



State Health Coordinating Council Minutes - DRAFT

May 28, 2014

10:00 a.m. – 12 Noon

Brown Building Room 104, Raleigh, North Carolina

Medical Facilities Planning Branch

Members Present : Dr. Christopher Ullrich; Trey Adams; Dr. Richard Akers; Christina Apperson; Don Beaver, Peter Brunnick; Stephen DeBiasi; Dr. Mark Ellis; Dr. Sandra Greene; Kelly Hollis; Kurt Jakusz; Representative Donny Lambeth; Stephen Lawler; Dr. Robert McBride; Dr. Jeffrey Moore; Dr. Jaylan Parikh; Dr. Prashant Patel; Dr. Karl Pete; Dr. T.J. Pulliam

Members Absent : Douglas Cody; Senator Ralph Hise; Denise Michaud; Gloria Whisenhunt

Medical Facilities Planning Branch Staff Present: Nadine Pfeiffer; Paige Bennett; Elizabeth Brown; Andrea Emanuel; Tom Dickson; Kelli Fisk

DHSR Staff Present: Drexdal Pratt; Martha Frisone;

AG's Office: June Ferrell

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p>Welcome & Announcements</p>	<p>Dr. Ullrich welcomed council members, staff and visitors to the second meeting of the planning cycle for the N.C. 2015 State Medical Facilities Plan. He acknowledged this meeting was open to the public but was not a public hearing. Dr. Ullrich stated that the focus of the meeting was to hear recommendations from the Acute Care Services, Technology & Equipment and Long-Term and Behavioral Health Committees of the SHCC for the incorporation of policies, assumptions, need methodologies and preliminary need determination projections for the Proposed 2015 State Medical Facilities Plan (SMFP).</p> <p>Dr. Ullrich asked the council members and staff for a brief introduction.</p> <p>Dr. Ullrich publically acknowledged all former members and their contributions of the SHCC.</p>		

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Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council	Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items came up. There were no recusals.		
Approval of Minutes from March 5, 2014	A motion was made and seconded to approve the minutes of March 5, 2014.	Dr. Pulliam Dr. Patel	Motion approved
Recommendations from the Acute Care Services Committee	<p>Dr. Greene presented the report from the Acute Care Services committee, which met twice after the March council meeting, first on April 22th and again on May 9th.</p> <p>Dr. Greene stated the topics reviewed and discussed at the April 22th meeting were the current Acute Care Services policies and methodologies.</p> <p>Dr. Greene stated the second meeting was held on May 9th and the topics reviewed and discussed were the preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters and the Licensure/Truven Health Analytics data comparison.</p> <p>Dr. Greene stated the following was an overview of the committee’s recommendations for the Acute Care Services Chapters 5 through 8 of the Proposed 2015 State Medical Facilities Plan (SMFP):</p> <p>Chapter 5: Acute Care Hospital Beds The committee reviewed and discussed the policies, methodology and assumptions for acute care beds. There were no petitions or comments related to this chapter.</p> <p>The Licensure and Truven Health Analytics acute days of care were reviewed for discrepancies exceeding +- 5%. Staff worked with the Sheps Center and the hospitals during the summer to improve discrepant data, and would notify the committee if need projections changed.</p> <p>The committee members reviewed draft Tables 5A, 5B, and 5C. The standard methodology, which used Truven Health Analytics acute care days of care, indicated needs for additional</p>		

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	<p>acute care beds in the following service areas: 82 beds in Cumberland, 29 beds in New Hanover, 28 beds in Stokes, and 11 beds in Vance-Warren. Since the Acute Care Services meeting, data corrections indicated additional needs of 29 in the Forsyth service area and 23 in the Mecklenburg service area for a total of 200 acute care bed needs.</p> <p>The committee discussed Stokes County. There was a -84.17% discrepancy between the Licensure and Truven Health Analytics acute days. Dr. Greene noted this discrepancy created an artificial need determination for Stokes County. The committee voted to take out this need determination. Therefore, Stokes will have a footnote in Table 5A and shown with no need in Table 5B.</p> <p style="text-align: center;"><u>Committee Recommendation</u></p> <p>The committee recommends accepting the Acute Care Bed policies, methodology and assumptions as well as accepting the draft tables with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate. The committee recommends taking out the need determination for Stokes County in the Proposed 2015 Plan due to discrepant data.</p> <p>Chapter 6: Operating Rooms</p> <p>The committee reviewed and discussed the methodology and assumptions for operating rooms. There were no petitions for this Chapter.</p> <p>The committee reviewed draft Tables 6A, 6B & 6C, the Operating Room inventory and need determination. Application of the standard methodology indicates there is no need at this time.</p> <p>Dr. Greene noted the committee reviewed Table 6E: Endoscopy Room Inventory.</p> <p>Chapter 7: Other Acute Care Services</p> <p>No petitions or comments were received related to other acute care services in Chapter 7. The committee reviewed the policy, methodologies and assumptions for open-heart surgery services, burn intensive care services, and bone marrow and solid organ transplantation services. Staff presented draft Tables 7A, 7B, 7C, 7D, 7E and 7F, and noted there were no need determinations for additional services at this time.</p>		

