

**Technology and Equipment Committee Agency Report
Adjusted Need Petition
for One Dedicated Cardiac Mobile
Positron Emission Tomography (PET) Scanner
in the 2023 State Medical Facilities Plan**

Petitioner:

Alliance HealthCare Services

Contact:

Daniel Stone
Regional Vice President, Sales
Director, Strategic Accounts & Interim Program
Alliance HealthCare Radiology
Mount Pleasant, SC
502-548-4584
dstone@allianceradiology-us.com

Request:

Alliance HealthCare Services (Alliance) requests a special need determination for one dedicated cardiac mobile PET scanner in the *2023 State Medical Facilities Plan (SMFP)*. Mobile PET scanners have a statewide service area.

Background Information:

Chapter Two of the *SMFP* notes that during the summer, the Agency accepts petitions that “involve requests for adjustments to need determinations in the *Proposed SMFP*. Petitioners may submit a written petition requesting an adjustment to the need determination in the *Proposed SMFP* if they believe that special attributes of a service area or institution give rise to resource requirements that differ from those provided by the standard methodologies and policies.” It should be noted that any person might submit a certificate of need (CON) application for a need determination in the *SMFP*. The CON review could be competitive and there is no guarantee that the petitioner would be the approved applicant.

The state currently has three operational mobile PET scanners. Two are owned by Alliance and provide services throughout the State. One is owned by Novant Health and serves Novant facilities only. These are all general-purpose scanners. The *SMFP* has no methodology for mobile PET scanners. A summer petition is required to place a need determination in the *SMFP* for a mobile PET scanner.

The Petition notes that in 2016, the American Society of Nuclear Cardiology and the Society of Nuclear Medicine and Molecular Imaging highlighted significant underutilization of myocardial

perfusion PET “relative to its demonstrated advantages for patients.” No research or data-based support for this conclusion was provided, nor could such information be located. In addition, this statement was made six years ago. No more recent position statement or other information could be found to describe more recent utilization. Similarly, the Agency has no data from North Carolina on the use of PET for diagnosis of cardiac problems.

Analysis/Implications

The Agency does not question the value and validity of myocardial perfusion PET for appropriate patients. It also does not question the importance of providing mobile imaging services in areas where fixed scanners are not available or convenient. Rather, the issue at hand is whether it is reasonable to have a mobile PET scanner that performs only cardiac procedures.

The Petitioner appears to intend that the proposed scanner be outside the regular inventory, and hence, excluded from consideration of general mobile PET scanner need, much like specialized magnetic resonance imaging scanners (MRI). Generally, a specialized/dedicated MRI scanner operates in an area not accessible to the general patient population (e.g., an intraoperative MRI), or provides services to a specialized population (e.g., located in a children’s hospital). It is anticipated that such equipment will have relatively low utilization. This factor is a reason that the scanners are not in the planning inventory. With few exceptions, the equipment itself is standard. It is the location and/or purpose that makes it “specialized.” The *SMFP* currently has no specialized PET scanners. However, it is reasonable to anticipate that were such scanners to be approved, they would have the same status as specialized MRI scanners. That is, a dedicated cardiac mobile PET scanner, if approved, would likely be excluded from the planning inventory.

Unlike the specialized MRIs, the location of the proposed mobile PET scanner equipment does not dictate its purpose; it could serve the same locations as other mobile PET scanners. The Petitioner notes that it is possible to have a dedicated cardiac mobile PET scanner because mobile generators are now available to produce tracers. The mere availability of mobile generators does not indicate the need for a dedicated scanner, however. Presumably the same generators and tracers are also available for fixed PET scanners and other mobile scanners. It actually seems less efficient to have a dedicated mobile scanner that may go to locations already served by a different mobile PET scanner.

Although the Petition favors a dedicated cardiac PET scanner that is outside the planning inventory, it is nevertheless instructive to discuss the PET resources in the State. Currently, North Carolina has 30 fixed PET scanners (Table 1). CONs have been issued for four additional fixed scanners, for a total planning inventory of 34. Based on the standard methodology, the *Proposed 2023 SMFP* includes draft need determinations for two additional fixed scanners. The State has three mobile scanners and two CON-approved additional mobile scanners under development.

Table 1. PET Scanner Inventory

Type	Existing	Approved	2023 Draft Need Determination
Fixed	30	4	2
Mobile	3	2	0

Source: Proposed 2023 State Medical Facilities Plan

Assuming that CONs will be issued for the 2023 need determinations, the addition of six new fixed scanners will increase fixed PET capacity by 20%. The addition of two new mobile scanners will increase mobile capacity by more than 60%. Both figures represent a substantial increase in capacity in the next few years, especially for mobile services. It is true, on average, that mobile PET utilization is higher than that of fixed scanners, and PET utilization overall is on the rise. However, before considering additional equipment, it is prudent to examine utilization once these fixed and mobile scanners are providing services. At the earliest, mobile data will be available in the *Proposed 2024 SMFP*. Data for the approved fixed scanners is unlikely to be available until at least the *2025 SMFP*.

Agency Recommendation

The number of approved PET scanners will substantially increase both fixed and mobile PET capacity in the next few years. It is premature to increase capacity at this point. The Petition also did not support the need specifically for a dedicated mobile cardiac PET scanner. The mere availability of a resource does not imply an actual need for that resource. The agency considered all available information and comments submitted by the August 10, 2022 deadline. In consideration of factors discussed above, the agency recommends denial of this petition.