



Technology & Equipment Committee Minutes

September 7, 2011
 10:00 am – 12 Noon
 Brown Bldg Room 104

MEMBERS PRESENT: Dr. Christopher Ullrich, Dr. Richard Bruch, Dr. Dennis Clements, Mr. Harold Hart, Laurence Hinsdale; Dr. Eric Janis, Dr. Deborah Teasley
MEMBERS ABSENT: Daniel Hoffmann, Dr. John Holt
MFPS Staff Present: Carol Hutchison, Elizabeth Brown, Kelli Fisk
DHSR Staff Present: Drexdal Pratt, Patsy Christian, Jim Keene, Craig Smith

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed members, staff and visitors to the meeting. He noted that the meeting was open to the public, but that the meeting did not include a public hearing. Therefore, discussion would be limited to members of the Committee and staff		
Review of Executive Order No. 10: Ethical Standards for the State Health Coordinating Council and Executive Order 67	Dr. Ullrich reviewed Executive Orders No.10 and 67 “Ethical Standards for the State Health Coordinating Council” Guide, asking all members that as they introduce themselves to include if they would be recusing themselves from any items on today’s agenda.		
Introductions	Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items come up. No members recused themselves from voting on any matter coming before this Committee at this meeting. .		
Approval of minutes from May 11, 2011	Dr. Ullrich made a motion to approve the minutes. The motion was seconded by Dr. Clements.	Dr. Clements, seconded	Minutes approved

Standing Agenda	Discussion	Motions	Recommendations/ Actions
<p data-bbox="121 201 592 256">Cardiac Catheterization Equipment Section of Chapter 9</p> <p data-bbox="121 1146 592 1201">New Hanover Regional Medical Center Petition</p>	<p data-bbox="630 201 1482 256">Ms. Hutchison reviewed revised Tables 9Q & 9R regarding cardiac catheterization equipment.</p> <p data-bbox="630 295 1482 350">The “Proposed 2012 SMFP” showed a need for one additional unit of fixed cardiac catheterization equipment in New Hanover County.</p> <p data-bbox="630 389 1482 1081">There were two revisions made to the cardiac catheterization inventory tables in New Hanover County, though neither eliminated the need determination for one additional unit of fixed equipment in the county. The first revision was a correction to reduce the number of therapeutic procedures performed at New Hanover Regional Medical Center (NHRMC) during FY 2010. NHRMC notified the Agency in July of an error in the hospital’s number of therapeutic cardiac catheterization procedures reported on the hospital’s 2011 License Renewal Application. NHRMC submitted corrected data, which in turn reduced the number of therapeutic procedures, the number of total diagnostic equivalent procedures, and the number of fixed units of equipment needed in the county. This reduction should have eliminated the need determination in New Hanover County, because the number of fixed cardiac catheterization laboratories needed fell from 7 to 6, coinciding with the six fixed units of cardiac catheterization equipment available in the county: 5 at NHRMC and 1 at Wilmington Heart Center (WHC). However, during the comment period on the Proposed Plan, the Agency learned that Duke LifePoint, which acquired WHC’s fixed cardiac catheterization equipment in early 2011, had ceased operations and was converting the fixed equipment to a mobile unit to be relocated outside of New Hanover County. This eliminated one unit of fixed cardiac catheterization equipment at WHC and reduced the number of fixed units in the county from 6 to five. Therefore, because the revised number of fixed cardiac catheterization labs needed is 6, New Hanover County still shows a need for one additional fixed cardiac catheterization laboratory.</p> <p data-bbox="630 1146 1482 1234">NHRMC requests an adjusted need determination to remove the need for one additional unit of fixed cardiac catheterization equipment in New Hanover County.</p> <p data-bbox="630 1273 1482 1360">The Agency recommends approval of the Petition to adjust the projected need determination for an additional unit of fixed cardiac catheterization equipment to zero in New Hanover County in the Final 2012 SMFP.</p>		

