

Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

[phone] 802-828-2177
www.gmcboard.vermont.gov

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DELIVERED ELECTRONICALLY

July 1, 2016

Spencer Knapp, Esq.
University of Vermont Medical Center
111 Colchester Ave.
Burlington, VT 05401

RE: Docket No. GMCB-010-16con, Replacement of the da Vinci Robotic Surgical System, Project Cost: \$2,397,994.

Dear Spencer:

Thank you for the application for the replacement of the existing da Vinci Robotic Surgical System with the da Vinci Xi system. Please respond to the following:

1. In a table format, for each year 2008-2019, provide the number of actual surgeries performed/projected with the da Vinci and for traditional laparoscopic surgery broken and out by: 1) gynecological, 2) urological and 3) other surgeries (specify surgery type if performed with da Vinci) and totals.
2. Specify the total number of surgeons who perform robotic assisted surgeries and of the total, specify the number who perform: a) gynecological, and b) urological surgeries.
3. On page 7 of the application, UVMMC identified the minimum threshold criteria to request clinical privileges to perform robotic assisted procedures. Provide a side-by-side comparison of UVMMC's minimum criteria for da Vinci use, and those used by other professional organizations or other tertiary, academic medical center hospitals in New England or nationwide.
4. Provide additional detail about UVMMC's Credentialing Committee's criteria and process for credentialing surgeons to perform surgeries with the da Vinci. Include the number of actual surgeries which must be performed by a surgeon before he or she is credentialed.
5. The application states that pursuant to CON Standard 3.19: "the minimally-invasive approach that is used for certain robotic assisted procedures has demonstrated that compared to open surgery, there is a reduction in intraoperative blood loss, lower blood transfusion rates, reduced patient length of stay, and faster recovery time." Based on peer reviewed literature, provide the same comparison between robotic assisted surgery and traditional laparoscopic surgery.



6. The articles included with the application indicate that the clinical benefits of robotic surgery over traditional laparoscopic surgery and the financial implications of this technology are still a matter of study and debate. Explain in more detail the process and oversight UVMHC has in place to make certain that unnecessary, more costly, and/or inappropriate surgeries using the robot do not occur.
7. Provide peer reviewed articles that compare effectiveness and outcomes of surgeries performed with the da Vinci, compared to traditional laparoscopic surgery for the same surgeries.
8. Provide the infection rate at UVMHC for surgeries performed with the da Vinci system relative to traditional laparoscopic surgery and open surgeries.
9. For urologic and gynecological surgeries, provide a detailed explanation of the of the outcome measures UVMHC tracks for the same surgeries performed with the da Vinci and for traditional laparoscopic surgery.
10. Explain in more detail whether UVMHC projects any new surgeries to be performed with the da Vinci Xi replacement equipment.
11. Provide details about any surgeries being performed with the da Vinci since 2008 that were transitioned to an open or laparoscopic procedure due to physical or technological complications.
12. Explain whether the number of prostatectomies for prostate cancer using the da Vinci robot at UVMHC has declined from 2012 to 2015.
13. For the highest volume urologic and gynecologic procedures performed with the da Vinci and by traditional laparoscopic surgery, provide in a table format the cost comparison for Commercial, Medicaid and Medicare.
14. List the facilities in New England that have a da Vinci robotic surgical system.
15. Given that most hospitals do not offer robotic assisted surgeries, explain how physicians are trained to perform such surgeries without the aid of a robot.
16. Provide a copy of the full vendor quote. If not evident, explain whether the costs for the following items are included in the quote. If the costs are included, identify where they are reflected on Table 1. If any of the costs are not included, provide a revised Table 1:
 - a. costs for robotic specific instrumentation (*e.g.* endowrist instruments and components)
 - b. costs of new supporting infrastructure (*e.g.* table, lights, surgical booms)
 - c. annual maintenance contract (specify cost)
17. Explain whether UVMHC has requested a statement of compatibility from the vendor confirming that the existing instrument inventory is compatible with the instrument mounting assembly of the da Vinci Xi.
18. Explain whether there is a software interface of the da Vinci system with existing automatic patient data and/or charging systems. If so, explain whether UVMHC will receive from the vendor a statement of compliance that the upgraded da Vinci Xi system will allow the same



interface without additional cost. If additional cost will be incurred, itemize the cost and indicate whether it is reflected in the total project cost on Table 1.

19. Identify the total hours of downtime annually for the years 2012, 2013, 2014 and 2015; quantify the percent of downtime relative to total capacity; and specify whether downtime resulted from scheduled maintenance and repairs or from unanticipated equipment failure. If downtime occurred due to equipment failure, explain whether any of the occurrences were during surgery, listing the date and details of the occurrence.
20. Address whether UVMMC has any lawsuits pending related to surgeries performed with the da Vinci.

In responding please restate the questions in bolded font and respond to each in unbolded font. Please provide the original and three copies of your response and Verification Under Oath. In addition, please send an electronic copy to donna.jerry@vermont.gov.

If you have any questions, please do not hesitate to call me at (802) 828-2918.

Sincerely,

s/ Donna Jerry

Donna Jerry

Senior Health Policy Analyst

