

**Technology and Equipment Committee
Agency Report
Petition to Add Need Determination for
One Positron Emission Tomography (PET) Scanner in
Health Service Area (HSA) V Designated for Robeson County
2020 State Medical Facilities Plan**

Petitioner:

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Request:

Southeastern Health (SeH) requests an adjusted need determination for one additional dedicated fixed positron emission tomography (PET) scanner in Health Service Area (HSA) V designated to Robeson County in the *2020 State Medical Facilities Plan (SMFP)*.

Background Information:

Chapter Two of the SMFP allows for “[a]nyone who finds that the North Carolina State Medical Facilities Plan policies or methodologies, or the results of their application, are inappropriate may petition for changes or revisions. Such petitions are of two general types: those requesting changes in basic policies and methodologies, and those requesting adjustments to the need projections.” The SMFP annual planning process and timeline allow for submission of petitions for changes to policies and methodologies in the spring and petitions requesting adjustments to need projections in the summer. It should be noted that any person might submit a certificate of need (CON) application for a need determination in the Plan. The CON review could be competitive and there is no guarantee that the petitioner would be the approved applicant.

The standard methodology in the SMFP generates a need for one additional fixed dedicated PET scanner when an existing fixed dedicated PET is being used at a minimum of 80% above capacity during the current reporting year. Using the provided calculations in the methodology the annual capacity of the existing fixed dedicated PET scanner is 3,000 procedures; therefore 80% of capacity is 2,400 procedures. The SMFP provides additional methods for fixed dedicated PET scanner need determinations to be generated: 1) a provider must operate two linear accelerators

(LINAC) that perform over 12,500 Equivalent Simple Treatment Visits (ESTVs) during the current reporting year; or 2) within the service area a major cancer treatment provider is hospital based and does not own or operate a fixed dedicated PET scanner. However, the maximum need determination for a single HSA in any one year is not to exceed more than two additional fixed dedicated PET scanners. Application of the methodology to utilization data in the Proposed 2020 SMFP did not generate a need determination for an additional fixed dedicated PET scanner in HSA V.

The service area for the PET methodology is the HSA in which it is located. HSA V consists of fourteen counties. There are three existing fixed dedicated PET scanners operational in HSA V, all operating under 80% utilization capacity during the current reporting year.

Southeastern Health submitted a petition for an adjusted need determination for a fixed dedicated PET scanner in HSA V to be located in Robeson County based on the following: 1) SeH, is the sole provider of open heart surgery without a fixed dedicated PET in its county; 2) pending approval of a CON application, SeH will be one of two hospitals with two or more LINACs with no fixed dedicated PET scanner; 3) three counties with populations smaller than Robeson County operate a dedicated fixed PET scanner; 4) under the standard PET methodology, it will be years before a need will become available in HSA V; and 5) given the extreme health disparities in Robeson County, there is a need to improve the access to PET imaging for various medical conditions.

Analysis/Implications:

Southeastern Health (SeH) provides comprehensive cardiology and oncology services with limited access to a mobile PET scanner. Gibson Cancer Center (GCC) houses the oncology services for SeH which includes comprehensive cardiac care services. SeH is the only hospital with an open-heart surgery program that does not have a fixed dedicated PET scanner in its county. With only three fixed dedicated PET scanners in HSA, patients of SeH have difficulty getting to those locations.

The State Health Coordinating Council (SHCC) has made adjustments to the PET methodology over the past years. Prior to 2006 the SMFP allowed all hospitals that provided open heart surgery to apply for a CON for a fixed dedicated PET scanner. In 2006, SeH performed their first open heart surgery meeting the original requirements to obtain a CON for a fixed dedicated PET scanner. Considering there are no current provisions to convert a mobile PET to a fixed dedicated PET, it is difficult to generate a need determination for a fixed dedicated PET. Over the past ten years only four new PET scanners have been added to the state's inventory, none of those were in HSA V.

SeH currently operates one linear accelerator (LINAC). In 2018, SeH successfully petitioned the SHCC to include an adjusted need determination in the 2019 SMFP for an additional LINAC in Service Area 18 to be located in Robeson County. SeH's CON application for the second LINAC has been approved. With the approval of the CON, Southeastern will have two LINACs with no fixed dedicated PET scanner to provide necessary services to the community. Having two LINACs operating with 12,500 total scans will provide special allocation for a need determination for one

additional fixed dedicated PET scanner. It would be several years before that level of utilization is likely to occur.

Robeson County is a rural county with a population high in poverty and health disparities, resulting in difficulty for patients to travel to other counties to receive medical treatment. In many instances the high level of poverty and health disparities prevent the patients from seeking medical services outside of the county. HSA V's PET scanner to population ratio is low in comparison to the other service areas in the state. (See Table 1) The petition provides evidence of health disparities in Robeson County that can affect not only the propensity to develop cancer but also challenges in receiving treatment. Specifically, the National Cancer Institute reports that Robeson County has among the highest rates of cancer incidence and mortality in the state.

Table 1: Fixed PET Scanners per Million Population by HSA

Health Service Area	Fixed PET Scanners	2020 Population	Fixed PET Scanner per 1 million
I	2	1,494,376	1.34
V	3	1,497,092	2.00
VI	3	1,443,917	2.08
III	7	2,304,663	3.04
IV	8	2,174,504	3.68
II	7	1,732,453	4.04
Statewide	30	10,647,005	2.82

Source: NC Office of State Budget and Management, Annual County Populations

Considering the challenges, the number of PET scans received in county has increased by 18.29% over a five-year span. (see Table 2). With this increase has come a decrease in the amount of Robeson County patients traveling out of the county to receive PET services. With the limitations of the availability of the mobile unit, a majority of Robeson County patients still must go out of the county to receive treatment. Patients who are unable to travel to another county are forced to forgo scans or wait on the availability of the mobile PET scanner.

Table 2: Location of PET Services for Robeson County Patients, Data Years 2014 - 2018

Location of PET Services	2014	2015	2016	2017	2018	Percent of Change
In-County	164	161	165	185	194	18.29%
Out-of-County	311	247	243	264	277	-10.93%
Total	475	408	408	449	471	
Percent Out-of-County	65.5%	60.5%	59.6%	58.8%	58.8%	

Source: Healthcare Planning Patient Origin Reports

Agency Recommendation:

The Agency supports the standard methodology for fixed dedicated PET equipment in the Proposed 2020 SMFP. However, in consideration of the above, the Agency recognizes that there are unique challenges for PET patients in HSA V. Given available information submitted by the August 8, 2019 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the Agency recommends approval of the petition to adjust the need determination for a fixed dedicated PET scanner in HSA V to be located in Robeson County.