Southeastern Health

Steve Elgin's Presentation

Good afternoon. I am Steve Elgin, Chief Process Design Officer and Director of the Gibson Cancer Center at Southeastern Health. I am joined today by one of our physicians, Dr. Thomas Walden. We are pleased to be here to talk about our petition to request an adjusted need determination for a dedicated fixed PET scanner in Health Service Area Five, designated for Robeson County.

As you may recall, we appeared before you last year to request approval of our petition for a second linear accelerator. I want to thank you again for your approval of that petition and let you know that our CON application is currently under review and we expect a decision within the next few weeks. Today we are here because of those cancer patients as well as our cardiology patients to explain our need for a full-time PET scanner in the county.

As some of you who were on the Council at the time may recall, the methodology for fixed PET scanners evolved over a several year process in the 2000s to ensure first that teaching hospitals that provided open

heart surgery and comprehensive oncology services had access to the technology, followed by the development of mobile PET scanners to serve small, rural counties. By 2006, more than 20 PET scanners had been allocated around the state, including at least one in each county with an open heart surgery provider. Since then, the number of PET scanners approved in the state slowed dramatically, and the requirement that fixed PET scanners be operated by open heart providers was removed. Unfortunately, Southeastern Health's open heart program started in 2006, too late to trigger the need for a fixed PET scanner on that basis. Today, we are the only open heart surgery provider without a fixed PET in the county.

Moreover, with the expected approval of our second linear accelerator, we will be only one of two hospitals in the state with two linacs but no fixed PET scanner in the county, and the other provider has one-third less linac volume than we do.

You may ask why we would not wait until we generate the need for a fixed PET scanner as a major cancer center with two linacs. The issue is that even if our CON application is approved, it will take time to develop the second linac and have its volume ramp up to the minimum required

in the standard need methodology. We estimate that will occur no sooner than 2022, meaning that a need would not be generated until the *2023 SMFP* at the earliest, and we would likely not have a fixed PET on site until 2025 at best. The last fixed PET scanner need determination in HSA V was in the 2003 SMFP—so it's already been 16 years since we've had the opportunity to apply for a PET scanner. We do not believe waiting another five or six years is best for our patients. And from a practical perspective, if we had a CON to develop a fixed PET scanner next year, we could develop that project while space for our second linac was being constructed, saving time and money compared to waiting until after that project is finished.

I won't take the time today to give you all of the data that is in our petition, but I do want to highlight a few key points.

- First, we are committed to getting a PET scan for patients within five days of a cancer diagnosis. Without a full-time PET scanner in Robeson County, we often must refer patients out of the county for a scan. Those that can travel, do so, while many others must wait or often forego a PET scan and opt for another, less effective diagnostic scan. As those of you who are radiologists certainly know, one issue with sending patients to another provider,

particularly for PET scans, is that the pre-treatment image needs to match precisely with the post-treatment image in order to accurately determine the effectiveness of the treatment. Given the differences in technology, we have found that scans performed on another unit cannot be adequately compared with ours, so we have to either give patients a second initial PET scan, which is not optimal, or send them out of the county again for their follow up scan, which is also undesirable. We diagnose around 450 new cancer cases each year, most of whom need a PET scan. With most patients having two scans during the course of their treatment, this is simply too much volume to continue referring out of the county.

- Second, we have issues with a substantial number of patients not showing up for appointments or showing up not compliant with their NPO order. When we ask what they've had to eat or drink in the last six hours, we often hear "nothing but a Little Debbie and a Mountain Dew," which they think is insignificant, but we know will disrupt the uptake and scan of the radiopharmaceutical. I know this happens all over the state, but since the mobile vendor is on site fewer than six hours per week, these patients can't be asked to come back later in the day or the next day—they either have to wait another whole week or longer, or go without a PET scan.

- Finally, Robeson County is a federally designated healthcare professional shortage area and is recognized as a medically underserved area by the U.S. Department of Health and Human Services. The county is majority-minority. We are one of the most diverse counties in the state representing nearly 70% minority populations, with 41% being American Indian. This is significant because minority populations are more likely to be poor, medically underserved, and demonstrate a higher disease burden when compared to non-minority populations, particularly for cancer and heart disease. Many of our residents lack the funds or adequate transportation to seek treatment outside of their home town. Our Community Health Needs Assessment identified transportation as one of the top reasons people do not or cannot seek medical care. Moreover, we ranked 99th in per capita income out of 100 counties in 2010 and last in both the 2019 health factors and 2019 health outcomes County Health Rankings. As a result, Robeson County residents are at increased risk for poor health outcomes. In fact, Robeson County ranks within the highest quartile of cancer death rates per 100,000 persons among North Carolina counties. For heart disease mortality, Robeson County is 7th highest in the state, and is by far the highest of any county in which there is a comprehensive cardiac surgery provider. In fact, Robeson County's

heart disease death rate is more than two standard deviations above the mean rate for all counties with an open heart surgery provider. Given the use of PET technology to improve diagnosis and treatment outcomes for both cancer and heart disease, access to a fixed PET in our community is essential to help us address these disparities.

In closing, our community is unique—no other community in North Carolina has the socioeconomic burden we carry, coupled with high cancer and heart disease mortality rates. The unique circumstance in which we find ourselves is why we strongly believe that an adjusted need determination for a dedicated fixed PET scanner will provide great benefit to the residents of Robeson County.

I urge you to approve our petition.

Thank you.