

STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY
HEALTH SYSTEMS PLANNING UNIT

**CERTIFIED
COPY**

PUBLIC HEARING

DOCKET NO. 20-32374-CON
ADVANCED RADIOLOGY CONSULTANTS, LLC'S
ACQUISITION OF IMAGING EQUIPMENT

HELD BEFORE:
MICHAELA MITCHELL, ESQ., THE HEARING OFFICER

DATE: MARCH 4, 2021

TIME: 10:01 A.M.

PLACE: (HELD VIA TELECONFERENCE)

REPORTER: JESSICA NOBLE, CSR #402

A P P E A R A N C E S

ADMINISTRATIVE STAFF:

Brian Carney

Jessica Rival

Leslie Greer

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WITNESSES:

Clark Yoder

Gerard Muro, M.D.

Carol Friia

1 HEARING OFFICER MITCHELL: Good morning,
2 everyone. My name is Michaela Mitchell. This hearing
3 before the Health Systems Planning Unit of the Office of
4 Health Strategy identified by Docket Number 20-32374-CON is
5 being held on March 4, 2021, regarding an application filed
6 by the applicant, Advanced Radiology Consultants, to acquire
7 a CT scanner in Wilton, Connecticut.

8 On March 14 of 2020, Governor Ned Lamont
9 issued Executive Order 7B, which, in relevant part,
10 suspended in-person open meeting requirements and also which
11 has been extended to April 20th of 2021 and is why we are
12 holding this meeting virtually today -- or this hearing
13 rather than meeting -- to ensure the continuity of
14 operations and we wanted to do it in this manner to maintain
15 the necessary social distance to avoid the spread of
16 COVID-19, and that is why we were holding it virtually.

17 We ask that all members of the public mute
18 the device that they are using to access the hearing and
19 silence any additional devices that are around them. This
20 public hearing arises out of an application for a
21 certificate of need pursuant to Connecticut General Statute
22 Section 19a-639a and will be conducted as a contested case
23 in accordance with the provisions of Chapter 54 of the
24 Connecticut General Statutes.

25 My name, again, is Michaela Mitchell.

1 Victoria Veltry, the executive director of the Office of
2 Health Strategy, has designated me to serve as the hearing
3 officer for this matter. Also on with me are my colleagues,
4 Brian Carney and Jessica Rival, to assist me in gathering
5 facts regarding this application. We also have Leslie
6 Greer, our consumer information representative, to assist as
7 well.

8 Our priority is the integrity and the
9 transparency of this process. We expect that decorum will
10 be maintained by all present during the proceedings. The
11 hearing is being recorded and will be transcribed by BCT
12 Reporting, LLC. All documents related to the hearing have
13 been or will be submitted to the -- that have been or will
14 be submitted to the Office of Health Strategy are available
15 for review through our Certificate of Need portal, which is
16 online and accessible at our website. The applicant,
17 Advanced Radiology Consultants, is a party to this
18 proceeding.

19 At this time I'm going to ask Mr. Carney to
20 read into the record those documents already appearing in
21 HSPU's, or the Health Systems Planning Unit's, table of
22 record in this case.

23 MR. CARNEY: Good morning. My name is Brian
24 Carney. I'm with the Office of Health Strategy. At this
25 time I'd like to enter into the record as A through M --

1 through M.

2 HEARING OFFICER MITCHELL: All right. I'll
3 just turn it over to the applicant's attorney to introduce
4 herself and indicate whether or not there's any objection to
5 those exhibits. I'm having difficulty hearing. I just want
6 to make sure it's not on my end.

7 ATTORNEY FUSCO: Can you hear me?

8 HEARING OFFICER MITCHELL: Perfect.

9 ATTORNEY FUSCO: Okay. So -- sorry. We're
10 getting feedback.

11 HEARING OFFICER MITCHELL: We can hear you.
12 I can hear you well.

13 ATTORNEY FUSCO: For the record, with regard
14 to Exhibit F, which is the hearing notice dated February
15 4th, in that hearing notice, it indicates that the hearing
16 is being held pursuant to 19a-639a(f)(2). I believe it
17 should be 639(a)(e) since Norwalk Hospital did request a
18 hearing, so this is being held at the request of a member of
19 the public.

20 And the other correction is in Exhibit H,
21 which is the request for prefiled testimony dated February
22 11th. That inadvertently references Radiology Associates of
23 Hartford where it should be Advanced Radiology.

24 Other than that, we have no objections to
25 the record. Thank you.

1 HEARING OFFICER MITCHELL: Thank you for
2 bringing that to our attention. I do note that Exhibit -- I
3 think you told us about Exhibit H during the prehearing
4 conference, so we'll make necessary revisions before
5 finalizing the table of record.

6 So at this time the applicants are going to
7 present their direct testimony. We only ask that we make
8 sure that the applicants adopt their prefiled testimony
9 prior to making their statement. I'm going to reserve the
10 right to allow public officials and members of the public to
11 testify outside of the order of the agenda.

12 Generally, applicants go first with their
13 testimony, we ask questions, and then we hear from the
14 public. So if there's anybody who's a legislative public
15 official that wants to testify, please make sure that you
16 let us know. Probably the best way to do that is if you can
17 just -- if there's anybody on at this current moment,
18 because we didn't do preregistration for this hearing, if
19 there's any legislative officials, can you let us know that
20 want to give comment? You can unmute yourself.

21 Hearing none so far, what we'll do is I'm
22 just going to go ahead and allow the applicants to do
23 their -- to provide their testimony. I'm going to advise
24 the applicants that we may ask questions related to your
25 application that you may feel that you've already addressed

1 either in the application itself or in the prefiled
2 testimony, and we just do this for the purpose of ensuring
3 that we are clear on all the information received, and we
4 also do it for transparency for the public.

5 All participants, to the extent possible,
6 should enable the use of video cameras when testifying or
7 commenting during the proceedings. Anyone who is not
8 testifying or commenting should mute their electronic
9 devices, including any telephones, televisions, or other
10 devices not being used to access the hearing. We're going
11 to monitor the participants during the hearing to the extent
12 possible. If anybody has any questions about the procedure,
13 just utilize the "raise hand" function, and I will
14 acknowledge you or one of our staff will let me know if I
15 don't see you immediately.

