



**Medical Facilities Planning**

## Technology & Equipment Minutes

*August 29, 2007*

**10:00 am – 12 Noon**

The Jane S. MCKimmon Center

<p><u>MEMBERS PRESENT:</u> Dr. Christopher Ullrich, Chair; Greg Beier; Dr. Richard Bruch; Dr. Dennis Clements; Charles Hauser; Mac McCrary; Dr. William McMillan; Stephen Nuckolls</p>
<p><u>MEMBERS ABSENT:</u> William Wainwright</p> <p><u>Other SHCC Members Present:</u> Dr. Dan Myers, SHCC Chair</p> <p><u>Medical Facilities Planning Section Staff Present:</u> Tom Elkins and Kelli Fisk</p> <p><u>DHSR Staff Present:</u> Bob Fitzgerald, Lee Hoffman, Jeff Horton and Elizabeth Brown</p>

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed attendees to the meeting and reviewed the agenda for the day's meeting. He noted that committee meetings were open to the public, but that the meeting did not include a Public Hearing; therefore, discussion would be limited to members of the committee and staff, unless questions were directed specifically to someone in the audience.		
Approval of minutes from the April 25 and May 16, 2007 Meetings	<p>Dr. Ullrich noted that one editorial change should be made in the minutes of the April 25<sup>th</sup> Meeting. The change is in the third line of the fifth paragraph on page five. The new wording adds the following underlined words "of <u>the</u> business plan and no where near the full utilization."</p> <p>Motion was to accept the amended wording and approve the minutes.</p>	Dr. McMillan Mr. Hauser	The motion was unanimously approved.

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Issues related to PET Scanners	<p>A. Review of Agency Recommendations Related to Fixed PET Scanners: Mr. Elkins indicated that there is a need determination based on the methodology in the Proposed 2008 SMFP for one fixed dedicated PET scanner in HSA II. He said that it is also recommended that the methodology in the Positron Emission Tomography (PET) Scanners Section of Chapter 9 of the Proposed 2008 SMFP continue over into the Final 2008 SMFP, including retaining the annual capacity of a fixed dedicated PET scanner at 2,600 procedures. He stated that there is no need for any additional fixed dedicated PET scanners anywhere else in the State.</p> <p>B. Review of Agency Recommendations Related to Mobile PET Scanners: Mr. Elkins stated that there is no need for any mobile dedicated PET scanners anywhere in the State.</p> <p>C. Consideration of Petition from Presbyterian Hospital: Mr. Elkins said that the petition requested an adjustment to the need determination contained in the Proposed 2008 State Medical Facilities Plan (SMFP) in Table 9M, page 122, to show a need determination for a fixed dedicated positron emission tomography (PET) scanner in Health Service Area (HSA) III. Mr. Elkins indicated that the Agency Recommendation was to deny the petition in its request to adjust the need determination contained in the Proposed 2008 SMFP.</p> <p>Discussion: Committee members indicated that the Discussion Group earlier in August had considered many of the various issues involved in this area. Mr. Hauser indicated his support because of the nature of PET scanner use for the better diagnosis of cancer.</p>		

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	Motion was to approve the petition from Presbyterian Hospital as submitted.	Dr. Bruch Mr. Hauser	A vote on the motion produced the following result: 4 in favor, 1 against, and 2 abstentions (Mr. Beier recused himself from voting and Dr. Clements did not vote). Motion carried.
Issues related to MRI Scanners	<p>A. Review of Agency Recommendations Related to Fixed MRI Scanners: Mr. Elkins stated that there are need determinations based on the methodology in the Proposed 2008 SMFP. There is a need for an additional fixed MRI scanner in each of the 11 MRI Scanner Service Areas of Carteret, Chowan, Craven, Forsyth, Jackson, Lenoir, Lincoln, Orange, Surry, Vance-Warren, and Wilkes. He also indicated that there is no need based on the regular methodology for any additional fixed MRI scanners anywhere else in the State unless there are adjusted need determinations that are approved based on petitions.</p> <p>B. Consideration of Petition from Alliance Imaging: Mr. Elkins said that the petition requested a change in Chapter 9 of the Proposed 2008 SMFP to include the following statement: "There is no need for any additional mobile magnetic resonance imaging scanners anywhere in the State." Mr. Elkins indicated that the Agency Recommendation was to deny the petition in its request to add the additional suggested language in the Final 2008 SMFP.</p> <p>Motion was to approve the Agency Recommendation to deny the petition.</p> <p>C. Consideration of Petition from Ashe Memorial Hospital: Mr. Elkins indicated that the petition requested an adjusted need determination for a fixed MRI scanner for the Ashe MRI Service Area in the Final 2008 SMFP given the geographic issues and the limited access to mobile</p>	Mr. Beier Dr. McMillan	The motion was unanimously approved.



