nephropathy- Damage to the kidney

Non-invasive radiology techniques- Procedures that do not penetrate into the body. Almost all diagnostic imaging falls into this category

Phosphorylate- Enzymatic process which adds a phosphate group onto a substrate

Physiologic imaging- See functional imaging

Piezoelectric- Process that converts electrical input into mechanical output (vibration) and vice versa

Staging- Procedure to determine where and how much cancer is in a patient.

Treatment response- Effects of usually noninvasive therapies on disease burden.

Virtual Colonoscopy- CT procedure using air distension to evaluate the colon similar to what would be seen during a colonoscopy

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

Docket No.: 12-31766-CON
Acquisition of Certain of the Assets of
Russo Radiology, PC

November 14, 2012

Prefiled Testimony of Robert D. Russo, M.D.
Owner, Robert D. Russo, M.D. & Associates Radiology, P.C.

I. INTRODUCTION

Good Morning Hearing Officer Hansted and members of the OHCA staff. My name is Dr. Robert Russo. I am the owner of Medical Specialty Group, PC d/b/a Robert D. Russo M.D. & Associates Radiology ("Russo Radiology" or the "Practice") with its principal office at 917 Bridgeport Avenue, Shelton, Connecticut 06484. Russo Radiology has a long history of providing quality medical imaging services to patients at various locations in the Bridgeport Hospital (the "Hospital") service area. I thank you for this opportunity to speak in support of Bridgeport Hospital's Certificate of Need Application ("CON") regarding the Hospital's proposed acquisition of the MRI, CT and PET/CT scanners currently owned by Russo Radiology. As will be shown in my testimony below, it is my belief that approval of this transaction will ensure that the tradition of quality and community-focused care begun by Russo Radiology will continue and be enhanced under the auspices of Bridgeport Hospital.

II. QUALIFICATION OF THE PRACTICE

Russo Radiology is a private radiology practice and was founded by my father, Robert Russo Sr., M.D. in 1949. Russo Radiology operates the only community-based outpatient imaging center within the City of Bridgeport, Connecticut's largest city. Our Practice provides its

patients with excellent patient care and a full array of medical imaging performed by board certified radiologists. The Practice operates outpatient imaging centers in Bridgeport, Fairfield and Stratford and I own an interest in an MRI machine in Guilford. The Practice was the first imaging center in the nation to earn three-year accreditation from the Joint Commission. The Practice has earned this distinction three consecutive times for a total of nine years and is the only full-service radiology practice in Connecticut to achieve this standard. As part of its long-standing commitment to the community, Russo Radiology serves the needs of patients at various federally qualified health centers and other nonprofits.

III. QUALIFICATIONS OF WITNESS TO TESTIFY

I have a lifetime of experience practicing radiology. I completed my medical education at Tulane University and was certified by the American Board of Radiology in 1977. I completed my internship at Oschner Clinic and Hospital in New Orleans. When I was a resident of the Radiology Department at Yale New Haven Hospital, I was appointed Chief Resident in 1976. I practiced Radiology at St. Vincent's Medical Center in Bridgeport, and served on the Board as Department Chairman from 1988 to 2003. I am a fellow of the American College of Radiology.

IV. PUBLIC NEED

As OHCA is well aware, health care reform and other factors are resulting in consolidation of health care providers and enhanced focus on continuity and quality of care. After careful consideration, Russo Radiology has determined that its tradition of quality and community-based care can best be continued – and, in fact, enhanced – by affiliation with Bridgeport Hospital. For the reasons detailed below, the acquisition by Bridgeport Hospital of the outpatient imaging centers now operated by Russo Radiology will positively impact the

community and the current patients of both Russo Radiology and Bridgeport Hospital, while also strengthening the financial health and stability of the Hospital, ensuring its ability to continue to provide other community based care provided in the service area.

1. **Integrating Russo Radiology Imaging Sites With Bridgeport Hospital Will Better Address the Community's Health Care Needs**

Russo Radiology is an important provider of imaging service in the Bridgeport Hospital community and service area. The continued provision of these radiology services at accessible locations within the Hospital's service area will ensure needed access and continued quality. Following this transaction, the patients of Russo Radiology will continue to receive outstanding care with the additional benefits of hospital integration and integration with the Yale School of Medicine.

Underserved Patient Accessibility: The scanner locations are highly accessible to patients in a number of ways. First, the practice locations are strategically located in the community and will continue to be located in such a manner. For patients with transportation issues, certain of the Russo Radiology locations are easily accessible by volunteer transportation and by public transportation, including strategic locations on various bus routes. Also, Russo Radiology accepts referrals for and services many needy patients, including providing the majority of imaging needs for patients from three federally funded healthcare clinics in Bridgeport, including Americares and Planned Parenthood. Imaging services are available to patients of federal healthcare clinics on a same-day basis. As far as I am aware, we are the only outpatient radiology practice that offers same-day service on a non-emergent basis in our region. These services and this level of access will continue upon approval of this CON. Consistent with

Bridgeport Hospital's generous charity care policies, underserved patients will continue to benefit from care at each of these locations.

Utilization: Utilization levels of the imaging equipment owned by Russo Radiology has been consistent and is appropriate within the applicable guidelines as indicated in the pre-filed testimony of my colleagues.[1] In light of Bridgeport Hospital's strategic plans for growth, it is anticipated that utilization will only increase. Bridgeport Hospital has carefully considered appropriate locations for each of the scanners to be acquired in order to ensure that patient needs will continue to be met and access will be enhanced. Consistent Quality: Russo Radiology has been a regional resource for technologically advanced scanning and has performed over 1 million scans since 2000. The Practice prides itself on providing its patients with access to the most up-to-date imaging equipment. As OHCA is aware, the Practice has been consistently upgrading its imaging technology over the years and offers the best in the region. Affiliation with Bridgeport Hospital will ensure that the appropriate resources are available to continually upgrade imaging capability. A review of the utilization charts provided demonstrates that this transaction will ensure that patient needs will be continually met in the future at the same high level of care.

Further, the integration of Epic technology into Russo Radiology will enhance quality of care. The Practice maintains well in excess of three hundred thousand active patients. Integrating these patients into the Epic system will have a positive effect on patient delivery and quality as it will add an easily accessible health information patient portal and increase patient history access and improve quality of care provided. Patients will now have their scans loaded into the Epic system which will be available for review by any provider in the system. All Russo Radiology providers and other providers will have instant access to patient scans through Epic

[1] See Exhibits A and B to the testimony of Patrick Schmincke.

when it is integrated into Bridgeport Hospital. This allows for consistency in medical records retention for all patients and avoids the need for duplicative scans.

2. Other Improvements to Patient Care as a Result of the Transaction

Hospital Partnership: In today's changing medical environment, new health care delivery models are being developed. These models demand significant integration and a full continuum of care by providers. With the recent presidential election results, the reform measures demanding integration are not jeopardized and transactions such as this one are in line with that course. The ultimate goal of integration is significantly enhanced quality of medical care with streamlined costs. Imaging services are a significant part of the delivery system. After the transaction, Russo Radiology professionals will be able to participate in Bridgeport Hospital and Yale School of Medicine programs, tumor boards and medical conferences among many other advantages.

Collaborative Care: This transaction will allow a better continuum of care. The addition of community-based imaging services by Bridgeport Hospital and the integration with the Russo Radiology patients will be beneficial to all patients, providers and the local and state health care system. Upon completion of the transaction, physicians will be employed by the Yale School of Medicine, granting them access to more sub-specialty radiologists to collaborate with and ensure high quality reading of scans. Being able to integrate into Yale School of Medicine will bring advanced level of care to patients by an already excellent group of radiologists. Further, integration will improve scheduling through the use of a centralized scheduling system, reduce unnecessary repetitive scans by providing full medical records access through Epic and allow the continued provision of community centered care by the Hospital.

3. Referral Patterns Will Remain Unchanged, with Some Increase in Expected Referrals

This transaction with Bridgeport Hospital will preserve and maintain the current referral patterns and provide the best imaging services. Russo Radiology has a long history of established referral patterns in the service area. As indicated in the letters submitted by referring practitioners and attached to my prefile as **Exhibit A**, many referring physicians have had long and established referral relationships with Russo Radiology based on the radiologists' consistent and excellent quality. There are sufficient numbers of referring providers available to maintain the imaging modalities being acquired. There is no expected decrease in referrals from physicians in the community. Referring providers will continue to refer their patients to Russo Radiology after the transaction as indicated in the letters submitted. In addition, because of enhanced access to specialists and the affiliation with Yale School of Medicine, it is anticipated that referrals will increase.

V. CONCLUSION

Thank you for providing me the opportunity to present this pre-filed testimony on behalf of the Applicant. I urge your prompt approval of the application and will be happy to answer any questions you may have.

The foregoing is my sworn testimony.

Robert D. Russo, M.D.
Owner, Robert D. Russo, M.D. & Associates Radiology

EXHBIIT A

Letters of Support

Timothy M. Herbst
First Selectman

Office of the First Selectman
Town Hall
5866 Main Street
Trumbull, Connecticut 06611
203-452-5005

TOWN OF TRUMBULL
CONNECTICUT

November 13, 2012

To Whom It May Concern:

As the First Selectman of the Town of Trumbull, Connecticut I have been fully apprised of the Park Avenue project being developed by Bridgeport Hospital and the Yale – New Haven Healthcare System. These medical services are vital to our area and bringing the quality of the Smilow Cancer Center and its world renowned physicians to our town is of significant benefit. I understand imaging services provided by Robert D. Russo's radiology offices are to be combined with the Bridgeport Hospital outpatient services. I fully support the need for the services within our town and understand this project will become a regional resource. This proposed merger will bring high technical jobs to Trumbull and also improve the quality of healthcare provided. These are two important and laudable goals.

I have known Dr. Russo and his family for many years and understand their devotion to the community and to the quality of medical care. I can think of no better collaboration of physicians and administrators to lead this project and help our citizens. I believe the delivery of healthcare is changing and the merging of large entities such as Bridgeport Hospital and Russo Radiology will give the citizens of this region the quality healthcare they deserve.

I therefore strongly support the application of Bridgeport Hospital to acquire the private practice of Russo Radiology and to lead us into the future of healthcare in our region.

Very truly yours,

Timothy M. Herbst
First Selectman

OPTIMUS
HEALTH CARE
The Center for a Healthier You

Administrative Offices
982 East Main Street
Bridgeport, CT 06608-1913
Phone: (203) 696-3260
Fax: (203) 339-7677
www.optimushealthcare.org

November 14, 2012

Dear Deputy Commissioner Davis:

I am an administrator of a large FQHC in Fairfield County who refers patients to Russo Radiology for imaging studies. Optimus has been referring patients to Russo Radiology for many years. We choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to our patients to be able to have easy access to outpatient quality radiological procedures. Our patients also have a choice as to where their radiology needs are met.

I am writing to express our support of the proposed acquisition by Bridgeport Hospital and to state that we will continue to provide patient referrals to these radiologists after OHCA approval of the sale. I understand as a result of this transaction, the radiologists may now be employed directly by the Yale – New Haven hospital system and Optimus will continue to refer to them because I am confident in their demonstrated ability over the years. I support strategic planning in my region.

Thank you,

Ludwig Spinelli

Ludwig Spinelli
Chief Executive Officer

Hervey A. Weitzman, M.D.

4699 MAIN STREET ,SUITE 213
BRIDGEPORT, CT 06606

PHONE: 203-374-0277
FAX: 203-374-1020
WEB: HWEITZMANMD.COM (IN PROGRESS)

290

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

I am writing to express my support of the proposed acquisition by Bridgeport Hospital and to state that I will continue to provide patient referrals to these radiologists after OHCA approval of the sale. I understand as a result of this transaction, the radiologists may now be employed directly by the Yale School of Medicine and I will continue to refer to them because I am confident in their demonstrated ability over the years. I support strategic planning in my region.

Thank you,

PHILIP SIMKOVITZ, M.D., F.C.C.P.

5520 Park Avenue, Suite 202
Trumbull, CT 06611
(203) 365.0577 • Fax: (203) 365.0324

Diplomate American Board of Internal Medicine
Diplomate American Board of Pulmonary Diseases
Diplomate American Board of Critical Care

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

292

Gastroenterology Associates of Fairfield County P.C.

The Digestive Health Experts

Edward T. Grossman, MD, FACP, FACG
Richard N. Lopatin, MD, FACP, FACG
Kenneth R. Mauer, MD, FACP, FACG
Strick J. Woods, MD
Julie E. Spivack, MD
Eddy A. Castillo, MD
Emil J. Blanco, MD
Gena M. Cobrin, MD
Danielle M. Weckesser, PA-C
Joseph Engel MPS, Administrator

November 12, 2012

Dear Deputy Commissioner Davis:

I am a physician practicing in the Bridgeport community who has been referring my patients to Russo Radiology for many years. My experience with Russo Radiology has been excellent. They provide quality professional services.

It is my understanding that Russo Radiology has been acquired by Bridgeport Hospital. Additionally, it is my understanding that the radiologists may now be employed directly by the Yale School of Medicine. In spite of this, I plan to continue to maintain my referral patterns. My experience with this practice has been excellent and I hope that it will continue to provide the same quality of imaging services in the ensuing years.

If you have any further questions, Please do not hesitate to contact me.

Sincerely,

Strick J. Woods, M.D.

SJW:mra

293

PriMed
Physicians United For Patient Care

Anthony Mongillo, M.D.
Christian Heineken, M.D.
Pasquale Masone, M.D.
Arcangelo DiStefano, M.D.
Vasudha Vallabhaneni, M.D.

Dear Deputy Commissioner Davis,

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Thank you,

Anthony J Mongillo MD

ANTHONY J. MONGILLO, M.D.
3180 Main Street
Bridgeport, CT 06606
Tel: (203) 373-9100

3180 Main Street, Suite 301
Bridgeport, CT 06606

(203) 373-9100 Fax (203) 365-8492

Joao M.A. Nascimento, M.D., FACP, FACR
Christopher F. Mojcik, M.D., PhD
Jacinta Pereira-Renaldi, APRN, NP-C
Sarena Kelly, APRN, FNP-BC

Diplomate, American Boards of Rheumatology and Internal Medicine

3203 Main Street • Bridgeport, CT 06606
Phone (203) 371-0009 • Fax (203) 371-0091

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Lusitana
HEALTHCARE, LLC

www.LusitanaHC.com Phone (203) 334-2000 Fax (203) 334-2005

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Ana M. Palheta, MD

2660 MAIN STREET, SUITE 205 • BRIDGEPORT, CT 06606

Andrew J. Levi, MD, FACOG

Park Avenue Fertility and Reproductive Medicine

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

1305 Post Road, Suite 100
Fairfield, CT 06824
203-254-6000

Fax 203-372-6706
www. parkavefertility.com

5520 Park Avenue, Suite 103
Trumbull, CT 06611
203-372-6700

Jennifer M. Ju, M.D.
FAMILY HEALTH AND WELLNESS CENTER OF BRIDGEPORT, LLC
FAMILY PRACTICE

4699 MAIN STREET, SUITE 201
BRIDGEPORT, CT 06606
TELEPHONE (203) 372-9002
FAX (203) 372-6747

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Jennifer Ju, MD

PULMONARY & INTERNAL MEDICINE OF FAIRFIELD COUNTY, P.C.
BENJAMIN WEISMAN, MD, FACP
BLAINE E. MESSING, MD
INTERNAL MEDICINE
PULMONARY DISEASES

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

4699 MAIN STREET • SUITE 209 • BRIDGEPORT, CT 06606 • TEL (203) 374-2747 • FAX (203) 372-0204
76 QUALITY STREET • TRUMBULL, CT 06611 • TEL (203) 445-1300 • FAX (203) 445-1304

PriMed
Physicians United For Patient Care

Douglas Duchen, M.D.
Cosmo Filiberto, M.D.
~~Myra Waynik, M.D.~~
Milla Stelman, M.D.
Pritee Gada, M.D.
~~Ann Mesinger, A.P.R.N./F.N.P., MHN, AE-C~~
Pamela Gau, A.P.R.N./F.N.P.
Diane Warren, A.P.R.N./F.N.P.

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Thank you,

3715 Main Street, Suite 200 & 205
Bridgeport, CT 06606
(203) 372-4065 Fax (203) 372-1644

DECARVALHO SPINE & REHAB, LLC.
DR. GEORGE U. DECARVALHO, M.M.S., D.C.

3715 Main Street, Suite 201
Bridgeport, CT 06606

Tel (203) 371-9909
Fax (203) 371-9949

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

JEFFREY D. SMALL, M.D.
ADULT AND PEDIATRIC UROLOGY

4695 MAIN STREET
BRIDGEPORT, CT 06606
TEL 203 372 4419
FAX 203 372 4919

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

11/2/12

CARDIOMED OF CONNECTICUT, L.L.C.
4695 Main Street, Suite 19
Bridgeport, CT 06606

Mohummad Raza
M.D., F.R.C.P., F.A.C.C.
Email: m-raza@msn.com

Phone: (203) 371-5189
Fax: (203) 372-6365

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

Mohummad Raza
MD. F.R.C.P. F.A.C.C.

KAROL JOSEPH CHACHO, M.D.
Reproductive Endocrinology and Infertility
4699 MAIN STREET
BRIDGEPORT, CONNECTICUT 06606

203/372-5282

Dear Deputy Commissioner Davis,

I am a physician who refers my patients to Russo Radiology for imaging studies. I have been referring patients to Russo Radiology for many years. I choose to refer patients to Russo Radiology because the radiologists provide attentive and quality professional services. It is essential to my patients to be able to have easy access to outpatient quality radiological procedures.

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Thank you,

NORMAN WEINSTEIN, M.D.
CHARLES A. WOODS, M.D.
ROBERT J. HOBBIE, M.D.
MICHAEL A. LEE, M.D.
RICHARD E. CARROLL, M.D.
ROBERT D. CHESSIN, M.D.
RICHARD M. FREEDMAN, M.D.
JUDITH K. HOCHSTADT, M.D.
DIANE M. GALLO, M.D.
MARTHA Y. SMALL, M.D.
SUSANNA K. JALKUT, M.D.

PEDIATRIC HEALTHCARE ASSOCIATES
4699 MAIN STREET
BRIDGEPORT, CT 06606
TEL: (203) 452-8322
FAX: (203) 371-7198

THOMAS ODINAK, M.D.
NANCY C. AMBERSON, M.D.
AMY S. WEINRIB, M.D.
ROBERT C. LANDIS M.D.
ANDREA B. HAGANI, M.D.
AMANDA MURPHY, M.D.
THOMAS P. HOMA, M.D.
NADA ABDEL A'AL, MD.
NIMROD E. DAYAN, M.D.
CORRIE C. STEEVES, M.D.
MARIVIC D. BOTTA, M.D.

Dear Deputy Commissioner Davis,

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Thank you.

Robert D. Chessin, M.D,
Pediatric Healthcare Associates

OHCA Exhibit II

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel Malloy
Governor

Final Decision

Applicant: **Bridgeport Hospital**

Docket Number: **11-31722-CON**

Project Title: **Acquisition and Operation of a Hospital-Based MRI Scanner in Bridgeport, CT**

Project Description: Bridgeport Hospital ("Hospital") proposes to acquire and operate a hospital-based magnetic resonance imaging ("MRI") scanner located on the Hospital's campus, 267 Grant Street in Bridgeport, Connecticut.

Procedural History: On September 2, 2011, the Office of Health Care Access ("OHCA") received a Certificate of Need ("CON") application from the Hospital for the above-referenced project. The Hospital published notice of its intent to file the CON application in *The Connecticut Post,* on March 21, 22, and 23, 2011. OHCA received no responses from the public concerning the Hospital's proposal and no hearing requests were received from the public per General Statutes § 19a-639a (e).

Findings of Fact

1. The Hospital is an acute care, not-for-profit hospital whose main campus is located at 267 Grant Street in Bridgeport, Connecticut. Ex. A, p. 75.

2. Advanced Radiology Consultants, LLC ("ARC") is a private radiology practice that provides professional imaging services to the Hospital. Ex. A, p. 7.

3. The Hospital does not currently own an MRI scanner. Since 1988 the Hospital has maintained a services agreement and a leased space arrangement with ARC for the provision of magnetic resonance imaging services for Hospital patients at its main campus. Ex. A, pp. 7 and 11.

4. ARC operates several outpatient imaging centers, including the Hospital's MRI center. Ex. A, p. 7.

PHONE: (860) 509-7101 FAX: (860) 509-7111
410 CAPITOL AVENUE - MS#13COM, P.O. BOX 340308, HARTFORD, CONNECTICUT 06134-0308

5. When the MRI services agreement and leased space arrangement between the Hospital and ARC expired, the Hospital began an assessment of its MRI service needs. The Hospital has since continued its relationship with ARC on a month-to-month basis and has recently concluded its MRI service assessment. Ex. A, p. 7.

6. Based upon its assessment, the Hospital proposes to acquire and operate on its main campus, a hospital-based 1.5 tesla-strength MRI scanner in order to maintain its comprehensive diagnostic imaging service and gain hospital revenues from the technical fee portion of the MRI service. Ex. A, pp. 7 & 8.

7. When the new MRI scanner is installed it will be leased by a newly formed joint venture between the Hospital and ARC, which will be a limited liability company to be known as Newco. Ex. A, p. 8.

8. The Hospital and ARC will own equity portions in Newco of 60% and 40%, respectively. Ex. A, p. 8.

9. The joint venture is a collaborative approach by the Hospital and ARC to permit the Hospital to have an ownership interest in an MRI unit, which results in a successful business plan that includes a mix of inpatients, ED patients and outpatients. Ex. A, p. 10.

10. The joint venture will provide the Hospital with more oversight of, and input into, the clinical operations of the MRI service at the Hospital that is currently controlled by ARC. Ex. A, pp. 9 & 10.

11. The Hospital will enter into an agreement pursuant to which it purchases from Newco the technical component of MRI services needed for its inpatients and outpatients. Ex. A, p. 8.

12. The Hospital will bill for the technical component, while ARC's radiologists will bill for the professional component. Ex. A, p. 8.

13. As the proposal will allow the Hospital to receive a portion of the technical revenue from outpatient MRIs, the joint venture will provide the Hospital with access to revenue streams from the MRI technical fee reimbursement, which it presently does not receive. Ex. A, p. 10.

14. This additional revenue is important to the Hospital in the context of reduced reimbursement from payers, ongoing cost controls and uncertainty related to the impact of national health care reform on Hospital revenues. Ex. A, p. 10.

15. ARC will retain professional oversight of the MRI service as its radiologists will continue to read and interpret MRI scans performed at the Hospital. Ex. A, p. 10.

16. ARC has a long relationship with the Hospital and area physicians and has been the operator of the MRI scanner currently on campus. Therefore, ARC has the trusted clinical and operational experience to provide optimized and seamless MRI service. Ex. A, p. 10.

17. Additionally, ARC has the trust of and relationship with the physicians who are the target referrers for the proposed service. Ex. A. p. 10.

18. Inpatients and ED patients are referred for MRI scans by Bridgeport Hospital attending physicians and the Hospital does not receive separate reimbursement for these patients' MRI scans. Ex. A, p. 10.

19. Outpatient MRI cases at Bridgeport Hospital are generally referred directly to ARC by patients' physicians. Ex. A, p. 10.

20. The Hospital indicates that it is not financially viable for it to operate an MRI scanner just for inpatient and emergency department patients, which represent a relatively low proportion of total MRI scans. Outpatient volume is also required to ensure the fiscal viability of the service. Ex. A, p. 10.

21. The population to be served consists of existing Hospital patients residing predominantly in its primary service area ("PSA") towns: Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford and Trumbull. Ex. A. pp. 11 & 12.

22. Currently, 88% of the Hospital's MRI volume is generated from patients residing in its PSA towns. Ex. A. p. 15.

23. The following table illustrates the service's actual MRI scan volume from fiscal years ("FYs") 2008 through 2011.

Table 1: Actual MRI Scan Volume

Description	FY2008	FY2009	FY2010	FY2011
Inpatient	1,100	914	869	1,121
Emergency Department	449	374	355	284
Outpatient	4,023	3,640	3,457	3,425
Total	5,572	4,928	4,681	4,830

Ex. A. p. 14.

24. The decline in Hospital service MRI scans from FYs 2008 through 2010 is a result of the following factors:

    a. Hospital efforts to ensure appropriate utilization of imaging, since hospitals are generally reimbursed on a case-rate, according to the patient's diagnosis, or on a per-diem rate, rather than for each procedure performed in the hospital; and

b. A decline in Hospital discharges during that time period, resulting from the troubled economy and the lack of, or reduction in, health insurance coverage in the population.
Ex. A, p. 16

25. Inpatient MRI volume is projected to increase in FY 2012 due to anticipated increases in the Hospital's inpatient surgical caseload. Patients receiving orthopedic surgery and neurosurgical procedures utilize MRI scans at a greater rate than do other inpatients. Projected outpatient MRI volume includes pediatric patients who will become Yale-New Haven Hospital patients, if the pending CON application before OHCA in Docket Number: 11-31714 is approved by OHCA. Ex. A, p. 16.

26. The following table illustrates the projections for FYs 2012 through 2015:

Table 2: Projected MRI Scan Volumes

Description	FY2012	FY2013	FY2014	FY2015
Inpatient	884	889	894	898
Emergency Department	360	363	365	367
Outpatient	3,200	3,277	3,360	3,444
Total	4,444	4,529	4,619	4,709

Ex. A. p. 14

27. The Hospital is projecting an overall average annual growth rate of approximately 2.0% for FYs 2013 through 2015, the first three full operating years of proposal. Ex. A, p. 14.

28. The proposed patient population is currently being served by the existing MRI scanner and will continue to be served in the same manner when a new Hospital-based MRI is acquired. Ex. A. pp. 12 & 13.

29. The existing referral patterns are not expected to be affected by the Hospital's proposal. Ex. A, p. 16.

30. The proposal contributes to the quality of health care delivery in the region by ensuring that patients at Bridgeport Hospital maintain access to MRI imaging services to diagnose and monitor certain clinical conditions. Ex. A, p. 17.

31. The proposed MRI will operate in accordance with the American College of Radiology Practice Guidelines for Performing and Interpreting Magnetic Resonance Imaging. Ex. A, p. 17.

32. The proposal's total capital cost is $2,533,298, which includes the equipment lease of $1,643,844 and $700,000 in renovations. Ex. A, p. 19.

33. Renovation work is scheduled to begin January 1, 2012 with a planned completion date of March 31, 2012. Operation of the new MRI scanner is scheduled to begin on April 1, 2012. Ex. A, pp. 19 & 20.

34. The proposed MRI scanner will be financed through a capital lease. The term of the proposed lease is five years (i.e. 60 months) at 4.75% interest, for a monthly average payment of approximately $30,844 per month. Ex. A, p. 20.

35. The Hospital projects the following incremental revenues and expenses with the proposed project:

Table 3: Projected Incremental Revenues and Expenses *(All Dollars are in Thousands)*

	FY 2012*	FY 2013	FY 2014	FY 2015
Revenues from Operations	$1,407	$2,951	$3,097	$3,249
Total Operation Expense	$1,081	$2,060	$2,121	$2,185
Incremental Gain from Operations	**$326**	**$891**	**$976**	**$1,064**

Note: * FY 2012 Hospital-owned MRI scanner will operate a partial FY. Ex. A, p. 107.

36. The Hospital projects the following overall revenues and expenditures with the proposed project:

Table 4: Projected Overall Revenues and Expenses *(All Dollars are in Thousands)*

	FY 2012*	FY 2013	FY 2014	FY 2015
Revenues from Operations	$422,215	$438,461	$452,764	$452,916
Total Operation Expense	$409,132	$424,572	$436,374	$436,374
Overall Gain from Operations	**$13,083**	**$13,889**	**$16,390**	**$16,542**

Note: * FY 2012 Hospital-owned MRI scanner will operate a partial FY. Ex. A, p. 107.

37. The Hospital reported $15,801,000 in operating income and $62,529,000 in unrestricted net assets or equity for FY 2010. OHCA, FY 2010, 12-Month Actual Filing.

38. The Hospital indicates that the proposal is cost effective as the joint venture with ARC allows the Hospital to jointly capitalize the cost of the MRI lease. Without the joint venture, it would not be financially viable for the Hospital to acquire an MRI to serve its inpatients and Emergency Department patients. The inclusion of outpatients in the business plan also is an essential component in the project's financial viability. Ex. A, p. 22.

39. OHCA finds that the proposal is cost effective and that it will affect the financial strength of the state's health care system in a favorable manner by providing the Hospital with a financially viable approach, through a joint venture with ARC, to fund and operate a new MRI scanner. Additionally, it will provide the Hospital with access to MRI technical fee reimbursement to help support its mission.

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in General Statutes § 19a-639(a) and the Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Goldstar Medical Services, Inc., et al. v. Department of Social Services,* 288 Conn. 790 (2008); *Swiller v. Commissioner of*

Public Health, No. CV 95-0705601 (Sup. Court, J.D. Hartford/New Britain at Hartford, October 10, 1995); *Bridgeport Ambulance Serv. v. Connecticut Dept. of Health Serv.*, No. CV 88-0349673-S (Sup. Court, J.D. Hartford/New Britain at Hartford, July 6, 1989); *Steadman v. SEC*, 450 U.S. 91, 101 S.Ct. 999, *reh'g den.*, 451 U.S. 933 (1981); *Bender v. Clark*, 744 F.2d 1424 (10th Cir. 1984); *Sea Island Broadcasting Corp. v. FCC*, 627 F.2d 240, 243 (D.C. Cir. 1980).

The Hospital proposes to acquire and operate a hospital-based, 1.5 tesla-strength magnetic resonance imaging scanner at its main campus in Bridgeport. FF6. ARC, a private radiology practice, has and continues to provide professional imaging services to the Hospital. FF2-5. As the Hospital does not own its own MRI scanner, the Hospital has since 1988 maintained a services agreement and lease space arrangement with ARC for the provision of MRI services to Hospital patients at the main campus. FF3. The Hospital proposes to acquire its own MRI scanner in order to maintain its comprehensive diagnostic imaging service and gain Hospital revenues from the technical fee portion of the MRI service. FF6.

The proposed MRI scanner will be leased by a newly formed joint venture between the Hospital and ARC, which will be a limited liability company to be known as Newco. FF7. The Hospital and ARC will own equity portions in Newco of 60% and 40%, respectively. FF8. The joint venture will provide the Hospital with more oversight of, and input into, the clinical operations of its MRI service. FF10. The Hospital will enter into an agreement pursuant to which it purchases from Newco the technical component of MRI services needed for its inpatients and outpatients. FF11. The Hospital will bill for the technical component, while ARC's radiologists will bill for the professional component. FF12. Thus, the joint venture will provide the Hospital with access to revenue streams from the MRI technical fee reimbursement, which it presently does not receive. FF13. This additional revenue is important to the Hospital in the context of reduced reimbursement from payers, ongoing cost controls and uncertainty related to the impact of national health care reform on Hospital revenues. FF14.

ARC will retain the professional oversight of the MRI service as its radiologists will continue to read and interpret MRI scans performed at the Hospital. FF15. ARC has trusted clinical and operational experience to provide the MRI service as it has a long relationship with the Hospital and area physicians, who are target referrers for the proposed service. FF16-17. Outpatient MRI cases at the Hospital are generally referred directly to ARC by patients' physicians. FF19. It is not financially feasible for the Hospital to acquire an MRI scanner without outpatient volume as the ED and inpatient MRI volume represents a low proportion of the total MRI volume. FF 20. Therefore, it is essential that the Hospital maintain its relationship with ARC through this joint venture not only because they are the radiologists reading and interpreting scans for the Hospital but also because they are trusted by area physicians who refer their patients to ARC for MRI scans.

Currently, 88% of the MRI service volume is generated from patients residing in the Hospital's eight town primary service area. FF22. During FYs 2008 through 2011 the service experienced an average of approximately 5,000 MRI scans per year. FF23. The Hospital projects that service's overall MRI annual utilization to grow at a rate of approximately 2.0% per year between FYs 2013 through 2015, the first three full operating years of the proposal.

FF27. Based upon the utilization statistics and the continued professional oversight of the MRI by ARC, OHCA concludes that the Hospital's projections are reasonable and achievable.

The total capital cost associated with the proposal is $2,533,298. FF32. There will be incremental gains from operations associated with the proposal for FYs 2013 through 2015. FF35. The Hospital, which experienced income from operations of over $62 million in FY 2010, possesses sufficient unrestricted net assets or equity to cover the proposal's capital costs. FF 37. The proposal is cost effective in that the joint venture between the Hospital and ARC will allow the Hospital to jointly capitalize the MRI lease. FF38. Additionally, as previously noted, the Hospital will gain additional revenue since it will be able to bill for the technical component of the MRI service thereby enhancing its ability to further its mission. FF13-14, 39.

Based upon all of the foregoing, OHCA concludes that the Hospital has demonstrated a need for the acquisition of its own MRI scanner. Moreover, OHCA finds that the Hospital demonstrated that the proposal will have a positive impact on the financial strength of the Hospital and the health care system.

Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of Bridgeport Hospital for the acquisition and operation of a hospital-based, 1.5 tesla-strength magnetic resonance imaging scanner to be located on the Hospital's main campus located at 267 Grant Street in Bridgeport is hereby **approved.**

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

12/16/11
Date

Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner, OHCA

Directions to the Office of Health Care Access

From I-91 North or South and from East of the River:

In Hartford take I-84 westbound. Exit at Asylum Street, exit 48.

At the signal at the bottom of the ramp, make a gradual right, staying to the left of the fork in the road.

At the first light, take an immediate left onto Broad Street.

Travel on Broad Street to the light at the first four-way intersection; take a right onto Capitol Avenue. OHCA (tan brick building at 410 Capitol Avenue) is two blocks down on the right.

* Pass 410 and enter in the driveway between 410 and 450 Capitol Avenue. Turn right into the parking lot behind the building and proceed to the Security building in the lot. You will be directed to available parking.

From the West:

Take I-84 East to Capitol Avenue, Exit 48B. Bear right on the exit ramp. At the end of the ramp, turn right onto Capitol Avenue. OHCA is 3 blocks down on the right (tan brick building at 410 Capitol Avenue).

Proceed from * above

Directions to Forest and Sisson (Lot C) for visitor shuttle service:

From I-91 (north or south) and from east of the river

In Hartford, take I-84 west. Take Exit 46, Sisson Avenue. At the end of the exit ramp, turn left at the signal light onto Sisson Avenue. Take your first left onto **Capitol Ave. Take your first left onto Forest Street. The parking lot is on your left and is labeled State of Connecticut. A shuttle bus to take you to our offices will either be waiting, or will appear in a few minutes.**

From the West

Take I-84 East to Exit 46, Sisson Avenue. At the end of the exit ramp, turn left at the light onto Sisson Avenue. Take you first left onto **Capitol Avenue. Take your first left onto Forest Street. The parking lot is on your left and is labeled State of Connecticut. A shuttle bus to take you to our offices will either be waiting, or will appear in a few minutes**

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*** TX REPORT ***
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: CAROLYN SALSGIVER

FAX: 203 384-3751

AGENCY: BRIDGEPORT HOSPITAL

FROM: STEVEN LAZARUS

DATE: 11/16/12 **Time:**

NUMBER OF PAGES: 12
(including transmittal sheet

Comments:
Information for Bridgeport Hearing DN; 12-31766

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS

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TX/RX NO	3154
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TIME USE	02'14
PAGES SENT	12
RESULT	OK

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FAX SHEET

TO: REBECCA A. MATTHEWS

FAX: 203-782-2889

AGENCY: WIGGIN AND DANA LLP

FROM: STEVEN LAZARUS

DATE: 11/16/12 **Time:**

NUMBER OF PAGES: 12
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Comments:
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FAX SHEET

TO: AMY RICHARDS

FAX: 203 688-5013

AGENCY: YALE NEW HAVEN HEALTH SYSTEM

FROM: STEVEN LAZARUS

DATE: 11/16/12 **Time:**

NUMBER OF PAGES: 12
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PAGES SENT	12
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DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: AARON S. BAYER

FAX: 203-782-2889

AGENCY: WIGGIN AND DANA LLP

FROM: STEVEN LAZARUS

DATE: 11/16/12 **Time:**

NUMBER OF PAGES: 12
(including transmittal sheet

Comments:
Information for Bridgeport Hearing DN; 12-31766

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

TABLE OF THE RECORD

APPLICANT: **Bridgeport Hospital**

DOCKET NUMBER: **12-31766-CON**

PUBLIC HEARING: **November 19, 2012 at 10:00 a.m.**

PLACE: **410 Capitol Avenue, Third Floor Hearing Room**
Hartford, Connecticut

EXHIBIT	DESCRIPTION
A	Letter from Bridgeport Hospital ("Applicant") dated May 25, 2012 enclosing proof of publication from the *Connecticut Post* and *New Haven Register* regarding Acquisition of Certain assets of Robert D. Russo/Medical Specialty Group P.C. d/b/a Robert D. Russo, M.D. & Associates Radiology, received by the Office of Health Care Access ("OHCA") on June 1, 2012. (8 pages)
B	OHCA's letter to the Applicant dated June 12, 2012, enclosing the Certificate of Need ("CON") application forms under Docket Number 12-31766. (138 pages)
C	Email from the Applicant to OHCA dated June 18, 2012 enclosing the electronic copy of the CON application in the matter of the CON application under Docket Number 12-31766, received on June 18, 2012. (1 page)
D	OHCA's letter to the Applicant dated July 13, 2012, requesting additional information and/or clarification in the matter of the CON application under Docket Number 12-31766. (3 pages)
E	Emails between the Applicant and OHCA dated July 18th through July 25, 2012 in the matter of the CON application under Docket Number 12-31766. (3 pages)

F	Applicant's responses to OHCA's letter of July 13, 2012, dated July 30, 2012, in the matter of the CON application under Docket Number 12-31766, received by OHCA on July 31, 2012. (63 pages)
G	Letter from St. Vincent's Medical Center dated August 24, 2012 to OHCA regarding the CON application under Docket Number 12-31766, received by OHCA on August 27, 2012. (3 pages)
H	OHCA's letter dated August 31, 2012 to the Applicant deeming the CON application complete under docket Number 12-31766.(1 page)
I	OHCA's request for legal notification in the *Connecticut Post* and OHCA's Notice to the Applicant of the public hearing scheduled for November 19, 2012, in the matter of the CON application under Docket Number 12-31766, dated October 19, 2012. (7 pages)
J	Designation letter, dated October 19, 2012, designating Attorney Kevin Hansted as hearing officer in the matter of the CON application under Docket Number 12-31766. (1 page)
K	OHCA's letter to the Applicant dated November 5, 2012, requesting prefile testimony and interrogatories in the matter of the CON application under Docket Number 12-31766. (3 pages)
L	Letter from the Applicant enclosing Prefile Testimony and responses to interrogatories along with a notice of appearance of Wiggin and Dana LLP dated November 14, 2012 in the matter of the CON application under Docket Number 12-31766, received by OHCA on November 14, 2012. (100 pages)
M	Letter from the Mayor of Bridgeport dated November 13, 2012 in support of the CON application under Docket Number 12-31766, received by OHCA on November 15, 2012. (2 pages)

OHCA Exhibits:

1. 12 Month Actual Filing FY 2009-2011 (Report 450 for Bridgeport Hospital) (2 Pages)
2. Final Decision, Docket Number 11-31722-CON (Bridgeport Hospital Acquisition of MRI Scanner) (7 Pages)

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

TENTATIVE AGENDA

PUBLIC HEARING

Docket Number: 12-31766-CON

Bridgeport Hospital

Bridgeport Hospital to Acquire Two (2) MRI Scanners, One (1) PET/CT Scanner and Four (4) CT Scanners Currently Located in the Towns of Bridgeport, Fairfield, Stratford and Guilford.

November 19, 2012, at 10:00 a.m.

I. **Convening of the Public Hearing**

II. **Applicants' Direct Testimony (10 minutes each)**

III. **OHCA's Questions**

IV. **Closing Remarks**

V. **Public Hearing Adjourned**

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OHCA HEARINGS - EXHIBIT AND LATE FILE FORM

Applicants: Bridgeport Hospital

DN: 12-31766-CON

Hearing Date: November 19, 2012

Time: 10:00 a.m.

Proposal: Acquisition of Two MRI Scanners, One PET/CT Scanner and Four CT Scanners

OHCA Exhibit #	Description
1	Sent w/ Pre-Hearing Packet
2	Sent w/ Pre-Hearing Packet
3	
4	
5	

Applicant Late File #	Description	Due Date	Rec'd
1	~~Market Analysis~~ Analysts. ~~Questions~~	11/27	
~~2~~ 1	~~Consumer~~ Market Analysis Questions	11/27/12	
2			
3			
4			
5			

Applicant Exhibit #	Description
1	Revised Table 2a
2	Revised Capacity Table
3	
4	
5	

Applicant 1 Exhibit

Original	Actual Volume Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs) **		
	FY 2009	FY 2010	FY2011	FY 2012 6 Months Jan - Jun Annualized	FY 2013	FY 2014	FY 2015
Scanner***							
CT - 4699 Main St., Bridgeport (Commerce Park)	3,037	2,716	2,017	2,124	2,045	2,082	2,119
CT - 2660 Main St., Bridgeport (Main Street, Bpt)	1,069	1,385	862	700	874	890	906
CT - 425 Post Rd., Fairfield (Fairfield)	1,364	1,243	815	822	826	841	856
CT - 2909 Main St., Stratford (Stratford)	1,907	2,015	1,872	1,563	1,898	1,932	1,967
CT - 267 Grant St., Bridgeport (Hospital - existing CT Scanner)	22,668	22,937	18,556	5,988	6,048	6,108	6,169
CT - 267 Grant St., Bridgeport (ED Unit opened July 2011)	n/a	n/a	3,840	16,199	16,361	16,524	16,690
CT SCAN	**30,045**	**30,296**	**27,962**	**27,396**	**28,052**	**28,377**	**28,707**
PET/CT - 2660 Main St., Bridgeport (Main Street, Bpt)	160	107	77	68	62	62	62
PET/CT - 267 Grant St., Bridgeport (Hospital)	360	280	344	328	331	335	338
PET	**520**	**387**	**421**	**396**	**393**	**397**	**400**
MRI - 705 Boston Post Rd., Guilford	767	637	612	738	464	473	481
MRI - 2595 Main St., Stratford (Stratford MRI)	2,738	2,889	1,997	1,768	2,079	2,116	2,155
MRI - 267 Grant St., Bridgeport (Hospital)	4,928	4,681	4,830	4,444	4,529	4,619	4,709
MRI	**8,433**	**8,207**	**7,439**	**6,950**	**7,072**	**7,208**	**7,345**

Revised Projections - Nov. 18, 2012	Actual Volume Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs) **		
	FY 2009	FY 2010	FY2011	FY 2012 Jan - Oct Annualized	FY 2013	FY 2014	FY 2015
Scanner***							
CT - 4699 Main St., Bridgeport (Commerce Park)	3,037	2,716	2,017	2,344	2,391	2,439	2,488
CT - 2660 Main St., Bridgeport (Main Street, Bpt)	1,069	1,385	862	787	N/A	N/A	N/A
CT - 425 Post Rd., Fairfield (Fairfield)	1,364	1,243	815	900	1,721	1,755	N/A
CT - 2909 Main St., Stratford (Stratford)	1,907	2,015	1,872	1,733	1,768	1,803	1,839
CT - 267 Grant St., Bridgeport (Hospital - existing CT Scanner)	22,882	22,389	16,933	4,252	4,337	4,424	4,512
CT - 267 Grant St., Bridgeport (ED Unit opened July 2011)	N/A	N/A	3,840	16,649	16,982	17,322	17,668
CT - 5520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	4,165
CT SCAN	**30,259**	**29,748**	**26,339**	**26,665**	**27,198**	**27,743**	**30,673**
PET/CT - 2660 Main St., Bridgeport (Main Street, Bpt)	160	107	77	78	N/A	N/A	N/A

PET/CT - 267 Grant St., Bridgeport (Hospital)	141	174	165	256	341	348	N/A
PET/CT - 5520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	466
PET	**301**	**281**	**242**	**334**	**341**	**348**	**466**
MRI - 705 Boston Post Rd., Guilford	767	637	612	738	753	768	N/A
MRI - 2595 Main St., Stratford (Stratford MRI)	2,738	2,889	1,997	3,362	3,429	3,498	3,568
MRI - 267 Grant St., Bridgeport (Hospital)	N/A	N/A	N/A	2,981	4,533	4,623	4,716
MRI - 5520 Park Ave	N/A	N/A	N/A	N/A	N/A	N/A	3,933
MRI	**3,505**	**3,526**	**2,609**	**7,081**	**8,715**	**8,889**	**12,217**

2012 Explanations	2013 Assumptions	2014 Assumptions	2015 Assumptions
updated to reflect revised annualized volume based on actual scans through October 2012	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
FY'12 decrease in referrals going to other providers. We do not anticipate any additional loss of referrals	Unit to be relocated to BH. CT scans will be shifted to Fairfield Unit	N/A	N/A
updated to reflect revised annualized volume based on actual scans through October 2012	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	Fairfield unit to be relocated to Park Ave.
FY'12 decrease referrals because Urologist acquired their own scanner. We do not anticipate any additional loss of referrals.	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
Nov. 18, 2012: FY'09 - FY'12 volumes were reviewed, confirmed and corrected. Differences are the result of charge write-offs, account consolidation and posting dates.	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
Nov. 18, 2012: FY'12 volume were reviewed, confirmed and corrected. Differences are the result of charge write-offs, account consolidation and posting dates.	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
N/A	N/A	N/A	15% of non-hospital based CTs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus. 1790 scans can also be shifted from Fairfield.
updated to reflect revised annualized volume based on actual scans through October 2012	Unit to be relocated to BH	N/A	N/A

Nov. 18, 2012: FY'09 - FY'11 volumes were reviewed, confirmed and corrected. Volumes were incorrectly reported due to a charge (FDG) being included in the calculations. FY'12 volume adjusted to reflect confirmed volume. Differences are the result of charge write-offs, account consolidation and posting dates.	Main Street Scans, 2% growth with PET/CT availability increasing	2% growth based on historical growth, service area population change and the annual change in modality use rate	Grant St unit to be relocated to Park Ave.
N/A	N/A	N/A	40% of non-hospital based PET/CTs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus. Includes 369 scans being shifted from Grant St.
updated to reflect revised annualized volume based on actual scans through October 2012	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	Guilford Uuit to be relocated to Park Ave.
FY'12 scans adjusted to reflect orthopedic cases that go to Stratford MRI	FY'13 revisions based on updated FY'12 actuals and updated information regarding patient co-pay amounts	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
BH's new MRI opened Oct 1, 2012. Projections based on actual volume, cases anticipated to grow to 4444/yr.	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate	2% growth based on historical growth, service area population change and the annual change in modality use rate
N/A	N/A	N/A	20% of non-hospital based MRIs done within specified local zip codes which are easily accessible via the Merritt Parkway and more convenient than Bridgeport Hospital's main campus.

