



State Health Coordinating Council Meeting – D R A F T
Minutes

Healthcare Planning & Certificate of Need Section

October 5, 2016

Brown Building, Raleigh, North Carolina

Members Present: Dr. Christopher Ullrich, Chairman; Trey Adams, Christina Apperson, Peter Brunnick, James Burgin, Dr. Mark Ellis, Kurt Jakusz, Valarie Jarvis, Dr. Lyndon Jordan, Representative Donny Lambeth, Stephen Lawler, Kenneth Lewis, Brian Lucas, Dr. Robert McBride, Denise Michaud, Dr. Jeffrey Moore, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T. J. Pulliam

Members Absent: Stephen DeBiasi, Dr. Sandra Greene, Senator Ralph Hise, Kelly Hollis, James Martin

Healthcare Planning Staff Present: Paige Bennett, Elizabeth Brown, Amy Craddock, Patrick Curry, Tom Dickson, Andrea Emanuel

DHSR Staff Present: Mark Payne, Martha Frisone, Lisa Pittman, Fatima Wilson, Mike McKillip

Attorney General’s Office: June Ferrell, Derick Hunter, Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	<p>Dr. Ullrich welcomed Council members, staff and visitors to the fourth meeting of the planning cycle for the N.C. 2017 State Medical Facilities Plan (SMFP). He acknowledged that the business meeting was open to the public but was not a public hearing and discussion would be limited to Council members and staff.</p> <p>Dr. Ullrich stated the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the Proposed 2017 SMFP in response to the public hearings conducted across the state this summer. He stated action would be taken on updated tables and need projections. He noted following the meeting, staff would incorporate SHCC actions into a final set of recommendations, which would be submitted to the Governor for review and approval.</p> <p>The members introduced themselves by stating their name, affiliation, and SHCC appointment type, followed by staff introductions.</p>		

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Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council	<p>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.</p> <p>In the event there are portions extracted from the committee report for a separate vote, Dr. Jordan recused from voting on the Wake County fixed Cardiac Catheterization Equipment petition and fixed PET. Dr. Ullrich recused from voting on the Lincoln County fixed MRI petition if it too, was extracted from the committee report as a separate item.</p>		
Approval of Minutes from September 7, 2016	<p>A motion was made and seconded to accept the minutes of September 7, 2016.</p>	<p>Mr. Lawler Dr. Jordan</p>	<p>Motion approved</p>
Recommendations from the Acute Care Services Committee	<p>Mr. Lawler presented the report from the Acute Care Services Committee and stated the Committee met once after the May Council meeting, on September 13, 2016.</p> <p>Following is an overview of the Committee’s recommendations for the Acute Care Services, Chapters 5-8, of the Proposed 2017 SMFP.</p> <p><u>Chapter 5: Acute Care Hospital Beds</u> No petitions were received for this chapter.</p> <p><i>Data Discrepancy Report</i> Data provided to Truven Health Analytics for 2015 was compared to data from the Division of Health Services Regulation Hospital License Renewal Applications to examine discrepancies between the two data sources. The Committee originally reviewed a list of 27 hospitals with acute days of care discrepancies between the two data sources that exceed plus-or-minus five percent. Healthcare Planning received the resubmitted Truven data from the Cecil G. Sheps Center in August. After the data had been refreshed, the report now includes 11 hospitals that have a greater than plus-or-minus five percent discrepancy. Two of these are closed facilities. The changes in Truven data for those facilities with discrepancies did not affect need determinations.</p>		