16 For Attorney Fusco, if there's anything that
17 you need to let me know, you don't need to utilize the
18 "raise hand" function because we don't have any intervenors
19 or other parties. So just let me know if you need me.

20 Participants can mute their devices and
21 disable their cameras when we go off the record. I just
22 want to give everybody a warning that we're going to
23 continue recording even when we take breaks. So if there's
24 something caught on a hot mic, it's going to be recorded.
25 Make sure that you mute yourself.

1 Public comment taken during the hearing will
2 again go in the order that we establish. I'm going to call
3 everybody by name when it's his or her turn to speak. And
4 at any time that we go off the record and we come back, I'll
5 make sure that I give everybody a one-minute warning to let
6 you know that we're about to go back on formally so you can
7 get in your places and everybody can get ready to
8 participate and/or listen.

9 So at this time I'm going to ask the
10 individuals who are going to testify on behalf of the
11 applicant to raise their right hands so that I can swear
12 them in.

13 (Witnesses sworn.)

14 HEARING OFFICER MITCHELL: Just for the
15 record, if you wouldn't mind identifying yourselves.

16 MR. YODER: Clark Yoder, chief executive
17 officer of Advanced Radiology.

18 HEARING OFFICER MITCHELL: All right.

19 DR. MURO: Dr. Gerard Muro, CMIO and
20 neuroradiologist with Advanced Radiology.

21 HEARING OFFICER MITCHELL: Okay.

22 MS. FRIIA: Carol Friia, director of finance
23 for Advanced Radiology.

24 HEARING OFFICER MITCHELL: Thank you.

25 So at this time we'll go ahead and allow the

1 applicants to present their direct testimony.

2 ATTORNEY FUSCO: Thank you.

3 MR. YODER: Good morning, Hearing Officer
4 Mitchell and members of the OHS. Thank you for taking the
5 time this morning to hear our application.

6 My name is Clark Yoder, and I am the chief
7 executive officer of Advanced Radiology Consultants. I
8 hereby adopt my prefiled testimony.

9 Thank you for this opportunity to speak in
10 support of our CON application for the acquisition of a
11 64-slice GE Revolution EVO CT scanner for the practice's
12 Wilton office. As our prior submissions and testimony here
13 today will demonstrate, there is a clear public need for the
14 proposed CT scanner, which will help alleviate unmanageable
15 CT capacity constraints at Advanced Radiology and our other
16 office locations. It will improve access for the Wilton
17 service area residents and help the practice meet projected
18 future demand for CT services based upon a growing and aging
19 population, new emerging applications that can be used in
20 CAT scan, including elective cardiac and lung screening
21 exams.

22 By way of background, Advanced Radiology is
23 one of the largest and oldest private imaging practices in
24 the state of Connecticut. We have been serving southern
25 Connecticut for over 110 years with office locations

1 extending from Stamford up to Orange, Connecticut. We
2 provide a full range component of imaging services,
3 including CT scanning.

4 Our physicians are all subspecialty trained.
5 And in addition, for reading scans at our offices, we also
6 provide professional services at St. Vincent's Medical
7 Center and Bridgeport Hospital in Bridgeport, Connecticut.

8 As you hear from Dr. Muro today, several key
9 factors that set Advanced Radiology apart from our
10 competitors is our commitment to employing subspecialty
11 radiologists, to continually evaluating and upgrading our
12 medical equipment, and to remain at the forefront of
13 electronic medical records and imaging-sharing capabilities.

14 We have been and continue to be focused on
15 delivering cost-effective, high-quality excellent patient
16 care at all of our facilities. Our goal is to be the
17 definition of health care values.

18 Advanced Radiology also serves all patients,
19 regardless of their ability to pay or payor sources, and
20 treats Medicaid and uninsured patients in our offices every
21 day. Advanced Radiology has been serving the needs of the
22 Wilton/Norwalk community for many years and prior to opening
23 up an office in Wilton in 2017 with the goal of addressing a
24 strategic gap in coverage and capacity constraints at nearby
25 practice locations.

1 We offer MRI, ultrasound, mammography, bone
2 densitometry, and general X-ray at our 30 Danbury Road
3 office in Wilton. Most of the patients served in our Wilton
4 office live in Wilton, Norwalk, New Canaan, Westport,
5 Weston, Redding, Ridgefield, and then we even see patients
6 from all of the parts of Fairfield County and also New York
7 State.

8 Our Wilton office is easily accessible from
9 Route 7 and other major highways with ample free parking.
10 We're also very close to public transportation and the bus
11 line. The accessibility is critical particularly for the
12 older population and patients who may not be able to travel
13 so far because of their illness or avail themselves early in
14 the morning or late in the evening.

15 Our decision to add CT scanning services at
16 our Wilton office was driven both by need and acts of
17 consideration. The practice performed 2,566 CT scans in the
18 Wilton service area residents in 2019. That is an increase
19 of 31 percent since 2017. These patients were primarily
20 served by Advanced Radiology's CT scanner in Fairfield and
21 Stamford. These are the closest units geographically to the
22 Wilton service area, although nearly 300 patients from the
23 Wilton service area traveled as far south -- or as far as
24 Stratford, Trumbull, and Shelton for their CT scans as well.

25 Advanced Radiology's Fairfield CT scanner

1 performed 4,959 scans in 2019, an increase of 11 percent
2 since 2017. This represents 134 percent of the total
3 capacity of a CT scanner per the state's health plan
4 guidelines and 158 percent of the optimal capacity per SHP.

5 The practice's Stamford CT scanner performed
6 2,724 scans in 2019, an increase of 18 percent since 2017.
7 This represents 74 percent of the total capacity and
8 87 percent of optimal capacity. Together these units in
9 Fairfield and Stamford were operating at 104 percent of
10 total capacity in 2019 and 94 percent capacity in 2020, even
11 due to COVID service interruptions.