Applicant Exhibit 2

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2009	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
Capacity Analysis	Not in Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	Not in Service in 2009 CT 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	16	0	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	0.0	0.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year	0	141	22,882	0	2,738	767	1,907	1,364	3,037	160	1,069
Capacity per day	0	3	31	0	11	10	17	17	17	3	8
Capacity per year	0	248	8,070	0	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	1	88	-	11	3	7	5	12	1	7
Total actual exams per year	-	141	22,882	-	2,738	767	1,907	1,364	3,037	160	1,069
Average exams per month	-	12	1,907	-	228	64	159	114	253	13	89
Percent of capacity utilized	**0%**	**57%**	**284%**	**0%**	**99%**	**29%**	**43%**	**31%**	**69%**	**42%**	**93%**

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2010	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
Capacity Analysis	Not in Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	Not in Service in 2010 CT 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	16	0	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	0.0	0.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year	0	174	22,389	0	2,889	637	2,015	1,243	2,716	107	1,385
Capacity per day	0	3	31	0	11	10	17	17	17	3	8
Capacity per year	0	248	8,070	0	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	2	86	-	11	2	8	5	10	1	9
Total actual exams per year	-	174	22,389	-	2,889	637	2,015	1,243	2,716	107	1,385
Average exams per month	-	15	1,866	-	241	53	168	104	226	9	115
Percent of capacity utilized	**0%**	**70%**	**277%**	**0%**	**104%**	**24%**	**46%**	**28%**	**62%**	**28%**	**121%**

2011	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
Capacity Analysis	Not in Service MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT 1/2 Year in Svc GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	0	4	12	12	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	4.0	4.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total actual exams per year	0	165	16,933	3,840	1,997	612	1,872	815	2,017	77	862
Capacity per day	0	3	23	23	11	10	17	17	17	3	8
Capacity per year	0	248	5,960	5,960	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	-	2	65	15	8	2	7	3	8	0	6
Total actual exams per year	-	165	16,933	3,840	1,997	612	1,872	815	2,017	77	862
Average exams per month	-	14	1,411	320	166	51	156	68	168	6	72
Percent of capacity utilized	**0%**	**66%**	**284%**	**64%**	**72%**	**23%**	**43%**	**19%**	**46%**	**20%**	**75%**

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2012	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
Capacity Analysis	MR 1.5T 1/2 Year in Svc Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total annualized exams per year	2,981	256	4,252	16,649	3,362	738	1,733	900	2,344	78	787
Capacity per day	18	3	16	47	11	10	17	17	17	3	8
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	383	1,148
Average exams per day	11	2	16	64	13	3	7	3	9	0	5
Total annualized exams per year	2,981	256	4,252	16,649	3,362	738	1,733	900	2,344	78	787
Average exams per month	248	21	354	1,387	280	62	144	75	195	7	66
Percent of capacity utilized	**65%**	**103%**	**109%**	**142%**	**121%**	**28%**	**39%**	**20%**	**53%**	**20%**	**69%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145	595	3,145
Difference: Greater/(Less than)	(419)	(339)	(5,948)	6,449	(38)	(2,662)	(1,412)	(2,245)	(801)	(517)	(2,358)
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	(419)	2,981	4,563	65%	(2,700)	4,100	5,378	76%			
Total CT	501	20,901	15,644	134%	(6,816)	5,764	14,348	40%			
Total PET/CT	(339)	256	248	103%	(517)	78	383	20%			

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

Confidential

2013	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
Capacity Analysis	MR 1.5T Siemens Espree 267 Grant, BPT	PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	CT GE Brightspeed 267 Grant, BPT 3RD FLR	CT GE Brightspeed Elite 267 Grant, BPT ED	MR 1.5T GE Highspeed 2595 Main St, Stratfd	MR 1.5T Philips Infusion 705 Boston Post, Guilford	CT 6 Slice Philips MX 8000 2909 Main, Stratford	CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	CT 64 Slice Philips Brilliance 4699 Main St BPT	PET/CT 4 Slice GE Discovery 2660 Main St BPT	CT 4 Slice GE Discovery 2660 Main St BPT
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,533	341	4,337	16,982	3,429	753	1,768	1,721	2,391		
Capacity per day	18	3	16	47	11	10	17	17	17	0	0
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	0	0
Total est. exams per day	17	3	17	65	13	3	7	7	9	-	-
Total projected exams per year	4,533	341	4,337	16,982	3,429	753	1,768	1,721	2,391	-	-
Average exams per month	378	28	361	1,415	286	63	147	143	199	-	-
Percent of capacity utilized	**99%**	**137%**	**111%**	**145%**	**124%**	**29%**	**40%**	**39%**	**54%**	**0%**	**0%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,133	(254)	(5,863)	6,782	29	(2,647)	(1,377)	(1,424)	(754)		
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	1,133	4,533	4,563	99%	(2,618)	4,182	5,378	78%			
Total CT	919	21,319	15,644	136%	(3,555)	5,880	13,200	45%			
Total PET/CT	(254)	341	248	137%	-	-	0	0%			

Bridgeport Hospital
Calculation of Outpatient volumes and Percent of Capacity

2014	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
Capacity Analysis	**MR 1.5T Siemens Espree 267 Grant, BPT**	**PET/CT GE Discovery ST 4 SL, 267 Grant, BPT**	**CT GE Brightspeed 267 Grant, BPT 3RD FLR**	**CT GE Brightspeed Elite 267 Grant, BPT ED**	**MR 1.5T GE Highspeed 2595 Main St, Stratfd**	**MR 1.5T Philips Infusion 705 Boston Post, Guilford**	**CT 6 Slice Philips MX 8000 2909 Main, Stratford**	**CT 16 Slice GE Lightspeed 425 Post Road, Fairfield**	**CT 64 Slice Philips Brilliance 4699 Main St BPT**	**PET/CT 4 Slice GE Discovery 2660 Main St BPT**	**CT 4 Slice GE Discovery 2660 Main St BPT**
Average hours per day	14	4	8	24	8.5	8	9	9	9	4	4
Days available per week	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,623	348	4,424	17,322	3,498	768	1,803	1,755	2,439		
Capacity per day	18	3	16	47	11	10	17	17	17	0	0
Capacity per year	4,563	248	3,911	11,733	2,770	2,607	4,400	4,400	4,400	0	0
Total est. exams per day	18	3	17	67	13	3	7	7	9	0	0
Total projected exams per year	4,623	348	4,424	17,322	3,498	768	1,803	1,755	2,439	0	0
Average exams per month	385	29	369	1,443	292	64	150	146	203	0	0
% Exams Est Day Shift	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Totals Exams Est Day Shift	18	3	17	67	13	3	7	7	9	0	0
Percent of capacity utilized	**101%**	**140%**	**113%**	**148%**	**126%**	**29%**	**41%**	**40%**	**55%**	**0%**	**0%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,223	(247)	(5,776)	7,122	98	(2,632)	(1,342)	(1,390)	(706)		
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	1,223	4,623	4,563	101%	(2,534)	4,266	5,378	79%			
Total CT	1,346	21,746	15,644	139%	(3,438)	5,997	13,200	45%			
Total PET/CT	(247)	348	248	140%	-	-	0	0%			

2015	Bridgeport Hospital Imaging Equipment				Russo Imaging Equipment					Same CT Scanner	
Capacity Analysis	**MR 1.5T Siemens Espree 267 Grant, BPT**	**PET/CT Park Ave, BPT**	**CT GE Brightspeed 267 Grant, BPT 3RD FLR**	**CT GE Brightspeed Elite 267 Grant, BPT ED**	**MR 1.5T GE Highspeed 2595 Main St, Stratfd**	**MR 1.5T Park Ave, BPT**	**CT 6 Slice Philips MX 8000 2909 Main, Stratford**	**CT Park Ave, BPT**	**CT 64 Slice Philips Brilliance 4699 Main St BPT**	**PET/CT 4 Slice GE Discovery 2660 Main St BPT**	**CT 4 Slice GE Discovery 2660 Main St BPT**
Average hours per day	14	4	8	24	8.5	8	9	8	9	4	4
Days available per week	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.0	3.0
Holidays per Year	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Downtime allowance for maint as a %	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of units	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Scheduled minutes allowed per proc.	45	90	30	30	45	45	30	30	30	90	30
Total projected exams per year	4,716	466	4,512	17,668	3,568	3,933	1,839	4,165	2,488		
Capacity per day	18	3	16	47	11	10	17	16	17	0	0
Capacity per year	4,563	652	3,911	11,733	2,770	2,607	4,400	3,911	4,400	0	0
Total est. exams per day	18	2	17	68	14	15	7	16	10	-	-
Total projected exams per year	4,716	466	4,512	17,668	3,568	3,933	1,839	4,165	2,488	-	-
Average exams per month	393	39	376	1,472	297	328	153	347	207	-	-
Percent of capacity utilized	**103%**	**71%**	**115%**	**151%**	**129%**	**151%**	**42%**	**106%**	**57%**	**0%**	**0%**
OHCA Volume Guidelines at 85% cap	3,400	595	10,200	10,200	3,400	3,400	3,145	3,145	3,145		
Difference: Greater/(Less than)	1,316	(129)	(5,688)	7,468	168	533	(1,306)	1,020	(657)		
	OHCA Diff	**Total Vol**	**Total Capacity**	**Total % of Capacity**	**OHCA Diff**	**Total Vol**	**Total Capacity**	**Total % of Capacity**			
Total MRI	1,316	4,716	4,563	103%	701	7,501	5,378	139%			
Total CT	1,780	22,180	15,644	142%	(943)	8,492	12,711	67%			
Total PET/CT	(129)	466	652	71%	-	-	0	0%			

Bridgeport Hospital
Annual and Projected Volume by Location
Percent of Capacity Summary

	2009		2010		2011		2012		2013		2014		2015	
Capacity Analysis	Vol	% of Cap	Vol	% of Cap	Vol	% of Cap	Vol	% of Cap	Vol	% of Cap	Vol	% of Cap	Vol	% of Cap
MR 1.5T Siemens Espree 267 Grant, BPT	-	0%	-	0%	-	0%	2,981	65%	4,533	99%	4,623	101%	4,716	103%
MR 1.5T GE Highspeed 2595 Main St, Stratfd	2,738	99%	2,889	104%	1,997	72%	3,362	121%	3,429	124%	3,498	126%	3,568	129%
MR 1.5T Philips Infusion 705 Boston Post, Guilford	767	29%	637	24%	612	23%	738	28%	753	29%	768	29%	-	0%
CT GE Brightspeed 267 Grant, BPT 3RD FLR	22,882	284%	22,389	277%	16,933	284%	4,252	109%	4,337	111%	4,424	113%	4,512	115%
CT GE Brightspeed Elite 267 Grant, BPT ED	-	0%	-	0%	3,840	64%	16,649	142%	16,982	145%	17,322	148%	17,668	151%
CT 6 Slice Phillps MX 8000 2909 Main, Stratford	1,907	43%	2,015	46%	1,872	43%	1,733	39%	1,768	40%	1,803	41%	1,839	42%
CT 16 Slice GE Lightspeed 425 Post Road, Fairfield	1,364	31%	1,243	28%	815	19%	900	20%	1,721	39%	1,755	40%	-	0%
CT 64 Slice Philips Brilliance 4699 Main St BPT	3,037	69%	2,716	62%	2,017	46%	2,344	53%	2,391	54%	2,439	55%	2,488	57%
PET/CT GE Discovery ST 4 SL, 267 Grant, BPT	141	57%	174	70%	165	66%	256	103%	341	137%	348	140%	-	0%
PET/CT 4 Slice GE Discovery 2660 Main St BPT	160	42%	107	28%	77	20%	78	20%	-	0%	-	0%	-	0%
CT 4 Slice GE Discovery 2660 Main St BPT	1,069	93%	1,385	121%	862	75%	787	69%	-	0%	-	0%	-	0%
MR 1.5T Park Ave, BPT													3,933	151%
CT Park Ave, BPT													4,165	106%
PET/CT Park Ave, BPT													466	71%
Total CT	30,259		29,748		26,339		26,665		27,199		27,743		30,672	
Total MRI	3,505		3,526		2,609		7,081		8,715		8,889		12,217	
Total PET/CT	301		281		242		334		341		348		466	
Total all Modalities	34,065		33,555		29,190		34,080		36,255		36,980		43,355	

Items shaded in Red indicate utilization greater than 75% of capacity

PUBLIC HEARING

APPLICANT

SIGN UP SHEET

November 19, 2012
10:00 a.m.

Applicant: Docket Number: 12-31766-CON
Bridgeport Hospital
Acquisition of Two MRI Scanners, One PET/CT Scanner and Four CT Scanners

Name	Phone	Fax	Representing Organization/Self
Rebecca Matthews	203 498-6602		BH
Jennifer Willcox	203-384-3096/688-9966		BH
Patrick J Schmincke	203-336-7311		BH
James A. Brink	203-785-6938		Yale Univ.
Michael R Tatta	203-384-3169		BH
David Gamlchamp	203 268-8767		BH/RDR

Public Hearing
Bridgeport Hospital

Name	Phone	Fax	Representing Organization/Self
Maria Herrera			
Lyn Salsgiver	2843946		Bridgeport Hosp

PUBLIC HEARING
INFORMAL PARTICIPANT
SIGN UP SHEET

November 19, 2012
10:00 a.m.

Applicant: Docket Number: 12-31766-CON
Bridgeport Hospital
Acquisition of Two MRI Scanners, One PET/CT Scanner and Four CT Scanners

Name	Phone	Fax	Representing Organization/Self
AARON BAUER	860 2973759		BH
Robert Russo, M.D	203 6834500		Self
Michele Volpe	203 777-6995		Russo Radiology
Norm Orth	2033843338		BH
William M. Jennings	203-384-3478		BH.
ROBERT MAIER	615-479-7370		REGENTS HEALTH RESOURCES

Greer, Leslie

From: Lazarus, Steven
Sent: Monday, November 26, 2012 10:13 AM
To: Greer, Leslie
Subject: FW: OHCA CON HEARING LATE FILE DN# 12-31766
Attachments: DN 12-31766 OHCA Hearing late file pp306-322 11.21.13.pdf

Importance: High

Please add to the original file.

Steve

Steven W. Lazarus
Associate Health Care Analyst
Office of Health Care Access
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone (Direct): 860.418.7012
Fax (Main): 860.418.7053

From: Castagna, Susan [mailto:Susan.Castagna@bpthosp.org]
Sent: Wednesday, November 21, 2012 4:28 PM
To: Lazarus, Steven; Martone, Kim
Subject: OHCA CON HEARING LATE FILE DN# 12-31766
Importance: High

Hi Steve:

Attached is the Hearing Late file from Monday (11/19/12).
The original and 5 copies are coming to you Federal Express for delivery Friday (11/23/12) due to holiday.

Thank you and please let us know if you have any further questions.

SUSAN CASTAGNA | ADMINISTRATION | BRIDGEPORT HOSPITAL
267 GRANT STREET, BRIDGEPORT, CT 06610
PHONE: 203-384-3946 | FAX: 203-384-3751
EMAIL: SUSAN.CASTAGNA@BPTHOSP.ORG

For more information about our services, programs and expert physicians, please visit www.bridgeporthospital.org

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

Office of Health Care Access

Kevin T. Hansted, Esq
Hearing Officer

Wednesday, November 21, 2012

Hearing Late File

Certificate of Need Application; Docket Number: 12-31766-CON

Acquisition of Certain of the Assets of Robert D. Russo, M.D./

Russo Radiology PC

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

November 21, 2012

Kevin T. Hansted, Esq.
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 12-31766-CON
Acquisition of Certain of the Assets of Robert D. Russo, M.D./Russo Radiology, PC
Public hearing: Monday, November 19, 2012

Dear Attorney Hansted:

Thank you for allowing us to present our rationale for acquiring Russo Radiology on Monday, November 19. Attached please find our late files for the hearing on Docket #12-31766 Acquisition of Certain of the Assets of Robert D. Russo, M.D./ Russo Radiology PC.

The first attachment is the consumer market research data from the National Research Corporation (NRC, www.nationalresearch.com), a national research firm that continually surveys consumers in our service area on topics related to health care preference. As you will see on the attached graphs, Bridgeport Hospital is known by our local residents as the hospital that cares for those unable to pay and that has the best community health programs. It is also the hospital most preferred for overall best imaging, and recently for best outpatient testing/x-ray services, thus demonstrating our recent strategic focus on outpatient services, and our need to expand our outpatient radiology services to meet the demands of our consumers. We believe this study supports our projections regarding patients' use of our services once they are available in the community, and our position that Bridgeport Hospital serves a critically important role in providing "safety net" services to the underserved. We are proud to provide this care, but we need access to the revenue stream from the outpatient radiology service to help offset the substantial, ongoing free/under-reimbursed care that we provide to the community.

The second attachment is a medical imaging market analysis performed by Bob Maier of Regents Health Resources, which indicates a positive growth rate in all three categories of advanced imaging services. This analysis was performed for FY 2011 for advanced imaging services (CT, MRI, and PET/CT) in our Primary Service Area (PSA) to determine the market potential for the categories of outpatient imaging services; Non-Hospital OP Services, Hospital based OP Services and services provided in the Emergency Departments of area hospitals. The population and utilization data is provided by the national healthcare database services of Thomson Reuters, Inc. In addition, we have projected the 2015 procedural utilization using the population data and the utilization growth rate of The Advisory Board Company, a nationally recognized leader in health care planning. The results indicate a positive growth rate in all three categories of advanced imaging services.

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I also would like to take this opportunity to correct a statement in Patrick Schmincke's oral testimony at the hearing (Mr. Schmincke's written testimony was accurate as submitted, but we wish to correct any apparent contradictions between his written and oral testimony.) After the hearing, Mr. Schmincke realized that he misspoke when he stated that Bridgeport Hospital's on-campus MRI is performing 85 scans *per day*. Instead, our current models project that Bridgeport Hospital will perform 85 scans *per week* on our on-campus MRI. While we have only operated the new MRI on campus for seven weeks, and have not yet begun our physician marketing campaign, we have already averaged 72.5 scans per week for the most recent two weeks.

We had also mentioned in our presentation that we were awaiting final approvals for our Park Avenue Campus plans from both the Bridgeport and Trumbull Planning and Zoning Committees, and that the related meetings were taking place this week, on November 19 and 20, respectively. We would like to report that we achieved final approvals from both the Bridgeport and Trumbull Planning and Zoning Committees. After state traffic approvals, our outpatient campus/Smilow Cancer Center project will begin construction. Radiology services, including CT, MRI and PET/CT, are a key component of this project, and, as a reminder, this project aligns with the prior approvals OHCA gave for the Smilow Cancer Hospital Certificate of Need.

Finally, we have reviewed the final Statewide Facilities and Services Plan, and we are pleased to see that OHCA recognizes the trend towards hospital acquisition of imaging facilities (p. 59). Contrary to similar transactions for which OHCA approval may have been sought, most of the imaging equipment proposed to be acquired by Bridgeport Hospital has been initially reviewed by OHCA, and clear public need has been found. We also note that the standards and guidelines set out in the state plan replicate to a large extent the standards we used in our capacity analysis. The standards and guidelines do not, however address the acquisition of *existing* imaging equipment that is already deployed in the service area, as is proposed in this transaction. OHCA should view such transactions more favorably, because they do not add new capacity to the area, but instead make better and more cost-effective use of existing equipment -- to the benefit of patients, the community, and the acquiring hospital.

Thank you again for your careful attention to our CON. Please let me know if you have any questions.

Sincerely,

Norman Roth
Executive Vice President and Chief Operating Officer

Cc: Steven W. Lazarus, OHCA Analyst

Attachment One

National Research Corporation (NRC)

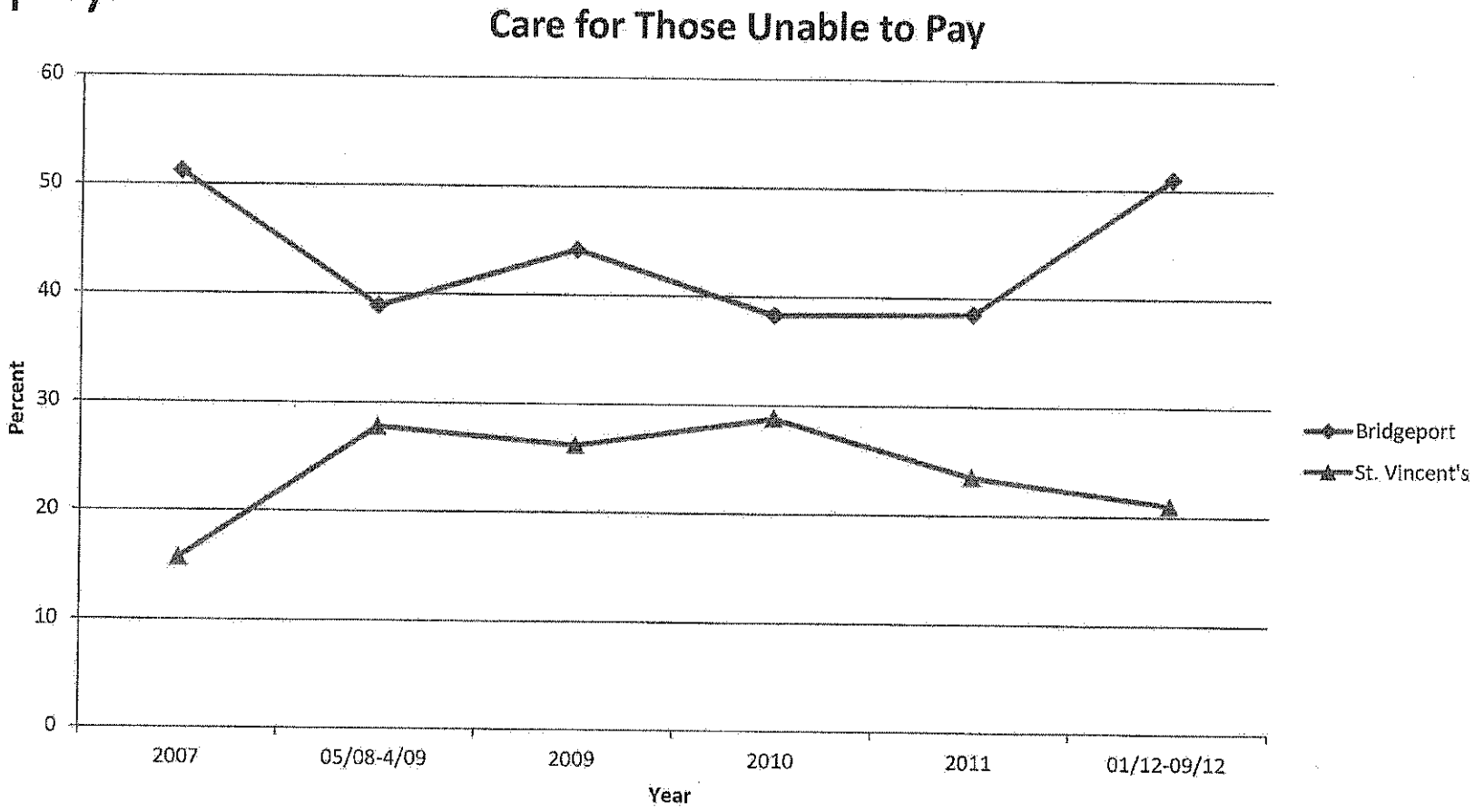
BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

National Research Corporation TICKER Marketing Data

Bridgeport Hospital Primary Service Area

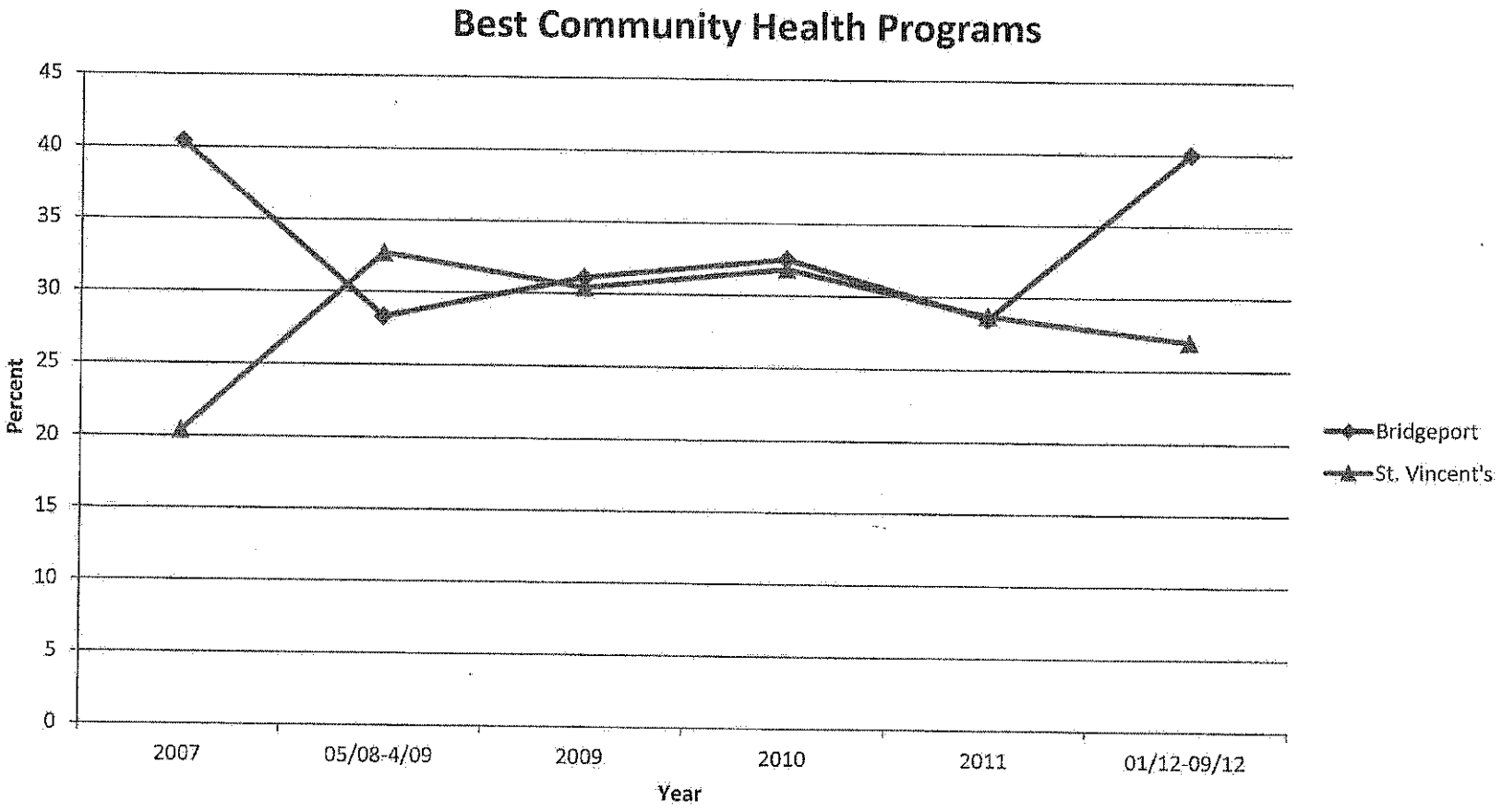
01/2007 – 09/2012

Bridgeport Hospital consistently stands out as being the hospital that cares for those unable to pay.



Source: NRC National Database, Data analyzed for the Bridgeport Hospital Primary Service Area

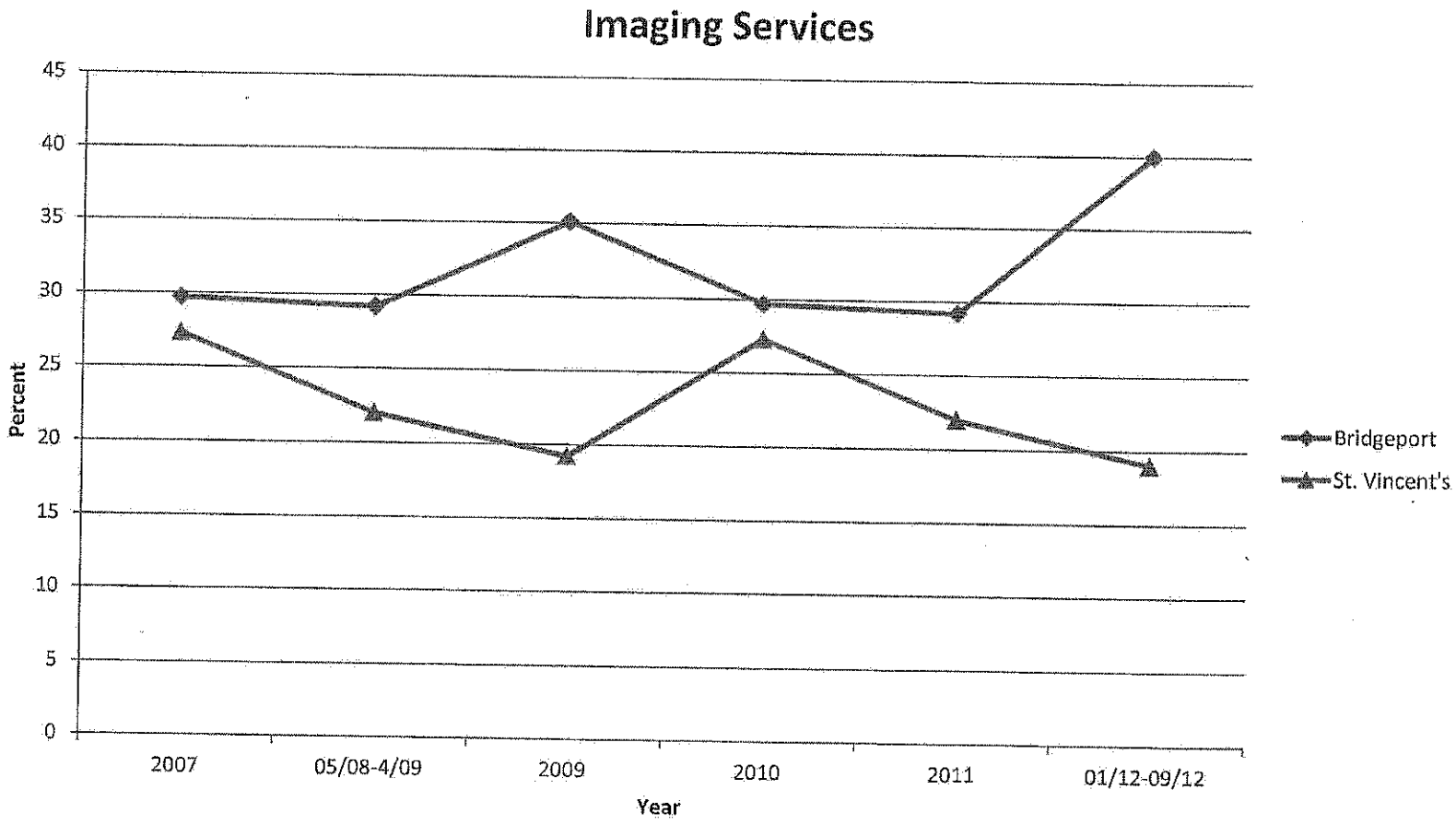
Bridgeport Hospital is recently known for having the best community health programs



Source: NRC National Database, Data analyzed for the Bridgeport Hospital Primary Service Area

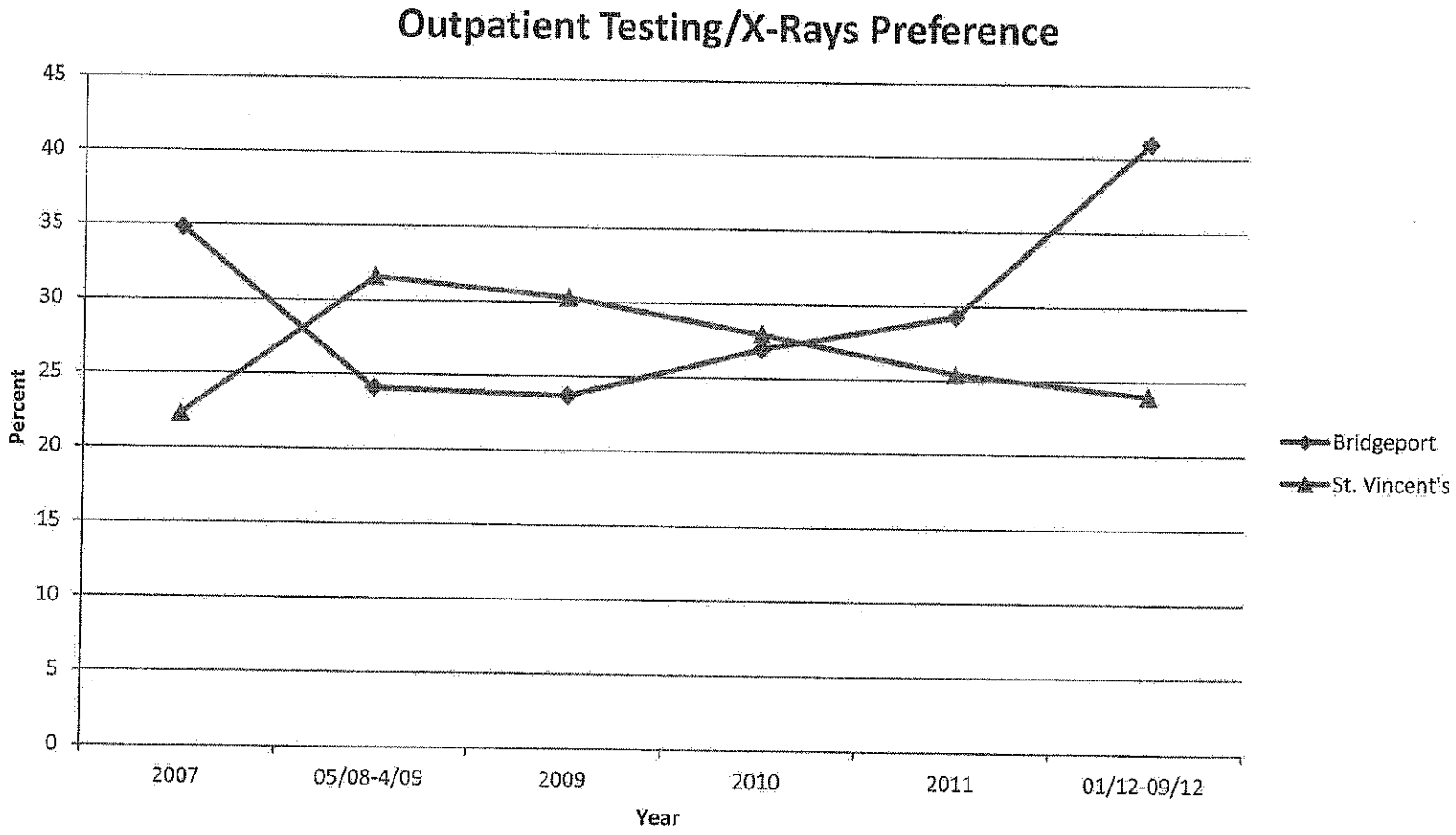
NRC TICKER 2012

Bridgeport Hospital is continually preferred for all imaging services



Source: NRC National Database, Data analyzed for the Bridgeport Hospital Primary Service Area

Bridgeport Hospital is recently preferred for outpatient imaging.



Source: NRC National Database, Data analyzed for the Bridgeport Hospital Primary Service Area

Attachment Two

Medical Imaging Market Analysis

Bridgeport Hospital
Medical Imaging Market Analysis
2011- 2015

Service Area: Primary
Modality CT

CONFIDENTIAL

Estimated Use Growth Rate*		1.60%								
County	City	Zip Code	2011 Estimated Total Procedures	2011 Estimated Non-Hospital OP Procedures	2011 Estimated Hospital OP Procedures	2011 Estimated ED Procedures	Avg. Ann. Population Growth Rate	2011 Avg. Ann Non Hosp OP Use Rate per Thous.	2011 Avg. Ann Hosp OP Use Rate per Thous.	2011 Estimated Population
PRIMARY SERVICE AREA (PSA)										
FAIRFIELD	BRIDGEPORT	06604	4,455	1,911	1,941	603	-0.044	65.3	66.4	29,243
FAIRFIELD	BRIDGEPORT	06605	3,513	1,515	1,547	451	-0.277	65.4	66.8	23,175
FAIRFIELD	BRIDGEPORT	06606	8,212	3,547	3,521	1,145	0.03	78.4	77.8	45,270
FAIRFIELD	BRIDGEPORT	06607	1,110	478	485	147	-0.657	65.1	66.0	7,345
FAIRFIELD	BRIDGEPORT	06608	1,719	738	759	222	-0.332	57.1	58.7	12,933
FAIRFIELD	BRIDGEPORT	06610	4,055	1,746	1,710	599	0.031	77.2	75.6	22,608
FAIRFIELD	EASTON	06612	1,409	622	604	183	0.022	84.2	81.8	7,386
FAIRFIELD	FAIRFIELD	06824	6,208	2,689	2,684	834	0.008	80.2	80.0	33,538
FAIRFIELD	FAIRFIELD	06825	4,233	1,823	1,774	636	-0.149	89.2	86.8	20,432
FAIRFIELD	MONROE	06468	3,549	1,567	1,540	443	-0.102	79.3	78.0	19,750
FAIRFIELD	SHELTON	06484	8,115	3,564	3,435	1,115	0.303	88.5	85.3	40,288
FAIRFIELD	STRATFORD	06614	6,958	3,010	2,851	1,096	-0.379	96.0	90.9	31,354
FAIRFIELD	STRATFORD	06615	3,357	1,466	1,428	463	-0.299	82.4	80.3	17,782
FAIRFIELD	TRUMBULL	06611	7,107	3,088	2,984	1,034	-0.05	87.7	84.8	35,201
	COUNTY SUBTOTAL		64,000	27,764	27,263	8,971	-0.075	80.2	78.7	346,305
NEW HAVEN	MILFORD	06460	7,582	2,600	3,908	1,074	0.239	63.0	94.8	41,239
NEW HAVEN	MILFORD	06461	2,885	986	1,488	412	0.863	62.1	93.7	15,874
	COUNTY SUBTOTAL		10,467	3,586	5,396	1,486	0.414	62.8	94.5	57,113
TOTAL PSA			74,467	31,350	32,659	10,457	-0.005	77.7	81.0	403,418

316

Estimated Use Growth Rate*		1.60%					
County	City	Zip Code	Estimated Population 2015	Estimated Non-Hospital OP Volume 2015	Estimated Hospital OP Volume 2015	Estimated 2015 Use Rate Non-Hospital OP Volume 2015	Estimated Future Use Rate Hospital OP Volume 2015
PRIMARY SERVICE AREA (PSA)							
FAIRFIELD	BRIDGEPORT	06604	29,191	2,033	2,065	69.6	70.7
FAIRFIELD	BRIDGEPORT	06605	22,919	1,596	1,630	69.7	71.1
FAIRFIELD	BRIDGEPORT	06606	45,324	3,784	3,756	83.5	82.9
FAIRFIELD	BRIDGEPORT	06607	7,154	496	503	69.3	70.4
FAIRFIELD	BRIDGEPORT	06608	12,762	776	798	60.8	62.5
FAIRFIELD	BRIDGEPORT	06610	22,636	1,863	1,824	82.3	80.6
FAIRFIELD	EASTON	06612	7,392	663	644	89.7	87.1
FAIRFIELD	FAIRFIELD	06824	33,548	2,866	2,861	85.4	85.3
FAIRFIELD	FAIRFIELD	06825	20,310	1,931	1,879	95.1	92.5
FAIRFIELD	MONROE	06468	19,669	1,663	1,634	84.5	83.1
FAIRFIELD	SHELTON	06484	40,778	3,844	3,705	94.3	90.9
FAIRFIELD	STRATFORD	06614	30,881	3,159	2,992	102.3	96.9
FAIRFIELD	STRATFORD	06615	17,570	1,543	1,503	87.8	85.6
FAIRFIELD	TRUMBULL	06611	35,131	3,284	3,173	93.5	90.3
	COUNTY SUBTOTAL		345,265	29,501	28,968	85.4	83.9
NEW HAVEN	MILFORD	06460	41,635	2,797	4,204	67.2	101.0
NEW HAVEN	MILFORD	06461	16,429	1,087	1,641	66.2	99.9
	COUNTY SUBTOTAL		58,064	3,884	5,845	66.9	100.7
TOTAL PSA			403,329	33,386	34,814	82.8	86.3

Estimated Use Growth Rate*			2.10%							
County	City	Zip Code	2011 Estimated Total Procedures	2011 Estimated Non-Hospital OP Procedures	2011 Estimated Hospital OP Procedures	2011 Estimated ED Procedures	Avg. Ann. Population Growth Rate	2011 Avg. Ann Non Hosp OP Use Rate per Thous.	2011 Avg. Ann Hosp OP Use Rate per Thous.	2011 Estimated Population
PRIMARY SERVICE AREA (PSA)										
FAIRFIELD	BRIDGEPORT	06604	2,461	1,421	1,020	21	-0.044	48.6	34.9	29,243
FAIRFIELD	BRIDGEPORT	06605	1,992	1,148	828	15	-0.277	49.5	35.7	23,175
FAIRFIELD	BRIDGEPORT	06606	4,468	2,558	1,871	39	0.03	56.5	41.3	45,270
FAIRFIELD	BRIDGEPORT	06607	619	357	257	5	-0.657	48.6	35.0	7,345
FAIRFIELD	BRIDGEPORT	06608	972	568	397	8	-0.332	43.9	30.7	12,933
FAIRFIELD	BRIDGEPORT	06610	2,157	1,241	896	20	0.031	54.9	39.6	22,608
FAIRFIELD	EASTON	06612	776	439	330	6	0.022	59.4	44.7	7,386
FAIRFIELD	FAIRFIELD	06824	3,394	1,919	1,447	28	0.008	57.2	43.1	33,538
FAIRFIELD	FAIRFIELD	06825	2,202	1,247	934	21	-0.149	61.0	45.7	20,432
FAIRFIELD	MONROE	06468	1,997	1,133	849	15	-0.102	57.4	43.0	19,750
FAIRFIELD	SHELTON	06484	4,369	2,487	1,843	38	0.303	61.7	45.7	40,288
FAIRFIELD	STRATFORD	06614	3,511	1,994	1,481	37	-0.379	63.6	47.2	31,354
FAIRFIELD	STRATFORD	06615	1,815	1,038	761	16	-0.299	58.4	42.8	17,782
FAIRFIELD	TRUMBULL	06611	3,740	2,115	1,590	35	-0.05	60.1	45.2	35,201
	COUNTY SUBTOTAL		34,473	19,665	14,504	304	-0.075	56.8	41.9	346,305
NEW HAVEN	MILFORD	06460	2,941	1,793	1,131	17	0.239	43.5	27.4	41,239
NEW HAVEN	MILFORD	06461	1,113	675	431	7	0.863	42.5	27.2	15,874
	COUNTY SUBTOTAL		4,054	2,468	1,562	24	0.414	43.2	27.3	57,113
TOTAL PSA			38,527	22,133	16,066	328	-0.005	54.9	39.8	403,418

Estimated Use Growth Rate*		2.10%					
County	City	Zip Code	Estimated Population 2015	Estimated Non-Hospital OP Volume 2015	Estimated Hospital OP Volume 2015	Estimated 2015 Use Rate Non-Hospital OP Volume 2015	Estimated 2015 Use Rate Hospital OP Volume 2015
PRIMARY SERVICE AREA (PSA)							
FAIRFIELD	BRIDGEPORT	06604	29,191	1,541	1,106	52.8	37.9
FAIRFIELD	BRIDGEPORT	06605	22,919	1,234	890	53.8	38.8
FAIRFIELD	BRIDGEPORT	06606	45,324	2,783	2,036	61.4	44.9
FAIRFIELD	BRIDGEPORT	06607	7,154	378	272	52.8	38.0
FAIRFIELD	BRIDGEPORT	06608	12,762	609	426	47.7	33.4
FAIRFIELD	BRIDGEPORT	06610	22,636	1,350	975	59.7	43.1
FAIRFIELD	EASTON	06612	7,392	477	359	64.6	48.6
FAIRFIELD	FAIRFIELD	06824	33,548	2,086	1,573	62.2	46.9
FAIRFIELD	FAIRFIELD	06825	20,310	1,347	1,009	66.3	49.7
FAIRFIELD	MONROE	06468	19,669	1,226	919	62.3	46.7
FAIRFIELD	SHELTON	06484	40,778	2,735	2,027	67.1	49.7
FAIRFIELD	STRATFORD	06614	30,881	2,134	1,585	69.1	51.3
FAIRFIELD	STRATFORD	06615	17,570	1,115	817	63.4	46.5
FAIRFIELD	TRUMBULL	06611	35,131	2,294	1,724	65.3	49.1
	COUNTY SUBTOTAL		345,265	21,310	15,718	61.7	45.5
NEW HAVEN	MILFORD	06460	41,635	1,967	1,241	47.2	29.8
NEW HAVEN	MILFORD	06461	16,429	759	485	46.2	29.5
	COUNTY SUBTOTAL		58,064	2,726	1,726	47.0	29.7
TOTAL PSA			403,329	24,036	17,443	59.6	43.3

Estimated Use Growth Rate*		4.10%									
County	City	Zip Code	2011 Estimated Total Procedures	2011 Estimated Non-Hospital OP Procedures	2011 Estimated Hospital OP Procedures	2011 Estimated ED Procedures	Avg. Ann. Population Growth Rate	2011 Avg. Ann Non Hosp OP Use Rate per Thous.	2011 Avg. Ann Hosp OP Use Rate per Thous.	2011 Estimated Population
FAIRFIELD	BRIDGEPORT	06604	138	73	62	2	-0.044	2.5	2.1	29,230
FAIRFIELD	BRIDGEPORT	06605	106	57	48	2	-0.277	2.5	2.1	23,111
FAIRFIELD	BRIDGEPORT	06606	268	145	120	4	0.03	3.2	2.6	45,284
FAIRFIELD	BRIDGEPORT	06607	34	18	15	1	-0.657	2.5	2.1	7,297
FAIRFIELD	BRIDGEPORT	06608	51	27	23	1	-0.332	2.1	1.8	12,890
FAIRFIELD	BRIDGEPORT	06610	135	73	60	2	0.031	3.2	2.7	22,615
FAIRFIELD	EASTON	06612	49	26	22	1	0.022	3.5	3.0	7,388
FAIRFIELD	FAIRFIELD	06824	206	112	91	3	0.008	3.3	2.7	33,541
FAIRFIELD	FAIRFIELD	06825	148	81	65	2	-0.149	4.0	3.2	20,402
FAIRFIELD	MONROE	06468	118	64	53	2	-0.102	3.2	2.7	19,730
FAIRFIELD	SHELTON	06484	282	153	125	4	0.303	3.8	3.1	40,410
FAIRFIELD	STRATFORD	06614	254	139	112	3	-0.379	4.5	3.6	31,235
FAIRFIELD	STRATFORD	06615	114	61	51	2	-0.299	3.4	2.9	17,729
FAIRFIELD	TRUMBULL	06611	251	137	111	3	-0.05	3.9	3.2	35,183
	COUNTY SUBTOTAL		2,154	1,166	958	32	-0.075	3.4	2.8	346,045
NEW HAVEN	MILFORD	06460	251	118	129	4	0.239	2.9	3.1	41,338
NEW HAVEN	MILFORD	06461	96	45	49	1	0.863	2.8	3.1	16,011
	COUNTY SUBTOTAL		347	163	178	5	0.414	2.8	3.1	57,349
	TOTAL PSA		2,501	1,329	1,136	37	-0.005	3.3	2.8	403,394

Estimated Use Growth Rate*		4.10%					
County	City	Zip Code	Estimated Population 2015	Estimated Non-Hospital OP Volume 2015	Estimated Hospital OP Volume 2015	Estimated 2015 Use Rate Non-Hospital OP Volume 2015	Estimated 2015 Use Rate Hospital OP Volume 2015
FAIRFIELD	BRIDGEPORT	06604	29,178	86	73	2.93	2.49
FAIRFIELD	BRIDGEPORT	06605	22,856	66	56	2.90	2.44
FAIRFIELD	BRIDGEPORT	06606	45,338	170	141	3.76	3.11
FAIRFIELD	BRIDGEPORT	06607	7,107	21	17	2.90	2.41
FAIRFIELD	BRIDGEPORT	06608	12,720	31	27	2.46	2.10
FAIRFIELD	BRIDGEPORT	06610	22,643	86	71	3.79	3.12
FAIRFIELD	EASTON	06612	7,394	31	26	4.13	3.50
FAIRFIELD	FAIRFIELD	06824	33,551	132	107	3.92	3.19
FAIRFIELD	FAIRFIELD	06825	20,280	95	76	4.66	3.74
FAIRFIELD	MONROE	06468	19,649	75	62	3.81	3.15
FAIRFIELD	SHELTON	06484	40,902	182	149	4.45	3.63
FAIRFIELD	STRATFORD	06614	30,764	161	130	5.23	4.21
FAIRFIELD	STRATFORD	06615	17,518	71	59	4.04	3.38
FAIRFIELD	TRUMBULL	06611	35,113	161	130	4.57	3.71
	COUNTY SUBTOTAL		345,013	1,365	1,122	3.96	3.25
NEW HAVEN	MILFORD	06460	41,734	140	153	3.35	3.66
NEW HAVEN	MILFORD	06461	16,571	55	60	3.30	3.59
	COUNTY SUBTOTAL		58,305	195	213	3.34	3.64
	TOTAL PSA		403,318	1,560	1,334	3.87	3.31

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

Office of Health Care Access

Kevin T. Hansted, Esq
Hearing Officer

Wednesday, November 21, 2012

Hearing Late File

Certificate of Need Application; Docket Number: 12-31766-CON

Acquisition of Certain of the Assets of Robert D. Russo, M.D./

Russo Radiology PC

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

November 21, 2012

Kevin T. Hansted, Esq.
Hearing Officer
Department of Public Health - Office of Health Care Access
410 Capitol Avenue, MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

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Public hearing: Monday, November 19, 2012

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Bridgeport, CT 06610-0120
203.384.3000

I also would like to take this opportunity to correct a statement in Patrick Schmincke's oral testimony at the hearing (Mr. Schmincke's written testimony was accurate as submitted, but we wish to correct any apparent contradictions between his written and oral testimony.) After the hearing, Mr. Schmincke realized that he misspoke when he stated that Bridgeport Hospital's on-campus MRI is performing 85 scans *per day*. Instead, our current models project that Bridgeport Hospital will perform 85 scans *per week* on our on-campus MRI. While we have only operated the new MRI on campus for seven weeks, and have not yet begun our physician marketing campaign, we have already averaged 72.5 scans per week for the most recent two weeks.