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	<p><u>Committee Recommendation</u> The committee recommended accepting the policies, methodology and assumptions for other acute care services in Chapter Seven. The committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed.</p> <p>Chapter 8: Inpatient Rehabilitation Services The committee received no petitions or comments related to Chapter 8. The Committee reviewed the methodology and assumptions for inpatient rehabilitation services, as well as a draft of Table 8A and 8B. Application of the standard methodology indicated no need for additional inpatient rehabilitation beds in the state.</p> <p><u>Committee Recommendation</u> The committee recommended accepting the methodology and assumptions for Inpatient Rehabilitation Services. The committee further recommended accepting draft tables and need projections, with the understanding that staff would make updates as needed.</p> <p><u>Council Recommendations</u> A motion was made and seconded to accept the Acute Care Services Committee report and authorized staff to update narrative, tables, data changes and results or effects of such changes in the Plan and references to dates would be advanced one year, as appropriate.</p>	Dr. Greene Dr. Pulliam	Motion approved
Recommendations from the Long-Term & Behavioral Health	<p>Dr. Pulliam provided the report for the Long-Term and Behavioral Health Committee.</p> <p>He stated the Long-Term and Behavioral Health (LTBH) Committee met twice after the March council meeting, first on April 8th and again on May 6th.</p> <p>The topics reviewed and discussed at the April 17th meeting included:</p> <ul style="list-style-type: none"> ▪ Current Long-Term and Behavioral Health policies and methodologies. ▪ Medicare-certified Home Health need methodology rounding recommendations. ▪ A petition requesting changes to the hospice inpatient need methodology. ▪ A petition requesting a new ICF/IID policy. ▪ A recommendation to allow ESRD dialysis providers to self-report utilization data 		

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	<p>to the Agency.</p> <ul style="list-style-type: none"> ▪ Recommendations for clarifying language in the Psychiatric Inpatient Services; Substance Abuse Inpatient & Residential Services; and ICF/IID narratives. <p>The topics reviewed and discussed at the May 17th meeting included:</p> <ul style="list-style-type: none"> ▪ Preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters. ▪ Recommendations for adding license renewal applications as data sources for the Psychiatric Inpatient Services; Substance Abuse Inpatient & Residential Services; and ICF/IID chapters. ▪ Language revisions within the ESRD chapter resulting from the change in the data source. <p>Dr. Pulliam stated the following was an overview of the committee’s recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2015 State Medical Facilities Plan:</p> <p>Chapter 10: Nursing Care Facilities There were two petitions and no comments related to this chapter.</p> <p><u>Petitioner: UNC Hospitals</u> The petitioner requested the creation of a policy to allow nursing care facilities to apply for a Certificate of Need to add ventilator beds within the facility without regard to need determinations listed in the State Medical Facilities Plan.</p> <p><u>Comments:</u> No comments were received related to this petition.</p> <p style="text-align: center;"><u>Committee Recommendation:</u> The committee recommended denying this petition.</p> <p><u>Petitioner: Samuel Clark, NC Health Care Facilities Association</u> The petitioner requested a review of the State Medical Facilities Plan’s nursing home bed need methodology and related policies in coordination with stakeholder’s representatives, in order to assess whether changes need to be made to the methodology or policies to better address current patterns in nursing home bed utilization.</p>		

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	<p><u>Comments:</u> No comments were received related to this petition.</p> <p><u>Committee Recommendation:</u> The committee recommended approval of this petition.</p> <p>Dr. Pulliam stated the inventory had been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change.</p> <p><u>Committee Recommendation</u> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 11: Adult Care Homes There were no petitions for Chapter 11. The inventory was updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Dr. Pulliam stated the application of the methodology based on data and information currently available resulted in the 3 draft need determinations for Adult Care Homes:</p> <p>Jones County - 20 Washington County – 10 Brunswick County – 330</p> <p><u>Committee Recommendation</u> The committee recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. In addition, references to dates would be advanced one year, as appropriate.</p>		

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	<p>Chapter 12: Home Health Services There were no petitions or comments on this chapter. Dr. Pulliam suggested pulling Chapter 12 out for a separate vote.</p> <p>The inventory had been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>Dr. Pulliam stated while application of the methodology based on data and information currently available resulted in no draft need determinations, the application of Policy HH-3 resulted in the following draft need determination.</p> <ul style="list-style-type: none"> ▪ Granville County, 1 Home Health Agency or Office <p>Need determinations are subject to change.</p> <p style="text-align: center;"><u>Committee Recommendation</u></p> <p>The committee recommended that Step 13 of the need methodology be amended to revise the language regarding rounding when determining need to read as follows, “A remainder including fractions of 0.50 or greater is rounded to the next highest whole number and a remainder including fractions less than 0.50 is rounded to the next lowest whole number.”</p> <p>Chapter 13: Hospice Services There was one petition and three comments related to this chapter.</p> <p><u>Petitioner: Heath Law Firm, PLLC</u> The petitioner requested that Step 6c in the Hospice Inpatient Bed Need Methodology be changed such that the projected days of care for inpatient estimates are determined using the county average length of stay, (ALOS), instead of the statewide median ALOS or the ALOS for each county.</p> <p><u>Comments:</u> Three comments opposing the petition were received.</p>		<p style="text-align: center;">Motion approved</p>

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	<p><u>Committee Recommendation</u> The committee recommended denying this petition.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodologies based on data and information currently available resulted in the following draft need determinations:</p> <ul style="list-style-type: none"> • Hospice Home Care <ul style="list-style-type: none"> ○ Cumberland County, 1 Office ○ Granville County, 1 Office • Hospice Inpatient Bed Application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change. <p><u>Committee Recommendation</u> The committee recommended denying the petition put forth by the Heath Law Firm, LLC. The committee additionally recommended allowing an outside workgroup formed by the Association of Home Care and Hospice of North Carolina and the Carolina Center for Hospice and End of Life Care continue working with input from other interested stakeholders to develop recommendations for revision to the Hospice Inpatient Bed methodology for the spring of 2015.</p> <p>Additionally, the committee recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. References to dates would be advanced one year, as appropriate.</p> <p>Chapter 14: End-Stage Renal Disease Dialysis Facilities There were no petitions or comments related to this chapter.</p>		

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	<p>Dr. Pulliam noted the ESRD utilization data previously provided by the Southeastern Kidney Council for county of origin for patients, dialysis provider, and modality (inpatient or in-home) was now self-reported by providers and was working well.</p> <p>The need for new dialysis stations is determined two times each calendar year, made available in the North Carolina Semiannual Dialysis Report (SDR).</p> <p><u>Committee Recommendation</u></p> <p>The committee recommended that Steps 1d. and 2d. of the County need methodology be amended to revise the language regarding rounding when determining need to read as follows, “A remainder including fractions of 0.50 or greater is rounded to the next highest whole number and a remainder including fractions less than 0.50 is rounded to the next lowest whole number.”</p> <p>The committee recommended the current assumptions and methodologies be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 15: Psychiatric Inpatient Services</p> <p>There were no petitions or comments on this chapter.</p> <p>The inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations:</p> <ul style="list-style-type: none"> ▪ Child Psychiatric Inpatient Beds: <ul style="list-style-type: none"> ○ CenterPoint Human Services LME-MCO, 3 beds ○ East Carolina Behavioral Health LME-MCO, 8 beds ○ Eastpointe LME-MCO, 12 beds ▪ Adult Psychiatric Inpatient Beds: <ul style="list-style-type: none"> ○ Coastal Care LME-MCO, 2 beds 		

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	<p>Dr. Pulliam stated need determinations are subject to change.</p> <p><u>Committee Recommendation</u> The committee recommended adding clarifying language to the Basic Assumptions of the Methodology, Assumption 1, to bring the need methodology in line with the statewide LME-MCO service areas.</p> <p>The committee also recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Treatment Beds)</p> <p>There were no petitions or comments on this chapter.</p> <p>The committee discussed updating the language in Chapter 16’s narrative to address the changes in the number of LME-MCOs and their catchment areas that needed to bring the methodology in line with the current LME-MCO map of the state.</p> <p>The inventory had been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>The application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> ▪ Adult Substance Abuse Inpatient & Residential Service Beds: <ul style="list-style-type: none"> ○ Eastern Region, 9 beds ▪ Child Substance Abuse Inpatient & Residential Service Beds: <ul style="list-style-type: none"> ○ Central Region, 17 beds <p>Dr. Pulliam stated need determinations were subject to change.</p>		

