

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council	<p>Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Dr. Ullrich inquired if any member had a conflict of interest, needed to declare if they were deriving a financial benefit from any agenda matter, or if any members intended to recuse themselves from voting on any agenda item.</p> <p>Dr. Pulliam recused from voting on The Association for Home & Hospice Care of N.C. and The Carolinas Center for Hospice and End of Life petition, Mr. Stephen DeBiasi recused from voting on the J. Arthur Doshier Memorial Hospital petition; and Dr. Ullrich recused from voting on The Charlotte-Mecklenburg Hospital Authority petition. Dr. Ullrich requested that if a conflict of interest arose for a member during the meeting, the member would make a declaration of the conflict.</p>		
Approval of Minutes from March 4, 2015	<p>A motion was made and seconded to approve the minutes of March 4, 2015 as presented.</p>	<p>Dr. Pulliam Mr. Burgin</p>	<p>Motion approved</p>
Recommendations from Acute Care Services Committee	<p>Dr. Greene presented the report from the Acute Care Services committee. The Acute Care Services Committee met twice after the March Council meeting, first on April 7th and again on May 5th.</p> <p>Topics reviewed and discussed at the April 7th meeting included:</p> <ul style="list-style-type: none"> • Current Acute Care Services policies and methodologies; • A Petition requesting a change to the Operating Room methodology; and • A Petition requesting creation of an Operating Room policy to allow an exemption to the standard OR need methodology for certain ambulatory surgery centers dedicated to pediatric dentistry. <p>Topics reviewed and discussed at the May 5th meeting included:</p> <ul style="list-style-type: none"> • Preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters; and • A comparison between Licensure and Truven Health Analytics data. <p>The following is an overview of the Committee’s recommendations for Acute Care Services (Chapters 5 through 8) in the <i>Proposed 2016 State Medical Facilities Plan (SMFP)</i>:</p>		

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	<p>Chapter 5: Acute Care Hospital Beds No petitions or comments were received regarding Chapter 5.</p> <ul style="list-style-type: none"> • The Committee reviewed and discussed the policies, methodology and assumptions for acute care beds. • Licensure and Truven Health Analytics acute days of care were reviewed for discrepancies exceeding $\pm 5\%$. Staff will work with the Sheps Center, Truven, and the hospitals during the summer to improve discrepant data. Staff will notify the Committee if need projections change. • Committee members reviewed draft Tables 5A, 5B, and 5C. The standard methodology, which uses Truven Health Analytics acute care days of care, indicated a need for: <ul style="list-style-type: none"> ▪ 84 additional acute care beds in the Orange County service area. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendation For Chapter 5:</u> The Committee recommended accepting the Acute Care Bed policies, methodology and assumptions, and the draft tables, with the understanding that staff will make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 6: Operating Rooms There were two petitions for Chapter 6.</p> <p><i>1st Petition:</i> <i>Petitioner:</i> Howard, Stallings, From, Hutson, Atkins, Angell & Davis, PA <i>Request:</i> The petitioner requested that the SHCC review “its methodology for calculating operating rooms needed in the SMFP and change the standard methodology used to calculate OR capacity.” <i>Comments:</i> No comments were received related to this petition. <i>Committee Recommendation:</i> The Committee recommended denial of this petition, but acknowledges that the SHCC may want to undertake a new review of the OR methodology.</p>		