12 With the exception that CT scan volume will
13 rebound and continue to grow as we emerge from the pandemic,
14 we continue to expect significant gains. At Advanced
15 Radiology, we have expanded our CT hours and staffing in
16 Fairfield and Stamford as much as we practically can,
17 considering the need for physician coverage is necessary for
18 contrast examinations and is still challenged to meet the
19 growth of demand for CT scanning services for its patients.

20 In addition to the foregoing, we have seen
21 significant growth in CAT scans of the lung and heart for
22 screening purposes among our patients from the Wilton
23 service area. In 2019, we performed low-dose lung screening
24 CTs on 33 individuals from the Wilton service area. In
25 2020, the practice performed low-dose cardiac scans on 85

1 individuals from the Wilton service area. That is
2 158 percent increase. I do have one correction in my
3 statement. Our low-dose lung was 85 individuals. I
4 misspoke there.

5 We performed cardiac screening on 11
6 patients from the Wilton service area in 2019. In 2020, the
7 cardiac screening of the Wilton service area residents
8 increased by more than 20-fold to 239 cases.

9 One important aspect of Advanced Radiology
10 and that is an important trait of ours is community
11 outreach. We are collaborating with local cardiologists as
12 well as the community fire department to offer low-dose CT
13 cardiac and lung screening exams for their employees and for
14 their patients. We expect the demand for these screening
15 exams to grow over the next several years as we continue to
16 collaborate with communities and the physicians.

17 The proposed CT scanner in Wilton will have
18 both low-dose lung screening and cardiac screening
19 capabilities, which would greatly enhance access for the
20 residents within and around the Wilton service area. This
21 proposal will allow Advanced Radiology to increase our
22 volume and alleviate pressure among our existing CT
23 scanners. In the case of the Fairfield scanner in
24 particular are operating beyond capacity with continued
25 growth expected. Patients need timely access to scans and

1 screening to ensure proper diagnosis and make sure that they
2 have the best treatment outcome.

3 Next, I would like to touch on the clear
4 public need for our application. The clear public need for
5 the proposed CT scanner in Wilton is evident by the state
6 health-care facilities and service guidelines and
7 considering other providers in the marketplace. It will
8 also help ensure diversity of providers, as all other CT
9 scanners located in the Wilton service area are operated by
10 Nuvance Health and are, to the best of our knowledge,
11 hospital-based units.

12 Under SHP, clear public need can be
13 determined by analyzing the percent utilization of capacity
14 in a particular service or the percent utilization of
15 current capacity within the imaging provider's own practice.
16 The need for the Wilton CT scanner is shown to be valid
17 under both methodologies.

18 If we look at all freestanding CT scanners
19 in the Wilson service areas, they're at 83 percent capacity.
20 Expanding this analysis to the Wilton service area and
21 contiguous towns, CT scanners are operating at 89 percent
22 capacity. And looking at the capacity of Advanced Radiology
23 CT scanners in the Wilton service area and contiguous towns,
24 they are operating at 104 percent capacity.

25 Additional CON capacity is clearly needed,

1 and the situation has become more critical as the population
2 continues to grow, age, and we see increasing demand for
3 elective specialty screening. The GE analysis that's
4 included with our CON application shows that over 65 -- the
5 population over 65 in the mid- to lower Fairfield County is
6 expected to increase by 17 percent in the next five years.
7 50 percent of CTs involve patients in the 65-and-older
8 cohort. This will result in a 25 percent increase in the
9 outpatient CT volume for an additional 13,000 scans.

10 Importantly, our application does not have
11 an adverse effect on existing providers. We do not
12 anticipate the acquisition of the CT scanner for its Wilton
13 office will adversely impact existing providers in and
14 around the Wilton service area. The Wilton CT scanner will
15 be primarily used by individuals who already utilize our
16 scanners in Fairfield and Stamford.

17 Our projections assume that a percentage of
18 these patients will shift to the Wilton office and that the
19 CT volume will continue to grow year over year due to the
20 growth and aging population and increased utilization of CT
21 for diagnostic and screening purposes.

22 Our referring physicians want Advanced
23 Radiology to establish CT services in Wilton so their
24 patients from the Wilton service area will have timely
25 access to high-quality imaging services within the community

1 and from the provider of their choosing. Now patients are
2 forced to travel outside the service area if they choose to
3 access Advanced Radiology's CT services.

4 In addition, significant capacity
5 constraints mean that patients often need to wait for an
6 appointment or schedule appointments that are less optimal
7 times, such as early in the morning or late in the evening.
8 Experience has shown us that patients want to use Advanced
9 Radiology for their CT scanning services and that referring
10 providers will continue referring patients to our practice.

11 Patients have the right to obtain imaging
12 services for the provider of their choosing. If we do not
13 increase our capacity, the practice will reach the point
14 where arguments cannot accommodate all the requests we
15 receive for scans.

16 Overall, Advanced Radiology has a proud
17 history of treating all patients, including Medicaid
18 patients, the uninsured, and participation in a joint
19 venture with Hartford Healthcare will ensure continuous
20 access to imaging services for all patients, regardless of
21 their ability to pay or payor sources.

22 Hartford HealthCare is a nonprofit health
23 system like Advanced Radiology that does not discriminate
24 against patients and cares for all individuals. If the
25 Wilton CT scanner is approved and becomes part of our

1 Hartford HealthCare joint venture, the system's charity care
2 policy, which applies to all of our joint venture offices,
3 including Wilton, will apply to the Wilton CT services. A
4 commitment to care for Medicaid recipients becomes
5 increasingly important as the Medicaid population in the
6 Wilton service area and particularly the city of Norwalk
7 continues to grow.

8 According to a recent DSS report, 29,284
9 Norwalk residents received medical assistance, including
10 Medicaid, in 2020. That number is up from 18,669 in 2012,
11 which is a 57 percent increase. Our offices are and will
12 continue to operate as freestanding nonhospital-based
13 imaging providers. Freestanding imaging services tend to be
14 reimbursed at lower rates and, in turn, are less costly for
15 patients than similar services provided with hospital-owned
16 and operated equipment.

17 We have submitted evidence to this effect in
18 our CON and hearing submissions as well as evidence that
19 shows payors steer more patients towards freestanding
20 providers for major imaging services. Several of the
21 national insurance carriers have adopted policies that
22 prefer and direct patients to freestanding outpatient
23 imaging centers.