We had also mentioned in our presentation that we were awaiting final approvals for our Park Avenue Campus plans from both the Bridgeport and Trumbull Planning and Zoning Committees, and that the related meetings were taking place this week, on November 19 and 20, respectively. We would like to report that we achieved final approvals from both the Bridgeport and Trumbull Planning and Zoning Committees. After state traffic approvals, our outpatient campus/Smilow Cancer Center project will begin construction. Radiology services, including CT, MRI and PET/CT, are a key component of this project, and, as a reminder, this project aligns with the prior approvals OHCA gave for the Smilow Cancer Hospital Certificate of Need.

Finally, we have reviewed the final Statewide Facilities and Services Plan, and we are pleased to see that OHCA recognizes the trend towards hospital acquisition of imaging facilities (p. 59). Contrary to similar transactions for which OHCA approval may have been sought, most of the imaging equipment proposed to be acquired by Bridgeport Hospital has been initially reviewed by OHCA, and clear public need has been found. We also note that the standards and guidelines set out in the state plan replicate to a large extent the standards we used in our capacity analysis. The standards and guidelines do not, however address the acquisition of *existing* imaging equipment that is already deployed in the service area, as is proposed in this transaction. OHCA should view such transactions more favorably, because they do not add new capacity to the area, but instead make better and more cost-effective use of existing equipment -- to the benefit of patients, the community, and the acquiring hospital.

Thank you again for your careful attention to our CON. Please let me know if you have any questions.

Sincerely,

Norman Roth
Executive Vice President and Chief Operating Officer

Cc: Steven W. Lazarus, OHCA Analyst

Attachment One

National Research Corporation (NRC)

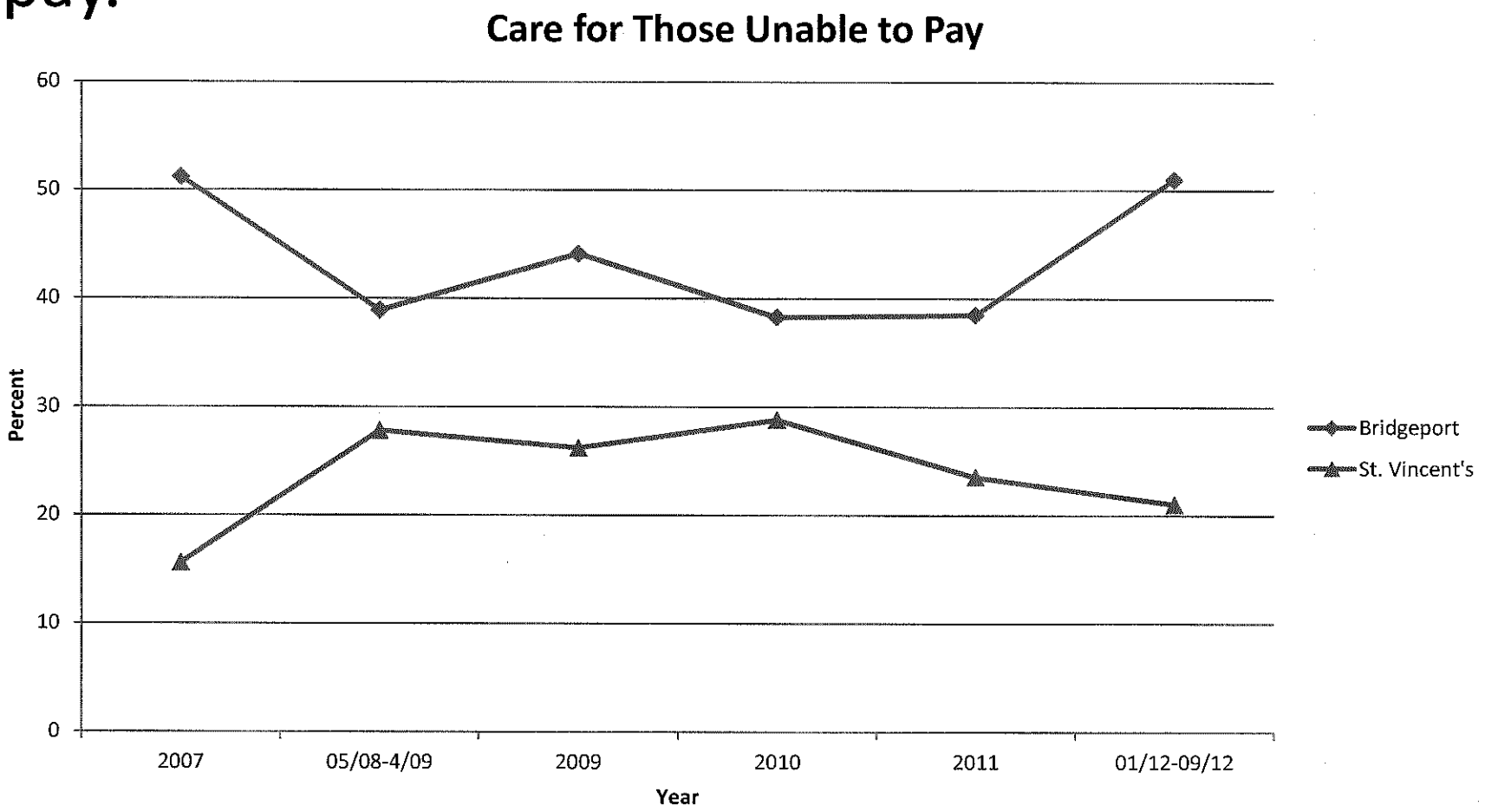
BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

National Research Corporation TICKER Marketing Data

Bridgeport Hospital Primary Service Area

01/2007 – 09/2012

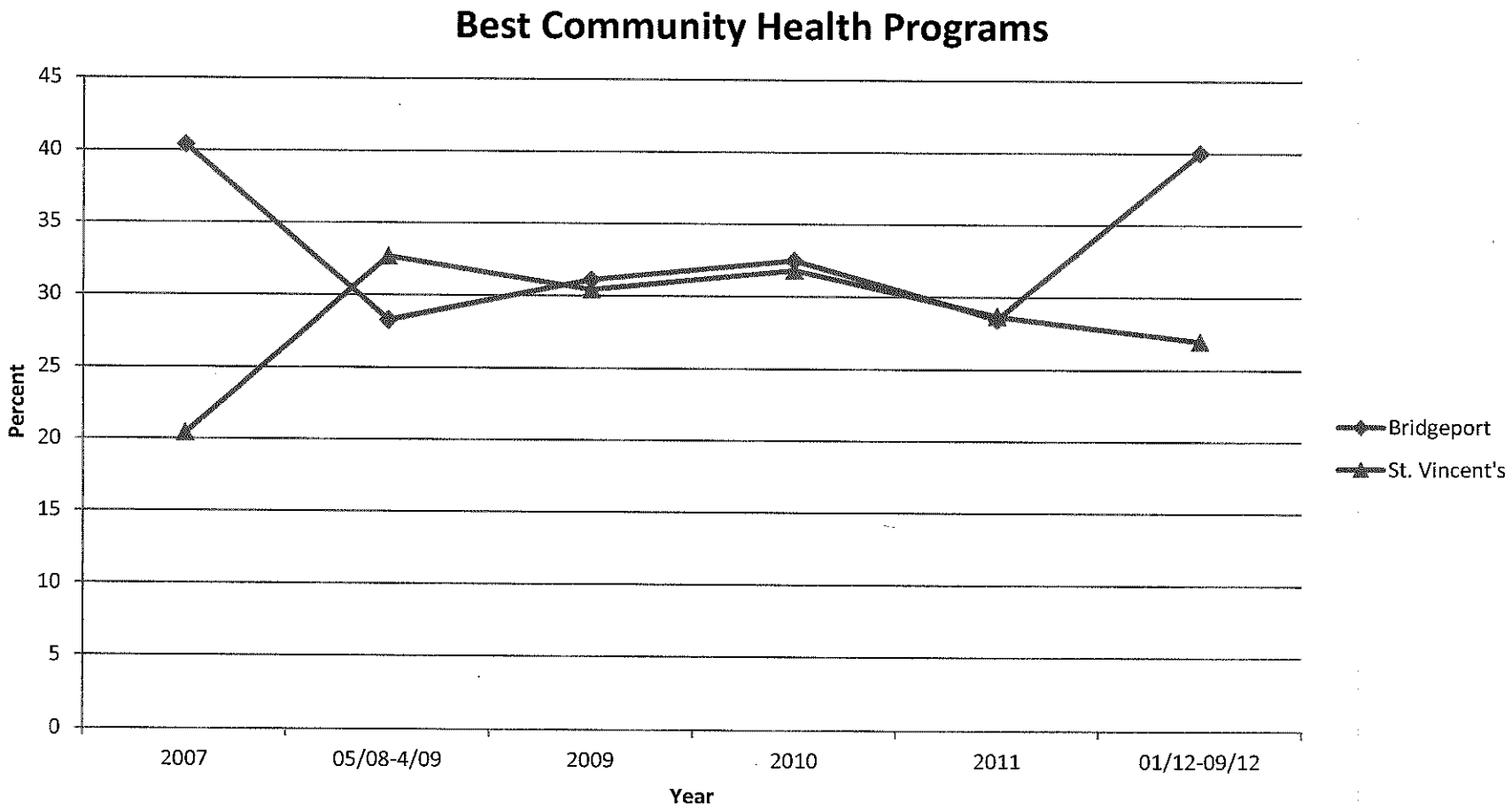
Bridgeport Hospital consistently stands out as being the hospital that cares for those unable to pay.



NRC TICKER 2012

Source: NRC National Database, Data analyzed for the Bridgeport Hospital Primary Service Area

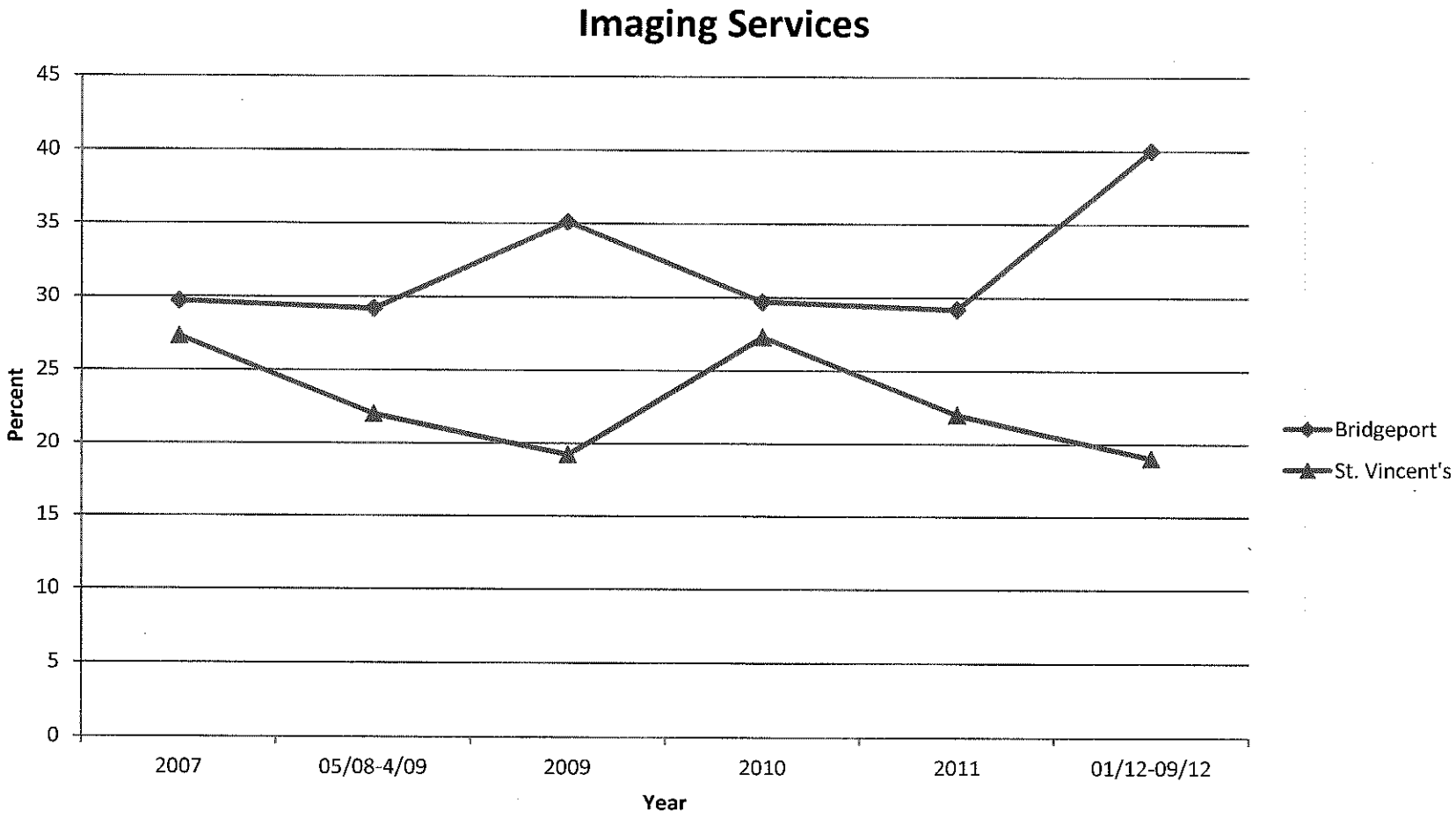
Bridgeport Hospital is recently known for having the best community health programs



NRC TICKER 2012

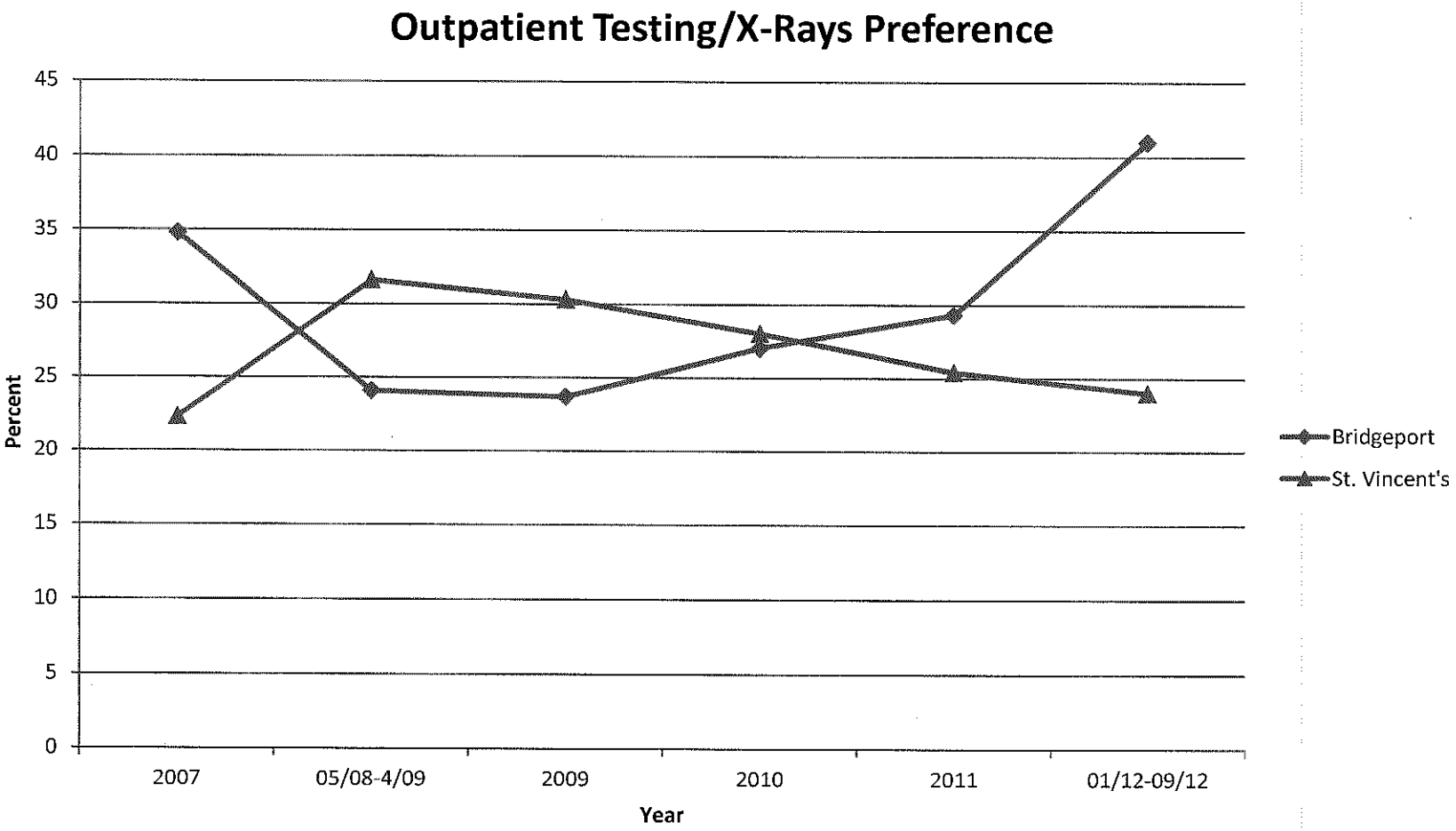
Source: NRC National Database, Data analyzed for the Bridgeport Hospital Primary Service Area

Bridgeport Hospital is continually preferred for all imaging services



Source: NRC National Database, Data analyzed for the Bridgeport Hospital Primary Service Area

Bridgeport Hospital is recently preferred for outpatient imaging.



Source: NRC National Database, Data analyzed for the Bridgeport Hospital Primary Service Area

Attachment Two

Medical Imaging Market Analysis

Estimated Use Growth Rate*		1.60%								
County	City	Zip Code	2011 Estimated Total Procedures	2011 Estimated Non-Hospital OP Procedures	2011 Estimated Hospital OP Procedures	2011 Estimated ED Procedures	Avg. Ann. Population Growth Rate	2011 Avg. Ann Non Hosp OP Use Rate per Thous.	2011 Avg. Ann Hosp OP Use Rate per Thous.	2011 Estimated Population
PRIMARY SERVICE AREA (PSA)										
FAIRFIELD	BRIDGEPORT	06604	4,455	1,911	1,941	603	-0.044	65.3	66.4	29,243
FAIRFIELD	BRIDGEPORT	06605	3,513	1,515	1,547	451	-0.277	65.4	66.8	23,175
FAIRFIELD	BRIDGEPORT	06606	8,212	3,547	3,521	1,145	0.03	78.4	77.8	45,270
FAIRFIELD	BRIDGEPORT	06607	1,110	478	485	147	-0.657	65.1	66.0	7,345
FAIRFIELD	BRIDGEPORT	06608	1,719	738	759	222	-0.332	57.1	58.7	12,933
FAIRFIELD	BRIDGEPORT	06610	4,055	1,746	1,710	599	0.031	77.2	75.6	22,608
FAIRFIELD	EASTON	06612	1,409	622	604	183	0.022	84.2	81.8	7,386
FAIRFIELD	FAIRFIELD	06824	6,208	2,689	2,684	834	0.008	80.2	80.0	33,538
FAIRFIELD	FAIRFIELD	06825	4,233	1,823	1,774	636	-0.149	89.2	86.8	20,432
FAIRFIELD	MONROE	06468	3,549	1,567	1,540	443	-0.102	79.3	78.0	19,750
FAIRFIELD	SHELTON	06484	8,115	3,564	3,435	1,115	0.303	88.5	85.3	40,288
FAIRFIELD	STRATFORD	06614	6,958	3,010	2,851	1,096	-0.379	96.0	90.9	31,354
FAIRFIELD	STRATFORD	06615	3,357	1,466	1,428	463	-0.299	82.4	80.3	17,782
FAIRFIELD	TRUMBULL	06611	7,107	3,088	2,984	1,034	-0.05	87.7	84.8	35,201
	COUNTY SUBTOTAL		64,000	27,764	27,263	8,971	-0.075	80.2	78.7	346,305
NEW HAVEN	MILFORD	06460	7,582	2,600	3,908	1,074	0.239	63.0	94.8	41,239
NEW HAVEN	MILFORD	06461	2,885	986	1,488	412	0.863	62.1	93.7	15,874
	COUNTY SUBTOTAL		10,467	3,586	5,396	1,486	0.414	62.8	94.5	57,113
	TOTAL PSA		74,467	31,350	32,659	10,457	-0.005	77.7	81.0	403,418

Estimated Use Growth Rate*		1.60%					
County	City	Zip Code	Estimated Population 2015	Estimated Non-Hospital OP Volume 2015	Estimated Hospital OP Volume 2015	Estimated 2015 Use Rate Non-Hospital OP Volume 2015	Estimated Future Use Rate Hospital OP Volume 2015
PRIMARY SERVICE AREA (PSA)							
FAIRFIELD	BRIDGEPORT	06604	29,191	2,033	2,065	69.6	70.7
FAIRFIELD	BRIDGEPORT	06605	22,919	1,596	1,630	69.7	71.1
FAIRFIELD	BRIDGEPORT	06606	45,324	3,784	3,756	83.5	82.9
FAIRFIELD	BRIDGEPORT	06607	7,154	496	503	69.3	70.4
FAIRFIELD	BRIDGEPORT	06608	12,762	776	798	60.8	62.5
FAIRFIELD	BRIDGEPORT	06610	22,636	1,863	1,824	82.3	80.6
FAIRFIELD	EASTON	06612	7,392	663	644	89.7	87.1
FAIRFIELD	FAIRFIELD	06824	33,548	2,866	2,861	85.4	85.3
FAIRFIELD	FAIRFIELD	06825	20,310	1,931	1,879	95.1	92.5
FAIRFIELD	MONROE	06468	19,669	1,663	1,634	84.5	83.1
FAIRFIELD	SHELTON	06484	40,778	3,844	3,705	94.3	90.9
FAIRFIELD	STRATFORD	06614	30,881	3,159	2,992	102.3	96.9
FAIRFIELD	STRATFORD	06615	17,570	1,543	1,503	87.8	85.6
FAIRFIELD	TRUMBULL	06611	35,131	3,284	3,173	93.5	90.3
	COUNTY SUBTOTAL		345,265	29,501	28,968	85.4	83.9
NEW HAVEN	MILFORD	06460	41,635	2,797	4,204	67.2	101.0
NEW HAVEN	MILFORD	06461	16,429	1,087	1,641	66.2	99.9
	COUNTY SUBTOTAL		58,064	3,884	5,845	66.9	100.7
TOTAL PSA			403,329	33,386	34,814	82.8	86.3

Estimated Use Growth Rate*		2.10%								
County	City	Zip Code	2011 Estimated Total Procedures	2011 Estimated Non-Hospital OP Procedures	2011 Estimated Hospital OP Procedures	2011 Estimated ED Procedures	Avg. Ann. Population Growth Rate	2011 Avg. Ann Non Hosp OP Use Rate per Thous.	2011 Avg. Ann Hosp OP Use Rate per Thous.	2011 Estimated Population
PRIMARY SERVICE AREA (PSA)										
FAIRFIELD	BRIDGEPORT	06604	2,461	1,421	1,020	21	-0.044	48.6	34.9	29,243
FAIRFIELD	BRIDGEPORT	06605	1,992	1,148	828	15	-0.277	49.5	35.7	23,175
FAIRFIELD	BRIDGEPORT	06606	4,468	2,558	1,871	39	0.03	56.5	41.3	45,270
FAIRFIELD	BRIDGEPORT	06607	619	357	257	5	-0.657	48.6	35.0	7,345
FAIRFIELD	BRIDGEPORT	06608	972	568	397	8	-0.332	43.9	30.7	12,933
FAIRFIELD	BRIDGEPORT	06610	2,157	1,241	896	20	0.031	54.9	39.6	22,608
FAIRFIELD	EASTON	06612	776	439	330	6	0.022	59.4	44.7	7,386
FAIRFIELD	FAIRFIELD	06824	3,394	1,919	1,447	28	0.008	57.2	43.1	33,538
FAIRFIELD	FAIRFIELD	06825	2,202	1,247	934	21	-0.149	61.0	45.7	20,432
FAIRFIELD	MONROE	06468	1,997	1,133	849	15	-0.102	57.4	43.0	19,750
FAIRFIELD	SHELTON	06484	4,369	2,487	1,843	38	0.303	61.7	45.7	40,288
FAIRFIELD	STRATFORD	06614	3,511	1,994	1,481	37	-0.379	63.6	47.2	31,354
FAIRFIELD	STRATFORD	06615	1,815	1,038	761	16	-0.299	58.4	42.8	17,782
FAIRFIELD	TRUMBULL	06611	3,740	2,115	1,590	35	-0.05	60.1	45.2	35,201
	COUNTY SUBTOTAL		34,473	19,665	14,504	304	-0.075	56.8	41.9	346,305
NEW HAVEN	MILFORD	06460	2,941	1,793	1,131	17	0.239	43.5	27.4	41,239
NEW HAVEN	MILFORD	06461	1,113	675	431	7	0.863	42.5	27.2	15,874
	COUNTY SUBTOTAL		4,054	2,468	1,562	24	0.414	43.2	27.3	57,113
TOTAL PSA			38,527	22,133	16,066	328	-0.005	54.9	39.8	403,418

Estimated Use Growth Rate*		2.10%					
County	City	Zip Code	Estimated Population 2015	Estimated Non-Hospital OP Volume 2015	Estimated Hospital OP Volume 2015	Estimated 2015 Use Rate Non-Hospital OP Volume 2015	Estimated 2015 Use Rate Hospital OP Volume 2015
PRIMARY SERVICE AREA (PSA)							
FAIRFIELD	BRIDGEPORT	06604	29,191	1,541	1,106	52.8	37.9
FAIRFIELD	BRIDGEPORT	06605	22,919	1,234	890	53.8	38.8
FAIRFIELD	BRIDGEPORT	06606	45,324	2,783	2,036	61.4	44.9
FAIRFIELD	BRIDGEPORT	06607	7,154	378	272	52.8	38.0
FAIRFIELD	BRIDGEPORT	06608	12,762	609	426	47.7	33.4
FAIRFIELD	BRIDGEPORT	06610	22,636	1,350	975	59.7	43.1
FAIRFIELD	EASTON	06612	7,392	477	359	64.6	48.6
FAIRFIELD	FAIRFIELD	06824	33,548	2,086	1,573	62.2	46.9
FAIRFIELD	FAIRFIELD	06825	20,310	1,347	1,009	66.3	49.7
FAIRFIELD	MONROE	06468	19,669	1,226	919	62.3	46.7
FAIRFIELD	SHELTON	06484	40,778	2,735	2,027	67.1	49.7
FAIRFIELD	STRATFORD	06614	30,881	2,134	1,585	69.1	51.3
FAIRFIELD	STRATFORD	06615	17,570	1,115	817	63.4	46.5
FAIRFIELD	TRUMBULL	06611	35,131	2,294	1,724	65.3	49.1
	COUNTY SUBTOTAL		345,265	21,310	15,718	61.7	45.5
NEW HAVEN	MILFORD	06460	41,635	1,967	1,241	47.2	29.8
NEW HAVEN	MILFORD	06461	16,429	759	485	46.2	29.5
	COUNTY SUBTOTAL		58,064	2,726	1,726	47.0	29.7
TOTAL PSA			403,329	24,036	17,443	59.6	43.3

Estimated Use Growth Rate*		4.10%								
County	City	Zip Code	2011 Estimated Total Procedures	2011 Estimated Non-Hospital OP Procedures	2011 Estimated Hospital OP Procedures	2011 Estimated ED Procedures	Avg. Ann. Population Growth Rate	2011 Avg. Ann Non Hosp OP Use Rate per Thous.	2011 Avg. Ann Hosp OP Use Rate per Thous.	2011 Estimated Population
FAIRFIELD	BRIDGEPORT	06604	138	73	62	2	-0.044	2.5	2.1	29,230
FAIRFIELD	BRIDGEPORT	06605	106	57	48	2	-0.277	2.5	2.1	23,111
FAIRFIELD	BRIDGEPORT	06606	268	145	120	4	0.03	3.2	2.6	45,284
FAIRFIELD	BRIDGEPORT	06607	34	18	15	1	-0.657	2.5	2.1	7,297
FAIRFIELD	BRIDGEPORT	06608	51	27	23	1	-0.332	2.1	1.8	12,890
FAIRFIELD	BRIDGEPORT	06610	135	73	60	2	0.031	3.2	2.7	22,615
FAIRFIELD	EASTON	06612	49	26	22	1	0.022	3.5	3.0	7,388
FAIRFIELD	FAIRFIELD	06824	206	112	91	3	0.008	3.3	2.7	33,541
FAIRFIELD	FAIRFIELD	06825	148	81	65	2	-0.149	4.0	3.2	20,402
FAIRFIELD	MONROE	06468	118	64	53	2	-0.102	3.2	2.7	19,730
FAIRFIELD	SHELTON	06484	282	153	125	4	0.303	3.8	3.1	40,410
FAIRFIELD	STRATFORD	06614	254	139	112	3	-0.379	4.5	3.6	31,235
FAIRFIELD	STRATFORD	06615	114	61	51	2	-0.299	3.4	2.9	17,729
FAIRFIELD	TRUMBULL	06611	251	137	111	3	-0.05	3.9	3.2	35,183
	COUNTY SUBTOTAL		2,154	1,166	958	32	-0.075	3.4	2.8	346,045
NEW HAVEN	MILFORD	06460	251	118	129	4	0.239	2.9	3.1	41,338
NEW HAVEN	MILFORD	06461	96	45	49	1	0.863	2.8	3.1	16,011
	COUNTY SUBTOTAL		347	163	178	5	0.414	2.8	3.1	57,349
	TOTAL PSA		2,501	1,329	1,136	37	-0.005	3.3	2.8	403,394

Estimated Use Growth Rate*		4.10%					
County	City	Zip Code	Estimated Population 2015	Estimated Non-Hospital OP Volume 2015	Estimated Hospital OP Volume 2015	Estimated 2015 Use Rate Non-Hospital OP Volume 2015	Estimated 2015 Use Rate Hospital OP Volume 2015
FAIRFIELD	BRIDGEPORT	06604	29,178	86	73	2.93	2.49
FAIRFIELD	BRIDGEPORT	06605	22,856	66	56	2.90	2.44
FAIRFIELD	BRIDGEPORT	06606	45,338	170	141	3.76	3.11
FAIRFIELD	BRIDGEPORT	06607	7,107	21	17	2.90	2.41
FAIRFIELD	BRIDGEPORT	06608	12,720	31	27	2.46	2.10
FAIRFIELD	BRIDGEPORT	06610	22,643	86	71	3.79	3.12
FAIRFIELD	EASTON	06612	7,394	31	26	4.13	3.50
FAIRFIELD	FAIRFIELD	06824	33,551	132	107	3.92	3.19
FAIRFIELD	FAIRFIELD	06825	20,280	95	76	4.66	3.74
FAIRFIELD	MONROE	06468	19,649	75	62	3.81	3.15
FAIRFIELD	SHELTON	06484	40,902	182	149	4.45	3.63
FAIRFIELD	STRATFORD	06614	30,764	161	130	5.23	4.21
FAIRFIELD	STRATFORD	06615	17,518	71	59	4.04	3.38
FAIRFIELD	TRUMBULL	06611	35,113	161	130	4.57	3.71
	COUNTY SUBTOTAL		345,013	1,365	1,122	3.96	3.25
NEW HAVEN	MILFORD	06460	41,734	140	153	3.35	3.66
NEW HAVEN	MILFORD	06461	16,571	55	60	3.30	3.59
	COUNTY SUBTOTAL		58,305	195	213	3.34	3.64
	TOTAL PSA		403,318	1,560	1,334	3.87	3.31

Greer, Leslie

From: Martone, Kim
Sent: Tuesday, November 27, 2012 2:25 PM
To: Lazarus, Steven; Veyberman, Alla; Hansted, Kevin
Cc: Olejarz, Barbara; Greer, Leslie
Subject: FW: 11-19-12 OHCA
Attachments: 1119ohca.doc

Transcript of Bridgeport hearing

Kimberly R. Martone
Director of Operations
Office of Health Care Access
860-418-7029

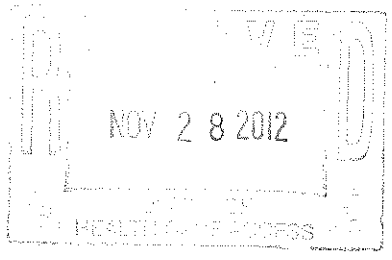
From: nadinec@postreporting.com [mailto:nadinec@postreporting.com]
Sent: Tuesday, November 27, 2012 1:00 PM
To: Martone, Kim
Subject: 11-19-12 OHCA

ORIGINAL

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF HEALTH CARE ACCESS



BRIDGEPORT HOSPITAL

BRIDGEPORT HOSPITAL TO ACQUIRE TWO MRI SCANNERS, ONE PET/CT SCANNER AND FOUR CT SCANNERS CURRENTLY LOCATED IN THE TOWNS OF BRIDGEPORT, FAIRFIELD, STRATFORD AND GUILFORD

DOCKET NO. 12-31766-CON

NOVEMBER 19, 2012

10:00 A.M.

DEPARTMENT OF PUBLIC HEALTH
410 CAPITOL AVENUE
HARTFORD, CONNECTICUT

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

HEARING RE: OFFICE OF HEALTH CARE ACCESS
NOVEMBER 19, 2012

. . .Verbatim proceedings of a hearing before the State of Connecticut, Department of Public Health, Office of Health Care Access, in the matter of Bridgeport Hospital to Acquire Two MRI Scanners, One PET/CT Scanner and Four CT Scanners currently located in the Towns of Bridgeport, Fairfield, Stratford and Guilford, held at the Department of Public Health, 410 Capitol Avenue, Hartford, Connecticut, on November 19, 2012 at 10:00 a.m. . . . .

HEARING OFFICER KEVIN HANSTED: Good morning, everyone. Before we begin, may I ask that everyone please turn off their cell phones or beepers? If you're a doctor and you need it on for emergency purposes, that's fine.

This public hearing before the Office of Health Care Access, identified by Docket No. 12-31766-CON, is being held on November 19, 2012 to consider Bridgeport Hospital's application to acquire two MRI Scanners, one PET/CT Scanner and four CT Scanners currently located in the towns of Bridgeport, Fairfield, Stratford and Guilford.

This public hearing is being held pursuant to Connecticut General Statutes, Section 19a-639a, and will be conducted as a contested case, in accordance with the provisions of Chapter 54 of the Connecticut General Statutes, the Uniform Administrative Procedures Act.

My name is Kevin Hansted, and I've been designated by Commissioner Jewel Mullen of the Department of Public Health to serve as the Hearing Officer for this matter.

The staff members assigned to assist me in this case today are Kimberly Martone, Kaila Riggott, Steven Lazarus and Alla Veyberman. The hearing is being recorded by Post Reporting Services.

Following the hearing, I will issue a proposed final decision, in accordance with Connecticut General Statutes, Section 4-179. In making its decision, OHCA will consider and make written findings concerning the principles and guidelines set forth in Section 19a-639 of the Connecticut General Statutes.

The Applicant, Bridgeport Hospital, has been designated as a party in this action. At this time, I will ask staff to read into the record those documents already appearing in OHCA's Table of the Record.

All documents have been identified in the

Table of Record for reference purposes. Ms. Veyberman?

MS. ALLA VEYBERMAN: Good morning. Alla Veyberman, OHCA staff. I would like to enter into the record Exhibits A through M, and, also, I would like to enter into the record OHCA Exhibits 1 and 2.

HEARING OFFICER HANSTED: Does staff have any other, anything else?

A FEMALE VOICE: If I may, Hearing Officer, we do have some replacement exhibits.

HEARING OFFICER HANSTED: Okay.

A FEMALE VOICE: (Feedback) Patrick Schmincke's testimony, the revised Patrick Schmincke's testimony, revised Table 2A, and a revised Capacity Analysis, Exhibits A and B, to his testimony. Here are five copies.

HEARING OFFICER HANSTED: Thank you.

A FEMALE VOICE: Can we get them marked, please?

HEARING OFFICER HANSTED: Yeah. Sure.

A FEMALE VOICE: We'd like to put them in sets to make it easier.

HEARING OFFICER HANSTED: We'll mark them as Applicant Exhibit 1, will be the revised Table 2A, and Applicant Exhibit 2 will be the revised Capacity Table.

Thank you.

Does the Applicant have any objection to the exhibits that OHCA has presented?

MS. JENNIFER WILLCOX: No objection.

HEARING OFFICER HANSTED: Thank you. We're just going to take a five-minute break. I just want to review these exhibits in correlation to the exhibits that were already presented to OHCA.

MS. WILLCOX: Certainly.

HEARING OFFICER HANSTED: Thank you.

MS. WILLCOX: And, through our testimony, we can explain any further questions.

HEARING OFFICER HANSTED: Certainly. Thank you.

(Off the record)

HEARING OFFICER HANSTED: At this time, I would ask anyone that's going to testify on behalf of the Applicant to please stand and raise their right hand to be sworn in.

(Whereupon, the parties were sworn.)

HEARING OFFICER HANSTED: Thank you. And, to all those individuals that were just sworn in, I would ask that, when you first come up to testify, to please state your name for the first time and, also, to adopt

the written testimony that you presented here.

Please make sure that you have printed your name and affiliation on the sign-up sheets. We have some of those sign-up sheets up here with us today, and, if there isn't one outside, just feel free to stop after the hearing and sign up. Thank you.

At this time, Bridgeport Hospital, you may proceed.

MS. WILLCOX: We have a series of witnesses, and I see from the agenda we have about 20 minutes combined testimony time, so we'll try to get done quicker than that.

HEARING OFFICER HANSTED: Thank you.

MS. WILLCOX: And, then, leave time for questions and try to respond to your questions, and then do our closing remarks. We'll turn it over to Bill Jennings.

MR. WILLIAM JENNINGS: Good morning.

HEARING OFFICER HANSTED: Good morning.

MR. JENNINGS: Good morning, Hearing Officer Hansted and OHCA staff. My name is Bill Jennings, and I'm the President and Chief Executive Officer of Bridgeport Hospital, and I adopt my pre-filed testimony.

HEARING OFFICER HANSTED: Thank you.

MR. JENNINGS: We appreciate the opportunity to appear before you today to tell you about this important proposal for Bridgeport Hospital to expand critical health care services in its service area.

A number of people are here today in support of the application. In particular, Norm Roth to my left, our Chief Operating Officer, will provide you with key background and information on the need for this proposal.

To my right, Dr. Jim Brink, the Chair of the Department of Diagnostic Radiology at Yale School of Medicine, will discuss the many benefits to patients that are expected to result from approval of this application, and Dr. Robert Russo to my left, the owner of Russo Radiology, will describe his continued role and the need for integration for the future of health care.

We also submitted pre-filed testimony by Patrick Schmincke, Bridgeport Hospital's Vice President of Clinical Administration, to my left, which includes a detailed analysis of capacity and utilization in support of our application.

