Medical Facilities Planning

Technology & Equipment Committee
Draft Minutes
September 17, 2013
10:00 am
Brown Bldg Room 104

Members Present: Dr. Christopher Ullrich, Dr. Richard Bruch, Dr. Dennis Clements, Mr. Laurence Hinsdale, Dr. Deborah Teasley, Mr. Jerry Parks
Members Absent: Dr. Richard Akers, Mr. Harold Hart, Mr. Daniel Hoffmann, Mr. Tim Ludwig, Dr. Jeffery Moore
MFPB Staff Present: Nadine Pfeiffer, Shelley Carraway, Paige Bennett, Kelli Fisk
DHSR Staff Present: Craig Smith, Martha Frisone, Lisa Pittman, Drexdal Pratt, Cheryl Ouimet, Patsy Christian
AG's Office: Joel Johnson

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed members, staff and visitors to the meeting and asked members and staff to introduce themselves. He 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". 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. Richard Bruch recused from voting on the Person Memorial Hospital petition. Dr. Dennis Clements recused from voting on the Duke University Health System dba Duke Raleigh Hospital petition. No other members recused from voting on any matter coming before the committee at the meeting. Dr. Ullrich asked members to declare conflicts as agenda items came up.		
Approval of minutes from April 24, 2013	A motion was made and seconded to approve the minutes.	Dr. Bruch Mr. Hinsdale	Minutes approved
Cardiac Catheterization:	Ms. Carraway noted two petitions were received regarding cardiac catheterization.		

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	<u>Petitioner: Novant Health Thomasville Medical Center – Davidson County</u> Novant Health Thomasville Medical Center requested an adjusted need determination for one unit of shared fixed cardiac catheterization equipment for Davidson County for the 2014 State Medical Facilities Plan (SMFP). Ms. Carraway reviewed the petition and agency report, which recommended denial of the petition. While the petition pointed out that Davidson County residents are leaving the county for services, the distance to available services is less than 10 miles. The agency concluded that Davidson County does not have sufficient volume of mobile cardiac patients in need of cardiac catheterization to support a shared fixed cardiac catheterization laboratory and no geographic barriers to impact resident's access to services. The Committee discussed the petition and agency report with Dr. Bruch supporting the petition due to the need of hospitals to provide high quality cardiac services. Mr. Hinsdale pointed out that the charge of the CON law and the SHCC was not economic development.		
	<u>Committee Recommendation:</u> A motion was made to approve the petition – there was no second.	Dr. Bruch	Motion failed with no second
	Dr. Ullrich made a motion to deny the petition. The committee voted to deny the petition.		4-1 vote Petition denied
	<u>Petitioner: New Hanover Regional Medical Center</u> New Hanover Regional Medical Center (NHRC) requested an adjusted need determination to remove the need for one additional fixed cardiac catheterization laboratory in New Hanover County, as shown in the Proposed 2014 State Medical Facilities Plan (SMFP). Ms. Carraway reviewed the petition and agency report, which recommended approval of the petition. Ms Carraway described an historic downward trend in number of total diagnostic equivalent cardiac catheterization procedures in North Carolina since 2006. The petition demonstrated that New Hanover Regional Medical Center has unique attributes, such as longer operating hours allowing		

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	greater capacity on the equipment currently in the county. The petitioner was the only potential provider of cardiac catheterization services in New Hanover County and had no desire to increase capacity. Within the process of the committee discussion of the two submitted petitions was a general discussion about the Cardiac Catheterization methodology. No specific methodology changes was suggested or identified. One committee member expressed an interest in future discussion of the methodology. Dr. Ullrich, the committee chair, noted the request. Committee Recommendation: Dr. Ullrich made a motion to approve the petition. Dr. Ullrich entertained a motion to forward the Cardiac Catheterization section to the full SHCC.		Motion approved – Petition approved Dr. Bruch recused from voting Motion approved
Magnetic Resonance Imaging (MRI)	Dr. Ullrich referenced an update to the MRI scanner inventory table in Chapter 9. Ms. Carraway explained that updated data was received over the summer resulting in a correction to the MRI scanner inventory table. The changes did not add any MRI scanners to the inventory, but did increase the total number of MRI scans performed, and resulted in a projected need determination in Orange County. No action was needed or taken on this update. Ms. Carraway noted two petitions were received. Petitioner: Person Memorial Hospital Person Memorial Hospital requested an adjusted need determination for one fixed Magnetic Resonance Imaging (MRI) scanner in Person County in the 2014 State Medical Facilities Plan (SMFP). Ms. Carraway reviewed the petition and agency report. Ms. Carraway explained the unique circumstances in Person County described in the petition. The agency recommended approval of the petition with the conclusion that Person County does have unique circumstances including 1) a sufficient number of Person		

