



# Atrium Health

## Comment on Policy TE-2 in the *Proposed 2024 State Medical Facilities Plan*

### COMMENTER

Atrium Health  
Greg Bass, Director  
Core Market Growth Business Development  
1228 E. Morehead Street, Suite 1  
Charlotte, NC 28204  
[Greg.Bass@atriumhealth.org](mailto:Greg.Bass@atriumhealth.org)

### INTRODUCTION

Atrium Health (Atrium) appreciates the opportunity to comment on the *Proposed 2024 State Medical Facilities Plan (SMFP)*. Atrium is requesting the State Health Coordinating Council (SHCC) consider a minor revision in language included in Policy TE-2 related to the use of intraoperative MRI (iMRI) scanners for outpatients. Since the policy was adopted several years ago there have been changes in the field of medicine with new outpatient procedures developed that benefit from using intraoperative MRI technology. Based on the information provided below, Atrium requests the SHCC make minor revisions to Policy TE-2.

### BACKGROUND ON POLICY TE-2

The history of Policy TE-2 dates back to 2015. In March of 2015 Carolinas HealthCare System (now Atrium Health) filed a petition to add a need for an intraoperative MRI scanner for the western portion of the state (HSA I, II and III). The Technology and Equipment Committee (TEC) voted to deny the petition but alternatively proposed the adoption of Policy TE-2. The SHCC agreed and the policy was added to the 2016 SMFP. Carolinas Medical Center (CMC) filed a CON application and was approved to develop an iMRI scanner in an operating room. The iMRI scanner has been in operation since 2019.

Although it is not reflected in the SHCC or TEC minutes, there was some discussion in the meetings on the potential to use the iMRI to scan inpatients, even if there were no surgical procedure needed by the patient. The SHCC and the CON Chief agreed to allow the iMRI to be used for diagnostic MRI scans for inpatients. All parties agreed the iMRI scanner was not to be used to provide outpatient diagnostic MRI scans as a circumvention of the standard MRI methodology. The following language was ultimately included in the policy:

**“The iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.”**

At the time, Atrium fully agreed with the prohibition of using the iMRI for outpatients because the primary use was intended for neurosurgical patients who would be inpatients. In fact, Atrium installed the iMRI in a renovated operating room in the surgical suite which made it inaccessible to traditional outpatient diagnostic MRI patients.

## REASON FOR THE PROPOSED CHANGE IN POLICY TE-2

In 2015, neurosurgical procedures were the most common application of iMRI services, and all patients were admitted to the hospital for recovery. Since that time there have been advances in the application of the iMRI technology for new treatments (other than neurosurgery) that can be provided on an outpatient basis. One example of an outpatient procedure is the TULSA procedure for prostate cancer. TULSA stands for ***Transurethral Ultrasound Ablation***. These procedures are done in an MRI suite and typically take 3-4 hours to complete. Due to the duration of the treatment, most locations offering this procedure use an iMRI to minimize the impact on traditional MRI scanners.

Atrium has already contacted Michaela Mitchell, Chief of Healthcare Planning and Certificate of Need, regarding a material compliance approval to do these outpatient procedures on the iMRI. Based on the language in the SMFP policy preventing use on outpatients, which was also included as a condition on the CON, the CON Section was not able to grant approval to do outpatient procedures on the iMRI.

## PROPOSED REVISION TO POLICY TE-2

Atrium requests the SHCC make a slight modification to the language preventing the use of an iMRI for all outpatients. Atrium believes the spirit of the restriction was intended only for outpatients who do not have a procedure at the time of the iMRI scan. Atrium proposes the following revised language to replace the sentence below the numbered list of criteria in Policy TE-2.

**The iMRI scanner shall not be used for outpatients unless the patient has a simultaneous surgical procedure, interventional procedure or treatment. The iMRI scanner may not be replaced with a conventional MRI scanner.**

In the past, the SHCC has made minor changes and clarifications to policy language without a specific petition filed. Atrium hopes you agree with our assessment that this modification would still meet the spirit of the original intent of the SHCC members when the policy was created.

Atrium appreciates the work of the SHCC and the Healthcare Planning and Certificate of Need Section staff in preparing the SMFP each year. Thank you for the opportunity to provide our comments for your consideration.

Sincerely,



Greg Bass  
Director  
Core Market Growth Business Development  
Atrium Health