Patrick will adopt his pre-filed testimony and be available for questions. Patrick worked with

Regence Health Care Resources, Incorporated, a national health care consulting firm, in preparing his analysis, this analysis, rather.

Bob Mayer, the Chief Executive Officer of Regence, is also here today in support of our application and will be happy to answer any questions you may have.

This application is of vital importance to Bridgeport Hospital and its patients. It will provide Bridgeport Hospital with the ability to provide community-based imaging services to its patients, a service that, unlike most other hospitals, it does not currently provide.

It will also permit Bridgeport Hospital to provide comprehensive cancer services in the community in affiliation with Yale-New Haven Hospital Smilow Cancer Hospital and with Yale School of Medicine.

Bridgeport Hospital's management and Board have identified these goals as critical to carrying out its strategic plan, and the Board has fully endorsed the Russo Radiology acquisition and the development of our Park Avenue campus.

In addition, OHCA has recognized the need for these services in its prior approvals of the acquisition of the hospital's on-campus MRI and the

development of the Smilow Cancer Hospital, including its planned network of community-based cancer centers.

As is evidenced by our application and pre-filed testimony and as will be shown today, approval of this application will further OHCA's mission to promote accessibility to quality cost-effective care that avoids duplication of services and proves availability and financial stability of health care services in the state.

I'll now turn it over to Norm Roth to provide you with a more comprehensive overview of the proposal, its importance, and the benefits to Bridgeport Hospital and its patients.

HEARING OFFICER HANSTED: Thank you.

MR. NORMAN ROTH: Thank you and good morning. I am Norm Roth, the Executive Vice President and Chief Operating Officer of Bridgeport Hospital, and I adopt my pre-filed testimony.

I'd also like to add that, based on our review of Form 450 data, cited by OHCA in the hearing packet, we have revised the PET CT volumes in Table 2A and our capacity analysis and prepared revised exhibits, which were entered into the record in place of Exhibits A and B that were attached to Patrick Schmincke's

testimony.

It is my understanding that the original PET CT volumes in our table erroneously included FDG supply codes, as well as the number of PET CT scans, which Patrick will be available to answer that in more detail.

Please note that these minor corrections do not materially affect our projections for capacity.

As Bill Jennings indicated, this application is of vital importance to the community served by Bridgeport Hospital in our primary and secondary service areas.

It is also uniquely timed opportunity for Bridgeport Hospital to meet patient needs in the era of health reform and to increase or enhance utilization of existing radiology equipment, without adding additional radiology capacity to the State of Connecticut.

We propose to acquire two CT scanners and one MRI from Russo Radiology, in order to provide continued community-based imaging to patients in the Bridgeport Hospital service area.

These scanners will remain in their current locations in Bridgeport and Stratford, serving their existing patients and providing convenient access

for Bridgeport Hospital's outpatient population, including the two federally-qualified health centers serving the Greater Bridgeport community.

Access to this additional equipment is critical, in light of the current utilization of Bridgeport Hospital's on-campus two CTs and one MRI, which are each at or near capacity and cannot accommodate additional growth.

The hospital's first and only MRI opened to provide service in September 2012. Prior to that, the MRI at Bridgeport Hospital was owned by Advanced Radiology.

We also propose to acquire an MRI, CT and PET CT from Russo Radiology for use at our new Park Avenue campus in Trumbull. Information on the many existing services at this campus is included in my pre-filed testimony and exhibits, and you will notice on my left we have brought a number of boards reflecting the status of the Park Avenue project.

Most exciting about this project is our plan to establish a comprehensive outpatient cancer center at the site as part of Smilow Cancer Hospital and the Yale School of Medicine.

As will be further discussed by Dr. James

Brink, that facility will meet the need of cancer patients for access to high-quality, community-based, comprehensive cancer care, and MR, CT and PET CT services are crucial, in fact, absolutely necessary for such a cancer center.

As to capacity and utilization of our existing scanners, the hospital's existing scanners are being fully and adequately utilized, as shown in the capacity and utilization analysis attached to Patrick Schmincke's testimony.

And, as I mentioned earlier, we are proposing to acquire existing equipment only. We are not adding any new machines or capacity to the State of Connecticut.

We have carefully planned to insure continued access currently served on equipment, which we plan to acquire. Our plans call for phasing out underutilized equipment in Guilford to be replaced by higher-quality MRI that's essential to meet patient needs in the new comprehensive cancer center in Trumbull, where will be put to higher and better use.

Working with Bob Mayer at Regence has insured that our projections are conservative and realistic and are consistent with the historic growth and

with identified national trends.

Existing capacity and utilization clearly support approval of this application, as well as other important goals, in furtherance of OHCA's mission, will be met by approval of this application.

As OHCA has recognized in developing its own statewide plan, a proper analysis of public need, consistent with OHCA's mission, depends on more than just a statistical analysis.

Professional radiology services at each of the sites will be provided in affiliation with Yale School of Medicine, the Department of Diagnostic Radiology, which will help meet the community's need for access to high-quality imaging care and enhanced access to radiologist subspecialists provided by the Yale School of Medicine.

In addition, implementation of the Epic electronic medical record system across the Yale-New Haven health system will promote coordinated care and reduce duplication of services.

The Epic system will provide referring and treating physicians with real-time access to medical records and test results. As such, care will be better coordinated for patients, and duplicative scans and tests

will be reduced.

Bridgeport Hospital currently has no community-based outpatient imaging and very limited outpatient services on our main campus.

Approval of this proposal will enable Bridgeport Hospital to provide a critical community service that other hospitals provide throughout their communities.

These services are also crucial to Bridgeport Hospital's financial future. Health care reform is necessitating consolidation of services across the continuum of care, and more and more patients will be seeking care in their local communities.

As payers move to pay for performance and bundle payments and they focus on outpatient services, the ability to directly provide outpatient imaging and other services in a coordinated and cost-effective manner will be critical to the hospital's continued viability.

In addition, hospitals need to access revenue streams from services, such as outpatient imaging, in order to support other important services, such as the charitable inpatient care, primary care, emergency care and behavior health services, which we provide, that are provided at a loss.

It's also important to note that the provision of these outpatient radiology services by a non-profit hospital insures access for those, who are poor, uninsured, or underinsured.

Bridgeport Hospital's service area has a disproportionate share of patients, who fall into this category. Approval of this proposal will insure them access to community-based care, regardless of their ability to pay, consistent with the hospital's non-profit charitable mission.

We are excited about the opportunity before us and anxious to move forward to insure continued access to critical outpatient services for patients throughout our community.

Thank you, and I will be happy to answer any questions you may have at the conclusion of our presentation.

HEARING OFFICER HANSTED: Thank you.

DR. JAMES BRINK: Good morning. My name is Jim Brink, and I am Professor and Chair of Diagnostic Radiology at Yale University School of Medicine, and I am Chief of Diagnostic Radiology at Yale-New Haven Hospital.

I adopt my pre-filed testimony, and I'm pleased to be here today in support of this important

application.

As indicated in my pre-filed testimony, the availability of high-quality MRI, CT and PET CT imaging services is critical to cancer care and an absolutely essential component of the comprehensive cancer care facility being established by Bridgeport Hospital and Trumbull.

The information obtained from these imaging modalities is essential to the diagnosis, staging and management of cancer, and to assess tumor response to treatment.

For patients undergoing cancer treatment, access to diagnostic radiology services, in close proximity to infusion, radiation therapy, physician offices, and other services, minimizes the number of locations they must visit for all aspects of their care.

Cancer patients often require numerous tests and procedures, and, often, they are immunosuppressed and/or elderly. As such, access to comprehensive care in a convenient, non-hospital-based location is important to insure quality of care, as well as patient satisfaction.

In addition to the benefits of Epic that Mr. Roth just described, Yale Diagnostic Radiology is in

the process of implementing specialized tumor tracking software. This software will greatly facility the care of Smilow cancer patients, who are enrolled in clinical trials, including patients, who are receiving care and network affiliates of Smilow, such as the planned Park Avenue campus.

Yale School of Medicine is also excited by the number of the Russo Radiology professionals, who will join the faculty and affiliate with the school. This affiliation will insure that patients continue to receive high-quality radiology services, and care will also be enhanced through access to Yale School of Medicine's network of radiology specialists.

For these reasons and the reasons described by my colleagues, approval of this application would meet significant patient needs in the community, and I urge OHCA to approve it. Thank you.

DR. ROBERT RUSSO: Good morning. I'm Dr. Bob Russo. I'm a private practicing radiologist in the Greater Bridgeport area. I own Russo Radiology.

I would like to adopt my pre-filed testimony, and, if I can summarize it quickly, it has to do with three major points for us, quality, access to the patient care, and cost-effectiveness.

Our quality is well-known in the State of Connecticut. I've been before the OHCA Board many times in my life, and you've been quite generous helping us practice the quality that we practice.

We are the first private practice full imaging center in the United States that got JCAHO approval for three years. That's a Joint Commission. We've done that three times.

I sit on one of the JCAHO Boards as a reviewer. I sit on the AIM Radiology Management Board. I'm Chairman of the Fairfield County Medical Association, and I sit on the Board of the State Medical Society and CSMSIPA, which is now going to be a federal exchange.

I think it's important for you to realize that we've been in practice in the City of Bridgeport since the 1940s, my father before me and, then, myself. We have provided care to the underprivileged in the City of Bridgeport all that time.

I am the largest provider of private radiology services in the state to Medicaid. It's our privilege to be able to join Bridgeport Hospital, which is the largest provider of Medicaid and underserved in the City of Bridgeport.

Last year, we did about 80,000 exams.

Since 2000, we've done more than a million exams. Access to our services by the community are extremely important. As you know, our community does not move easily into hospital setups. They really are more comfortable in their community.

We do the three federally-funded health care clinics in the City of Bridgeport. Our turnaround time for those patients is an hour. We do not ask if the patient can afford or if they're Medicaid or Medicare before the come to us. They get their appointment first, then we ask them about their insurance.

We do Americares. We also do Planned Parenthood. We started free mammography clinics in Bridgeport years ago, and we are now the largest private provider of mammography in the City of Bridgeport.

One of the reasons we want to do this is cost effectiveness. We're now duplicated to some of the other systems.

Now Bridgeport is a different city. It doesn't have outpatient radiology attached to the hospitals, but, right now, we have central scheduling, they have central scheduling. We have billing systems, they have billing systems.

We are completely all digital. No piece

of paper passes our counter. Once it gets to our counter, we go all digital. For us to be able to match up to Epic, the new database that Yale health plans are coming out with, health care services, it would take us a day and a half to marry up.

Knowing how medicine is run, when somebody sends us a case, we make a diagnosis, and then the doctor make a decision to send the patient to a hospital, or to do something else. Now our images will show up at the hospital.

Right now, today, it shows up on a disc, and we have to give it to the patient that carries it with them. That causes a lot of duplication. All that disappears. And we're serving the same populations. We're exactly matched for this sort of merger between the two things.

I trained at Yale. My son trained at Yale. This is a perfect setup for the residents in the City of Bridgeport. If you go out and look at what's going to happen with Obama Care in the other cities in the State of Connecticut, you'll see that the one that's disadvantaged right now is Bridgeport, because Bridgeport can't deliver the continuum of care that you can deliver in Waterbury, or Stamford, or these other places that

have outpatient imaging, and Obama Care doesn't work in the community without imaging.

You really have to have the ability to integrate all this. We make a diagnosis, and we don't get to talk to the hospital people. Through Epic, we'll add our million cases into the system.

It's a perfect match for the City of Bridgeport, and it's something that myself and my family and the people that have worked with me have been doing since the '40s, so I ask you for the opportunity to join Yale Health Care, Bridgeport Hospital.

Just think about what happens with Dr. Brink's radiology specialists behind us. What we would be able to bring to the table to the underserved of the City of Bridgeport is important.

And I would like to point out the reference letters from our physicians and from the regional planning groups, that this is, I think, a very well-thought-out plan, and it really is going to make a difference for those that we've served for the last, myself, 40 years, and my father more than that. Thank you.

HEARING OFFICER HANSTED: Thank you, all, for your testimony this morning. Oh, I'm sorry.

MR. PATRICK SCHMINCKE: Good morning. My name is Patrick Schmincke. I'm the Vice President of Clinical Administration at Bridgeport Hospital.

I have responsibility for various clinical services, including outpatient imaging services. I adopt my pre-filed testimony, including the replacement Exhibits 1 and 2, which were provided today.

As indicated in my pre-filed testimony, I've worked with Bob Mayer at Regence Health Resources to develop the capacity and utilization analysis appended to my testimony.

Upon receipt of the packet from OHCA on Friday afternoon, I reviewed the utilization numbers submitted to OHCA on Form 450 and compared those numbers to the utilization numbers included in my pre-filed testimony.

I determined that the PET CT volumes reported on Table 2A and our capacity analysis were erroneously included a supply charge, which Norm had referenced, which had affected artificially inflating the PET CT volumes for the hospital from 2009 to 2012.

I have prepared a revised Table 2A and capacity analysis that, once again, we introduced earlier this morning.

My analysis also revealed that the CT volumes for 2009 and 2012 on Table 2A and the capacity analysis were incorrect, due to opposing dates, changes in CPT coding, account consolidation and account write-offs. The revised 2A and capacity analysis that we provided today also corrects this error.

The changes in PET CT volume demonstrates that the current part-time on-campus PET CT has limited capacity, but PET CT is rarely used for inpatients. It is more conveniently offered in the outpatient setting.

As indicated in my testimony, if this transaction is approved, we plan to terminate the contract for our mobile PET CT unit on the hospital campus and move the Russo Radiology PET CT to the hospital's new cancer center at Park Avenue, which will be located in Bridgeport and Trumbull, thereby removing capacity from the state.

I respectfully request you approve this application. I will be happy to answer any questions you may have regarding the revised numbers that I provided to you today. Thank you very much.

HEARING OFFICER HANSTED: Thank you, again, for all of your testimony this morning. Have I missed anyone? At this time, OHCA has some questions.

MS. WILLCOX: If you wouldn't mind, maybe you could direct those to Norm Roth. I think he would be best suited to figure out who -- obviously, if you have specific questions for specific people, please ask, but, if you have any questions, I think Norm will be a traffic cop.

HEARING OFFICER HANSTED: Very good. Thank you.

MR. STEVEN LAZARUS: Good morning. Steven Lazarus. I will refer to a couple of the people's testimony, but I'll leave it up to you to, because know, for example, a lot of the information is in Mr. Jennings' testimony.

On page 208 of the pre-filed testimony of Mr. Jennings, you had stated that the outpatient -- you stated something to the effect that the outpatient or related imaging is projected to increase, and the question is Bridgeport Hospital was recently approved to acquire a new MRI at the hospital, which it did, and it's been in operation now.

Can you please explain the need to acquire two additional MRI scanners, considering you're projecting about a two percent growth for the projections that you submitted?

MR. JENNINGS: Sure. The hospital scanner that you kindly approved this year, is specifically to replace the scanner that was at the hospital filling the needs and the capacity of the inpatient setting.

The application before you anticipates a significant expansion of our primary in-service mix far beyond that just in the acute care setting, and, in fact, it is unusual, as has been mentioned a couple of times already this morning, for an acute care hospital not to have access to community-based outpatient medical imaging centers, so this anticipates an entirely different business model to fill the needs of the patients in the community, regardless of ability to pay, and fulfills the needs for the development of a comprehensive cancer center both in Trumbull and in Bridgeport, far beyond the primary market just of our neighborhood and far beyond the desires or the services of the acute care and emergency setting.

So it's a fundamentally different business model that serves a broader population and anticipates a new, variety of new services that most hospitals in the state and, in fact, the country have enjoyed for decades and have not been enjoyed by the hospitals in Bridgeport.

MR. ROTH: And Patrick can add some of the

specific volume forecasts for the hospital-based MR Unit, as well as the two proposed.

MR. SCHMINCKE: Thank you. Good morning. As you're aware, we took over the MRI service in June. We did renovations for the facilities, and we opened our new facility in the hospital in late September, early October.

Based on those projections, we're doing 57 cases per day right now. We project that we will hit 85 cases per day, which was in our MRI CON, on an annual basis. The numbers you have in the 2012 are the actual numbers and annualized for 2012.

The two percent would be in addition to the projected numbers of the 4,444 that we have projected for the MRI Unit at Bridgeport Hospital. The two percent would be based on what we're going to be hitting at 85 cases per day.

MR. LAZARUS: Just to clarify, the machine, it was actually to replace the previous one, so there's only one machine?

MR. SCHMINCKE: That is correct.

MR. ROTH: Yes. The Stratford machine volume?

MR. SCHMINCKE: The Stratford machine

volume is also at capacity in Dr. Russo's practice at 121 percent. If you look on the utilization table that we have for the Bridgeport Hospital MRI, we're projecting that we'll be at 99 percent capacity on our MRI starting next year, so one of the things we need to do is we have the ability to actually, for our volume to these outpatient areas, that allows that we cannot be doing inpatient. We can have the MRI at the hospital for our inpatient or ED services, compared to the minimal outpatient volume that we have there.

MR. LAZARUS: Just to follow-up on that, I think, on page 208, you had mentioned that the CT MRI scanners at the hospital primarily serves the inpatient and ED volume.

In the application or, actually, the decision that we had referred to and was sent Friday out, the previous one that approved the MRI scanner, in there, you had projected say around between 4,800 and 5,700, 5,500 MRIs, and the majority of those, I think about 3,500 to 4,000, were actually outpatient scans, outpatient cases, so that doesn't seem to sort of, you know, according to what you state in your testimonies, could you explain, because this appears to be opposite.

The majority of the volume appears to be

outpatient.

MR. SCHMINCKE: If I could answer that? The outpatient volumes that we have in there are about 2,000 outpatients for the MRI. We're about 1,400 inpatients and EDs that we're serving now. The other volume, up the 4,444, is an outpatient volume.

We're projecting, based on our -- that we're receiving now for that volume that we will continue to receive that up to the 85 cases per day in outpatients that will be at capacity at the hospital, the MRI at the hospital.

MR. LAZARUS: So are you saying there's a shift between inpatients -- from outpatients toward inpatient, much more scans at the hospital?

MR. SCHMINCKE: There's a trend, again, based on the increase of, you know, we're seeing a three percent increase in inpatient volume. There's a likelihood we'll receive more MRIs, but, from what we're projecting with the numbers, that is an outpatient volume that makes up the difference in those numbers.

MR. LAZARUS: I guess what I'm trying to do is sort of reconcile the inpatients and outpatient utilization with the previous decision that we had rendered only a few months ago.

MR. SCHMINCKE: There are no changes, based on the outpatient projections, from what we were rendered just a few months ago. If you look at the number, the 4,444 that we projected annualized for the first year of operating, we projected in that analysis a two percent growth each year, as well, and those projections still hold true.

MR. LAZARUS: I meant about the inpatient versus the outpatient, the makeup of the volume. I believe there was a majority it was outpatient.

MR. SCHMINCKE: That's correct. The majority is outpatient.

MR. ROTH: Previous outpatients were ARC, though, right?

MR. SCHMINCKE: Thank you, Norm, for clarifying that. So, as Bill stated, the service was previously provided under Advanced Radiology. Those outpatients were provided under that service. We are building our own outpatient volume from the Bridgeport Hospital, so that's where those additional 2,000 outpatient studies are coming from for Bridgeport Hospital.

MR. ROTH: So the previous outpatient volume provided on that machine was part of Advanced

Radiology's practice, not part of Bridgeport Hospital's practice.

And with the Yale-New Haven health system integration and the development of Northeast Medical Group, which is a physician-owned practice, our own physicians are referring outpatients to now the Bridgeport Hospital machine, so the data was previously reported in ARC, so you wouldn't have seen it in the Bridgeport Hospital MRI.

MR. LAZARUS: So the patient population did change, due to the change --

MR. ROTH: Yes.

MR. LAZARUS: Okay.

MR. SCHMINCKE: And we've realized that volume already.

MR. LAZARUS: Okay, now, if the proposed acquisition of scanners is approved, does Bridgeport Hospital expect a shift of the outpatient volume from the main campus to the proposed scanners out in the community, as you referred to?

MR. SCHMINCKE: Our objective, if you look to utilization for our scanners, you can see they are over capacity. One of our objectives, as Dr. Russo mentioned, about having a centralized office by combining

centralized scheduling, we would be able to shift some of our services into the community offices, which we've done in some of our analysis.

The other thing is, from a patient perspective, I'm sure you're aware, patients would rather go to a community-based radiology practice, where parking is free, where they don't have to walk through a facility and get lost, as well as, also, some of our patients, which are immunosuppressed, it's much easier for them to go into a small local practice for their scans, as compared to going into a hospital.

MR. ROTH: Also, excuse me, I'll also add Bridgeport Hospital has about 250,000 outpatient visits on our main campus per year. Previously, those outpatient scans would have been reported as Advanced Radiology.

All those scans are now Bridgeport Hospital scans, so a lot of the patient population will be the same. They're being reported differently, as hospital-owned versus a proprietary-owned machine.

In addition, the Northeast Medical physicians, who practice in and around the Bridgeport Hospital, when they have patients, who come in for outpatient visits and so forth, they'll get their scans

at the hospital, so there may be some movement of patients to the Park Avenue site, but we don't expect that that will be significant, and the Stratford MRI that is currently in place will continue to see the same volume and the same mix of patients that it has today.

MR. SCHMINCKE: If I could add one more thing? If you look at our utilization charts, from the units that are available in 2012, four of the 10 are at capacity.

When we shift to 2013/2014, it then becomes five of the nine. In 2015, with the new Park Avenue campus, it then becomes six of the nine units are at capacity.

That gets back to your question about having a centralized scheduling office. It allows us the flexibility to actually schedule patients, at which one of our units are underutilized at that time.

MR. LAZARUS: Thank you. So the shift from the outpatient, that some of the volume, outpatient volume that does shift out to the community of patients, community MRI scanners, will that produce more capacity of the hospital scanners, alleviate some of the --

MR. SCHMINCKE: No, because if you look at the volume for Dr. Russo, the referrals that we've seen

from letters of support from the physicians that will continue to refer to us, Dr. Russo's MRIs are already at capacity, as well.

MS. VEYBERMAN: Question, please. The original shows that 2012 hospital's MRI volume is 4,444 scans. In your pre-filed testimony, this number was revised to 2,981 scans, and what's the reason for the revision?

MR. SCHMINCKE: The reason for that is we've taken, again, since we did our renovations and we acquired that service from Advanced Radiology, we took our year-to-date actual and we annualized that, because we were only in the new service, because we had to be in a trailer for a few months while we were doing construction, so we annualized the number.

When we were in the new facility, then we annualized that, based on we've moved into the new facility, so we're averaging 57 studies per day, annualize that, it comes out to be 29, a little under 3,000 studies per year, again, based on what we're doing, as Norm referenced, with our NEMG physicians, as well as having some marketing for -- this is a new service for us.

We started to see an upward trend, and

we're projecting that we'll hit the 4,444 number that we projected in our MRI CON. Just what we've done in the projection for the chart sheet, we wanted to make sure we were providing you accurate data on annualized information that we had a vested hand. Did I answer your question?

MS. VEYBERMAN: Yes.

MR. SCHMINCKE: Okay.

MS. VEYBERMAN: On page 245, you provided some explanation for the projection. Can you please elaborate more?

COURT REPORTER: One moment, please.

MR. SCHMINCKE: So the first bullet point there is what I was just referencing with the volumes year-to-date and then annualized regarding the MRI.

The second bullet point there is regarding the PET CT consolidation, so Dr. Russo has a PET CT at Main Street. We presently have a mobile unit at the hospital.

Our intention is to take the unit that Dr. Russo has at Main Street, relocate that unit, combine those services, eliminate the MRI, the mobile MRI that you have at --

MR. ROTH: PET.

MR. SCHMINCKE: Mobile PET. Sorry. Thank you. I apologize. Mobile PET CT that we have at the hospital, which we have part-time two days a week, combine that volume, get better utilization, remove a PET CT from the market, and we'll improve utilization of that machine.

In connection with the Park Avenue projections that I work with Bob Mayer, Bob Mayer and I used a database from Thompson Bruders(phonetic), a 2011 database, comparing non-hospital outpatient scans that were done in 14 zip codes that we identified that have had easy access to Park Avenue.

There's seven different towns. Based on those numbers, we did some conservative numbers, as we do at Bridgeport Hospital, very conservative. We did some projections, based on what anticipated volume that we would see, based on us now having a relationship with Smilow Cancer Center at that location.

We projected 15 percent for CT, 40 percent for PET, and then 20 percent for MRI.

This last bullet point, when we first did our volume projections for our strategic planning and budgeting process, we conservatively estimated that we might see a reduction in visits, because there was a

concern whether switching from an IDT to a hospital whether there would be an increase in co-pay, so we took that into consideration.

After talking to our managed care providers, there will be no such change in the co-pay rates. As such, we've returned the volumes back to our original projections.

HEARING OFFICER HANSTED: Does the co-pay rate really have an impact on the volume seen?

MR. SCHMINCKE: Excuse me?

HEARING OFFICER HANSTED: The co-pay rate, does that really affect how many scans you do per year?

MR. ROTH: It does. We've had experience with other non-CON services, where they have become hospital-based after a full integration, and it does affect volume, either referral traffic or the consumers, based on the dollar amount of their co-pay.

People that are now shifting into higher co-pay plans are beginning to shop, based on price, so we have seen that in some services. What we have also identified through further study that the difference is not significant in outpatient medical imaging and will not affect our volumes.

HEARING OFFICER HANSTED: Okay, thank you.

MS. VEYBERMAN: And your MRI assumption is based on two percent growth, and you have 4,533 scans projected for 2013. How can you achieve such an increase in volume from 2,981 scans?

MR. SCHMINCKE: Again, those projections at 2,900 was based on some people have only been in the new MRI Unit since October.

One of the things I haven't made clear, and I apologize for that, is we were in a trailer for a period of three months, and I'm sure, as you can imagine from an outpatient perspective, not too many patients want to go to a trailer to receive their MRI if they have preference to go to a facility.

So we've seen a dramatic increase in volume when we opened up our new MRI Unit at Bridgeport Hospital, and, based on those trends, again, which we have not done with very aggressive marketing, as of to date, we are working on a marketing plan to achieve that outpatient volume that we've based on the projections, but working with our NEMG physicians, as well as referring physicians, they've assured us they will start referring to that unit.

Based on that, we're very confident that we will hit 85 studies per year, 85 studies per day,

which equal the 44,000 studies a year, and the two percent projection is based above that 4,444.

MS. VEYBERMAN: And did you have a decrease in volume when you had to move?

MR. SCHMINCKE: When we did the switchover, we did see a decrease in volume. And, again, as Norman referenced, those patients were handled and scheduled by Advanced Radiology, so, from that standpoint, they have a centralized scheduling office, which now we're scheduling these patients, so we did not have the ability to tell those patients during our renovations and our plans to continue to come to us.

So, again, that's the reason why the 29. That's based on actual data that we had, and we annualized that data.

MR. ROTH: I would also just like to add, for June, July, August and most of September, when we operated with a trailer MRI unit, access is difficult, and, since we primarily needed it to assure that our inpatients and emergency department patients would have access to MRI services, you have to understand, physically, it is quite a difficult process to move an inpatient down through the corridor, outside on a stretcher, and then the trailers are very narrow, and

they're really not conducive, you know, for inpatients, however, we needed to do that, but it took significantly more time to run an MR scan on an inpatient or an emergency department patient than it does in a center that now has an open room.

Our new machine is a higher quality, so, you know, that also improves the image quality, and Jim can speak to image quality, in terms of improving diagnostic capability.

MS. VEYBERMAN: Thank you.

MR. LAZARUS: The scanners, the proposed scanners, are they going to be part of the hospital's Radiology Department after the proposed acquisition?

MR. JENNINGS: Yes.

MR. LAZARUS: Okay and of those, if approved, will the hospital be billing for the proposed scanners?

MR. JENNINGS: Yes.

MR. ROTH: Yes, we will.

MR. LAZARUS: Now I know you made a statement in your pre-filed testimony that, often, the outpatient setting scanners usually cost lower than the inpatient setting, so how does that equate to that? If it's being billed by a hospital, I mean, there's no

different charges. It's going to be the same charge, say whether the scan is being done at the hospital, or if the hospital has a scanner that's offsite.

MR. JENNINGS: It actually gets back to the same conversation we were just having a second ago, that that was what we had anticipated in the original iteration, and had anticipated a 20 percent possible reduction in volume, and have since found out that there is not a significant difference from our managed care team and don't anticipate any elasticity in demand, because of it.

MR. LAZARUS: I'm referring most to the charge, if the charge for the MRI is going to be the same charge as the outpatient rate offsite as the one at the hospital?

MR. JENNINGS: Yes.

MR. ROTH: By law, we have to charge the same for provider-based services, so our outpatient rates posted for all of our diagnostic services for outpatients on the main campus or any other provider-based location will be the same.

MR. LAZARUS: And, currently, the MRIs are being, say, for example, the MRIs are being operated by Russo Radiology. Presumably, because they're being in

the outpatient setting, they tend to have a lower charge than the hospital?

MR. JENNINGS: So that goes back to my prior testimony from the same question about the shift from provider-based to private practice, where we had originally assumed that that would be a significant differentiation, based on the setting, and we have since found out it has not.

MR. LAZARUS: Okay. You had alluded in your testimony that Bridgeport Hospital, along with Yale community health systems, is preparing for the upcoming needs and services in the community, especially for outpatient radiology services.

Has Bridgeport Hospital performed some sort of a study to see the continuous services that it needs out in the community, specifically for radiology services?

MR. JENNINGS: What we're anticipating is the transformation of reimbursement nationally, not just in Bridgeport and Fairfield County and in Connecticut, but, nationally, a transformation to greater risk being shifted to the providers collaboratively for physicians and the hospitals to take care of populations of patients, rather than just one patient at a time, so this

plan anticipates Yale-New Haven health system and Bridgeport Hospital, in particular, to be able to have the full continuum services inpatient, acute medical office, physicians, clinics, emergencies, outpatient medical imaging to take care of a population of patients at a time, not just one patient at a time.

MR. LAZARUS: And is there a study that your hospital system has conducted to base that assumption on?

MR. JENNINGS: Yes, there is. I presented in my original testimony that this had the full support of the Board. That Board support was predicated on a year's worth of study on demographics, use rates in the state and in our community, not the least of which was medical imaging volumes.

MR. SCHMINCKE: If I can also add to that? Our two percent volume projections that we've used, that formula we obtained from the Advisory Board, which is a nationally-recognized leader in forecasting health care trends.

That formula is based on historical growth rate, population changes, as well as modality use changes annually, so we've taken that into consideration when we've projected our utilization for these machines.

MR. ROTH: I'd also like to add that the majority of the patients at the two federally-qualified health plans in Bridgeport receive their inpatient care at Bridgeport Hospital, and their outpatient imaging is largely performed by Russo Radiology, so it doesn't show up in our data today, but with the integration with Russo Radiology, those same patients, who become our inpatients, will also be our outpatients receiving outpatient imaging.

MR. LAZARUS: Just going back to the two percent that you had mentioned, based on the Advisory Board, is that at the national level, or is that like the Bridgeport area?

MR. SCHMINCKE: That was a national. Working with Bob Mayer, Bob Mayer confirmed we have our analysis that it was also done on the local level for the Bridgeport Hospital, our primary and secondary service areas, so we reviewed that, as well.

Again, we were very conservative in our numbers. If you look at some of those projections for PET CT, it's much higher, at 4.1 percent, and we continue to go with the two percent volume estimates.

MR. ROTH: Other elements of the Health Reform Act is a requirement that there be a community

health needs assessment, and Bridgeport Hospital, along with many of the health providers in the Greater Bridgeport community, are currently participating in developing a community-wide health needs assessment, so some of the data you are seeking will be a result of that study and part of the nationwide program.

MR. LAZARUS: Was any of the stuff that you collected as part of that study was that utilized in here?

MR. ROTH: We're utilizing the data that currently exists with Russo Radiology with the outpatient treatment there, and it was not included, any of that information was not included in this CON application.

MR. LAZARUS: And when do you anticipate that community needs assessment to be completed?

MR. ROTH: Spring.

MR. LAZARUS: Spring of 2013.

MR. JENNINGS: So one afterthought, Mr. Lazarus. The planning that was conducted with the Board of Trustees did include, and the assessment that they informed the Board plan, which had led to this on this application, did include a significant amount of community patient -- what am I trying to say? Market analysis, and the market analysis also showed very

clearly that patients wanted access to convenient, accessible locations closer to their homes, and, in addition, wanted access to that care in collaboration with Smilow Cancer Hospital and the Yale School of Medicine, so, really, this application triangulates information that we got directly from the consumer.

MR. LAZARUS: Now the market analysis, that also had specifically parts that had related to radiology services?

MR. JENNINGS: Yes.

MR. LAZARUS: Would you be able to provide OHCA with, say, that portion of the market analysis?

MR. JENNINGS: It was research conducted by the National Resource Corporation, which, yes, we can supply.

HEARING OFFICER HANSTED: Okay and I'll order that be submitted as a late file, please.

MS. WILLCOX: We can probably get that today.

HEARING OFFICER HANSTED: By the end of the week is fine. Thank you.

MR. LAZARUS: So the market analysis, and, specifically, you'll provide us with a portion of the radiology?

MR. JENNINGS: It's a Consumer Market Research questionnaire.

MR. LAZARUS: Okay.

MR. JENNINGS: It's a trend graph. It's essentially going to be a trend graph about medical imaging services.

MR. LAZARUS: By the end of the week?

MR. JENNINGS: By the end of this week.

MS. WILLCOX: And just to note, in our CON application, we did include the relevant portion of the hospital strategic plan.

MR. LAZARUS: We'll label that Applicant Late File 1.

One of the statements you had made earlier and, also, in your testimony had to do with the proposed scanners will insure underserved population in local communities to be continually served, considering there were a couple of FQHC and Americares patient population mixed in there.

Now since these existing scanners are existing scanners, will that not continue, regardless of this proposal, whether it's approved or not?

MR. JENNINGS: Could you repeat the question, please?

MR. LAZARUS: Yeah. You had alluded to in your testimony and even today you've mentioned earlier that these scanners are providing services to the underinsured. That includes the patients from the FQHC and, also, the Americares.

MR. JENNINGS: Yes.

MR. LAZARUS: And, the majority, Russo Radiology provides a lot of that service right now. Considering these are existing scanners, regardless of this proposal, would that continue? That would still continue, though, right?

DR. RUSSO: Again, Dr. Russo. Our problem is there's going to come a time -- I should remind you we are the only radiology outpatient service left in the City of Bridgeport. Everybody else has left for the suburbs.

That problem, without making it sound -- we subsidize our Bridgeport offices. We have since 1998. I had to put money to keep those offices alive. There's two more fee cuts coming, one from CMS, and another one coming from Medicaid.

The answer is my family would never stop serving that population. It's just the ability to serve that population that's getting tougher and tougher, and,

when you get to a health system, they have tremendous cost savings that we don't have. They can buy what we can't buy and 60 percent of what we buy.

I can't duplicate everything and stay forever in business in Bridgeport, without partnerships that allow us to take advantage of volume, computer Epic systems and stuff like that.

For us to have the ability to duplicate the Epic system in our practice, it costs us over a million dollars. Could I do that and still provide Americares, Planned Parenthood and Medicaid and uninsured people in Bridgeport? I'd like to, but I don't know how long we would survive doing it.

We desperately need partners that serve the same population. We're duplicating the services for the same patient.

I think Norm pointed it out. I do a patient, then that patient winds up at Bridgeport Hospital. We are together, although we're not financially together, and we're spending tremendous amounts of money to duplicate services, which we really don't need to do that.

So, yes, we'll do it as long as we can, but it won't be forever.

MR. ROTH: Part of the integration will be the use of the same Picture Archiving Communication system, the PAC system. All the Russo Radiology sites will be on the same system as Bridgeport Hospital, Yale-New Haven Hospital, Yale School of Medicine, so all the images will be able to be viewed online through the medical record.

We will all be on the Epic system, which I mentioned earlier, so all the patient records, all the data, all the results will all be available across the entire system, so, you know, if an outpatient from one of the federally-qualified plans has a test today, we can't see that test, unless there's a specific printing of the CD, the submission of it, and, occasionally, you know, tests will be duplicated.

All that will be eliminated, so we'll be able to continue to provide service to all of our Bridgeport patients, largely because we're going to take advantage of the significant buying power of the Yale-New Haven health system and be able to eliminate a lot of duplication.

DR. RUSSO: I think it's important for you to understand one of the biggest reasons, if not the biggest reason, we've asked to partner is the underserved

in the City of Bridgeport. We'd like to do it, we do a very good job, and you can see it by the reference letters from the health clinics and Americares and those people.

This is magic for Bridgeport, to be able to access Yale, the Smilow Cancer Center, Bridgeport Hospital, Dr. Brink. I mean you have to think of the quality of what's coming to that population in the city. It's very important for the medical care in our town, not this town, our town.

MR. LAZARUS: What's the percentage of your mix made up of that population, specific population, roughly?

DR. RUSSO: Well you have to -- the mix that I call underserved is Medicaid, uninsured, underinsured and illegal aliens, and there is, if you add all those numbers together and you look at, say, our Bridgeport office, it's 40 percent, and it changes if you do what everybody else did, which is move to the suburbs, in the suburbs of Fairfield or Stratford.

I think, in Stratford, it's 12 percent, and, in Fairfield, it's less. The population at risk is the City of Bridgeport.

MR. LAZARUS: Okay, thank you. Three of

the 12 scans are proposed for relocation if this proposal goes through. The MRI and CT scanners in Guilford, did they receive CON authorization at Russo Radiology?

DR. RUSSO: They're under Madison Radiology. Yes, I believe he has. He was the first in Guilford.

MR. LAZARUS: And the MRI and the CT, they're also the ones that are not achieving the volumes? They're on the lower side?

DR. RUSSO: That's correct.

MR. SCHMINCKE: That's correct.

MR. LAZARUS: Do you know the reason for that, why they're not achieving the volumes?

DR. RUSSO: Which scanner, the one in Guilford?

MR. LAZARUS: Yeah, the Guilford.

DR. RUSSO: Well, like I said, the Guilford unit was the first in Guilford. There are now two additional units in Guilford and one in Branford, so the market that Madison Radiology basically had is now going to force providers.

That's made all, but the Yale unit, not at full capacity.

MR. ROTH: Yale-New Haven health operates

an MRI at the Shoreline Medical Center in Guilford.

DR. RUSSO: This plan repairs that problem in Guilford, as well. It takes one out like the hospital. The hospital gives up the mobile PET CT.

MR. LAZARUS: Taken out of the Guilford market?

DR. RUSSO: Yeah.

MR. LAZARUS: Now the scanners, since they went to the CON process, they established a need for that area, so the patient or whatever patient that would be left over there, they would have access to those other existing scanners, so their need would still be met?

DR. RUSSO: It's the same health care system.

MR. LAZARUS: Could you provide a little more -- I know you brought some charts. Could you talk a little about the Bridgeport Hospital Park Avenue campus and give a little more background, as far as establishment of some of the services related to that?

MR. ROTH: Yes, I'll be happy to. The Park Avenue site will be a 120,000-square-foot medical office building, in which we will locate our cancer center currently and previously approved by the Office of Health Care Access, and maybe pointing to the diagram

helps a little bit.

There's an existing medical office building on the site. The medical office building is here, largely private physician practices. A lot of Northeast Medical Group practices are on this site.

This is the Radiation Oncology Center, which OHCA previously approved, and Bridgeport Hospital operates a linear accelerator there and a CT simulator, and it's actually because of a significant volume increase we'll be placing a second linear accelerator, also approved on this campus.

We expect to operate that in April. Actually, I thought about this in Trumbull. In order to do the project, there's a 518-car parking garage. The parking garage is located in Bridgeport, Connecticut.

This happens to be the dividing line between Bridgeport and Trumbull, so we are seeking approval in two towns for this project.

So this is the building that we are talking about, and what we're going to do is integrate the existing outpatient building and the radiation oncology building and create a single campus.

This is all owned by a third party, so Bridgeport Hospital will be master leasing this property.

The entire first floor of this building will integrate with the radiation oncology buildings. We will have 24 infusion stations in that building. There will be six medical oncologists, who will be part of Smilow Cancer Hospital on the faculty providing that service, a full service pharmacy to support chemotherapy, and a full service laboratory to meet the immediate needs of oncology patients.

The Radiation Oncology Center currently is already managed by the Yale Department of Therapeutic Radiology. The physicians on this site are full-time faculty members of the Yale School of Medicine, so the entire first level will all be cancer-related services.

Significant expansion, the Oncology Associates of Bridgeport practice, who will be integrating with Smilow, currently have a smaller number of oncology infusion bays. We'll be increasing it from 12 to 24. We'll continue to operate the five chairs that we have at Bridgeport Hospital. This will be a fully-integrated oncology center.

On the first level, the ground level, so we're going lower level, the garden level, the first level will have all of our diagnostic imaging services and the Norma Pfriem Breast Center.

Obviously, breast center oncology care needs to be integrated with a comprehensive cancer center, so it will also contain those services.

And in planning for the radiology facility, we are well down the track in designing the building. Obviously planning for MRI, CT and PET CT is a critical component in overall building planning and future construction, so that's why all this is included in the Certificate of Need with acquiring Russo Radiology, so we can complete the planning for the proposed building and move forward.

The third level will have GI suites and relocated Bridgeport Hospital ambulatory surgery suites, so all those physicians, largely the oncologists, the breast surgeons, who performed a significant number of outpatient surgical care for cancer patients, will all be able to do it on that site.

So our two breast surgeons will do all of their surgery, all their outpatient surgery on this site. All the GI diagnostic work will be done on this site, you know, on that third level, and, then, supporting a very significant cancer practice, all the services associated with radiology, MR, CT, PET CT, mammography, you know, radiology for ultrasound, those will all be components of

a comprehensive radiology service to support this building.

We are well down the track on this building. In fact, I suspect by Wednesday we will have all the final approvals through the Planning and Zoning Commissions of both Bridgeport and Trumbull. We have a meeting tonight and a meeting tomorrow, and those will be the final voting on all the applications.

Information thus far is quite favorable, so this building is about ready to go. So it is a real building. We have a budget. We've selected architects, engineers. We've recently hired a pre-construction management contractor, Gilbane Construction, to help support the developer in the creation of this building.

If approved, you know, through the Office of Health Care Access, we'll finalize the planning for the MR, the CT and the PET, which will all be located on that first level here, and then we'll be able to move forward with the construction.

MR. LAZARUS: Thank you.

MS. WILLCOX: He's quite excited.

HEARING OFFICER HANSTED: You mentioned a master lease.

MR. ROTH: Yes.

HEARING OFFICER HANSTED: Is that already in existence?

MR. ROTH: It is not. We are, you know, in the process of negotiating that lease.

HEARING OFFICER HANSTED: Okay.

MR. ROTH: We have oral agreements, but we're now committing it all to writing.

HEARING OFFICER HANSTED: Has there been any discussion, as to the length of that master lease?

MR. ROTH: We are talking 25 to 30 years.

HEARING OFFICER HANSTED: Okay. Thank you.

MR. LAZARUS: What was the decision behind choosing to acquire a PET CT scanner versus moving the one at Bridgeport Hospital to this location?

MR. ROTH: Well the PET CT currently at Bridgeport Hospital is a mobile unit on contract with Alliance Imaging?

MR. SCHMINCKE: That's correct.

MR. ROTH: So it comes to Bridgeport in a trailer two days per week, so we have a Certificate of Need authorization for that mobile PET. This will enable us to have a stationary PET CT located on our campus.

Initially, our plan is to move it onto the

Bridgeport Hospital campus virtually immediately, and then, when the cancer center opens, which is scheduled to be in the spring of 2015, we will relocate the PET from the Bridgeport Hospital campus to the Park Avenue campus.

As you know, PET CT largely is an outpatient service, and I would say overwhelming an outpatient service, and cancer patients require, you know, a PET CT and then follow-up PET CT to monitor the status of their cancer.

MR. LAZARUS: Now all the proposed equipment that's part of this proposal, they're all ACR accredited for quality?

MR. SCHMINCKE: Yes, they are.

MR. ROTH: They are all ACR accredited.

MR. LAZARUS: And other than the MRI, do you have plans to replace any other? I believe you upgraded your MRI after you acquired it.

MR. SCHMINCKE: We have plans to upgrade the MRI, the -- and a CT unit, as well.

MR. LAZARUS: And the PET CT will remain the same?

MR. SCHMINCKE: The PET CT we propose doing a minor upgrade, as well. That was in the original packet.

MR. LAZARUS: But the equipment, itself, will stay?

MR. SCHMINCKE: The equipment, itself, will stay.

MR. LAZARUS: And the Epic record, medical record system, that's going into the Bridgeport Hospital. That's being implemented next year?

MR. ROTH: September 20, 2013. Not that I know the date. It is currently already implemented at our Greenwich Hospital facility. Epic will be going live at the Yale-New Haven Hospital on February 1st. It will be going live on the St. Raphael's campus of Yale-New Haven Hospital in June, and then on September 20th in Bridgeport.

And simultaneous with the implementation in each of the sites, the remaining medical staff, who are not on Epic, will then go on Epic, as well, so many of the Northeast Medical Group physicians, who practice in their Bridgeport marketplace, will also be on the Epic system effective on that September date.

MR. LAZARUS: Okay, thank you.

MS. VEYBERMAN: In your pre-filed testimony, as well as today, you mentioned that your Bridgeport Hospital existing MRI and CT scanners are near

capacity. Have you considered extending the hours or days?

