



July 31, 2013

Mr. Jerry Parks
Chairman, State Health Coordinating Council
c/o Department of Health Service Regulation
Medical Facilities Planning Section
2714 Mail Services Center
Raleigh, NC 27699-2714

Dear Mr. Parks:

On behalf of Randolph Hospital, I am providing the following comments in support of an in-depth analysis of the PET methodology as well as the development of a methodology for mobile PET scanners. As I understand, the Technology and Equipment Committee is planning to evaluate the PET methodology in the future. Randolph Hospital supports such an evaluation and would urge the Technology and Equipment Committee, or any work groups that may be created to evaluate the PET methodology, to consider the development of a methodology for mobile PET scanners in conducting their evaluation.

As you are aware, the existing PET scanner methodology was established for fixed equipment only and there is no methodology in place to increase the number of mobile PET scanners. North Carolina is currently served by two mobile PET scanners—one in the western region (including Health Service Areas I, II, and III) and one in the eastern region (including Health Service Areas IV, V, and VI). The mobile provider, Alliance Healthcare Services, has 18 mobile PET sites in the western region and 11 sites in the eastern region. Randolph Hospital is one of the 18 mobile PET sites currently served in the western region. Of note, when initially trying to establish our mobile PET service, the service was delayed for a number of months because there was no available capacity on the mobile PET scanner serving the western region. Although there was available capacity on the mobile PET scanner in the eastern region, which borders Randolph County, we were unable to take advantage of capacity on the scanner in the eastern region as Randolph County is included in the service area served by the western region mobile PET scanner. I hope this issue can be considered as part of the evaluation of the methodology. Randolph Hospital is a strong advocate of providing needed and appropriate care as close to patients' homes as possible. However, given the hospital's current arrangement with the mobile provider, the patients of Randolph County have very limited access to mobile PET scanning services locally. The service is available one morning every other week, and the mobile service must end at a set time in order to travel to another site. In order to allow our patients access to this service in their community, there have been occasions when we have had to ask

patients to come in for their scan at 4:30am in order to accommodate the travel schedule of our mobile service. In addition, while we have inquired about expanding our service coverage to include one morning every week, our mobile provider cannot accommodate our request due to capacity constraints. As a result of the current arrangement, coupled with the fact that we do not want to delay important cancer staging and treatment planning for our patients, it is not uncommon for us to refer patients to neighboring counties for their PET services. We acknowledge that this is often a hardship for patients facing a cancer diagnosis and would very much like to offer continuity of care for our patients in their community.

Moreover, the Proposed 2014 SMFP capacity calculation for PET scanners states that Randolph Hospital is at four percent of capacity. However, comparing case volume, which occurs one morning every other week to the total capacity of one mobile PET scanner does not accurately describe our utilization. Randolph Hospital currently utilizes ninety-five percent of the capacity available to us. I would urge the committee or work group to consider case volume compared to the number of appointment times available when the unit is onsite at Randolph Cancer Center.

In conclusion, Randolph Hospital supports an in-depth analysis of mobile PET services and would encourage the consideration of issues discussed in this comment letter, in particular, the development of a methodology for mobile PET scanners

I appreciate the opportunity to submit this comment letter. Please do not hesitate to contact me in the event there are questions regarding this comment letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven E. Eblin". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Steven E. Eblin
Chief Executive Officer
Randolph Hospital