24 In conclusion, Advanced Radiology has
25 demonstrated a need for additional CT capacity within the

1 practice and the Wilton service area and surrounding towns
2 and in accordance with SHP guidelines that inform OHS's
3 decision-making on CON for major imaging equipment. Our
4 existing CT scanners in Fairfield and Stamford collectively
5 far exceed optimal utilization, and the strategic expansion
6 of this modality to fill a gap in our CT coverage is
7 prudent.

8 We have put forth a proposal to acquire a
9 state-of-the-art CT scanner that will be utilized by
10 subspecialty radiologists to provide the highest quality
11 imaging services to area residents. The practice's
12 nonhospital-based CT scanner will be a cost-effective
13 alternative to hospital-based scanners in the area, which
14 typically receive higher rates and charge facility fees. We
15 do not.

16 For these reasons, I urge you to approve the
17 CON application and allow us to add much-needed CT capacity
18 to our practice. I would now like to turn over the
19 presentation to Dr. Gerard Muro. He is our neuroradiologist
20 and chief medical information officer.

21 I'm available to answer any questions that
22 you may have once the presentation is concluded. I thank
23 you sincerely for your time.

24 HEARING OFFICER MITCHELL: Thank you,
25 Mr. Yoder.

1 DR. MURO: Good morning, Hearing Officer
2 Mitchell and members of the OHS staff. My name is Dr.
3 Gerard Muro, and I am a practicing neuroradiologist and
4 chief medical information officer with Advanced Radiology
5 Consultants. I hereby adopt my prefiled testimony.

6 For Advanced Radiology, I wear two major
7 hats: one hat as a fellowship-trained board-certified
8 neuroradiologist, where I'm on the front lines of clinical
9 care. I direct the practice's radiology section, which
10 utilizes the latest imaging technology, such as 3T MRIs and
11 optimized multidetector CT, to provide the highest level of
12 care in the field of brain, spine, and head and neck
13 imaging. As a radiologist, it is important to have all
14 imaging modalities at our disposal and greatly depend on
15 access to patients' medical information, including prior
16 imaging.

17 My second hat is a subspecialization in
18 medical informatics. Here, I am involved with the
19 incorporation and internal development of cutting edge
20 health information technology solutions in quality of care,
21 lower costs, promote sharing of health-care information, and
22 empower patients.

23 Thank you for this opportunity to speak in
24 support of our CON application for the acquisition of a
25 64-slice GE Revolution EVO CT scanner for the practice's

1 Wilton office. My remarks today will focus on the need for
2 additional accessible CT scan capacity in the Wilton service
3 area, including growing demand for elective CT lung and
4 cardiac screening. I'll also provide some background on the
5 CT technology we intend to acquire, the exceptional
6 qualification of the subspecialized radiologists who read
7 these scans for our practice, and our plan for electronic
8 medical records integration and image sharing as we move
9 forward with a Hartford HealthCare joint venture.

10 The proposed Wilton CT scanner will improve
11 access to CT services for residents of the Wilton service
12 area and surrounding towns as demand for these services
13 continues to grow. The practice has experienced significant
14 growth in CT volume in recent years, particularly in our
15 Fairfield office. There are several factors that have
16 contributed to this growth. First, the population of
17 Fairfield County is both growing and aging. The GE market
18 analysis that Dr. -- that Mr. Yoder referenced projects a
19 modest population growth for mid- to lower Fairfield County
20 over the next five years, but significant growth in the
21 65-plus age cohort, with approximately 17 percent --
22 majority comprised of 17 percent of the population.

23 As the population ages, they tend to require
24 advanced imaging due to a variety of medical conditions. CT
25 scans are an essential modality. For many conditions, CT is

1 the preferred diagnostic test, as they are quicker and less
2 costly than MRI scans and provide information not obtainable
3 with MRI. In many cases, MRI and CT complement each other
4 at deriving the most accurate assessment of the medical
5 condition. Having shared access between these modalities
6 can be critical for timely quality area care. As Mr. Yoder
7 testified, a 25 percent increase in outpatient CT volume in
8 the service area of 13,000 scans is expected due to this
9 growth and aging population.

10 Moreover, the practice has seen an increase
11 in CT lung and cardiac screening in recent years, a trend
12 which we expect to continue. Evidence shows that low-dose
13 CT screening can significantly reduce lung cancer mortality.
14 Similarly, using CT for coronary artery calcium scoring
15 assists cardiologists with assessing an asymptomatic
16 patient's risk for a major cardiovascular event.

17 From a population health standpoint, we can
18 see an importance of having access to CT, especially to the
19 most vulnerable patient populations. As we evaluated where
20 to add CT capacity to meet increasing demands within our
21 practice, the accessibility of the Wilton office was a
22 critical factor in our decision-making.

23 Older patients often have issues that
24 interfere with their ability to drive and to navigate cities
25 and more complicated care settings like hospital campuses.

1 Our Wilton office is conveniently located on a main
2 thoroughfare in close proximity to the Merritt Parkway,
3 I-95, Metro-North, and other public transportation and
4 provides ample parking and easy access to the proposed CT
5 scanning suite. Our practice has historically offered
6 centralized scheduling, convenient CT scanning hours, and
7 minimal disruptions to procedures once they are scheduled.

8 Quality and care in care coordination.

9 Acquisition of the proposed 64-slice GE Revolution EVO CT
10 scanner and the incorporation of this technology into our
11 practice of subspecialty-trained radiologists with access to
12 state-of-the-art medical records and image-sharing
13 capability will greatly enhance quality and care
14 coordination for our patients. The proposed CT scanner will
15 be accredited by the American College of Radiology, a
16 significant quality enhancement over other scanners,
17 including exceptional image clarity and resolution with
18 low-dose technology, increased efficiency to streamline CT
19 workflow and patient comfort.

