

**Health Systems Agency of Northern Virginia
Board of Directors Meeting
June 9, 2025**

Members Present

Ana Alvarez
Patricia Deitos, RN
Pamela Kincheloe, RN, Chairperson
Lydia Lawrence
Patrice Lepczyk
Anitha Raj
Douglas Samuelson
Robert Sharpe
James Smith, III MD

Staff Present

Ann McFeeley
Dean Montgomery

Guests (Partial List)

Abbas Emaminia, MD, Medical Director, Inova Cardiac Diagnostics, Inova Health System
Lauri Garrett, Carient Heart & Vascular
Andrew Gill, Vice President and Administrator, Inova Schar Heart and Vascular, Inova Health System
Merdod Ghafouri, DO, Carient Heart & Vascular
Jessica Parker, Senior Director, Strategy & Planning, Inova Health System
Betsy Reilly, Business Analyst, JHU Healthcare
Chris Smarte, Director, Inova Non-Invasive Cardiac Diagnostics, Inova Health System
Spencer Wildonger, Director of Planning, Transformation, JHU Medicine

I. Call to Order

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

Kincheloe stated that, among other matters, the board would consider three certificate of public need (COPN) applications:

- **Carient Heart & Vascular-Manassas, Introduce Coronary Artery Calcium scoring, (COPN Request VA-8813)**
- **Carient Heart & Vascular-Vienna, Introduce Coronary Artery Calcium scoring, (COPN Request VA-8814)**
- **Inova Health Care Services, Establish Cardiac PET service, (COPN Request VA-8816)**

II. Previous Minutes

The board approved minutes of the April 7, 2025, meeting.

III. COPN Applications: Carient Heart & Vascular-Manassas, Introduce Coronary Artery Calcium scoring, (COPN Request VA-8813) Carient Heart & Vascular-Vienna, Introduce Coronary Artery Calcium scoring, (COPN Request VA-8814)

Carient Heart & Vascular Presentation

Merdod Ghafouri, DO, President, Carient Heart & Vascular summarized the Carient coronary artery calcium (CAC) scoring applications in a single presentation. Ghafouri focused on the potential value of CAC scoring in the identification and care of cardiovascular patients, the minimal cost of both projects, the relatively low projected charge for the scan, and the opportunity to use existing resources more efficiently. The information presented is attached (Attachment 1)

Board & Staff Questions, Discussion

In response to questions Ghafouri stated or confirmed that:

- Carient has provided no CAC scoring scans to date. A few Carient patients have been referred elsewhere for CAC screening.
- CAC screening scans will be scheduled near the end of the workday, after use of the CT scanner in conjunction with PET imaging is complete.
- Carient will accept external referrals for CAC imaging but expects most of the screening patients will come from within the practice. The projected caseload of 600 CAC scans for the two services is Carient's best estimate of likely near term internal demand.
- There is no capital expense for either project or measurable increases in operating costs. The projected average charge of \$95.00 per scan is notably lower than the average CT charge.
- Diagnostic use of Carient's CT scanners independent of cardiac PET imaging will be limited to coronary artery calcium scoring. The CT scanning capability will not be used in general diagnostic imaging.
- Though the U. S. Preventive Services Task Force (USPSTF) is yet to endorse or otherwise recommend CAC screening, Carient believes that the potential value of CAC screening far outweighs its cost and that its potential harms (e. g., increased radiation exposure and generation of additional unnecessary tests) are minimal.

Public Comment

There was no public comment other than the letters of support submitted with the applications. There is no known opposition to the projects.

Final Summary

Ghafouri restated key arguments in support of the proposals and thanked the board for its consideration of them.

Staff Recommendations

Dean Montgomery referred members to the information discussed, and the conclusions reached, in the agency staff report on the applications. Based on that information, on the testimony presented by Carient, and on the absence of contraindicating planning guidance, Montgomery recommended approval of both applications.

Conflict of Interest Query

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

Board Deliberation and Vote, COPN Request VA-8813

James Smith offered a motion to recommend approval of COPN Request, VA-8813. Douglas Samuelson seconded the motion. The motion passed by a vote of nine in favor (Alvarez, Deitos, Kincheloe, Lawrence, Lepczyk, Raj, Samuelson, Sharpe, Smith), no one opposed.

