



July 16, 2012

North Carolina Division of Health Service Regulation
Medical Facilities Planning Branch
2714 Mail Service Center
Raleigh, NC 27699-2714

Re: Comments in Support of No Need for Additional Mobile PET Scanners and Request for Changes to Tables 9M(1) and 9M(2) in the Proposed 2013 State Medical Facilities Plan

Dear State Health Coordinating Council Members:

I am writing on behalf of Alliance Healthcare Services to provide written comments regarding the Positron Emission Tomography Section of the Draft 2013 Plan. Alliance Healthcare Services strongly agrees with the statement in the Draft 2013 State Medical Facilities Plan that there is no need for any additional mobile dedicated PET scanners anywhere in the state. Over the past year, Alliance has been able to add new mobile PET host sites to the existing routes and serve higher volumes at many host sites.

Alliance Healthcare Services has concerns that the Mobile Dedicated PET Scanner Tables 9M(1) and 9M(2) show the annual capacity number of 2,600 procedures and utilization rate calculations that lack adequate justification or explanation in the narrative section of the Draft Plan regarding PET scanners. Alliance Healthcare is convinced that the use of the 2,600 as the annual capacity in these tables is outdated and unsupported because there is no need methodology for mobile dedicated PET scanners. In the 2009 State Medical Facilities Plan, the North Carolina State Health Coordinating Council approved a change in the annual capacity for fixed dedicated PET scanners from 2,600 to 3,000 annual procedures. It does not make sense to assign an annual capacity figure of 3,000 annual procedures to the fixed PET and continue to assume that a mobile dedicated PET scanner has lower 2,600 annual capacity. Actual utilization for the mobile dedicated PET scanners have proven that both of the mobile PET CT scanners can easily perform in excess of 2,600 annual procedures and still have the capacity to add new host sites that have obtained declaratory ruling approvals.

Eliminating the 2,600 capacity and utilization columns in the Mobile PET Tables 9M(1) and 9M(2) strengthens the 2013 State Medical Facilities Plan because this eliminates extraneous information. Also, there is no requirement to evaluate mobile PET scanner utilization against a capacity threshold or calculate an individual host site utilization.

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Another benefit of removing the 2,600 capacity and utilization columns in the Mobile PET Tables 9M(1) and 9M(2) is that this would make the presentation of mobile PET utilization data consistent with other CON-regulated health services that have no need methodology. For example, the Endoscopy Procedure Room Table 6D provides a list of facilities and annual utilization but includes no capacity calculations or utilization rates because Endoscopy Rooms (like mobile PET scanners) have no need methodology. Table 7A for Adult Open Heart Surgery is another example of how the State Medical Facilities Plan provides the facility list and annual procedures but includes no capacity calculations or utilization rate percentages because the open heart need methodology has been eliminated in recent years.

In summary, please accept this letter as a request to eliminate the 2,600 capacity figure from tables 9M(1) and 9M(2) and also delete the utilization rate columns from the tables. This requested change in the tables is consistent with the PET scanner narrative in the 2013 SMFP. Also, the requested change has no impact on the fixed PET methodology or the fixed PET scanner need determination.

Please call me at 336 349-6250 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "David French". The signature is fluid and cursive, with the first name "David" being more prominent than the last name "French".

David French