



Imaging Workgroup

Imaging Standards and Guidelines Review

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Acknowledgments

Victoria Veltri, Executive Director

Kimberly Martone, Deputy Director

The State of Connecticut's Office of Health Strategy (OHS) would like to acknowledge and thank the members of the Imaging Workgroup for sharing their knowledge, experience and time with us. Your insight related to Connecticut and national medical imaging standards, guidelines, legislative matters, historical and current market trends is invaluable in assisting OHS to develop policy related to the oversight of the acquisition of medical imaging equipment.

Workgroup Members

The Imaging Workgroup (Workgroup) was formed by OHS and comprised of Office of Health Strategy staff, as well as representatives from a cross-section of Connecticut’s imaging healthcare industry.

Members	Representing
Brian Carney	Office of Health Strategy
Barbara Durdy	Hartford Healthcare
Thomas Farquhar MD	Radiological Society of Connecticut
Demian Fontanella Esq.	Office of Health Strategy
Cheryl Granucci	Yale-New Haven Health System
Jim Iacobellis Esq.	Connecticut Hospital Association
Matthew Katz	Connecticut Medical Society
Alan Kaye MD	Independent Radiologist
Steven Lazarus	Office of Health Strategy (Workgroup Facilitator)
Andrew Lawson MD	Independent Radiologist
Stuart Markowitz MD	Hartford Healthcare
Leland McKenna	Middlesex Hospital
Brent Miller	Office of Health Strategy
Micheala Mitchell Esq.	Office of Health Strategy
Kaye, Alan MD	Independent Physician
Zenon Protopapas MD	Independent Physician

Workgroup Objective

The Imaging Workgroup was tasked by OHS with reviewing the [Imaging Standards and Guidelines](#) currently in the [2012 Connecticut Statewide Healthcare Facilities and Services Plan](#) (the “standards and guidelines”). As part of that review, the Workgroup was charged with discussing and evaluating the implementation of the standards and guidelines in the analysis of prior [Certificate of Need](#) (CON) imaging determinations and applications and making new recommendations based on the current healthcare market and market trends in Connecticut.

Connecticut General Statutes Define Imaging Equipment

Certificate of Need is a regulatory program requiring certain types of health care providers to obtain state approval prior to making major changes in the healthcare landscape such as mergers, substantial capital investments in new equipment or facilities, changing access to services, or discontinuing a medical service.

Connecticut General Statutes [Section 19a-638\(a\)\(9\)](#) specifies that a Certificate of Need is required for the acquisition of computed tomography (CT) scanners, magnetic resonance imaging scanners (MRI), positron emission tomography (PET) scanners or positron emission tomography-computed tomography scanners, by any person, physician, provider, short-term acute care general hospital, or children’s hospital. Purchasers seeking authorization to acquire imaging equipment must demonstrate that they meet clear public need as well as other criteria set forth in Connecticut General Statutes [Section 19a-639](#).

Analysis and Recommendations

The Workgroup examined OHS’ CON main and supplemental imaging application forms for redundancy and discussed the general CON process, inclusive of the timeframes for the disposition of applications. Additionally, the Workgroup was presented data from the [OHS inventory](#) of all currently available CT, MRI and PET-CT scanners within the state.¹

As part of its examination, the Workgroup also reviewed thirty-eight (38) imaging applications and select determinations from the inception of the 2012 imaging standards and guidelines through December 2018. Of the 38-imaging related CON applications, twenty-eight (28) were approved as final decisions, six (6) were approved as agreed settlements, three (3) were denied and one (1) was withdrawn.

After careful consideration, the Workgroup recommended no changes to the imaging standards and guidelines. The Workgroup found that the “Other Factors for Consideration” provisions in the current standards and guidelines maintain sufficient flexibility to allow Applicants to demonstrate need for the acquisition of imaging equipment through factors other than the “need methodology.” These factors include, but are not limited to the: examination of the capabilities of the proposed scanner to existing scanners; ability of the applicant to serve underserved populations without jeopardizing the financial viability of the project; use of the scanner for clinical research, the impact on existing services, including

¹ There are 126 MRI scanners, 126 CT scanners and 25 PET-CT scanners statewide.

the avoidance of timely treatment and diagnosis; and in the case of hospitals, consideration of unique populations or specific clinical needs, etc. ²

Future Workgroup Meetings

Members of the Workgroup expressed interest in continuing to meet in the Fall of 2020 to determine whether additional issues unrelated to the standards and guidelines could be resolved.

Topics raised for further consideration include the following:

1. The inconsistency in imaging statutory language that allows a purchaser to relocate imaging equipment previously acquired through the CON process anywhere in Connecticut simply by notifying OHS. This practice is at odds with the planning function of the CON process, which is site and need- specific.
2. The regulatory definition of “[acquisition](#)” which permits outside entities to transfer ownership of a radiology practice at a professional corporation level or above without going through the CON process. This allows new owners to control the existing imaging equipment.
3. The ability of OHS to continue to use its authority to limit the operation of newly-approved “hybrid” imaging equipment (for example, SPECT/CT) solely to the use specified in the respective CON application.

² OHS has authorized the acquisition of imaging equipment by Applicants that did not meet the standards set forth in the need methodology who: demonstrated that the proposed equipment would reduce delays in the diagnosis and treatment of disease, meet the needs of special populations (e.g. bariatric and pediatric/NICU patients) or would be used solely for research purposes. See, 13-31815-CON; 18-32237-CON, 18-32222-CON and 18-32227-CON

Contact Information

Steven Lazarus, Operations Manager
(860) 418-7012
Steven.Lazarus@CT.gov

OFFICE OF HEALTH STRATEGY
450 CAPITOL AVENUE
MS # 51OHS
PO Box 340308
HARTFORD, CT 06134