20 The Revolution EVO is designed to provide
21 high imaging performance across all anatomical demands. It
22 includes notably ASIR-V technology, which gives health-care
23 providers the ability to reduce radiation build, improve
24 low-contrast detectability, lower image noise, includes
25 facial resolution, and reduced load signal artifact. In

1 practice, it will provide superior ability to detect small
2 lung nodules and calcium deposits in coronary arteries in
3 early stages of formation. If approved, the GE EVO scanner
4 will be the newest and most advanced CT scanner in the
5 Wilton service area.

6 In addition to having the most advanced CT
7 technology, Advanced Radiology brings the knowledge and
8 experience of its subspecialty-trained radiologists to the
9 proposed Wilton CT service. As Mr. Yoder mentioned,
10 subspecialized radiologists are unique in that they have
11 advanced training specific to certain organ types, areas of
12 the body, and diseases, which makes them uniquely qualified
13 to diagnose complicated conditions that may go undetected by
14 someone with less training.

15 Advanced Radiology physicians hold
16 certifications from the American Board of Radiology and
17 fellowship subspecialties include neuroradiology, pediatric,
18 vascular, and interventional radiology, body imaging,
19 women's imaging, ultrasound, nuclear medicine, and oncology.
20 This extensive specialization and training required of all
21 Advanced Radiology radiologists for the benefit of our
22 patients makes us a preferred provider in the communities we
23 serve.

24 In addition, Advanced Radiology
25 image-sharing capabilities have always set us apart from

1 other providers, and we anticipate further enhancements in
2 health IT resulting from our joint venture with HHC. Our
3 offices will be converting to the Epic electronic medical
4 record system in late 2021. This will result in our records
5 being accessible throughout -- through both the HHC network
6 and Yale-New Haven Health network, which also uses the Epic
7 Care Everywhere platform. This will further facilitate care
8 coordination throughout the communities we serve.

9 The quality and safety of all imaging
10 services, including CT, will be enhanced by the availability
11 of both historic and future images through Image Connect,
12 which is HHC's clinical image integration platform. With
13 this platform, providers are able to access a patient's
14 images and reports anywhere at any time. This type of
15 immediate access to patient images assists with the
16 decision-making on patient transfer and can be used in
17 connection with surgeries, cardiology, and cancer care to
18 ensure that the correct decisions are being made for the
19 patient in the timeliest fashion.

20 In fact, this will also help to avoid
21 potential treatment delays and unnecessary radiation
22 exposure associated with repeat scans, which often occurs
23 when a subsequent provider cannot access images from a
24 previous study. In addition, the joint venture will
25 continue to use Advanced Radiology's existing sophisticated

1 image-sharing network, allowing any confirmed physician
2 access to images regardless of where the scan was performed
3 or where the physician resides. This enhances the timely
4 communication of exam results and minimizes unnecessary
5 repeat imaging. This network also allows the highest level
6 of subspecialty interpretation. In addition, patients are
7 empowered with the direct access of their images and results
8 through the patient portal.

9 So before I conclude, I would like to tie
10 this all together and demonstrate the value of our proposal
11 with a story. This is a fictional story but truly
12 represents what happens every day throughout Advanced
13 Radiology. It begins with Mrs. Jones, an elderly woman
14 living alone. She has multiple chronic ailments, which
15 significantly limits her ability to get around and often
16 relies on Uber and taxis. She comes to the Wilton office
17 for an MRI of her brain because of headaches. She said
18 she's had a prior MRI, but she doesn't recall where or when
19 exactly. However, through our system, we are able to
20 realize that she had an MRI at St. Vincent's Hospital five
21 years ago, and I have immediate access to that MRI for
22 comparison. As a neuroradiologist, I'm reading her MRI and
23 I see something that's wrong and I believe it could be an
24 aneurysm. I have her prior exam. I can see that it's new
25 and it's very concerning and she needs a CAT scan, a

1 high-resolution CAT scan of her blood vessels called a CTA.

2 I called her referring physician, who knows
3 me well and trusts my abilities as a neuroradiologist, and
4 we are -- she can quickly order that important examination
5 through our shared EMR systems. The patient -- Advanced
6 Radiology then quickly coordinates with the referring
7 physician and the patient this urgent CT scan, has access to
8 the required but existing lab work through the integrated
9 EMR system. The patient comes back that afternoon for the
10 CT scan.

11 I am at another office, however able to
12 maintain a continuum of care by instructing the technologist
13 on how to perform that CT scan for this particular reason.
14 The GE scanner is ideal for high-resolution imaging of the
15 blood vessels, which she requires. Through our shared
16 network, I am able to monitor and interpret the study
17 immediately. My suspicions are correct, a large
18 life-threatening brain aneurysm.

19 Mrs. Jones is immediately referred to a
20 neurosurgeon. The neurosurgeon, through the HHC network,
21 has instant access to her images and the reports through the
22 shared-imaging network. The neurosurgeon knows me and calls
23 me directly on my cell to review the details of the
24 findings. The patient was in the OR the next day and
25 ultimately made a full recovery. Mrs. Jones required

1 routine outpatient follow-up CT scans, which were
2 conveniently performed at the Wilton office. These are
3 easily compared with studies performed in the hospital
4 through the shared network. This was a timely high-quality
5 coordinated effort with maximized patient experience and
6 outcome. Mrs. Jones was very grateful to all of those
7 involved.

8 Now, if there were no CT scan in Wilton,
9 there may have been delays in trying to get Mrs. Jones to
10 another office. It's very likely that she would go to a CT
11 scanner in another network where exchange of information
12 would be delayed and deficient and care coordination
13 suboptimal.

14 So in conclusion, I'd like to thank you
15 again for consideration of our request for permission to
16 acquire a CT scanner for our Wilton office. As it stands,
17 Advanced Radiology functions as a coordinated care network
18 blanketing the Fairfield County region. Our venture with
19 HHC adds multiple layers to this blanket of coordinated care
20 and access and continuum and population health.

21 Having a CT scanner in Wilton will assure
22 that there are no holes in these blankets. It will greatly
23 enhance quality and access to care for Wilton service area
24 residents as the population grows and ages and as demand
25 increases for CT scans, including elective lung and cardiac

1 screen. We bring an abundant depth of training and
2 expertise to the practice of imaging in this service area.
3 In addition, the joint venture with HHC will further enhance
4 quality and care coordination, ensure access to services for
5 all individuals, and maintain our imaging equipment as a
6 lower-cost alternative to hospital-based imaging services.