MR. SCHMINCKE: Well, if you look at the one spreadsheet for utilization, thank you, Jennifer, the CT and the ED is already at 24 hours, 24/7. The one CT in our upstairs, we're already running it eight hours, and there are plenty of times, when we're reaching overcapacity. It's because we're having staff stay late to accomplish that, as well.

And I'm sure you can imagine patients don't want to necessarily come for an outpatient CT at 10:00 or 11:00 at night, when they can go to an outpatient radiology practice in their community, again, to get one during the daytime.

MR. ROTH: And our MRI --

MR. SCHMINCKE: Our MRI right now is based on --

MR. ROTH: Sixteen hours, with on-call.

MR. SCHMINCKE: Sixteen hours, with on-call coverage, as well.

MS. VEYBERMAN: Well the ED scanner, on one of your charts it says that your ED scanner runs 24 hours, five days a week. Well your capacity calculated based on five days.

MR. SCHMINCKE: Are you correct. That is an error on our part.

MR. ROTH: It is available (multiple conversations).

MR. SCHMINCKE: Yes, you are correct.

MS. VEYBERMAN: And the PET scanner is available only two half days a week, and have you considered anything to do about schedule to extend hours, days?

MR. SCHMINCKE: We've had discussions with our physicians, and I'm sure you can imagine, from a patient perspective, where there's an advantage with having a fixed system, we talked about moving it. Norm mentioned it moving to the hospital.

There's a restriction of us to bring the mobile PET in, that if we don't have studies for that day, we can't say, well, we'll build it and they will come kind of philosophy, so we've been using it two four-hour days a week, based on physicians' preference on referring us patients, but they will tell us that unless we're going to have it there five days a week available, that we're not going to get all their patients.

And, again, it's very difficult, even with the four hours a day that it's there, in trying to match

a schedule, because I'm sure you can imagine trying to schedule a PET CT if you had to go for one yourself. You've got to pick one available slot that we have twice a week, and if the time doesn't work for you, you're going to go to one of the other providers in the area.

That's what a lot of our patients elect to do, so it's one of those situations, where, if we build it, we can't just assume that they will come to us, then we'll have an unutilized machine, and it will just make the service completely unprofitable for us to run.

MS. VEYBERMAN: So if you bring it there, that scanner, probably your volume will be on the low side in the beginning?

MR. SCHMINCKE: If you look at the projections, what we've done, we're talking about moving the scanner over, we're talking about bringing over Dr. Russo's referrals, as well, you know, we're still projecting the utilization, where we're going to determine whether it's going to be running three or four days a week to maximize that.

Again, we'll have the ability to do what we don't do now, which is select how many days a week, since we'll have a fixed unit, based on patient preference, because, again, we can't do that at this

time.

MS. VEYBERMAN: Okay. Also, original application shows the volume located in Stratford was 1,768 units, and, in your pre-filed testimony, this number was revised to 3,862 units.

And the explanation for that 2012 scan volume adjusted to reflect the cases, and why were these cases not counted before?

DR. RUSSO: Dr. Russo, again. The Russo Radiology runs two MRIs, one in Fairfield and one in Stratford. The Fairfield unit is a 3T magnet, and the Stratford unit is a 1-5.

We, when the Stratford unit filled up and the newer 3T magnet in Fairfield came online, we closed the second shift in Stratford and moved it to Fairfield. That population, though, matches up with the Bridgeport market share to Stratford.

Those people will go back to Stratford. They no longer will go to Fairfield, so we revised the number in this merger where those patients will go. Now we do that by central scheduling. We can schedule the patients where they want to go, but we are moving the second shift.

We had trouble with the second shift in

Stratford, because the neighborhood isn't that good, and people, when it's dark, don't like traveling and don't come. Fairfield is near a much busier shopping area. They moved to there.

Also the bus route to get to Fairfield is better than the bus route to get to Stratford, so we moved the second shift, but that second shift comes from a referral pattern that's out in Stratford, that Stratford community.

It will go home, basically, and that, again, overloads the Stratford system, but, on a central scheduling idea, we'll be able to work with the hospital and then ultimately with Park Avenue to share those loads.

MR. ROTH: And the Fairfield MRI that Dr. Russo referenced is not part of this transaction. It's specifically excluded.

COURT REPORTER: One moment, please.

MS. VEYBERMAN: And, also, on page 259, the volume for Russo Radiology CT scanner, located in the same location, was decreased due to urologists who had their own scanner. Can you please just elaborate a little bit more?

DR. RUSSO: Sure. The workload hasn't

changed. In order for us to match up when the databases were being done, you have to pick a database that's going to tell you where the patients are coming from. They use their billing system. We sometimes use the scheduled appointment system, or we use what's called RVU, Relative Unit Values, for the degree of work.

The RVU system hasn't changed. What has changed, in 2006, the DRA came out, and, by 2008, CMS, the Medicare carrier, started bundling our codes, so if you look at our CT volume, let's say it's 40 percent, CT of the abdomen and pelvis, in '08 and '09, those were two separate codes, because one was abdomen and one was pelvis, separately reported.

In '09 going to '10, CMS combined that to one code, so, if you count by looking at the billing system, if you had 1,000 scans, 400 of them would have been abdomen and pelvis, and they were billed separately. Now it's only 200, because it's a single code.

And, of course, whatever CMS adopts over time everybody else adopts, so you'll no change in the RVU values, but you do see change in the decrease of the bundled codes.

So if you look, particularly, in Stratford, where the unit does a lot of GI work and

urology work, the urologist did purchase their own CAT scanner, but the bulk of the work decreased, only because of the change in the code.

There's some effect of that in Fairfield, where in the building is the other urology group, which does not have a scanner, and the GI group is there, and, again, therefore, there's a greater proportion of body imaging done by us, where a hospital does more heads than we do. We do more body. It's just the nature of the urgency of the exam. We don't do acute. Most people know to go to the hospital.

So some of those volume changes are a reporting method, but, if you look back to our workload, which means how many patients we did, there's some drop, and there is a national drop in CT.

I work for AIM, which is a radiology management company, and they're better. The American College of Radiology has come out with decision-making trees that are much better than they were six or seven years ago.

You'll see some drop, but, statistically, it's not a big drop for us. That's the change in the numbers.

MS. MARTONE: Good morning, almost

afternoon. I just had one question. If you could just identify, you know, in the pre-filed testimony, it's been stated pretty clearly now that the proposed acquisition of all seven pieces of equipment satisfies a critical need for the hospital's patients, and it's not merely a shift to control existing services, so could you provide any additional testimony that has not been given today, in terms of the critical need for Bridgeport Hospital patients for all seven pieces of equipment?

MS. WILLCOX: If you could just give us a moment?

MS. MARTONE: Sure. For all six.

MR. SCHMINCKE: I'll go ahead and begin the response. Again, going back to the strategic plan to offer a broader base of higher quality services closer to home, without our patients in our primary and secondary market having to travel to New Haven or to New York for the highest quality services possible, this acquisition and integration is informed by the need of our community, broader than that of just Bridgeport Hospital, but they'll be owned by Bridgeport Hospital, so it is a differentiation strategy, and it is also a diversification in the community, which is leading to this.

So it's, first of all, differentiation, because it's not a service that we already have. It's diversification of different geographies, and it also clearly contemplates the changing health care reimbursement market that is going to require us to be able to take care of populations of patients at a time, not just individual neighborhoods at a time.

MR. ROTH: I'd also like to add that the two CT scanners and one MRI at Bridgeport Hospital are today at or near capacity and will be at capacity in the very near future, so in order for us to continue to meet the demands of our patients on an outpatient setting, we are going to need to have access to the same technology on an outpatient basis.

So the acquisition of these six units, which we've outlined, three will remain in their current location serving the current health needs of the community, and then three in the Park Avenue will give us enough capacity to be able to continue to meet the needs for Bridgeport Hospital and its patients while simultaneously developing an outpatient radiology program, which will help generate some of the resources necessary to continue to support those services at the hospital that operate at a financial loss.

As we embark further down the track in health reform, as Mr. Jennings mentioned earlier, having population management requires a different level of coordinated care.

To only have two CTs and one MR on an inpatient campus at 267 Grand Street in Bridgeport will not permit us to really develop that coordinated care with the outpatient services.

As you've seen in the testimony, the majority of the current equipment is at or approaching capacity, so the total combination of I guess what will be nine units, seven of the nine will be at or at capacity by 2015, when the Park Avenue building opens.

So, in order to serve, you know, all of those outpatients, all of those oncology patients, who are currently not receiving their care at Bridgeport Hospital, all of this equipment is necessary.

MR. JENNINGS: I think it's worth repeating. Dr. Russo has mentioned a couple of times that the legacy of Russo Radiology is to insure access in Bridgeport to the portals of access in medical imaging that the entire community has been accustomed to for 80 years.

This insures that by virtue of the mission

of Bridgeport Hospital. That's not an insignificant matter.

DR. RUSSO: Dr. Russo here. I think it is important to point out, despite the rumor, I'm not going to live forever. There has to be a transition. We did 80,000 examinations. That's got to be taken care of as the milieu of our world changes.

We need, if Obama Care and some of the other concepts of integrated health care, continuum of care, our system needs to integrate with bigger systems. We need to be able to do population. We need screenings. We need that ability, plus we have what they need, and we have strategically planned together to do that.

We have the 64-slice CT, we have the state-of-the-art ultrasound systems, and everything that's necessary for Bridgeport Hospital to do outpatient radiology in our hometown is there, so why duplicate everything? Why make them go out and try to buy everything that we have, when we're looking for partners and serves our population?

If I leave Bridgeport, there's going to be a hole. If they leave Bridgeport, there would be a hole. Together, we make Bridgeport an attractive place for ACOs and things like that.

MR. SCHMINCKE: If I could add to that? We talked about earlier that the PET CT that we'll be acquiring in the Russo Radiology will replace the mobile PET CT at the hospital.

The Guilford MRI is a cost-effective method for us to acquire and to provide MRI services at Park Avenue. Allowing us to acquire that unit now will allow us to receive two years of net revenue for that unit, which basically equates to 1.3 million dollars.

Couple that with Yale-New Haven health system purchasing power, negotiating a good trade-in value, that makes a nice down payment on a new 3T that we'll need for Park Avenue.

The other thing to mention is the Stratford MR we could use as a backup for our hospital MRI Unit. As we learned with recent storms, Hurricane Sandy, Hurricane, Super Storm Irene, you know, making sure that we have availability of backup services for our MRI Unit is important.

And, as Norm mentioned, the other two CT units that will remain in their present locations, you know, our goal is to use that centralized scheduling that we can actually refer volume or shift volume, if necessary, from the overcapacity CT scanners that we have

at the hospital to those outpatient locations.

HEARING OFFICER HANSTED: Do Dr. Russo's facilities have backup generators?

DR. RUSSO: Some do, some don't.

MR. SCHMINCKE: The other thing to note is, as we've learned through this last hurricane, as well, depending on the feeds, I'm sure we're all aware in Connecticut, depending on the feeds from your local utility company, you may have one electrical feed to one area, you may not have it to a different town, so, from that standpoint, it just gives us a little diversity from having a standpoint of us having all our MRI services at the hospital.

If we were to lose that, since it's not on emergency power, Stratford, the likelihood of Stratford being up is much better than the likelihood of Stratford being down, as well.

HEARING OFFICER HANSTED: Dr. Russo, which one of your or which of your facilities have the backup generators?

DR. RUSSO: Well there's two types of backup generators. For an MR, there's a backup generator that saves the unit from crunching or crashing.

MR. ROTH: The cooling system.

DR. RUSSO: The cooling system. It's built on helium. If it warms at all, it crunches, and you lose the magnet for three to five weeks, so we have backup generators to save that.

We don't have the backup generator to run an MR, and to keep the cooling system is about 140,000 a year, and, then, you would be backing it up when almost nobody -- in the last storm, nobody could access the unit anyway, because the streets were gone, so we have the ability in the MRs to save the MR from a crunch. We don't have the ability to run the MR. It's prohibitively costly, and it's not built into the cost model.

The CAT scanners, again, it takes a tremendous amount of power. I believe the 64-slice CAT scanner at Commerce Park needs $75,000 worth of generator. It has, again, a generator that keeps its computer running, and we have generators for our database.

We don't have generators that have enough power to run x-ray equipment. Maybe some ultrasound. Again, you couldn't afford to run that many generators.

HEARING OFFICER HANSTED: Thank you.

DR. RUSSO: Yup.

HEARING OFFICER HANSTED: Any other

questions? Anything? Are there any other persons in the room today, who would like to speak on behalf of the Applicant or any members of the public that would like to speak today?

Okay, well, let the record reflect that there are none. Do we have any other housekeeping matters?

MR. LAZARUS: No. Just one late file.

HEARING OFFICER HANSTED: Right.

MR. LAZARUS: And that will be due 11/27. I'm sorry. 11/23. That's the market share analysis.

MS. WILLCOX: If I could give a brief closing?

HEARING OFFICER HANSTED: Absolutely.

MR. JENNINGS: It's not market share analysis. It's consumer market research, not market share.

MS. WILLCOX: Okay. Hearing Officer Hansted and members of the OHCA staff, thank you very much for this opportunity to appear here today and to connect and, in some cases, correct the dots on our application about the vital importance of this project for Bridgeport Hospital.

As you've heard, it's critically important

to the hospital and its patients, because it's about provider integration in the service area that brings efficient delivery of high-quality of care, so we really appreciate the attention, the careful questioning of the witnesses, and the thoroughness with which you've reviewed this application.

Legally, the undisputed record evidence supports approval of this CON application, given the statutory factors that OHCA must consider in reviewing CON applications of this nature.

As you know and as you referenced at the beginning, 19a-639a sets out nine factors that OHCA must look at in reviewing CON applications, and I would just quickly like to hit on the pertinent factors.

With respect to the first two, there is no final state plan in existence, and there are no regulations on the acquisition of existing --

HEARING OFFICER HANSTED: Let me just stop you there. There actually is a final state plan in existence. It was just published last week.

MS. WILLCOX: Oh, congratulations.

HEARING OFFICER HANSTED: Thank you.

MS. WILLCOX: We were doing these for a number of years, and there's no final state plan, so

that's a big move forward. Thank you very much.

As you've heard today, though, approval of this transaction is consistent with OHCA's broader goals of insuring, promoting cost-effective quality health care, reducing, or at least trying to prevent duplication, insuring access for everyone, and promoting the financial health of the overall health care system, and it's also consistent with OHCA's prior decisions, just recently approving, recognizing Bridgeport Hospital's need to have some outpatient radiology and improving (coughing) MRI, and, also, the decision approving Smilow Hospital, and a big component of that was a network of community-based cancer centers, which we are also pursuing as part of this application.

As for public need and utilization to the other factors, it's statistically clear the status quo can't be maintained with our existing MRI and CT equipment on the campus.

It can't accommodate the projected growth, much less absorb any additional volume, if the Russo Radiology units were decommissioned for some reason.

Public need has also shown in the Park Avenue campus and the need for cancer patients to have community cancer centers with high-quality care, and the

nature of the Russo units that will be moved to Park Avenue provide that high quality, and the current capacity in the area doesn't have the high-tech, the sufficient technology needed to provide cancer care.

And approval of the transaction will dramatically improve quality, efficiency and accessibility of health care in Bridgeport and the surrounding towns by bringing three standing sites into a comprehensive integrated system. That includes the radiologists at the Yale School of Medicine.

Those are the fifth and sixth factors under the statute that also warrant approval here. And the fourth factor, the financial strength of the health care system, also weighs in favor.

In light of recent health care trends, Bridgeport Hospital's management and the Board recognized that outpatient services are essential to the hospital's financial future, and this transaction is a key component of the Board-approved outpatient strategy of the hospital.

And since Bridgeport Hospital sits at the epicenter of health care delivery in Bridgeport, the state's largest city, Bridgeport Hospital's financial situation and financial stability is critically important

to the financial strength of the health care system as a whole, and allowing this transaction will provide much needed revenues to offset other programs that are necessary in the community, but a drain on the hospital's resources.

And, as for duplication, centralized implementation of Epic and collaboration amongst the School of Medicine, community physicians and the hospital will reduce, not increase, duplication of scans.

Epic will also insure quick and accurate access to patient information, and centralized scheduling and registration will allow the hospital to deploy its imaging resources much more efficiently.

So those are the factors, but I will briefly hit on Bridgeport and the importance of Bridgeport. As we've said repeatedly, it's the state's largest city. It also has one of the largest minority populations and one of the largest concentrations of poor people in the state.

Bridgeport's residents, including those who are uninsured, underinsured, or underserved, deserve the same access to high-quality health care services, including high-quality community-based imaging services and access to the specialized radiology services that the

Yale School of Medicine will provide, and access to the benefits of Epic and the electronic medical record and all the efficiencies and improved care that will being.

This transaction will bring all of that in a cost-effective manner, without adding any new imaging capacity to the state or to the community.

Unlike a number of other proposals, this application is not just about shifting ownership of control. As Ms. Martone referenced earlier, it's not defensive to prevent the hospital in the next town from doing something. It's not a "me, too" transaction.

It is about cost-effective integration and collaboration to meet identified public health needs in the community.

It bears repeating that Bridgeport is the only city in the state, where patients in the city and the surrounding towns don't have access to hospital-quality imaging services in their communities in their neighborhoods.

Residents of Hartford, New Haven, Waterbury, Stamford, Danbury all have that access. Not residents of Bridgeport and the surrounding towns.

So because this transaction meets all of OHCA CON standards, most importantly, insuring access for

patients living in Bridgeport and surrounding areas and in the hospital service area, we urge that OHCA approve the Certificate of Need. Thank you.

HEARING OFFICER HANSTED: Thank you. With that, I will adjourn this hearing.

MS. WILLCOX: Two additional exhibits were added to the Table of Record, right?

HEARING OFFICER HANSTED: Yes, they were.

MS. WILLCOX: Are replacement exhibits?

HEARING OFFICER HANSTED: Yes.

MS. WILLCOX: Thank you very much.

HEARING OFFICER HANSTED: You're welcome.

(Whereupon, the hearing adjourned at 11:52 a.m.)

HEARING RE: OFFICE OF HEALTH CARE ACCESS
NOVEMBER 19, 2012

AGENDA

CERTIFICATE

I, Paul Landman, a Notary Public in and for the State of Connecticut, and President of Post Reporting Service, Inc., do hereby certify that, to the best of my knowledge, the foregoing record is a correct and verbatim transcription of the audio recording made of the proceeding hereinbefore set forth.

I further certify that neither the audio operator nor I are attorney or counsel for, nor directly related to or employed by any of the parties to the action and/or proceeding in which this action is taken; and further, that neither the audio operator nor I are a relative or employee of any attorney or counsel employed by the parties, thereto, or financially interested in any way in the outcome of this action or proceeding.

In witness whereof I have hereunto set my hand and do so attest to the above, this 26th day of November, 2012.

Paul Landman
President

Post Reporting Service
1-800-262-4102

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

November 30, 2012 VIA FACSIMILE ONLY

Ms. Carolyn Salsgiver
Senior Vice President
Planning and Marketing
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

RE: Certificate of Need Application; Docket Number: 12-31766-CON
Proposal for Bridgeport Hospital to acquire and operate two Magnetic Resonance Imaging scanners, one Computed Tomography/positron emission tomography scanner and four Computed Tomography scanners currently owned and operated by Russo Radiology PC.
Closure of the Public Hearing

Dear Ms. Salsgiver:

On November 23, 2012, the Office of Health Care Access ("OHCA") received the information requested by OHCA as late file submissions from the public hearing held in this matter on November 19, 2012. With the receipt of the late file submissions, the hearing on the above application is hereby closed.

If you have any questions regarding this matter, please feel free to contact Steven W. Lazarus at (860) 418-7012.

Sincerely,

Kevin T. Hansted
Hearing Officer

****
*** TX REPORT ***
****

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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: CAROLYN SALSGIVER

FAX: 203.384.3751

AGENCY: BRIDGEPORT HOSPITAL

FROM: OHCA

DATE: 11/30/2012 **Time:**

NUMBER OF PAGES: 2
(including transmittal sheet

Comments:
Docket Number: 12-31766-CON

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

State of Connecticut

HOUSE OF REPRESENTATIVES
STATE CAPITOL

REPRESENTATIVE BRENDA L. KUPCHICK
ONE HUNDRED THIRTY-SECOND ASSEMBLY DISTRICT

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MEMBER
BANKS COMMITTEE
EDUCATION COMMITTEE
HOUSING COMMITTEE

November 29, 2012

Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Hearing Officer Hansted:

I am familiar with the impending merger of Russo Radiology and Bridgeport Hospital's outpatient services at the Park Avenue site which will serve my District. I understand the economies of scale and the delivery of healthcare will be significantly increased by this planned merger. It is important to remember that with the Affordable Care Act coming to fruition in 2014, the ability for cooperative integrated healthcare to be delivered to both the insured and underinsured populations of the Greater Bridgeport area are paramount concerns for my constituents.

The financial stability of Bridgeport Hospital which is the healthcare anchor of City of Bridgeport and Russo Radiology the largest imaging provider to Medicaid and underserved patients within the city will be welcomed by the citizens of the region. It is crucial to the needs of the underserved and Medicaid patients that healthcare be delivered efficiently. The ability for these diverse populations to be served within their own community is what the federally funded clinics and charitable organizations have strived for. We are all concerned about duplicated systems and I believe that when the leaders in the hospital industry and private practice can unite it is for the benefit of all.

I fully support this CON which would unite Bridgeport Hospital outpatient services and Dr. Russo's radiology practice which is a critical necessity to the Greater Bridgeport Community. It speaks to quality and cost effectiveness and regional strategic planning is what we have all strived for. We appreciate your efforts in this endeavor.

Sincerely,

Brenda Kupchick

Brenda Kupchick
State Representative, 132nd District

State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE ANDRES AYALA, JR.
ONE HUNDRED TWENTY EIGHTH ASSEMBLY DISTRICT

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MEMBER
FINANCE, REVENUE AND BONDING COMMITTEE
PUBLIC HEALTH COMMITTEE
REGULATIONS REVIEW COMMITTEE

November 27, 2012

Mr. Kevin Hansted, Hearing Officer
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Hearing Officer Hansted:

I am writing in support of Bridgeport Hospital's CON application to purchase certain assets of Russo Radiology and integrate them as part of the Hospital's healthcare system. Over the years, I have worked closely with Bridgeport Hospital on many initiatives that have helped many of my constituents. From community development projects to being one of the largest employers, Bridgeport Hospital exemplifies what it means to be a true community partner.

In addition to being a good community partner, the Hospital provides high-quality healthcare services to the Bridgeport region. Many of my constituents find it difficult to access specialized healthcare services close to home and often must travel long distances to get care. Not only is this a financial burden for many, it also causes additional stress during a time when their health is most compromised. Approving the Hospital's CON application would add state-of-the-art imaging services and a network of cancer experts to our community bringing peace of mind to those who will utilize them.

In these difficult economic times and the demands of healthcare reform many healthcare facilities understand that it may be necessary to consolidate or combine services. This helps with efficiency and cost savings while providing affordable care. The CON application before you supports that endeavor.

I respectfully urge you to approve Bridgeport Hospital's application.

Sincerely,

Andres Ayala, Jr.
State Representative
128th Assembly District - Bridgeport

State of Connecticut

HOUSE OF REPRESENTATIVES
STATE CAPITOL

REPRESENTATIVE JASON D. PERILLO
ONE HUNDRED THIRTEENTH ASSEMBLY DISTRICT

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RANKING MEMBER
PUBLIC HEALTH COMMITTEE

MEMBER
APPROPRIATIONS COMMITTEE
PLANNING & DEVELOPMENT COMMITTEE

November 29, 2012

Mr. Kevin Hansted, Hearing Officer
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Hearing Officer Hansted:

I write to express my unqualified support for Bridgeport Hospital's Certificate of Need application to acquire imaging equipment currently owned and operated by Russo Radiology. As Ranking Member of the General Assembly's Public Health Committee where we evaluate numerous healthcare related issues each legislative session, I understand how important it is for patients to have access to high-quality medical services close to home especially at a time when they are most vulnerable. Bridgeport Hospital has a long standing history in the region of providing the best care possible to patients, and the ability to purchase the mentioned imaging equipment will help them to continue that trend.

Healthcare reform has made it necessary for healthcare institutions to seek strategic ways to lower costs while delivering services to patients. As the new law continues to evolve and change, many institutions will find value in integrating services. This will benefit patients in that healthcare dollars can be focused more on collaborative efforts to provide access to highly trained medical experts while also creating a system that will enhance patient safety.

Bridgeport Hospital's Certificate of Need application embodies the spirit of the Healthcare Reform law. Locating outpatient services in the community also benefits patients by bringing healthcare closer to home.

I urge you to approve this Certificate of Need application and make it easier for residents in the Bridgeport region to access needed healthcare services.

Sincerely,

Jason Perillo
State Representative
113th Assembly District - Shelton

State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE CHARLIE L. STALLWORTH
ONE HUNDRED TWENTY SIXTH ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
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MEMBER
FINANCE, REVENUE AND BONDING COMMITTEE
HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT COMMITTEE
PUBLIC HEALTH COMMITTEE

December 4, 2012

Mr. Kevin Hansted, Hearing Officer
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Hearing Officer Hansted:

I am writing to express my support for Bridgeport Hospital's Certificate of Need application to purchase imaging equipment from Russo Radiology. In the years that I have represented Bridgeport as a State Representative, I have come to understand the many needs of my community. Many of my constituents have economic barriers and find it difficult to afford and access needed healthcare services close to home. Bridgeport Hospital's application would help to alleviate some of these burdens on my community by locating high quality radiology and cancer services in areas that are accessible by public transportation.

Bridgeport Hospital understands its role as a safety net for our community, and it takes that responsibility seriously. The hospital has a long history of providing care for low income residents, and as far as I'm aware, is the largest Medicaid provider in the region. I feel confident that this level of service will not change. Approving the Hospital's application will only strengthen our community and region and make it easier to access specialized cancer care and diagnostic radiology services.

My constituents and the region as a whole deserve to have these types of cost effective, high-quality services in close proximity to their homes. Therefore I urge you to approve the application.

Sincerely,

Charlie Stallworth
State Representative
126th Assembly District - Bridgeport

State of Connecticut

SENATOR JOHN McKINNEY

SENATE MINORITY LEADER

28th DISTRICT

Suite 3400
Legislative Office Building
Hartford, Connecticut 06106-1591

Hartford: (860) 240-8800
Toll Free: 1-800-842-1421
Fax: (860) 240-8306

December 4, 2012

Kevin T. Hansted, Esq.
Hearing Officer
Department of Public Health - Office of Health Care Access
410 Capitol Ave., MS #13HCA
Hartford, CT 06134-0308

Re: Certificate of Need Application: Dockett Number 12-31766-CON

Dear Hearing Officer Hansted and Members of the Office of Healthcare Access:

I am expressing my support for the efforts of Bridgeport Hospital to improve the delivery of care to many of my constituents. I understand the Park Avenue facility has received all its zoning approvals and is on its way to be one of the leading outpatient centers in the State of Connecticut. I have worked on numerous projects with Bridgeport Hospital's Administration and I fully support their efforts to increase the quality healthcare services delivered in Fairfield County.

Dr. Russo's radiology system is very well known and highly respected. The union of his practice to the Yale New-Haven Healthcare system will be a significant improvement in the delivery of healthcare in the Greater Bridgeport and Fairfield area. This sort of regional planning and integrated medical care is ideal in delivering healthcare in today's environment. Duplication of services is unnecessary and the migration towards improved medical databases and cooperation is significant. For physicians and other healthcare providers to be able to access information from the same database can only benefit the patients not only in the quality of their care but in the cost effectiveness of delivery.

I therefore whole heartedly support Bridgeport Hospital's CON application to unite with Russo Radiology. I hope you will understand the necessity of these cooperative efforts.

Sincerely,

John McKinney
Senate Minority Leader
28th District

State of Connecticut

SENATOR JOHN McKINNEY

SENATE MINORITY LEADER

28th DISTRICT

Suite 3400
Legislative Office Building
Hartford, Connecticut 06106-1591

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December 4, 2012

Kevin T. Hansted, Esq.
Hearing Officer
Department of Public Health - Office of Health Care Access
410 Capitol Ave., MS #13HCA
Hartford, CT 06134-0308

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Sincerely,

John McKinney
Senate Minority Leader
28th District

State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE CHARLIE L. STALLWORTH
ONE HUNDRED TWENTY SIXTH ASSEMBLY DISTRICT

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MEMBER
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PUBLIC HEALTH COMMITTEE

December 4, 2012

Mr. Kevin Hansted, Hearing Officer
Office of Health Care Access
410 Capitol Avenue
Hartford, CT 06134

Dear Hearing Officer Hansted:

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Bridgeport Hospital understands its role as a safety net for our community, and it takes that responsibility seriously. The hospital has a long history of providing care for low income residents, and as far as I'm aware, is the largest Medicaid provider in the region. I feel confident that this level of service will not change. Approving the Hospital's application will only strengthen our community and region and make it easier to access specialized cancer care and diagnostic radiology services.

My constituents and the region as a whole deserve to have these types of cost effective, high-quality services in close proximity to their homes. Therefore I urge you to approve the application.

Sincerely,

Charlie Stallworth
State Representative
126th Assembly District - Bridgeport

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

December 13, 2012

The Honorable John McKinney
Senate Minority Leader
28th District
Legislative Office Building
Suite 3400
Hartford, CT 06106-1591

Re: Certificate of Need, Docket Number 12-31766
Bridgeport Hospital to Acquire Two (2) MRI Scanners, One (1) PET/CT Scanner and Four (4) CT Scanners Currently Located in the Towns of Bridgeport, Fairfield, Stratford and Guilford.

Dear Senator McKinney:

On December 6, 2012, the Office of Health Care Access ("OHCA") received your letter concerning the Certificate of Need ("CON") for Bridgeport Hospital to acquire two MRI Scanners, one PET/CT scanner and four CT Scanners currently located in the towns of Bridgeport, Fiarfield, Stratford and Guilford.

OHCA appreciates your comments. Your letter will be made part of the formal record of the application. 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 contact Steven Lazarus, Associate Health Care Analyst at the Office of Health Care Access at (860) 418-7012.

Sincerely,

Kevin Hansted
Hearing Officer

KH/bko

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

December 13, 2012

The Honorable Charlie Stallworth
Representative
126th Assembly District - Bridgeport
Legislative Office Building
Room 4050
Hartford, CT 06106-1591

Re: Certificate of Need, Docket Number 12-31766
Bridgeport Hospital to Acquire Two (2) MRI Scanners, One (1) PET/CT Scanner and Four (4) CT Scanners Currently Located in the Towns of Bridgeport, Fairfield, Stratford and Guilford.

Dear Representative Stallworth:

On December 6, 2012, the Office of Health Care Access ("OHCA") received your letter concerning the Certificate of Need ("CON") for Bridgeport Hospital to acquire two MRI Scanners, one PET/CT scanner and four CT Scanners currently located in the towns of Bridgeport, Fairfield, Stratford and Guilford.

OHCA appreciates your comments. Your letter will be made part of the formal record of the application. 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 contact Steven Lazarus, Associate Health Care Analyst at the Office of Health Care Access at (860) 418-7012.

Sincerely,

Kevin Hansted
Hearing Officer

KH/bko

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

December 14, 2012

The Honorable Andres Ayala, Jr.
State Representative, 128th District
Legislative Office Building
Room 4027
Hartford, CT 06106-1591

Re: Certificate of Need, Docket Number 12-31766
Bridgeport Hospital to Acquire Two (2) MRI Scanners, One (1) PET/CT Scanner and Four (4) CT Scanners Currently Located in the Towns of Bridgeport, Fairfield, Stratford and Guilford.

Dear Representative Ayala:

On November 30, 2012, the Office of Health Care Access ("OHCA") received your letter concerning the Certificate of Need ("CON") for Bridgeport Hospital to acquire two MRI Scanners, one PET/CT scanner and four CT Scanners currently located in the towns of Bridgeport, Fiarfield, Stratford and Guilford.

OHCA appreciates your comments. Your letter will be made part of the formal record of the application. 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 contact Steven Lazarus, Associate Health Care Analyst at the Office of Health Care Access at (860) 418-7012.

Sincerely,

Kevin Hansted
Hearing Officer

KH/bko

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

December 14, 2012

The Honorable Jason D. Perillo.
State Representative, 13th District
Legislative Office Building
Room 4200
Hartford, CT 06106-1591

Re: Certificate of Need, Docket Number 12-31766
Bridgeport Hospital to Acquire Two (2) MRI Scanners, One (1) PET/CT Scanner and Four (4) CT Scanners Currently Located in the Towns of Bridgeport, Fairfield, Stratford and Guilford.

Dear Representative Perillo:

On December 3, 2012, the Office of Health Care Access ("OHCA") received your letter concerning the Certificate of Need ("CON") for Bridgeport Hospital to acquire two MRI Scanners, one PET/CT scanner and four CT Scanners currently located in the towns of Bridgeport, Fiarfield, Stratford and Guilford.

OHCA appreciates your comments. Your letter will be made part of the formal record of the application. 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 contact Steven Lazarus, Associate Health Care Analyst at the Office of Health Care Access at (860) 418-7012.

Sincerely,

Kevin Hansted
Hearing Officer

KH/bko

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

December 14, 2012

The Honorable Brenda Kupchick
State Representative, 132nd District
Legislative Office Building
Room 4200
Hartford, CT 06106-1591

Re: Certificate of Need, Docket Number 12-31766
Bridgeport Hospital to Acquire Two (2) MRI Scanners, One (1) PET/CT Scanner and Four (4) CT Scanners Currently Located in the Towns of Bridgeport, Fairfield, Stratford and Guilford.

Dear Representative Kupchick:

On November 30, 2012, the Office of Health Care Access ("OHCA") received your letter concerning the Certificate of Need ("CON") for Bridgeport Hospital to acquire two MRI Scanners, one PET/CT scanner and four CT Scanners currently located in the towns of Bridgeport, Fiarfield, Stratford and Guilford.

OHCA appreciates your comments. Your letter will be made part of the formal record of the application. 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 contact Steven Lazarus, Associate Health Care Analyst at the Office of Health Care Access at (860) 418-7012.

Sincerely,

Kevin Hansted
Hearing Officer

KH/bko

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

March 26, 2012

Ms. Carolyn Salsgiver
Senior Vice President
Planning and Marketing
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

RE: Certificate of Need Application; Docket Number: 12-31766-CON
Bridgeport Hospital
Acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology L.L.C.

Dear Ms. Salsgiver:

Enclosed please find a copy of the Proposed Final Decision rendered by Hearing Officer Kevin Hansted in the above-referenced case.

Pursuant to Connecticut General Statutes § 4-179, Bridgeport Hospital, the party in this matter, may request the opportunity to file exceptions and briefs and/or present oral argument, in writing, with the Deputy Commissioner, OHCA of the Department within twenty one (21) days from the date of this notice, or by April 16, 2013. If no such request is received by this date, the Deputy Commissioner will assume those rights to be waived and will render a Final Decision in this matter.

If you wish to expedite the process and avoid the necessity that the Deputy Commissioner awaits the expiration of the aforementioned fourteen days, you may submit a written statement to the Deputy Commissioner affirmatively waiving those rights.

Sincerely,

Kimberly R. Martone
Director of Operations

Office of Health Care Access
Certificate of Need Application

Proposed Final Decision

Applicant:	**Bridgeport Hospital** **267 Grant Street, Bridgeport, Connecticut**
Docket Number:	**12-31766-CON**
Project Title:	**Acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology L.L.C.**

Project Description: Bridgeport Hospital is proposing the acquisition of one magnetic resonance imaging scanner ("MRI"), one positron emission tomography/computed tomography scanner ("PET/CT") and three computed tomography scanners ("CT") currently owned and operated by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology and one MRI owned by Madison Radiology Imaging L.L.C. at a proposed capital expenditure of $19,000,000.

Procedural History: The Office of Health Care Access ("OHCA") received a Certificate of Need ("CON") application from Bridgeport Hospital on June 13, 2012 for the above-referenced project and deemed the application complete on August 31, 2012. Bridgeport Hospital published notice of its intent to file the CON Application in the *Connecticut Post* on May 11, 12 and 13, 2012.

On October 19, 2012, the Applicant was notified of the date, time and place of the public hearing. On October 22, 2012, a notice to the public announcing the hearing was published in the *Connecticut Post.* Thereafter, pursuant to Conn. Gen. Stat. § 19a-639a, a public hearing regarding the CON application was held on November 19, 2012.

Commissioner Jewel Mullen designated Attorney Kevin Hansted as the Hearing Officer. The hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the General Statutes) and Conn. Gen. Stat. § 19a-639a.

FINDINGS OF FACT

1. Bridgeport Hospital is a 383-bed acute care, not-for-profit hospital located at 267 Grant Street in Bridgeport, Connecticut and a health care facility or institution as defined by Conn. Gen. Stat. §19a-630.
   Ex. A, pp. 18, 124.

2. Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology") is a multi-site radiology practice located in various towns in Connecticut.
   Ex. A, pp. 19, 30.

3. Madison Radiology Imaging, L.L.C. ("Madison Radiology") is a diagnostic imaging center located in Guilford, Connecticut.

4. Bridgeport Hospital is in the process of building and establishing a comprehensive outpatient cancer center at Park Avenue in Trumbull. The construction of this building is expected to be completed in spring of 2015. Prefile Testimony of N. Roth pp. 212-213, Testimony of Mr. N. Roth, Public Hearing, November 19, 2012

5. Bridgeport Hospital testified that the Park Avenue Center will be a 120,000 square-foot medical center, consisting of two existing buildings on the campus providing various services including antenatal testing, treatment for breast care and radiation oncology. The third building to be constructed will connect the two existing buildings and include physicians' offices, diagnostic testing and an outpatient cancer center. Prefile Testimony of N. Roth pp. 212-213, Testimony of Mr. N. Roth, Public Hearing, November 19, 2012

6. The existing population served by Bridgeport Hospital includes patients who live in the following towns:

   - Primary Service Area- Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford and Trumbull;
   - Secondary Service Area-Ansonia, Beacon Falls, Derby, Naugatuck, Newtown, Orange, Oxford, Seymour, Weston and Westport.
     Ex. A, p. 26.

7. Bridgeport Hospital currently operates one MRI, one PET/CT and two CT scanners at its main hospital campus and has no off-campus outpatient imaging centers. The historical utilization of these scanners is as follows:

Table 1: Bridgeport Hospital's Historical MRI, CT and PET/CT Scanner Utilization

Scanners	FY 2009	FY 2010	% change	FY 2011	% change	Three Year % change
MRI	4,928	4,681	-5%	4,830	3%	-2%
PET	141	174*	23%	165	-5%	17%
CT	22,882	22,389*	-2%	16,933	-24%	-26%
CT (ED Unit)	n/a	n/a	n/a	3,840		
Total CT	22,882	22,389	-2%	20,773	-7%	-9%

Ex. A, p.146, Exhibit 1, Public Hearing, November 19, 2012
The MRI scanner received CON authorization under DN 11-31722.
*immaterial variance compare to Table 5 due to different sources

8. Although Bridgeport Hospital claims its imaging volume has remained stable, the table above shows an overall decline in MRI and CT volume over the last three years. Ex. A, p.146, Exhibit 1, Public Hearing, November 19, 2012

9. Bridgeport Hospital is proposing the acquisition of one MRI scanner, one PET/CT scanner and three CT scanners that Russo Radiology currently operates in the towns of Bridgeport, Fairfield, and Stratford and one MRI scanner in Guilford from Madison Radiology. Three scanners are planned to be relocated to the Park Avenue Center after its completion and the remaining radiology centers will continue to operate in their current locations, which will be converted to Bridgeport Hospital Outpatient Imaging Centers offering the same services as currently exist.
Prefile testimony of N. Roth p.213

Table 2: Imaging Equipment Proposed for Acquisition

Description	Current Location	Slices/Strength	Proposed Location
MRI	2595 Main St., Stratford	1.5 T closed	Current location
MRI	705 Boston Post Rd., Guilford	1.5T closed	Park Avenue Center**
CT	4699 Main St., Bridgeport	64 slice	Current location
CT	425 Post Rd., Fairfield	16 slice	Park Avenue Center**
CT	2909 Main St., Stratford	6 slice	Current location
PET/CT*	2660 Main St., Bridgeport	4 slice	Park Avenue Center**

Ex. A, pp. 18, 20-21, Prefile testimony of N. Roth p.213
The imaging equipment proposed for acquisition by Bridgeport Hospital received CON authorization under DNs: 98-1504, 02-556, 09-31485, 98-1003 & 98-1005.
*Positron emission tomography (PET) and computerized tomography (CT) are two devices in one scanner.
** Park Avenue Center is scheduled to open in spring of 2015 in Trumbull.

10. Historical utilization for the proposed scanners is as follows:

Table 3: Historical Utilization of Proposed MRI, CT and PET/CT Scanners

Scanners	Location	FY2009	FY2010	% change	FY2011	% change	Three Year % change
CT	4699 Main St., Bridgeport	3,037	2,716	-11%	2,017	-26%	-34%
CT	2909 Main St., Stratford	1,907	2,015	6%	1,872	-7%	-2%
CT	425 Post Rd., Fairfield	1,364	1,243	-9%	815	-34%	-40%
CT*	2660 Main St., Bridgeport	1,069	1,385	30%	862	-38%	-19%
PET*	2660 Main St., Bridgeport	160	107	-33%	77	-28%	-52%
MRI	705 Boston Post Rd., Guilford	767	637	-17%	612	-4%	-20%
MRI	2595 Main St., Stratford	2,738	2,889	6%	1,997	-45%	-27%

Ex. A, p. 146; Exhibit 1, Public Hearing, November 19, 2012
*Positron emission tomography (PET) and computerized tomography (CT) are two devices in one scanner.

11. Bridgeport Hospital's projected utilization for all scanners, both proposed for acquisition and existing is as follows:

Table 4: Projected Utilization for all Scanners Remaining in Their Current Location

Scanners	Location	FY 2012 Annualized	FY 2013	FY 2014	FY 2015
Scanners Proposed for Acquisition					
MRI	705 Boston Post Rd., Guilford	738	753	768	n/a
MRI	2595 Main St., Stratford	3,362**	3,429	3,498	3,568
CT	4699 Main St, Bridgeport	2,344	2,391	2,439	2,488
CT	2909 Main St., Stratford	1,733	1,768	1,803	1,839
CT	425 Post Rd., Fairfield	900	1,721	1,755	n/a
CT*	2660 Main St., Bridgeport	787	n/a	n/a	n/a
PET*	2660 Main St., Bridgeport	78	n/a	n/a	n/a
Current Bridgeport Hospital Scanners					
MRI	267 Grant St., Bridgeport	2,981***	4,533	4,623	4,716
CT	267 Grant St., Bridgeport	4,252	4,337	4,424	4,512
CT/ED	267 Grant St., Bridgeport	16,649	16,982	17,322	17,668
PET	267 Grant St., Bridgeport	256	341	348	n/a

Ex. A, p. 146; Exhibit 1, Public Hearing, November 19, 2012
*Positron emission tomography (PET) and computerized tomography (CT) are two devices in one scanner.
**MRI annualized utilization increased from 1,768 scans reported in the original application to 3,362 scans presented at the hearing due to the addition of a second shift at this location, which was done after the application was submitted.
n/a in the above chart refers to scanners that will be relocated to the Bridgeport Hospital right after the proposed acquisition.
*** MRI unit started its operations on June 22, 2012

12. Bridgeport Hospital claims the following as the basis for the proposed acquisition of the scanners:

    - To move the imaging equipment to the Park Avenue Center that Bridgeport Hospital is planning to construct at 5520 Park Avenue in Trumbull;
    - To gain a larger presence in the outpatient radiology field without adding new capacity to the market and locating the scanners off-campus in the community;
    - To operate more efficiently and cost effectively due to Bridgeport Hospital's ability to enhance electronic connectivity, centralize scheduling procedures and reduce imaging duplication; and
    - To improve Bridgeport Hospital's financial position through reimbursement for the technical component of the outpatient scans.

    Ex. A. pp. 20-21, 142; Prefile Testimony of N. Roth pp. 212-213

13. The imaging equipment proposed for acquisition experienced declining MRI, CT and PET/CT utilization at all of its locations in FY 2011. Multiple sites experienced decreasing volumes since FY2009. Bridgeport Hospital has provided the following explanations for the decline:

    - All CT scanners' volume declined from FY 2010 to 2011 in all locations due to a change in CPT codes that resulted in abdomen and pelvis scans being bundled into one code;
    - PET/CT scanner volumes decreased from 2009-2011 due to another nearby PET/CT scanner placed in service;
    - MRI (Guilford) volume declined as a result of the addition of two nearby MRI providers in Guilford;
    - MRI (2595 Main St., Stratford) volume decreased due to another Russo Radiology MRI unit that opened in Fairfield in 2011.

    Ex. A, pp. 144-145.