Board Deliberation and Vote, COPN Request VA-8814

Douglas Samuelson offered a motion to recommend approval of COPN Request, VA-8814. James Smith seconded the motion. The motion passed by a vote of nine in favor (Alvarez, Deitos, Kincheloe, Lawrence, Lepczyk, Raj, Samuelson, Sharpe, Smith) and no one opposed.

COPN Application: Inova Health Care Services, Establish Cardiac PET service (COPN Request VA-8816)

Conflict of Interest Query

Kincheloe followed HSANV conflict of interest procedures to determine whether any member had a conflict of interest on the Inova Health Care Services application. No conflicts were declared, alleged, or otherwise identified.

Inova Health Care Services Presentation

Jessica Parker, Inova Health Care Services, introduced herself and others present to discuss the application: Abbas Emaminia, MD, Medical Director, Inova Cardiac Diagnostics, Inova Health System; Andrew Gill, Vice President and Administrator, Inova Schar Heart and Vascular, Inova Health System; Chris Smarte, Director, Inova Non-Invasive Cardiac Diagnostics, Inova Health System.

Among other considerations, they stated that:

- Inova Health Care Service (Inova) is the region's largest medical care system. It employs seventy cardiologists and serves large numbers of cardiovascular patients in multiple locations.
- PET scanning is the preferred diagnostic imaging option for many patients with coronary artery disease. As shown by recent service volumes at several cardiac PET programs, demand is increasing regionwide.
- Existing and authorized cardiac PET services are organized and operated to serve patients of specific cardiology practices.
- A cardiac PET service operated by the region's largest provider of cardiovascular care would expand access, principally to residents not served by the cardiology practices offering cardiac PET scanning.
- Projected capital costs are within the capital expenditure range seen for similar projects.
- There is no indication that, in expanding access to cardiac PET scanning region wide, the project would affect other services negatively.

Board & Staff Questions, Discussion

In response to questions Parker, Emaminia, Smarte, and Gill indicated that:

- Inova Health System employs seventy cardiologists, none of which are affiliated with the organizations that have, or are authorized to have, cardiac PET services.
- As an independent diagnostic testing facility (IDTF), the Willow Oaks service would be paid at a rate comparable to that of other medical office-based imaging services.
- Inova Health System charity care policies and practices will apply to the service.
- The service is to be located in central Fairfax County, about a mile from the Inova Fairfax Hospital campus.

Public Comment

There was no public comment on the application other than the letters of support submitted with the application. There is no known opposition to the project.

Applicant Final Summary

Jessica Parker thanked the board for its consideration of the application. She offered to answer any additional questions.

Staff Recommendation, COPN Request VA-8816

Based on the data and information presented in the agency staff report on the application and on the testimony presented by Inova representatives, Montgomery recommended approval of the application.

Board Deliberation and Vote, COPN Request VA-8816

Patrice Lepczyk offered a motion to recommend approval of the Inova Health Care Services application, COPN Request, VA-8816. Douglas Samuelson seconded the motion. The motion passed by a vote of nine in favor (Alvarez, Deitos, Kincheloe, Lawrence, Lepczyk, Raj, Samuelson, Sharpe, Smith) and no one opposed.

Conflict of Interest Query

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

IV. Nominating Committee Report

The board considered the Nominating Committee's recommended slate of candidates for FY 2026 offices and executive committee positions. The slate was elected by acclamation. Those elected by position are:

Member	Position
Pamela Kincheloe, RN (City of Manassas, P)	Chairperson
Anitha Raj (Fairfax County, C)	First Vice-Chairperson
Parri Deitos, RN (Fairfax City, P)	Second Vice-Chairperson
Lee Draznin (Fairfax County, C)	Secretary
Terry West (City of Alexandria, C)	Treasurer
Patrice Lepczyk (Falls Church, C)	Executive Committee
Douglas Samuelson (Fairfax County, C)	Executive Committee
James Smith, MD (Loudoun County, P)	Executive Committee
Michelle Kimmel (Fairfax County, C)	Executive Committee

V. Other Business

There will be no scheduled board meeting in July 2025.