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	<p>2nd Petition <u>Petitioner:</u> Knowles, Smith & Associates, LLP <u>Request:</u> The petitioner requested the creation of Policy OR-1 to establish certain conditions that would exempt operating rooms in licensed and CMS-certified ambulatory surgical facilities dedicated to pediatric dental surgery from the standard OR methodology in the SMFP. <u>Comments:</u> By the March 20, 2015 deadline, three comments were received in favor of the petition and three comments were received against the petition. <u>Committee Recommendation:</u> The Committee recommended denial of this petition, but further recommended the establishment of a stakeholder group or other mechanism to explore options and alternatives to address this request and the issues raised therein. A stakeholder meeting will be held today after the SHCC meeting.</p> <ul style="list-style-type: none"> • The Committee reviewed and discussed the methodology and assumptions for operating rooms. • The Committee reviewed the Operating Room inventory and need determinations in draft Tables 6A, 6B and 6C. Application of the standard methodology indicates need determinations in the following Service Areas as of May 5, 2015: <ul style="list-style-type: none"> ▪ Brunswick County – 1 OR ▪ Columbus County – 1 OR ▪ New Hanover County – 2 ORs ▪ Rowan County – 1 OR • Need determinations are subject to change as data are updated. • The Committee reviewed Table 6E: Endoscopy Room Inventory. <p><u>Committee Recommendation For Chapter 6:</u> In addition to recommendations regarding the petitions, the Committee recommended accepting the Operating Room methodology, assumptions, and draft tables, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p>		

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	<p>Chapter 7: Other Acute Care Services No petitions or comments were received regarding Chapter 7.</p> <ul style="list-style-type: none"> • The Committee reviewed the policy and methodologies for open-heart surgery services, burn intensive care services, and bone marrow and solid organ transplantation services. • Staff presented draft Tables 7A, 7C, 7E and 7F, and noted that there were no need determinations for additional services at this time. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendation For Chapter 7:</u> The Committee recommended accepting the policies, methodology and assumptions for Other Acute Care Services in Chapter 7. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 8: Inpatient Rehabilitation Services No petitions or comments were received regarding Chapter 8.</p> <ul style="list-style-type: none"> • The Committee reviewed the methodology and assumptions for Inpatient Rehabilitation Services, as well as a draft of Table 8A. • Application of the standard methodology indicated no need for additional inpatient rehabilitation beds in the state at this time. • Need determinations are subject to change as data is updated. <p><u>Committee Recommendation For Chapter 8:</u> The Committee recommended accepting the methodology and assumptions for Inpatient Rehabilitation Services. The Committee further recommended accepting draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate. The Committee authorized staff to update narratives, tables, and need determinations for the <i>Proposed 2016 Plan</i>, as updates are received.</p> <p>A motion was made and seconded to approve the Acute Care Services report.</p>	<p>Mr. Burgin Ms. Apperson</p>	<p>Motion approved</p>

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<p>Recommendations from Long-Term & Behavioral Health Committee</p>	<p>Dr. Pulliam provided the report for the Long-Term and Behavioral Health Committee.</p> <p><u>Nursing Home Methodology Workgroup</u> <i>The workgroup met on April 10th and May 1st following the LTBH Committee meetings. A subgroup of individuals reviewing the data met once, on April 22nd. The workgroup has focused on various changes to this methodology including:</i></p> <ul style="list-style-type: none"> • <i>Use of a county rate model</i> • <i>Use of a hybrid rate model with 1, 1.5, and 2 standard deviations for outlier counties</i> • <i>Adjustments for in/out migration of patients</i> • <i>Application of a vacancy factor such as 90% and 93%</i> • <i>Change in the percentage of CCRC exclusions to 15%</i> <p><i>The workgroup will meet again in July to review and discuss the different methodologies. A date for the meeting is to be determined. Recommendations will be presented at the last LTBH Committee meeting on September 4th and will be forwarded to the SHCC for consideration for inclusion in the 2017 State Medical Facilities Plan.</i></p> <p>The Long-Term and Behavioral Health (LTBH) Committee met twice after the March Council meeting, first on April 10th and again on May 1st.</p> <p>The topics reviewed and discussed at the April 10th meeting included:</p> <ul style="list-style-type: none"> • Current Long-Term and Behavioral Health policies and methodologies. • A petition requesting changes to the hospice inpatient bed need methodology. <p>The topics reviewed and discussed at the May 1st meeting included:</p> <ul style="list-style-type: none"> • Preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters. <p>Following is an overview of the Committee’s recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the <i>Proposed 2016 State Medical Facilities Plan</i>.</p>		

