Recommendations and Related Materials

from the

TECHNOLOGY AND EQUIPMENT COMMITTEE

for the

September 26, 2007

State Health Coordinating Council Meeting

Technology and Equipment Committee
Recommendations to the N.C. State Health Coordinating Council Related to Chapter 9 of the Final 2008 SMFP For the September 26, 2007 SHCC Meeting

A. Recommendations Related to Lithotripsy:
The Committee recommends that no need exists for additional lithotripters anywhere in the State and that, apart from data updates, no substantive changes will be reflected in the Final 2008 SMFP.

B. Recommendations Related to Gamma Knife:
The Committee recommends that no need exists for an additional Gamma Knife anywhere in the State and that, apart from data updates, no substantive changes will be reflected in the Final 2008 SMFP.

C. Recommendations Related to Linear Accelerators:
The methodology incorporates a geographic accessibility criterion (population base of 120,000), a criterion aimed at assuring efficient use of megavoltage radiation facilities (when ESTV Procedures divided by 6,750 minus the number of present linear accelerators equals .25+), and a criterion that when a service area has 45% or more of the patients coming from outside the service area. A need determination is generated when two of the three criteria are met within a service area.

In addition, it was suggested by some radiation oncologists last year that we do not count CPT Code 77427, weekly radiation therapy management, in the totals of freestanding radiation oncology centers. We did accept that advice last year and removed the totals for CPT Code 77427 from the totals. We have removed the totals for CPT Code 77427 from table 9G.

As Table 9H indicates, there are two service areas where the threshold equals .25+; however, there is no need determination for Service Areas 17 and 18 because these service areas do not meet the criterion of a population base of 120,000 per linear accelerator.

The Committee recommends that there is no need based on the regular methodology for any additional linear accelerator anywhere in the State unless there are adjusted need determinations that are approved based on petitions.

There were 3 petitions.

Petitions:

Moses Cone Health System

The Committee recommends denial of the petition in its request for an adjusted need determination in Linear Accelerator Service Area 12 (Guilford & Rockingham) to add one (1) linear accelerator with stereotactic radiosurgery capabilities.

Cape Fear Valley Health System

The Committee recommends denial of the petition in its request for separating the Cyber Knife linear accelerator from the regular category of linear accelerator equipment. The Committee further recommends approval of an adjusted need determination for an additional linear accelerator in Linear Accelerator Service Area 18 in the Final 2008 SMFP. However, it does not recommend creating a need determination that specifies certain configurations or specifications.

Rex Hospital

The Committee recommends denial of the petition in its request to add the entity in Franklin County to the inventory of linear accelerators because a determination has not been made to date as to whether or not an oncology treatment center was developed prior to August 2005.

D. Recommendations Related to Positron Emission Tomography (PET) Scanners:

The Committee recommends that there is a need determination based on the methodology in the Proposed 2008 SMFP for one fixed dedicated PET scanner in HSA II. The Committee recommends that the methodology in the Positron Emission Tomography (PET) Scanners Section of Chapter 9 of the Proposed 2008 SMFP shall continue over into the Final 2008 SMFP, including retaining the annual capacity of a fixed dedicated PET scanner at 2,600 procedures. By the recommended approval of the petition from the Presbyterian Hospital, there is an adjusted need determination for a fixed dedicated PET scanner in Health Service Area (HSA) III. There is no need for any additional fixed dedicated PET scanners anywhere else in the State.

It is recommended that there is no need for any additional mobile dedicated PET scanners anywhere in the State.

Petition:

The Presbyterian Hospital

The Committee recommends approval of the petition in its request to adjust the need determination contained in the Proposed 2008 State Medical Facilities Plan (SMFP) in Table 9M, page 122, to show a need determination for a fixed dedicated positron emission tomography (PET) scanner in Health Service Area (HSA) III.