14. In its Application, Bridgeport Hospital's projected utilization for the scanners to be acquired was based on their historical utilization and assumed a 20% decrease as a result of going from a practice-based to provider-based setting. The projections presented at the Public Hearing differed from the Application. The revised projections indicated a 2% utilization increase, as opposed to a 20% decrease, based on Bridgeport Hospital's assertion that the change in setting will not impact projected utilization.
    Ex. A, pp. 33, Testimony of Mr. Jennings, Exhibit 2, Public Hearing, November 19, 2012

15. Bridgeport Hospital intends to continue to operate the MRI located in Guilford and the CT scanner located in Fairfield until 2015 and then relocate them to the Park Avenue Center in the future. Ex. A, pp. 20, Prefile testimony of N. Roth p. 213

16. Bridgeport Hospital stated that patients residing in the Guilford and Fairfield areas will continue to have their MRI and CT needs met after the proposed relocation of the MRI and CT scanners to the planned Park Avenue Center in 2015. There are three other existing MRI scanners and another CT scanner in the Guilford and Fairfield service areas, respectively. Ex. A, pp. 28, 140; Prefile testimony of N. Roth p. 213

17. Bridgeport Hospital proposed the relocation of the PET scanner to its hospital campus until it is again relocated to the Park Avenue Center in the spring of 2015. The current contract with an outside vendor for a mobile part-time PET unit at the hospital campus will be terminated.
Testimony of Mr. Schmincke, Public Hearing, November 19, 2012

18. Bridgeport Hospital testified that it intends to improve quality and access by upgrading the following equipment:
    - The PET/CT scanner located at 2660 Main Street in Bridgeport will receive a minor upgrade. This scanner will be used exclusively for PET scans. Patients requiring CT scans will be redirected to the other CT scanners operated by Bridgeport Hospital.
    - The Guilford MRI will be upgraded from a 1.5T to a 3.0T prior to being moved to the Park Avenue Center.
      Testimony of Mr. Schmincke & N. Roth, Public Hearing, November 19, 2012

19. Bridgeport Hospital claims that because there is no new equipment being proposed and no changes will occur in existing imaging capacity, there will be no impact on existing providers.
Ex. A. p.29

20. The Applicant has stated that the sole purpose of this proposal is to allow Bridgeport Hospital to establish an outpatient imaging presence and improve its efficiency in providing these services.
Ex. A. p.23

21. Existing referral patterns are expected to continue and will not be affected by this proposal.
Ex. A. p.33

22. Bridgeport Hospital claims, if approved to acquire the proposed equipment, seven of its nine scanners will be near or at capacity by 2015, when the Park Avenue Center opens.
Testimony of Mr. N. Roth; Exhibits 1&2, Public Hearing November 19, 2012

23. The table below shows all imaging providers in Bridgeport Hospital's proposed service area.

Table 5: Imaging Providers in Bridgeport Hospital's Proposed Service Area

Town	Provider Name	Provider Address	CT volume	PET/CT volume	MRI volume
Primary Service Area					
Bridgeport	Bridgeport Hospital	267 Grant Street	22,625	172*	4,681***
	St. Vincent's Medical Center	2800 Main Street	34,843	527	3,799
	Russo & Associates Radiology**	4699 Main Street	2,716		
	Russo & Associates Radiology**	2660 Main Street	1,385	107	
	Advanced Radiology Consultants	267 Grant Street			4,681 ***
Fairfield	Advanced Radiology Consultants	1055 Post Road	4,233		7,470
	Russo & Associates Radiology**	425 Post Road	1,243		
	Russo & Associates Radiology	75 Kings Highway Cutoff			n/a ****
Milford	Milford Hospital	300 Seaside Avenue	10,979	64	2,333
	Diagnostic Imaging of Milford	30 Commerce Park Drive	2,400		1,595
Shelton	Advanced Radiology Consultants	4 Corporate Drive	2,450		3,311
	Griffin Hospital	2 Ivy Brook Road	1,902		2,202
Stratford	Russo & Associates Radiology**	2595 Main Street			2,889
	Russo & Associates Radiology**	2909 Main Street	2,015		
	Advanced Radiology Consultants	2876 Main Street	5,395		6,243
Trumbull	Advanced Radiology Consultants	15 Corporate Drive	4,420	343	2,058
	Fairfield County Imaging	115 Technology Drive	749		584
Secondary Service Area					
Derby	Griffin Hospital	130 Division Street	16,068	301	2,655
Naugatuck	Valley Imaging Partners	799 New Haven Road			995
Newtown	Newtown Diagnostic Imaging	153 South Main Street	n/a ****		n/a ****
Orange	Advanced Radiology Consultants	320 Boston Post Road	n/a ****		1,465

Source: 2010 OHCA Imaging providers' survey and Ex. A. p.28

* PET/CT at Bridgeport Hospital is available on a part-time basis through a contractual arrangement with Alliance Imaging

** Russo Radiology volume is based on the CON application

*** Effective June 22, 2012, Bridgeport Hospital owned its own MRI unit, prior to that, the MRI unit was owned and operated by Advanced Radiology Consultants.

**** n/a in the above chart refers to the utilization volume not provided by the providers in OHCA survey.

24. The table below shows the existing providers of MRI services in the Guilford area.

Table 6: Imaging Providers in Guilford and Surrounding towns

Town	Provider Name	Provider Address	MRI volume
Branford	Branford Open MRI and Diagnostic Imaging Center	1208 Main St	826
Guilford	YNHH-Temple Radiology	2800 Main Street	3,631
Guilford	Madison Radiology Imaging LLC*	705 Boston Post Rd	637
Guilford	Guilford Radiology	1591 Boston Post Rd	974

Source: 2010 OHCA Imaging providers' survey and Ex. A. p.28

*Madison Radiology LLC is a part of this proposal for the acquisition of a MRI

25. Based on historical and projected utilization, Bridgeport Hospital can accommodate its patients' needs with the scanners it currently operates. Moreover, there are several other existing providers in Bridgeport Hospital's service area that can ensure outpatient access for Bridgeport Hospital's patient population to all imaging services.
Ex. A. p.28; Exhibit 1, Public Hearing November 19, 2012

26. Bridgeport Hospital projects the patient population payer mix to remain consistent for the next three years based on the FY 2012 distribution.

Table 7: Patient Population Mix

Payers	Current** FY 2012	Year 1 FY 2013	Year 2 FY 2014	Year 3 FY 2015
Medicare*	23.2%	23.2%	23.2%	23.2%
Medicaid*	9.0%	9.0%	9.0%	9.0%
CHAMPUS & TriCare	0.0%	0.0%	0.0%	0.0%
Total Government	**32.2%**	**32.2%**	**32.2%**	**32.2%**
Commercial Insurers	59.9%	59.9%	59.9%	59.9%
Uninsured	1.1%	1.1%	1.1%	1.1%
Workers Compensation	6.8%	6.8%	6.8%	6.8%
Total Non-Government	**67.8%**	**67.8%**	**67.8%**	**67.8%**
Total Payer Mix	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Ex. A. p. 37

27. Bridgeport Hospital's capital expenditure for the proposed acquisition is as follows:

Table 8: Proposed Capital Expenditures/Costs

Medical Equipment Purchase	Cost
Imaging Equipment Purchase	$2,727,481
Non-Medical Equipment Purchase: PACS System	$500,000
Other Non-Construction (Specify): Goodwill*	$15,347,519
Other Non-Construction: Furnishings and upgrades	$425,000
Total Capital Expenditure (TCE)	$18,500,000
Total Project Cost (TCE + TCC)	$19,000,000

* Goodwill is an asset of a business that may be bought and sold in connection with the business. Goodwill is a marketplace advantage of customer patronage and loyalty developed with continuous business under the same name over a period of time.
Ex. A. p.36

28. Bridgeport Hospital's projected incremental revenue from operations, total operating expense and gain from operations associated with the CON proposal are as follows:

Table 9: Financial Projections Incremental to the Project

Description	FY 2013	FY 2014	FY 2015
Incremental Revenue from Operations	$16,419	$16,788	$17,166
Incremental Total Operating Expenses	$8,420	$9,171	$9,477
Incremental Gain from Operations	**$7,999**	**$7,617**	**$7,689**

Note: figures are in thousands.
Exhibit A, p. 128

29. Bridgeport Hospital asserts that this proposal is cost effective because it will expand the continuum of care for Bridgeport Hospital, preparing it for future payment mechanisms, such as Accountable Care Organizations; and through the implementation of Epic electronic medical record across all Bridgeport Hospital outpatient sites, duplication in testing will be reduced and improved coordination of care will occur. Ex. A. p.38

30. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any policies and standards not yet adopted as regulations by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))

31. This CON application was deemed complete by OHCA prior to the state- wide health care facilities and services plan being published. Therefore, OHCA has not made any findings as to the relationship between this CON application and the state wide health care facilities and services plan. (Conn. Gen. Stat. § 19a-639(a)(2))

32. Bridgeport Hospital has failed to establish that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))

33. Bridgeport Hospital has satisfactorily demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4)).

34. Bridgeport Hospital has failed to satisfactorily demonstrate that its proposal would improve the quality, accessibility and cost-effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5))

35. Bridgeport Hospital has shown that there would be no change to the provision of health care services to the relevant population and payer mix. (Conn. Gen. Stat. § 19a-639(a)(6))

36. Bridgeport Hospital has satisfactorily identified the population to be served by its proposal but has failed to satisfactorily demonstrate that this population has a need as proposed. (Conn. Gen. Stat. § 19a-639(a)(7))

37. The historical utilization of imaging scanners in the service area does not support this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))

38. Bridgeport Hospital has failed to satisfactorily demonstrate that its proposal would not result in an unnecessary duplication of existing imaging services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

DISCUSSION

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Goldstar Medical Services, Inc., et al. v. Department of Social Services, 288 Conn. 790 (2008).*

Bridgeport Hospital currently owns and operates one MRI scanner, two CT scanners, and one PET/CT scanner, which are all located at the hospital campus. Bridgeport Hospital does not currently offer any MRI, CT or PET imaging services off campus. *FF7.* This proposal is for Bridgeport Hospital to acquire five scanners currently owned and operated by Russo Radiology in the towns of Bridgeport, Fairfield, and Stratford and one scanner owned and operated by Madison Radiology in the town of Guilford. *FF9.*

Bridgeport Hospital's existing MRI and CT scanners experienced overall decreasing volumes from FY 2009 to FY 2011. *FF7-8.* The scanners proposed for acquisition also experienced overall declining utilization from FY 2009 to FY2011. *FF10.* Bridgeport Hospital testified that the primary reason for the decrease in CT volume was due to a change in CPT coding and the declines in PET/CT and MRI volume were attributable to the addition of other area providers. *FF13.* Based upon historical utilization and the existence of other area providers, the projected volume for these scanners is not reasonable. *FF10-11.*

After the proposed acquisition, Bridgeport Hospital intends to relocate one MRI, one CT and one PET/CT scanner to the Park Avenue Center in Trumbull, scheduled to open in the spring of 2015. *FF4&9.* The remaining three radiology centers, located in Stratford and Bridgeport, would be converted to Bridgeport Hospital Outpatient Imaging Centers and offer the same services that are currently offered. *FF9.*

Bridgeport Hospital asserts that the acquisition of the scanners will allow the hospital to: gain a larger presence in the outpatient radiology field without adding new capacity to the market; operate more efficiently and cost effectively due to increased connectivity, centralized scheduling and reduced imaging duplication; and improve its financial position through reimbursement for the technical component of the outpatient scans. *FF12.* However, Bridgeport Hospital did not provide any indication or evidence that the proposal is intended to accommodate, or that there exists, a current unmet public need for additional scanning in its service area. In fact, this transaction will simply allow Bridgeport Hospital to establish an outpatient imaging presence and improve the efficiency of these services. *FF20.*

Although Bridgeport Hospital stated in its application that it planned to relocate only one scanner to the Park Avenue Center based on projected volume, during hearing proceedings, it indicated a desire to move three scanners to the Park Avenue Center, citing a change in projected volume and asserting the need for these scanners. *FF9.*

However, the Park Avenue Center will not become operational for more than two years; any potential benefit that may result from acquiring and relocating three scanners would not be realized until 2015. *FF4.*

In addition to the imaging services offered by Bridgeport Hospital and the scanners proposed for acquisition, there are currently 9 existing CT scanners, 3 PET/CT scanners and 10 MRI scanners within Bridgeport Hospital's primary service area. *FF23.* The operation of the scanners currently run by Bridgeport Hospital, Russo Radiology and Madison Radiology will continue regardless of this proposal. Based on the significant number of existing providers of imaging services in Bridgeport Hospital's primary service area and on historical and projected utilization, OHCA concludes that there is not currently a lack of access to these services for patients residing within Bridgeport Hospital's primary service area. Patients' current needs can be accommodated by the existing providers in the service area with the scanners currently in operation. *FF19&23.*

While Bridgeport Hospital provided evidence to show that its proposal is financially feasible, the preponderance of evidence indicates that the clear public need to provide the proposed service in the area is currently lacking.

Order

Based upon the foregoing Findings and Discussion, I respectfully recommend that the Certificate of Need application of Bridgeport Hospital for the acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology L.L.C. be **DENIED**.

Respectfully submitted,

3/26/13
Date

Kevin T. Hansted
Hearing Officer

****
*** TX REPORT ***
****

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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: CAROLYN SALSGIVER

FAX: 203.384.3751

AGENCY: BRIDGEPORT HOSPITAL

FROM: OHCA

DATE: 03/26/2013 **Time:**

NUMBER OF PAGES: 14
(including transmittal sheet

Comments:
Docket Number: 12-31766-CON

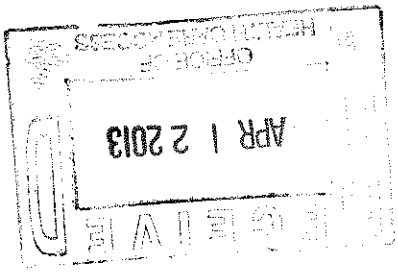
PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 418-7001 Fax: (860) 418-7053

Bridgeport Hospital
ADMINISTRATION
267 Grant Street
Bridgeport, CT 06610

Fax: (203) 384-3751

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH



Fax

To:	Kimberly Martone	**From:**	Lyn Salsgiver
Fax:	(860) 418-7053	**Date:**	4/12/13
Phone:	860-418-7029	**Pages:**	1
Re:	DN 12-31766	**CC:**	

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•Comments:

Please see attached letter regarding :

Docket No. 12-31766 :
Acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. and Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology LLC

BRIDGEPORT HOSPITAL
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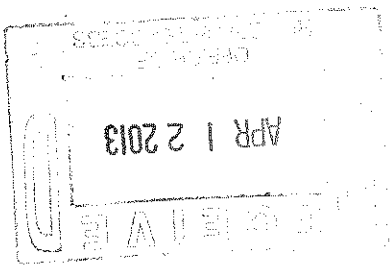

April 12, 2013

Department of Public Health, Office of Health Care Access
410 Capital Avenue
M.S. #13HCA, PO Box 340308
Hartford, CT 06134-0308

Attn: Deputy Commissioner Lisa A. Davis, MBA, BSN, RN

Re: Docket No. 12-31766, Acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. and Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology LLC

Dear Ms. Davis:

I am writing to notify you that Bridgeport Hospital hereby objects to the proposed final decision issued by Hearing Officer Kevin Hansted in the above-referenced case on March 26, 2013. The denial of this critical acquisition prevents the Hospital from moving forward on its strategy of establishing a comprehensive cancer center in Trumbull and blocks the integration of community-based imaging into the range of health care services the Hospital provides to patients.

The Hospital requests the opportunity to file exceptions and briefs, and to present oral argument. Please contact me if you have any questions at (203) 384-3946.

Sincerely,

Carolyn Salsgiver
Senior Vice President, Planning & Marketing

Cc: William M. Jennings
Norman A. Roth
Robert D. Russo, M.D.
Rebecca Matthews, Esq.
Michele Volpe, Esq.

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

April 12, 2013

Department of Public Health, Office of Health Care Access
410 Capital Avenue
M.S. #13HCA, PO Box 340308
Hartford, CT 06134-0308

Attn: Deputy Commissioner Lisa A. Davis, MBA, BSN, RN

Re: Docket No. 12-31766, Acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, P.C. d/b/a Robert D. Russo, M.D. and Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology LLC

Dear Ms. Davis:

I am writing to notify you that Bridgeport Hospital hereby objects to the proposed final decision issued by Hearing Officer Kevin Hansted in the above-referenced case on March 26, 2013. The denial of this critical acquisition prevents the Hospital from moving forward on its strategy of establishing a comprehensive cancer center in Trumbull and blocks the integration of community-based imaging into the range of health care services the Hospital provides to patients.

The Hospital requests the opportunity to file exceptions and briefs, and to present oral argument. Please contact me if you have any questions at (203) 384-3946.

Sincerely,

Carolyn Salsgiver

Carolyn Salsgiver
Senior Vice President, Planning & Marketing

Cc: William M. Jennings
Norman A. Roth
Robert D. Russo, M.D.
Rebecca Matthews, Esq.
Michele Volpe, Esq.

RECEIVED
APR 15 2013
Department of Public Health
Office of the Commissioner

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
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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

April 24, 2013

Ms. Carolyn Salsgiver
Senior Vice President
Planning and Marketing
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

Certified Mail: 7005 0390 0001 3506 9440

In RE: Certificate of Need Application, Docket Number 12-31766-CON
Bridgeport Hospital
Proposal for Bridgeport Hospital to acquire and operate two Magnetic Resonance Imaging scanners, one Computed Tomography/positron emission tomography scanner and four Computed Tomography scanners currently owned and operated by Russo Radiology PC.

NOTICE OF ORAL ARGUMENT

Bridgeport Hospital has requested oral argument regarding the recommendation of Hearing Officer Kevin Hansted, Esq. Pursuant to Section 4-179 C.G.S., Oral Argument for the above cited case has been scheduled as follows:

May 30, 2013 at 1:30 p.m.
Department of Public Health
3rd Floor, DPH Hearing Room
410 Capitol Avenue, Hartford, Connecticut

On May 30, 2013, you will have fifteen minutes to make your argument. If you wish to file briefs, you must do so by May 24, 2013. Please call Barbara Olejarz at (860) 418-7005 if you have any questions.

Lisa Davis, MBA, BSN, RN
Deputy Commissioner

4/24/13
Date

C: Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner

Connecticut Department of Public Health

Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
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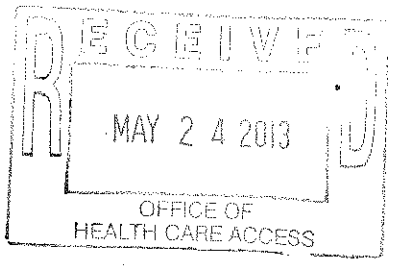
May 24, 2013



VIA HAND DELIVERY

Lisa Davis, Deputy Commissioner
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Certificate of Need Application, Docket Number 12-31766-CON
Bridgeport Hospital
Acquisition of One Magnetic Resonance Imaging Scanner, One Positron Emission Tomography/Computed Tomography Scanner and Three Computed Tomography Scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo M.D. & Associates Radiology and One Magnetic Resonance Imaging Scanner owned by Madison Radiology, L.L.C.

Dear Deputy Commissioner Davis:

Enclosed please find an original and five (5) copies of the Exceptions to Proposed Final Decision filed on behalf of Bridgeport Hospital, the applicant in the above-referenced matter.

We appreciate your consideration of the enclosed filing and the opportunity to present oral argument on May 30, 2013.

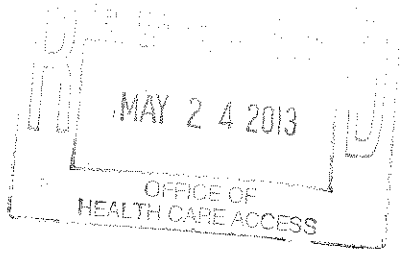
Sincerely,

Rebecca A. Matthews

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

DOCKET NO: 12-31766-CON

BRIDGEPORT HOSPITAL
ACQUISITION OF ONE MAGNETIC RESONANCE IMAGING SCANNER, ONE POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY SCANNER AND THREE COMPUTED TOMOGRAPHY SCANNERS OWNED BY ROBERT D. RUSSO, M.D./ MEDICAL SPECIALTY GROUP, PC D/B/A ROBERT D. RUSSO, M.D. & ASSOCIATES RADIOLOGY AND ONE MAGNETIC RESONANCE IMAGING SCANNER OWNED BY MADISON RADIOLOGY L.L.C.



May 24, 2013

EXCEPTIONS TO PROPOSED FINAL DECISION

Bridgeport Hospital, the applicant in the above entitled Certificate of Need ("CON") proceeding, respectfully submits the following exceptions to the Proposed Final Decision rendered by the Department of Public Health Office of Health Care Access ("OHCA") on March 26, 2013 (the "Proposed Decision"). Bridgeport Hospital intends to appear before OHCA on May 30, 2013 and present oral argument on these exceptions.

In this proceeding, Bridgeport Hospital (sometimes referred to herein as the "Hospital") seeks approval to acquire certain imaging equipment currently owned by Robert D. Russo, M.D./Medical Specialty Group, PC or an affiliate (hereinafter, "Russo Radiology"). Acquisition of the equipment will permit Bridgeport Hospital to (i) expand its outpatient radiology services to include off-campus locations in its service area, something that Bridgeport Hospital—a significant provider of care to the un- and under-insured in the State's largest urban area—currently lacks; (ii) move forward with and equip its planned comprehensive cancer center, in coordination with the Smilow Cancer Hospital; and (iii) provide its expanded radiology services as part of the Yale New Haven Health System ("YNHHS"), including its state-of-the-art electronic medical records system, and in collaboration with the specialized, expert radiology services of Yale School of Medicine ("YSM"). All of this will result in very substantial benefits

to patients, including improved and continued access to better, more efficient, specialized services and improved quality of care, especially for cancer patients and for underserved populations without adequate insurance—all without adding any new capacity to the region or the State.

As discussed in these exceptions:

- The Proposed Decision ignores record evidence of the significant benefits of the proposed transaction for Bridgeport Hospital, its patients and the State's health care system. Had these benefits properly been considered, OHCA would have concluded that its statutory mission, as set forth in Conn. Gen. Stat. § 19a-637 (2012), would be furthered only by granting the CON.

- The Proposed Decision fails—and in some cases openly refuses—to analyze the mandatory statutory guidelines, including the guidelines in the Statewide Health Plan, that govern all CON decisions, and to apply those guidelines to the record evidence. As such, the Proposed Decision does not comport with OHCA's obligations under Conn. Gen. Stat. § 19a-639 (2012) and does not follow the procedure required of OHCA under the law.

- The Proposed Decision hinges on an improperly narrow definition of "public need" that is not supported by law or by OHCA's own guidelines. Had "public need" been analyzed properly, it would have been clear that Bridgeport Hospital's proposal meets the community's need for expert cancer care and imaging services.

- Even when adopting the narrow approach to public need embodied in the Proposed Decision, an accurate assessment of the record evidence clearly shows that the Hospital's scanners are being used at or above recommended capacity, as are the scanners in the region, warranting approval of the Hospital's proposal to acquire certain less-utilized imaging equipment and put it to greater and more efficient use.

- The Proposed Decision is based on other findings and conclusions that are unsupported by the undisputed record evidence.

As such, the Proposed Decision is arbitrary and capricious, clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record, and contrary to the law.[1] Accordingly, the Applicant respectfully requests that OHCA reconsider the Proposed Decision and grant the requested CON.

[1] The Proposed Decision also does not analyze separately any of the scanners that the Hospital proposes to acquire, and therefore provides no guidance to the Hospital for future planning and possible acquisitions.

I. The Proposed Decision Disregards the Record Evidence of the Significant Benefits of the Proposed Transaction for Bridgeport Hospital, its Patients, and the Health Care System—All of Which Further OHCA's Statutory Mission—and Disregards the Mandatory Statutory Guidelines that OHCA Must Use to Decide CON Applications.

OHCA's important statutory mission is to "promote the provision of quality health care in a manner that ensures access for all state residents to cost-effective services so as to avoid duplication of health services and improve the availability and financial stability of health care services throughout the state." Conn. Gen. Stat. § 19a-637 (2012). The analysis and conclusions in the Proposed Decision are fundamentally inconsistent with that mission, which should govern every decision OHCA makes, and with the statutory guidelines that OHCA must use in deciding all CON applications.[2]

A. The Record Evidence Established that the Proposal Would Provide Enormous Benefits, Consistent with OHCA's Mission and Its Mandatory Statutory Guidelines

The undisputed record evidence established the following important benefits of the proposed transaction:

---

[2] Conn. Gen. Stat. § 19a-639(a) provides: "In any deliberations involving a certificate of need application filed pursuant to section 19a-638, the office shall take into consideration and make written findings concerning each of the following guidelines and principles: (1) Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the office; (2) The relationship of the proposed project to the state-wide health care facilities and services plan; (3) Whether there is a clear public need for the health care facility or services proposed by the applicant; (4) Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state; (5) Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region; (6) The applicant's past and proposed provision of health care services to relevant patient populations and payer mix; (7) Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services; (8) The utilization of existing health care facilities and health care services in the service area of the applicant; and (9) Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities."

- Bridgeport Hospital carefully planned the acquisition of existing equipment, rather than seeking to purchase new equipment that would expand capacity in the region, and focused on existing equipment with excess capacity so that it could be put to higher and better uses. Record at 21, 23, 141, 208–209, 214–215, 218–221, 223, 247, 284; Hearing Tr. at 10, 12–13, 30–32. For example, the Hospital would move both the MRI from Guilford, which is currently underutilized (738 scans, or 18% utilization, in fiscal year 2012 (*see* Proposed Decision Table 4; Applicant Exhibit 1))[3] and the underutilized CT scanner from Fairfield (900 scans, or 24% utilization, in fiscal year 2012 (*see* Proposed Decision Table 4; Applicant Exhibit 1)) to the new Park Avenue cancer center (the "Cancer Center"), where they are critically needed and will be put to greater use in the treatment and monitoring of cancer patients. Record at 18, 24, 26, 140, 143–144, 209, 214, 219–220, 235, 237, 239, 242, 265–266, 269–280; Hearing Tr. at 11–12, 16, 54–55. *This would promote greater access, utilization, and cost-effectiveness in the delivery of imaging in the region. Conn. Gen. Stat. § 19a-639(a)(5).*

- As discussed in more detail in Section II below, Bridgeport Hospital's scanners are currently at or near capacity and the Hospital's future patient care needs can only be met with additional equipment. Record at 142–144, 208–209, 211, 214–217, 222, 246, Applicant Exhibits 1 and 2; Hearing Tr. at 11–13, 26–27, 30–31, 68–69, 76. *This demonstrates high utilization of existing equipment, and the public need for the proposed services. Conn. Gen. Stat. §§ 19a-639(a)(8), (3), (7). It also shows that the existing utilization levels meet the standards established by OHCA in the Statewide Health Plan that warrant granting the CON. Conn. Gen. Stat. § 19a-639(a)(2).*

- As part of YNHHS, the proposed outpatient radiology services would be coordinated with YSM, ensuring a single, high-quality standard of care, coordinated scheduling across areas of expertise, and cost-effective access to radiology specialists at YSM, who can, for example, access and review images on the YNHHS picture archiving system, provide consultation within their specialized areas of expertise, and record their findings on YNHHS' electronic record system, which is accessible remotely by all physicians affiliated with YNHHS hospitals. Record at 20–21, 23, 38–39, 142, 209, 214, 218, 223, 235, 241, 266–267, 283–285; Hearing Tr. at 13, 16–17, 21, 78–79. *The proposal therefore would improve quality, accessibility and cost-effectiveness in the delivery of radiology care. Conn. Gen. Stat. § 19a-639(a)(5).*

- The planned Cancer Center will provide patients in Bridgeport Hospital's service area with quality cancer care in affiliation with the Smilow Cancer Hospital, and access to imaging services at the Cancer Center is integral to this care. It would also enable frail, compromised cancer patients to get essential radiology services without jeopardizing their health with additional travel. Record at 26, 143–144, 209, 212–215, 219, 235–237, 239, 242, 265–266, 269–280; Hearing Tr. at 8–9,

[3] The Hospital proposes to replace the Guilford MRI with a stronger 3.0T scanner, reducing the costs of that upgrade by selling the Guilford scanner. Record at 219, 247; Hearing Tr. at 71.

11–12, 16, 54–55, 58, 76. *The proposal therefore would improve quality, accessibility and cost-effectiveness in the delivery of radiology care and address a local need for improved cancer care in the Bridgeport area. Conn. Gen. Stat. § 19a-639(a)(5), (3), (7).*

- The establishment of the Cancer Center is consistent with, and will further the purposes of, OHCA's prior approval of the Smilow Cancer Hospital, which contemplated a network of affiliated cancer centers in the State. Record at 212, 308; Hearing Tr. at 8–9, 11, 76; *see also* Agreed Settlement, DN 04-30410-CON at 17, 27–28, 30. This affiliation would provide patients in Bridgeport Hospital's service area with access to cancer care in affiliation with one of the only NCI-Designated Comprehensive Cancer Centers in the region and also with the opportunity to participate in cancer-related clinical trials. *The proposal therefore would improve quality, accessibility and cost-effectiveness in the delivery of radiology care and address a local need for improved cancer care in the Bridgeport area. Conn. Gen. Stat. § 19a-639(a)(5), (3), (7).*

- Although the Cancer Center will not be complete until 2015, the uncontradicted record evidence established (i) that the imaging equipment to be acquired and moved to the Cancer Center is a critically important component of the care the Cancer Center will provide; (Record at 18, 24, 26, 140, 143–144, 209, 214, 219–220, 235, 237, 239, 242, 265–266, 269–280; Hearing Tr. at 11–12, 16, 54–55) and (ii) approval of the plans to acquire imaging equipment for the Cancer Center is needed ***now*** if the final planning and construction is to go forward so that the Cancer Center can open in 2015.[4] Record at 209, 213–214, 219, 307–308; Hearing Tr. at 11, 55–56. In fact, some cancer services (e.g., radiation therapy) are already being provided at the site and OHCA has granted previous certificates of need to Bridgeport Hospital relating to equipment for the Cancer Center (e.g., to acquire a linear accelerator and a CT simulator). Record at 213, 239; Hearing Tr. at 53; *see also* Final Decision, DN 08-31279-CON and Final Decision, DN 10-31548-CON. *Denying the CON would therefore preclude, or substantially delay, opening of the Cancer Center and undermine the Hospital's efforts to improve quality, accessibility and cost-effectiveness in the delivery of radiology*

[4] This evidence is contrary also to the August 23, 2012 letter from St. Vincent's Medical Center. That letter claimed that the Hospital's application did not support the need to move the Guilford MRI to the Cancer Center because it was not yet open, but uncontradicted testimony demonstrated the need for approval now so that the construction plans for the Cancer Center can move forward. Record at 209, 213–214, 219, 307–308; Hearing Tr. at 11, 55–56. The letter also idly speculates that the Hospital's current MRI in Bridgeport could somehow also serve the Cancer Center in Trumbull. Leaving aside the record evidence that even conservative projections, previously accepted by OHCA (*see* Part II.A.1), have the Hospital MRI operating at or above capacity by the time the Cancer Center opens, the suggestion entirely misses the point of the Park Avenue project—to provide comprehensive, high-quality cancer care in a single location for the people in the Bridgeport area, which requires on-site imaging services for cancer patients.

care and address a local need for improved cancer care in the Bridgeport area. Conn. Gen. Stat. § 19a-639(a)(5), (3), (7).

- Bridgeport Hospital agreed, subject to approval of the proposed transaction, to eliminate the PET/CT scanner currently used at its main campus location. (The PET/CT scanner used by the Hospital at its main campus location is leased by the Hospital from a third party and is currently available to patients on a part-time basis; upon acquisition of the PET/CT scanner owned by Russo Radiology, the Hospital would be in a position to terminate this lease.) As such, the proposed transaction would ***reduce*** the number of PET scanners currently in use in the service area. Record at 209, 220, 245; Hearing Tr. at 23, 34–35. *The proposed transaction would therefore reduce unnecessary duplication of imaging services and enhance cost-effectiveness in the delivery of radiology care in the region. Conn. Gen. Stat. § 19a-639(a)(9), (5).*

- Bridgeport Hospital indicated that, subject to the CON being approved, the PET/CT scanner currently used by Russo Radiology part-time as a CT scanner and part-time as a PET scanner would cease to function as a CT scanner and would solely perform PET scans thereby ***reducing*** the number of CT scanners currently in use in the service area. Record at 220, 245. *The proposed transaction would therefore reduce unnecessary duplication of imaging services and enhance cost-effectiveness in the delivery of radiology care in the region. Conn. Gen. Stat. § 19a-639(a)(9), (5).*

- The proposed acquisition would allow Bridgeport Hospital to expand its services across the continuum of care, as contemplated by federal health care reform, as outpatient radiology services will be crucial if the Hospital is to manage the health of patient populations and take on risk for health care outcomes outside the acute care setting. Record at 21, 23–24, 38–39, 141–142, 208, 217–218, 282, 285; Hearing Tr. at 14, 20–21, 41–42, 69–70. The acquisition would enable the Hospital to provide community-based outpatient imaging, which it currently cannot do; in fact, Bridgeport is the only major urban area in the State without a hospital that provides this service. Record at 20–21, 141–143, 208, 212, 215; Hearing Tr. at 8, 14, 20–21, 25, 79. This would improve patient access to local imaging services, which will be provided more efficiently through coordinated scheduling and with reduced duplication of scans through system-wide implementation of YNHHS's EPIC medical records system. Record at 20, 23, 29, 38–39, 142, 209, 214, 218, 223, 235, 239, 241–243, 267, 284–285; Hearing Tr. at 13–14, 19–20, 49, 78. *The proposed transaction would therefore reduce unnecessary duplication of imaging services and enhance cost-effectiveness in the delivery of radiology care in the region. Conn. Gen. Stat. § 19a-639(a)(9), (5).*

- The proposed decision would ensure continued access to imaging services to Medicaid and charity care patients in Bridgeport Hospital's service area. The Hospital treats a large volume of un- and under-insured patients due to its location in Connecticut's largest urban area. Record at 37, 283–284, 310–311; Hearing Tr. at 15, 18–19, 50, 78. Consistent with its nonprofit mission, the Hospital will

assure that this population continues to have access to quality imaging care. The future access of this patient population is at best uncertain if the CON is denied. Although Russo Radiology generously provides services to the uninsured and underinsured currently, Dr. Russo has no obligation to do so, and he correctly testified that he may not always be in a position to continue this service. And there are no guarantees that this population will have access to quality imaging services following his retirement. Hearing Tr. at 70. As a nonprofit hospital affiliated with YNHHS, Bridgeport Hospital is in a position to ensure access for this population into the future.[5] *Accordingly, approval of the CON would promote greater access including for uninsured and underinsured patients, to imaging services in the region. Conn. Gen. Stat. § 19a-639(a)(5).*

- The proposed acquisition would provide a new revenue stream to the Hospital that is critically needed to help offset the ongoing cost of providing important community services—such as: the Hospital's Primary Care Center; behavioral health programs (adult, adolescent, and pediatric); diabetes education programs; emergency services; and, women's health services, including antenatal testing—that the Hospital provides at a loss. Record at 218, 222–223, 307; Hearing Tr. at 14. Especially in light of impending State budget cuts and increasing obligations under health care reform, denial of the CON would undermine the financial stability of the Hospital, which is at the core of health care delivery in the largest and poorest urban region in the State. Record at 21, 23–24, 37–38, 141–142, 208–209, 217–218, 282–284, 285, 307; Hearing Tr. at 14–15, 18–19, 50, 78. *The proposed acquisition is therefore important to and would further the financial strength of the health care system in the State. Conn. Gen. Stat. § 19a-639(a)(4).*

Based on the record, there can be little question that the proposed transaction would advance OHCA's mission of promoting access to high-quality, cost-effective health care while improving the availability and financial stability of health care services. It is equally clear from the record evidence discussed above that the statutory factors that OHCA is required to consider support granting the CON application.

[5] The need to provide care to those who are uninsured and underinsured is one of the reasons—along with the burden of providing certain critical community services, such as emergency and behavioral health services at a net loss—that hospitals' overall costs of operation are higher than for other providers. It is also one of the reasons that higher hospital charges for certain services end up serving the community, by helping hospitals continue to provide care to the underserved and underinsured and continue to provide vital services to the community at a loss. *See* Part I.A., last bullet.

B. The Proposed Decision Fails to Take into Consideration and Make Written Findings on the Guidelines and Principles Set Forth in Conn. Gen. Stat. 19a-639.

State law requires that, in deciding any CON application, OHCA "shall take into consideration and make written findings" on the nine, statutorily prescribed "guidelines and principles." Conn. Gen. Stat. § 19a-639; *see supra* note 2. Each of these guidelines and principles must be considered in light of OHCA's overarching mission to ensure accessibility to cost-effective, quality care.

The Statutory Guidelines. The Proposed Decision does not abide by the statutory mandate. It barely addresses the record evidence referenced in Part I.A above, and in many instances it simply disregards it entirely. For example, it ***does not even mention*** the proposed affiliation with YNHHS and Smilow Cancer Hospital, the coordination of care with YSM and its radiology specialists, and the opportunity for patients in the Bridgeport Hospital service area to participate in clinical trials under the auspices of the region's only NCI-designated cancer center. Record at 20, 23, 142, 209, 212–214, 218, 236–237, 266–267, 283, 285; Hearing Tr. at 8–9, 13, 16–17, 21, 76, 79. Nor does it analyze the financial impact of the proposal on Bridgeport Hospital (Record at 21, 23–24, 37, 141–142, 209, 218, 282–283; Hearing Tr. at 14, 41–42, 69–70) or the impact that the denial of the application could have on the many underserved in the Bridgeport service area. Record at 141, 208–209, 218, 221, 223, 283–284; Hearing Tr. at 14–15, 18–19, 46–50, 68–70, 77–79.

Instead, the Proposed Decision offers one-sentence, conclusory findings as to several of the statutory guidelines—stating, for example, that Bridgeport Hospital has failed to demonstrate that the transaction would serve a public need (Conn. Gen. Stat. § 19a-639(a)(3) and (7)), would improve the quality, accessibility, and cost-effectiveness of health care delivery in the region (Conn. Gen. Stat. § 19a-639(a)(5)), and would not result in unnecessary duplication of existing services (Conn. Gen. Stat. § 19a-639(a)(9)). *See* Proposed Decision FF 32, 34, 36, 38. The Proposed Decision offers no analysis to support these conclusory findings and cites *no evidence* in the record supporting them. In fact, as reviewed in Part I.A. above, the record evidence relevant to each of these factors supports granting the Application.

To focus on just one example, no record evidence or logic supports the finding that the proposed acquisition of equipment would result in duplication of imaging services (Proposed

Decision FF 38). First, a simple change of ownership of existing equipment *by definition* does not result in an increase in duplication of services. Second, the evidence in the record can *only* be read to support a finding that the proposed acquisition of equipment would ***reduce*** duplication of imaging services—by using centralized, coordinated scheduling, by having all imaging stored and accessible on the YNHHS state-of-the-art electronic medical records system, and by removing two scanners (one CT and one PET) from the service area. Record at 23, 29, 38–39, 142, 209, 214, 218, 220, 223, 235, 239, 241–243, 267, 285; Hearing Tr. at 13–14, 19–20, 34–35, 48–49, 78. There is *no evidence* in the record to support the opposite conclusion—that the acquisition and integration of the imaging services by the Hospital would increase duplication of services—and the Proposed Decision cites none.

In lieu of analysis, the Proposed Decision also makes several "findings" as to what Bridgeport Hospital "claims," without analyzing the record and making an informed determination about those claims. For example, the Proposed Decision finds that Bridgeport Hospital "claims the following as the basis for the proposed acquisition of the scanners," and notes that one of those claimed purposes is "[t]o operate more efficiently and cost effectively due to Bridgeport Hospital's ability to enhance electronic connectivity, centralize scheduling procedures and reducing imaging duplication." Proposed Decision FF 12; *see also*, Proposed Decision FF 29 (noting that Bridgeport Hospital "asserts" that its proposal is cost effective, will expand the continuum of care it provides, and reduce duplication in testing through implementation of EPIC electronic medical records across all the Hospital sites). But the Proposed Decision does not go on to review the record evidence and determine whether those claims and assertions are accurate and supported by the record, even though they directly relate to the statutory guidelines that OHCA must consider. (In fact, as reflected in Part I.A. above, the Hospital's core claims and assertions are all supported by the record.) Blanket conclusions without analysis of the record evidence are insufficient to meet OHCA's statutory mandate and insufficient to meet the fundamental requirement of administrative law that an agency make a reasoned decision based on a review of the record evidence. *E.g., Spitz v. Board of Examiners*, 127 Conn. App. 108, 115-16 (2011) (agency's factual findings must be based on substantial evidence in the administrative record and its legal conclusions must result from a correct application of the law to the facts found and reasonably and logically follow from such facts).

The Statewide Health Plan. One of the explicit statutory guidelines that OHCA is required to consider is the relationship of the proposed transaction to the Statewide Health Care Facilities and Services Plan (the "Statewide Plan" or "Plan") (Conn. Gen. Stat. § 19a-639(a)(2)). The Proposed Decision expressly acknowledges that it makes no findings on the relationship between the Application and the Statewide Plan—on the sole ground that the Hospital's CON application was deemed complete before the Plan was published. Proposed Decision FF 31. That makes no sense and is wrong as a matter of law. While the Statewide Plan was not yet published when the Application was deemed complete, the Plan was finalized and dated October 2012, and it was published in November 2012—while the Application was still pending, before the hearing on the Application took place, and long before OHCA's proposed decision was issued.[6] Indeed, at the November 19, 2012 hearing on the CON application, in response to references to the Statewide Plan by the Hospital's counsel, the hearing officer specifically noted that the Plan was already published and in effect.[7] Hearing Tr. at 75.

Not only is OHCA not precluded from considering the Plan in making its decision, it is legally required to consider it. When the legislature enacted Public Act 10-179, it emphasized that the Plan was to be a key component of OHCA's CON decision-making. Public Act Summary for Public Act 10-179, The Connecticut General Assembly's Office of Legislative Research at 29. As enacted, the legislation requires that OHCA "***shall*** take into consideration and make written findings" concerning "[t]he relationship of the proposed project to the

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[6] The Plan provides that it "becomes effective upon publication date," which was either October or November 2012, and will be applied to CON applications 90 days after the effective date. Statewide Plan §1.6. That means the Plan became applicable in January or February 2013—well before OHCA's March 26, 2013 Proposed Decision. The conclusion that the Plan should be applied if in effect at the time of the decision is reinforced by subsequent language in the same provision of the Plan, which states that, in deciding CON applications, OHCA will use the version of the Plan in effect "on the date of decision, regardless of when the application was filed or public hearing held." Statewide Plan §1.6.

[7] Under the Uniform Administrative Procedures Act, in making its decision, OHCA is free to consider not only the Statewide Plan, but "any agency memoranda or data"—provided the parties are given timely notice of those materials. Conn. Gen. Stat. 4-178(7). The parties could not have been more on notice of the Statewide Plan, which was distributed in draft form and subject to review and comment by all stakeholders long in advance of final publication in October, 2012, and, as noted above, was actually discussed by Bridgeport Hospital, and the hearing officer, at the hearing on the CON. Record at 221–222, 243; Hearing Tr. at 75.

statewide healthcare facilities and services plan." Conn. Gen. Stat. § 19a-639(a)(2) (emphasis added). The Plan was final and published when OHCA was considering this CON, and yet OHCA did not take it into consideration and did not make written findings on its relationship to the pending application, as it was required by law to do.[8]

Disregarding the Statewide Plan is significant because the Plan identifies the recommended capacity for each type of scanner that is at issue in this Application, as well as the specific utilization level (85% of capacity) that an applicant must establish to obtain a CON to acquire imaging equipment. Statewide Plan § 5.4. As a practical matter, OHCA's CON prior decisions have long relied on an 85% utilization standard (a standard that recognizes the need for downtime, maintenance, emergency use, etc.), and that is a target recommended by national health planners as well.[9] As discussed in Part II below, the record here shows that the Hospital's proposed acquisition plainly meets the standards in the Statewide Plan.

OHCA's Established Policies and Standards. The Proposed Decision also refuses to evaluate the relationship of the proposed CON to OHCA's established policies and standards because they are still pending codification in regulation. Proposed Decision FF 30. Those policies and standards, however, have been published and used by OHCA since late 2010,[10] and should have been considered here.

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[8] It does not matter that the Plan states that its new standards and guidelines will not be used in CON proceedings until they are adopted as regulations. Statewide Plan §§ 1.5 and 1.6. The only standards OHCA has established for CON applications to acquire imaging equipment are those developed and published in the Statewide Plan. As discussed above, the legislature specifically required OHCA to develop and publish the Statewide Plan and required OHCA consider it in CON decisions—without any directive to delay such consideration until portions of the Plan are adopted in regulations. It is unclear if and when such regulations will finally be promulgated. OHCA is not free to indefinitely defer compliance with a statutory mandate requiring it to consider the Statewide plan in making CON determinations. If that were to be permitted, OHCA would effectively change the applicable statutory provisions itself.

[9] OHCA noted in a recent presentation that an 85% utilization standard is based on recommendations from the National Guidelines for Health Planning for various services, including bed capacity. *See* report of Brian A. Carney, MBA, Associate Research Analyst for OHCA, on Acute Care Hospital Bed Need (July 28, 2011).

[10] Draft policies were issued in June 2010, following the adoption of Public Act 10-179. The Department of Public Health's official notice of its intent to adopt the policies as regulations was published in the Connecticut Law Journal on December 28, 2010.

While OHCA's published policies and standards do not expressly address the acquisition of existing equipment, they recognize that changes that do not alter capacity (e.g., changes of ownership) are evaluated under a different standard than proposals to establish new services or acquire new equipment. When evaluating a transfer of ownership of a health care facility, OHCA focuses not solely on utilization and demand in evaluating public need, but on the impact of the proposed transaction on access, services, and the financial health of the applicants and the state health care system.[11] The transaction here is more akin to a change of ownership than to the acquisition of new equipment or the establishment of a new facility.[12] Bridgeport Hospital has proposed to satisfy its current and projected patient care needs by acquiring existing equipment so as not to add to existing capacity. Evaluating Bridgeport Hospital's proposal against the standards for a change of ownership, Bridgeport Hospital clearly established that patient access to needed services would be preserved or enhanced and that approval of the CON would improve care and contribute to the financial health of both the Hospital and the State's health care system, as discussed in Part I.A above.

