



Healthcare Planning
and
Certificate of Need
Section

Technology & Equipment Committee - **Draft** Minutes

September 09, 2014

10:00 am

Brown Building, Conference Room 104

Members Present: Dr. Christopher Ullrich, Trey Adams, Kelly Hollis, Dr. Jeffrey Moore, Dr. Prashant Patel
Members Absent: Dr. Richard Akers
MFPB Staff Present: Paige Bennett, Amy Craddock, Tom Dickson, Nadine Pfeiffer,
DHSR Staff Present: Martha Frisone, Drexdal Pratt,
AG's Office: Marc Lodge

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	<p>Dr. Ullrich welcomed Council members, staff and visitors to the second Technology and Equipment meeting. He stated this was a business meeting that is open to the public, but is not a public hearing; therefore, discussion will be limited to members of the Committee and staff, unless questions are specifically directed to someone in the audience. The body of the meeting will be reviewing material from the four chapters of the SMFP the committee was responsible for and to finalize the committee's recommendations to the SHCC for the 2015 SMFP.</p> <p>Dr. Ullrich stated the Committee would review and make recommendations to the State Health Coordinating Council about the State Medical Facilities Plan Chapters covered by the Technology and Equipment, including tables with data updates.</p> <p>He noted following the meeting, the Committee's recommendations will be forwarded to the State Health Coordinating Council for consideration at the October 1, 2014 meeting.</p>		

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Review of Executive Order No. 46: Reauthorizing the State Health Coordinating Council	Dr. Ullrich reviewed Executive Order No. 46: Reauthorizing the State Health Coordinating Council. 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 recused from voting on the Lincoln County petition. No other members recused from voting on any matter coming before the committee at the meeting. Dr. Ullrich asked members to declare conflicts as agenda items came up.		
Approval of minutes from May 7, 2014	A motion was made to approve the minutes.	Dr. Moore Mr. Adams	Minutes approved
Positron Emission Tomography (PET)	<p>Ms Bennett stated the agency received a petition submission for changes to the Policy TE-1: Conversion of Fixed to Mobile PET by Novant Health and Medquest Associates. The agency determined this request did not meet the standards outlined in the SMFP to be considered a petition. Therefore, the agency is requested the committee to consider the request as a comment. The agency did provide a written response stating as to why it felt the request was a comment. This response can be found online.</p> <p>The agency received three comments regarding the Novant/Medquest submission and six comments regarding Policy TE-1 in general.</p> <p>Policy Discussion- Based on these additional comments further edits were made to the policy for the Committees consideration.</p> <p><u>DRAFT POLICY TE-1</u></p> <p>Facilities with an existing or approved fixed PET scanner may apply for a Certificate of Need (CON) to convert the existing or approved fixed PET scanner to a mobile PET scanner if the applicant(s) demonstrates in the CON application that the converted mobile PET scanner:</p> <ol style="list-style-type: none"> 1. Shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located. 2. Shall be moved at least weekly to provide services at two or more host 		

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	<p>facilities¹.</p> <p>3. Shall not serve any mobile host site that is not owned by the PET certificate holder or an entity related to the PET certificate holder such as a parent or subsidiary that is located in the county where any existing or approved fixed PET scanner is located, except as required by subpart (1).</p> <p>¹ The council recommended the revision of the current East and West service areas to a statewide service area to allow flexibility in servicing mobile PET sites.</p> <p><u>Committee Recommendation:</u> A motion was made to accept the recommended language for Policy TE-1.</p> <p>Ms. Frisone stated that the language Single time of the year was removed in the policy and CON needed direction from the committee regarding the review cycle.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich asked for a vote to direct CON to set one statewide review cycle per year (July 1) along with the recommended language for Policy TE-1.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich asked for a vote to approve the recommended language for Policy TE-1.</p> <p><u>Committee Recommendation:</u> Mr. Adams made a motion to conduct a workgroup to review the mobile PET Policy to determine if there is a need for a formal trigger and to also study for a separate methodology for mobile PET is necessary and to review the triggers of the current policy.</p>	<p>Dr. Patel Mr. Adams</p>	<p>All in favor</p> <p>All in favor</p>

