
**Technology and Equipment Committee
Recommendations to the NC State Health Coordinating Council
May 31, 2023**

The Technology and Equipment Committee has convened twice since the last full SHCC meeting, on April 5th and May 17th.

For those of you who are accustomed to Technology & Equipment being referred to as Chapter 17 of the State Medical Facilities Plan (SMFP), please note it is now covered in Chapter 15. This is because the development of Psychiatric Inpatient Services and Substance Use Disorder Inpatient and Residential Services no longer require CON approval and as such, they have been removed from the SMFP.

The topics reviewed and discussed included:

- policies and methodologies for equipment covered in the SMFP;
- a petition regarding MRI scanners;
- draft data tables and need determinations based on information currently available.

The following is an overview of the Committee's recommendations for consideration by the SHCC pertaining to Chapter 15 of the Proposed 2024 SMFP.

Cardiac Catheterization Equipment

- The Committee received no petitions or comments regarding cardiac catheterization equipment.
- Application of the methodology resulted in need determinations for two units of fixed cardiac catheterization equipment, one each in Cabarrus and Caldwell counties. There is no need determination for shared fixed cardiac catheterization equipment.

Gamma Knives

- The Committee received no petitions or comments regarding gamma knife equipment.
- The SMFP has no need determination methodology for Gamma Knives.

Linear Accelerators

- The Committee received no petitions or comments regarding linear accelerators.
- Application of the methodology resulted in a need determination for one LINAC in Service Area 19, which consists of Brunswick, Columbus, New Hanover, and Pender counties.

Lithotriptors

- The Committee received no petitions or comments regarding lithotriptors.
- The service area for lithotriptors is statewide. Application of the methodology resulted in a need determination for two lithotriptors.

Magnetic Resonance Imaging (MRI) Scanners

- The Committee received one petition regarding MRI scanners.

Appalachian Regional Healthcare petitioned to add a policy that would allow the conversion of fixed MRI scanners to mobile MRI scanners. The proposed policy stipulates that the converted scanner must serve at least one facility in a rural county. There were five letters of support submitted by the petitioner and no letters of opposition. The service area for fixed MRI scanners is based on single or multi-county groupings; the service area for mobile MRIs is statewide. There is no methodology for mobile MRI scanners, and a summer petition is required to place a need for one in the SMFP. The most recent data regarding MRI scanner utilization is from data year 2021. A review of the utilization of scanners showed low utilization for many fixed MRIs across the State. This finding supports the Petitioner's assertion that a policy to allow conversion of fixed MRIs to mobile could improve the efficiency of low-volume fixed machines. However, volume on mobile scanners varies widely across the State. Statewide data indicate adequate capacity on the majority of mobile MRIs. Rural areas tend to be served by high-volume mobile MRIs more so than urban areas. Allowing the conversion of MRIs statewide may duplicate resources in areas where adequate mobile MRI capacity already exists. Part of the Petitioner's rationale was that the proposed policy would allow hospital fixed MRI scanners that have demonstrated "sufficient volume" to increase the efficiency of existing low-volume MRIs once they become mobile. The data indicates that most hospital fixed MRIs either were approaching or had exceeded optimal capacity. Given that two-thirds of the hospitals in the State only have one MRI, a statewide policy would also create the risk that MRI capacity needed in urban hospitals would be reduced. While the Agency understands the climate and geography of Western NC may impact access to MRI services, the diversity in MRI scanner performance across scanner type and geographies statewide suggests that a statewide policy is an unsuitable approach to increase access. The Agency recommended denial of the petition and notes that the summer petition process presents an opportunity to request an adjusted need determination for a mobile MRI scanner. The Committee agreed with the Agency recommendation to deny the petition.

- Application of the methodology resulted in nine need determinations for fixed MRI scanners, one each in the following service areas:
 - Carteret
 - Davie
 - Durham/Caswell/Warren
 - Johnston
 - Lenoir
 - Mecklenburg
 - Orange
 - Union
 - Wake

Positron Emission Tomography (PET) Scanners

- The Committee received no petitions or comments regarding PET equipment.
- Application of the methodology results in a need determination for one fixed PET scanner in Health Service Area III.

Recommendation for Chapter 15: Technology & Equipment for the Proposed 2024 SMFP

The Committee recommends that the current assumptions, methodologies and draft need determinations for cardiac catheterization equipment, gamma knives, linear accelerators, lithotriptors, MRI scanners, and PET scanners be accepted for the Proposed 2024 Plan.

Also, the Committee recommends that the SHCC authorizes the staff to update all narratives, tables and need determinations for the Proposed 2024 Plan as necessary.