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	<p>In calculating the acute care bed need determination for Durham County, Duke University Health System contacted the Agency to request that the Committee substitute data supplied by Duke rather than use the refreshed Truven data supplied by the Sheps Center. In the request, Duke outlined that Truven may be using the patient’s entry into the system rather than the inpatient order, which may inflate the days of care total. The Committee decided to err on the side of caution and determined that this substitution was appropriate. The Committee discussed the more general issue of how hospitals report days of care and data collection methods, and agreed there is a need for further understanding of this process.</p> <p>Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable.</p> <p>Application of the methodology, based on data and information currently available, results in the following draft need determinations:</p> <ul style="list-style-type: none"> • Durham County, 96 Acute Care Beds • Mecklenburg County, 60 Acute Care Beds • Orange County, 41 Acute Care Beds <p>The inventory and need determinations are subject to change.</p> <p><u>Chapter 6: Operating Rooms</u> One petition was received for this chapter.</p> <p><u>Petitioner:</u> Graystone Ophthalmology Associates</p> <p><u>Request:</u> The Petitioner requests an adjusted need determination for one operating room in Catawba County. Twenty-one documents were submitted in support of the petition. Among these, eleven were from either the Petitioner or physicians in the practice. One document was submitted in opposition to the petition.</p> <p><u>Committee Recommendation:</u> The Agency recommended approval of the Petition. The Committee discussed the Petition and the Agency report. Based on the data presented</p>		

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	<p>by the Petitioner and in the Agency report, the Committee determined that the Petitioner did not demonstrate a situation that warranted an adjusted need determination. Sufficient operating room capacity exists in the service area, and the Committee concluded that these available resources were not being accessed. Therefore, the Committee recommends denial of the petition for one operating room in Catawba County.</p> <p>The inventory has been updated to reflect any changes, and includes placeholders where applicable.</p> <p>Based on data and information currently available, application of the methodology results in the following draft need determinations:</p> <ul style="list-style-type: none"> • Davie County, 1 OR • Moore County, 1 OR • New Hanover County, 1 OR • Union County, 1 OR <p>The inventory and need determinations are subject to change.</p> <p><u>Chapter 7: Other Acute Care Services</u> There were no petitions or comments related to this chapter.</p> <p>Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable.</p> <p>Application of the methodology based on data and information currently available results in no draft need determinations at this time. The inventories and need determinations are subject to change.</p> <p><u>Chapter 8: Inpatient Rehabilitation</u> There were no petitions or comments related to this chapter.</p> <p>Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable.</p>		

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	<p>Application of the methodology based on data and information currently available results in no draft need determinations at this time. The inventory and need determinations are subject to change.</p> <p><u>Recommendations Related to All Chapters</u> The Committee recommends that the SHCC approve of Chapters 5 through 8, Acute Care Facilities and Services, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations as indicated.</p> <p>Rep. Lambeth asked for clarification of the discrepancy between the Agency’s recommendation to approve the Petition from Graystone Ophthalmology Associates in light of the Committee’s recommendation to deny the petition. Mr. Lawler explained that the Committee discussed the fact that adequate resources appeared to be available in the county in the hospital community. The Committee concluded that if Graystone feels that additional capacity is needed, it should work with existing facilities to access that capacity.</p>		Motion approved
<p>Recommendations from the Long-Term and Behavioral Health Committee</p>	<p>Dr. Pulliam stated that the Long-Term and Behavioral Health (LTBH) Committee met once after the May Council meeting, on September 9, 2016.</p> <p>Following is an overview of the Committee’s recommendations for the Long-Term Care Facilities and Services, Chapters 10-17, of the <i>2017 SMFP</i>.</p> <p><u>Chapter 10: Nursing Care Facilities</u> There were no petitions or comments on this chapter.</p> <p>The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>The application of the methodology based on data and information currently available results in no draft need determinations. Need determinations are subject to change.</p>		

