

**Health Systems Agency of Northern Virginia
Board of Directors Meeting
March 11, 2024**

Members Present

Ana Alvarez
Michael Carrasco
Tom Fonseca
Pamela Kincheloe, RN, Chairperson
Lydia Lawrence
Patrice Lepczyk
Bridgette Roberson
Douglas Samuelson
Terry West

Staff Present

Ann McFeeley
Dean Montgomery

Guests (Partial List)

Zakeih Chaker, MD, Amelia Heart & Cardiovascular Center
Mary Anne Harkins, Harkins Consulting
Arehzo Jahangiri, MD, Amelia Heart & Cardiovascular Center
Jonathan Kiemel, PA, Amelia Heart & Cardiovascular Center
Azita Moalemi, MD, Amelia Heart & Cardiovascular Center
Kyla Nguyen, FNP-BC, Amelia Heart & Cardiovascular Center
Shikha Parakh, Director, Corporate Strategy, Sentara Healthcare
Jodi Ritter, DO, Amelia Heart & Cardiovascular Center
Naghmeh Tebyanian, MD, Amelia Heart & Cardiovascular Center
Spencer Wildonger, Johns Hopkins University
Maryam Zareh, PA-C, Amelia Heart & Cardiovascular Center

I. Call to Order

Pamela Kincheloe, RN, Chairperson, Health Systems Agency of Northern Virginia (HSANV), called the meeting to order at 7:35 PM. He welcomed those present and reviewed the agenda.

Kincheloe stated that, among other matters, the board would consider a certificate of public need (COPN) application from Amelia Heart and Vascular Center, to establish a cardiac PET Service (COPN Request VA-8722).

II. Previous Minutes

Minutes of the January 8, 2024, meeting were approved as corrected.

III. Conflict of Interest

Kincheloe followed established HSANV conflict of interest procedures to determine whether any member had a conflict of interest on the Amelia Heart application. No conflicts were declared, alleged, or otherwise identified.

IV. Amelia Heart & Vascular Center, Establish Cardiac PET Service (COPN Request VA-8722)

HSANV Staff Evaluation

Amelia Heart & Vascular Center (Amelia Heart), a southeastern Fairfax County cardiology practice, proposes to establish a cardiac PET imaging service in Springfield, VA. The PET-CT scanner would be used to serve Amelia Heart patients, principally those likely to benefit from myocardial perfusion imaging.

Examination of the application, in the context of COPN planning requirements and recently authorized PET imaging capacity and caseloads, indicates that:

- There are four cardiac PET imaging services in northern Virginia. All are relatively new, authorized and developed over the last five years. Services volumes are available for only one.
- These northern Virginia services are half of the eight projects that have been authorized statewide. There are additional letters of intent from potential northern Virginia service developers. This is unusual, an atypical distribution and development pattern in Virginia.
- Amelia Heart is a growing cardiology practice that serves a well-defined population in southeastern Fairfax County. Its focus is on medical management of cardiovascular disease.
- Amelia Heart proposes to establish and maintain a cardiac PET imaging service through a capital lease and operating agreement with a national diagnostic imaging vendor, CDL Nuclear Technologies of Wexford, Pennsylvania.
- The lease with CDL Nuclear Technologies does not entail a significant upfront capital investment by Amelia Heart. Capital expenses are incorporated in the lease and would be paid from operating funds over the seven-year life of the agreement.
- The projected annual service volume, estimated at approximately 900 patients per year during the first two operating years, is attainable from within the current Amelia Heart patient base.
- Introducing cardiac PET imaging at Amelia Heart is not likely to affect demand or caseloads at other PET imaging services.

The principal staff concern is that there is no reliable planning guidance for cardiac PET services and the explosive recent growth in capacity appears excessive. It is not certain that the hoped-for improvement in the diagnosis and treatment of cardiovascular disease will be achieved.

Based on these findings, and on the information and argument presented in the application, staff believe the project qualifies for approval on the same grounds that the four services offered earlier were authorized.

Amelia Heart Presentation

Azita Moalemi, MD, President, Amelia Hewart & Vascular Center, introduced herself and other members of the Amelia Heart clinical staff. Moalemi and Jodi Ritter, DO, summarized the Amelia Heart proposal and the rationale for it.