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	County residents in need of MRI services; 2) distance to current fixed MRI services; and 3) a local health care system available to support a fixed MRI scanner. Committee Recommendation A vote was taken to approve or deny the petition. The vote ended with a tie of 2-2. The chairman voted to break the tie and the petition was approved.		Vote 3-2 Petition approved Dr. Clements and Dr. Bruch recused from voting.
	Petitioner: Cape Fear Valley Health System Cape Fear Valley Health System requested an adjusted need determination for one fixed Magnetic Resonance Imaging (MRI) scanner in Bladen County in the 2014 State Medical Facilities Plan (SMFP). Ms. Carraway reviewed the petition and agency report, which recommended denial of the petition. Ms. Carraway explained the petition's position utilizing a calculated estimated volume of MRI procedures to warrant 1.2 MRI scanners. The calculations in the petition assumed 100% of Bladen County residents would remain within the county for services. Data indicated the expected average volume that would remain would be 48.6% resulting in a need for .57 MRI scanners. There were no unique circumstances or geographic barriers in Bladen County at this time to warrant an adjusted need determination for a fixed MRI scanner. Committee Recommendation: Dr. Ullrich made a motion to deny the petition. A vote was taken.		Vote 2-1 Petition denied Dr. Bruch abstained from voting.
	Committee Recommendation: Dr. Ullrich entertained a motion to forward the MRI section to the full SHCC.	Mr. Hinsdale Dr. Clements	Motion approved

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Linear Accelerator	Ms. Carraway noted one petition was received. Petitioner: Duke University Health System, Inc. d/b/a Duke Raleigh Hospital Duke Raleigh Hospital requested an adjusted need determination in Service Area 20 (Wake and Franklin Counties) for one linear accelerator, to meet a perceived unmet demand for additional linear accelerator capacity in the service area. Ms. Carraway reviewed the petition and agency report, which recommended denial of the petition. The petition described an unmet need in Service Area 20 due to one undeveloped and one "under-utilized" linear accelerator included in the inventory of the service area. Ms. Carraway explained that the need was not demonstrated in Service Area 20 even if the two linear accelerators described by the petition were removed from the inventory. The need demonstrated in reported data as utilization exceeding capacity was at the facility level – Duke Raleigh. The methodology addressed the needs of the area with no consideration for specific facilities. The Committee discussed the issue and acknowledged the complex dimensions to the resolution of the issue. Committee Recommendation: Dr. Ullrich made a motion to deny the petition. A vote was taken. Committee Recommendation: Dr. Ullrich entertained a motion to approve the petition to add a need to Service Area 20. Committee Recommendation: Dr. Ullrich entertained a motion to forward the Linear Accelerator section to the full SHCC.	Dr. Bruch Mr. Hinsdale Dr. Bruch Mr. Hinsdale Dr. Bruch	Vote 1-2 Dr. Clements recused from voting. Motion approved Petition approved Motion approved
Lithotripsy	Dr. Ullrich reported that there were no petitions or comments received regarding the lithotripsy or gamma knife section of the Proposed 2014 SMFP. There were no substantive changes and the standard methodology continues to show no need for additional lithotripters or gamma knife's anywhere in the State.		

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Positron Emission Tomography (PET)	Dr. Ullrich reported that the committee received no petitions in reference to the PET scanners section of the Proposed 2014 SMFP but did receive comments for mobile PET's and the PET methodology. Dr. Ullrich stated the committee was not required to act upon comments but did discuss the issues brought forth in the comments. Dr. Ullrich stated no motion was required or taken on the comments. Dr. Ullrich noted the committee was committed to have a PET discussion review that followed the formal session. Committee Recommendation: A motion was made and seconded to forward committee recommendations to the SHCC regarding Chapter 9 data and need determinations with the understanding that staff would continue to make necessary updates to narratives, tables and need determinations.	Dr. Clements Dr. Bruch	Motion approved
Other Business PET Methodology Discussion	Dr. Ullrich announced the committee dates for 2014 as follows: April 23, 2014 May 7, 2014 September 16, 2014 Dr. Ullrich also announced the dates for the SHCC meetings in 2014: March 5, 2014 May 28, 2014 October 1, 2014 Dr. Ullrich reminded all members of the October 2, 2013, SHCC meeting. Dr. Ullrich stated that if anyone in the audience wanted to add to the discussion they would be recognized. Dr. Ullrich opened up the PET Discussion meeting stating the meeting was a discussion of ideas. Dr. Ullrich stated there were a couple of reoccurring themes he was hearing. The two current mobile PET's - one in the east and one in the west - are heavily subscribed. Dr. Ullrich noted the state map each member received indicated both fixed and mobile sites. Dr. Ullrich stated Randolph County submitted comments		