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	<p>F. Consideration of Comments related to the Need Determination for Multi-Position MRI Scanners in the Proposed 2008 SMFP: Dr. Ullrich noted the comments that had come in during the summer related to the multi-position or upright MRI scanner. Other committee members noted that the public hearings and the comments had caused them to change their minds on how many they thought appropriate to place in the Final 2008 SMFP. Dr. Bruch answered some of the questions raised as well. There was further discussion on the issues.</p> <p>Motion was to approve an adjusted need determination for 2 demonstration projects for a fixed multi-position MRI scanner approved for inclusion in the Final 2008 SMFP. One demonstration project of one fixed multi-position MRI scanner shall be located in the western portion of the state (HSAs I, II, and III). One demonstration project of one fixed multi-position MRI scanner shall be located in the eastern portion of the state (HSAs IV, V and VI).</p> <p>The multi-position MRI scanners are MRI scanners that can be placed in an upright position. The multi-position MRI scanners shall not be counted in the regular inventory of MRI scanners for the 1<sup>st</sup> year of operation. After the 1<sup>st</sup> year of operation they would be placed in the inventory of the MRI Service Area in which it is located. They could not later be replaced with a conventional MRI scanner. There would be equal access for all spine surgeons (both neurological and orthopaedic surgeons in the state). An annual report would be provided to the CON and Medical Facilities Planning Sections outlining the utilization of the MRI scanners and the patient mix of insured, underinsured, and uninsured clients.</p>	<p>Mr. Hauser Dr. Clements</p>	<p>The motion was approved by a vote of 7 in favor and 1 against.</p>

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Issues related to Linear Accelerators	<p>A. Review of Agency Recommendations Related to Linear Accelerators: Mr. Elkins stated that Table 9H indicates that there are two service areas where the threshold equals .25+; however, there is no need determination for Service Areas 17 and 18 because these service areas do not meet the criterion of a population base of 120,000 per linear accelerator. He said that it is recommended that there is no need based on the regular methodology for any additional linear accelerator anywhere in the State unless there are adjusted need determinations that are approved based on petitions.</p> <p>B. Consideration of Petition from Moses Cone Health System: Mr. Elkins said that the petition requested an adjusted need determination in Linear Accelerator Service Area 12 (Guilford &amp; Rockingham) to add one (1) linear accelerator with stereotactic radiosurgery capabilities. Mr. Elkins indicated that the Agency Recommendation was to deny the petition for an adjusted need determination. The Agency believes that there should not be a special need determination for a linear accelerator that is configured for stereotactic radiosurgery or specifies other configurations or specifications. We believe that the best approach for the petitioner is to pursue an SRS upgrade or a replacement linear accelerator with a SRS configuration for one of its present linear accelerators.</p> <p>Motion was to approve the Agency Recommendation to deny the petition.</p> <p>C. Consideration of Petition from Cape Fear Valley Health System: Mr. Elkins indicated that the petition requested separating the Cyber Knife linear accelerator from the regular category of linear accelerator equipment. The Agency recommends denying the petition; however, the Agency recommends approval of an adjusted need</p>	<p>Dr. McMillan Dr. Clements</p>	<p>The motion was unanimously approved.</p>



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	<p>B. Consideration of Petition from Halifax Regional Medical Center: Mr. Elkins stated that the petition requested an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Halifax County. He indicated that the Agency Recommendation was to approve an adjusted need determination.</p> <p>C. Consideration of Petition from Scotland Memorial Hospital. Mr. Elkins stated that the petition requested an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Scotland County. He indicated that the Agency Recommendation was to approve an adjusted need determination.</p> <p>E. Review of Agency Recommendations Related to Lithotripsy: Mr. Elkins indicated that the lithotripsy section would carry forward with no changes and no need determinations.</p> <p>F. Review of Agency Recommendations Related to Gamma Knife: Mr. Elkins indicated that the Gamma Knife section would carry forward with no changes and no need determinations.</p> <p>Motion was to accept all agency recommendations on Cardiac Cath, Lithotripsy and Gamma Knife.</p>	<p>Mr. Beier Mr. Hauser</p>	<p>The motion was unanimously approved</p>
<p>Committee Recommendations to go to the SHCC</p>	<p>Motion was to forward all recommendations to the NC State Health Coordinating Council.</p>	<p>Mr. Beier Mr. Hauser</p>	<p>The motion was unanimously approved</p>
<p>Adjournment</p>	<p>Meeting was adjourned.</p>		