By refusing to use the statutory standards that the legislature specifically directed OHCA to consider in deciding CON applications, and by disregarding the standards OHCA published in the Statewide Health Plan and its published policies and standards, the hearing officer issued a Proposed Decision that was unreasonable, arbitrary, and contrary to law.

II. The Proposed Decision Is Based on A Misunderstanding and Misapplication of the "Public Need" for the Proposed Acquisition.

The clear focus of the Proposed Decision is that Bridgeport Hospital failed to establish a clear "public need" for its proposed acquisition, based on the hearing officer's assessment of the Hospital's utilization of its existing equipment and the available capacity of other equipment in

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[11] In fact, OHCA uses a separate application form for changes of ownership and examines how the change in ownership will affect: continuity of care; the quality and delivery of care; patient access to services, especially access of underinsured and uninsured patients; and the financial strength of the parties to the transaction and of the state's health care system. OHCA's CON Application Form – Transfer of Ownership or Control, available at http://www.ct.gov/dph/lib/dph/ohca/forms/ownershipchangeconapp.pdf.

[12] As the Proposed Decision noted, all of the Russo Radiology equipment to be acquired had already received OHCA approval. *See* Proposed Decision, notes to Table 2.

the region. Proposed Decision FF 25, 32, 36, 37. As discussed below, that assessment contained a number of significant errors that led to erroneous results. Moreover, it reflects an extremely narrow and statutorily unsupported view of "public need"—equating it to nothing more than a rote calculation of utilization and capacity. Public need encompasses much more. The agency is not required to disregard the need of residents in the Bridgeport area to have access to high-quality, community-based imaging services, the need of Bridgeport patients, especially cancer patients, to have access to specialized radiology services provided under the auspices of YSM, or the need of immunocompromised cancer patients to have access to first-rate cancer care without jeopardizing their health by traveling to get radiology services that are essential to their treatment. Had the hearing officer properly considered all of these important patient needs, public need would have been evident. Instead, he disregarded all of those needs, maintaining what appears to be a myopic focus on what proved to be erroneous calculations of capacity and use.

To warrant approval of a proposed acquisition of imaging equipment, the Statewide Plan requires an applicant to show *either:* a) that utilization of the applicant's own imaging equipment exceeds 85% of current capacity, *or* b) that utilization of current capacity in the primary service area exceeds 85%, Statewide Plan § 5.4,[13] standards that OHCA has used informally in prior decisions. Here, the record shows that *both* criteria are met and that approval of the Application is therefore warranted.[14]

A. The Record Evidence Shows that Bridgeport Hospital Is Utilizing Its Imaging Equipment At or Above Recommended Capacity

In the Proposed Decision, OHCA disregards or misconstrues utilization data provided by Bridgeport Hospital and comes to the erroneous conclusion that Bridgeport Hospital's existing equipment can accommodate anticipated patient needs. When corrected for these errors, the data

[13] Even if neither of the two criteria is met, the Statewide Plan allows approval of an application if other factors are demonstrated. Statewide Plan § 5.4. This is discussed *infra* Part II.D.

[14] The Statewide Plan establishes benchmark capacity numbers for each type of scanner: MRI – 4,000 scans per year; CT – 12,000 scans per year (for hospital-based CT scanners)/ 3,700 scans per year (for outpatient scanners); PET – 700 scans per year. It also establishes a target utilization of 85% of capacity. Statewide Plan § 5.4.

clearly establish that Bridgeport Hospital's current utilization levels are at or above recommended target levels.[15]

The Proposed Decision focuses on historic change in utilization of the Hospital's existing scanners, and concludes that there has been an overall decline in MRI and CT volume at the Hospital. Proposed Decision Table 1 and FF 8. Leaving aside for the moment the errors in that analysis, it is notable that the Decision looks only at the possible decline in usage—and not at the utilization itself. If volumes on the Hospital's scanners remain at or above 85% of the recommended capacity for each machine, it is clear that there is a need for additional capacity under OHCA's own guidelines. Overutilization itself further diminishes potential volumes—an overused machine cannot accommodate additional patients even if the demand is there.

That volumes on the Hospital's scanners were at or above target utilization, and that the declines were not as depicted in the Proposed Decision, becomes even clearer when the errors and omissions in the Proposed Decision are corrected.

1. The Hospital's MRI

In Table 1 in the Proposed Decision, OHCA calculates a three (3) year decline in MRI volumes of 2%. There are a number of problems with this calculation:

- The volumes for all years prior to fiscal year 2012 do not reflect Bridgeport Hospital's MRI utilization—because prior to June 2012, the Hospital ***did not have an MRI*** and from June 2012 through October 2012 the Hospital had a temporary MRI in a trailer. Record at 25; Hearing Tr. at 26, 33–34, 37–39. Prior to June 2012, the Hospital contracted with Advanced Radiology Consultants for the use of its MRI, solely to perform scans on the Hospital's emergency department patients and inpatients. The volumes cited by OHCA in Table 1 are the total volumes for Advanced Radiology Consultants' MRI in fiscal years 2009, 2010 and 2011, and do not reflect volumes specific to Bridgeport Hospital. In fact, no evidence was submitted—or available to the Hospital—to indicate what percentage of that total reflects the Hospital's use of the MRI. *Thus, there is no*

[15] Even if the target capacity numbers in the Statewide Plan are ignored (*see supra* note 14), Bridgeport Hospital submitted evidence of capacity for each of the scanners using hours of operation, average scans per hour, and allowances for downtime/maintenance and holidays. Applicant Exhibit 2. Under either analysis, utilization of the Hospital's existing scanners is currently at or above target and new scanners are necessary to accommodate projected demand. *See* discussion *infra* Part II.A.1–3.

basis in the record for the finding that the Hospital's MRI volume declined over the past three years. Proposed Decision FF 8.

- Although the Hospital showed low estimated MRI volumes for fiscal year 2012, the uncontradicted evidence the Hospital presented showed that those estimates resulted from the fact that it only began to operate its own MRI in June 2012 from a trailer. Record at 25; Hearing Tr. at 33, 37–38. While in the trailer, the MRI was far less accessible to patients. In addition, the trailer had no waiting area in which patients could be prepped and staged, which understandably limited patient throughput and overall utilization of the scanner. There is no evidence in the record that would indicate that the Hospital's 2012 volumes—which were annualized at OHCA's request and based on sixteen (16) weeks of operation under unusual circumstances—were the norm.

- The Proposed Decision did not accept the Hospital's projected 2% increase in volumes for fiscal year 2013 and beyond. Proposed Decision FF 14, 22. But the Hospital's moderate volume projections were virtually identical to the projections that OHCA accepted when it approved the Hospital's acquisition of the new MRI in Docket Number 11-31722-CON.[16] Final Decision, DN 11-31722-CON at 6–7. Finding the same projections reasonable in the previous, but recent, CON but not accepting them in the current application, makes no sense and makes the resulting denial of the application arbitrary and capricious.

- The Hospital's projected 2% annual increase in imaging services is also consistent with overall projected increases in inpatient and outpatient demand of 3% and 2%, respectively. These estimates were based on historical experience of the Hospital and are, therefore, reasonable and conservative. Record at 216, 246; Hearing Tr. at 42. In addition, the reasonableness of the Hospital's projections was supported by the record evidence of (i) national publications estimating projected increases of about 2% annually for MRI services specifically (Record at 34, 50, 216, 246, 261–263); (ii) independent consultant reports supporting the projections (Record at 245, 315–321; Hearing Tr. at 42–43); (iii) anticipated increased demand in connection with the opening of the Cancer Center (Record at 143, 216–217, 246); and (iv) increased demand anticipated as a result of physician recruitments. Record at 217, 235, 247; Hearing Tr. at 54. This third-party data was improperly and summarily ignored by OHCA, as was the record evidence of historical and planned physician recruitments, all of which support Bridgeport Hospital's position that the need for imaging services in its service area will increase.

Corrected Tables 1 and 4, attached hereto as Exhibits A and B, reflect the corrected data and calculations, which show a 2012 MRI utilization of 75% based on the standards in the Statewide Health Plan, even with the abnormally low volumes for fiscal year 2012 explained above, and a

[16] Final Decision, DN 11-31722-CON was entered into the record by OHCA as Exhibit 2.

projected utilization of 118% by 2015. If capacity is calculated based on hours of operation and average scans per hour (adjusted for reasonable downtime/maintenance and holidays), the MRI utilization is slightly lower only for the initial year of partial operation in 2012 (65%), but quickly rises to almost 100% in fiscal year 2013, the first full fiscal year in which the MRI will have been operation. Applicant Exhibit 2.

2. The Hospital's CT Scanners

OHCA's Table 1 also identifies a decline in CT volumes at the Hospital, but those calculations are based—again—on significant errors. Corrected Table 1 (Exhibit A hereto), reflects the corrected data and calculations, based on the record evidence.

- Had the Proposed Decision included FY 2012 data in its analysis of current CT scan volumes, which was specifically requested by OHCA, it would have found that Bridgeport Hospital's CT scan volume increased in FY 2012, resulting in a 1% increase in scan volume from FY 2011 and an overall utilization rate of 87% for FY 2012, even without adjusting for the changes in CPT coding described below. Applicant Exhibit 2; Corrected Table 1 (Exhibit A hereto).

- The calculation of a decline is also erroneous because no adjustment was made for changes in CPT coding—something the Proposed Decision acknowledged (Proposed Decision FF 13) but did not take into account in its calculations. As explained in the record, the 2011 change in CPT codes meant that certain types of scans previously counted as two scans were now counted as a single scan—without any actual change in the usage of the scanners following the change in CPT codes. Record at 31 (Table 2b), 33, 144–145; Hearing Tr. at 65. A clear example of this is highlighted on page 31 of the Record, which shows an otherwise inexplicable drop in pelvic exams from 2,191 scans in 2010 to 158 scans in 2011. This "decline" is due not to a reduction in the number of CT scans performed on the machines at issue, but to the fact that many pelvic exams are now combined from a coding perspective with abdominal scans. When corrected for the CPT code change, the FY 2011 and FY 2012 CT scan volumes for the Hospital's two CT scanners combined show *increases* over the previous years, overall utilization rates for those years of 94% and 95%, and no change in CT scan volumes over the past four years. *See* Table 1a (Exhibit A hereto).

The record evidence, therefore, demonstrates that Bridgeport Hospital's CT scanners currently run above OHCA's recommended 85% utilization rate—as compared to *either* the capacity standards in the Statewide Health Plan or the capacity analysis based on hours of operation—and cannot accommodate the current CT scanner needs of its patients, and that the

Proposed Decision's contrary findings are erroneous and unsupported by the record. Record at 142–144, 208–209, 211, 214–217, 222, 246, Applicant Exhibit 2; Hearing Tr. at 11–13, 26–27, 30–31, 68, 76. There is no basis in the record to conclude that Bridgeport Hospital could accommodate its future patient needs for CT scans on its current imaging equipment. The Proposed Decision, in fact, ignores the record evidence of consultant reports and market research assessments that support Bridgeport Hospital's conservative utilization projections. Record at 261–263, 315–321; Hearing Tr. at 7–8. It also ignores the undisputed evidence that the Cancer Center and planned physician recruitments will increase the demand for CT scan services. Record at 143, 216–217, 235, 246–247; Hearing Tr. at 54. Compounding these errors, the Proposed Decision also unjustifiably ignores national, third-party research supporting projected increases for CT and other imaging services. Record at 34, 50, 216, 246, 261–263; Hearing Tr. at 42–43.

Corrected Table 1 clearly shows that current utilization is at or above the recommended 85% capacity, establishing a clear public need for additional CT capacity for the Hospital. That need is even greater when the undisputed record evidence of anticipated increased demand is taken into account.

3. The Hospital's PET Scanners

Table 1 in the Proposed Decision shows a significant three-year increase in utilization of the Hospital's PET scanner, but this too underestimates utilization.

- Had the hearing officer included the FY 2012 data in the record in the analysis of current PET scan volumes, it would have shown that the Hospital's PET scan volume has increased dramatically in FY 2012, resulting in an 82% increase in scan volume over the last four years and a utilization rate of 183% for FY 2012. *See* Corrected Table 1 (Exhibit A hereto).

- Even that data does not fully reflect demand at the Hospital for PET scans, as it does not account for the record evidence of the significant obstacles to the growth in the use of the PET scanner. The Hospital has no fixed PET scanner, and instead leases a mobile PET scanner which is currently available two half-days per week in a trailer parked outside the main hospital building. Record at 246; Hearing Tr. at 57. The part-time availability and location in a trailer reduce demand and volumes, in addition to imposing a burden and health risks on cancer patients struggling with immunosuppression and fatigue:

- The trailer is a cramped space that does not permit for the smooth flow of patients to and from the machine, meaning longer scan times per patient, and fewer patients to whom the equipment is available. Hearing Tr. at 38 (describing similar difficulties with a mobile MRI in a trailer).

- Physicians referring patients for PET scans often require scans at regularly scheduled times throughout their patients' treatment. Because Bridgeport Hospital has relatively few regular appointments available for PET scans, it cannot accommodate patients with specific scheduling requirements. Hearing Tr. at 61–62.

- Considering the actual hours of operation and scans per hour (adjusted for downtime/maintenance and holidays), the Hospital's existing PET scanner is operating well above capacity (143% of capacity for fiscal year 2012). Applicant Exhibit 2.

- The Hospital's projected utilization figures for a PET scanner are supported by the record evidence as well:

  - The ability to operate a PET scanner on a full-time schedule would provide access to patients of those physicians who would not send patients to the mobile PET scanner because of the limited availability of scan appointments and allow additional volume that cannot be currently accommodated. Hearing Tr. at 61–62.

  - The opening of the Cancer Center will increase the demand for PET scan services. Again, these immunosuppressed patients who often suffer from fatigue as their treatments progress need access to quality, comfortable PET scanners; this cannot be achieved in a trailer. Record at 143, 215–217, 237, 246, 265–266; Hearing Tr. at 57–58.

Based on the above, the record evidence of capacity and utilization conclusively demonstrates that Bridgeport Hospital cannot accommodate its current patients' PET scan needs on its current imaging equipment, much less its anticipated patient needs, and that there is a clear public need for an additional PET scanner. The Proposed Decision not only does not address the record utilization evidence and analyze it in light of applicable standards; it offers no calculation and analysis of utilization at all, abdicating its responsibility to consider utilization (Conn. Gen. Stat. § 19a-639(a)(8)) and public need (Conn. Gen. Stat. §§ 19a-639(a)(3), (8)).

4. The Proposed Decision Miscalculates the Projected Utilization of the Hospital's Scanners

Table 4 in the Proposed Decision summarizes projected utilization of the Hospital's current scanners and those proposed for acquisition. Curiously, though, it includes projections only for "scanners *remaining in their current location*," and simply disregards the projected utilization of those scanners that would be moved to the Cancer Center. (For the years after that equipment would be moved, the Table denotes "n/a" rather than the projected utilizations provided in the record evidence.) Applicant Exhibit 2; Proposed Decision FF 11 and Table 4.

For example, the Fairfield CT scanner is projected to have 4,165 scans and the Guilford MRI is projected to have 3,933 scans in 2015 after they are moved to the Cancer Center. *See* Corrected Table 4 (Exhibit B hereto). The Proposed Decision ignored this record evidence, focusing only on the lower volumes in years preceding the move to the Cancer Center. Applicant Exhibit 2. Similarly, the Bridgeport PET scanner is proposed to be acquired and moved first to the Hospital campus in 2013 (with projected volumes of 341 in 2013 and 348 in 2014) and then to Park Avenue in 2015 (with a projected volume of 466). *See* Applicant Exhibit 2; Corrected Table 4 (Exhibit B hereto). The Proposed Decision disregards these projections entirely and the record evidence supporting them.

In doing so, the Proposed Decision not only impermissibly disregards the record evidence, it turns a blind eye to one of the central purposes and benefits of the proposed transaction—to acquire underutilized scanners and move them to Hospital locations where there will be greater demand and where they will be put to higher and better use, to the benefit of area patients.

B. The Record Evidence Shows that The Imaging Equipment in the Region Is Being Utilized At or Above Recommended Capacity and Cannot Effectively Provide Additional Capacity for Bridgeport Hospital.

Under the Statewide Plan, public need for the acquisition of equipment can be established not only by showing utilization of the applicant's equipment exceeding 85%, but also by showing that the utilization in the region exceeds 85%. Statewide Plan § 5.4. Table 5 of the Proposed Decision provides volumes for all imaging providers in the Hospital's primary and secondary service areas, using data from a 2010 imaging providers' survey, and the Proposed

Decision concludes that other providers in the region can "ensure outpatient access for Bridgeport Hospital's patient population to all imaging services." Proposed Decision FF 25. That finding is clearly erroneous and not supported by the record.

First, as shown on Expanded Table 5, attached hereto as Exhibit C (which calculates the percent utilization for each scanner in the service area), the total utilization of capacity in the primary service area served by Bridgeport Hospital exceeds 85% for both MRI and CT—indicating that there is ***not*** excess capacity in the region. Although PET/CT utilization statistics in the primary service area are lower, PET/CT is a specialized service Bridgeport Hospital primarily uses for cancer patients. Record at 143; Hearing Tr. at 58. The equipment in the region, therefore, does not have the capacity to ensure access to Hospital patients for their imaging needs, contrary to the Proposed Decision's finding.

Second, the Proposed Decision does not take into account differences in the scanners in the region that would affect the Hospital's ability to utilize them—to the extent they have excess capacity. As shown on Expanded Table 5 (Exhibit C hereto) (which includes information about the strength and age of the existing scanners in the region), there are a number of 8-slice CT scanners in the service area, one of which is in Trumbull. These machines do not, however, have the same capabilities as the equipment that Bridgeport Hospital proposes to move to the Cancer Center (16 slice CT scanner purchased in 2008) and cannot accommodate the types of sophisticated exams physicians typically order for cancer patients.[17] Similarly, the lower volume MRIs in the area (for example, the 0.7T open MRI operated by Diagnostic Imaging of Milford in Milford, the 0.35T open MRI operated by Advanced Radiology Consultants in Trumbull, and the 1.0T MRI operated by Fairfield County Imaging in Trumbull[18]) are all lower strength or older

[17] OHCA's Table 5 also included a 4-slice CT operated by Fairfield County Imaging at 115 Technology Drive in Trumbull. Our understanding is that this location has been closed and that this CT scanner is no longer in operation. Although the volumes on that scanner were low in 2010, removing that CT scanner from the capacity analysis for the region further highlights the high utilization of existing equipment in the area, and further supports Bridgeport Hospital's need to acquire the equipment owned by Russo Radiology in order to have access to unused capacity for its patients.

[18] *See supra* note 17. We understand that the Fairfield County Imaging location at 115 Technology Drive in Trumbull has closed. We believe that this MRI is also no longer in service. Removing this MRI scanner from the capacity analysis for the region further highlights the high utilization of existing MRI equipment in the area, and further supports Bridgeport Hospital's

magnets that cannot perform certain scans that require more sophisticated equipment. Expanded Table 5 (Exhibit C hereto); *see also,* Record at 236. Again, these scanners cannot accommodate many of the needs of Bridgeport Hospital's patients, particularly cancer patients, who may require more sophisticated or complex scans.

Third, the Proposed Decision does not take into account the distance of some of the scanners in the region and the travel burden on the Hospital's patients. Some of the scanners in other towns are not close and may require multiple buses for Bridgeport patients to get to them—clinically inadvisable for compromised and frail cancer patients. Even the CT scanner operated by Advanced Radiology Associates in Trumbull is on the other side of town from the Cancer Center, thus not making it a convenient alternative for cancer patients. These concerns are obviously even greater for scanners in the secondary service area, to the extent the Proposed Decision is relying on those scanners too as a substitute for the plan in the Application.

These geographic access issues are critical also for un- and under-insured patients in Bridgeport. Our understanding is that Russo Radiology's offices in Bridgeport are currently the only community-based radiology sites in Bridgeport that accept Medicaid. As discussed in Part III below, this access for Medicaid patients likely cannot continue into the future without assistance. If, however, the sites were owned by Bridgeport Hospital—as proposed in the application—this access could be ensured.

Ensuring patient access to care, as OHCA is statutorily required to do (Conn. Gen. Stat. §§ 19a-637, 19a-639(a)(5)), does not mean access to limited, inferior equipment that cannot perform scans that patients need or access at distant locations that impose unneeded burdens and risks on patients. Rather than burdening patients by sending them to distant and in many cases lower quality scanners, the Hospital's application proposes to move underutilized, high-quality equipment to places where there will be increasing demand and where they can be used most efficiently and most benefit patients, particularly those who are currently underserved.

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need to acquire the equipment owned by Russo Radiology in order to have access to unused capacity for its patients.

C. The Proposed Decision Wrongly Relies on Utilization of Russo Radiology's Equipment, Which is of Little to No Relevance

Portions of the Proposed Decision are devoted to the utilization of Russo Radiology's equipment. Proposed Decision FF 10 (includes Table 3) and Discussion at 11. The utilization of the equipment to be acquired should, however, be virtually irrelevant to OHCA's analysis where, as here, the applicant's equipment is at or near capacity and additional patient needs are projected. In fact, Bridgeport Hospital carefully proposed acquisition of equipment that is not yet at or near capacity in order that current and future patient needs can be accommodated. Record at 23, 141–142, 209, 214–216, 219–221, 223, 247, 284; Hearing Tr. at 10, 12–13, 30–32. Notably, utilization of the equipment to be acquired is not a factor to be considered under the Statewide Plan, presumably recognizing the limited relevance of this data. Statewide Plan § 5.4. If an applicant is at or near capacity on its current equipment—and capacity in the service area is also taxed—it only makes sense that underutilized (or new) equipment will need to be acquired to meet additional patient care needs. The fact that Russo Radiology's equipment is serving a current patient need only bolsters the Hospital's need for the equipment to remain in the service area in addition to its own equipment in order to meet anticipated patient demand.

D. The Proposed Decision Ignores Other Factors Related to Public Need

Beyond the rote calculation of statistics, the record conclusively establishes other factors that satisfy the "public need" for the Hospital's proposed acquisition. Section 5.4 of the Statewide Plan identifies specific factors that may be considered when determining public need, including: a) the capabilities of the proposed scanner to be acquired as compared to existing scanners; b) the ability of the applicant to serve an underserved population and not jeopardize the financial viability of the project; d) the use of the scanner for clinical research; and g) unique patient populations or specific clinical needs. Statewide Plan § 5.4 at 62.

Here, these factors—unexamined in the Proposed Decision—militate in favor of approval of the CON.

- **a) The capabilities of the proposed scanner to be acquired as compared to existing scanners:** The equipment proposed to be acquired is of a high quality and can accommodate the sophisticated scanning requirements of Bridgeport Hospital in a way that other equipment in the area cannot. As stated in Section

II.B above, a number of other scanners in the area are of lower scan strength, older, or otherwise not suitable to meet the needs of Bridgeport Hospital's patients.

- **b) The ability of the applicant to serve an underserved population and not jeopardize the financial viability of the project:** As a large urban hospital, Bridgeport Hospital serves a high number of uninsured and underinsured patients. Bridgeport Hospital's long-time record of care for this underserved population is further evidence of how it will continue to meet the needs of this population going forward. In addition, the Proposed Decision expressly found that the proposal is financially feasible consistent with Conn. Gen. Stat. § 19a-639(a)(4). Proposed Decision FF 33.

- **d) The use of the scanner for clinical research:** The affiliation of the Cancer Center with Smilow Cancer Hospital will result in access for Bridgeport Hospital patients to clinical trials conducted under the auspices of the area's only NCI-designated cancer center. This is a significant benefit to patients in the area who would otherwise need to travel to New Haven, Boston or New York (or beyond).

- **g) Unique patient populations or specific clinical needs**: The unique needs of cancer patients justify Bridgeport Hospital's acquisition of the three scanners proposed to be moved to the Cancer Center. In fact, Bridgeport Hospital's affiliation with the Smilow Cancer Center will allow Bridgeport Hospital to provide unprecedented comprehensive care in a convenient location for cancer patients in the Hospital's service area.

III. Other Findings on Which the Proposed Decision Is Based Are Contrary to the Record Evidence

As discussed above, the Proposed Decision fails to consider undisputed record evidence that establishes the benefits of the proposed CON and improperly evaluates the application in light of OHCA's mission and the statutorily mandated guidelines and principles for review. In addition, various findings in the Proposed Decision are clearly erroneous in light of the evidence presented:

- The Proposed Decision concluded that "the sole purpose of this proposal is to allow Bridgeport Hospital to establish an outpatient imaging presence and improve its efficiency in providing these services." Proposed Decision FF 20. This conclusion trivializes the proposal and ignores Bridgeport Hospital's larger plans for coordination of care under health care reform and for comprehensive outpatient cancer services accessible to patients in its service area. Record at 18, 21, 23–24, 26, 38–39, 140–144, 208–209, 214, 217–220, 235, 237, 239, 242, 265–266, 269–280, 282, 285; Hearing Tr. at 8–9, 11–12,14,16, 20–21, 41–42, 54–55, 69–70, 76. Further, that conclusion also fails to recognize the improvements to

the quality of care and cost-effectiveness of service that would result from increased care coordination. Record at 23.

- The Proposed Decision portrays the Cancer Center as a future endeavor of Bridgeport Hospital (Proposed Decision FF 5, 9, 12), without recognizing that certain cancer services are already provided at the site, that several hundreds of thousands of dollars have been expended on planning and development, that all other regulatory and zoning approvals for the site have been obtained, and that the presence or absence of imaging equipment is a crucial decision-point in the planning and design phase. Record at 209, 213–214, 219, 307–308; Hearing Tr. 11, 53, 55–56.

- The Proposed Decision finds that "[e]xisting referral patterns are expected to continue and will not be affected by this proposal." Proposed Decision FF 21. This finding flies in the face of uncontroverted evidence submitted by Bridgeport Hospital of increased referrals expected from recruitment of new physicians and the opening of the new Cancer Center. Record at 143, 216–217, 235, 246–247; Hearing Tr. at 54.

- In the Proposed Decision, OHCA states that "[t]he operation of the scanners currently run by Bridgeport Hospital [and] Russo Radiology will continue regardless of this proposal," implying that it is appropriate for the status quo to be preserved and that Russo Radiology will be able to maintain the status quo. Proposed Decision Discussion at 12.

  The Proposed Decision fails, however, to recognize the pressures currently faced by hospitals and other health care providers and the resulting need to consolidate services and coordinate care, which make it clear that the status quo is unsustainable in the long term. Hospitals today are struggling to adapt to the movement towards community-based medicine and searching for reliable revenue streams to off-set rising costs and uncertainty as national health care reform is implemented. Record at 21, 23–24, 38–39, 141–142, 208, 217–218, 282, 285; Hearing Tr. at 14, 20–21, 41–42, 69–70. ***OHCA itself has acknowledged this in its Statewide Health Plan.*** Statewide Plan §1.8.5, 5.3. By denying Bridgeport Hospital the ability to expand further into community-based care and to realize a critically important new revenue stream to support health services that it provides at a loss, the Proposed Decision has significant adverse public policy implications that go beyond this case.

  Perhaps more critically, the Proposed Decision puts the establishment of Bridgeport Hospital's Cancer Center in jeopardy. Without imaging services, cancer patients in the Bridgeport Hospital service area will need to travel for imaging services that are integral to the monitoring of their care. Record at 26, 143–144, 209, 214, 219, 235, 237, 239, 242, 265, 269–280; Hearing Tr. at 11–12, 16, 54. Many of these patients are immunosuppressed and such travel could have adverse consequences to their health.

In addition, Bridgeport Hospital's patient base includes a large volume of uninsured and underinsured patients, many of whom depend on public transportation. Record at 37, 283; Hearing Tr. at 15, 50, 78. These patients will have further difficulty accessing services and may, de facto, be shut out from quality cancer care close to their homes.

The Proposed Decision also turns a blind eye to the fact that the status quo is not sustainable in the long term. Russo Radiology's existing leases have begun to expire, and even now Russo Radiology faces the prospect of having to move some of its imaging equipment to new locations. Moreover, Russo Radiology significantly subsidizes the practice locations that serve uninsured and underinsured patients. Hearing Tr. at 47–48, 70. Russo Radiology cannot continue this practice indefinitely. *Id.* If Bridgeport Hospital were to acquire and operate the Russo Radiology imaging equipment, however, these vulnerable patients would be protected. The Proposed Decision attempts to force a private, for-profit practitioner to continue in the business of subsidizing care to uninsured and underinsured patients, and has the unintended consequence of eviscerating the value of the business to that provider, because he has very few options to sell the business he has spent a lifetime developing.

These errors, when combined with the flawed analysis performed by OHCA and discussed above, require that the Proposed Decision be reversed and the CON granted.

IV. Conclusion

The Proposed Decision is inconsistent with OHCA's statutory goals, with the statutory guidelines it must consider in evaluating every CON application, and with the record evidence—particularly uncontradicted evidence of utilization establishing public need. A denial of the proposed CON will not benefit Bridgeport Hospital's patients and will, in fact, adversely impact the Hospital, its patients and the financial stability of the health care system in the region. The proposal to acquire existing imaging equipment will permit Bridgeport Hospital to broaden its community-based care, create economies of scale and centralized, coordinated, and cost-effective delivery of imaging services that reduces unnecessary duplication of services, and establish new revenue streams to provide financial stability. Consistent with prior OHCA approvals, the proposal will further permit the Hospital to provide comprehensive outpatient cancer services as a network affiliate of the Smilow Cancer Hospital, all without adding new capacity to the State.

In light of the discussion above, the Applicants urge OHCA to reconsider the Proposed Decision, and grant the requested CON.

Respectfully Submitted,

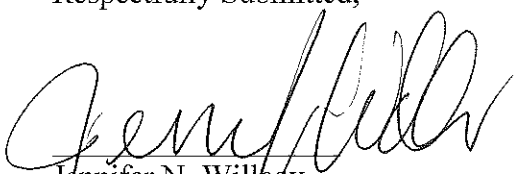

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Exhibit A

Corrected Table 1
And
Table 1a

Corrected Table 1.

Bridgeport Hospital's Historical MRI, CT, and PET/CT Scanner Utilization[1]

Scanners	FY 2009	% Utilization	FY 2010	% Utilization	% Change	FY 2011	% Utilization	% Change	FY 2012[2]	% Utilization[3]	% Change	Four Year % Change
MRI[4]									2,981	75%		n/a
PET[5]	141	101%	174	124%	23%	165	118%	-5%	256	183%	55%	82%
CT	22,882	191%	22,389	187%	-2%	16,933			4,252			
CT(ED Unit)	n/a		n/a			3,840			16,649			
Total CT	22,882	191%	22,389	187%	-2%	20,773	87%	-7%	20,901	87%	1%	-9%

Table 1a. Corrected for CPT code change impacting how CT volumes were counted

Bridgeport Hospital's Historical MRI, CT, and PET/CT Scanner Utilization[1,6]

Scanners	FY 2009	% Utilization	FY 2010	% Utilization	% Change	FY 2011	% Utilization	% Change	FY 2012[2]	% Utilization	% Change	Four Year % Change
CT	22,882	191%	22,389	187%	-2%	18,457						
CT(ED Unit)	n/a		n/a			4,186						
Total CT	22,882	191%	22,389	187%	-2%	22,643	94%	1%	22,782	95%	1%	0%

[1]Utilization calculations are based on capacity standards for each modality as published in the Statewide Health Plan: MRI - 4,000; CT hospital-based - 12,000; PET - 700. OHCA has determined that 85% is the optimal rate of utilization for these imaging modalities.

[2]As requested by OHCA, the 2012 data presented is annualized. (Record at 245.) For reasons set forth in n.3 below and as more fully explained in the brief, the FY 2012 MRI scan volume is artificially low because a mobile MRI was used in a trailer prior to completion of the construction and installation of the fixed MRI.

[3]Because of the change in tasking of the CT machines in 2012, it is not accurate to compare each machine individually. Thus, we have presented the overall utilization rate for both CT scanners as it is up to the Hospital to determine how best to use the scanners to meet its patients needs.

[4]The MRI currently in operation at Bridgeport Hospital went into service June 2012 in a trailer and the fixed scanner opened in October 2012. Prior to this date, Bridgeport Hospital used an MRI owned by Advanced Radiology Consultants that was located on the Bridgeport Hospital campus. It is inappropriate to use the volumes listed on OHCA Table 1 because the volumes listed include scans performed on non-Bridgeport Hospital patients and therefore do not accurately reflect the historical volume of MRI scans performed by Bridgeport Hospital.

[5]Bridgeport Hospital leases a mobile PET/CT Scanner for one day per week (scheduled as two half-days per week). Bridgeport Hospital does not own its own PET/CT. As such, the potential PET capacity has been adjusted from OHCA's standard of 700 scans per year to 140 (1/5th of 700) scans per year to account for the limited capacity restricted by the limited availability of the mobile PET to Bridgeport Hospital. The calculations are obviously conservative because we only assumed that the PET was operated for a maximum of 5 days per week. If we had assumed 6 or 7 days per week of operation the utilization rates would have been higher.

[6]In order to adjust for a CPT coding change, the volumes presented in Table 1a were recalculated by reviewing imaging data for the scans affected by the CPT code change (e.g., abdominal scans) during FYs 2011, and 2012 and recounting the volume of scans performed as if the CPT code change had not occurred. There is ample evidence in the record that the CT scan volumes for FY 2011 and FY 2012 were artificially low due to the change in CPT coding and that OHCA should consider this when evaluating the CT scan volumes for those years. This chart quantitatively explains the impact the CPT code change had on scan volume. If OHCA determines that the record needs to be re-opened in order to consider this quantitative explanation when evaluating CT scan volume for FY 2011 and FY 2012, we respectfully request to re-open the record for the purpose of submitting this Table 1a.

Exhibit B

Corrected Table 4

Corrected Table 4.

Projected Utilization for Scanners[1]

Scanners	FY 2013	% Utilization[2]	FY 2014	% Utilization	FY 2015	% Utilization
Bridgeport Hospital Scanners						
MRI	4,533	113%	4,623	116%	4,716	118%
PET	Upon acquisition of the PET/CT scanner, the mobile PET currently leased by the hospital will no longer be in service, thereby eliminating PET capacity from the system.					
CT	4,337	36%	4,424	37%	4,512	38%
CT(ED Unit)	16,982	142%	17,322	144%	17,668	147%
Total CT	21,319	89%	21,746	91%	22,180	92%
Scanners Proposed for Acquisition						
MRI - Stratford	3,429	86%	3,498	87%	3,568	89%
MRI - Guilford	753	19%	768	19%	3,933	98%
PET - Bridgeport	341	49%	348	50%	466	67%
CT - 2660 Main St., Bridgeport	This CT is part of the combined PET/CT scanner. Upon acquisition of this machine BH will relocate this machine to the BH campus at 267 Grant Street, Bridgeport, and the machine will operate exclusively as a PET scanner and will not be used for CT exams. In 2015, this machine will be relocated to the Park Ave. Cancer Center. Thus, the proposed project would eliminate CT capacity from the system.					
CT - 4699 Main St., Bridgeport	2,319	63%	2,439	66%	2,488	67%
CT - Stratford	1,768	48%	1,803	49%	1,839	50%
CT - Fairfield	1,721	47%	1,755	47%	4,165	113%

Volumes highlighted blue indicate the projected volumes once the equipment has been moved to the Park Avenue Caner Center.

Volumes highlighted purple indicate the projected volumes once the equipment has been moved to the Bridgeport Hospital Main Campus.

[1]In the Proposed Decision, OHCA includes a Table 4 that disregards the projected scan volumes for the equipment that would be moved to the comprehensive cancer center at Park Avenue. This Corrected Table 4 includes the projected utilization rates for all of the scanners contemplated by this project and the projected scan volumes for the equipment once it is moved to Park Avenue, as stated in the record. Applicant Exhibits 1 and 2.

[2]Utilization calculations are based on capacity standards for each modality as published in the Statewide Health Plan: MRI - 4,000; CT hospital-based - 12,000; CT community-based - 3,700; PET - 700. OHCA has determined that 85% is the optimal rate of utilization for these imaging modalities.

Exhibit C

Expanded Table 5

Expanded Table 5.

Imaging Capacity and Utilization in Bridgeport Hospital's Service Areas Currently[1]

Town	Provider Name	Provider Address	Equipment Description and Age	Imaging Capacity	Number of Scans Performed	% Utilization
CT Capacity and Utilization						
Primary Service Area						
Bridgeport	Bridgeport Hospital	267 Grant Street	16 slice; 2009 16 slice; 2011	24,000	22,625	94%
	St. Vincent's Medical Center	2800 Main Street	32 slice; 2004 64 slice;	24,000	34,843	145%
	Russo & Associates Radiology	4699 Main Street	64 slice; 2006	3,700	2,716	73%
	Russo & Associates Radiology	2660 Main Street[2]	4 slice; 2005(PET-CT combo)	3,700	1,385	37%
Fairfield	Advanced Radiology Consultants	1055 Post Road	32 slice;	3,700	4,233	114%
	Russo & Associates Radiology	425 Post Road	16 slice; 2008	3,700	1,243	34%
Milford	Milford Hospital	300 Seaside Avenue	16 slice; 2005	12,000	10,979	91%
	Diagnostic Imaging of Milford	30 Commerce Park Drive	8 slice; 2006	3,700	2,400	65%
Shelton	Advanced Radiology Consultants	4 Corporate Drive	64 slice; 2005	3,700	2,450	66%
	Griffin Hospital	2 Ivy Brook Road	16 slice; 2008	3,700	1,902	51%
Stratford	Russo & Associates Radiology	2909 Main Street	6 slice; 2004	3,700	2,015	54%
	Advanced Radiology Consultants	2876 Main Street	8 slice;	3,700	5,395	146%
Trumbull	Advanced Radiology Consultants	15 Corporate Drive	8 slice; 2005	3,700	4,420	119%
	Fairfield County Imaging[3]	115 Technology Drive	4 slice; 2004	3,700	749	20%
	TOTAL CT CAPACITY & UTILIZATION PRIMARY SERVICE AREA			**100,700**	**97,355**	**97%**
Secondary Service Area						
Derby	Griffin Hospital	130 Division Street	16 slice; 2003	12,000	16,068	134%
Newtown	Newtown Diagnostic Imaging	153 South Main Street	Not listed on SWP	Unknown	Unknown	
Orange	Advanced Radiology Consultants	320 Boston Post Road	Not listed on SWP	Unknown	Unknown	
	TOTAL CT CAPACITY & UTILIZATION SECONDARY SERVICE AREA			**12,000**	**16,068**	**134%**
	TOTAL CT CAPACITY & UTILIZATION			**112,700**	**113,423**	**101%**

Town	Provider Name	Provider Address	Equipment Description and Age	Imaging Capacity	Number of Scans Performed	% Utilization
MRI Capacity and Utilization						
Primary Service Area						
Bridgeport	Bridgeport Hospital[4]	267 Grant Street	1.5T (closed); 2012	4,000	2,981	75%
	St. Vincent's Medical Center	2800 Main Street	1.5T (closed); 2006	4,000	3,799	95%
Fairfield	Advanced Radiology Consultants	1055 Post Road	3.0T (?); 2008	4,000	7,470	187%
	Russo & Associates Radiology	75 Kings Highway Cutoff	3.0T (closed); 2011	Unknown	Unknown	Unknown
Milford	Milford Hospital	300 Seaside Avenue	1.5T (closed);	4,000	2,333	58%
	Diagnostic Imaging of Milford	30 Commerce Park Drive	0.7T (open); 2009	4,000	1,595	40%
Shelton	Advanced Radiology Consultants	4 Corporate Drive	1.5T (?)	4,000	3,311	83%
	Griffin Hospital	2 Ivy Brook Road	1.2 T (open); 2008	4,000	2,202	55%
Stratford	Russo & Associates Radiology	2595 Main Street	1.5T (closed); 2009	4,000	2,889	72%
	Advanced Radiology Consultants	2876 Main Street	1.5T (closed);	4,000	6,243	156%
Trumbull	Advanced Radiology Consultants	15 Corporate Drive	0.35T (open); 2003	4,000	2,058	51%
	Fairfield County Imaging[3]	115 Technology Drive	1.0T (?); 2005	4,000	584	15%
	TOTAL MRI CAPACITY & UTILIZATION PRIMARY SERVICE AREA			**44,000**	**35,465**	**81%**
Secondary Service Area						
Derby	Griffin Hospital	130 Division Street	1.5 T (closed);	4,000	2,655	66%
Naugatuck	Valley Imaging Partners	799 New Haven Road	0.2T (open);	4,000	995	25%
Newtown	Newtown Diagnostic Imaging	153 South Main Street	Not listed on SWP	Unknown	Unknown	Unknown
Orange	Advanced Radiology Consultants	320 Boston Post Road	3.0T (?); 2009	4,000	1,465	37%
	TOTAL MRI CAPACITY & UTILIZATION SECONDARY SERVICE AREA			**12,000**	**5,115**	**43%**
	TOTAL MRI CAPACITY & UTILIZATION			**56,000**	**40,580**	**72%**

Town	Provider Name	Provider Address	Equipment Age	Imaging Capacity	Number of Scans Performed	% Utilization
PET Capacity and Utilization						
Primary Service Area						
Bridgeport	Bridgeport Hospital[5]	267 Grant Street	4 slice (mobile); 2002	140	174	124%
	St. Vincent's Medical Center	2800 Main Street	2009	700	527	75%
	Russo & Associates Radiology	2660 Main Street[2]	2009	700	107	15%
Milford	Milford Hospital	300 Seaside Avenue		700	64	9%
Trumbull	Advanced Radiology Consultants	15 Corporate Drive		700	343	49%
	TOTAL PET CAPACITY & UTILIZATION PRIMARY SERVICE AREA			**2,940**	**1,215**	**41%**
Secondary Service Area						
Derby	Griffin Hospital	130 Division Street		700	301	43%
	TOTAL PET CAPACITY & UTILIZATION SECONDARY SERVICE AREA			**700**	**301**	**43%**
	TOTAL PET CAPACITY & UTILIZATION			**3,640**	**1,516**	**42%**

[1]This table uses data from OHCA's Table 5 in the draft decision (OHCA's data comes from the 2010 OHCA Imaging Providers' Survey) and the 2012 annualized data for Bridgeport Hospital's MRI. Utilization calculations are based on capacity standards for each modality as published in the Statewide Health Plan: MRI - 4,000; CT hospital-based - 12,000; CT community-based - 3,700; PET - 700. OHCA has determined that 85% is the optimal rate of utilization for these imaging modalities.

[2]This CT capacity emanates from the combined PET/CT scanner that operates part-time as a PET scanner and part-time as a CT scanner. As such, the equipment does not truly have the capacity for 3,700 scans per year. This should be taken in account when evaluating the utilization percentages.

[3]We understand that the Fairfield County Imaging location at 115 Technology Drive in Trumbull has closed and that these CT and MRI scanners are no longer in operation. Removing these scanners from the capacity analysis for the region further highlights the high utilization of existing equipment in the area: when the CT scanner is removed from the calculations the primary service area's total CT capacity is 97,000 scans and the utilization rate is 100%; when the MRI scanner is removed from the calculations the primary service area's total MRI capacity is 40,000 scans and the utilization rate is 87%. This further supports Bridgeport Hospital's need to acquire the equipment owned by Russo Radiology in order to have access to unused capacity for its patients.

[4]Because Bridgeport Hospital did not own its own MRI in 2010, this table uses the FY 2012 annualized data for MRI scan volume.

[5]Bridgeport Hospital leases a mobile PET/CT Scanner for one day per week (scheduled as two half-days per week). Bridgeport Hospital does not own its own PET/CT. As such, the potential PET capacity has been adjusted from OHCA's standard of 700 scans per year to 140 (1/5th of 700) scans per year to account for the limited capacity restricted by the limited availability of the mobile PET to Bridgeport Hospital. The calculations are obviously conservative because we only assumed that the PET was operated for a maximum of 5 days per week. If we had assumed 6 or 7 days per week of operation the utilization rates would have been higher. Further, the 2012 data shows a significant increase in PET volume: 256 scans.

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June 17, 2013

VIA OVERNIGHT MAIL

Lisa Davis, Deputy Commissioner
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Certificate of Need Application, Docket Number 12-31766-CON
Bridgeport Hospital
Acquisition of One Magnetic Resonance Imaging Scanner, One Positron Emission Tomography/Computed Tomography Scanner and Three Computed Tomography Scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo M.D. & Associates Radiology and One Magnetic Resonance Imaging Scanner owned by Madison Radiology, L.L.C.

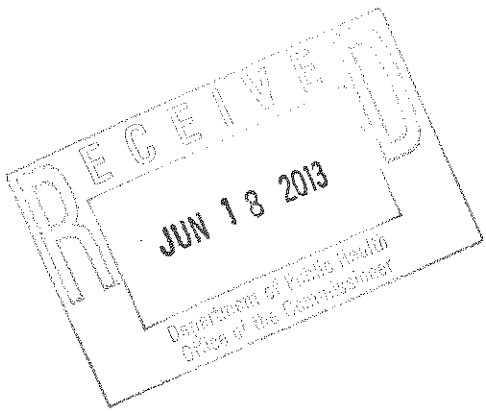
Dear Deputy Commissioner Davis:

Thank you for taking the time on May 30, 2013 to address the Exceptions filed by Bridgeport Hospital to OHCA's Proposed Final Decision in the above-referenced matter. Enclosed for your records is a tape recording of the proceedings, along with a written transcription.

