
Technology and Equipment Committee

June 3, 2015

Recommendations to the N. C. State Health Coordinating Council

The Technology and Equipment Committee met on April 22, 2015 and May 13, 2015.

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 2016 State Medical Facilities Plan (SMFP);
- Preliminary drafts of need projections generated by the standard methodologies;
- Two petitions requesting changes to the methodology for MRI Scanners;
- One petition 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 2016 Plan. 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 one draft need determination in the statewide service area 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 2016 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 2016 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 no draft need determinations at this time. Need determinations are subject to change.

CPT Code Set: The committee reviewed the current CPT code set for linear and discussed the difficulty with data, including corrected and sometimes conflicting CPT codes. The committee voted to put out for public comment the current CPT code set for linear accelerators.

Recommendations Related to the Linear Accelerators:

The Committee recommends the current assumptions, methodology and draft tables be accepted for the Proposed 2016 Plan. Also, references to dates would be advanced one year as appropriate.

Chapter 9: Positron Emission Tomography (PET) Scanners

There were no petitions or comments on this Section of this Chapter. The Committee reviewed and discussed policies, methodology and assumptions for positron emission tomography 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 the current assumptions, methodology and draft tables be accepted for the Proposed 2016 Plan. Also, references to dates would be advanced one year as appropriate.

Chapter 9: Magnetic Resonance Imaging (MRI) Scanners:

There were two petitions or comments on this Section of this Chapter.

Petitioner 1: Carolinas HealthCare System

Request: The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System (CHS) respectfully petitions the State Health Coordinating Council (SHCC) to create a special allocation for one intraoperative magnetic resonance imaging (iMRI) unit in the western portion of the state (Health Service Areas I, II, and III) in the 2016 State Medical Facilities Plan (2016 SMFP).

Comments: One comment was received by the petitioner.

Committee Recommendation: The discussion during the committee meeting included support for incorporating new technologies in the State Medical Facilities Plan. However, the petition request was too restrictive geographically and did not include language on the types of applicants that would be eligible to apply. The committee recommends that the petition requesting the special allocation of an iMRI machine in the western area of NC be denied, but supported the agency recommended Policy TE-2: Intraoperative Magnetic Resonance Scanners. The proposed language in Policy TE-2 would allow facilities across the entire state to apply provided they meet the outlined eligibility requirements.

Petitioner 2: J. Arthur Doshier Memorial Hospital

Request: J. Arthur Doshier Memorial Hospital (Doshier), requested a policy adjustment and/or change to the methodology in the *2016 State Medical Facilities Plan (SMFP)* regarding Magnetic Resonance Imaging equipment (MRI).

Comments: Two of the four comments received were from the petitioner. The other two comments were divided in opinion, with one expressing support of the petition with minor changes and the other in opposition. Thirty-two letters of support were received.

Committee Recommendation: The committee discussed this petition at the April 22nd meeting where it had been tabled for a vote until the May 13th meeting. The discussion included consideration of alternatives to the petitioner such as petitioning for an adjusted need determination in July 2015 for the 2016 SMFP and/or the development of a policy to be considered for the 2017 SMFP that would go through the entire planning cycle. The committee voted to deny the petition.

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 two additional fixed MRI scanners; one fixed MRI scanner in the Lincoln Service Area and one fixed MRI Scanner in the Mecklenburg Service Area.

Data Collection using CPT Codes: The committee reviewed three years of MRI data that compared reported procedures and CPT codes. The discrepancies between the two were less than +/-5% for all three years. Discussion involved data collection issues with duplication of numbers from both hospitals and mobile vendors. The committee voted to use CPT codes as the standard for data collection for the 2016 Hospital License Renewal Application and 2016 Registration and Inventory Forms.

Recommendations Related to Magnetic Resonance Imaging (MRI) Scanners:

The Committee recommends the current assumptions, methodology and draft tables be accepted for the Proposed 2016 Plan. Also, references to dates would be advanced one year, as appropriate.

Chapter 9: Cardiac Catheterization Equipment

There was one petition with comments to these petitions received on this Section of this Chapter.

Petitioner 1: WakeMed Health and Hospitals

Request: The petitioner request[s] that the methodology for determining need for cardiac catheterization equipment in North Carolina be revised for the 2016 State Medical Facilities Plan.

Comments: Four comments were received about this petition – all were in opposition.

Committee Recommendation: The committee recognized there is variation in practices which might affect the average case times for cardiac catheterization cases across facilities and that the total number cases statewide are declining. The requested changes would have the effect of further suppressing the need determination. Since, the current methodology produces very few need determinations and over the years the adjusted need determination process has been used successfully in special situations, the committee recommended denying the petition.

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 one need determination for fixed cardiac catheterization equipment in Cumberland County 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 2016 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 2016 Plan as new and corrected data are received.