



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2014 Annual Radiation Therapy Services Survey**

**Part A : General Information**

**1. Identification**

**UID:DTRC031**

**Facility Name:** The Emory Clinic

**County:** DeKalb

**Street Address:** 1365 Clifton Road NE

**City:** Atlanta

**Zip:** 30322-1013

**Mailing Address:** 1365 Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1013

**Medicaid Provider Number:** 000000

**Medicare Provider Number:** 00054227

**2. Report Period**

Report Data for the full twelve month period- January 1, 2014 through December 31, 2014.

***Do not use a different report period.***

Check the box to the right if your facility was **not** operational for the entire year. ☐

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

**Part B : Survey Contact Information**

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Kelli Gress

**Contact Title:** Clinical Administrator

**Phone:** 404-778-3892

**Fax:** 404-778-3670

**E-mail:** kgress@emory.edu

## Part C : Ownership, Operation and Management

### 1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

#### A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
The Emory Clinic	Not for Profit	1/1/2014

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	1/1/2014

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
The Emory Clinic	Not for Profit	1/1/2014

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	1/1/2014

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
The Emory Clinic, Inc.	Not for Profit	1/1/2014

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	1/1/2014

### 2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period. ☐

If checked, please explain in the box below and include effective dates.

## Part D : Services/Volume by Technology or Type

### 1. Conventional Radiation Therapy

Report conventional, non-special purpose megavoltage radiation therapy linear accelerators and cobalt therapy units, visits, and patients. All such units should be reported here including those units that were approved under the utilization exception to the MegaVoltage Radiation Therapy rules. Do not report units capable of providing stereotactic radiosurgery treatment visits in Question 1.

Type of Machine/Therapy	Number of Machines	Number of Visits	Number of Patients
Linear Accelerator/Radiation Therapy	0	0	0
Cobalt Therapy	0	0	0

### 2a. Combined Radiation Therapy

For Question 2 (a & b) provide the number of machines with which both conventional, non-special purpose radiation therapy and stereotactic radiosurgery could be performed. Provide the number of visits and patients treated under each specific modality and for each type of treatment category for the report year and report any treatments performed on other machines that were capable of providing both conventional radiation therapy and stereotactic radiosurgery.

Equipment	Number of Machines	Conventional Visits	Conventional Patients
Trilogy	2	11,034	514
Synergy	0	0	0
Other Technology	2	13,277	739

### 2b. Combined Radiation Therapy/Stereotactic Radiosurgery- Intracranial and Extracranial/Body Utilization

Equipment	Intracranial Stereotactic Radiosurgery Visits	Intracranial Stereotactic Radiosurgery Patients	Stereotactic Body Radiotherapy (SBRT) Visits	Stereotactic Body Radiotherapy (SBRT) Patients
Trilogy	226	145	147	42
Synergy	0	0	0	0
Other Technology	0	0	343	98

### 3. Special Purpose MRT Units and Volume

Provide the number of SRS-only machines and the number of visits and patients treated on each by the treatment categories provided. For purposes of the survey, stereotactic radiosurgery consists of procedures utilizing accurately targeted doses of radiation in multiple treatments over a short period of time (usually 1 week).

Equipment	Number of Machines	Intracranial Stereotactic Radiosurgery Visits	Intracranial Stereotactic Radiosurgery Patients	Stereotactic Body Radiotherapy (SBRT) Visits	Stereotactic Body Radiotherapy (SBRT) Patients
Gamma Knife	0	0	0	0	0
Cyber Knife	0	0	0	0	0
Other Technology	0	0	0	0	0

### **Grand Total of Special Purpose and Non-Special Purpose Visits**

*The grand total here should match the reported visit totals in Parts E and F.*

Special Purpose Visits	Non-Special Purpose Visits	Grand Total Visits
0	25,027	25,027

### **4. Non-Special MRT Treatment Visits by Type**

Please report the following utilization numbers for non-special MRT treatments by type and the number of patients receiving those treatments. Note that any non-special purpose unit and its associated volumes that were approved under the high utilization rule exception should be listed separately. Volumes should reflect only those units reported in Part D, Questions 1 and 2 above. Patients can be duplicated across treatment categories.