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	<p><u>Chapter 11: Adult Care Homes</u> There were three petitions related to this chapter.</p> <p><i>Petition 1</i> <u>Request:</u> Sandy Ridge Homes Holding, Corporation requests an adjusted need determination for 16 adult care home (ACH) beds in Montgomery County be included in the <i>2017 SMFP</i>. There were 55 documents received in support of this Petition.</p> <p><u>Committee Recommendation:</u> The standard methodology has identified that there is no need for new ACH beds in Montgomery County. However, Agency review of the utilization and occupancy rates specific to Montgomery County shows that applying the standard methodology may under-estimate the need for individuals who require the level of care provided by special care unit (SCU) beds. Therefore, the Agency has recommended approval of this Petition, with a preference for the addition of SCU beds. After review of the Agency report and opportunity for discussion, the Committee advanced the recommendation to the SHCC to also approve the Petition with a preference for the addition of SCU beds.</p> <p><i>Petition 2</i> <u>Request:</u> Artis Senior Living, LLC requests an adjusted need determination for 331 adult care home (ACH) beds, all of which would be part of a special care unit (SCU) bed in Buncombe County, and an adjusted need determination for 79 ACH beds, all of which would be part of a SCU in Cabarrus County, in <i>2017 SMFP</i>. One document was submitted by the Petitioner in support of this petition.</p> <p><u>Committee Recommendation:</u> The Petitioner has based its request for an adjusted need determination for special care unit beds on a methodology developed by Sloane and Zimmerman (2016). As explained in the <i>2016 SMFP</i>, “people who wish to recommend changes that may have a statewide effect are asked to contact Healthcare Planning and Certificate of Need Section staff as early in the year as possible, and to</p>		

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	<p>submit petitions no later than March 2, 2016.” In this instance, the agency determined that if the suggested methodology were used, it would have a statewide effect. Thus, the Petition does not comply with the standards of the petition process as outlined in the <i>SMFP</i>. Therefore, the Agency has recommended denial of this Petition. After review of the Agency report and opportunity for discussion, the Committee advanced the recommendation to the SHCC to deny the Petition.</p> <p><i>Petition 3</i></p> <p><u>Request:</u> Singh Development, LLC requests an adjusted need determination for transfer of up to 100 adult care home (ACH) beds from Harnett to Wake County in the <i>2017 SMFP</i>. One document was received in support of this petition.</p> <p><u>Committee Recommendation:</u> The Petitioner has based this request on a methodology that uses facility-level data from Wake County Department of Health and Human Services that are not vetted by our agency. As explained in the <i>2016 SMFP</i>, “people who wish to recommend changes that may have a statewide effect are asked to contact Healthcare Planning and Certificate of Need Section staff as early in the year as possible, and to submit petitions no later than March 2, 2016.” In this instance, the Petitioner has suggested a methodology that, if applied, likely would have inconsistent impacts on planning areas across the state. Thus, the Petition does not comply with the standards of the petition process as outlined in the <i>SMFP</i>. For these reasons, the Agency recommended denial of this Petition. After review of the Agency report and opportunity for discussion, the Committee voted four in favor and one in opposition to the recommendation presented by the Agency. As such, the Committee recommends that the SHCC deny the Petition.</p> <p>The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p>		

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	<p>The application of the methodology based on data and information currently available results in no draft need determinations. Need determinations are subject to change.</p> <p>In the final <i>2017 SMFP</i>, Table 11D will be included to show the nursing facilities that have six or fewer adult care home beds.</p> <p><u>Chapter 12: Home Health Services</u> There was one petition related to this chapter.</p> <p><u>Request:</u> Mother’s Helper Home Healthcare, Inc. requests an adjusted need determination be included in the <i>2017 SMFP</i> for one Medicare-certified home health agency or office for Wake County to address a special segment of the population identified as high-risk mothers and babies. Four documents were received in support of this petition, including two from Mother’s Helper. Four documents were also received in opposition to the Petition.</p> <p><u>Committee Recommendation:</u> The standard methodology has determined there is no need for a new Medicare-certified home health agency or office in Wake County. The Petitioner provides various types of information regarding high-risk pregnancies. However, no specific data is provided to demonstrate the size of the population that needs these services or to demonstrate that the population is not currently being served by existing licensed Medicare-certified home health providers. Wake county residents are well served by 76 Medicare-certified home health providers who are eligible to provide services to this high-risk population and therefore, the Agency recommended not approving the Petition’s request for an adjusted need determination for a Medicare-certified home health agency or office in Wake County in the 2017 SMFP. The committee concurred with the Agency’s recommendation to deny this Petition.</p> <p>The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p>		

