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DELIVERED ELECTRONICALLY

July 19, 2024

Donna Jerry, Senior Health Policy Analyst
Green Mountain Care Board
1 National Life - Davis 3
Montpelier, Vermont 05633
donna.jerry@vermont.gov

Re: Request for Expedited Review of the Certificate of Need Application for Interventional Radiology Suite 24 Equipment Replacement and Related Facility Upgrades

Dear Donna:

The University of Vermont Medical Center Inc. (“UVM Medical Center”) files this Certificate of Need application for Interventional Radiology Suite 24 (“IR24”) Equipment Replacement and Related Facility Upgrades. The applicant is seeking expedited approval of the application without a hearing and with such other abbreviated process as the Green Mountain Care Board (“GMCB”) finds appropriate.

A request for expedited review may be granted if the project is likely to be uncontested and does not substantially alter services. 18 V.S.A. § 9440(c)(5); GMCB Rule 4.00, Certificate of Need (“Rule 4”). UVM Medical Center’s application, attached, meets these requirements.

This project is not expected to be contested. The project is for the replacement of existing interventional radiology (IR) equipment that is fully depreciated, has exceeded its expected lifespan and is showing signs of image degradation. Replacement of the equipment with comparable equipment that has advanced technology will enable practitioners to perform a wide range of routine and complex procedures, and will allow the applicant to utilize IR24 as an additional service hub capable of providing care for complex stroke patients.

The project does not substantially alter services offered by the applicant. Pursuant to Rule 4, a project does not substantially alter services if:

- (a) the project raises no significant health care policy or planning concerns; and

- (b)(i) the expenditures associated with the proposed project or action do not have a significant impact on the services provided, the cost of health care, or the financial strength of the applicant; or
- (ii) the project consists of the routine replacement of existing equipment that is depreciated, out-of-date or obsolete, or consists of the routine renovation, repair or maintenance of existing buildings and facilities.

Rule 4, § 4304.2.

First, the project satisfies subsection (a) of the rule because it does not raise significant health care policy or planning concerns. The project is for the routine replacement of equipment that has exceeded its expected lifespan and is showing signs of image deterioration. UVM Medical Center is one of the few hospitals in the region with IR suites, while demand for IR services grows with an aging population. The project will not drive volumes but instead help the applicant meet the increased demand for IR procedures, some of which may not be available at other regional hospitals.

Second, the project satisfies subsection (b)(ii) as the routine replacement of fully depreciated equipment. The existing equipment is more than twelve years old, and has begun to require more frequent and expensive maintenance. All proposed facility renovations and mechanical and electrical updates included in the project are needed to accommodate the new unit.

Based on the above, we believe the GMCB may declare this application uncontested, and issue written notice granting a Certificate of Need without any further process. We respectfully ask the Board to do so.

In accordance with 18 V.S.A. § 9440(c)(2) and Rule 4,¹ we provide the following information about the Project, which we discuss further in the CON application:

Project Scope and Expenditures: The project is for the purchase of replacement IR equipment and facility modifications and upgrades to mechanical and electrical systems to accommodate the new device, for a total cost of \$2,906,252. The project does not propose the creation of new health care facilities or the initiation of new health care services; it is focused on replacing already-existing equipment that is fully depreciated and at the end of its service life.

Project Rationale: The equipment in IR24 is outdated and needs to be replaced. At over twelve years old, it has exceeded its expected service life of seven years, and is exhibiting signs of image deterioration, impeding the physicians' ability to visualize critical and delicate anatomical structures during examinations. The purchase of a new, next-generation biplane system will allow teams of clinicians to complete different tasks simultaneously, saving times and improving quality of care; enable interventional personnel to preprogram routine tasks, shortening

¹ Rule 4 provides that an applicant seeking expedited review may submit a "simplified" application that explains 1) project costs in detail; 2) why the project qualifies for expedited review; and 3) the need for the project and why the applicant is the appropriate entity to address the need. Rule 4, § 4304.3. Notwithstanding the Rule's reduced filing requirement, the attached application provides a complete and comprehensive justification for the project and fully addresses all relevant criteria.

procedure times and reducing risk of error in patient preparation; and provide an additional service hub capable of caring for complex stroke patients.

Need to be Addressed: The project will allow the applicant to continue providing access to a range of critical healthcare services including vascular procedures, renal artery stenting and wound care clinic, to patients throughout the region. As the population ages, the demand for these services is increasing and the project will allow the applicant to meet growing volumes. In addition, the project will provide an alternative space to care for complex stroke patients when equipment in IR23 is being replaced in the near future.

Cost, Access, Quality: The project will replace the existing single-plane IR equipment with a newer, biplane system that has up-to-date technology and enhanced capabilities. With better imaging and capabilities—for example, the new technology is the standard of care for treating stroke patients and a requirement of certified stroke centers—the new equipment will improve quality and access, allowing for uninterrupted care for complex stroke patients during the period when IR23 equipment is replaced. In addition, the applicant has negotiated with the vendor and has secured favorable pricing and service coverage for the new equipment.

The project was included in the capital budget submitted to the GMCB in July 2023.

Service Area: The service area includes UVMHC's catchment area (Vermont and Northern New York).

Since we are requesting expedited review, we understand that your office will provide public notice in accordance with 18 V.S.A. §§ 9440(c)(2)(B) and 9440(c)(5)(A).

Thank you for your consideration. Please contact me if you have any questions concerning this request or the application.

Sincerely,



Judith Henkin, Esq.,
on behalf of the University of Vermont Medical Center Inc.

cc: Stephen Leffler, MD, President & Chief Operating Officer, UVM Medical Center
Eric Miller, General Counsel & Senior Vice President, UVM Health Network