Treatment Type	Non-Rule Exception Units Visits	Non-Rule Exception Units Patients	90% Utilization Exception Units Visits	90% Utilization Exception Units Patients
Simple Treatment	85	12	0	0
Intermediate Treatment	0	0	0	0
Complex Treatment	8,093	720	0	0
Intensity Modulated Radiation Therapy (IMRT)	16,141	824	0	0
Stereotactic Radiosurgery on Machines also performing radiation therapy	708	284	0	0
<b>Total</b>	<b>25,027</b>	<b>1,840</b>	<b>0</b>	<b>0</b>

### **5. Other Radiation Therapy**

Report visits and patients receiving non-linear accelerator/penetrating ray radiation therapy.

Type of Therapy	Number of Visits	Number of Patients
Radium Therapy	0	0
Cesium Therapy	0	0
Superficial Radiation Therapy	0	0
Brachytherapy	101	28
Other Radiation Therapy	0	0

## **6. Inventory of Radiation Therapy and Stereotactic Radiosurgery Technology**

Provide the brand name, model number, date purchased, technology type (Conventional Radiation Therapy Only, Combined Radiation Therapy/Stereotactic Radiosurgery, or SRS-only), and number of treatment visits for all radiation therapy and stereotactic radiosurgery machines that were in operation during the report year. For linear accelerators also indicate if the unit is operating at greater than or equal to 1 million electron volts or less than 1 million electron volts.

Brand Name	Model #	Type of Unit	Visits	Electron Volts	Date Purchased
Varian	Trilogy2	Combined Technology	5645	Greater than or Equal to	2006-01-01 00:00:00
Varian	TrueBeam	Combined Technology	6831	Greater than or Equal to	2011-07-01 00:00:00
Varian	TrueBeam2	Combined Technology	6789	Greater than or Equal to	2012-10-01 00:00:00
Varian	Trilogy	Combined Technology	5762	Greater than or Equal to	2004-10-01 00:00:00

## **7. Inventory of Other Technology**

Provide the brand name, model number, type of machine and date purchased for all other types of technology/machines that were in operation during the report year.

Brand Name	Model #	Type of Machine	Date Purchased
Microselectron	V3 10688	HDR	06/01/2014

## **Part E : Financial and Utilization Information for Radiation Therapy Services**

### **1. Radiation Therapy Patients and Treatment Visits by Primary Payment Source**

Please report the total radiation therapy patients and treatment visits by primary payment source. Please unduplicate the number of patients by primary payment source. Please report Peachcare For Kids under Third-Party.

Primary Payment Source	Number of Radiation Therapy Patients (unduplicated)	Number of Treatment Visits
Medicare	596	9,264
Medicaid	148	2,410
Third-Party	707	12,159
Self-Pay	87	1,194
<b>Total</b>	<b>1,538</b>	<b>25,027</b>

### **2a. Total Charges**

Please report the total charges for radiation therapy services provided during the report period.

Total Charges
106,114,735

### **2b. Reimbursement**

Please report the actual reimbursement received for charges for radiation therapy services provided during the report period.

Reimbursement
28,893,769

### 2c. Adjusted Gross Revenue

Please report the adjusted gross revenue for radiation therapy services provided during the report period.

Adjusted Gross Revenue
65,952,269

### 3a. Total Uncompensated Charges

Please report the total uncompensated charges.

Total Uncompensated Charges
2,198,225

### 3b. Total Patients with Uncompensated Charges

Please report the total number of patients for radiation therapy services for patients that are indigent or covered by charity care services.

Total Patients with Uncompensated Charges
249

### 4. Average Patient Charge

Report the average charge per patient for Non-Special Purpose MRT treatment visits and for Special Purpose MRT treatment visits.