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	<p>The application of the methodology based on data and information currently available results in the following need determination:</p> <ul style="list-style-type: none"> • Mecklenburg County – one new Medicare-certified home health agency or office <p>Need determinations are subject to change.</p> <p><u>Chapter 13: Hospice Services</u> One petition was received related to this chapter.</p> <p><u>Request:</u> Transitions LifeCare (TL) requests the removal of a need determination for seven hospice inpatient beds for Wake County from the <i>2017 SMFP</i>.</p> <p><u>Committee Recommendation:</u> The Committee discussed the Petition and Agency Report, which recommended denial of the Petition request. The concurrence was that the additional 10 hospice inpatient beds currently under development by TL should be brought on-line and the bed utilization reassessed before more hospice inpatient beds are released for Wake County. Mr. Brunnick shared a report issued by the US Department of Health and Human Services Office of Inspector General from March 2016 titled, “Hospices Inappropriately Billed Medicare Over \$250 Million for General Inpatient Care” with the committee. North Carolina may see hospice inpatient bed utilization patterns shift in the future based on the report and continued CMS audits of inpatient facilities. The Committee recommends to the SHCC that the Petition request be approved to remove the need determination for seven hospice inpatient beds for Wake County from the <i>2017 SMFP</i>.</p> <p>The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodologies based on data and information currently available results in the following draft need determinations:</p>		

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	<ul style="list-style-type: none"> • Hospice Home Care Office <ul style="list-style-type: none"> ▪ Cumberland County – one need determination for a new hospice home care office • Hospice Inpatient Beds <ul style="list-style-type: none"> ▪ It is determined that there is no draft need for additional hospice inpatient beds anywhere else in the state. <p>Need determinations are subject to change.</p> <p><u>Chapter 14: End-Stage Renal Disease Dialysis Facilities</u> There was one petition related to this chapter.</p> <p><u>Request:</u> Graham County Commissioners requests an adjusted need determination for a new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum number of “projected as needed” [stations] in the most recent “<i>Semiannual Dialysis Report</i>” available prior to the certificate of need application due date in the <i>2017 SMFP</i>.</p> <p><u>Committee Recommendation:</u> The Petition cites long and sometimes dangerous commutes for in-center dialysis treatments over treacherous mountain roads, often in adverse weather conditions, as a principle reason for the request. In addition, most of the Petitioner’s cited travel distances exceed the goal of “Basic Principle” # 10a, which encourages the provision of End-Stage Renal Disease treatment, “...in a facility no farther than 30 miles from the patient’s homes...”</p> <p>Data from <i>The North Carolina Semiannual Dialysis Report-July 2016</i> indicates 10 residents of Graham County were receiving chronic outpatient dialysis services and five were receiving “home dialysis” as of December 31, 2015. Based on the most recent patient origin data, 65% of the residents receiving in-center dialysis travel 46.6 miles one-way (93.2 miles round trip) to Swain County three times a week . Based on these factors, the Agency recommends approval of the Petitioner’s request for a new dialysis facility in Graham County. The Committee</p>		

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	<p>agreed with the Agency’s recommendation for an adjusted need determination for a minimum of five dialysis stations and a maximum projected as needed for Graham County in the Semiannual Dialysis Report available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need.</p> <p>Application of the County Need methodology for the <i>2017 SMFP</i> determined there is no need for additional dialysis stations anywhere in the state.</p> <p>The need for additional new dialysis stations is determined two times each calendar year. Determinations are made available in the <i>North Carolina Semiannual Dialysis Report (SDR)</i>.</p> <p><u>Chapter 15: Psychiatric Inpatient Services</u> There is an update that applies to Chapters 15, 16, and 17. Cardinal Innovations Healthcare Solutions and CenterPoint Human Services merged on July 1. The new LME-MCO retains the Cardinal name.</p> <p>There were no petitions or comments for Chapter 15.</p> <p>The inventory has been updated based on available information to reflect any changes, and includes placeholders where applicable.</p> <p>The application of the methodology based on data and information currently available results in 106 draft need determinations for child/adolescent beds psychiatric inpatient beds and 40 draft need determinations for adult beds in the following LME-MCOs:</p> <ul style="list-style-type: none"> • Child/Adolescent Psychiatric Inpatient Beds <ul style="list-style-type: none"> ▪ Alliance Behavioral Healthcare – 36 beds ▪ Eastpointe – 36 beds ▪ Partners Behavioral Health Management – 1 bed ▪ Sandhills Center – 18 beds ▪ Smoky Mountain Center – 15 beds 		

