
Technology and Equipment Committee
Recommendations to the NC State Health Coordinating Council
October 2, 2024

The Technology and Equipment Committee (“Committee”) held its final meeting of the year on September 4, 2024. The following is an overview of the Committee’s recommendations for consideration by the State Health Coordinating Council (SHCC) for Chapter 15 of the *2025 State Medical Facilities Plan (SMFP)*.

Cardiac Catheterization

The Committee received one petition regarding cardiac catheterization equipment.

Catawba Valley Medical Center requested an adjusted need determination for one additional unit of hospital-based fixed cardiac catheterization equipment in the Catawba County service area in the *2025 SMFP*. The Agency received 14 letters in support of the Petition and no letters in opposition to it. Catawba County currently has five units of equipment; one is at Catawba Valley Medical Center (CVMC) and four are at Frye Regional Medical Center (“Frye”). Frye’s utilization yields a surplus of equipment, while CVMC’s yields a deficit. The surpluses and deficits offset each other to result in no need determination in the service area. CVMC operates an accredited 24/7 ST-Elevation Myocardial Infarction (STEMI) program. The primary rationale for the request is based on the need to perform STEMI procedures. Specifically, if CVMC’s only cardiac catheterization lab is in use, a STEMI patient may have to wait for treatment at CVMC or be transported to Frye or another hospital. A second lab would allow for back-up equipment in such situations. The Agency found that this situation is similar to that addressed by Policy AC-6 which allows hospitals with open-heart surgery programs with only one heart-lung bypass machine to obtain a second machine as backup, without regard to a need determination and without having to adhere to the Certificate of Need performance standards. The Agency recommended approval of the Petition. Further, the Agency recommended that during the Spring of 2025, the Committee consider a policy that facilitates acquisition of cardiac catheterization equipment for hospitals with only one cardiac catheterization lab that also have an accredited Level I or Level II STEMI program, or other appropriate cardiac program to be determined. The Committee concurred with the Agency’s recommendations.

The *Proposed 2025 SMFP* showed need determinations for three fixed units of cardiac catheterization equipment. An update to the data eliminated the need determination in Johnston County. The remaining two needs are in Haywood and Henderson counties. There is no need for additional shared fixed cardiac catheterization equipment.

Staff reorganized the data tables in the SMFP such that the former Tables 15A-1 and 15A-3 are combined into a single table. This change eliminates no data, and the reorganization does not change the methodology or need determination calculations.

Gamma Knives

The Committee received no petitions and no comments regarding gamma knife equipment. The SMFP has no need determination methodology for gamma knives. Therefore, there are no draft need determinations for this equipment.

Linear Accelerators

The Committee received one petition regarding linear accelerators (LINACs).

UNC Health Wayne petitioned for an adjusted need determination for one LINAC in Service Area 23 in the *2025 SMFP*. If approved, the Petitioner requested that the SHCC designate this LINAC “for Wayne County, and/or with the stipulation that it can only be approved for an existing multimodality provider of cancer care that does not have a LINAC.” The Agency did not receive any comments regarding the Petition. Service Area 23 consists of Duplin, Lenoir, and Wayne Counties and has two LINACs – one at UNC Lenoir in Lenoir County and one at North Carolina Radiation Therapy Management Services (i.e., GenesisCare) in Goldsboro, Wayne County. Together the two providers performed a total of 11,610 ESTV procedures, which is less than the need determination threshold of 13,500. Agency staff’s examination of the population data indicates that it is unlikely that Service Area 23 will have a need determined for an additional LINAC for at least the next five years. The Petitioner noted that all other hospitals in the state of similar size to UNC Health Wayne and that provide a similar scope of cancer services have at least one LINAC. The Agency verified that, with regard to size, the Petitioner’s assertion is true. However, the Agency has no data to verify whether these hospitals provide a similar scope of cancer services as those provided by the Petitioner. Another relevant issue is whether LINAC is standard of care for cancer centers and oncology programs. At the March 2024 SHCC meeting, the Agency proposed Policy TE-4 which would allow cancer treatment centers/oncology programs that do not have a LINAC to obtain one without regard to a need determination in the SMFP. The Committee discussed the policy and comments received about it and voted to consider the issue in more detail in the Spring of 2025. The Committee concurred with the Agency recommendation to deny the Petition.

There were no significant updates to the tables in this chapter since the publication of the *Proposed 2025 SMFP*. Application of the methodology based on data available at the time of the meeting resulted in no need determinations for additional LINACs.

The LINAC narrative now includes edits to the description of the steps in the methodology to comport with the assumptions of the methodology and the calculations in the database. These edits do not change the methodology or the need determination calculations.

Lithotripters

The Committee received no petitions or comments relating to lithotripters. Since the *Proposed SMFP*, there have been no significant data updates for this section. Based on the most recently available data, application of the need methodology resulted in no need determinations for lithotripters.

Magnetic Resonance Imaging (MRI)

The Committee received no petitions or comments relating to MRIs. There were no significant updates to the tables in this chapter since the release of the *Proposed SMFP*. Application of the methodology resulted in need determinations for a total 14 additional fixed MRI scanners across the state. The need determinations are for one fixed MRI scanner in each of the following service areas: Alamance, Catawba, Durham/Caswell/Warren, Forsyth, Guilford, Mecklenburg, Moore, Nash, New Hanover, Onslow, Union, Wake, Wayne, and Wilkes.

Positron Emission Tomography (PET) Scanners

The Committee received one petition regarding PET scanners.

Mission Hospital petitioned to convert the general PET need determination in the *Proposed 2025 SMFP* to a specific need determination for a fixed dedicated cardiac PET scanner in Health Service Area I (HSA I). The Agency received two comments in opposition to the Petition and three letters in support of it. HSA I has four PET providers with one scanner each: one scanner located at Catawba Valley which is jointly owned by Catawba Valley Medical Center (“Catawba Valley”) and Frye Regional Medical Center located at Catawba Valley; one scanner at Messino Cancer Center; one scanner at Mission Hospital; and one CON-approved, but not developed scanner at AdventHealth Hendersonville. The Petitioner noted that the existing scanners focus exclusively or predominantly on oncology. Mission states that it is a primary provider of comprehensive cardiac services in the region and thus uniquely suited to have a cardiac PET program. The Petitioner also points out that Mission’s oncology PET utilization is decreasing due to the opening of Messino Cancer Center in Asheville. Based on these changes and future expectations, Mission estimates that they would perform approximately 2,100 oncology scans and a bit over 1,000 cardiac PET scans annually, for a total of

about 3,100 scans. The relevant CON rules require a CON applicant to demonstrate that it “shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.” Mission’s projected utilization is considerably lower than the 4,160 total scans required to obtain a second scanner. In addition, the *SMFP* does not include equipment methodologies for medical specialties. The Agency recommended denial of the Petition, and the Committee concurred. The denial retains the standard need determination for one general PET scanner in HSA I.

There were no significant updates to the tables in this chapter since the release of the *Proposed SMFP*. Application of the methodology resulted in need determinations for four dedicated fixed PET scanners, one each in HSA I and HSA II, and two scanners in HSA IV. There is no need for mobile PET scanners.

Committee Recommendation Regarding Technology for the 2025 *SMFP*

The Committee recommends that the SHCC approve Chapter 15 for the 2025 *SMFP* with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations.