



## Technology & Equipment Committee Minutes - **DRAFT**

April 27, 2016

10:00 am

Brown Bldg Room 104

Healthcare Planning & Certificate of Need Section

<b>Members Present:</b> Dr. Christopher Ullrich, Trey Adams, Kelly Hollis, Valarie Jarvis, Dr. Lyndon Jordan III, Dr. Jeffrey Moore, Dr. Prashant Patel
<b>Members Absent:</b> Senator Ralph Hise, Brian Lucas
<b>Healthcare Planning Staff:</b> Shelley Carraway, Paige Bennett, Elizabeth Brown, Amy Craddock, Tom Dickson, Kelli Fisk
<b>DHSR Staff:</b> Mark Payne, Martha Frisone, Lisa Pittman, Fatimah Wilson, Mike McKillip
<b>AG's Office:</b> Bethany Burgon, Jill Bryan

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome &amp; Introductions</b>	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.		
<b>Review of Executive Order No. 46: Reauthorizing the State Health Coordinating Council</b>	<p>Dr. Ullrich reviewed the Executive Order 46 Reauthorizing the State Health Coordinating Council and gave an overview of the procedures to observe before taking action at the meeting. 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 review the agenda and declare any conflicts on today's agenda. Mr. Adams recused from voting on the Proposed Policy: TE-3.</p> <p>Dr. Ullrich stated that if a conflict of interest, not on the agenda, came up during the meeting that the member with the conflict of interest would make a declaration of the conflict.</p>		
<b>Approval of March 30, 2016 Minutes</b>	A motion was made and seconded to approve the minutes.	Mr. Adams Ms. Jarvis	Motion approved

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<p><b>Magnetic Resonance Imaging (MRI) – Chapter 9</b></p>	<p>Ms. Bennett reviewed the data from Table 9P and the need determinations for MRI.</p> <p>-New Tables reviewed by Ms. Bennett</p> <p><i>Ms. Bennett pointed out that data for the 2017 SMFP is compiled from 2016 Registration and Inventory forms and 2016 Hospital License Renewal Applications with a data reporting period of October 1, 2014 - September 30, 2015.</i></p> <p><i>MRI and Cardiac Cath both use the service areas from Chapter 5: Acute Care Beds. These are reviewed every three years as part of the methodology. They were last reviewed in 2014 SMFP so they have been reviewed this year. There were two changes. Hyde which was in both the multi-county service areas with Pitt and Beaufort County will only be in the grouping with Pitt. Tyrrell County which was previously in a multicounty service area with Pitt will now be split between Pitt County and Chowan County. These changes have been made in the MRI database. The service area changes had no impact on tables in the cardiac catheterization Table 9W.</i></p> <p><i>Table 9P shows increases in MRI scans statewide with an increase of almost 5%. However, data is still being cleaned and reviewed. There are also a few facilities that haven't yet reported.</i></p> <p><i>Need determinations so far in MRI are 1 MRI scanner in Lincoln County and 1 MRI scanner in Mecklenburg County.</i></p> <p><i>Duke University has only iMRI in state: reported on 2016 Hospital LRA a total of 109 procedures. No applicants for Policy TE-2.</i></p> <p>Dr. Ullrich noted that Duke System only does intraoperative procedures and not in-patient imaging, and that in the policy there is an option to do in-patient procedures if applied.</p>		

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	<p>Ms. Bennett reviewed the Proposed Policy: TE-3 developed by agency staff.</p> <p><i>Proposed Policy TE-3 was developed based on conversation from the previous T&amp;E committee meeting. This was a result from a petition submitted by CFVMC. Staff met and discussed the issue at length. A data analysis was conducted by using the ratio of weighted scans to population for counties with one fixed scanner. This average was applied to the counties in agency report.. The assumption was that with a full time fixed scanner the number of procedures would increase. Data showed the policy would need to have a lower threshold than the current threshold of 1,716 weighted scans. A threshold of 850 would capture most, but not all of those counties.</i></p> <p><b>Committee Recommendation</b> A motion was made and seconded for approval of the Proposed Policy TE-3 as proposed by staff.</p>	<p>Dr. Moore Dr. Patel</p>	<p>Motion approved (Unanimous) Adams recused</p>
<p><b>Cardiac Catheterization – Chapter 9</b></p>	<p>Ms. Bennett reviewed the data from Tables 9W and the need determinations for cardiac catheterization.</p> <p>-New Tables reviewed by Ms. Bennett</p> <p><i>Ms. Bennett stated the current data in draft table 9S shows that adult diagnostic catheterization procedures have again decreased statewide.</i></p> <p><i>Conversely, Table 9V shows an increase in percutaneous coronary interventional (PCI) procedures. Ms. Bennett stated there might be some data that has been erroneously reported, that she would follow up with facilities. However, even with corrections, Ms. Bennett stated the final totals will be increased from last year.</i></p>		

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	<p><i>Need determinations so far are 1 cardiac catheterization equipment in Cumberland County. Again data is still being cleaned and there are outstanding forms.</i></p>		
<b>Linear Accelerators – Chapter 9</b>	<p>Ms. Bennett reviewed the data for linear accelerators.</p> <p>-New Tables reviewed by Ms. Bennett</p> <p><i>Ms. Bennett stated there was a slight increase in the number of procedures as converted to ESTVs for linear accelerators, Table 9G. However, the number of procedures averaged per LA remains about the same. There are some procedures that are missing which will need to be followed up.</i></p> <p><i>Ms. Bennett stated there were no need determinations although Area 19 is very close to triggering need.</i></p>		
<b>Lithotripsy – Chapter 9</b>	<p>Ms. Bennett reviewed the data for lithotripsy.</p> <p>-New Tables reviewed by Ms. Bennett</p> <p><i>Ms. Bennett stated the number of procedures for lithotripsy decreased from last year as did the average number of procedures by unit. (Last year was 10,459, this year is 10,019)</i></p> <p><i>Ms. Bennett stated there were no need determinations.</i></p>		
<b>Gamma Knife – Chapter 9</b>	<p>Ms. Bennett reviewed the data for gamma knife.</p> <p><i>Ms. Bennett stated that there are no tables for gamma knife and that the data is included in the SMFP. There were 439 procedures were reported by Baptist Hospital and 123 were reported by Vidant Medical Center. These were similar to the number of procedures last year.</i></p>		

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<b>Positron Tomography Scanners (PET) – Chapter 9</b>	<p>Ms. Bennett reviewed the data for PET scanners</p> <p style="text-align: center;">-New Tables reviewed by Ms. Bennett</p> <p><i>Ms. Bennett stated the number of PET scans on fixed scanners rose from 32,381 to 34,135 for an increase of 1,745 procedures even with one machine not yet reporting.</i></p> <p><i>Ms. Bennett noted the number of scans on mobile provides increased as well. Last year 5,870 this year the reported total is 6,505 on two scanners. Both scanners are operating at over 120% capacity using 2600 threshold. There is a third mobile scanner in development through Policy TE-1.</i></p> <p><b>Committee Recommendation</b> Motion with second and vote to authorize staff to make updates and corrections to all tables and narratives as needed. Including updates to the preambles.</p>	<p>Dr. Patel Ms. Jarvis</p>	<p>Motion approved (Unanimous)</p>
<b>Other Business</b>	<p>Dr. Ullrich stated the next Technology and Equipment Committee meeting is Wednesday, September 14th at 10:00 a.m. and the next full SHCC meeting is Wednesday, May 27th, 2016 at 10:00 a.m. Both meetings are in this room.</p>		
Adjournment	<p>There being no further business, Dr. Ullrich adjourned the meeting.</p>		