



North Carolina State Health Coordinating Council Technology & Equipment Committee Minutes *April 21, 2008*

10:00 am – 12 Noon
The Jane S. MCKimmon Center

Medical Facilities Planning

<p>MEMBERS PRESENT: Dr. Christopher Ullrich, Chair; Dr. William McMillan; Dr. Richard Bruch; Dr. Dennis Clements; Charles Hauser; Laurence Hinsdale; Mac McCrary and Stephen Nuckolls</p> <p>MEMBERS ABSENT: William Wainwright</p> <p>Other SHCC Members Present: Dr. Dan Myers, SHCC Chair</p> <p>Medical Facilities Planning Section Staff Present: Tom Elkins and Kelli Fisk</p> <p>DHSR Staff Present: Bob Fitzgerald, Jeff Horton, Elizabeth Brown and Lee Hoffman</p>	
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Standing Agenda	Discussion	Individuals Making Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed the members and the public to the 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 August 29, 2007 Meeting	Motion was to accept the August 29, 2007 Committee Meeting minutes.	Dr. McMillan Dr. Clements	The motion was unanimously approved.
Issues related to Gamma Knife	Mr. Elkins reviewed the Gamma Knife Section of the Proposed 2009 North Carolina State Medical Facilities Plan (SMFP). Mr. Elkins indicated that there was no need for an additional gamma knife anywhere in the state. Dr. Ullrich asked that the section on the linear accelerators configured for stereotactic radiosurgery treatment be moved into the section on linear accelerators.		

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	<p>C. Issues related to the Linear Accelerator Discussion Group: Mr. Elkins briefly reviewed the material related to issues discussed at the Discussion Group meeting on April 9, 2008. He indicated that the material was provided by the different entities as noted on the divider pages between the different submissions of material.</p> <p>The material will be used to prepare Agency recommendations in the future. In the discussion that followed the review, it was clear that there were no issues that were critical and had to be addressed immediately. The changes could be done incrementally.</p>		
<p>Issues related to Positron Emission Tomography Scanners</p>	<p>A. Review of Agency Recommendations Related to PET Scanners: Mr. Elkins indicated that the Agency had presented two alternatives for the methodology to determine fixed dedicated PET scanners. One of the alternatives was the present methodology as found in the 2008 SMFP. The other alternative is to change the annual capacity of a fixed dedicated PET scanner to 3000 procedures and the 80% capacity to 2400 procedures.</p> <p>Motion was made to accept the second alternative with the annual capacity of a fixed dedicated PET scanner set at 3000 procedures and the 80% capacity set at 2400 procedures. Alternative Table 9K reflected the 3000/2400 procedures methodology.</p>	<p>Mr. Hauser Dr. McMillan</p>	<p>The motion was unanimously approved.</p>

Standing Agenda	Discussion	Individuals Making Motions	Recommendations/ Actions
	<p>B. Review of material related to the PET Scanner Discussion Group: Mr. Elkins briefly reviewed the material related to issues discussed at the Discussion Group meeting on April 9, 2008. He indicated that the material was provided by the different entities as noted on the divider pages between the different submissions of material.</p> <p>C. Motion was made that the Committee make an advisory recommendation to the Certificate of Need Section on a performance standard for a PET scanner review process to include 60% of the threshold of 2400 procedures (1440) as the target figure for the third year of operations of applicants.</p> <p>D. Dr. Bruch made a motion to establish a conversion mechanism for a mobile PET site with a threshold of 800 procedures triggering a need for a fixed PET scanner.</p> <p>E. There was a discussion about establishing service areas for PET scanners; however, there was no commitment by the Agency to develop this area given the change in staffing and the need to prepare patient origin data. Establishment of service areas would not appear to be a critical issue and needs to be addressed immediately.</p>	<p>Dr. Bruch Mr. Hauser</p> <p>There was no second to this motion.</p>	<p>The motion was adopted by a 4 to 2 vote, with one abstention.</p>
Adjournment	The meeting was adjourned.		