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Comments Regarding MRI Methodology & Workgroup

First, we are appreciative that the State Health Coordinating Council and the Healthcare Planning Section (Agency) have convened a work group to take a closer look at the methodology for MRI scanners. This work is essential to ensure that the state health planning approach appropriately evaluates and reflects the need for this important diagnostic tool for all patients across the state. We are thankful to the MRI workgroup members and Agency staff for the time and effort devoted to this effort, and would like to extend our appreciation to this group of individuals. It is important for this group to evaluate the need for changes, to be dynamic and responsive to the needs of the state, and recognize that changing even the smallest of things can have the greatest of impact.

The most recent meeting of the MRI workgroup highlighted the need to update the existing measure for MRI procedure time and the impact on patient experience. As discussed, the timing measure (i.e. the number of minutes allocated to certain types of MRI procedures) that is used in the current MRI need methodology was established over 20 years ago. The MRI workgroup presents an opportunity to modernize this metric, using the experience of all different types of providers to update the existing measure and improve its accuracy at predicting additional MRI scanner need. This adjustment would be responsive to the technological advances that have taken place over the past two decades, and would also take into account realistic operational considerations required throughout the MRI procedure process.

The MRI workgroup also presents an opportunity to address the increase in the patient population and their changing needs, taking into account the variability in patient experience for the full spectrum of MRI patients. These changes include the increased utilization and time required to prepare the adult and pediatric patient receiving general anesthesiology, and those adult and pediatric patients receiving sedation and analgesics. For example, the time demands required for higher acuity or pediatric patients in the inpatient setting are very different than those healthy patients receiving an MRI in an outpatient setting. It is our hope that any updated need methodology appreciates and understands these differences, and takes them into account when making any adjustments to the methodology.

I look forward to continuing this discussion with the hopes of improving MRI access and patient experience throughout the state.

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