

August 2, 2023

Sandra Greene, PhD Chair  
State Health Coordinating Council  
Andrea Emmanuel, PhD Acting Assistant Chief  
Healthcare Planning Section  
Division of Health Service Regulation  
2714 Mail Service Center  
Raleigh, North Carolina 27699-2714

**RE: Carteret Health Care Petition for Hybrid PET/CT Simulator / Scanner at an Acute Care Hospital in Carteret County, HSA VI, North Carolina**

Dear Dr. Greene and Dr. Emmanuel:

I am writing to support the petition submitted by Carteret Health Care for an adjusted need determination in the *2024 State Medical Facilities Plan* for one hybrid PET scanner/simulator in HSA VI and designate it for a licensed acute care hospital in Carteret County. I understand that this request will improve access, affordability, and quality of care for cancer patients in Carteret County and surrounding areas.

As a board member, I know from experience that cancer is increasing in Carteret. That service keeps growing and the community wants to know what we are doing to improve it.

We are happy to have access to a PET scanner. However, CHC's mobile PET scanner is only available one day a week, on Sunday, and we always have a waiting list, about two weeks to get scheduled now. The petition notes that the mobile can only accommodate about half of the cancer related PET scans. This is due to the 12 scans per day limit and the restriction to one isotope, FDG.

Our board wants cost-effective investments, even for important technology. The proposed hybrid is ideal. Even if we double our current 600 scans, CHC would not reach the SMFP performance standard of 2,080 annual scans. However, the hybrid scanner and simulator would make up the difference with another use. CHC's radiation therapy simulator needs more time but not enough to justify a full-time simulator. The hybrid PET scanner/simulator would provide extra simulator capacity and allow the hospital to have PET scanning available every day of the week. With the PET scanner available during the week, the hospital could make arrangements to order the specialized isotopes that are only produced at certain times, and CHC could then provide specialized scans (breast, prostate, etc.).

The *State Medical Facilities Plan* standard methodology does not take into account the possibility of hybrid PET scanners. Although relative to large urban centers, CHC serves a small population, the hybrid PET



MARK SHOUSE CHAIRMAN  
KYLE MAREK PRESIDENT

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scanner/simulator technology makes a compromise available that requires fewer PET scans to justify the equipment expense. We understand the cost of the hybrid PET scanner/simulator would be more than offset by the additional scans and simulations, hence the unit cost of 7 day a week service would be less than the current 1 day a week service. The mobile vendor charges much more for weekday service than for weekend. Our CFO has done the numbers and the savings plus the extra services would be more cost effective than our current arrangements. Reducing the performance standard for a hybrid by half to 1,040 makes operational and economic sense.

Please approve the petition from Carteret Health Care to include a special need for one hybrid PET scanner/simulator in HSA VI, reduce the performance standard by half, and designate the equipment for use in a licensed acute care hospital in Carteret County. Thank you for your time and attention to this critical issue.

Regards,

  
Jeffrey K. Moore, Board Member  
Carteret Health Care

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Regards,

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Mark Shouse, Board Member  
Carteret Health Care

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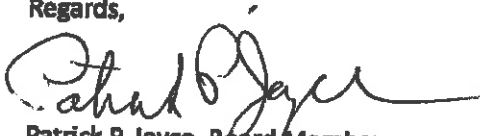
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Regards,

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Patrick P. Joyce, Board Member

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Stephen Sullivan, Board Member  
Carteret Health Care