E. Recommendations Related to Magnetic Resonance Imaging (MRI)

Table 9O includes tiers based on the number of scanners in a MRI Scanner Service Area. In addition, equivalents for the mobile scanners in the service areas are found in the

column labeled Fixed Equivalent Magnets. It is recommended that Table 9O be adopted and with its adoption there is a need for an additional MRI scanner in each of the 11 MRI Scanner Service Areas of Carteret, Chowan, Craven, Forsyth, Jackson, Lenoir, Lincoln, Orange, Surry, Vance-Warren, and Wilkes. It is recommended that there is no need based on the regular methodology for any additional fixed MRI scanners anywhere else in the State unless there are adjusted need determinations that are approved based on petitions.

The Committee recommends an adjusted need determination for 2 demonstration projects for a multi-position MRI scanner to be included in the Final 2008 SMFP. One demonstration project shall be located in the western portion of the state (HSAs I, II, and III). One demonstration project shall be located in the eastern portion of the state (HSAs IV, V and VI).

The multi-position MRI scanners are MRI scanners that can be placed in an upright position. The multi-position MRI scanners shall not be counted in the regular inventory of MRI scanners for the 1st year of operation. After the 1st year of operation they would be placed in the inventory of the MRI Service Area in which it is located. They could not later be replaced with a conventional MRI scanner. There would be equal access to all spine surgeons (both neurological and orthopaedic surgeons in the state). An annual report would be provided to the CON and Medical Facilities Planning Sections outlining the utilization of the MRI scanners and the patient mix of insured, underinsured, and uninsured clients.

Petitions:

Alliance Imaging Inc.

The Committee recommends denial of the petition in its request for a change in Chapter 9 of the Final 2008 SMFP to include the following statement: "There is no need for any additional mobile magnetic resonance imaging scanners anywhere in the State."

Ashe Memorial Hospital

The Committee recommends approval of the petition in regards to an adjusted need determination for a fixed MRI scanner for the Ashe MRI Service Area in the Final 2008 SMFP given the geographic issues and the limited access to mobile MRI services.

Greensboro Orthopaedics, P.A.

The Committee recommends denial of the petition in regards to an adjusted need determination for a fixed MRI scanner for the Guilford MRI service area in the Final 2008 SMFP.

HOPE, A Women's Cancer Center

The Committee recommends denial of the petition in regards to an adjusted need determination for one (1) dedicated breast MRI scanner for HSA I.

F. Recommendations Related to Cardiac Catheterization Equipment

The Committee recommends that there is a need determination through the regular methodology of 2 additional fixed units of cardiac catheterization equipment: one each in Catawba County and one each in Moore County to be included in the Final 2008 SMFP. Services shall only be approved for development on hospital sites. It is determined that no need exists for additional units of fixed cardiac catheterization equipment anywhere else in the State and no other reviews are scheduled. It is recommended that it is further determined that mobile cardiac catheterization equipment and services shall only be approved for development on hospital sites.

It is also determined through the regular methodology that there is no need for additional units of shared fixed cardiac catheterization equipment unless there are adjusted need determinations that are approved based on petitions.

Petitions:

Halifax Regional Medical Center

The Committee recommends approval of the petition for an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Halifax County.

Scotland Memorial

The Committee recommends approval of the petition for an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Scotland County.

TO: Long Term and Behavioral Health Committee
FR: Edward R. Jagnandan
Executive Director, Wilson Housing Authority
RE: Clarification to Agency Report to Adult Care Home Petition
DATE: September 14, 2007