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Cardiac Catheterization:	<p>Ms. Bennett stated the agency received two petition submissions for Cardiac Catheterization. Both were for the Wake County Service area.</p> <p><u>Petitioner: WakeMed</u> The petitioner did not request any change be made to the SMFP, but asked that the committee not make changes to cardiac catheterization for Wake County.</p> <p>The agency determined this request did not meet the standards outlined in the SMFP to be considered a petition. Therefore, the agency is requesting the committee to consider the WakeMed request as a comment. The agency did provide a written response stating as to why it felt the request was a comment.</p> <p><u>Petitioner: Rex Healthcare</u> The petitioner requested the SHCC “to create an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Wake County in the 2015 <i>State Medical Facilities Plan</i>.”</p> <p>Ms. Bennett provided a summary of the Agency Report to the Committee. The agency recommended denying the petition.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich made a motion to deny the petition. The committee voted to deny the petition.</p> <p>Dr. Ullrich entertained a motion to forward the Cardiac Catheterization section to the full SHCC.</p>	Ms. Hollis Mr. Adams	All in favor Motion approved

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<p>Magnetic Resonance Imaging (MRI)</p>	<p>Ms. Bennett stated the agency received one petition for MRI from Carolinas Healthcare System. No comments were received about this petition.</p> <p><u>Petitioner: Carolinas HealthCare System (CHS)</u> The petitioner requested the need for an additional fixed MRI scanner in Lincoln County be removed from the Proposed 2015 State Medical Facilities Plan (SMFP).</p> <p>The Agency Report was summarized by Ms. Bennett. The agency recommended approving the petition.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich made a motion to approve the petition. The committee voted to approve the petition.</p> <p>Ms. Bennett noted Table 9P had been updated to reflect data that had been received since the Proposed 2015 Plan was published. These updates were in Burke, Caldwell, Guilford and Dare Counties. They did not affect the need determinations in MRI.</p> <p><u>Committee Recommendation:</u> A motion was made to adopt the revision in Table 9P.</p> <p>Dr. Moore stated in Table 9P the number was incorrect for Carteret County.</p> <p><u>Committee Recommendation:</u> A motion was made for staff to revise Carteret County in Table 9P and a motion was made to adopt the Table as amended.</p> <p><u>Committee Recommendation:</u> A vote was taken to forward the MRI section to the full SHCC.</p>	<p>Ms. Hollis Dr. Patel</p> <p>Dr. Moore Ms. Hollis</p>	<p>All in favor</p> <p>Motion approved</p> <p>Motion approved</p> <p>All in favor</p>

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Linear Accelerator	<p>Ms. Bennett noted there was a database error in the calculation of the CPT codes for Linear Accelerator treatment. This error has been corrected. The error resulted in changes in both table 9G and 9H. Six facilities had corrections and health service areas 7, 10, 14, 16. These changes do not affect the need determinations. There is only 1 LA in health service area 21. Ms. Bennett also noted Levine Children’s Hospital will be revised to Carolinas Medical Center.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich made a motion to adopt the table as amended for the Plan. A vote was taken.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich entertained a motion and a vote was taken to forward the Linear Accelerator section to the full SHCC.</p>		<p>All in favor</p> <p>All in favor</p>
Lithotripsy	<p>Ms. Bennett reported that there were no petitions or comments received regarding the lithotripsy or gamma knife section of the Proposed 2015 SMFP. There were no substantive changes and the standard methodology continues to show no need for additional lithotripters or gamma knife’s anywhere in the State.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich entertained a motion and a vote was taken to forward the Lithotripsy and Gamma Knife section to the full SHCC.</p> <p><u>Committee Recommendation:</u> A motion was made and seconded to forward committee recommendations to the October 1st SHCC regarding Chapter 9 data and need determinations with the understanding that staff would continue to make necessary updates to narratives, tables and need determinations.</p>	<p>Dr. Patel Ms. Hollis</p>	<p>All in favor</p> <p>Motion approved</p>
Other Business	<p>Dr. Ullrich asked if there was any old business or comments. Mr. Adams stated he wanted to thank the CON section and DHSR staff for the recent movement with the cardiac catheterization intervention PCI increasing the access across the state.</p> <p>Dr. Ullrich asked Ms. Frisone to provide the committee an update.</p>		

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	<p>Ms. Frisone stated that DHSR had meet with providers for some time in regards of updating the cardiac catheterization rules that will aply during review. Ms. Frisone stated DHSR and the providers were able to reach an agreement on specific language. Due to the guidelines changing since the rules were adopted it has been determined that DHSR could on a case to case basis give permission to eight hospitals out of 32 due to when the received their CON they were unable to do interventional procedures without the agency’s permission, the remaining 24 due to their timing are not so restricted. DHSR has reviewed the guideline and has proposed approximately nine requirements that DHSR has requested the hospitals to document to assure they are doing the procedures safely. One request has been approved (Johnston Health) and two others are under consideration.</p> <p>Dr. Ullrich reminded all members of the October 1, 2014, SHCC meeting.</p>		
Adjournment	There being no further business, the meeting was adjourned.		