

The New Clinical Programs and Services Committee at **NorthEast Medical Center in Concord, N.C.**

by Lynn Erdman, RN, MN

Each fiscal year, the NorthEast Medical Center in Concord, N.C., sets aside funding for capital expenditures for new technologies coming down the pipeline. In the past, the hospital's Capital Committee (headed by either the chief financial officer or chief operating officer) considered proposals for these new technologies, which were then forwarded to the Board for final approval. However, the increasingly complex nature of emerging high-end technology brought about an increasingly complex array of questions that had to be answered and assessed prior to purchase. This skill set led to the formation of the New Clinical Programs and Services Committee, which has evaluated new technology such as IMRT, PET scan, Zevalin® therapy, and a CT simulator—all of which are now offered at the hospital's Batte Cancer Center.

The committee consists of a cross-section of multiple disciplines at the hospital, including a primary care physician, three medical specialists, the vice president for medical affairs, the executive director for surgical services, the vice president for clinical services, the vice president for patient care, the vice president for strategic planning and marketing, the vice president for Women's and Cancer Services, the chief financial officer, and the chief operating officer. Committee members serve two-year terms.

This committee, which meets semi-monthly, or as needed, considers all proposals for new technology or programs. The project's sponsor presents a business plan for the proposed technology/program. This plan includes the impact of the new technology/program on clinical needs, finance, and insurer reimbursement. If the proposal costs more than \$250,000, it must go the hospital Board for final approval.

The New Clinical Programs and Services Committee has served the hospital well by speeding up the approval process for technology.

For example, in 2003, the

cancer program wanted to integrate IMRT into its services. The technology was far superior to what the cancer program was currently offering, and the physicians were keenly interested in providing this service to those patients diagnosed with head and neck cancer and prostate cancer. Over a four-month period, staff in the radiation oncology department visited other cancer centers to learn about IMRT. In addition, NorthEast Medical Center brought in experts who have worked with the technology onsite as well as the vendor to help train staff in the new technology.

Adding IMRT has helped make NorthEast Medical Center more competitive in its market. Physicians who refer patients to the center want to know if the cancer center provides IMRT, especially for certain types of cancer, and now the hospital does.

In 2003 NorthEast Medical Center also added PET scanning. This new technology required not only approval by the hospital's committee and the Board, it also had to be approved by North Carolina's regulatory agency on certificate of need (CON). Integrating this type of new technology involves a more complex planning process, plus it often involves a competitive process with other cancer centers in the area often vying for the same technology.

At NorthEast Medical Center, the proposal for a multidisciplinary Breast Clinic moved through the New Clinical Programs and Services Committee and received Board approval within three months. 📄

Lynn Erdman, RN, MN, is vice president of Women's and Cancer Services at NorthEast Medical Center in Concord, N.C.

How NorthEast Medical Center Acquires New Technology

New Clinical Programs and Services Committee meets semi-monthly and considers all proposals for new technology.

The project sponsor of the new technology presents a business plan to the New Clinical Programs and Services Committee.

Once the New Clinical Programs and Services Committee approves the business plan, the new technology can be purchased.

Adding IMRT has helped make NorthEast Medical Center more competitive in its market.

If the proposal costs more than \$250,000, it must also go the hospital Board for final approval

