Healthcare Planning and Certificate of Need Section

Technology & Equipment Committee
Minutes

May 9, 201810:00 am – 12 Noon
Brown Building, Room 104, Raleigh, N.C.

Members Present: Dr. Lyndon Jordan III (chair), Stephen DeBiasi, Hewitt Fulton, Hon. Barbara McKoy, Vincent Morgus, Dr. Christopher Ullrich
Members Absent: Kelli Collins, Sen. Gladys Robinson
Healthcare Planning Staff: Amy Craddock, Andrea Emanuel, Tom Dickson, Elizabeth Brown
DHSR Staff Present: Martha Frisone, Lisa Pittman, Greg Yakaboski
Attorney General's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Jordan welcomed members, staff and guests to the first Technology and Equipment Committee meeting scheduled for this year. He noted the meeting was open to the public, but that the meeting did not include a public hearing. Therefore, discussion would be limited to members of the committee and staff. He stated following the meeting, the Committee's recommendations would be forwarded to the State Health Coordinating Council for consideration at the May 30, 2018 meeting.		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order No. 122 Extending the State Health Coordinating Council	Dr. Jordan reviewed Executive Order No. 46: Reauthorizing the State Health Coordinating Council and Executive Order 122: Extending the State Health Coordinating Council. He asked whether 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. Jordan disclosed that his organization owns and operates a fixed PET scanner facility and recused himself from voting on the PET section of Chapter 9.		
Approval of minutes from September 13, 2017	A motion was made and seconded to approve the minutes.	Mr. DiBiasi Mr. Morgus	Motion approved.

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Positron Emission Tomography	Dr. Craddock provided the review of the methodology, policy, data tables, and agency recommendations regarding the PET section of Chapter 9. There were no petitions or comments for PET scanners. There is one Policy TE1: Conversion of Fixed PET Scanners to Mobile. This policy allows an applicant to convert a fixed PET scanner to a mobile PET scanner under specific conditions. **Review of Need Methodology** The Service areas for PET scanners differ for fixed and mobile scanners: A fixed PET scanner's service area is the Health Service Area (HSA) in which the scanner is located. A mobile PET scanner's service area is the entire state. Dr. Craddock reviewed the steps for the methodology for fixed PET scanners. No methodology has been developed for mobile PET scanners. **Data Review** Table 9L shows the number of PET scans on fixed scanners rose from 37,847 to 40,441 for an increase of 2,594 procedures. Last year the total number of mobile scans reported was 7,159 on two scanners. This year the total is 7,265 on three scanners. The Alliance mobile scanners are operating at 106% and 141% capacity. A third mobile scanner developed under Policy TE-1 began operation in about the middle of the reporting year. There are no needs for fixed PET Scanners. **Committee Recommendation** A motion was made and seconded to forward the PET Scanner section of Chapter 9 to the full SHCC for approval.	Mr. DiaBiasi Mr. Morgus	Approved (Dr. Jordan recused.)
Magnetic Resonance Imaging	Dr Craddock provided the review of the methodology, policies, data tables, and agency recommendations for the MRI section of Chapter 9. There were no petitions or comments for MRI scanners.		

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	There are two Policies for this section. Policy TE-2 allows qualified applicants to apply for an intraoperative MRI scanner to be used in an operating suite. Policy TE-3 allows a licensed facility with 24 hour/7 day a week emergency care without a fixed MRI scanner to apply for one if the facility can demonstrate the machine will perform 850 weighted procedures. **Review of Need Methodology** Dr. Craddock reviewed the methodology, explaining that there are tiers of need thresholds based on the number of scanners and weighting of procedures based on complexity. In addition, the need determination will be limited to one MRI scanner per service area unless there is an approved adjusted need determination. **Data Review** Dr Craddock reviewed Table 9P and the need determinations. She stated the number of MRI procedures as currently calculated shows a substantial decrease from 2017, but stressed that much data is still outstanding, and data verification is still ongoing. So far, there is a need for 1 MRI scanner each in four service areas: Davie County, Gaston County, the four-county service area consisting of Pasquotank/ Camden/Currituck/ and Perquimans, and Wake County. **Committee Recommendation** A motion was made and seconded to forward the MRI section of Chapter 9 to the full SHCC for approval.	Mr. Fulton Mr. DiBiasi	Approved
Cardiac Catheterization	Dr. Craddock reviewed the methodology, data tables, and agency recommendations for the cardiac catheterization section of Chapter 9. There were no petitions and no comments for cardiac catheterization. **Review of need methodology** Dr. Craddock reviewed the two standard need determination methodologies for cardiac catheterization equipment. Methodology One is the standard methodology for determining need for additional fixed cardiac catheterization equipment and Methodology Two is for shared fixed cardiac catheterization equipment.		