7 For these reasons, we urge you to approve
8 our CON request. I'm available to answer any questions you
9 may have. Thank you.

10 HEARING OFFICER MITCHELL: Thank you,
11 Dr. Muro.

12 ATTORNEY FUSCO: That concludes our
13 presentation. Thank you.

14 HEARING OFFICER MITCHELL: Thank you,
15 Attorney Fusco. I think what's going to happen is we're
16 going to go off the record for about ten minutes because I
17 think that your witnesses may have answered some of the
18 questions that we have. So we're going to look at our
19 questions, and then we'll come back on the record.

20 Before I do that, I'm just going to ask
21 people who are listening: If there's anybody that wanted to
22 give public comment, can you utilize the "raised hand"
23 function at this time?

24 I don't see anybody, so we are going to
25 break for about ten minutes. We're going to come back on

1 the record at 10:55.

2 (Whereupon, a recess was taken from 10:42
3 a.m. to 10:55 a.m.)

4 HEARING OFFICER MITCHELL: We're going to go
5 back on the record at this time.

6 Attorney Fusco, your client did answer some
7 of our questions. We still have a few, so I'm going to go
8 ahead and defer to my colleague, Jessica Rival, who is going
9 to ask the remaining questions that we have.

10 MS. RIVAL: Good morning.

11 ATTORNEY FUSCO: Good morning.

12 MS. RIVAL: If you could describe the
13 methodology that was used to derive the utilization within
14 the primary service area.

15 ATTORNEY FUSCO: Are you talking about for
16 all of the units operating within the Wilton service area in
17 contiguous towns?

18 MS. RIVAL: Yes.

19 ATTORNEY FUSCO: So, I mean, I can probably
20 answer that. I think we had footnoted it somewhere in the
21 CON. So we used the OHS, the most recent state health plan
22 inventory, which I believe the most recent published was
23 2018. The 2020 table nine isn't out yet, so we used that to
24 determine how many units there were within the service area.
25 Then we did expand that, as well, to contiguous towns to do

1 both analyses. We looked at their utilization reported for
2 each of those units for 2008, and we put that over the state
3 health plan sort of maximum capacity of 3,700 scans per
4 outpatient scanner, freestanding.

5 MS. RIVAL: Okay. Thank you.

6 Pages 1 and 2 of the responses to the
7 hearing issues note that freestanding scanners in the Wilton
8 primary service area are currently utilizing 83 percent of
9 capacity, which is short of the 85 percent of capacity
10 that's outlined in OHS's health-care facilities services
11 plan. Why were the hospital CT scanners omitted from the
12 methodology?

13 ATTORNEY FUSCO: Again, I can answer that if
14 that's okay. We used hospital-based outstanding
15 freestanding scanners. Okay? So the other three CT
16 scanners in the service area are hospital-based
17 outstanding outpatient scanners. We didn't use the -- sort
18 of the hospital inpatient scanners because we didn't think
19 that that was an accurate comparison because those aren't
20 typically the scanners used by the patient population that
21 utilize the freestanding scanners that Advanced Radiology is
22 proposing. But we did include all of the hospital-based
23 scanners that sit in, you know, free -- quote/unquote,
24 freestanding settings.

25 MR. CARNEY: Okay. Yeah. This is Brian.

1 We generally look at capacity overall, so we would generally
2 typically include both those categories. So if you could,
3 I'd like you to submit a late file. I believe there's two
4 hospital-based CTs at Norwalk Hospital, if you can include
5 that into the calculation. The capacity is a little bit
6 different for hospital-based. It's 12,000 scans, yeah. So
7 it would be revising table A on page 9 of the prefiled. I
8 believe it's Mr. Yoder's.

9 MS. RIVAL: Okay. Page 15 of the
10 application identifies the primary service area based on
11 70 percent of patient volume in the Wilton office. Could
12 you explain the rationale for choosing 70 percent versus 75
13 and how the inclusion of the other area towns accounting for
14 the additional 5 percent would affect the utilization rates?

15 MR. YODER: So on OHS Table 2 of the filing,
16 we looked at 70 percent because those were typically the
17 towns that we've held referrals from to the Wilton office.
18 They were typical and contiguous to the Wilton location, so
19 it just came out to be 70 percent.

20 ATTORNEY FUSCO: And to answer your
21 question, we didn't -- I don't have -- I mean, we can get
22 you the data on what the next 5 percent would have been,
23 what other town or towns it would have included; but these
24 were kind of the typical Wilton office towns based upon on
25 the other services they're providing and the towns that sort

1 of sit contiguous to Wilton. As Mr. Yoder said, it just
2 happened to total 70 versus the typical 75.

3 HEARING OFFICER MITCHELL: Thank you. Let
4 me just think about the additional 5 percent right now. I
5 think we're more -- we're thinking about the hospital-based
6 CT scanners more, but I'm going to confer with Brian, who
7 has a better handle on the calculation than I do, so I'll
8 just let Jess finish her questions and we'll circle back on
9 the additional 5 percent for the service area.

10 ATTORNEY FUSCO: Okay. Thank you.

11 MS. RIVAL: On page 2 of the application,
12 there's a reference to OHS Docket No. 19-32340-CON for the
13 Meriden Imaging Center in establishing service area
14 utilization and capacity. Please elaborate on how the
15 Meriden Imaging Center decision relates to this application.

16 ATTORNEY FUSCO: Can you give me another
17 page? Page 2 -- page 2 is the title page of the -- are you
18 talking about the CON application main form?

19 MS. RIVAL: No. Let me please take a look
20 real quick.

21 MR. CARNEY: That's the prefiled testimony,
22 I believe, Jess.

23 MS. RIVAL: Yes, it is. The second page of
24 the prefile.

25 ATTORNEY FUSCO: Did you say the second page

1 of Dr. Yoder's prefile? I'm not seeing the reference.

2 MR. CARNEY: Is this in reference to the
3 Meriden decision? Yes? It's page 8, under the footnote on
4 page 8 of the prefile.

