



Medical Oncology
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DFS Health Planning
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Medical Facilities
PLANNING SECTION

Radiation Oncology
Ernest L. Helms, III, M.D.
Medical Director, Radiation Oncology

July 17, 2008

Dr. Thomas J. Pulliam, Chair
Long Term and Behavioral Health Committee
State Coordinating Council
DHSR Medical Facility's Planning Section
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Dr. Pulliam:

As the medical oncologist and hematologist here at Scotland Cancer Treatment Center in Laurinburg, North Carolina, I write this letter to strongly support the local initiative to add two inpatient hospice beds for Scotland County in the 2009 State Medical Facility's Plan.

I have fortunately had two patients transferred from the inpatient setting to the inpatient hospice over the last two days; unfortunately, one patient waited more than two weeks, and another more than one week due to lack of space and availability. Additional two beds will allow Hospice of Scotland County to better serve the community and people of Scotland County, in particular the patients with advanced cancer which I care for daily.

Other sources of inpatient ongoing care would require a local nursing home, which in my experience does not have the same expertise at End-of-Life care as an inpatient hospice, which also has significant access and space availability.

I can certainly verify that Hospice of Scotland County has an exceptional current program of both home care and inpatient residential patient care, and fully support their professional efforts in expanding their ability to help patients.

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For all the reasons above, I am fully in support of their efforts to develop two more hospice inpatient beds in the currently approved four inpatient bed expansion project at their six-bed residential facility.

Sincerely,



Kelvin B. Raybon, M.D., F.A.C.P.
Asst. Professor of Medicine
Duke Oncology Network
Scotland Cancer Treatment Center

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