OHS CONNECTICUT Office of Health Strategy

CON COVID-19 Waiver Form

All persons who are requesting a waiver of Certificate of Need (CON) statutory and regulatory requirements to increase access to critical healthcare services for the management of the COVID-19 public health emergency must complete this COVID-19 Waiver Form. **There is no fee associated with filing a COVID-19 Waiver form.** The completed form ***must be electronically filed*** through the OHS CON Web Portal utilizing the process to upload Determination Requests. A copy of the completed COVID-19 Waiver Form should also be contemporaneously emailed to Micheala.Mitchell@ct.gov.

First time Portal users must register prior to submitting any documents. To register, click here: Certificate of Need Web Portal

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	Murphy Medical Associates LLC	
Doing Business As	Same	
Name of Parent Corporation	Same	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1 East Putnam Avenue, Greenwich CT 06830	

What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Steven Murphy MD. Managing Partner	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1 East Putnam Avenue Greenwich CT 06830	
Contact Person's Telephone Number	2035548166	
Contact Person's Fax Number	8883972148	
Contact Person's E-mail Address	Steven.murphy@greenwichdocs.com	

SECTION II. INFORMATION FOR PROPOSED WAIVER

Please provide a description regarding the proposed waiver, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable.

1. The identification of gap(s) in service or need that the Proposal will fill;
2. How the Proposal will support or enhance the State's ability to manage the COVID-19 public health emergency;
3. How the Proposal will support or enhance the public's access to services for evaluation for and/or treatment of the COVID-19 virus;
4. The primary service area for the proposed service(s) or facility; and

5. For any equipment acquisition, the method1 by which the Applicant will acquire said equipment, and the terms of said acquisition.

Murphy Medical Associates is a multispecialty group in Fairfield County CT that performs radiologic examinations currently on its patient population. Our group has developed the first drive-through testing facilities for novel coronavirus on the East Coast. Due to our significant rate of positive patients as well as the reported data on notable false negatives we believe that Gold Standard testing will include the CT scan for patients with upper respiratory symptoms. CT scanning services to identify these relatively asymptomatic and symptomatic carriers will be essential for the public health of Fairfield County and the State. In addition, proper decision making in regards to treatment with medications and hospitalization will be enhanced through CT scanning of Covid 19 patients.

Unfortunately, due to the surge of patients in the local hospitals effective CT scanning of Covid 19 positive patients is reduced on the outpatient setting. The largest provider of outpatient services that is non-hospital-based has a policy in place that requires negative Covid 19 testing prior to any radiologic procedure (please see attached evidence). Murphy Medical Associates currently has a direct public-private partnership with the following local towns and city: Stamford, Darien, Westport, Weston and Stratford.

Our process of mobile CT scanning will enable Covid 19 patients to receive effective and safe treatment. These results will be reported to the local departments of health to facilitate contact tracing and quarantine. Currently the pandemic is placing a significant burden on all hospital facilities. These facilities need to distribute their resources to the sickest of patients. Unfortunately, the people who may spread this disease are not nearly sick enough to receive full inpatient attention. We will enable the State to test, treat, isolate and effectively trace those patients at highest risk of transmitting this virus to the public.

Murphy Medical Associates is requesting the ability to place mobile CT scanning units at their highest volume drive-through testing centers. These include the city of Stamford and the Towns of Stratford and Westport with the approval to expand services should the need arise.

Murphy Medical Associates will lease this equipment, GE Lightspeed VCT 64 slice CT Scanners through the company Oxford Instruments Healthcare. Based on the current projection of peak incidence we have set terms with the company which include full training and maintenance of units for a four-month period with 2 consecutive renewal options. Should we need more time than this we will have terms to re-contract with this company.

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1 Applicants are advised that these waivers are only for the duration of the public health crisis. OHS recommends the investigation of available leasing agreements for the acquisition of imaging equipment if at all possible. Applicants who desire to keep imaging equipment acquired during the public health crisis will be required to submit an application for full CON review.

Advanced Radiology℠

To Our Referring Physicians: **UPDATED March 31, 2020**

For the safety of our patients, our staff, and our community, the following policies are currently in effect at all Advanced Radiology locations:

- **We are no longer accepting walk-in patients, including x-rays.**
- **Any patient who is symptomatic for COVID-19, may have been exposed to the COVID-19 virus, or is currently awaiting COVID-19 test results, will not be accepted for any exam without documentation that they have tested negative for the COVID-19 virus.**
- **Advanced Radiology DOES NOT provide COVID-19 testing.**
- **Until further notice, ALL patients will need an appointment, which can be scheduled by calling 203-337-9729.**
- All patients will be pre-screened, by phone, during the scheduling process.
- All patients and accompanying representatives will be pre-screened at all clinical sites, with limited access to our waiting rooms. After check-in, all patients will be asked to wait in their cars until called for their exam. Any accompanying friends or relatives will be restricted from entering the clinical site unless absolutely necessary.
- All sites undergo multiple daily cleanings and disinfection, including waiting rooms, administration areas, exam spaces, and all equipment.

The American College of Radiology (ACR) believes that the following factors should be considered regarding the use of imaging for suspected or known COVID-19 infection:

- The Centers for Disease Control (CDC) does not currently recommend chest x-ray or CT to diagnose COVID-19. **Viral testing remains the only specific method of diagnosis.** Confirmation with the viral test is required, even if radiologic findings are suggestive of COVID-19 on chest x-ray or CT.
- Generally, the findings on chest imaging in COVID-19 patients are not specific, and overlap with other infections.
- There are issues related to infection control in health care facilities, including the use of imaging equipment.

Advanced Radiology agrees with the ACR's recommendation. If a patient is displaying symptoms of COVID-19 and/or there is suspicion of exposure to a COVID-19 case, imaging should not occur in an outpatient facility. The patient should contact their referring physician. Advanced Radiology facilities do not have the necessary ventilation systems or portable equipment to support COVID-19 patient imaging. The patient should be sent to a hospital if the referring feels imaging is medical necessary.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Murphy Medical Associates LLC

Project Title: COVID 19 Mobile CT project

I, Steven A C Murphy MD, CEO
(Name) (Position – CEO or CFO)

of Murphy Medical Associates being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Waiver Request form is true and accurate to the best of my knowledge.

Signature 7 April 2020
Date

Subscribed and sworn to before me on 4/7/2020

Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2024

Lynda Derenzis
Notary Public-Connecticut
My Commission Expires
November 30, 2024

Notary Public-Connecticut
My Commission Expires
November 30, 2024

7 April 2020