



Medical Facilities Planning

Technology & Equipment Committee Draft Minutes

May 12, 2010

10:00 am – 12 Noon

Council Building Room 201

MEMBERS PRESENT: Dr. Christopher Ullrich, Dr. Richard Bruch, Dr. Dennis Clements, Mr. Harold Hart, Laurence Hinsdale; Dr. John Holt; Dr. Eric Janis, Dr. William McMillan
MEMBERS ABSENT:
MFPS Staff Present: Dr. Carol Potter, Gene DePorter; Kelli Fisk
DHSR Staff Present: Craig Smith

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed members, staff and visitors. In opening the meeting, Dr. Ullrich recognized and thanked Mr. Charles Hauser and Mr. Steve Nuckolls for their past service on the Technology and Equipment Committee, and welcomed new Committee members, Dr Janis and Dr. Holt. Dr. Ullrich next asked Committee members to introduce themselves, noting their workplace and position on Council. After the introductions, Dr. Ullrich explained the meeting was open to the public, but that the meeting did not include a public hearing; therefore, discussion would be limited to members of the Committee and staff, unless questions were directed specifically to someone in the audience.		
Review of Executive Order No. 10: Ethical Standards for the State Health Coordinating Council	Dr. Ullrich reviewed with members Executive Order No.10, "Ethical Standards for the State Health Coordinating Council" Guide, asking all members to consider the agenda. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they, or members of their families, would derive a financial benefit from any matter on the agenda, or intended to recuse themselves from voting on any items on the agenda. Dr. Richard Bruch stated that his practice owns MRI scanners, and should a vote come forth regarding the multi-position scanner, he would recuse himself from voting. None of the other members indicated having a potential financial benefit that would be derived from any matter coming before the Committee for action. Dr. Ullrich asked members to declare conflicts as agenda items or unexpected topics come up.		Dr. Bruch recused himself from any vote, should it occur, regarding the multi-positional MRI scanner. There were no other recusals.
Approval of minutes from 9-2-2009	Dr. Ullrich noted that minutes from the 9/2/2009 meeting were made available for review by Committee members prior to this meeting, and asked if there were any corrections, deletions or additions that needed to be made. Members indicated no changes were necessary, and approved by Committee consensus the minutes as presented.	Committee consensus	Minutes approved

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<p>Review of Lithotripsy Assumptions, Methodology and Projected Lithotripsy Need Determinations</p> <p>Discussion/Recommendations for the Proposed 2011 SMFP</p>	<p>Dr. Potter reviewed with the Committee the lithotripsy need assumptions, need determination methodology and draft tables. The standard methodology, data and information available at the time of the Committee meeting resulted in a determination of no need for additional lithotripters anywhere in the state for the Proposed 2011 State Medical Facilities Plan (SMFP).</p> <p>A motion was made and seconded to recommend acceptance of the lithotripsy assumptions and methodologies for the Proposed 2011 SMFP, to adopt the current determination of no need for additional lithotripters for the Proposed 2011 SMFP, and to advance references to years by one as appropriate.</p>	<p>Dr. Ullrich Dr. McMillan</p>	<p>Motion unanimously approved</p>
<p>Review of Gamma Knife Assumptions, Methodology and Projected Gamma Knife Need Determinations</p> <p>Discussion/Recommendations for the Proposed 2011 SMFP</p>	<p>Dr. Potter reviewed the need assumptions, methodology and need determinations for the Gamma Knife. The standard methodology, data and information available at the time of the Committee meeting resulted in a determination of no need for an additional Gamma Knife anywhere in the state for the Proposed 2011 SMFP.</p> <p>A motion was made and seconded to recommend acceptance of the Gamma Knife assumptions and methodologies for the Proposed 2011 SMFP, to adopt the current determination of no need for an additional Gamma Knife anywhere in the state for the Proposed 2011 SMFP, and to advance references to years by one as appropriate.</p>	<p>Dr. Ullrich Mr. Hart</p>	<p>Motion unanimously approved</p>
<p>Review of Linear Accelerator Assumptions, Methodology and Projected Linear Accelerator Need Determinations</p> <p>Discussion/Recommendations for the Proposed 2011 SMFP</p>	<p>Dr. Potter reviewed with the Committee the linear accelerator need assumptions, need determination methodology and draft tables. The standard methodology, data and information available at the time of the Committee meeting resulted in a determination of no need for additional linear accelerators anywhere in the state for the Proposed 2011 SMFP.</p> <p>A motion was made and seconded to recommend acceptance of the linear accelerator assumptions and methodologies for the Proposed 2011 SMFP, to adopt the current determination of no need for additional linear accelerators for the Proposed 2011 SMFP, and to advance references to years by one as appropriate.</p>	<p>Dr. Ullrich Dr. McMillan</p>	<p>Motion unanimously approved</p>
<p>Review of Positron Emission Tomography Assumptions, Methodology and Projected Positron Emission Tomography Need Determinations</p>	<p>Dr. Potter reviewed with the Committee the Positron Emission Tomography (PET) need assumptions, need determination methodology and draft tables. The standard methodology, data and information available at the time of the Committee meeting resulted in a determination of no need for additional PET scanners anywhere in the state for the Proposed 2011 SMFP.</p>		