Average Patient Charge- Non Special Purpose MRT	Average Patient Charge- Special Purpose MRT
2,962	0
0	0

### 5. Patients and Visits by Race/Ethnicity

Please report the number of radiation therapy services patients (unduplicated) and treatment visits during the report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients	Number of Treatment Visits
American Indian/Alaska Native	8	161
Asian	32	535
Black/African American	474	7,408
Hispanic/Latino	30	480
Pacific Islander/Hawaiian	2	8
White	975	16,162
Multi-Racial	17	273
<b>Total</b>	<b>1,538</b>	<b>25,027</b>

## 6. Patients and Visits by Gender

Please report the number of radiation therapy services patients and treatment visits during the report period by gender.

Gender	Number of Patients	Number of Visits
Male	774	12,132
Female	764	12,895
<b>Total</b>	<b>1,538</b>	<b>25,027</b>

## 7 Patients and Visits by Age Group

Please report the number of radiation therapy services patients and treatment visits during the report period by the following age groupings.

Age of Patient	Number of Patients	Number of Treatment Visits
Ages 0-14	84	1,260
Ages 15-29	63	1,009
Ages 30-64	745	12,445
Ages 65-84	604	9,709
Ages 85 and Up	42	604
<b>Total</b>	<b>1,538</b>	<b>25,027</b>

## 8. Participation in Reporting

Please check the box to the right if your facility participates in reporting to the Georgia Comprehensive Cancer Registry. ☒

## 9. Patients by Principle Diagnosis

Report the number of patients, total visits, and total gross charges during the report period by the patient's principle diagnosis as indicated below.

Principle Diagnosis	Number of Patients	Number of Treatment Visits	Gross Treatment Charges
Malignant Neoplasms of Female Breast (ICD10=C50; ICD9=174)	141	3,152	2,636,215
Colon and Rectum (ICD10=C18-C21; ICD9=153-154)	29	632	1,297,936
Prostate Cancer (ICD10=C61; ICD9=185)	66	1,707	6,521,600
Lung and Bronchus (ICD10=C33-C34; ICD9=162)	147	1,755	4,327,196
All Other	1,155	17,781	59,336,692
<b>Total</b>	<b>1,538</b>	<b>25,027</b>	<b>74,119,639</b>

## 10. Estimated Patients and Treatments in the Next Calendar Year

Please provide the number of patients and treatments estimated, expected, or scheduled in the next calendar year (CY2014) for conventional radiation therapy.

Number of Patients	Number of Treatments
1,584	25,778

## Part F : Patient Origin for Radiation Services

### 1. Patient Origin

Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each Non-Special Purpose and/or Special Purpose MegaVoltage radiation therapy patient treated at your facility during the reporting period. The county column has a pull-down menu listing all 159 Georgia counties in alphabetical order with out-of-state listings for AL, FL, NC, SC, TN, and all other out-of-state. Please select patient origin location from this menu and provide total number of patients and treatment visits for each location by category of treatment for the report period.

County	Total Non-Duplicated	Total	Non-Special	Non-Special	Special	Special
	Patients	Visits	Purpose MRT Patients	Purpose MRT Visits	Purpose MRT Patients	Purpose MRT Visits
Appling	1	33	1	33	0	0
Atkinson	1	21	1	21	0	0
Bacon	1	28	1	28	0	0
Baldwin	3	24	3	24	0	0
Banks	2	62	2	62	0	0
Barrow	17	331	17	331	0	0
Bartow	11	124	11	124	0	0
Ben Hill	1	2	1	2	0	0
Bibb	15	200	15	200	0	0
Bryan	1	15	1	15	0	0
Burke	1	10	1	10	0	0
Butts	11	160	11	160	0	0
Calhoun	1	1	1	1	0	0
Camden	1	30	1	30	0	0
Carroll	20	333	20	333	0	0
Catoosa	1	31	1	31	0	0
Chatham	4	61	4	61	0	0
Cherokee	31	519	31	519	0	0
Clarke	10	161	10	161	0	0
Clay	1	8	1	8	0	0
Clayton	46	836	46	836	0	0
Cobb	75	1,134	75	1,134	0	0
Coffee	1	2	1	2	0	0
Colquitt	2	29	2	29	0	0
Columbia	1	2	1	2	0	0
Cook	1	5	1	5	0	0
Coweta	20	222	20	222	0	0
Crisp	2	36	2	36	0	0
Dawson	2	41	2	41	0	0
Decatur	1	11	1	11	0	0
DeKalb	285	4,840	285	4,840	0	0
Dodge	2	30	2	30	0	0