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	<p><u>Committee Recommendation</u> The committee recommended adding clarifying language to the Application of the Methodology to bring the need methodology in line with the statewide LME-MCO service areas.</p> <p>The Committee recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</p> <p>There were no petitions no comments related to this chapter.</p> <p>The committee discussed updating the language in Chapter 17’s narrative to address the changes in the number of LME-MCOs and their catchment areas needed to bring the methodology in line with the current LME-MCO map of the state.</p> <p>The inventory had been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>The application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change.</p> <p><u>Committee Recommendation</u> The committee recommended adding clarifying language to the Need Determinations text to bring the need methodology in line with the statewide LME-MCO service areas.</p> <p>Dr. Ullrich asked members to extract Chapter 12 for further discussion.</p> <p>Dr. Pulliam made a motion for the council to accept committee recommendations, and for the current assumptions and methodology to be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p>Dr. Ullrich stated Chapter 12 was up for immediate discussion and for action that was taken, the Council would amend the committee’s recommendation as a whole.</p>	<p>Dr. Pulliam Mr. Beaver</p>	<p>Motion approved</p>

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	<p>Dr. Pulliam asked Ms. Elizabeth Brown to comment on Chapter 12. Ms. Brown stated before the May 6, 2014 LTBH Committee meeting, staff had concerns about the home health database. Ms. Brown stated the database provided need determinations well above the prior year and staff did not want to present inaccurate need determinations at the May 6th meeting. Ms. Brown stated after researching and reviewing data information staff held an internal meeting with management and a decision was made to provide last year's data for Chapter 12 at the May 6th meeting. Ms. Brown stated this was the information the committee voted on at the last LTBH Committee meeting in order to allow staff more time to research the data and need determinations. Ms. Brown stated staff determined there was an error in the population figures and use rates.</p> <p>Ms. Brown stated the data is now correct and there are no need determinations for Home Health. Ms. Brown noted the actual need determination that was produced for Chapter 12 was a result of Policy HH-3 for Granville County.</p> <p>Dr. Ullrich explained Policy HH-3 was put into place to make sure no counties would fall behind due to rapid population growth, especially the smaller counties.</p> <p style="text-align: center;">Dr. Pulliam made a motion to accept the LTBH Committee report as amended.</p>	<p>Dr. Pulliam Mr. Lawler</p>	<p>Motion approved</p>
<p>Recommendations from the Technology & Equipment Committee</p>	<p>Dr. Ullrich provided the Technology & Equipment Committee report which contained the committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of the Proposed 2015 State Medical Facilities Plan (SMFP). Dr. Ullrich noted the report was organized by equipment section of Chapter 9 of the SMFP.</p> <p>The Technology and Equipment Committee met on April 23, 2014 and May 7, 2014. The 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; the preliminary drafts of need projections generated by the standard methodologies; three petitions to establish a need methodology for mobile Positron Emission Tomography (PET) Scanner services; and two petitions requesting changes to the methodology for Cardiac Catheterization.</p>		

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	<p>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.</p> <p>The inventory was updated based on available information to reflect any changes, and included placeholders when applicable. The inventory was subject to further changes.</p> <p>The application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Dr. Ullrich noted need determinations are subject to change.</p> <p style="text-align: center;"><u>Committee Recommendation</u> The committee recommended 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.</p> <p>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 had been identified at this time. Need determinations are subject to change.</p> <p style="text-align: center;"><u>Committee Recommendation</u> The Committee recommended 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.</p> <p>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.</p> <p>The inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes. Application of the methodology based on data and information currently available resulted in one draft need determination however, need determinations are subject to change:</p>		

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	<ul style="list-style-type: none"> ▪ One additional linear accelerator in Harnett County. <p style="text-align: center;"><u>Committee Recommendation for Linear Accelerators</u></p> <p>The committee recommended 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.</p> <p>Chapter 9: Positron Emission Tomography (PET) Scanners</p> <p>There were three petitions received with comments to the petitions for this Section of this Chapter.</p> <p><u>Petitioner: MedQuest Associates, Inc. and Novant Health, Inc</u></p> <p>The petitioner requested 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.”</p> <p><u>Petitioner: Randolph Hospital</u></p> <p>The petitioner requested “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:</p> <ol style="list-style-type: none"> 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 		

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	<p>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.”</p> <p><u>Petitioner: Alliance Healthcare Services</u> The petitioner requested 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.”</p> <p><u>Comments:</u> Five comments were received regarding the petitions, all opposed to various aspects of each petition.</p> <p><u>Committee Recommendation</u> Dr. Ullrich stated 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. It was noted there had been a long history of ongoing dialog among the committee and various interested parties that indicated 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 and 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. Dr. Ullrich noted 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.</p> <p>The committee reviewed and discussed policies, methodology and assumptions for PET scanners. The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available resulted in</p>		

