

Technology and Equipment Committee

May 12, 2010

Agency Recommendation

Regarding Assignment of Magnetic Resonance Imaging (MRI) Procedures or Cardiac Catheterization Procedures Provided in Counties That Are Part of More Than One Service Area

Issue:

The methodologies for Magnetic Resonance Imaging (MRI) scanners and cardiac catheterization equipment include the use of the Acute Care Bed Service Areas, as described in Figure 5.1 of the North Carolina 2010 State Medical Facilities Plan (SMFP, page 48), as the service areas for MRI scanners and cardiac catheterization equipment. In response to a petition, the State Health Coordinating Council (SHCC), at its 10/09/2009 meeting, voted to assign Hoke County to both Moore and Cumberland service areas. Furthermore, the SHCC voted to review and update patient origin data for the Proposed 2011 SMFP to determine if further changes were needed to the Acute Care Bed and Operating Room Multi-county Service Areas, and to update and adjust, as indicated, the multi-county service areas every three years thereafter.

The Acute Care Services Work Group met on 11/19/2009, 2/19/2010, and 4/21/2010 and made recommendations to the Acute Care Services Committee, including a suggestion that the Technology and Equipment Committee continue to use Acute Care Bed Service Areas for MRI and Cardiac Catheterization services. The Acute Care Services Committee is recommending to the SHCC, in part, to:

“use the following decision rules:

Acute Care Beds:

1. Counties lacking a licensed acute care hospital are grouped with the single county where the largest proportion of patients received inpatient acute care services, as measured by acute inpatient days, unless;
 - a. Two counties with licensed acute care hospitals each provided inpatient acute care services to at least 35% of the residents who received inpatient acute care services, as measured by acute inpatient days.
2. If 1.a is true, then the county lacking a licensed acute care hospital is grouped with both the counties which provided inpatient acute care services to at least 35% of the residents who received inpatient acute care services, as measured by acute inpatient days.” (page 2, minutes of the 4/24/2010 Acute Care Services Committee meeting)

For the 2011 Proposed SMFP, this results in four counties being in more than one service area, Gates, Graham, Hoke and Tyrrell counties. Additionally, the Acute Committee discussed the point at which a county without a hospital becomes a single county service area. The Committee recommended that a multi-county service area county lacking acute care beds/ORs becomes a single county service area upon licensure of acute care beds/facility with operating rooms.

The questions are:

- (1) Should Acute Care Bed Services Areas continue to be used for MRI and Cardiac Catheterization services?
- (2) How should subsequent MRI or cardiac catheterization procedures provided in counties that are part of more than one service area be assigned?

Agency Recommendation:

The Agency recommends that the Acute Care Bed Services Areas continue to be used for MRI and Cardiac Catheterization services. Furthermore, the Agency recommends the addition of the following language (shaded):

MRI Methodology, page 146 of the North Carolina 2010 State Medical Facilities Plan

Step 4. Determine the total number of MRI scans performed at each site regardless of whether the MRI scanner is fixed or mobile, as reported in the 2010 Hospital License Renewal Applications or 2010 MRI Registration and Inventory Forms. If procedures are provided in a county that is part of more than one MRI Service Area, the procedures will be divided equally between the Service Areas.

Cardiac Catheterization Equipment Methodology 1, page 179 of the North Carolina 2010 State Medical Facilities Plan

Step 2. Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility as reported for the 12-month period reflected in the 2009 Hospital License Renewal Application or the 2009 Registration and Inventory of Cardiac Catheterization Equipment. If procedures are provided in a county that is part of more than one Cardiac Catheterization Equipment Service Area, the procedures will be divided equally between the Service Areas.