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	<p>Chapter 10: Nursing Care Facilities No petitions and no comments were received regarding Chapter 10.</p> <ul style="list-style-type: none"> • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in no draft need determinations at this time. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Chapter 10</u> The Committee recommends the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommends accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 11: Adult Care Homes No petitions or comments were received regarding Chapter 11.</p> <ul style="list-style-type: none"> • The inventory has been updated on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change. • Then inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change. • Application of the methodology based on data and information currently available results in the following draft need determinations. <ul style="list-style-type: none"> ▪ Ashe County- 30 Adult Care Home beds ▪ Graham County- 20 Adult Care Home beds ▪ Jones- 30 Adult Care Home beds ▪ Washington- 20 Adult Care Beds • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Chapter 11:</u> The Committee recommended the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition,</p>		

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	<p>references to dates would be advanced one year, as appropriate.</p> <p>Chapter 12: Home Health Services No petitions or comments were received regarding Chapter 12.</p> <ul style="list-style-type: none"> • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in no draft need determinations at this time • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Chapter 12 :</u> The Committee recommended the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 13: Hospice Services One petition and no comments were received regarding Chapter 13.</p> <p><i>Petition:</i> <i>Petitioners:</i> Association for Home and Hospice Care of North Carolina and the Carolinas Center for Hospice and End of Life Care <i>Request:</i> The petitioner requested “to modify Step 7 of the hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate, rather than the static six percent current in the methodology.” <i>Committee Recommendation:</i> The Committee recommended modifying Step 7 of the hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate. This change in methodology requires different data to be pulled from other data fields than the current standard methodology uses on the license renewal data supplement. Therefore, the Committee further recommend the Division of Health Service Regulation work with the Association of Home and Hospice Care of North Carolina and The Carolinas Center for Hospice and End of Life Care to educate hospice providers on accurately</p>		

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	<p>and fully completing Hospice Annual Data Supplements to Licensure Renewal Applications in order to improve data integrity. Finally, the Committee recommended reviewing the hospice inpatient methodology in two years, for the <i>Proposed 2018 Plan</i>, to determine if the adopted change to Step 7 of the methodology is producing the intended effects.</p> <ul style="list-style-type: none"> • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodologies based on data and information currently resulted in the following draft need determinations. <ul style="list-style-type: none"> • Hospice Home Care Application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change. • Hospice Inpatient Bed Application of the proposed revised methodology based on data and information currently available resulted in an eight bed need determination in Cumberland County. Need determinations are subject to change. <ul style="list-style-type: none"> ➤ <i>Note: Carrol S. Roberson Center, a hospice inpatient facility located in Cumberland County, did not renew hospice license for 2015.</i> • Need determinations are subject to change as data is updated. <p><u>Committee Recommendations For Chapter 13.</u> Additionally, the Committee recommended the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 14: End-Stage Renal Disease Dialysis Facilities No petitions or comments were received regarding Chapter 14.</p> <p>The need for new dialysis stations is determined two times each calendar year. Determinations were made available in the North Carolina Semiannual Dialysis Report (SDR).</p>		

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	<p><u>Committee Recommendations For Chapter 14</u> The Committee recommended allowing ESRD dialysis providers to self-report utilization data to the Agency since this data is no longer available through the Southeastern Kidney Council. The Committee recommended the current assumptions and methodologies be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 15: Psychiatric Inpatient Services No petitions or comments were received regarding Chapter 15.</p> <ul style="list-style-type: none"> • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in the following draft need determinations. <ul style="list-style-type: none"> ▪ <u>Child Psychiatric Inpatient Beds:</u> <ul style="list-style-type: none"> ○ Cardinal Innovations Healthcare Solutions LME-MCO- 12 beds ○ East Carolina Behavioral Health LME-MCO- 22 beds ○ Eastpointe LME-MCO - 29 beds ○ Sandhills Center LME-MCO- 1 bed ○ Smoky Mountain Center LME-MCO- 5 beds ▪ <u>Adult Psychiatric Inpatient Beds:</u> <ul style="list-style-type: none"> ○ Alliance Behavioral Healthcare LME-MCO- 30 beds ○ CoastalCare LME-MCO- 12 beds ○ Sandhills Center LME-MCO- 3 beds • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Chapter 15:</u> The Committee recommended adding language to the Methodology to clarify the definition of the planning inventory.</p> <p>The Committee also recommended that the current assumptions and methodology, as clarified, be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p>		