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	<ul style="list-style-type: none"> • Adult Psychiatric Inpatient Beds: <ul style="list-style-type: none"> ▪ Alliance Behavioral Healthcare – 25 beds ▪ Sandhills Center – 15 beds <p>The inventory and need determinations are subject to change.</p> <p><u>Chapter 16: Substance Use Disorder Inpatient & Residential Services (Chemical Dependency Treatment Beds)</u></p> <p>There were no petitions or comments for this chapter.</p> <p>The inventory has been updated based on available information to reflect any changes, and includes placeholders where applicable.</p> <p>The application of the methodology based on data and information currently available results in the following draft need determinations:</p> <ul style="list-style-type: none"> • Child/Adolescent Substance Use Disorder Inpatient & Residential Service Beds: <ul style="list-style-type: none"> ▪ Central Region – 17 beds • Adult Substance Use Disorder Inpatient & Residential Service Beds: <ul style="list-style-type: none"> ▪ None <p>The inventory and need determinations are subject to change.</p> <p><u>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</u></p> <p>There were no petitions or comments related to this chapter.</p> <p>The inventory has been updated based on available information to reflect any changes, and includes placeholders where applicable.</p> <p>The application of the methodology based on data and information currently available results in no draft need determinations. The inventory and need determinations are subject to change.</p>		

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	<p><u>Recommendations Related to All Chapters</u> The Committee recommends to the State Health Coordinating Council approval of Chapters 10 - 17: Long-Term Care Facilities and Services with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p> <p>Rep. Lambeth noted that the patterns of inpatient hospice utilization may change in the near future. These changes may affect need for inpatient hospice beds.</p>		Motion approved
Recommendations from the Technology and Equipment Committee	<p>Dr. Ullrich stated that on September 14, 2016, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the North Carolina Proposed 2017 SMFP.</p> <p>The Committee makes the following recommendations for consideration by the North Carolina State Health Coordinating Council in preparation for the Technology and Equipment chapter of the 2017 SMFP.</p> <p>Chapter 9: Technology and Equipment</p> <p><u>Magnetic Resonance Imaging (MRI) Section</u> The Proposed 2017 SMFP showed two need determinations for additional fixed MRI scanners in Lincoln and Mecklenburg counties. There were two comments regarding the MRI section and Policy TE-3.</p> <p>The Committee received two petitions over the summer in the MRI Scanner section of the 2017 SMFP.</p> <p><i>Petition 1</i> <u>Request:</u> Carolinas Healthcare System requested an adjusted need determination to remove the need for one fixed MRI scanner in Lincoln County. One comment was received for this Petition.</p>		

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	<p><u>Committee Recommendation:</u> The Committee discussed the petition and Agency Report, which recommended denial of the Petition request. The Committee concurred with the Agency’s Report that the growth of MRI procedures and migration of patients could allow an existing or new provider to meet the CON standards for a qualified applicant in the third operating year of a proposed scanner. The Committee recommends to the SHCC that the Petition request be denied for an adjusted need determination.</p> <p><u>Petition/Comment 2:</u> <u>Request:</u> Cape Fear Valley Health System (CFVHS) requests the following two changes be made to the Proposed Policy TE-3 in the 2017 SMFP: (1.) The policy should be amended to allow an individual community hospital with a 24-hour emergency department to apply for a CON for a fixed MRI. (2.) The threshold in the policy should be changed to 500 weighted MRI procedures. One public hearing comment from the Petitioner, one letter of opposition, and one general letter were received.</p> <p><u>Committee Recommendation:</u> The Committee discussed the Petition and Agency Report, which recommended responding to the request as a comment, removing “is located in a county that” from Policy TE-3 policy language, and retaining the 850 weighted procedure threshold. The Committee concurred that a facility-based policy instead of the existing county-based policy would be ideal for consumer access. The Committee took a vote to lower the threshold from 850 weighted procedures to 500; this vote resulted in a tie and the motion did not carry. The Committee then voted and approved the motion to adopt the Agency-recommended language removing “is located in a county that” from Policy TE-3. The Committee recommends to the SHCC to amend Policy TE-3 by removing “is located in a county that” from the language and retain the 850 weighted procedure threshold.</p> <p><u>Cardiac Catheterization Equipment Section</u> Since the Proposed 2017 SMFP, there have been no changes in need projections for cardiac catheterization equipment. The Proposed 2017 SMFP showed one need determination for fixed cardiac catheterization equipment in Cumberland</p>		

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	<p>County. There were no need determinations for shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere in the state.</p> <p>During the summer, two petitions were received for adjusted need determinations in the cardiac catheterization section in the 2017 SMFP.</p> <p><i>Petition 1:</i> <u>Request:</u> Rex Healthcare requested an adjusted need determination for two additional units of fixed cardiac catheterization equipment in Wake County in the 2017 SMFP. There were two letters from the Petitioner, one public hearing comment, and two letters in opposition received for this Petition.</p> <p style="padding-left: 40px;"><u>Committee Recommendation:</u> The Committee discussed the Petition and Agency Report, which recommended approval of the request. The Committee concurred that this is a unique issue for Wake County versus the rest of the state. The Committee discussed either approving the petition, denying the petition, or amending the Agency recommendation to adjust the need determination to one additional unit of fixed cardiac catheterization equipment in Wake County. Another issue discussed by the Committee is state and countywide utilization, both historical and future projections. Based on the data presented in the Agency Report and its discussion of how to meet patient needs in Wake County, the Committee recommends to the SHCC that the need determination be adjusted for one additional unit of fixed cardiac catheterization equipment in Wake County.</p> <p>The Chair asked Mr. Lawler to summarize the issue further. He expressed that this is a very complicated business issue, and the Committee strongly recommended the parties to work together to better utilize the resources in the county to make sure that patients are getting the care they need.</p> <p><i>Petition 2:</i> <u>Request:</u> Cape Fear Valley Health System (CFVHS) requests an adjusted need determination to remove the need determination for one additional unit of fixed</p>		

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	<p>cardiac catheterization equipment in Cumberland County in the 2017 SMFP. One public hearing comment from the Petitioner was received.</p> <p><u>Committee Recommendation:</u> The Committee discussed the Petition and Agency Report, which recommended approval of the petition request. Based on the data presented in the Agency Report, the Committee agreed that the unique situation of increased need determinations and cardiac catheterization equipment along with patient migration between Cumberland County and Harnett County demonstrates that a need determination in the 2017 SMFP would not be necessary. The Committee recommends to the SHCC that the petition requesting to remove the need determination for one additional unit of fixed cardiac catheterization equipment in Cumberland County in the 2017 SMFP be approved.</p> <p><u>Positron Emission Tomography (PET) Scanners Section</u> Since the Proposed 2017 SMFP, there have been no changes in need projections for positron emission tomography. The Proposed 2017 SMFP showed a need determination for one additional fixed PET scanner in Health Service Area (HSA) IV. The Committee received no petitions and two comments regarding the positron emission tomography section of the Proposed 2017 SMFP.</p> <p><u>Lithotripsy Section</u> Since the Proposed 2017 SMFP, there have been no changes in the need projections for lithotripsy.</p> <p>During the Summer, one petition was received for lithotripsy services.</p> <p><u>Request:</u> Triangle Lithotripsy requests an adjusted need for one additional mobile lithotripter statewide to serve North Carolina sites only. One letter of support, one comment from the Petitioner, and three documents opposed to the petition were received.</p> <p><u>Committee Recommendation:</u> The Committee discussed the Petition and Agency Report, which recommended denial of the request. Based on the information presented in the Agency Report, the Committee</p>		

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	<p>concurring that the SHCC cannot require a lithotripter owner to limit its services to North Carolina sites as requested in the Petition, and that the Petitioner has not demonstrated that the methodology suppresses the need nor that access to lithotripsy services is unsatisfactory. The Committee recommends to the SHCC that the Petition requesting an adjusted need for one additional mobile lithotripter statewide be denied.</p> <p><u>Linear Accelerator Section</u> Since the Proposed 2017 SMFP, there have been no changes in need projections for linear accelerators. There was no need indicated anywhere in the state for additional linear accelerators. The Committee received no petitions and no comments over the summer regarding the linear accelerator section of the Proposed 2017 SMFP.</p> <p><u>Gamma Knife Section</u> Since the Proposed 2017 SMFP, there have been no changes in the need projections for gamma knife. There was no need for gamma knives anywhere in the state. The Committee received no petitions or comments over the summer regarding the gamma knife section of the Proposed 2017 SMFP.</p> <p><u>Comprehensive Motion</u> The Committee recommends to the State Health Coordinating Council approval of Chapter 9: Technology and Equipment, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p>		Motion approved
SHCC's Recommendation to the Governor	Having heard each of the Committee Reports, and taking action on each, Dr. Ullrich asked for a motion to direct staff to incorporate the council's actions into a recommended version of the N.C. 2017 SMFP for submission to the governor. In addition, Dr. Ullrich asked for a motion to allow staff to continue making changes to inventory and corrections to data as received, as well as non-substantive edits to narratives.	Dr. Pulliam Mr. Burgin	Motion approved
Operating Room Methodology Workgroup	Dr. Ullrich announced the formation of an Operating Room Methodology Workgroup. The workgroup will meet in the Brown Building, Conference Room 104 at 10:00 AM. The following meetings have been scheduled:		

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	<p style="text-align: center;"> Tuesday, October 11, 2016 Thursday, November 10, 2016 Tuesday, December 13, 2016 Wednesday, January 11, 2017 Wednesday, February 15, 2017 </p> <p>Information will be posted on the DHSR website. The first meeting will serve as an organizing meeting. While meetings are not public hearings, there will be the opportunity for verbal comments to be heard. Dr. Ullrich suggested that it would be more effective to submit ideas in writing to Paige Bennett before the meeting, however. Written comments will be received throughout the process, but there may or may not be oral comments at every meeting. For a comment to become part of the workgroup record, it is necessary to submit the comment in writing. The final work product will be recommendations that will then go through the standard SHCC methodology review and public comment process. Dr. Ullrich and Dr. Greene will co-chair the workgroup. Dr. Ullrich read the names of the appointed members.</p>		
Other Business	<p>Dr. Ullrich thanked all the Council members for sharing their time with us this year. He gave a special thanks to those who have played leadership roles as Committee Chairs. In addition, he thanked staff for their support. He thanked the audience today's participation and throughout the year at Council meetings, committee meetings, and public hearings. He noted that everyone is a valuable part of this process.</p> <p>Dr. Ullrich noted that for those who need to prepare Certificate of Need Applications in response to need determinations in the Plan, staff will be making the recommended need determinations and Certificate of Need review dates available for work planning purposes only. They will be posted on the Healthcare Planning website the first week of November. These recommended need determinations and dates will be accompanied by a disclaimer, which will advise everyone that nothing is final until the 2017 SMFP is signed by the Governor.</p>		

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	He announced the dates for the State Health Coordinating Council meetings next year, as follows: Wednesday – March 1, 2017 Wednesday – June 7, 2017 Wednesday – September 6, 2017 (Teleconference Meeting) Wednesday – October 4, 2017		
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.	Mr. Lawler Dr. Parikh	Motion approved