5 ATTORNEY FUSCO: Okay. Page 8. I was
6 looking at the second page.

7 MR. CARNEY: My bad.

8 ATTORNEY FUSCO: Oh, and I can answer that
9 question. So I had just included that reference because as
10 we were -- as we were discussing the methodology and how to
11 actually do the comparison to determine percent utilization
12 of current capacity, the state health plan talks about
13 looking at data published by OHS, which, to the best of our
14 knowledge, hasn't been published.

15 So the way that applicants have historically
16 looked at it is to look at those tables that are produced in
17 the inventory, look at the utilization of the providers in
18 the area, and sort of put that over, you know, either 3,700
19 or 12,000 depending upon the type of scanner. So I was just
20 referencing another application in which the methodology had
21 been -- the percent utilization of capacity had been
22 calculated in that manner and accepted by OHS as an
23 appropriate methodology as a reference.

24 MS. RIVAL: Thank you.

25 MR. CARNEY: Thank you.

1 MS. RIVAL: And can you identify the
2 contiguous towns to the PSA referred to in the prefiled
3 testimony on page 9 and throughout the application?

4 ATTORNEY FUSCO: Again, I can answer it. I
5 apologize. Again, in terms of contiguous towns, if you look
6 at the table, for example, table B in -- I think this is
7 Mr. Yoder's prefile. On page 9, you'll see that the
8 contiguous towns specifically where there's equipment would
9 be Fairfield, would be Darien, would be Stamford, and then
10 to the north would be Danbury.

11 MS. RIVAL: Great. Thank you.

12 ATTORNEY FUSCO: And we do note -- and I can
13 correct this when we submit with the hospital scanners that
14 in preparing for the hearing and looking at table B and
15 looking at the latest inventory, I realize there is another
16 Danbury Hospital-based unit. I believe it's called like the
17 Danbury Medical Arts scanner that was not included, but it's
18 somewhere in like the 4,900 range. I can include that in as
19 another freestanding unit when I redo the chart.

20 MS. RIVAL: That's all the questions I have
21 at this time.

22 Brian, did you have any follow-ups?

23 MR. CARNEY: No. I'm all set.

24 HEARING OFFICER MITCHELL: I just want to
25 thank you both, Jess and Brian, for assisting with those

1 questions. I did want to indicate that I don't think we're
2 going to ask for the additional 5 percent for the PSA. I
3 think we're going to focus on the late file for the
4 hospital-based CT scanners and update for that.

5 Let me just look at the participant list and
6 ask again if there's anybody that wants to provide public
7 comment. If you do, please utilize the "raise hand"
8 function. I don't see anybody.

9 Brian, can you just double-check me and make
10 sure I'm being honest?

11 MR. CARNEY: Of course. I know you're
12 honest. I do not see any.

13 HEARING OFFICER MITCHELL: Okay. All right.
14 So what I'm going to do is I am still -- we're going to
15 leave the record open for the production of the late files.
16 We customarily -- I mean not for the production of the late
17 files, for the production of any additional written
18 comments. We have been leaving them open for a week.

19 You know, Attorney Fusco, I don't know how
20 much time you need for the production of the actual late
21 files, so is a week --

22 ATTORNEY FUSCO: That's fine.

23 HEARING OFFICER MITCHELL: That's fine?

24 Okay. So we're going to leave the record
25 open for a week for anyone who wants to submit written

1 comment to us and also for the production of the late files.
2 I just want to announce on the record that we can receive
3 comments from the public by email at concomment@ct.gov or by
4 regular mail at P.O. Box 340308, 450 Capital Avenue,
5 Hartford, Connecticut, and the ZIP is 06134-0308. So we'll
6 leave the record open for late files and public comment
7 until 4:30 p.m. eastern standard time on March 11 of 2021.

8 I just want to ask you, Attorney Fusco, is
9 there anything that you wanted to let us know or bring out
10 for the purpose of the record before we adjourn for today?
11 Closing statement?

12 ATTORNEY FUSCO: Sorry. Hang on. I'm
13 getting feedback. Okay. Can you hear me okay?

14 HEARING OFFICER MITCHELL: Mm-hmm.

15 ATTORNEY FUSCO: So I just wanted to thank
16 you again for your time and for seeing the CON application
17 through what is now coming up on a yearlong process due to
18 COVID and sort of other delays in getting this hearing
19 scheduled. And we really do truly appreciate the work that
20 goes into, you know, preparing for and presiding over these
21 hearings. And we understand that you guys have a
22 significant workload at this point in time. So, again,
23 thanks so much. And I did just want to take a few minutes
24 to kind of go through toward the somewhat insufficient
25 criteria and guidelines. I know we're going to give you

1 some additional information, but, you know, I think it's
2 important to focus on the fact that we have demonstrated a
3 clear public need for the CT scanner in Wilton. Right? So
4 the state health plan guidelines allow you to look at it two
5 ways. They allow you to look at it within your own
6 practice, and they allow you to look at the service area
7 more focally. I can't speak to those numbers until we
8 provide the late file, but just in looking at our own
9 practice, we -- you know, we don't have a scanner within
10 that seven service area town, but we have them in contiguous
11 towns.

12 OHS has historically looked at contiguous
13 towns when determining impact on existing providers and
14 things that make it logical to do so, particularly since
15 there are thousands of individuals from the Wilton service
16 area that need to travel to those contiguous towns now for
17 those scans. So if you're doing the analysis within the
18 Advanced Radiology practice because of -- you know, because
19 of referral patterns and patient choice and patient
20 preference, you can see that those two scanners in
21 contiguous towns are operating at, you know, 104 percent
22 combined capacity; and there's every reason to believe that
23 those numbers are going to continue to grow as the
24 population grows, the over-65 population, as it continues to
25 age, as, you know, things like elective lung and cardiac

1 screening becomes sort of more popular and more commonplace.
2 So I think the practice has reached a critical capacity
3 point.

4 They, as I think Mr. Yoder said, are going
5 to get to a point where, even with expanded hours, they are
6 not able to accommodate all of the scans that they have.
7 You know, therefore, patients are going to have to choose to
8 go elsewhere, and it raises a lot of the issues with respect
9 to continuity of care and such that we've -- or care
10 coordination that we've discussed.