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	<p>Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Treatment Beds) No petitions or comments regarding Chapter 16.</p> <ul style="list-style-type: none"> • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in the following draft need determinations. <ul style="list-style-type: none"> ▪ <u>Adult Chemical Dependency (Substance Abuse) Treatment Beds:</u> <ul style="list-style-type: none"> ○ Central Region- 2 beds ▪ <u>Child/Adolescent Chemical Dependency (Substance Abuse) Treatment Beds:</u> <ul style="list-style-type: none"> ○ Central Region- 5 beds • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Chapter 16.</u> The Committee recommended adding language to the Methodology to clarify the definition of the planning inventory.</p> <p>The Committee also recommended that the current assumptions and methodology, as clarified, be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities No petitions no comments related to this chapter.</p> <ul style="list-style-type: none"> • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in no draft need determinations at this time. • Need determinations are subject to change as data are updated. 		

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	<p><u>Committee Recommendations For Chapter 17.</u> The Committee recommended that the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>A motion was made and seconded to approve the Long Term-Behavioral Health Committee report.</p>	Ms. Michaud Mr. Adams	Motion approved Dr. Pulliam recused from voting on Hospice petition.
<p>Recommendations from Technology & Equipment Committee</p>	<p>Dr. Ullrich provided the Technology & Equipment Committee report, which contained the committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of the <i>Proposed 2016 State Medical Facilities Plan (SMFP)</i>.</p> <p>The Technology and Equipment Committee met on April 22, 2015 and May 13, 2015.</p> <p>Topics reviewed and discussed included:</p> <ul style="list-style-type: none"> ▪ Current policies, assumptions and methodologies for Lithotripsy, Gamma Knife, Linear Accelerators, Positron Emission Tomography (PET) Scanners, Magnetic Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2016 State Medical Facilities Plan (SMFP); ▪ Preliminary drafts of need projections generated by the standard methodologies; ▪ Two petitions requesting changes to the methodology for MRI Scanners; ▪ One petition requesting changes to the methodology for Cardiac Catheterization. <p>The following is an overview of the Committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of Chapter 9 - Technology and Equipment, for the <i>Proposed 2016 Plan</i>.</p>		

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	<p>Chapter 9: Lithotripsy No petitions or comments were received regarding Lithotripsy Services for Chapter 9.</p> <ul style="list-style-type: none"> • The committee reviewed and discussed policies, methodology and assumptions for lithotripsy. • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Applications of the methodology based on data and information currently available results in one draft need determination in the statewide service area at this time. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Lithotripsy Services:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 9: Gamma Knife No petitions or comments were received regarding Gamma Knife's for Chapter 9.</p> <ul style="list-style-type: none"> • The committee reviewed and discussed policies, methodology and assumptions for gamma knife. • Application of the methodology based on data and information currently available results in no draft need determinations at this time. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Gamma Knife Services:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year, as appropriate.</p>		

