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## **Technology and Equipment Committee**

**May 28, 2014**

### **Recommendations to the N. C. State Health Coordinating Council**

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The Technology and Equipment Committee met on April 23, 2013 and May 7, 2014.

Topics reviewed and discussed included:

- Current policies, assumptions and methodologies for Lithotripsy, Gamma Knife, Linear Accelerators, Positron Emission Tomography (PET) Scanners, Magnetic Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2015 State Medical Facilities Plan;
- Preliminary drafts of need projections generated by the standard methodologies;
- 3 petitions to establish a need methodology for mobile Positron Emission Tomography (PET) Scanner services;
- 2 petitions requesting changes to the methodology for Cardiac Catheterization.

The following is an overview of the Committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of Chapter 9 - Technology and Equipment - for the Proposed 2015 State Medical Facilities Plan (SMFP). The report is organized by equipment section of Chapter 9 of the SMFP.

#### **Chapter 9: Lithotripsy**

There were no petitions or comments on this Section of this Chapter. The Committee reviewed and discussed policies, methodology and assumptions for lithotripsy.

- The inventory has been updated based on available information to reflect any changes, and includes placeholders when applicable. The inventory is subject to further changes.
- Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

#### **Recommendations Related to Lithotripsy Services:**

The Committee recommends the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.

#### **Chapter 9: Gamma Knife**

There were no petitions or comments on this Section of this Chapter. The Committee reviewed and discussed policies, methodology and assumptions for gamma knife.

- Based on data and information currently available, no draft need determinations have been identified at this time. Need determinations are subject to change.

#### **Recommendations Related to Gamma Knife Services:**

The Committee recommends the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.

#### **Chapter 9: Linear Accelerators**

There were no petitions or comments on this Section of this Chapter. The Committee reviewed and discussed policies, methodology and assumptions for linear accelerators.

- The inventory has been updated based on available information to reflect any changes, and includes placeholders when applicable. The inventory is subject to further changes.
- Application of the methodology based on data and information currently available results in one draft need determination. Need determinations are subject to change.
- The need determination is for one additional linear accelerator in Harnett County.

#### **Recommendations Related to the Linear Accelerators:**

The Committee recommends the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year as appropriate.

#### **Chapter 9: Positron Emission Tomography (PET) Scanners**

There were three petitions with comments to the petitions for this Section of this Chapter.

#### *Petitions*

#### *Petitioner 1: MedQuest Associates, Inc. and Novant Health, Inc*

**Request:** MedQuest Associates, Inc. and Novant Health, Inc. request to (1) “establish a 2015 SMFP health-planning based policy that allows existing hospital providers who own and operate more than one CON approved fixed PET/CT scanner, for a one year filing period during the 2015 SMFP plan year (1/1/2015-12/31/2015), to seek approval to convert one of their existing fixed PET/CT scanners to a mobile PET/CT scanner through the replacement provision identified at §N.C. Gen. Stat. 131E-176(22a)”; and (2) “replace the mobile East & West PET/CT service areas defined in current SMFPs with a mobile PET service area that includes the entire state of North Carolina for the 2015 SMFP place year and beyond to permit all mobile PET/CT scanners including the existing mobile PET provider and any subsequent providers to serve all of North Carolina.”

***Petitioner 2: Randolph Hospital***

***Request:*** Randolph Hospital requests “that a methodology for mobile Positron Emission Tomography (PET) be established” and that “if the SHCC determines that providers with fixed PET scanners may convert those to mobile PET... either of the following two standards be applied:

- (1) Providers with fixed PET scanners who wish to convert multiple fixed PET scanners to a mobile scanner may do so; however, the approval of a converted mobile PET scanners shall not be considered to meet the need generated by the utilization of existing mobile PET scanners; or
- (2) Providers with fixed PET scanners who wish to convert multiple fixed PET scanners to a mobile scanners must include in the CON application at least one mobile PET host site that does not currently provide fixed PET services.”

***Petitioner 3: Alliance Healthcare Services***

***Request:*** Alliance Healthcare requests that the “Positron Emission Tomography basic policies and methodology be changed with the service area definition of a mobile PET scanner to be the entire State of North Carolina and the definition of a mobile PET host site to include existing oncology treatment centers with one or more linear accelerators, existing or proposed Independent Diagnostic Test Facility (IDTF) and existing or proposed licensed acute care hospitals.”

