

**Magnetic Resonance Imaging (MRI) Methodology  
Workgroup Recommendations  
Approved: February 15, 2022  
Submitted to: Technology and Equipment Committee  
April 6, 2022**

The 2021-2022 Magnetic Resonance Imaging (MRI) Methodology Workgroup met four times: November 15 and December 15 of 2021 and January 19 and February 15 of 2022. The Workgroup reviewed the current MRI methodology, received comments from the public and hereby recommends substantial changes to several areas of the MRI methodology and its assumptions. These recommendations are submitted to the Technology and Equipment (T&E) Committee of the SHCC for consideration in the planning cycle for the 2023 State Medical Facilities Plan (SMFP). At the June 1, 2022 meeting, the State Health Coordinating Council (SHCC) will receive the final report and recommendations from the T&E Committee for consideration of inclusion in the Proposed 2023 SMFP.

Refer to **MRI Methodology Recommendations.pdf** for a brief comparison of the current and proposed aspects of the methodology. This document is posted on the Healthcare Planning website for the April 6, 2022 Technology and Equipment Committee meeting.

Based on their expertise and analysis of available data, the MRI Methodology Workgroup makes the following recommendations to revise current aspects of the methodology:

Recommendation 1: Change the nomenclature in the current methodology to describe the four types of scans used in the methodology. Scans without contrast or IV sedation will be referred to as “base” outpatient or “base” inpatient scans. Scans with contrast or IV sedation will be referred to as “complex” outpatient or “complex” inpatient scans. The only substantive change is that sedation is now defined specifically as “intravenous” or “IV” sedation.

Recommendation 2: Change the procedure times to:

- 33 minutes for a base outpatient procedure
- 40 minutes for a complex outpatient procedure
- 60 minutes for a base inpatient procedure
- 70 minutes for a complex inpatient procedure.

Recommendation 3: Adjust the annual operational capacity of MRI scanners to reflect the new procedure times in Recommendation 2. The new operational capacity is an average of 1.8 base outpatient scans per hour, for a total of 6,240 scans per year. The annual operating assumptions do not change; MRI scanners are assumed to operate 52 weeks a year for 66 hours per week.

Recommendation 4: Project need three years beyond the current reporting year. For example, the current reporting year for the 2023 SMFP is 2021; thus, the methodology projects need for 2024.

Recommendation 5: Use three reporting years of data as the basis upon which to project need. Using three years of data helps balance the effects of years with unusually high or low utilization.

Recommendation 6: Include population growth for the three reporting years. Service areas with population decline during the three-year “look-back” period shall be considered to have 0% growth.

Recommendation 7: Use the following utilization thresholds to calculate need determinations:

- 80% utilization (80% of 6,240) or 4,992 adjusted scans for service areas with at least two fixed scanners.
- 70% utilization or 4,368 adjusted scans in service areas with one fixed scanner.
- 30% utilization or 1,872 adjusted scans in service areas with no fixed scanners.