

Comments In Response to Duke Health System Comments Regarding Proposed Changes to Policy TE-3 in the 2023 State Medical Facilities Plan

Commenter

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Introduction

WakeMed opposes the comments filed by Duke University Health System proposing to eliminate the Agency's revisions to Policy TE-3. WakeMed supports the Agency's revisions to Policy TE-3 as published in the Proposed 2023 State Medical Facilities Plan (SMFP).

Consideration of Revising Policy TE-3

Policy TE-3 has been in effect since 2017 and has remained largely unchanged, despite the rapid decentralization of emergency care to smaller, community-based hospitals on a shared license. The purpose of WakeMed's Spring 2022 Petition to modify Policy TE-3 was to decrease the barriers for small hospitals on shared licenses to acquire a fixed MRI, thus improving access and eliminating the need to transfer patients to other facilities solely to obtain an MRI procedure. WakeMed is pleased that Duke still agrees with that concept by stating in their comments:

"Patients presenting in a hospital emergency department who require MRI imaging to diagnose or rule out emergent conditions by definition need to be evaluated quickly; these patients cannot simply have the necessary imaging scheduled at a later time to another facility. Requiring patients to be transferred to another facility solely because they need emergent MRI imaging can cause unnecessary delays and complications in care."

The comments filed by Duke and Mission regarding WakeMed's Spring 2022 Petition were supportive of the proposed change in wording for Policy TE-3. The WakeMed Petition was denied; however, the Agency offered alternative language to revise Policy TE-3, which aligned with the objectives in the petition, as well as Duke and Mission's comments. While Duke's current comments are supportive of revising Policy TE-3 in concept, comments not in the form of a petition do not require formal action by the SHCC. WakeMed supports the Agency's proposed revisions to Policy TE-3 for 2023, as well as continued refinements to the policy in the future.

Agency's Proposed Revisions to Policy TE-3

WakeMed does not interpret the Agency's proposed modifications in the way outlined in Duke's comments. Instead, WakeMed understands the new language not to be geographically-focused, but *facility/applicant-focused*. The Agency's requirements that the applicant: (1) have licensed acute care

beds, (2) provide emergency coverage 24 hours a day, seven days a week, (3) not have an existing or approved scanner in the immediately preceding five years, and (4) operate the MRI at a main campus or at a campus located on the hospital's license, is appropriate and reasonable. This proposed change will not restrict access to MRI services, nor will it result in a proliferation of new scanners to the state's inventory.

Adverse Effects of Not Modifying Policy TE-3

Duke's comments requesting the Agency reverse their revisions to Policy TE-3 in the Proposed 2023 SMFP would have significant adverse effects. Without the Agency's proposed modifications to Policy TE-3, WakeMed North Hospital's patients and North Carolina residents would be forced to endure another year without expanded access to a modern-day standard of care. The adverse effects will be seen in risks to patient's health, delayed treatment, and undue burden to patients caused by unnecessary transfers. Unfortunately, additional adverse effects will be felt by higher-acuity facilities with fixed MRI capabilities by way of decreased access for high acuity patients, decreased patient satisfaction, and decreased employee morale. Rejecting the Agency's proposed revisions to Policy TE-3 would be a disservice to residents and healthcare providers alike by creating unnecessary strain on existing fixed MRI units, and thereby decreasing overall access for patients.

Summary

Provided WakeMed's interpretation of the Agency's proposed modifications to Policy TE-3 is correct, WakeMed fully supports the wording of Policy TE-3 as published in the Proposed 2023 SMFP. WakeMed appreciates the time taken by the Agency staff, the Technology & Equipment Committee, and the SHCC to carefully craft wording which broadens access to fixed MRIs in a measured way.