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	<u>Edits to Data Tables</u> Dr. Craddock presented to the Committee several proposed non-substantive edits to the cardiac catheterization tables to make the tables easier to read and more consistent. **<u>Data Review</u>** The number of diagnostic cardiac catheterization procedures increased from 62,474 to 65,887, but the number of interventional procedures held almost constant. Table 9X shows no need for fixed cardiac catheterization equipment. **<u>Committee Recommendation</u>** A motion was made and seconded to forward the cardiac catheterization section of Chapter 9 to the full SHCC for approval, including the formatting changes to the data tables.	Mr. DiBiasi Mr. Fulton	Approved
Linear Accelerator	Dr. Craddock reviewed the methodology, data tables, and agency recommendations for regarding the linear accelerator section of Chapter 9. There were no petitions or comments for linear accelerators. **<u>Review of Need Methodology</u>** Dr. Craddock reviewed the methodology. Linear accelerator planning areas are the 28 multi-county groupings shown in the SMFP. The methodology to determine a need for an additional linear accelerator in a service area must look at several criteria. Dr. Craddock reviewed these criteria. **<u>Data Review</u>** The average number of ESTVs per machine increased slightly from last year to this year from 4,520 procedures per machine to 4,602 procedures per machine. There were no need determinations for linear accelerators. **<u>Committee Recommendation</u>** A motion was made and seconded to adopt the linear accelerator portion of Chapter 9.	Mr. DiBiasi Mr. Morgus	Approved

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	Prostate Health Center Demonstration Dr. Craddock presented the Agency's recommendations regarding the demonstration project in the 2009 SMFP for a linear accelerator in a model multidisciplinary prostate health center focused on prostate cancer treatment, particularly in African American men (Project ID #J-008331-09). The demonstration period is complete and the required evaluation was submitted to the Agency. The Prostate Health Center has been acquired by Rex Radiation Oncology and is operating as UNC REX Cancer Care of East Raleigh. Based on the evaluation and additional data analysis by Planning, the Agency recommends that the demonstration be concluded, the linear accelerator approved for the demonstration project be included in the regular SMFP inventory, and that Rex Radiation Oncology no longer be required to adhere to the conditions of the demonstration. Further, the Agency recommends that the demonstration project not be replicated. **Committee Recommendation on Prostate Health Center Demonstration** A motion was made and seconded to approve the Agency's recommendations.	Mr. DiBiasi Mr. Fulton	Approved
Lithotripsy	Dr. Craddock provided the review of the methodology, data tables, and agency recommendations for regarding the lithotripsy section of Chapter 9. There were no petitions or comments for lithotripsy. **Review of Need Methodology** Dr. Craddock reviewed the methodology. The lithotripter planning area is the entire state so this is a statewide determination, and is based on the incidence of urinary stone disease in the general population. **Data Review** The number of lithotripsy procedures decreased from this year to last year, from 10,019 to 9,529. As a result, the average number per machine decreased from 716 to 681. There are 15 lithotripters operational in the state, but data is still outstanding from one provider. Thus, the calculations were based on the procedures for 14 lithotripters. There were no need determinations for lithotripsy.		

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	<u>Committee Recommendation</u> A motion was made and seconded to adopt the lithotripsy portion of 2018 Proposed SMFP.	Mr. DiBiasi Mr. Fulton	Approved
Gamma Knife	Dr. Craddock provided the review of the gamma knife section of Chapter 9. No petitions or comments were received regarding the Gamma Knife section. **<u>Review of Need Methodology</u>** There are two gamma knife planning regions, the west region (HSAs I, II, and III) and the east region (HSAs IV, V, and VI). The gamma knife located at Wake Forest University Baptist Medical Center in HSA II serves the western portion of the state. The gamma knife located at Vidant Medical Center in HSA VI serves the eastern portion of the state. No data tables are produced for gamma knife procedures. **<u>Data Review</u>** In FY 2017, NC. Baptist Hospital reported 457 gamma knife procedures and Vidant reported 164 procedures. **<u>Committee Recommendation</u>** A motion was made and seconded to adopt the gamma knife portion of Chapter 9.	Mr. DiBiasi Mr. Morgus	Approved
Final Recommendation and Other Business	The chair made a motion to adopt Chapter 9 as discussed and forward it to the full Council for consideration at the May 30th meeting. Dr. Jordan reminded all members about the public hearings in July and the next SHCC meeting on May 30, 2018. A motion was made and seconded to allow staff to continue to make necessary updates to narratives, tables and need determinations in the Proposed 2019 SMFP as new and corrected data is received.	Mr. Fulton Mr. DiBiasi	Approved
Adjournment	Dr. Jordan requested a motion and second to adjourn.	Mr. DiBiasi Mr. Fulton	Approved