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	<p>Chapter 9: Linear Accelerators No petitions or comments were received regarding Linear Accelerators for Chapter 9.</p> <ul style="list-style-type: none"> • The committee reviewed and discussed policies, methodology and assumptions for linear accelerators. • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in no draft need determinations at this time. • Need determinations are subject to change as data are updated. • <u>CPT Code Set:</u> The committee reviewed the current CPT code set for linear and discussed the difficulty with data, including corrected and sometimes conflicting CPT codes. The committee voted to put out for public comment the current CPT code set for linear accelerators. <p><u>Committee Recommendations For Linear Accelerators:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year as appropriate.</p> <p>Chapter 9: Positron Emission Tomography (PET) Scanners No petitions or comments were received regarding PET Scanners for Chapter 9.</p> <ul style="list-style-type: none"> • The Committee reviewed and discussed policies, methodology and assumptions for positron emission tomography scanners. • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in no draft need determination at this time. Need determinations are subject to change. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Positron Emission Tomography (PET) Scanners:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year</p>		

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	<p>as appropriate.</p> <p>Chapter 9: Magnetic Resonance Imaging (MRI) Scanners: There were two MRI petitions with comments received related to MRI services for Chapter 9.</p> <p><i>1st Petition</i> <u>Petitioner:</u> Carolinas HealthCare System <u>Request:</u> The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System (CHS) respectfully petitions the State Health Coordinating Council (SHCC) to create a special allocation for one intraoperative magnetic resonance imaging (iMRI) unit in the western portion of the state (Health Service Areas I, II, and III) in the <i>2016 State Medical Facilities Plan (2016 SMFP)</i>. <u>Comments:</u> One comment was received by the petitioner. <u>Committee Recommendation:</u> The discussion during the committee meeting included support for incorporating new technologies in the State Medical Facilities Plan. However, the petition request was too restrictive geographically and did not include language on the types of applicants that would be eligible to apply. The Committee recommended that the petition requesting the special allocation of an iMRI machine in the western area of NC be denied, but supported the agency recommended Policy TE-2: Intraoperative Magnetic Resonance Scanners. The proposed language in Policy TE- would allow facilities across the entire state to apply provided they meet the outlined eligibility requirements. Dr. Ullrich, Chair, recused from voting on this petition.</p> <p><i>2nd Petition</i> <u>Petitioner:</u> J. Arthur Doshier Memorial Hospital <u>Request:</u> J. Arthur Doshier Memorial Hospital (Doshier), requested a policy adjustment and/or change to the methodology in the <i>2016 State Medical Facilities Plan (SMFP)</i> regarding Magnetic Resonance Imaging equipment (MRI). <u>Comments:</u> Two of the four comments received were from the petitioner. The other two comments were divided in opinion, with one expressing support of the petition with minor changes and the other in opposition. Thirty-two letters of support were received. <u>Committee Recommendation:</u> The committee discussed this petition at the April 22nd meeting where it had been tabled for a vote until the May 13th meeting. The discussion included</p>		

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	<p>consideration of alternatives to the petitioner such as petitioning for an adjusted need determination in July 2015 for the 2016 SMFP and/or the development of a policy to be considered for the 2017 SMFP that would go through the entire planning cycle. The committee voted to deny the petition.</p> <ul style="list-style-type: none"> • The Committee reviewed and discussed policies, methodology and assumptions for MRI Scanners. • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in two draft need determination at this time. • The need determinations are for two additional fixed MRI scanners; one fixed MRI scanner in the Lincoln Service Area and one fixed MRI Scanner in the Mecklenburg Service Area. • Need determinations are subject to change as data are updated. <p><u>Data Collection using CPT Codes:</u> The committee reviewed three years of MRI data that compared reported procedures and CPT codes. The discrepancies between the two were less than +/-5% for all three years. Discussion involved data collection issues with duplication of numbers from both hospitals and mobile vendors. The committee voted to use CPT codes as the standard for data collection for the 2016 Hospital License Renewal Application and 2016 Registration and Inventory Forms.</p> <p><u>Committee Recommendations For Magnetic Resonance Imaging (MRI) Scanners:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the Proposed 2016 Plan. Also, references to dates would be advanced one year, as appropriate.</p>		

