



Technology & Equipment Committee Minutes

May 9, 2012

10:00 am

Brown Bldg Room 104

MEMBERS PRESENT: Dr. Christopher Ullrich, Dr. Richard Bruch, Dr. Dennis Clements, Mr. Harold Hart, Laurence Hinsdale; Dr. Eric Janis, Dr. Deborah Teasley
MEMBERS ABSENT: Dr. Richard Bruch, Mr. Harold Hart, Mr. Daniel Hoffmann, Dr. John Holt Jr.
MFPS Staff Present: Nadine Pfeiffer, Tom Elkins, Shelley Carraway, Erin Glendening, Kelli Fisk
DHSR Staff Present: Craig Smith, Lisa Pittman

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed members, staff and visitors to the meeting. Dr. Ullrich noted the meeting was 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.		
Review of Executive Orders No. 10 and 67.	Dr. Ullrich reviewed Executive Orders No.10 and 67 "Ethical Standards for the State Health Coordinating Council" Guide, asking all members that as they introduce themselves to include if they would be recusing themselves from any items on today's agenda.		
Introductions	Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items come up. Mr. Ludwig recused from the voting on any agenda items related to the Cardiac Catheterization Equipment Section. No other members recused themselves from voting on any matter coming before the Committee at the meeting.		
Approval of minutes from September 7, 2011	A motion was made and seconded to approve the minutes.	Dr. Clements Dr. Janis	Minutes approved
Lithotripsy Assumptions and Methodology	Mr. Elkins reviewed with the Committee the Lithotripsy need assumptions and methodology. Mr. Elkins stated North Carolina uses a methodology based on the incidence of urinary stone disease. The need is linked to the estimate of urinary stone disease cases and is based on the assumption that 90 percent could be		

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Recommendation	<p>treated by ESWL.</p> <p>Mr. Elkins stated there are fourteen Lithotripters in the state and there is no additional need in the 2013 SMFP.</p> <p>A motion was made and seconded to recommend acceptance of the lithotripsy assumptions and methodologies for the Proposed 2013 SMFP, and to advance references to years by one as appropriate.</p>	Dr. Janis Dr. Teasley	Motion approved
Gamma Knife Assumptions and Methodology Recommendations	<p>Mr. Elkins reviewed the need assumptions and methodology for Gamma Knife. Mr. Elkins stated the gamma knife's service area is the gamma knife planning region in which the gamma knife is located. There are two gamma knife planning regions, the west region (HSAs I, II, and III) and the east region (HSAs IV, V, and VI). The gamma knife located at Wake Forest University Baptist Medical Center in HSA II serves the western portion of the state (HSAs I, II, and III). The gamma knife located in Pitt County at Vidant Medical Center in HSA VI serves the eastern portion of the state (HSAs IV, V and VI). The two gamma knives assure that the western and eastern portions of the state have equal access to gamma knife services. There is adequate capacity and geographical accessibility for gamma knife services in the state.</p> <p>Mr. Elkins stated it is determined that there is no need for an additional gamma knife anywhere in the state and no reviews are scheduled.</p> <p>A motion was made and seconded to recommend acceptance of gamma knife assumptions and methodology for the Proposed 2013 SMFP, and to advance references to years by one as appropriate.</p>	Mr. Hinsdale Dr. Janis	Motion approved
Linear Accelerator Assumptions and Methodology	<p>Mr. Elkins stated that the table the members received earlier indicated a need determination. Mr. Elkins stated as Onslow County is below Northampton County on the alphabetical list of counties on the reporting form when the data information was being entered the data for Onslow County was entered under Northampton. Mr. Elkins stated that Onslow Radiation Oncology was contacted by it's consultant and asked to review this data. It was determined this was an error. Mr. Elkins noted that once this information was corrected, the need determination was eliminated.</p> <p>Mr. Elkins reviewed the basic assumptions and methodology for Linear Accelerators stating a linear accelerator's service area is the linear accelerator planning area in which the linear accelerator is located. Linear accelerator</p>		