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	<p>no draft need determinations at this time. Need determinations are subject to change.</p> <p><u>Committee Recommendation</u> The committee recommended that all three of the petition requests for changes in the PET methodology be denied. Additionally the committee recommended proceeding with obtaining public comments and feedback on the proposed draft policy presented by the agency. 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.</p> <p>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.</p> <p>The inventory had been updated based on available information to reflect any changes, and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available, resulted in two draft need determinations however, need determinations are subject to change:</p> <ul style="list-style-type: none"> • One additional fixed MRI Scanner in the Lincoln Service Area • One fixed MRI Scanner in the New Hanover MRI Service Area. <p><u>Committee Recommendation</u> The committee recommended 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.</p> <p>Chapter 9: Cardiac Catheterization Equipment There were two petitions with comments to these petitions received on this Section of this Chapter.</p> <p><u>Petitioner: Johnston Health</u> The petitioner requested to create language in the <i>2015 State Medical Facilities Plan</i> that</p>		

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	<p>would clarify that fixed cardiac catheterization equipment at hospitals should be able to perform both diagnostic and interventional procedures. Specifically, Johnston Health requested that the following language be added to Chapter 9, in the Cardiac Catheterization Equipment section in the <i>2015 State Medical Facilities Plan</i>: “<i>It is further determined that hospitals with fixed cardiac catheterization equipment shall be permitted to perform both diagnostic and therapeutic (interventional) procedures.</i>”</p> <p><u>Comments:</u> Three comments were received about this petition, all in support of the change.</p> <p><u>Committee Recommendation</u> The committee recommended 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. Dr. Ullrich stated however, it anticipated that other avenues might have greater effectiveness in achieving the changes requested by the petitioner.</p> <p><u>Petitioner: Rex Healthcare</u> The petitioner requested to change the Cardiac Catheterization Need Determination Methodology in <i>2015 State Medical Facilities Plan (2015 SMFP)</i>. Specifically, Rex requested 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.</p> <p><u>Comments:</u> Two comments were received about this petition, both opposed to the changes requested.</p> <p><u>Committee Recommendation</u> Additional information regarding this petition and the Agency Report was received prior to the April 23, 2014 meeting. Dr. Ullrich noted 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 7th meeting. The committee recommended the denial of the petition to change the Cardiac Catheterization methodology.</p>		

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	<p>The committee reviewed and discussed policies, methodology and assumptions for cardiac catheterization. The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available, resulted in no need determinations for fixed cardiac catheterization equipment at this time. Need determinations are subject to change.</p> <p><u>Committee Recommendation</u> Dr. Ullrich made a motion to the council to accept the committee’s recommendations for the current assumptions, methodology and draft tables for the Proposed 2015 Plan. Also, referenced to dates would be advanced one year, as appropriate.</p> <p>Dr. Ullrich stated the committee authorized staff to update all narratives, tables and need determinations for the Proposed 2015 Plan as new and corrected data were received.</p>	<p>Dr. Ullrich Ms. Apperson</p>	<p>Motion approved</p>
<p>Adoption of the Proposed 2015 State Medical Facilities Plan</p>	<p>Dr. Ullrich asked for a motion to adopt the Proposed 2015 State Medical Facilities Plan, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan.</p> <p>Dr. Ullrich entertained a motion to allow staff to continue making changes to inventory and corrections or data as they are received, as well as make non-substantive edits to narratives.</p>	<p>Mr. Lawler Ms. Apperson</p> <p>Dr. Pulliam Dr. Green</p>	<p>Motion approved</p> <p>Motion approved</p>
<p>Comments Regarding the Public Hearings</p>	<p>Mr. Pratt reviewed the six public hearings and locations that they would take place beginning on July 8, 2014 with the final public hearing on July 30, 2014. He encouraged council members to attend these public hearings. Mr. Pratt stated the July 30, 2014 public hearing would take place in the same room as this meeting of the SHCC.</p>		
<p>Other Business</p>	<p>Dr. Ullrich reviewed the dates for the upcoming committee meetings. He stated the technology and Equipment Committee will meet on September 9th, Long-Term-Behavioral Health will meet on September 16th, and Acute Care will meet on September 17th. He stated these meetings will begin at 10:00 am and held at the Brown Building. Dr. Ullrich stated the SHCC will have a one-hour conference call on September 3rd beginning at 10:00</p>		

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	am and the last SHCC meeting for 2014 will be on October 1 st beginning at 10:00 am in the Brown Building.		
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.		