Sincerely,

Rebecca A. Matthews

cc: Jennifer N. Willcox, Esq.



BH/Russo Oral Arguments

Office of Health Care Access
5/30/2013

LISA DAVIS: My name is Lisa Davis. I am Deputy Commissioner with the Department of Public Health and I will be issuing the final Decision for the Certificate of Need application filed by Bridgeport Hospital, with Docket No. 12-31766. Before we start, I would ask that you put your phones on vibrate or turn them off, if you would do that, and, if counsel will introduce themselves.

JENNIFER WILLCOX: I'm Jennifer Willcox and I am Deputy General Counsel of Yale-New Haven Health System, Counsel for the applicant, Bridgeport Hospital. There are other attorneys here. Would you like them to introduce themselves?

AARON BAYER: Aaron Bayer of Wiggin and Dana, also for the Hospital.

REBECCA MATTHEWS: Rebecca Matthews, from Wiggin and Dana, for the Hospital.

MICHELLE VOLPE: Michelle Volpe. I'm here as counsel, actually, to Dr. Russo.

LISA DAVIS: Marianne Horn is here. She's with the Department.

As you know, the hearing in this matter has already been completed so I will not be taking any new evidence, so just bear that in mind. I read the Proposed plan of Decision and the exceptions as well, so I'm familiar with the key issues. You are permitted 15 minutes for oral arguments today and I would ask that you stay within that time and limit your argument to the record that was created then.

BILL JENNINGS: Good afternoon, my name is Bill Jennings and I'm the CEO of Bridgeport Hospital and a number of my colleagues, some of whom have already been introduced, a number of my colleagues are here to support the application. In particular, I'd like to introduce Norm Roth. Norm is the Chief Operating office of the Hospital; Jennifer Willcox, who you have already met, Deputy General Counsel, Patrick Schmincke is the Vice President of Clinical Services for Bridgeport Hospital and Dr. Bob Russo, to your far right, is also with us today.

As you know from the brief, we feel strongly that the Proposed Decision contains very significant errors and that the Decision,

itself, is wrong. All of us here today would be happy to answer any questions that you have throughout the 15 minutes that we have allotted and so I absolutely welcome those questions; to interrupt me if you will.

I have some prepared remarks, but again, interrupt if you'd like; I'll welcome that. I'd like to begin, however, with showing you a sign from my office. The sign from my desk, from my office, and it says "how does this help the patient" and this question is important today and it's of vital importance every day at Bridgeport Hospital. If something doesn't serve the need of the patient, we don't do it. That's why I'm here and why I'm so very concerned about the Proposed Decision issued by OHCA. The Proposed Decision will not help our patients. In fact, the Proposed Decision, as it stands, will reduce their access to high-quality imaging services and comprehensive cancer care, which they deserve. I know OHCA shares the goal of ensuring access to quality care, which is why I ask you to carefully consider our exceptions and reconsider the Proposed Decision. Simply put, the Proposed acquisition of Russo Radiology equipment will enormously benefit the patients by improving access to high quality, local and convenient imaging services, including sub-specialized services for cancer care. A denial of the CON will reduce this access, especially for the underserved and the uninsured in our City and will undermine Bridgeport Hospital's ability to continue to provide charity care with no corresponding benefits to patients, the Hospital or the region.

So, you've read the brief and the brief details several things. First of all, the significant legal deficiencies in the Proposed Decision. Secondly, the substantial evidence to support granting the CON and third, the important benefits to be gained from allowing the transaction to proceed. So I'm not going to try to not repeat any of those arguments but I would like to address four key points today: First, I'd like to talk about the results from having imaging services in the service area coordinated by Bridgeport Hospital. Bridgeport Hospital's lack of community-based imaging equipment means we can't provide many of our patients with coordinated imaging services close to home. Every major urban area in the State has this ability with the exception of Bridgeport. So, patients in Bridgeport are without this service. As health care reform moves forward, payment is moving from payment for an individual episode to pay for performance and payment for outcomes and hospitals have to become increasingly able to respond to patient needs as this payment reform migrates. This means managing across the continuum of care and medical imaging is a critical part of

managing across the continuum of care. Through this coordination, the Hospital will be able to ensure access to high quality imaging care available today in coordination with radiologists at the Yale School of Medicine, reduced duplicative scans through the use of an integrated health record and better coordinate medical records are that instantly accessible to treating and referring physicians. None of those points or any of the evidence supporting them is addressed in the Proposed Decision.

Importantly, with services coordinated by the Hospital, access can be assured for uninsured and underinsured patients. As a nonprofit with a mission specifically to care for all patients regardless of their ability to pay, the Hospital will provide these services to those who need it most. This access cannot be assured if the services remain under private, for-profit ownership.

The importance of this transaction can maybe be better illustrated with a story or with an example. So, imagine if you will, a single mother who lives in Stratford and she's poor, and she relies on public transportation for all of her needs. This is not an exaggerated story. These are our patients in Bridgeport and our community. So, she has a teenage boy and her teenage boy has had knee pain - chronic knee pain - and she doesn't know what it is. So, the question is, is it a structural issue; is it something in his tendons or is it something more serious, is it an osteosarcoma? She's poor and she's terrified, and of course, she thinks it's something serious. She needs community-based imaging that accepts Husky and is accessible by public transportation. And right now, her only choice is Dr. Russo's practice. However, because his practice isn't linked to Bridgeport Hospital, this mother and her son will experience delays in care. First, she'll need to figure out that Dr. Russo's practice is indeed the only local option and make her appointment for her son and then wait to have a CD provided so she can give it to the pediatrician and wait for the pediatrician to consult the radiologist or any specialists that might be necessary and then have an appointment with the pediatrician to get all of the results. It's fragmented. And, if Dr. Russo's equipment were part of the Bridgeport Hospital system, the mother could make an appointment for her son without leaving the office of the pediatrician. She could rest assured that the images would arrive safely at the pediatrician's office via EPIC - and I'll talk about that more in a minute - that the radiology specialists at the Yale School of Medicine could instantly access the images as needed to have real-time discussion amongst themselves or even with the pediatrician and if the radiologist had a concern, he could flag the chart, alert the pediatrician of the

concern via EPIC instead of leaving messages and trading phone calls and thereby allowing the pediatrician to follow up immediately with the patient and the mother, if necessary. So, you can see through this story that the approval of the CON would assure meaningful, continued access of uninsured and underinsured patients in a local, convenient, community-based setting.

By permitting the acquisition, we can guarantee access to underinsured patients on a continuing basis long after Dr. Russo retires, which will benefit our patients and the State, especially given the continuing expansion of Medicaid. I think you can see how this would help the patient.

Second, I'd like to discuss access to comprehensive cancer care in Bridgeport. As described in our application, we plan to establish a comprehensive, significant outpatient center at Park Avenue in Trumbull to provide exceptional care to local patients without having to travel out of town for follow-up and care. So, by coordinating with the Smilow Cancer Hospital network, we will provide our patients with the highest quality care available in the community. And this was part of OHCA's vision when it approved the Smilow Cancer Hospital. So, in coordination with Smilow Cancer Hospital, patients in Bridgeport will be able to access world-class care in their local community and access to this care can be of critical importance to patients who are most often weak and prone to infection. For them, a need to travel to numerous treatment appointments can be harmful and exhausting and affect their recovery. So, in addition, the cancer center will permit patients to participate in research and in cancer-related research and clinical trials in coordination with the Yale School of Medicine, the only NCI-designated cancer center in Connecticut. A denial of the CON, denies our cancer patients these important benefits.

Imaging services, however, are essential to any comprehensive care center and we designed the Park Avenue campus to incorporate every essential ingredient of imaging services to be the most contemporary of its kind. It will have a full complement of imaging services when we break ground this summer on the Park Avenue project. So, after years of planning and hard work, and all of the necessary approvals - by the way from two different towns, because the property straddles a town line between Bridgeport and Trumbull - we've received approvals from two towns to proceed and this CON is the last approval we need to move forward with our plans.

So to put the benefits of this transaction to patients into some more concrete terms, consider this statement from a local doctor who wrote to OHCA in support of this transaction and I'll read a quote: "For my patients, they're often very sick and would benefit greatly from having all of their key services under one roof. If the radiology services were at Park Avenue, they would have their images taken on the same day as their visit and if I needed to inspect the images before the test was complete or needed to talk to the radiologist, I would simply run next door to do this between patients. This would speed up care, speed up decisions, improve safety and improve the care since I can ensure accurate images and see the results quickly to make a care decision." As this physician so aptly stated, the comprehensive cancer center with the needed radiology equipment on site will help the patient.

Third, the evidence that Bridgeport Hospital submitted is absolutely clear that our scanners are at or near capacity right now and even conservative estimates of equipment - of increased demand in volume - means we can't wait to acquire new imaging equipment. Our brief goes into significant detail about errors in the Proposed Decision that result in miscalculations of capacity, utilization and public need. Without getting bogged down with the numbers in the data, I'd like to highlight a few of the fundamental errors: (1) the 2012 data was omitted from the utilization and need analysis; (2) the impact of the change in CPT codes was ignored in analyzing utilization for CT scanners; (3) projections that were deemed appropriate and reasonable when we acquired our on-campus MRI, were rejected without explanation; and (4) the current PET utilization was underestimated, which already is far in excess of capacity. So, whatever measure OHCA chooses to employ to determine public need, either the standards OHCA has established in the state-wide plan or utilization calculations based on actual hours of operations, Bridgeport Hospital has clearly shown there is a public need to acquire the additional scanners on both counts.

So, in considering how to meet this need, the Hospital conscientiously worked to be good stewards of resources in our service area to find a solution that would not add capacity - not add capacity - to the health system. We believe we've developed a responsible solution consistent with OHCA's mandate because this transaction would reduce the number of PET scanners in the service area - reduce the number of PET scanners. This would also reduce the number of CT scanners in the service area - reduce them. It would take under-utilized scanners and put them to higher

and better use in the community, into the cancer center where they're critically needed and will help ill patients.

The Proposed Decision also ignores evidence of other important components of public need that OHCA is supposed to examine, including, the high quality of the scanners to be acquired, the benefits to the significant underserved population in Bridgeport; the use of the scanners for comprehensive cancer care, including clinical trials. And as discussed in the brief, all of these factors support approving the transaction.

So, my final point today is that the Proposed Decision ignores the broader impact of denying this transaction. Bridgeport Hospital lies at the heart of the largest, poorest urban area in our State. We pride ourselves on providing the critically ill, important services and to every individual in the community regardless of their ability to pay. We provide these services at a substantial loss; including emergency services, primary care, behavioral health and women's' health programs. The losses from these programs are compounded now by impending state budget cuts and increasing obligations under federal health care reform. So, a denial of the CON, denies the hospital a revenue stream that will financially stabilize the Hospital and help the Hospital to continue provide those services to patients in the community. A denial of the CON effectively compromises the entire spectrum of care available to our most vulnerable citizens. That does not help the Hospital, that does not help the community and it certainly does not help the patient.

So, in conclusion, the status quo in healthcare is changing right now, rapidly. We've done our due diligence to understand the changes that are on the horizon and have carefully examined our own service area to find cost-effective solutions that will meet our patients' needs for the future. In denying this transaction, the Proposed Decision undermines our Hospital's ability, in the face of impending, eminent change, to provide the highest quality, coordinated care to our patients and to assure continued access to the underserved and uninsured. We believe the Proposed Decision is wrong for the reasons we've detailed in the brief. The exception and hearing process today provide an opportunity to correct those errors and re-examine the information that has been developed and refined throughout this CON process. We strongly urge you to reconsider the Proposed Decision that we believe is legally sound but more importantly, does not advance the broader health care interest that OHCA is supposed to protect and does help the patient.

Thank you and we'd be happy to address any questions you might have right now.

LISA DAVIS: I have a few questions, if you don't mind. You talked about breaking ground this summer. What's the anticipated date that the facility will be completed? That's one question. Then if you could talk about services that are already in use at the site. It seems to be that there are some services already there.

BILL JENNINGS: Sure. The anticipated ground breaking is August/late July.

NORM ROTH: We expect a completion date of December 1, 2015 for this 120,000 square foot building. The existing building, an 80,000 square foot medical office building and 10,000 square foot radiation, oncology center, are already in operation. The new building will connect the two. In addition to radiation oncology, which is operated by Bridgeport Hospital on that site, other services in the existing medical office building, include physician offices - Northeast Medical Group physician offices, some private practices - and some other services. The majority of the existing building will transform and become more of Bridgeport Hospital/Yale-New Haven Health System-oriented and the entire 120,000 square foot medical office building will be owned and operated by Bridgeport Hospital, essentially. The entire ground level will be integrated with Smilow Cancer Hospital and that entire lower level will connect to the existing radiation oncology building thereby creating a simple point of access for all cancer patients who will be coming to that location. The first level has our radiology facility, which Mr. Jennings outlined will have the full scope and range of radiology services from ultrasound to general services, mammography, and hopefully, PET, CT, MR and CT services. On that floor, there will also be a large, private practice through Northeast Medical Group, which is part of the Yale New Haven Health System, providing primary care services on that site. We expect there will be a pediatric specialty center, part of the Yale-New Haven Children's Hospital on that site in the existing building. And then on the third level of the proposed new building, there will be four outpatient surgery suites and two endoscopy suites. So, ranging from general practice to specialty care, pulmonology, general surgery, a breast center on the site, pediatric specialty, oncology services, surgical services, it will be a very comprehensive outpatient center.

LISA DAVIS: You mentioned that the 2012 data were omitted. If you can just confirm for me the 2012 CT scanner that is in the emergency department. Can you tell me the volume of that scanner?

BILL JENNINGS: Patrick, I'm going to refer to you on that.

PATRICK SCHMINCKE: I can answer that. 2012. The emergency department CT was 16,649 scans.

JENNIFER WILLCOX: You said that was 2012?

PATRICK SCHMINCKE: 2012 actuals.

LISA DAVIS: So can you confirm what the 2011 was as well?

PATRICK SCHMINCKE: Yes, the 2011 data should be – we had it in service for half a year, as we were installing it – 3,840, because the vast majority of scans were done on our scanner on the third floor in the radiology department and that was 16,933. It was on the third floor. Again, the emergency department – 3,840. It was only installed [unintelligible].

JENNIFER WILLCOX: Patrick, just a minute - what you're reading from - are those charts that are in the record? Do you have the exhibit number? Do you have them marked in any way? What they were? But they were appended to your prefiled testimony, I believe?

PATRICK SCHMINCKE: Those charts were in the record.

NORM ROTH: Is that when the CPT code issues came into play?

PATRICK SCHMINCKE: No, the CPT change came in between 2011 and 2012.

LISA DAVIS: If you could just also confirm for me the PET/CT and the proposed transition of that PET/CT equipment, because it seems to me that you have a PET/CT now and that is mobile in the Hospital. You are proposing to acquire a fixed, put it in the Hospital and then propose to move it to the cancer center. Is that correct?

PATRICK SCHMINCKE: Well, our proposal, again, since we have a mobile unit. We have it two half-days a week. It's a small trailer. Our intent was to acquire the PET/CT Dr. Russo has today, take one PET/CT out of commission, which would be our mobile unit, transition to a fixed unit and then at Park Avenue, where during our construction phase, we would move that to Park Avenue and that would be fixed at the new cancer center.

LISA DAVIS: Okay, I just wanted to be clear.

PATRICK SCHMINCKE: So, our plan there is to move one PET/CT scanner out of commission in that process.

LISA DAVIS: That would be the mobile one.

PATRICK SCHMINCKE: That's correct.

NORM ROTH: Obviously, PET/CT primarily supports oncology care and it's virtually 100% outpatient services.

LISA DAVIS: I don't have any more questions. Do you have any questions you want to ask?

Again, just to confirm, what you are proposing is to acquire all seven pieces of the equipment, is that correct.

BILL JENNINGS: That's correct.

MICHELLE VOLPE: That is the proposal, but, of course, if the Department has a recommendation on modifying it or a proposed agreed settlement, that would certainly be amendable to the hospital.

JENNIFER WILLCOX: Certainly. I mean, as I think as we laid out in brief, there was not a piece of equipment by piece equipment analysis in the Proposed Decision so we couldn't really look at that and say okay, so maybe this piece is okay and this one isn't so that's certainly a discussion we're willing to engage in.

MICHELLE VOLPE: Just because it is the only hospital that does not have outpatient free-standing imaging in the State so it can be differentiated from other Decisions and OHCA doesn't rely on precedent but it can be differentiated [inaudible].

REBECCA MATTHEWS: It's six pieces of equipment not seven.

JENNIFER WILLCOX: Yes. Six. Right. Right.

PATRICK SCHMINCKE: And if we can, you know, we are intending to pull the CT out of the unit just so you aware of that as well.

LISA DAVIS: Right. Right.

I think we are all set so thank you very much for coming and I appreciate you taking the time.

JENNIFER WILLCOX: And we appreciate your attention today and your reviewing the briefs. Thank you very much.

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: REBECCA MATTHEWS

FAX: 203 782-2889

AGENCY: WIGGIN AND DANA

FROM: OHCA

DATE: 6/26/13 **Time:**

NUMBER OF PAGES: 15
(including transmittal sheet

Comments:

Agreed Settlement for DN: 12-31766 Bridgeport Hospital.
Will a carrier be coming to pick up the agreed settlement or do you want it mailed. Please call me at 860 418-7005.

Thank you

Barbara Olejarz

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

June 26, 2013

IN THE MATTER OF:

An Application for a Certificate of Need filed Pursuant to Section 19a-638, C.G.S. by:	Notice of Agreed Settlement Office of Health Care Access Docket Number: 12-31766-CON
Bridgeport Hospital	Acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology L.L.C.

To:
Ms. Carolyn Salsgiver
Senior Vice President
Planning and Marketing
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

Dear Ms.Salsgiver:

This letter will serve as notice of the approved Certificate of Need in the above matter, as provided by Section 19a-638, C.G.S. On June 26, 2013, the Agreed Settlement, attached hereto, was adopted and issued as an Order of the Department of Public Health, Office of Health Care Access.

Kimberly R. Martone
Director of Operations

Office of Health Care Access
Certificate of Need Application

Agreed Settlement

Applicant:	**Bridgeport Hospital** **267 Grant Street, Bridgeport, Connecticut**
Docket Number:	**12-31766-CON**
Project Title:	**Acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology L.L.C.**

Project Description: Bridgeport Hospital is proposing the acquisition of one magnetic resonance imaging scanner ("MRI"), one positron emission tomography/computed tomography scanner ("PET/CT") and three computed tomography scanners ("CT") currently owned and operated by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology and one MRI owned by Madison Radiology Imaging L.L.C. at a proposed capital expenditure of $19,000,000.

Procedural History: The Office of Health Care Access ("OHCA") received a Certificate of Need ("CON") application from Bridgeport Hospital on June 13, 2012 for the above-referenced project and deemed the application complete on August 31, 2012. Bridgeport Hospital published notice of its intent to file the CON Application in the *Connecticut Post* on May 11, 12 and 13, 2012.

On October 19, 2012, the Applicant was notified of the date, time and place of the public hearing. On October 22, 2012, a notice to the public announcing the hearing was published in the *Connecticut Post.* Thereafter, pursuant to Conn. Gen. Stat. § 19a-639a, a public hearing regarding the CON application was held on November 19, 2012.

Commissioner Jewel Mullen designated Attorney Kevin Hansted as the Hearing Officer. The hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the General Statutes) and Conn. Gen. Stat. § 19a-639a.

FINDINGS OF FACT

1. Bridgeport Hospital is a 383-bed acute care, not-for-profit hospital located at 267 Grant Street in Bridgeport, Connecticut and a health care facility or institution as defined by Conn. Gen. Stat. §19a-630. Ex. A, pp. 18, 124.

2. Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology ("Russo Radiology") is a multi-site radiology practice located in various towns in Connecticut and the last remaining radiology outpatient service left in Bridgeport, Connecticut. The payer mix at the Bridgeport location is made up of 40% Medicaid, underinsured and uninsured. Ex. A, pp. 19, 30. Testimony of Dr. Russo, Public Hearing, November 19, 2012

3. Madison Radiology Imaging, L.L.C. ("Madison Radiology") is a diagnostic imaging center located in Guilford, Connecticut.

4. Bridgeport Hospital is in the process of building and establishing a comprehensive outpatient cancer center at Park Avenue in Trumbull. The construction of this building is expected to be completed in spring of 2015. Prefile Testimony of N. Roth pp. 212-213, Testimony of Mr. N. Roth, Public Hearing, November 19, 2012

5. Bridgeport Hospital testified that the Park Avenue Center will be a 120,000 square-foot medical center, consisting of two existing buildings on the campus providing various services including antenatal testing, treatment for breast care and radiation oncology. The third building to be constructed will connect the two existing buildings and include physicians' offices, diagnostic testing and an outpatient cancer center. Prefile Testimony of N. Roth pp. 212-213, Testimony of Mr. N. Roth, Public Hearing, November 19, 2012

6. The existing population served by Bridgeport Hospital includes patients who live in the following towns:

    - Primary Service Area- Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford and Trumbull;
    - Secondary Service Area-Ansonia, Beacon Falls, Derby, Naugatuck, Newtown, Orange, Oxford, Seymour, Weston and Westport.

    Ex. A, p. 26.

7. Bridgeport Hospital currently operates one MRI, one PET/CT and two CT scanners at its main hospital campus and has no off-campus outpatient imaging centers. The historical utilization of these scanners is as follows:

Table 1: Bridgeport Hospital's Historical MRI, CT and PET/CT Scanner Utilization

Scanners	*FY 2009*	*FY 2010*	*FY 2011*
MRI	4,928	4,681	4,830
PET	141	174*	165
CT	22,882	22,389*	16,933
CT (ED Unit)	n/a	n/a	3,840
Total CT	22,882	22,389	20,773

Ex. A, p.146, Exhibit 1, Public Hearing, November 19, 2012
The MRI scanner received CON authorization under DN 11-31722.
*immaterial variance compare to Table 5 due to different sources

8. Although Bridgeport Hospital claims its imaging volume has remained stable, the table above shows an overall decline in MRI and CT volume over the last three years. Ex. A, p.146, Exhibit 1, Public Hearing, November 19, 2012

9. Bridgeport Hospital is proposing the acquisition of one MRI scanner, one PET/CT scanner and three CT scanners that Russo Radiology currently operates in the towns of Bridgeport, Fairfield, and Stratford and one MRI scanner in Guilford from Madison Radiology. Three scanners are planned to be relocated to the Park Avenue Center after its completion and the remaining radiology centers will continue to operate in their current locations, which will be converted to Bridgeport Hospital Outpatient Imaging Centers offering the same services as currently exist.
Prefile testimony of N. Roth p.213

Table 2: Imaging Equipment Proposed for Acquisition

Description	**Current Location**	**Slices/Strength**	**Proposed Location**
MRI	2595 Main St., Stratford	1.5 T closed	Current location
MRI	705 Boston Post Rd., Guilford	1.5T closed	Park Avenue Center**
CT	4699 Main St., Bridgeport	64 slice	Current location
CT	425 Post Rd., Fairfield	16 slice	Park Avenue Center**
CT	2909 Main St., Stratford	6 slice	Current location
PET/CT*	2660 Main St., Bridgeport	4 slice	Park Avenue Center**

Ex. A, pp. 18, 20-21, Prefile testimony of N. Roth p.213
The imaging equipment proposed for acquisition by Bridgeport Hospital received CON authorization under DNs: 98-1504, 02-556, 09-31485, 98-1003 & 98-1005.
*Positron emission tomography (PET) and computerized tomography (CT) are two devices in one scanner.
** Park Avenue Center is scheduled to open in spring of 2015 in Trumbull.

10. Historical utilization for the proposed scanners is as follows:

Table 3: Historical Utilization of Proposed MRI, CT and PET/CT Scanners

Scanners	Location	FY2009	FY2010	FY2011	FY2012 Annualized
CT	4699 Main St., Bridgeport	3,037	2,716	2,017	2,344
CT	2909 Main St., Stratford	1,907	2,015	1,872	1,733
CT	425 Post Rd., Fairfield	1,364	1,243	815	900
CT*	2660 Main St., Bridgeport	1,069	1,385	862	787
PET*	2660 Main St., Bridgeport	160	107	77	78
MRI	705 Boston Post Rd., Guilford	767	637	612	738
MRI	2595 Main St., Stratford	2,738	2,889	1,997	3,362**

Ex. A, p. 146; Exhibit 1, Public Hearing, November 19, 2012
*Positron emission tomography (PET) and computerized tomography (CT) are two devices in one scanner.
**MRI annualized utilization increased from 1,768 scans reported in the original application to 3,362 scans presented at the hearing due to the addition of a second shift at this location, which was done after the application was submitted.

11. Bridgeport Hospital's projected utilization for all scanners, both proposed for acquisition and existing is as follows:

Table 4: Projected Utilization for all Scanners Remaining in Their Current Location

Scanners	Location	FY 2013	FY 2014	FY 2015
Scanners Proposed for Acquisition				
MRI	705 Boston Post Rd., Guilford	753	768	n/a
MRI	2595 Main St., Stratford	3,429	3,498	3,568
CT	4699 Main St, Bridgeport	2,391	2,439	2,488
CT	2909 Main St., Stratford	1,768	1,803	1,839
CT	425 Post Rd., Fairfield	1,721	1,755	n/a
CT*	2660 Main St., Bridgeport	n/a	n/a	n/a
PET*	2660 Main St., Bridgeport	n/a	n/a	n/a
Current Bridgeport Hospital Scanners				
MRI	267 Grant St., Bridgeport	4,533	4,623	4,716
CT	267 Grant St., Bridgeport	4,337	4,424	4,512
CT/ED	267 Grant St., Bridgeport	16,982	17,322	17,668
PET	267 Grant St., Bridgeport	341	348	n/a

Ex. A, p. 146; Exhibit 1, Public Hearing, November 19, 2012
*Positron emission tomography (PET) and computerized tomography (CT) are two devices in one scanner.
n/a in the above chart refers to scanners that will be relocated to the Bridgeport Hospital right after the proposed acquisition.

12. Bridgeport Hospital claims the following as the basis for the proposed acquisition of the scanners:

    - To move the imaging equipment to the Park Avenue Center that Bridgeport Hospital is planning to construct at 5520 Park Avenue in Trumbull;
    - To gain a larger presence in the outpatient radiology field without adding new capacity to the market and locating the scanners off-campus in the community;
    - To operate more efficiently and cost effectively due to Bridgeport Hospital's ability to enhance electronic connectivity, centralize scheduling procedures and reduce imaging duplication;
    - To improve Bridgeport Hospital's financial position through reimbursement for the technical component of the outpatient scans;
    - To utilize the MRI located at 2595 Main Street, Stratford, CT as a back-up unit for the MRI located at Bridgeport Hospital; and
    - To continue to meet the demands of Bridgeport Hospital's patients in an outpatient setting.

    Ex. A. pp. 20-21, 142; Prefile Testimony of N. Roth pp. 212-213; Testimony of Mr. Roth, Public Hearing, November 19, 2012; Testimony of Mr. Schmincke, Public Hearing, November 19, 2012

13. The imaging equipment proposed for acquisition experienced declining MRI, CT and PET/CT utilization at all of its locations in FY 2011. Multiple sites experienced decreasing volumes since FY2009. Bridgeport Hospital has provided the following explanations for the decline:

    - All CT scanners' volume declined from FY 2010 to 2011 in all locations due to a change in CPT codes that resulted in abdomen and pelvis scans being bundled into one code;
    - PET/CT scanner volumes decreased from 2009-2011 due to another nearby PET/CT scanner placed in service;
    - MRI (Guilford) volume declined as a result of the addition of two nearby MRI providers in Guilford; and
    - MRI (2595 Main St., Stratford) volume decreased due to another Russo Radiology MRI unit that opened in Fairfield in 2011 and the elimination of a second shift at this location.

    Ex. A, pp. 144-145; Testimony of Dr. Russo, Public Hearing, November 19, 2012

14. In its Application, Bridgeport Hospital's projected utilization for the scanners to be acquired was based on their historical utilization and assumed a 20% decrease as a result of going from a practice-based to provider-based setting. The projections presented at the Public Hearing differed from the Application. The revised projections indicated a 2% utilization increase, as opposed to a 20% decrease, based on Bridgeport Hospital's assertion that the change in setting will not impact projected utilization.

    Ex. A, pp. 33, Testimony of Mr. Jennings, Exhibit 2, Public Hearing, November 19, 2012

15. Bridgeport Hospital intends to continue to operate the MRI located in Guilford and the CT scanner located in Fairfield until 2015 and then relocate them to the Park Avenue Center in the future. Ex. A, pp. 20, Prefile testimony of N. Roth p. 213

16. Bridgeport Hospital stated that patients residing in the Guilford and Fairfield areas will continue to have their MRI and CT needs met after the proposed relocation of the MRI and CT scanners to the planned Park Avenue Center in 2015. There are three other existing MRI scanners and another CT scanner in the Guilford and Fairfield service areas, respectively. Ex. A, pp. 28, 140; Prefile testimony of N. Roth p. 213

17. Bridgeport Hospital proposed the relocation of the PET scanner to its hospital campus until it is again relocated to the Park Avenue Center in the spring of 2015. The current contract with an outside vendor for a mobile part-time PET unit at the hospital campus will be terminated. Testimony of Mr. Schmincke, Public Hearing, November 19, 2012

18. Bridgeport Hospital testified that it intends to improve quality and access by upgrading the following equipment:
    - The PET/CT scanner located at 2660 Main Street in Bridgeport will receive a minor upgrade. This scanner will be used exclusively for PET scans. Patients requiring CT scans will be redirected to the other CT scanners operated by Bridgeport Hospital.
    - The Guilford MRI will be upgraded from a 1.5T to a 3.0T prior to being moved to the Park Avenue Center.

    Testimony of Mr. Schmincke & N. Roth, Public Hearing, November 19, 2012

19. Bridgeport Hospital claims that because there is no new equipment being proposed and no changes will occur in existing imaging capacity, there will be no impact on existing providers. Ex. A. p.29

20. The Applicant has stated that the sole purpose of this proposal is to allow Bridgeport Hospital to establish an outpatient imaging presence and improve its efficiency in providing these services. Ex. A. p.23

21. Existing referral patterns are expected to continue and will not be affected by this proposal. Ex. A. p.33

22. Bridgeport Hospital claims, if approved to acquire the proposed equipment, seven of its nine scanners will be near or at capacity by 2015, when the Park Avenue Center opens. Testimony of Mr. N. Roth; Exhibits 1&2, Public Hearing November 19, 2012

23. The table below shows all imaging providers in Bridgeport Hospital's proposed service area.

Table 5: Imaging Providers in Bridgeport Hospital's Proposed Service Area

Town	Provider Name	Provider Address	CT volume	PET/CT volume	MRI volume
Primary Service Area					
Bridgeport	Bridgeport Hospital	267 Grant Street	22,625	172*	4,681***
	St. Vincent's Medical Center	2800 Main Street	34,843	527	3,799
	Russo & Associates Radiology**	4699 Main Street	2,716		
	Russo & Associates Radiology**	2660 Main Street	1,385	107	
	Advanced Radiology Consultants	267 Grant Street			4,681 ***
Fairfield	Advanced Radiology Consultants	1055 Post Road	4,233		7,470
	Russo & Associates Radiology**	425 Post Road	1,243		
	Russo & Associates Radiology	75 Kings Highway Cutoff			n/a ****
Milford	Milford Hospital	300 Seaside Avenue	10,979	64	2,333
	Diagnostic Imaging of Milford	30 Commerce Park Drive	2,400		1,595
Shelton	Advanced Radiology Consultants	4 Corporate Drive	2,450		3,311
	Griffin Hospital	2 Ivy Brook Road	1,902		2,202
Stratford	Russo & Associates Radiology**	2595 Main Street			2,889
	Russo & Associates Radiology**	2909 Main Street	2,015		
	Advanced Radiology Consultants	2876 Main Street	5,395		6,243
Trumbull	Advanced Radiology Consultants	15 Corporate Drive	4,420	343	2,058
	Fairfield County Imaging	115 Technology Drive	749		584
Secondary Service Area					
Derby	Griffin Hospital	130 Division Street	16,068	301	2,655
Naugatuck	Valley Imaging Partners	799 New Haven Road			995
Newtown	Newtown Diagnostic Imaging	153 South Main Street	n/a ****		n/a ****
Orange	Advanced Radiology Consultants	320 Boston Post Road	n/a ****		1,465

Source: 2010 OHCA Imaging providers' survey and Ex. A. p.28

* PET/CT at Bridgeport Hospital is available on a part-time basis through a contractual arrangement with Alliance Imaging

** Russo Radiology volume is based on the CON application

*** Effective June 22, 2012, Bridgeport Hospital owned its own MRI unit, prior to that, the MRI unit was owned and operated by Advanced Radiology Consultants.

**** n/a in the above chart refers to the utilization volume not provided by the providers in OHCA survey.

24. The table below shows the existing providers of MRI services in the Guilford area.

Table 6: Imaging Providers in Guilford and Surrounding towns

Town	Provider Name	Provider Address	MRI volume
Branford	Branford Open MRI and Diagnostic Imaging Center	1208 Main St	826
Guilford	YNHH-Temple Radiology	2800 Main Street	3,631
Guilford	Madison Radiology Imaging LLC*	705 Boston Post Rd	637
Guilford	Guilford Radiology	1591 Boston Post Rd	974

Source: 2010 OHCA Imaging providers' survey and Ex. A. p.28

*Madison Radiology LLC is a part of this proposal for the acquisition of a MRI

25. Based on historical and projected utilization, Bridgeport Hospital can accommodate its patients' needs with the scanners it currently operates. Moreover, there are several other existing providers in Bridgeport Hospital's service area that can ensure outpatient access for Bridgeport Hospital's patient population to all imaging services. Ex. A. p.28; Exhibit 1, Public Hearing November 19, 2012

26. Bridgeport Hospital projects the patient population payer mix to remain consistent for the next three years based on the FY 2012 distribution.

Table 7: Patient Population Mix

Payers	Current** FY 2012	Year 1 FY 2013	Year 2 FY 2014	Year 3 FY 2015
Medicare*	23.2%	23.2%	23.2%	23.2%
Medicaid*	9.0%	9.0%	9.0%	9.0%
CHAMPUS & TriCare	0.0%	0.0%	0.0%	0.0%
Total Government	**32.2%**	**32.2%**	**32.2%**	**32.2%**
Commercial Insurers	59.9%	59.9%	59.9%	59.9%
Uninsured	1.1%	1.1%	1.1%	1.1%
Workers Compensation	6.8%	6.8%	6.8%	6.8%
Total Non-Government	**67.8%**	**67.8%**	**67.8%**	**67.8%**
Total Payer Mix	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Ex. A. p. 37

27. Bridgeport Hospital's capital expenditure for the proposed acquisition is as follows:

Table 8: Proposed Capital Expenditures/Costs

Medical Equipment Purchase	Cost
Imaging Equipment Purchase	$2,727,481
Non-Medical Equipment Purchase: PACS System	$500,000
Other Non-Construction (Specify): Goodwill*	$15,347,519
Other Non-Construction: Furnishings and upgrades	$425,000
Total Capital Expenditure (TCE)	$18,500,000
Total Project Cost (TCE + TCC)	$19,000,000

* Goodwill is an asset of a business that may be bought and sold in connection with the business. Goodwill is a marketplace advantage of customer patronage and loyalty developed with continuous business under the same name over a period of time.
Ex. A. p.36

28. Bridgeport Hospital's projected incremental revenue from operations, total operating expense and gain from operations associated with the CON proposal are as follows:

Table 9: Financial Projections Incremental to the Project

Description	FY 2013	FY 2014	FY 2015
Incremental Revenue from Operations	$16,419	$16,788	$17,166
Incremental Total Operating Expenses	$8,420	$9,171	$9,477
Incremental Gain from Operations	**$7,999**	**$7,617**	**$7,689**

Note: figures are in thousands.
Exhibit A, p. 128

29. Bridgeport Hospital asserts that this proposal is cost effective because it will expand the continuum of care for Bridgeport Hospital, preparing it for future payment mechanisms, such as Accountable Care Organizations; and through the implementation of Epic electronic medical record across all Bridgeport Hospital outpatient sites, duplication in testing will be reduced and improved coordination of care will occur. Ex. A. p.38

30. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any policies and standards not yet adopted as regulations by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))

31. This CON application was deemed complete by OHCA prior to the statewide health care facilities and services plan being published. Therefore, OHCA has not made any findings as to the relationship between this CON application and the statewide healthcare facilities and services plan. (Conn. Gen. Stat. § 19a-639(a)(2))

32. Bridgeport Hospital has failed to establish that there is a clear public need for the proposal in its entirety. (Conn. Gen. Stat. § 19a-639(a)(3))

33. Bridgeport Hospital has satisfactorily demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4)).

34. Bridgeport Hospital has failed to satisfactorily demonstrate that its proposal would improve the quality, accessibility and cost-effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5))

35. Bridgeport Hospital has shown that there would be no change to the provision of health care services to the relevant population and payer mix. (Conn. Gen. Stat. § 19a-639(a)(6))

36. Bridgeport Hospital has satisfactorily identified the population to be served by its proposal but has failed to satisfactorily demonstrate that this population has a need as fully proposed. (Conn. Gen. Stat. § 19a-639(a)(7))

37. The historical utilization of imaging scanners in the service area does not fully support this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))

38. Bridgeport Hospital has failed to satisfactorily demonstrate that its proposal would not result in an unnecessary duplication of existing imaging services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

DISCUSSION

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Goldstar Medical Services, Inc., et al. v. Department of Social Services, 288 Conn. 790 (2008).*

Bridgeport Hospital currently owns and operates one MRI scanner, two CT scanners, and one PET/CT scanner, which are all located at the hospital campus. Bridgeport Hospital does not currently offer any MRI, CT or PET imaging services off campus. *FF7.* This proposal is for Bridgeport Hospital to acquire five scanners currently owned and operated by Russo Radiology in the towns of Bridgeport, Fairfield, and Stratford and one scanner owned and operated by Madison Radiology in the town of Guilford. *FF9.* Russo Radiology is the last remaining radiology outpatient service left in Bridgeport, Connecticut. The payer mix at Russo Radiology's Bridgeport location is made up of 40% Medicaid, underinsured and uninsured. *FF2.*

After the proposed acquisition, Bridgeport Hospital intends to relocate one MRI, one CT and one PET/CT scanner to the Park Avenue Center in Trumbull, scheduled to open in the spring of 2015. *FF4&9.* The remaining three radiology centers, located in Stratford and Bridgeport, would be converted to Bridgeport Hospital Outpatient Imaging Centers and offer the same services that are currently offered. *FF9.* Since the Park Avenue Center is not scheduled to open for at least two years, any projections based upon its opening have not been taken into consideration.

Bridgeport Hospital's existing MRI and CT scanners experienced overall decreasing volumes from FY 2009 to FY 2011. *FF7-8.* The scanners proposed for acquisition also experienced overall declining utilization from FY 2009 to FY2011. *FF10.* Bridgeport Hospital testified that the primary reason for the decrease in CT volume was due to a change in CPT coding and the declines in PET/CT and MRI volume were attributable to the addition of other area providers and the elimination of a second shift at the Stratford location. *FF13.* Based upon historical utilization and the existence of other area providers, the projected volume for these scanners is not reasonable. *FF10-11.*

Bridgeport Hospital asserts that the acquisition of the scanners will allow the hospital to: gain a larger presence in the outpatient radiology field without adding new capacity to the market; operate more efficiently and cost effectively due to increased connectivity, centralized scheduling and reduced imaging duplication; and improve its financial position through reimbursement for the technical component of the outpatient scans; utilize the MRI located at 2595 Main Street, Stratford, CT as a back-up unit for the MRI located at Bridgeport Hospital; continue to meet the demands of Bridgeport Hospital's patients in an outpatient setting; and generate funds to support services at Bridgeport Hospital operating at a financial loss. *FF12.* However, Bridgeport Hospital did not provide any indication or evidence that the proposal is intended to accommodate, or that there exists, a current unmet public need for additional scanning in its service area. In fact, this transaction will simply allow Bridgeport Hospital to establish an outpatient imaging presence and improve the efficiency of these services. *FF20.*

Although Bridgeport Hospital stated in its application that it planned to relocate only one scanner to the Park Avenue Center based on projected volume, during hearing proceedings, it indicated a desire to move three scanners to the Park Avenue Center, citing a change in projected volume and asserting the need for these scanners. *FF9.* However, the Park Avenue Center will not become operational for at least two years; any potential benefit that may result from acquiring and relocating three scanners would not be realized until at least 2015. *FF4.*

In addition to the imaging services offered by Bridgeport Hospital and the scanners proposed for acquisition, there are currently 9 existing CT scanners, 3 PET/CT scanners and 10 MRI scanners within Bridgeport Hospital's primary service area. *FF23.* Based on the significant number of existing providers of imaging services in Bridgeport Hospital's primary service area and on historical and projected utilization, there does not appear to be a lack of access to these services for patients residing within Bridgeport Hospital's primary service area. *FF19&23.* However, given the purported reasons for certain declines in volume and in order to ensure continued access to the uninsured, underinsured and Medicaid population in Bridgeport Hospital's service area, consideration has been given to permitting a portion of this proposal to move forward as provided in the attached Order.

ORDER

NOW, THEREFORE, the Department of Public Health, Office of Health Care Access and Bridgeport Hospital hereby stipulate and agree to the terms of settlement with respect to the acquisition of one magnetic resonance imaging scanner, one positron emission tomography/computed tomography scanner and three computed tomography scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo, M.D. & Associates Radiology and one magnetic resonance imaging scanner owned by Madison Radiology L.L.C. as follows:

1. Bridgeport Hospital is hereby permitted to acquire the CT scanner currently located at 4699 Main Street, Bridgeport, Connecticut.

2. Bridgeport Hospital is hereby permitted to acquire the MRI scanner currently located at 2595 Main Street, Stratford, Connecticut.

3. The Office of Health Care Access and Bridgeport Hospital agree that this Agreed Settlement represents a final agreement between the Office of Health Care Access and Bridgeport Hospital with respect to Docket No. 12-31766-CON. The execution of this Agreed Settlement resolves all objections, claims and disputes, which may have been raised by Bridgeport Hospital with regard to Docket Number 12-31766-CON.

4. This Agreed Settlement is an order of the Office of Health Care Access with all the rights and obligations attendant thereto, and the Office of Health Care Access may enforce this Agreed Settlement under the provisions of Conn. Gen. Stat. §§ 19a-642 and 19a-653 with all fees and costs of such enforcement being the responsibility of Bridgeport Hospital.

5. This Agreed Settlement shall be binding upon Bridgeport Hospital and its successors and assigns.

Signed by William M. Jennings President & CEO
(Print name) (Title)

6/26/13
Date

Duly Authorized Agent for
Bridgeport Hospital

The above Agreed Settlement is hereby accepted and so ordered by the Department of Public Health, Office of Health Care Access on

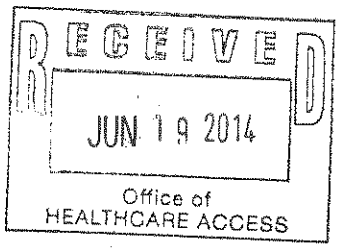
6/26, 2013.

Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner

Imaging Services Department
267 Grant Street
Bridgeport, CT 06610

Phone: (203) 384-3169
Fax: (203) 384-3833

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH



Fax

To: Jack A. Huber
Health Care Analyst
Dept of Public Health
Office of Health Care Access

From: Michael R. Tatta
Director,
Imaging, Laboratory &
Radiation Medicine

Fax: 860-418-7053

Phone: 860-418-7069 **Pages:** 2

Re: **CC:**

x **Urgent** **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

June 18, 2014

Jack A. Huber
Health Care Analyst
Department of Public Health
Office of Health Care Access
410 Capitol Avenue
P.O. Box 340308 MS #13HCA
Hartford, CT 06134

Re: ***Certificate of Need Agreed Settlement, Docket Number 12-31766-CON***
Bridgeport Hospital
Acquisition of One Magnetic Resonance Imaging Scanner, One Positron Emission Tomography/Computed Tomography Scanner and Three Computed Tomography Scanners owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo M.D. & Associates Radiology and One Magnetic Resonance Imaging Scanner owned by Madison Radiology, L.L.C.

Dear Mr. Huber:

This letter is in response to your email to Carolyn Salsgiver on June 13, 2014 regarding the expiration of the certificate of need authorization granted in connection with the above-referenced docket (the "Agreed Settlement").

Please be advised that, consistent with the terms of the Agreed Settlement, Bridgeport Hospital acquired (i) the CT scanner previously owned by Robert D. Russo, M.D./Medical Specialty Group, PC d/b/a Robert D. Russo M.D. & Associates ("Russo Radiology") and located at 4699 Main Street, Bridgeport, Connecticut; and (ii) the MRI scanner previously owned by Russo Radiology and located at 2595 Main Street, Stratford, Connecticut. The acquisitions were consummated as of June 13, 2013.

Please feel free to contact me at (203) 384-3169 if you have any questions.

Sincerely,

Michael R. Tatta

Michael R. Tatta
Director of Laboratory & Radiology Services
Bridgeport Hospital

cc: Jennifer N. Willcox, Esq.

267 Grant Street
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203.384.3000

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

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