**Comments:** Five comments were received regarding the petitions – all opposed to various aspects of each petition.

**Committee Recommendation:** The Committee reviewed the petitions and Agency Report, which provided a combined response to all three requests. The Agency recommended to deny all three petitions. There is a long history of ongoing dialog among the committee and various interested parties that indicates a problem with achieving an optimum balance of utilization and access to mobile PET scanners. Last year the Committee agreed to work towards a solution in the 2015 SMFP. As a result of these petitions and the history, the Agency proposed draft language for a new SMFP Policy for converting fixed PET scanners to mobile that included common points from each petition. Much of this draft policy came about not only through the petition requests, but also through past discussions and stakeholder input. The Committee, in agreement with the Agency, voted to deny to all three petitions and to proceed with putting the draft policy out for public comment.

The Committee reviewed and discussed policies, methodology and assumptions for PET scanners.

- The inventory has been updated based on available information to reflect any changes, and includes placeholders when applicable. The inventory is subject to further changes.

- Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

**Recommendations Related to Positron Emission Tomography (PET) Scanners:**

The Committee recommends that all three of the petition requests for changes in the PET methodology be denied. Additionally the Committee recommends proceeding with obtaining public comments and feedback on the proposed draft policy presented by the Agency. Finally, a recommendation was made by the Committee to proceed with the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.

**Chapter 9: Magnetic Resonance Imaging (MRI) Scanners:**

There were no petitions or comments on this Section of this Chapter. The Committee reviewed and discussed policies, methodology and assumptions for MRI scanners.

- The inventory has been updated based on available information to reflect any changes, and includes placeholders when applicable. The inventory is subject to further changes.
- Application of the methodology based on data and information currently available, results in two draft need determinations. Need determinations are subject to change.
- The need determinations are for one additional fixed MRI Scanner in the Lincoln Service Area and one fixed MRI Scanner in the New Hanover MRI Service Area.

**Recommendations Related to Magnetic Resonance Imaging (MRI) Scanners:**

The Committee recommends the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.

**Chapter 9: Cardiac Catheterization Equipment**

There were two petitions with comments to these petitions received on this Section of this Chapter.

***Petitioner 1: Johnston Health***

***Request:*** Johnston Health respectfully petitions the State Health Coordinating Council to create language in the *2015 State Medical Facilities Plan* that would clarify that fixed cardiac catheterization equipment at hospitals should be able to perform both diagnostic and interventional procedures. Specifically, Johnston Health requests that the following language be added to Chapter 9, in the Cardiac Catheterization Equipment section in the *2015 State Medical Facilities Plan*: “*It is further determined that hospitals with fixed cardiac catheterization equipment shall be permitted to perform both diagnostic and therapeutic (interventional) procedures.*”

**Comments:** Three comments were received about this petition – all were in support of the change.

**Committee Recommendation:** The committee recommends that the petition requesting the proposed language change to the Cardiac Catheterization section of Chapter 9 of the SMFP be denied. During the discussion, the Committee recognized the changing practice guidelines at the national level for cardiac catheterization. However, it anticipates that other avenues might have greater effectiveness in achieving the changes requested by the petitioner.

***Petitioner 2: Rex Healthcare***

***Request:*** Rex Healthcare (Rex) respectfully petitions the State Health Coordinating Council (SHCC) to change the Cardiac Catheterization Need Determination Methodology in *2015 State Medical Facilities Plan (2015 SMFP)*. Specifically, Rex requests that the threshold for additional cardiac catheterization equipment be applied to each hospital, or in the case of hospitals under common ownership in the same service area, to each group of hospitals.

**Comments:** Two comments were received about this petition – both were opposed to the changes requested.

**Committee Recommendation:** Additional information regarding this petition and the Agency Report was received prior to the April 23, 2014 meeting. In order to ensure the additional information could be considered by the Agency, the discussion and vote on this petition was deferred until the May 7<sup>th</sup> meeting. The Committee recommends the denial of the petition to change the Cardiac Catheterization methodology.

The Committee reviewed and discussed policies, methodology and assumptions for cardiac catheterization.

- The inventory has been updated based on available information to reflect any changes, and includes placeholders when applicable. The inventory is subject to further changes.
- Application of the methodology based on data and information currently available, results in no need determinations for fixed cardiac catheterization equipment at this time. Need determinations are subject to change.

**Recommendations Related to Cardiac Catheterization Equipment:**

The Committee recommends the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.

**Other Recommendations**

The Committee authorized staff to update all narratives, tables and need determinations for the Proposed 2015 Plan as new and corrected data are received.