

5/28/2008

**Summary of Recommendations
From the Technology and Equipment Committee
To the SHCC
Related to Chapter 9 of
the Proposed 2009 SMFP**

A. Recommendations Related to Lithotripsy:

It is recommended that no need exists for additional lithotripters anywhere in the State and that, apart from data updates, no substantive changes will be reflected in the Proposed 2009 SMFP.

B. Recommendations Related to Gamma Knife:

It is recommended that no need exists for an additional Gamma Knife anywhere in the State and that, apart from data updates, no substantive changes will be reflected in the Proposed 2009 SMFP.

C. Recommendations Related to Linear Accelerators:

The methodology incorporates a geographic accessibility criterion (population base of 120,000), a criterion aimed at assuring efficient use of megavoltage radiation facilities (when ESTV Procedures divided by 6,750 minus the number of present linear accelerators equals .25+), and a criterion that when a service area has 45% or more of the patients coming from outside the service area. A need determination is generated when two of the three criteria are met within a service area.

In addition, it was suggested by some radiation oncologists several years ago that we do not count CPT Code 77427, weekly radiation therapy management, in the totals of freestanding radiation oncology centers. We did accept that advice last year and removed the totals for CPT Code 77427 from the totals. We have removed the totals for CPT Code 77427 from Table 9G.

As Table 9H indicates, there are two service areas where the threshold equals .25+; however, there is no need determination for Service Areas 17 and 19 because these service areas do not meet the criterion of a population base of 120,000 per linear accelerator.

Through the regular need determination methodology, it is determined that there is no need for an additional linear accelerator anywhere in the State.

There was one petition:

Petition

Cary Urology PA

The Committee recommends denial of the petition in its request for a change to the methodology. The Committee suggests that the petitioner consider a petition for an adjusted need determination in the Final 2009 SMFP for a linear accelerator in Service Area 20 addressing the issue of access to some of the underserved population in the service area.

D. Recommendations Related to Positron Emission Tomography (PET) Scanners:

Review of Committee Recommendations Related to PET Scanners: At the 4/21/08 Committee meeting, the Agency 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. The Committee recommends 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 reflects the 3000/2400 procedures methodology. The first part of the methodology indicates that there is a no need for any additional fixed dedicated PET scanners anywhere in the State.

It is recommended that there is no need for any mobile dedicated PET scanners anywhere in the State.

It is recommended that there is no need for any additional coincidence circuitry anywhere in the State.

E. Recommendations Related to Magnetic Resonance Imaging (MRI)

Table 9O reflects the MRI service areas and the calculations for determining need. Table 9Q indicates the service areas where need determinations are shown for the proposed 2009 State Medical Facilities Plan (SMFP). It is recommended that there are need determinations for additional fixed MRI Scanners in Orange, Randolph and Rowan counties. There is no need determination for fixed MRI Scanners anywhere else in the State. These tables reflect the first run of data as entered in the database. As in past years, staff will continue to refine these tables with corrected data.

F. Recommendations Related to Cardiac Catheterization Equipment

It is determined that no need exists for additional units of fixed cardiac catheterization equipment anywhere else in the State and no other reviews are scheduled. It is also determined that there is no need for additional units of shared fixed cardiac catheterization equipment and no reviews are scheduled. Lastly, it is recommended that it is further determined that mobile cardiac catheterization equipment and services shall only be approved for development on hospital sites.