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	<p>Chapter 9: Cardiac Catheterization Equipment There was one petition with comments received related to the Cardiac Catheterization Section of Chapter 9.</p> <p><u>Petitioner:</u> WakeMed Health and Hospitals <u>Request:</u> The petitioner requested that the methodology for determining need for cardiac catheterization equipment in North Carolina be revised for the 2016 State Medical Facilities Plan. <u>Comments:</u> Four comments were received about this petition – all were in opposition. <u>Committee Recommendation:</u> The committee recognized there is variation in practices which might affect the average case times for cardiac catheterization cases across facilities and that the total number cases statewide are declining. The requested changes would have the effect of further suppressing the need determination. Since, the current methodology produces very few need determinations and over the years the adjusted need determination process has been used successfully in special situations. The committee recommended denying the petition.</p> <ul style="list-style-type: none"> • The committee reviewed and discussed policies, methodology and assumptions for cardiac catheterization. • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in one draft need for fixed cardiac catheterization equipment in Cumberland County at this time. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Cardiac Catheterization Equipment:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year, as appropriate.</p> <p><u>Other Recommendations</u> The Committee authorized staff to update all narratives, tables and need determinations for the <i>Proposed 2016 Plan</i> as new and corrected data are received.</p>		

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	<p><u>Committee Recommendations</u> The Committee recommended that the current assumptions and methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Dr. Ullrich stated that the committee authorized staff to update all narratives, tables and need determinations for the <i>Proposed 2016 SMFP</i> as new and corrected data are received. In addition, references to dates would be advanced one year, as appropriate.</p> <p>A motion was made and seconded to approve the Technology & Equipment Committee report.</p>	<p>Dr. Patel Mr. Adams</p>	<p>Motion approved</p> <p>Mr. DeBiasi recused from voting on the Doshier petition.</p> <p>Dr. Ullrich recused from voting on Carolinas HealthCare System petition.</p>
<p>Adoption of the N.C. Proposed 2016 State Medical Facilities Plan</p>	<p>Dr. Ullrich asked for a motion to adopt the <i>Proposed 2016 State Medical Facilities Plan</i>, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the <i>Plan</i>.</p> <p>Dr. Ullrich entertained a motion to allow staff to continue making changes to inventory and corrections or data as it is received, as well as make non-substantive edits to narratives.</p>	<p>Dr. Pulliam Mr. Lewis</p>	<p>Motion approved</p>
<p>Review of Public Hearing Schedule</p>	<p>Mr. Pratt reviewed the six public hearings, dates and locations that they would take place beginning on July 7, 2015 with the final public hearing on July 29, 2015. He noted there was a typo in the <i>Plan</i> and the Wilmington public hearing would be held on July 7th not July 8th. He encouraged council members to attend these public hearings. Mr. Pratt stated the July 29, 2015 public hearing would take place in the same room as this meeting of the SHCC.</p>		

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	<p>Mr. Pratt noted the following dates were the deadlines for petitions and comments.</p> <p>July 29, 2015 Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and other written comments regarding the <i>North Carolina Proposed 2016 State Medical Facilities Plan</i>.</p> <p>August 14, 2015 Deadline for receipt by the Healthcare Planning of any written comments on petitions or comments submitted by the July 29th deadline regarding adjusted need determinations or other issues arising from the <i>North Carolina Proposed 2016 State Medical Facilities Plan</i>.</p>		
Review of Remaining SHCC Meeting Schedule	<p>Dr. Ullrich reviewed the dates for the upcoming committee meetings. He stated the Technology and Equipment Committee will meet on September 16th, Long-Term-Behavioral Health will meet on September 4th, and Acute Care will meet on September 8th. He stated these meetings will begin at 10:00 am and held at the Brown Building. Dr. Ullrich stated the SHCC will have a one-hour conference call on September 2nd beginning at 10:00 am and the last SHCC meeting for 2015 will be on October 7th beginning at 10:00 am in the Brown Building.</p>		
Adjournment	<p>There being no further business, Dr. Ullrich asked for a motion to adjourn the meeting.</p>	<p>Mr. Adams Dr. Greene</p>	<p>Motion approved</p>