- We take exception to the standard methodology used to determine bed utilization as it does not take into account other factors that determine the need for long term care. The methodology works against the disabled adult population, living alone, and *under the poverty level*, that are in need of services. We requested that the methodology be reviewed to include other factors affecting need.
- A meeting with Wilson County Social Service Department revealed that the number of empty beds in adult day care is lower than reported by the plan, as it does include family care homes that, due to their size, are not able to provide the type of services required in an adult care home. A 10% vacancy rate in assisted living/nursing home facilities is considered full occupancy in all other states
- Existing adult care homes select the residents they want to admit. Telephone calls were made to all five adult care homes in the City of Wilson and although they had empty beds they were reluctant to admit individuals in wheel-chair, who were incontinent, or suffering from the early stages of Alzheimer's disease.
- Aging in place occurs when individuals are able to remain in the community where they have lived all their lives. That is the case for Continuum of Care Retirement Community where residents need to move from independent units to assisted living units within the same campus. Wilson Housing Authority residents will remain in the same campus, among friends and family members, and will receive services in private units, with private bathrooms, subsidized by the federal government. Adult Day Care homes provide to our residents only shared accommodations with common bathrooms shared by five other residents.
- Cost savings comes from the fact that these residents will avoid premature nursing home admission if given the opportunity to stay in their homes with the required services as well as less hospital admission and emergency room visits with services that will improve their cognitive and physical health.
- North Carolina lags behind other states in the nation that have successfully embraced public housing assisted living models. Numerous precedents exist in other states. We have provided the department with the names and phone numbers of state departments and housing authorities that have implemented this type of project. HUD (Department of Housing and Urban Development) and the Department of Health & Human Services (HHS) are in the process of signing an agreement to promote this type of projects throughout the U.S. This is a good precedent to set in North Carolina. The Department's concern should be the welfare of the low-income elderly/disabled North Carolinians.
- The physical plant requirement of expanding the corridors from 5' to 6' to comply with the Institutional building code is not possible in Tasman Towers. The Division's Construction Section indicated that the widening of corridors pertain only if the facility admits more than six individuals unable to evacuate on their

own. Wilson Housing Authority will not admit more than six individuals unable to evacuate on their own to their future project.

- Assisted living facilities are "home like" facilities. No 24 hour nursing/medical services are permitted. An individual that needs this higher level of care needs to be transferred to a nursing home – a "healthcare" facility. An assisted living license requires that assistance with activities of daily living, bathing, grooming, eating, transferring, toileting, be provided by unlicensed staff. Nursing oversight is performed by home health care nurses or by a registered nurse under contract. There is no conflict with the licensing requirements in our statement that healthcare services will be contracted out to home health agencies or registered nurses already providing these services.
- Originally, Adult Care Homes were not included in the certificate of need requirement, as is the case in most other states. In most cases, nursing homes, hospitals, acute care facilities, amongst others, are included in a certificate need requirement. Adult Care Homes were included in the certificate of need temporarily until "a finding of a more definitive means of developing and maintaining the quality of adult care homes beds is found". Public Housing assisted living projects represent a new solution to the rising costs and low quality services that the state is faced with today.
- Options given by the department fail to address the need for 24-hour supervision and these options are currently in a moratorium. We have discussed with the department both the Home Option and the Multi-Unit Assisted Housing with Services to find out that no funding is available for these options.

Respectfully, we understand why the industry association is objecting to this type of project since after all they have to represent the interests of their membership. However, we fail to understand the reluctance of the HHS department to test this project that has proven to be so successful in curtailing costs and improving the health and well-being of the poor seniors and disabled adults in most of the states of this nation. We can only conclude that there are other agendas than improving the care of these deserving and often neglected North Carolinians.

The housing Authority firmly believes that this is a moral issue and that our residents deserve better. We hope that the Long Term & Behavioral Health Committee will consider the best interests of these North Carolinians, and approve our petition.

HOSPICE

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DFS Health Planning
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SEP 07 2007

Medical Facilities
Planning Section

September 5, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Health Services Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Mr. Cogley:

Hospice of Davidson County, NC, Inc acknowledges that Kate B. Reynolds Hospice Home in Winston Salem has been instrumental in meeting the needs of terminally patients in and around Forsyth County, however we oppose the approval of the special needs petition for more beds at this time.

Our opposition is based upon the impact expected once our hospice house is completed in 2008 and those being constructed in surrounding counties. Currently, patients from counties adjacent to Forsyth County use the Kate B. Reynolds Hospice House. One the new facilities are constructed, patients will have the option of using several facilities capable of meeting the needs of hospice facility care. Adding additional beds now will not add value but risk creation of occupancy issues.

Ones the facilities currently under construction begin to serve patients, the need for additional beds should be re-evaluated to ensure the needs in our communities are being met.

Sincerely,

Gary M. Drake
Chief Executive Officer
Hospice of Davidson County, NC, Inc

Approved By
Accreditation Commission for Health Care, inc.

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United Way