

**Proposed Edits to PET Narrative
Technology and Equipment Committee
April 6, 2022**

Rationale: The narrative does not have an explicit description of how the need determination is calculated when the HSA has placeholders for previous need determinations or CON-approved scanners. All other methodologies in Chapter 17 have a description. Edits are needed to articulate how need determinations have been calculated and approved since the original implementation of the PET methodology. The edits also include the addition of a Column to Table 17F-1. The edits are for clarity only and do not change the methodology or its application.

If approved, the edits below will appear in the Proposed 2023 SMFP.

F. POSITRON EMISSION TOMOGRAPHY SCANNERS

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Dedicated PET scanners can be fixed or mobile. *Mobile* PET scanner means a dedicated PET scanner and its transporting equipment that is moved, at least weekly, to provide services at two or more host facilities. A *fixed* PET scanner is one that is not mobile. ~~A dedicated fixed PET scanner's service area is the HSA in which the scanner is located. Appendix A identifies the multicounty groupings that comprise the HSAs. {this statement is deleted because the same statement is repeated in the Definitions section.}~~

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Assumptions of the Methodology

1. The methodology concerns dedicated fixed PET scanners only. Dedicated scanners do not perform other nuclear medicine procedures.
2. **The facility has a deficit when its overall utilization of** ~~There is a need for one additional dedicated fixed PET scanner when each existing~~ dedicated fixed PET scanners **is** at or above 80% of capacity during the current reporting year. For the purpose of need determination calculations, the annual capacity of a dedicated fixed PET scanner is 3,000 procedures; 80% capacity is 2,400 procedures.

Application of the Methodology

Part 1 (Table 17F-1):

Determine the planning inventory of all fixed PET scanners in the state to include existing fixed PET scanners in operation, approved fixed PET scanners for which a certificate of need was issued but is pending development, and need determinations in prior SMFPs for which a certificate of need has not yet been issued (*Column C*).

- Step 1: For each facility that operates a PET scanner, determine the total number of procedures performed on all fixed PET scanners located at the facility for the current reporting year (*Column D*).
- Step 2: Multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine the PET scanner capacity at each facility.
- Step 3: Divide the total number of PET scanner procedures performed at each facility, as determined in Step 1, by the capacity calculated in Step 2. Multiply the results by 100 to convert the

numbers to a utilization percentage (*Column E*). A facility has a deficit if its total utilization is 80% or greater (*Column F*).

Step 4: To calculate the need determination for the service area, add all facility deficits (*Column F*) and adjust the sum by the number of placeholders for CON-approved scanners and need determinations in previous SMFPs. The total is the A-service area has a need determination for an additional fixed PET scanner if the utilization percentage is 80% or greater at a facility, except as provided in Step 7 for both parts of the methodology combined (*Column G*).

Part 2:

Step 5: Identify each major cancer treatment facility, program or provider in the state, defined as providers that operate two linear accelerators that performed over 12,500 ESTV procedures during the current reporting year (*Table 17C-5*).

Step 6: A service area has a need determination for one additional fixed PET scanner if a major cancer treatment facility, program, or provider identified in Step 5 is hospital-based (i.e., on a hospital's license) and does not own or operate a dedicated fixed PET scanner, except as provided in Step 7 for both parts of the methodology combined.

Step 7: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology (*Table 17F-1, Column F*).

Table 17F-1

Table 17F-1: Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F
HSA	Facility	Planning Inventory	2019-2020 Procedures	Utilization Rate	Need Determination
I	Catawba Valley Medical Center / Frye Regional Medical Center	1	0	0.00%	0
	Mission Hospital	1	2,695	89.83%	1
	2021 SMFP Need Determination	1	0	0.00%	-1

Proposed Revision to Table 17F-1

Table 17F-1: Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F	G
HSA	Facility	Planning Inventory	2019-2020 Procedures	Facility Utilization Rate	Service Area Deficit Need Determination	Need Determination
X	First Hospital	1	3,750	95.30%	1	
	Second Hospital	2	8,111	82.47%	1	
	2021 SMFP Need Determination	1	0	--	-1	
	HSA X Total					1