Moalemi and Ritter discussed the history, focus, and capability of Amelia Heart & Vascular Center and the potential benefits of cardiac PET imaging in the practice. Among other considerations, they emphasized:

- Cardiac PET scanning has become the preferred diagnostic imaging tool for many cardiovascular patients, principally those who would benefit from myocardial perfusion imaging in determining the appropriate course of treatment.
- The greater sensitivity and specificity of cardiac PET imaging, compared with SPECT imaging and other noninvasive cardiovascular diagnostic tests, makes cardiac PET imaging especially useful in a cardiology practice such as Amelia Heart, which focuses on medical management of cardiovascular disease.
- Amelia Heart serves principally residents of southeastern Fairfax County. Cardiac PET imaging should reduce the number of false positive and false negative diagnostic tests within the practice and, thereby, improve care for residents of the service area.
- The intent is to serve the existing Amelia Heart patient population. The current patient base is sufficient to permit efficient operation of a cardiac PET service.
- Adding the service at Amelia Heart in Springfield, VA is not likely to affect demand at other PET services negatively.
- Upfront capital costs with CDL Nuclear Technologies are minimal. There will be no burdensome upfront capital expense and no long-term borrowing.
- The project is consistent with the diagnostic imaging provisions of the Virginia State Medical Facilities Plan (SMFP) as they have been applied to similar cardiac PET imaging COPN applications locally and statewide.

Board & Staff Questions, Discussion

In response to questions Moalemi, Ritter, and other Amelia Heart staff indicated that:

- Amelia Heart will have no difficulty meeting the minimum service volume requirement (45 cases per month) specified in the service agreement with CDL Nuclear Technologies.
- Amelia Heart does not practice invasive cardiology. Most heart and vascular disease patients can be (are) managed well medically, with less risk and cost. Patients who need diagnostic and therapeutic interventions (e.g., PCI) are referred to services that perform invasive procedures.

- There is no reluctance to refer patients who may benefit from an invasive procedure to other practices. Nearly all referred patients return to Amelia Heart following a catheterization.
- The generic *pro forma* budget in the application was prepared by CDL Nuclear Technologies.
- Services volume projections are based largely on insurance program coverage of cardiac PET imaging. They include the assumption that all Amelia Heart Medicare patients would receive PET scans rather than SPECT scans were the PET option available locally.
- Amelia Heart has referred some patients to the Carient PET service, but such referrals are not an effective or practical response to the internal Amelia Heart need.
- The Amelia Heart program would be a full-time fixed site service, with patient imaging scheduled two or three days a week.
- CDL Nuclear Technologies is the only vendor consulted by Amelia Heart.
- Amelia Heart would permit physician and patients from outside the practice to use (have access to) the cardiac PET service.

Public Comment

There was no public comment on the proposal other than the statements of support submitted with the application.

Applicant Summary

Moalemi restated Amelia Heart’s reasons for the application. She thanked members for their questions and consideration of the proposal.

Staff Recommendation

Dean Montgomery expressed concern about the lack of agreed upon planning criteria and standards, and the resulting unrestrained increase in service and capacity. He also noted the great reluctance of service providers to refer patients and share services. These concerns notwithstanding, he noted that the application qualifies for approval on the same grounds that the existing services were authorized.

Based on the information presented in the staff report on the application, and on the testimony presented by Moalemi and Ritter, Montgomery recommended approval of the application.

Board Deliberation and Vote

Tom Fonseca offered a motion to recommend approval of the application. Douglas Samuelson seconded the motion. The motion passed by a vote of nine in favor (Alvarez, Carrasco, Fonseca, Kincheloe, Lepczyk, Lawrence, Roberson, Samuelson, West) and none opposed.

V. Legislative Session Report

The Virginia General Assembly concluded its 2024 general session on March 9, 2024. Only one of the bills followed by HSNV, SB 277, was enacted. It requires the state health plan task force to examine the COPN review process to identify ways to make the review of proposals to add inpatient psychiatric bed capacity less complex and burdensome.

VI. Other Business

The next meeting of the HSANV board will be in early April.

VII. Adjourn

Kincheloe adjourned the meeting at 9:15 PM.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Dean Montgomery". The signature is written in a cursive style with a large, stylized initial "D".

Dean Montgomery