VI. Adjourn

Kincheloe adjourned the meeting at 9:05 PM.

Respectfully submitted,



Dean Montgomery

Attachments (1)



Attachment 1

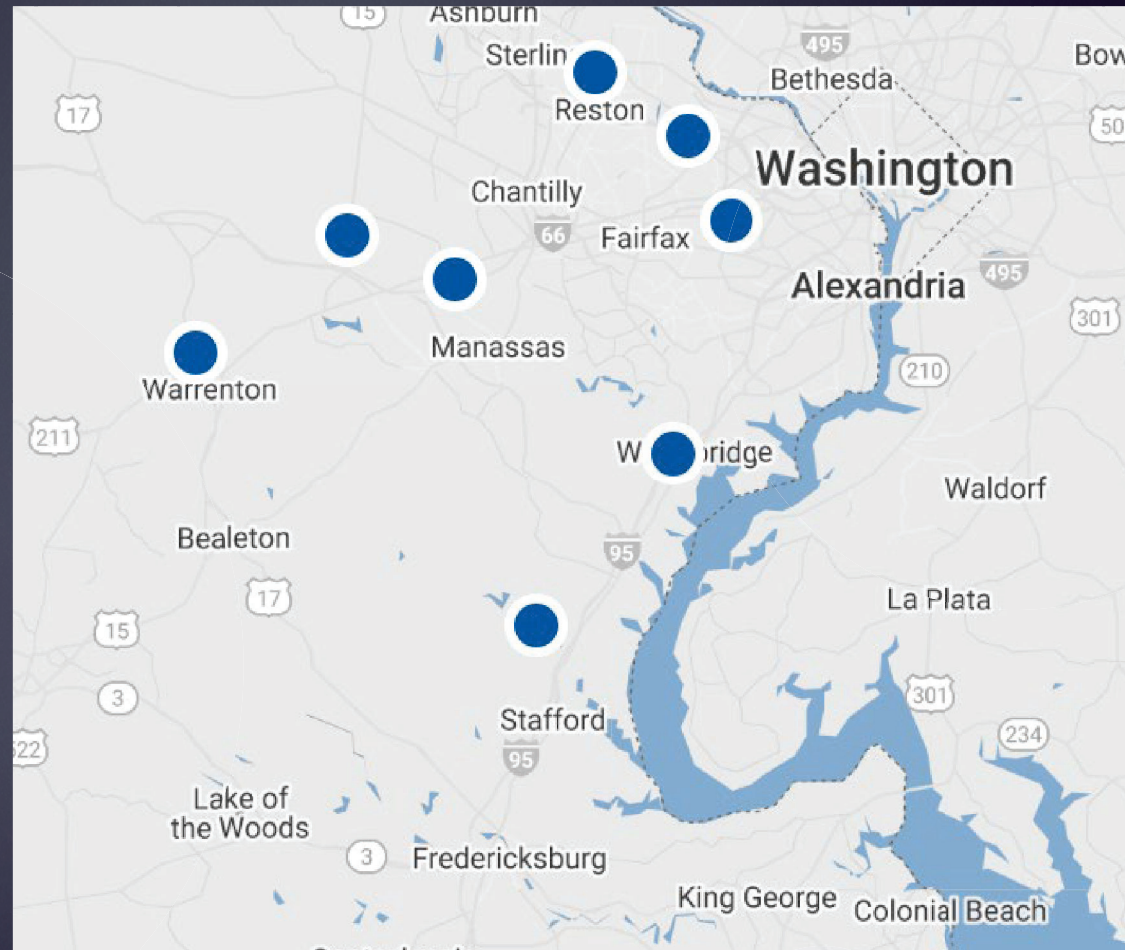
The Community Need for Early Detection of Coronary Artery Disease

► Merdod Ghafouri, DO, FACC, FAHA



EIGHT LOCATIONS

Annandale
Haymarket
Manassas
Reston
Stafford
Vienna
Warrenton
Woodbridge



About Carient

Distinctive Cardiovascular Care Across Northern Virginia

- Largest independent provider of cardiovascular care in Northern Virginia
- 16 Board-Certified Cardiologist, 3 Board-Certified Vascular Surgeons, and 15 NP/PAs
- First cardiology practice in Northern Virginia to initiate telehealth
- Second cardiology practice in Virginia to have PET cardiac imaging
- One of the highest remote monitoring practices in the country
- Offering same-day access and weekend hours
- Outreach, education and research