Standing Agenda	Discussion	Motions	Recommendations/ Actions
<p>Cardiac Catheterization Equipment (continued)</p> <p>Iredell Health System Petition</p>	<p>Dr. Ullrich stated that for the purposes of discussion, the agency analysis will be treated as a motion to accept the petition.</p> <p>A motion was made and seconded to accept removal of the need determination for fixed cardiac catheterization equipment in New Hanover County in the Proposed 2012 SMFP.</p> <p>Iredell Health System (IHS) petitioned for an adjusted need determination for shared fixed cardiac catheterization in Iredell County in a program that provides both diagnostic and therapeutic (interventional) cardiac catheterization. The petition specified that any prospective CON applicant for the shared fixed cardiac catheterization equipment must use existing equipment and show evidence that therapeutic catheterization procedures have been provided for the past 12 months.</p> <p>In seeking an adjusted need determination, the rule of thumb is for a Petitioner to provide compelling evidence that unique or special attributes of a service area or facility exist that differ from those determined by the annual SMFP's standard need methodology. The standard methodologies for fixed equipment and shared fixed equipment show no need for additional equipment in Iredell County. IHS bases its need on recent utilization, which covers a time span for which comparable data from other providers is not yet available, thereby limiting an analysis of the true impact on the Iredell County population. IHS's request for a need adjustment for shared fixed cardiac catheterization equipment is unsupported by reasonable data. Based on utilization data from the standard reporting period for existing fixed equipment in Iredell County, the current equipment capacity is sufficient. As Iredell Memorial Hospital's (IMH's) more recent utilization may fluctuate over time, it should be compared to data from all providers for the same time period in future SMFPs. Therefore, based on the above analysis, and in support of standard methodologies for cardiac catheterization equipment, the Agency recommends denial of the petition.</p> <p>Dr. Ullrich stated that for the purposes of discussion, the agency analysis will be treated as a motion to reject the petition.</p> <p>A motion was made to reject Iredell Health System's request for an adjusted need determination for shared fixed cardiac catheterization in Iredell County.</p>	<p>Dr. Janis, seconded</p> <p>Dr. Clements, seconded</p>	<p>Motion approved</p> <p>Motion approved 5-1</p>

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Cardiac Catheterization Equipment (continued)	A motion was made to accept the revised Cardiac Catheterization section of Chapter 9.	Dr. Clements Dr. Janis	Motion approved
Linear Accelerator Section of Chapter 9	Ms. Hutchison stated the Proposed 2012 SMFP shows no need for additional linear accelerators anywhere in the state. A motion was made to accept the Linear Accelerator section of Chapter 9.	Mr. Hinsdale Mr. Hart	Motion approved
Magnetic Resonance Imaging Section of Chapter 9	Ms. Hutchison stated the Proposed 2012 SMFP shows no need for additional fixed or mobile MRI scanners anywhere in the state. A motion was made to accept the Magnetic Resonance Imaging Section of Chapter 9.	Dr. Janis Dr. Bruch	Motion approved
Positron Emission Tomography Section of Chapter 9	Ms. Hutchison stated no petitions or comments were received over the summer regarding the Positron Emission Tomography (PET) Scanner Section of Chapter 9 of the Proposed 2012 SMFP. A motion was made to accept the Positron Emission Tomography Section of Chapter 9.	Dr. Clements Dr. Teasley	Motion approved
Lithotripsy Section of Chapter 9	Ms. Hutchison stated no petitions or comments were received over the summer regarding the Lithotripsy Section of Chapter 9 of the Proposed 2012 SMFP. There is no need determination in the Proposed 2012 SMFP for an additional lithotripter anywhere in the state. A motion was made to accept the Lithotripsy Section of Chapter 9.	Mr. Hinsdale Dr. Janis	Motion approved
Gamma Knife Section of Chapter 9	Ms. Hutchison stated no petitions or comments were received over the summer regarding the Gamma Knife Section of Chapter 9 of the Proposed 2012 SMFP. There is no need determination for additional gamma knife equipment anywhere in the state in the Proposed 2012 SMFP. A motion was made to accept the Gamma Knife Section of Chapter 9.	Mr. Hinsdale Mr. Hart	Motion approved

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Committee Recommendations to the SHCC Committee Recommendations to the SHCC (continued)	A motion was made and seconded to forward the Technology and Equipment Committee recommendations to the SHCC for consideration at the September 28, 2011 SHCC meeting.	Dr. Ullrich Dr. Clements	Motion approved
Other Business	<p>A motion was made and seconded for staff to make updates and corrections to the data and tables as indicated.</p> <p>Dr. Ullrich announced the Committee and Council meeting dates for 2012: -April 18, 2012 -May 9, 2012 -September 12, 2012</p> <p>Scheduled SHCC meeting dates for 2012: -March 7, 2012 -May 30, 2012 -October 3, 2012</p> <p>There was no other business brought before the Committee.</p>	Dr. Bruch Mr. Hinsdale	Motion approved
Adjournment	There being no further business, the meeting was adjourned.		Meeting adjourned