

**Technology and Equipment Committee  
Agency Response  
Petition for Special Need Adjustment for Fixed Cardiac Catheterization  
Equipment in Wake County in the  
Proposed 2015 State Medical Facilities Plan**

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***Petitioner:***

WakeMed Health & Hospitals

***Contact:***

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WakeMed Health & Hospitals  
919-350-8108

***Request:***

[WakeMed Health and Hospitals] request that no adjusted need determination be made for cardiac catheterization equipment in Wake County in the 2015 State Medical Facilities Plan.

***Background Information:***

The Proposed 2015 State Medical Facilities Plan (SMFP) provides two standard need determination methodologies for cardiac catheterization equipment. Methodology One is the standard methodology for determining need for additional fixed cardiac catheterization equipment and Methodology Two is the need determination methodology for shared fixed cardiac catheterization equipment. Application of these methodologies to utilization data in the Proposed 2015 SMFP does not generate a need determination for fixed or shared fixed cardiac catheterization equipment in Wake County.

Chapter Two of the North Carolina Proposed 2015 SMFP allows persons to petition for an adjusted need determination in consideration of “unique or special attributes of a particular geographic area or institution...,” if they believe their needs are not addressed by the standard methodology. WakeMed Health and Hospitals has submitted a petition that asks the State Health Coordinating Council (SHCC) not to change the fixed cardiac catheterization equipment need of zero in Wake County.

***Analysis/Implications:***

WakeMed Health and Hospitals agrees with the standard methodology that calculated no need determinations for Wake County for fixed cardiac catheterization equipment as published in the Proposed 2015 State Medical Facilities Plan. In this petition, WakeMed expressed concern about the potential for an added adjusted need determination for fixed cardiac catheterization in Wake County based on a petition submitted by Rex Healthcare. The rationale they use to

support maintaining the current level of need at zero, includes discussions on the following four points:

- 1) Wake County currently has a surplus of five cardiac catheterization labs.
- 2) The number of cardiac catheterization procedures performed has been declining in recent years.
- 3) Interventional cardiologists in Wake County often have practice privileges in more than one hospital.
- 4) The development of more excess capacity for cardiac catheterization in Wake County would likely lead to financial harm to the county's principal safety net hospital.

While these may be valid arguments, the agency has to consider this request does not ask for any changes to the Proposed 2015 SMFP, but requests that the calculated need remain the same after the application of the standard cardiac catheterization equipment methodology. The SMFP outlines the petition process and the standards for their composition in Chapter 2. It states that, "[a]nyone who finds that the North Carolina State Medical Facilities Plan policies or methodologies, or the results of their application, are inappropriate may petition for changes or revisions." In this instance, the petition does not include a requested revision to the need determinations and the application of the methodology produced the preferred outcome supported by the petitioner. Thus, this petition does not technically follow the standards of the petition process as outlined in the SMFP.

***Agency Recommendation:***

Given available information and comments submitted by the August 15, 2014 deadline date for comments on petitions, and in consideration of factors discussed above, the agency recommends this request be considered a comment and not a petition, with the added caveat that the State Health Coordinating Council take into consideration the points made by WakeMed Health and Hospitals as they discuss and consider the Rex Healthcare petition. The Agency supports the standard methodology for fixed cardiac catheterization equipment.