1,100
New Patient
Visits per
Month

14,000 +
Patient
Encounters
per Month

A Full Spectrum Of Heart and Vascular Care



Heart Rhythm
Disorders

Vascular
Disease

Diagnostic
Testing

Interventional
Cardiology

Women & Heart
Disease

Remote Patient
Monitoring

Preventive
Cardiology

Cardio-
Oncology

Clinical
Research

Some Sobering Statistics

80 million Americans
have some form of heart
disease (1 in 3 adults)

40% of people with
acute MI had no prior
symptoms

50% of heart attack
sufferers have no
identifiable traditional
risk factors

Case Study:

- ▶ 54 year old, white male
- ▶ Total Cholesterol: 204
- ▶ No history of hypertension, diabetes, or smoking
- ▶ Normal exercise stress test for five consecutive years

What is the risk of a future cardiovascular event?



BILL CLINTON

Current State

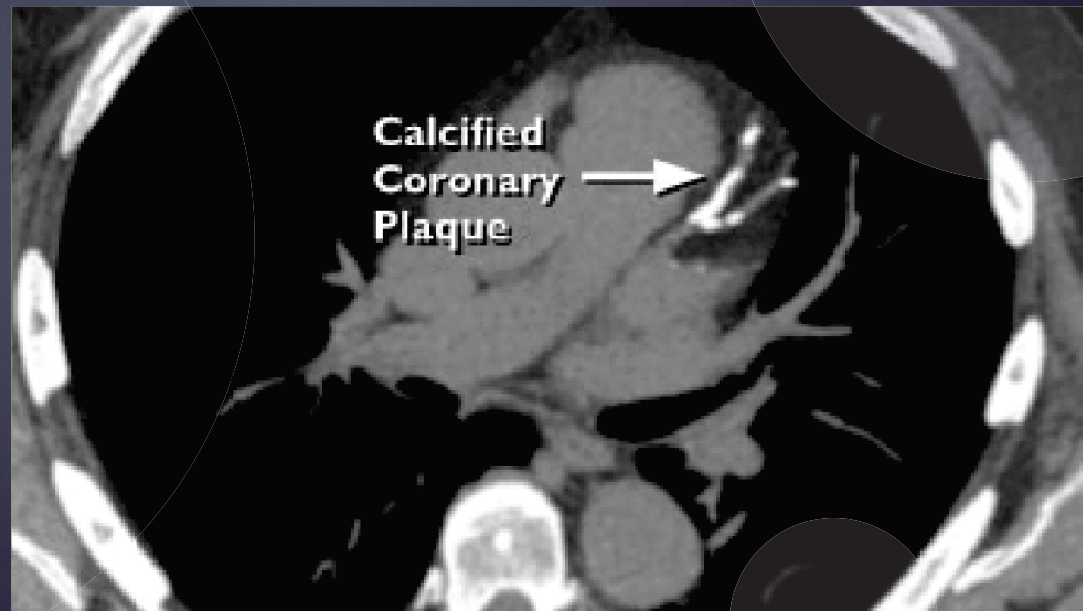
- ▶ Traditional risk factor-based screening fails to identify vulnerable patients
- ▶ The status quo is unacceptable and ready for disruption

The Opportunity for The Community

- ▶ Shift focus to health maintenance, not just disease management
- ▶ Lead in innovation, risk assessment, and advanced screening
- ▶ Offer full spectrum of prevention and wellness services

What is a Coronary Calcium Score?

- Non-invasive CT scan measuring calcified plaque in coronary arteries
- Reported as the Agatston Score
- Used to assess risk of coronary artery disease (CAD)



How is the Test Performed?



- Quick and painless CT scan (~10 minutes)
- No contrast dye or needles required
- No special preparation needed

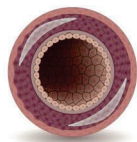
Who Should Get a Calcium Score?

