PUBLIC HEARING COMMENTS IN SUPPORT OF NEED DETERMINATION FOR ADDITIONAL PET SCANNER IN HSA IV

I am Catharine Cummer representing Duke Raleigh Hospital. We strongly support the need determination for an additional PET scanner in HSA IV that appears in the draft 2017 State Medical Facilities Plan. This determination reflects a genuine and growing demand for essential cancer services in the service area, and Duke strongly supports the inclusion of this determination pursuant to the existing methodology in the final plan.

The need methodology for PET scanners includes two parts, the first based on the total inventory and utilization of equipment in the service area, and the second based on the need for coordination of care at major cancer centers triggered when a hospital-based major cancer treatment provider (defined as one that operates two linear accelerators and performed over 12,500 ESTV procedures in the applicable 12-month reporting procedures) does not have a fixed PET scanner. This second part of the methodology reflects the essential and integral use PET scanning in cancer care. PET scanning is used not only for the initial diagnosis of a condition, but may be used throughout a patient's treatment for monitoring and managing chemotherapy, radiation, and other care.

In HSA IV, Duke Raleigh Hospital is a hospital-based major cancer treatment facility that now operates four linear accelerators and performed well over 12,500 ESTVs on its linear accelerators in the applicable reporting period. It does not have a fixed PET scanner. As evidence of the need for access to PET scanning capacity for patient care, Duke Raleigh was the second most highly utilized mobile PET site in the state in 2014-15, at 675 procedures per year, based on one day per week of mobile PET access. Since then, Duke was able to add an additional .75 days per week of mobile access, and its volumes from July 2015 through June 2016 reached 951 PET procedures, with only 1.75 days/week of mobile access – an increase of 40% over the previous year. We have requested additional mobile time to try to keep up with this need, but no additional mobile slots are currently available.

We would note that the new Policy TE-1, which was promulgated to expand the availability of mobile PET capacity in rural areas in the state, is not anticipated to have any effect on the Wake County market. Policy TE-1 provides that any converted mobile scanner "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 for the original fixed scanner location. Because there are PET scanners located in Wake County, any new mobile scanner is not eligible to be deployed in the county.

In conclusion, Duke Raleigh Hospital strongly supports the need determination for an additional fixed PET scanner in HSA IV, as accurately reflecting a need for coordinated comprehensive cancer services in this area.