
Technology and Equipment Committee

Recommendations to the N. C. State Health Coordinating Council

October 4, 2023

The Technology and Equipment Committee (the “Committee”) held its final meeting of the year on September 13, 2023. The following is an overview of the Committee’s recommendations for consideration by the SHCC for Chapter 15 of the *2024 SMFP*.

Cardiac Catheterization

The Committee received no petitions and no comments regarding Cardiac Catheterization equipment. The Proposed 2024 SMFP shows need determinations for two fixed cardiac catheterization machines, and no need determinations for shared fixed cardiac catheterization machines. There have been no data updates that change those determinations.

Gamma Knives

The Committee received no petitions and no comments regarding gamma knife equipment. The SMFP has no need determination methodology for Gamma Knives. Therefore, there are no draft need determinations.

Linear Accelerators

The Committee received one petition regarding linear accelerators (LINACs).

FirstHealth of the Carolinas (“FirstHealth”) submitted a petition for an adjusted need determination to add a LINAC in Service Area 17, which consists of Hoke, Lee, Montgomery, Moore, Richmond and Scotland Counties. The Agency received no comments in response to this petition. The Petitioner asserts that its cancer center needs an additional LINAC to adequately deliver treatment services to its patients. FirstHealth states that its two existing LINACs are among the most heavily used in the State, but that the presence of a chronically underutilized LINAC at Scotland Memorial Hospital suppresses a need determination for an additional unit within the service area. During the Summer 2022 petition process, the SHCC established that LINACs are the standard of care at cancer centers. Given that FirstHealth’s cancer center performs the large majority of the total procedures for Service Area 17, the Agency recommended approval of the Petition to add a need determination for one LINAC in Service Area 17 with the stipulation that it can only be approved for the service area’s cancer center. The Committee concurred with the Agency’s recommendation.

Data Updates

Currently, there are no need determinations for LINACs anywhere in the state. If the SHCC approves the petition, there will be a need determination for one LINAC in Service Area 17.

Lithotriptors

The Committee received one petition regarding lithotriptors.

Piedmont Stone Center, The Stone Institute of the Carolinas, and Healthtronics requested the removal of the need determination for two new lithotripsy units from the Proposed 2024 SMFP. The Agency received five letters in opposition to this petition. The need determination methodology for lithotriptors is based on population rather than utilization. The Petitioners reported that the utilization of Extracorporeal Shock Wave Lithotripsy (ESWL) has been declining relative to ureteroscopy, and there is a projected shortage of urologists in the state. However, the data shows that while the utilization of ESWL declined between 2017 and 2020, there was an increase in procedures during 2021 and 2022. Additionally, the number of urologists practicing in the State is above the national average. The Agency recommended denial of the petition, and the Committee agreed.

Data Updates

If the SHCC approves the Committee's recommendation, there will be no change to the existing statewide need determination for two lithotriptors.

Magnetic Resonance Imaging (MRI)

The Committee received one petition regarding Magnetic Resonance Imaging equipment. There was also a proposed revision to Policy TE-2, related to the use of the intraoperative MRI (iMRI).

Appalachian Regional Healthcare System requested an adjusted need determination for the conversion of an approved or existing fixed MRI scanner in Watauga County to a mobile MRI scanner in the Proposed 2024 SMFP. The Agency received six letters of support for this petition. The basis of this petition is the concern regarding access to mobile MRI services by residents in Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey counties. The Petitioner asserts that installing a second fixed MRI scanner proximal to the existing unit in Watauga County is not the most efficient way to reach their patient base. They contend that travel in this region is difficult, particularly for its aging patient population. Patient Origin data indicates that a growing percentage of the patients seeking MRI services in neighboring Ashe and Avery Counties were traveling to Watauga County for MRI services. In contrast, residents of Alleghany, Mitchell, Watauga, Wilkes and Yancey Counties tend to seek MRI services in Forsyth, Surry or Buncombe Counties. Further, population data shows that the percentage of the population aged 65 and older in Ashe and Avery counties is projected to continue to grow. The Agency recommended

approval of the petition with the stipulation that the approved MRI scanner that is converted to a mobile MRI scanner only serves sites in Ashe, Avery and Watauga Counties. The committee voted to approve the Agency's recommendation.

Data Updates

The Proposed 2024 SMFP shows need determinations for nine fixed MRIs in nine service areas across the State and no need determination for mobile MRIs. There have been no updates to the data that altered these need determinations. However, if the SHCC approves the Committee's recommendations, there will be an adjusted need determination for a mobile MRI to serve Ashe, Avery, and Watauga Counties.

Positron Emission Tomography (PET) Scanners

The Committee received one petition regarding PET scanners.

Carteret Health Care requested an adjusted need determination in the 2024 SMFP for one additional fixed PET scanner that would function in a dual role as a linear accelerator simulator and be designated for a licensed acute care hospital in Carteret County, which is in Health Service Area VI. Carteret Health Care also requests an adjustment to the CON regulatory performance standard for PET scanners in the third year of operation to be reduced from 2,080 PET scans to 1,040 scans. The Agency received six letters in support of this petition. As noted in the Petition, the only PET scanner services at Carteret Cancer Center are provided once a week by a mobile PET scanner with limited radioisotope availability. The Petitioner further reported that there are no available mobile scanners that have the specialized organ-specific isotopes that they assert are needed for brain, breast or prostate cancer scans. Rather, the Petitioner says, a dual-function fixed PET scanner/CT simulator would provide more immediate access to these types of scans and would reduce the number of patients out-migrating for treatment. The Petitioner estimates that a fixed PET scanner/CT simulator would only provide fewer than half the scans currently required by the published performance standards for a PET scanner. Reducing the threshold so that the proposed scanner could satisfy the volume requirement would have a statewide effect on all fixed PET scanners. Also, it is not under the purview of the SHCC to change CON regulations; rather proposed revisions to regulations must be addressed through the rulemaking process. The Agency also notes that the standard need determination methodology only establishes need for PET/CT scanners, rather than PET scanner/CT simulator machines. Proposals to create a new need methodology or policy meet the criteria for a Spring petition rather than a Summer petition. The Agency recommended denial of the petition, and the Committee agreed.

Data Updates

As shown in the Proposed 2024 SMFP, there was a need determined for one dedicated fixed PET scanner in HSA III and no need was determined for mobile PET scanners. Updates to the data did not change the need determinations.

Recommendation for Chapter 15, Technology and Equipment

The Committee recommends to the State Health Coordinating Council approve Chapter 15, Technology and Equipment, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations.