

**ATRIUM HEALTH COMMENTS
FOR CONSIDERATION BY THE LINEAR ACCELERATOR WORKGROUP
FOR THE 2027 STATE MEDICAL FACILITIES PLAN**

COMMENTER

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Atrium Health (Atrium) appreciates the opportunity to comment on proposed changes to the linear accelerator (LINAC) need methodology for consideration by the Linac Workgroup. State Medical Facilities Plan (SMFP).

LINACs are viewed as a “standard of care” for cancer treatment and access to care for cancer patients should be a key factor for consideration by the workgroup. Most LINAC treatments are performed on an outpatient basis and scheduled in advance after diagnosis and treatment planning. The typical patient treatment regimen requires daily visits for multiple weeks. Offering patients reasonable access to receive this vital cancer treatment is an important goal of the methodology. The cost to develop LINACs is significant. The workgroup should strive to develop a methodology that balances improving/ensuring access while avoiding an over proliferation of this costly health resource that can cost between \$7 million and \$10 million to develop.

As was described in the first LINAC workgroup meeting, the LINAC methodology is convoluted and outdated requiring two of three different factors be met before a new LINAC is needed in a service area. In addition, the service areas are multi-county service areas which can lead to a high growth area being constrained by lower growth areas or providers with lower utilization in a different community. These are some of the key areas we would like the workgroup to consider in their deliberations, along with other items listed below.

- Service Area Definitions
 - Atrium proposes that the workgroup consider changes to service areas. There are other factors to consider beyond a certain percentage of patients seeking care in a different county. One alternative to evaluate is the use of acute care service areas for LINACs.
 - Counties over 1 million population, like Mecklenburg and Wake County, should be separated from their respective service areas to be single county service areas. This change will prevent underutilized LINACs in adjacent service area counties from limiting need for additional capacity in the very large and growing metropolitan counties. This issue was responsible for several petitions filed to add a need determination in Service Area 20 over the last few years.

- Machine utilization measures
 - Atrium would welcome discussion on other appropriate measures of machine utilization but at this time we have not identified an appropriate alternative to ESTVs.
 - If ESTVs remain the utilization measure, a review of the CPT codes and weighting should be done and updated at regular intervals.
- Machine capacity threshold
 - If ESTVs remain the utilization measure, Atrium would propose a review of capacity factors used by other states to determine need for additional LINACs.
 - In addition, the workgroup could consider a sliding scale of capacity factors similar to the MRI methodology.
 - The MRI methodology developed variable capacity factors to expand access to service areas with lower population and fewer healthcare resources.
- Population required for a LINAC
 - Atrium recommends a population-based standard for a LINAC apply only for a county without a LINAC similar to Criterion 4 in the current methodology.
 - Once a county without a LINAC reaches the population standard a need determination for that county would be added to the SMFP.
 - The existing service areas should not be restricted by a population factor in future need determinations.
 - Population per LINAC figures were shared in the first workgroup meeting.
 - These factors ranged from 88,000 to 180,000 per LINAC. Further discussion on this factor is recommended.
- Project for future need based on population or procedure growth rates
 - Many other methodologies in the SMFP include a projection of future need based on population growth or utilization growth.
 - The workgroup could also consider using cancer incidence data to project future need.
 - Atrium recommends the workgroup consider adding this factor to the methodology.
 - Given the time delay in the data for the SMFP and the time required to develop LINACs a 3- or 4-year projection period would be appropriate.

In summary, Atrium believes changes to the current LINAC methodology are sorely needed. We appreciate the willingness of the SHCC to convene the workgroup, and we look forward to the ongoing discussion of the experts who graciously agreed to serve as its members. Atrium appreciates the opportunity to provide these comments.