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	indicating the ability to get additional mobile time or to obtain mobile time at the time the provider community feels is patient convenient is not available. Dr. Ullrich also noted it is difficult to recruit and retain oncologists in many of the regional hospitals without access to PET technology. Dr. Ullrich stated that one paradigm was to do nothing due to the fact that utilization statewide was declining. Dr. Ullrich stated he did a very informal poll of a number of providers, none that were showing substantial growth and some showing continuing declining growth in 2013. Geographic access to services is well distributed. Dr. Ullrich stated all the comprehensive cancer treatment centers in N.C. have PET access or fixed PET scanners. At this time, Dr. Ullrich welcomed comments from the members and guests: Dr. Teasley stated that she would like to see the development of mobile PET methodology. Dr. Clements commented on the difficulty of the issue and the answer. David French noted a petition to allow the current two scanners to cross territories. He suggested a change to the service areas to statewide and make the capacity for mobile to be the same as fixed. Craig Smith from CON commented on the issues with changing the conditions of the current CONs on the two mobile PET scanners. Dr. Ullrich outlined some suggested alternatives. The first is to create a mobile threshold for additional capacity. The question would be whether to maintain the east/west divide to trigger the need. There would continue to be HSA I-III and HSA I-IV, or to eliminate the east/west requirement and have only one statewide need for a future capacity that could travel freely throughout the state. The question remained is the determination of the right number to trigger that need. Dr. Bruch expressed interest in a statewide model for new mobile PET scanners that do not have a geographic/regional limitation. He was not in favor of restricting locations based on current inventory.		

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	Dr. Ullrich stated he received a suggestion from Tim Ludwig to look at ways to encourage mobile to fixed site to make it easier to get a fixed site to alleviate some of the current mobile sites. Dr. Bruch stated the threshold might need to be lowered to enable this concept. Ms. Martha Frisone stated if the SHCC established a methodology and criteria for a mobile site to convert to a fixed site and the Governor approved the Plan, CON would go through the process to change the administrative rules that apply in that review. Ms. Frisone stated the rules that are in place now are based on the rules the SHCC developed when the methodology was first put into place. Ms. Frisone stated the rules would need to coordinate with the methodology and criteria the SHCC develops and new thresholds for converting a mobile site to a fixed. Mr. Per Normaek from MedQuest stated most providers that are using mobile services would never be able to have a fixed unit simply because of the capital expenditure required to build it out. Mr. Normaek stated he had received several calls from small hospitals stating they have ½ day of service but need more to satisfy their patients and cannot get it. Mr. Normaek stated there may be hospitals that maximize their fixed PET capacity and need a day or two of mobile PET service. He favors the establishment of a mobile PET need methodology. Ms. Tiffany Brooks of MedQuest stated that at no point was there a need generated for mobile service in spite of the fact that mobile service for PET has been increasing consistently above the 2600 procedure threshold level. Yet in the last 10 years, there have been no new mobile PET's. Ms. Brooks stated MedQuest currently has 18 sites in the west and 12 sites in the east with two units gong back and forth serving all these sites. Ms. Brooks noted during the summer Medicare approved three scans for patients instead of one scan. This will affect scan volumes in the future. Another issue with the current approach is the consideration of PET volume at the mobile sites but suggested the mobile volume as a whole is a more appropriate consideration. Ms. Brooks stated the simplest approach is to keep the east/west divided and when a scanner hits the 2600 procedure level that area should receive a new mobile PET. Ms. Barb Freedy stated another factor to take into consideration was that the vast		

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	majority of PET scans are for cancer patients. Ms. Freedy stated there are enough linear accelerators in the mid-size non-rural hospitals. Ms. Freedy stated the mid-size hospitals are trying to offer sophisticated cardiac and cancer services. Ms. Freedy does not support a distinct line between rural and urban sites. Dr. Ullrich stated another avenue to look at would be to encourage fixed to mobile conversion for the underutilized sites. This capacity would be much better utilized and cost effective and add some flexibility. Dr. Clements stated that it is a business decision whether a hospital will convert from a fixed to a mobile PET site. Mr. Hinsdale suggested it would be valuable to model all of the approaches to determine the correct approach. Craig Smith observed that the existing mobile PET scanner routes have increased in distance over the years and did not make for a rational schedule. Dr. Bruch, Dr. Clements and Mr. Hinsdale commented on the need for a third scanner. The Committee should be able to resolve this issue. Dr. Ullrich asked if there were any other comments and there were none. Dr. Ullrich stated the agency was going to create a web link for the public to recommend suggestions and comments regarding the PET issue. Dr. Ullrich stated that Shelley Carraway would be the moderator. Dr. Ullrich stated this would be an open forum. This information received will then form a proposal to be reviewed in the spring of 2014 to undertake the revision of the PET methodology. Dr. Ullrich thanked all members, guests and staff for attending the meeting and participating in the discussion regarding the PET issues.		
Adjournment	There being no further business, the meeting was adjourned.		