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Discussion/Recommendations for the Proposed 2011 SMFP	A motion was made and seconded to recommend acceptance of the PET assumptions and methodologies for the Proposed 2011 SMFP, to adopt the current determination of no need for additional PET scanners for the Proposed 2011 SMFP, and to advance references to years by one as appropriate.	Dr. Ullrich Dr. Clements	Motion unanimously approved
<p>Report on Acute Care Beds Service Area Definition Update</p> <p>Discussion/Recommendations for the Proposed 2011 SMFP</p>	<p>Dr. Ullrich reported on recent recommendations made by the Acute Care Services Committee regarding definition and updates of Acute Care Beds Service Areas. He noted the following:</p> <ul style="list-style-type: none"> ▪ Methodologies for Magnetic Resonance Imaging (MRI) scanners and cardiac catheterization equipment use the same service areas as the Acute Care Bed Service Areas. ▪ In response to a petition, the State Health Coordinating Council (SHCC) voted in October 2009 to assign Hoke County to two service areas, which created a Moore/Hoke service area and a Cumberland/Hoke service area in the 2010 SMFP. The Acute Care Services Work Group developed recommendations for subsequent Plans, which were considered by the Acute Care Services Committee on 4/14/2010. ▪ The Acute Care Services Committee is recommending, in part, to the SHCC at its 5/26/2010 meeting the following for Acute Care Bed Service Areas: <ul style="list-style-type: none"> ○ When two counties with licensed acute care hospitals each provide inpatient acute care services to at least 35% of residents of a county without a hospital, then the county without a hospital is assigned to two multi-county service areas. ○ At this time, this results in four counties being in more than one service area --Gates, Graham, Hoke and Tyrrell. ○ The county becomes a separate service area only when the hospital is licensed. ▪ Two questions before this Committee: <ul style="list-style-type: none"> ○ Continue to have the MRI and cardiac catheterization equipment service areas the same as the Acute Care Bed Service Areas? ○ If so, how to assign any procedures that are provided in counties that are part of two service areas? <p>Dr. Ullrich asked Dr. Potter to present the Agency recommendations, which were to continue to have the MRI and cardiac catheterization equipment service areas the same as the Acute Care Bed Service Areas. The Agency recommended adding the following sentence to the end of step four of the MRI methodology: "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</p>		<p>Recommend that MRI and cardiac catheterization equipment service areas continue to be</p>

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	<p>Service Areas.” The Agency also recommended adding the following sentence to the end of step two of Cardiac Catheterization Equipment Methodology 1: “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.” Committee members discussed recent trends in patient origin and use of services in various counties, as well as events contributing to the Acute Care Services Committee’s recommendation. The Committee agreed to continue to use the same service areas as Acute Care Bed Service Areas, and to adopt the language recommended by the Agency.</p>	<p>Committee consensus</p>	<p>the same as the Acute Care Bed Service Areas, and to divide evenly between service areas procedures provided in counties in more than one service area.</p>
<p>Review of Magnetic Resonance Imaging Assumptions, Methodology and Projected Magnetic Resonance Imaging Need Determinations</p> <p>Discussion/Recommendations for the Proposed 2011 SMFP</p>	<p>Dr. Ullrich raised two issues related to MRI data collection -- using procedure counts reported by CPT codes instead of procedures reported by inpatient/outpatient and contrast/no contrast, and calculating fixed equivalents using days onsite instead of procedures divided by the service area threshold. MRI procedure counts by CPT code have been collected for several years simultaneously with inpatient/outpatient and contrast/no contrast data, with the intent of comparing the two data collection methods at a future date. The Committee also is interested in analysis about using the percentage of days per week a mobile MRI scanner is onsite to calculate the fixed equivalent of a mobile scanner at the site. After discussion of issues associated with the two items, the Committee asked staff to analyze the data to ascertain what differences would occur in need determination outcomes by using CPT code data and days onsite for fixed equivalents in place of the current methods.</p> <p>Dr. Potter reviewed with the Committee the MRI need assumptions, need determination methodology and draft tables. The standard methodology, data and information available at the time of the Committee meeting resulted in a determination of need for one additional fixed MRI scanner each in Gaston, Pitt-Greene-Hyde and Mecklenburg service areas. There is no need for an additional fixed MRI scanner anywhere else in the state for the Proposed 2011 SMFP. There is no need for additional mobile MRI scanners anywhere in the state for the Proposed 2011 SMFP.</p> <p>A motion was made and seconded to recommend acceptance of the MRI assumptions and methodologies for the Proposed 2011 SMFP, to adopt the current need determinations as noted above for the Proposed 2011 SMFP, and to advance references to years by one as appropriate.</p>	<p>Dr. Ullrich Dr. Clements</p>	<p>Motion unanimously approved</p>

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<p>Review of Cardiac Catheterization Equipment Assumptions, Methodology and Projected Cardiac Catheterization Equipment Need Determinations</p> <p>Discussion/Recommendations for the Proposed 2011 SMFP</p>	<p>Dr. Potter reviewed with the Committee the Cardiac Catheterization Equipment need assumptions, need determination methodology and draft tables. The standard methodology, data and information available at the time of the Committee meeting resulted in a determination of no need for additional cardiac catheterization equipment anywhere in the state for the Proposed 2011 SMFP.</p> <p>A motion was made and seconded to recommend acceptance of the Cardiac Catheterization Equipment assumptions and methodologies for the Proposed 2011 SMFP, to adopt the current determination of no need for additional cardiac catheterization equipment for the Proposed 2011 SMFP, and to advance references to years by one as appropriate.</p>	<p>Dr. Ullrich Dr. McMillan</p>	<p>Motion unanimously approved</p>
<p>Committee Recommendations to the State Health Coordinating Council</p>	<p>A motion was made and seconded to forward the Technology and Equipment Committee recommendations to the State Health Coordinating Council for consideration at its May 26, 2010 meeting.</p>	<p>Dr. Ullrich Dr. Clements</p>	<p>Motion unanimously approved</p>
<p>Other Business</p>	<p>The Committee authorized staff to make updates and corrections to the data and tables as indicated. There was no other business brought before the Committee.</p>	<p>Committee consensus</p>	
<p>Adjournment</p>	<p>There being no further business, the meeting adjourned.</p>		<p>Meeting adjourned</p>