Dooly	1	14	1	14	0	0
Dougherty	3	50	3	50	0	0
Douglas	17	245	17	245	0	0
Elbert	2	15	2	15	0	0
Fannin	2	44	2	44	0	0
Fayette	20	346	20	346	0	0
Floyd	7	137	7	137	0	0
Forsyth	16	238	16	238	0	0
Franklin	2	57	2	57	0	0
Fulton	253	3,990	253	3,990	0	0
Gilmer	2	27	2	27	0	0
Glynn	1	1	1	1	0	0
Gordon	7	69	7	69	0	0
Greene	1	5	1	5	0	0
Gwinnett	176	3,009	176	3,009	0	0
Habersham	3	68	3	68	0	0
Hall	24	372	24	372	0	0
Hancock	1	29	1	29	0	0
Haralson	4	108	4	108	0	0
Harris	2	35	2	35	0	0
Heard	1	2	1	2	0	0
Henry	51	839	51	839	0	0
Houston	15	258	15	258	0	0
Irwin	1	1	1	1	0	0
Jackson	11	202	11	202	0	0
Jasper	6	103	6	103	0	0
Jeff Davis	1	32	1	32	0	0
Jefferson	2	17	2	17	0	0
Jones	4	51	4	51	0	0
Lamar	2	5	2	5	0	0
Laurens	5	70	5	70	0	0
Lee	10	166	10	166	0	0
Liberty	1	35	1	35	0	0
Lowndes	3	78	3	78	0	0
Lumpkin	3	49	3	49	0	0
Macon	3	35	3	35	0	0
Madison	2	21	2	21	0	0
Marion	1	43	1	43	0	0
McDuffie	1	17	1	17	0	0
Meriwether	4	39	4	39	0	0
Miller	2	3	2	3	0	0
Mitchell	1	11	1	11	0	0
Monroe	7	154	7	154	0	0
Montgomery	1	5	1	5	0	0

Morgan	5	88	5	88	0	0
Murray	2	27	2	27	0	0
Muscogee	8	106	8	106	0	0
Newton	37	609	37	609	0	0
Oconee	9	206	9	206	0	0
Oglethorpe	1	10	1	10	0	0
Paulding	9	160	9	160	0	0
Peach	3	39	3	39	0	0
Pickens	8	115	8	115	0	0
Pierce	1	8	1	8	0	0
Pike	5	78	5	78	0	0
Polk	2	36	2	36	0	0
Pulaski	2	22	2	22	0	0
Rabun	1	30	1	30	0	0
Putnam	1	27	1	27	0	0
Randolph	1	4	1	4	0	0
Richmond	3	66	3	66	0	0
Rockdale	32	473	32	473	0	0
Seminole	1	25	1	25	0	0
Spalding	10	175	10	175	0	0
Stephens	6	101	6	101	0	0
Sumter	6	105	6	105	0	0
Taylor	3	31	3	31	0	0
Telfair	1	17	1	17	0	0
Terrell	1	28	1	28	0	0
Thomas	1	64	1	64	0	0
Tift	5	81	5	81	0	0
Toombs	1	2	1	2	0	0
Towns	1	6	1	6	0	0
Troup	15	230	15	230	0	0
Turner	1	5	1	5	0	0
Twiggs	1	15	1	15	0	0
Union	6	146	6	146	0	0
Upson	5	71	5	71	0	0
Walker	1	30	1	30	0	0
Walton	35	584	35	584	0	0
Washington	3	30	3	30	0	0
Wheeler	1	6	1	6	0	0
White	3	14	3	14	0	0
Whitfield	4	32	4	32	0	0
Wilkinson	1	15	1	15	0	0
Other Out of State	42	673	42	673	0	0
Total	1,538	25,027	1,538	25,027	0	0

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

*I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.*

**Authorized Signature:** Donald Brunn

**Date:** 6/15/2015

**Title:** President and Chief Operating Officer, The Emory C

**Comments:**