11 So I think that that right there shows that
12 there is a clear public need for the scanner. And I think,
13 you know, looking at all of the other decision criteria,
14 it's obviously going to improve access. I mean, thoughtful
15 planning went into this. Advanced Radiology looked at where
16 it serves patients and where those strategic gaps in
17 coverage exist, and this is kind of a glaring one. They
18 don't have a scanner in that service area. They don't have
19 a scanner serving that -- you know, that section of
20 Fairfield County from which they draw -- necessarily draw a
21 lot of patients based upon their reputation with referring
22 providers and individuals here.

23 And they will also -- you know, putting it
24 there is going to help with ensuring access for Medicaid
25 patients and the uninsured. As you heard Mr. Yoder testify,

1 this report just came out showing sort of the growth in the
2 Medicaid population sort of in every municipality in the
3 state; and it's kind of, you know, shocking to see the
4 growth that has happened within the city of Norwalk over the
5 course of the last eight years. You're talking about a
6 57 percent increase in the Medicaid population. And I will
7 say, having handled CON for Advanced Radiology for many,
8 many years, they have always been a practice that has
9 accepted and served a considerable amount of Medicaid
10 patients. They take uninsured patients. They work with
11 them on payment arrangements if they can't pay for the
12 services. It's just a commitment that they have always had
13 and will continue to have. And as we mentioned, sort of the
14 interplay of the joint venture with Hartford HealthCare
15 being on topic health system and how they handle those
16 things will ensure access for those patients as well.

17 We talked like we talk in all of these about
18 the cost effectiveness of freestanding imaging services.
19 You know, we do believe that the other three units in the
20 area are hospital-based units that typically charge -- you
21 know, are reimbursed at higher rates and most certainly
22 charge facility fees, which we do not charge, making
23 services provided by Advanced Radiology more cost effective
24 to patients. And then for all of the reasons that
25 Dr. Muro said -- and I think your answer was wonderful --

1 about sort of quality of care and care coordination and the
2 ability to get patients into this topnotch provider with
3 subspecialty-trained radiologists and access to integrated
4 electronic medical records and image-sharing capabilities
5 that really make it easy in a situation like Dr. Muro
6 described, where there's an urgent need to get a patient
7 diagnosed and treated. That's definitely benefitting --
8 will be a benefit to all patients in the service area.

9 And then, finally, I just wanted to sort of
10 provide our perspective on how, you know, we think approval
11 of this CON request is consistent with the way that OHS and
12 your predecessor, OHCA, has been handling imaging equipment
13 acquisitions over the course of the last, let's say, five
14 years. So, you know, I look back and there have been
15 numerous CON requests filed by hospitals and health systems,
16 by private physician practices, by joint ventures, and, you
17 know, more recently by specialty physician practices that
18 are acquiring the units to treat their own patients.

19 And if you look at sort of the history, OHS
20 has approved pretty much all of these applications. I think
21 all of the ones that I could find and the ones that are
22 still pending are sort of moving towards a conclusion
23 without any type of public hearing. Right? So -- you know,
24 and but for an intervenor requesting a public hearing in
25 this matter, we might have resolved this one eight months

1 ago, but here we are with an eight-month delay of our CON
2 kind of getting a much needed service to the health-care
3 community. But if you look at those CONs that have been
4 approved, you know, OHS is citing factors like public need,
5 addressing strategic gaps in coverage, patient choice, cost
6 to consumers, quality of care and care coordination, all of
7 the things that are factors that we discussed here today
8 that supports approval of the Wilton CT scanner.

9 And I think, you know, importantly, even
10 though some of those applications that have been approved
11 might have had an adverse impact on existing providers and
12 we can tell you for certain with some of the specialty ones,
13 they have had an adverse impact on provider -- you know, on
14 radiology providers like Advanced Radiology, but there's
15 been a way for the weighing of considerations by the agency
16 in a sense that sort of need, access, quality of care
17 coordination, cost effectiveness are persuasive and they
18 tend to outweigh a minimal impact on existing providers.

19 And so there's -- I think the agency is
20 allowing this type of development and resulting competition
21 that I'll call a free-market approach to imaging growth
22 regardless of whether there's projected or actual impact on
23 existing providers. So here, you know, while I think the
24 need for the CT scanner is clear and the benefits for public
25 are evident and the impact on existing providers is going to

1 be minimal if any, we would just ask that OHS sort of give
2 the same consideration to this application that you have to
3 imaging applications historically and take a similar
4 approach in approving the request.

5 And thank you again for your time. Again,
6 we appreciate all you've done here for us today and with
7 this application.

8 HEARING OFFICER MITCHELL: Thank you. I
9 want to thank you, Attorney Fusco, and your witnesses.

10 Are there any -- is there anybody -- this is
11 the last call. Anybody that wants to submit -- I mean make
12 public comment before we close? I still don't see anyone.

13 Okay. We're going to go ahead and adjourn
14 the hearing for today. Thank you again for your time and
15 for the preparation of your prefiled testimony and your
16 testimony today.

17 I want to thank the staff of OHS for helping
18 out. We're trying to catch up on a lot of these hearings,
19 and so I just want to recognize you guys because I know that
20 you're doing a lot of extra work that, you know, has just
21 kind of been the norm since we've left the office.

22 So thank you guys. And I will leave the
23 record open for a week for anybody that wants to submit
24 written comment and then also for a week for anyone -- I'm
25 sorry, for the production of the late files. So we're all

1 set. Thank you everybody. Hearing adjourned.

2 (Hearing adjourned at 11:18 a.m.)

CERTIFICATE FOR REMOTE HEARING

I hereby certify that the foregoing 43 pages are a complete and accurate computer-aided transcription of my original stenotype notes taken of the hearing held by remote access in re: Docket No. 20-32374-CON, Advanced Radiology Consultants, LLC, Acquisition of Imaging Equipment, which was held remotely before Michaela Mitchell, Esq., on March 4, 2021.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my seal this 31st day of March, 2021.



Jessica Noble
Notary Public
CT License No. 402

My Commission expires: September 30, 2021