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# Technology and Equipment Committee Report

## Recommendations to the North Carolina State Health Coordinating Council

October 5, 2016

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On September 14, 2016, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the North Carolina Proposed 2017 State Medical Facilities Plan (SMFP).

The Committee makes the following recommendations for consideration by the North Carolina State Health Coordinating Council in preparation for the Technology and Equipment chapter of the 2017 SMFP.

### **Chapter 9: Technology and Equipment**

#### **Magnetic Resonance Imaging (MRI) Section**

The Proposed 2017 SMFP showed two need determinations for additional fixed MRI scanners in Lincoln and Mecklenburg counties. There were two comments regarding the MRI section and Policy TE-3.

The Committee received two petitions over the summer for an adjusted need determination in the MRI Scanner section of the 2017 SMFP.

#### ***Petition: Lincoln County – Carolinas Healthcare System***

- **Request:** Carolinas Healthcare System requested an adjusted need determination to remove the need for one fixed MRI scanner in Lincoln County. One comment was received for this Petition.
- **Committee Recommendation:** The Committee discussed the petition and Agency Report, which recommended denial of the Petition request. The Committee concurred with the Agency's Report that the growth of MRI procedures and migration of patients could allow an existing or new provider to meet the CON standards for a qualified applicant in the third operating year of a proposed scanner. The Committee recommends to the SHCC that the Petition request be denied for an adjusted need determination.

#### ***Petition/Comment: Policy TE-3 – Cape Fear Valley Health System***

- **Request:** Cape Fear Valley Health System (CFVHS) requests the following two changes be made to the Proposed Policy TE-3 in the 2017 SMFP: (1.) The policy should be amended to allow an individual community hospital with a 24- hour emergency department to apply for a CON for a fixed MRI. (2.) The threshold in the policy should be changed to 500 weighted MRI procedures. One public hearing comment from the petitioner, one letter of opposition, and one general letter were received.
- **Committee Recommendation:** The Committee discussed the Petition and Agency Report, which recommended responding to the request as a comment, removing "is located in a county that" from Policy TE-3 policy language, and retaining the 850 weighted procedure threshold. The Committee

concluded that a facility-based policy instead of the existing county-based policy would be ideal for consumer access. The Committee took a vote to lower the threshold from 850 weighted procedures to 500; this vote resulted in a tie and the motion did not carry. The Committee then voted and approved the motion to adopt the Agency-recommended language removing “is located in a county that” from Policy TE-3. The Committee recommends to the SHCC to amend Policy TE-3 by removing “is located in a county that” from the language and retain the 850 weighted procedure threshold.

### **Cardiac Catheterization Equipment Section**

Since the Proposed 2017 SMFP, there have been no changes in need projections for cardiac catheterization equipment. The Proposed 2017 SMFP showed one need determination for fixed cardiac catheterization equipment in Cumberland County. There were no need determinations for shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere in the state.

During the summer two petitions were received for adjusted need determinations in the cardiac catheterization section in the 2017 SMFP.

#### ***Petition: Wake County – Rex Healthcare***

- **Request:** Rex Healthcare requested an adjusted need determination for two additional units of fixed cardiac catheterization equipment in Wake County in the 2017 SMFP. There were two letters from the petitioner, one public hearing comment, and two letters in opposition received for this Petition.
- **Committee Recommendation:** The Committee discussed the Petition and Agency Report, which recommended approval of the request. The Committee concurred that this is a unique issue for Wake County versus the rest of the state. The Committee discussed either approving the petition, denying the petition, or amending the Agency recommendation to adjust the need determination to one additional unit of fixed cardiac catheterization equipment in Wake County. Another issue discussed by the Committee is state and countywide utilization, both historical and future projections. Based on the data presented in the Agency Report and its discussion of how to meet patient needs in Wake County, the Committee recommends to the SHCC that the need determination be adjusted for one additional unit of fixed cardiac catheterization equipment in Wake County.

#### ***Petition: Cumberland County – Cape Fear Valley Health System***

- **Request:** Cape Fear Valley Health System (CFVHS) requests an adjusted need determination to remove the need determination for one additional unit of fixed cardiac catheterization equipment in Cumberland County in the 2017 SMFP. One public hearing comment from the petitioner was received.
- **Committee Recommendation:** The Committee discussed the Petition and Agency Report, which recommended approval of the petition request. Based on the data presented in the Agency Report, the Committee agreed that the unique situation of increased need determinations and cardiac catheterization equipment along with patient migration between Cumberland County and Harnett County demonstrates that a need determination in the 2017 SMFP would not be necessary. The

Committee recommends to the SHCC that the petition requesting to remove the need determination for one additional unit of fixed cardiac catheterization equipment in Cumberland County in the 2017 SMFP be approved.

### **Positron Emission Tomography (PET) Scanners Section**

Since the Proposed 2017 SMFP, there have been no changes in need projections for positron emission tomography. The Proposed 2017 SMFP showed a need determination for one additional fixed PET scanner in Health Service Area (HSA) IV. The Committee received no petitions and two comments regarding the positron emission tomography section of the Proposed 2017 SMFP.

### **Lithotripsy Section**

Since the Proposed 2017 SMFP, there have been no changes in the need projections for lithotripsy.

#### ***Petition: Statewide – Triangle Lithotripsy Corporation***

- **Request:** Triangle Lithotripsy requests an adjusted need for one additional mobile lithotripter statewide to serve North Carolina sites only. One letter of support, one comment from the petitioner, and three documents opposed to the petition were received.
- **Committee Recommendation:** The Committee discussed the Petition and Agency Report, which recommended denial of the request. Based on the information presented in the Agency Report, the Committee concurred that the SHCC cannot require a lithotripter owner to limit its services to North Carolina sites as requested in the Petition, and that the petitioner has not demonstrated that the methodology suppresses the need nor that access to lithotripsy services is limited. The Committee recommends to the SHCC that the Petition requesting an adjusted need for one additional mobile lithotripter statewide be denied.

### **Linear Accelerator Section**

Since the Proposed 2017 SMFP, there have been no changes in need projections for linear accelerators. There was no need indicated anywhere in the state for additional linear accelerators. The Committee received no petitions and no comments over the summer regarding the linear accelerator section of the Proposed 2017 SMFP.

### **Gamma Knife Section**

Since the Proposed 2017 SMFP, there have been no changes in the need projections for gamma knife. There was no need for gamma knives anywhere in the state. The Committee received no petitions or comments over the summer regarding the gamma knife section of the Proposed 2017 SMFP.

### **Comprehensive Motion**

The Committee recommends to the State Health Coordinating Council approval of Chapter 9: Technology and Equipment, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.