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Recommendations	<p>planning areas are the 27 multi-county groupings shown in Table 9G. In determining whether an additional linear accelerator is needed in a service area, three principal questions must be addressed:</p> <ol style="list-style-type: none"> 1. Are the linear accelerators in a linear accelerator service area performing more than 6,750 procedures (ESTVs) per accelerator per year? 2. Is the population that lives in a linear accelerator service area sufficiently great to support the addition of another accelerator (population per accelerator greater than 120,000 - a figure suggested by the Inter-Society Council for Radiation Oncology)? 3. Does the patient origin data show that more than 45 percent of the patients come from outside the service area? <p>Patient origin data is requested in order to establish service areas, and the vast majority of facilities have responded with patient origin data.</p> <p>A motion was made and seconded to recommend acceptance of the linear accelerator assumptions and methodology for the Proposed 2013 SMFP, and to advance references to years by one as appropriate.</p>	Mr. Hinsdale Dr. Janis	Motion approved
Review of Positron Emission Tomography (PET) Scanner Assumptions, Methodology and Need Determinations Recommendations	<p>Mr. Elkins reviewed with the Committee the need assumptions, methodology and need determination for fixed PET scanners. Mr. Elkins noted PET is going to generate a need and the Branch is anticipating a petition during the summer public hearings. Mr. Elkins stated in Table 9I, N.C. Baptist Hospital is showing a 85.7% utilization rate. Mr. Elkins stated that after having an earlier conversation with Baptist they have determined they do not see a need for another scanner. Mr. Elkins noted again he did expect to see a petition during the public comment period this summer.</p> <p>A motion was made and seconded to recommend acceptance of the PET assumptions and methodology for the Proposed 2013 SMFP, to adopt the current determination of a need for additional PET scanner in HAS II for the Proposed 2013 SMFP, and to advance references to years by one as</p>	Mr. Hinsdale Dr. Clements	Motion approved

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	appropriate.		
Magnetic Resonance Imaging Assumptions and Methodology Recommendations	<p>Mr. Elkins reviewed with the Committee the Magnetic Resonance Imaging need assumptions and methodology. Mr. Elkins stated that the draft tables does indicate one need determination in Rutherford County. Mr. Elkins noted that he contacted Rutherford Hospital and was not able to talk with the person he needed to talk with. Mr. Elkins stated he would be in contact with them to make sure Rutherford has the data correct and if they are really in need of another MRI. Mr. Elkins noted this need may be eliminated if the data is incorrect.</p> <p>A motion was made and seconded to recommend acceptance of the MRI scanner assumptions and methodology for the Proposed 2013 SMFP, and to advance references to years by one as appropriate.</p>	Dr. Clements Mr. Ludwig	Motion approved
Cardiac Catheterization Equipment assumptions and Methodologies Recommendations	<p>Mr. Elkins reviewed with the Committee the Cardiac Catheterization Equipment need assumptions and methodologies. Mr. Elkins stated that this methodology has been in place for a number of years.</p> <p>Mr. Elkins stated that the capacity of an unit of cardiac catheterization equipment as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80 percent of capacity. One therapeutic cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient age 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.</p> <p>Mr. Elkins stated a need determination has been generated for Craven, Jones and Pamlico service area and recommend this need be forwarded to the SHCC.</p> <p>A motion was made and seconded to recommend acceptance of the cardiac catheterization assumptions and methodologies for the Proposed 2013 SMFP, and to advance references to years by one as appropriate.</p>	Dr. Teasley Dr. Clements	Motion approved Mr. Ludwig recused himself from this vote
Other Business	A motion was made and seconded for staff to make updates and corrections to the data and tables as indicated. There was no other business brought before the Committee.	Mr. Hinsdale Dr. Clements	Motion approved
Adjournment	There being no further business, the meeting was adjourned.		