- Adults aged 40–75 with intermediate cardiovascular risk
- Those with a family history of premature heart disease
- Patients with borderline cholesterol or hypertension
- Not for patients with known CAD or very low/high risk

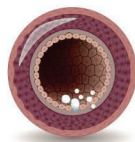


Understanding the Scores

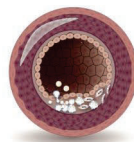
CALCIUM SCORE PRESENCE OF PLAQUE



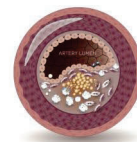
0
NO EVIDENCE OF
PLAQUE



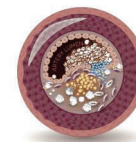
1-10
MINIMAL CORONARY
ARTERY PLAQUE



11-100
MILD CORONARY
ARTERY PLAQUE



101-400
MODERATE CORONARY
ARTERY PLAQUE



OVER 400
EXTENSIVE CORONARY
ARTERY PLAQUE

0: No detectable plaque – low risk

1-10: Minimal plaque – low risk

11–99: Mild plaque – low to moderate risk

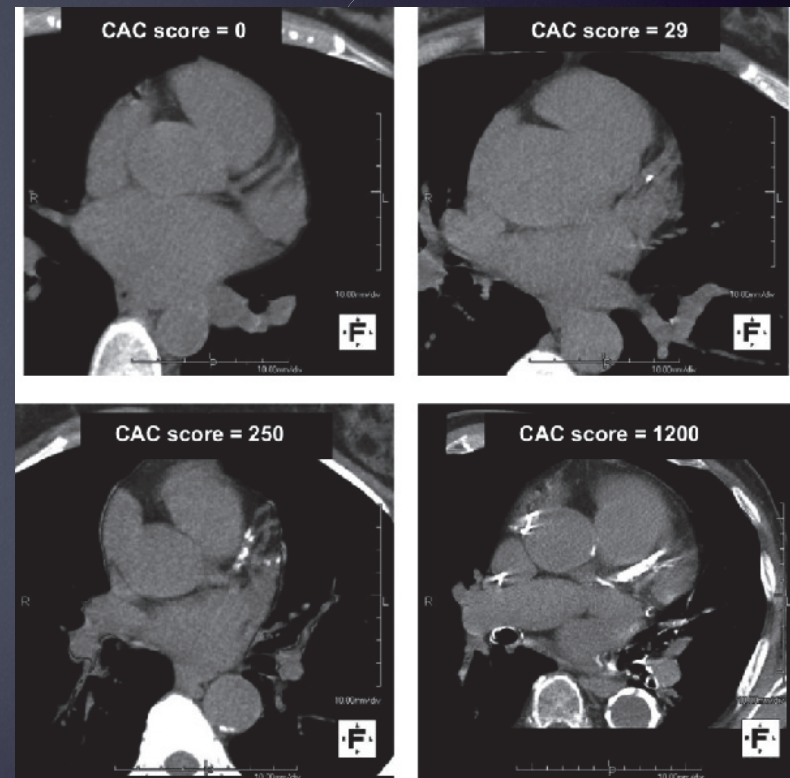
100–399: Moderate plaque – increased risk

400+: Extensive plaque – high risk of cardiac event

Interpreting the Scores

Estimated Heart Attack Risk:

- A score of **400 or greater** is often associated with:
 - An estimated **10-year risk of heart attack or cardiac death exceeding 20%**, similar to or higher than patients with established coronary artery disease.
 - A markedly increased risk compared to those with a score of 0, whose 10-year event rate may be <2%.



Clinical Implications

- ▶ **Aggressive risk factor management** is warranted:
 - Statin therapy (if not already prescribed)
 - Aspirin in select patients
 - Lifestyle changes: diet, exercise, smoking cessation
 - Blood pressure and diabetes control
- ▶ May prompt further testing like **stress testing or coronary CT angiography**, depending on symptoms and overall risk profile.



Benefits of Coronary Calcium Scoring

- Indicate atherosclerosis even before symptoms appear
- Predict future heart attack or cardiac event risk
- Enable early detection and management of CAD
- Fast, safe, and relatively low-cost
- Motivates preventive lifestyle changes and treatment

Summary

- Effective for evaluating cardiac risk in intermediate-risk individuals
- Supports evidence-based decisions on prevention

