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AUG 02 2010

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Petition for an Adjustment to the Shared Fixed Cardiac Catheterization Equipment Need Determination for Lee County

August 2, 2010

Danyl Butler, Director of Business Development

Good Afternoon, I am ~~Doug Doris, CEO~~ of Central Carolina Hospital. CCH is submitting a Petition for an Adjusted Need Determination in the 2011 State Medical Facilities Plan for one unit of fixed cardiac catheterization equipment in Lee County.

CCH is a 137-bed acute care community hospital in Sanford, North Carolina. As the only hospital in rural Lee County, CCH is the county's primary provider of inpatient acute care, diagnostic and therapeutic services, and emergency services. CCH has provided diagnostic cardiac catheterization services through a contracted mobile unit since 1993, first with mobile cardiac catheterization equipment provided by Duke and now with equipment provided by FirstHealth.

As you know the threshold for the identification of a need for shared cardiac catheterization equipment in the annual SMFP planning process is 240 cases for each eight hour period a mobile unit is on site in a year. The mobile unit at CCH is available for eight hours each week, so the threshold for CCH is 240 cardiac cath in a twelve month period. In FFY 2009 we performed 122 cardiac cath procedures. Since that time our utilization has grown considerably. For the last three consecutive twelve month periods ending in April, May and June of this year, our volume was between 235 cases and 240 cases. For the twelve months ending July, 31, 2010, we exceeded the 240 threshold required. Utilization of the mobile cath unit at CCH has continually increased during the last year and we have now exceeded the 240 cardiac catheterization procedures required to determine a need for a shared fixed cardiac catheterization lab in Lee County.

CCH now has four full-time invasive cardiologists on its medical staff, the fourth cardiologist, a physician associated with Duke, will begin full-time practice at CCH in August, 2010. He will be joined by other Duke cardiologists by the end of 2010. The mobile cardiac catheterization

equipment provided by FirstHealth Moore Regional is available only two mornings per week for four hours per day. The available cardiac catheterization hours at CCH were utilized at 84% of capacity during the most recent twelve month period. There is a current immediate need for shared fixed cardiac catheterization equipment. Residents should not have to wait another full year for a need determination and then perhaps another year for the CON process to finalize for fixed share cardiac catheterization equipment.

The mobile cardiac catheterization service at CCH has been well accepted by the community and referring physicians. Nevertheless, because the cardiac catheterization service at CCH is not available five days a week, many patients are referred elsewhere as time is critical for optimal patient care. In FFY 2009, 85% of outpatient diagnostic cardiac catheterizations were completed outside of Lee County. Many of these patients could have been appropriately treated at CCH if fixed cardiac catheterization services had been available. Shared fixed cardiac catheterization services need to be available to CCH patients on a full-time basis.

Adding another day or another two days of mobile service is not the answer. FirstHealth Moore Regional provides CCH with quality equipment for which CCH is appreciative. Mobile service, however, is at best an interim solution. Mobile service is inefficient, adds overhead, and there is always at risk of a truck breakdown and/or damage to the equipment on the road. It can compromise patient privacy during transport to and from the mobile unit and it is not the best patient care. CCH's patients are treated in a space that is physically outside the hospital. Patients are exposed to the elements while being transported between hospital and the mobile unit. The service is not available every day; but patients get sick every day.

Any time a service nears its capacity, scheduling becomes increasingly difficult. Patients become frustrated and physicians become frustrated. The result is more referrals out of the system. Patient word of mouth is powerful. The more patients that must be referred to providers outside of the CCH Service Area, the more other patients choose to seek service out of the CCH Service Area.

CCH could relieve capacity and scheduling constraints by adding another day of mobile cardiac catheterization services. That, however, would result in a vicious cycle of easing scheduling for a period, increasing utilization, and then capacity/scheduling issues would once again force

referrals to providers out of the Service Area frustrating the patients and cardiologists. Mobile service does not address accessibility for CCH's proven program.

CCH has a four-county service area for inpatient services (CCH Service Area). Lee County represents 80% of our patient origin. Cardiac resources in Lee County are limited to those at CCH. In surrounding counties, FirstHealth Moore Regional in Pinehurst provides extensive cardiac services and is one of the referral centers for the Service Area. There are no cardiac catheterization services in either Harnett or Chatham County. Many of the residents of western Harnett, southern Chatham, and eastern Moore County are physically closer to CCH and look to CCH for health care services. Nearly 20% of all admissions at CCH in FY 2009 were from Harnett, Chatham, and Moore Counties.

Heart disease is the leading cause of death in Lee County and the age adjusted mortality statistics for heart disease in Lee County was 220.8 deaths per 100,000 compared to 196.8 for North Carolina as a whole in 2008. In addition, the hospital admission rate per 1,000 for residents of Lee County admitted with a principal diagnosis of heart disease was 16.3 people per 1,000 people hospitalized in FFY 2009. This is well over the North Carolina average of 11.8 people per 1,000 people hospitalized with a principal diagnosis of heart disease.

Cardiac catheterization remains the most effective tool for the diagnosis of coronary artery disease. As part of our community mission, CCH is working to develop its cardiac care program. Its patients need and deserve a more fully developed cardiac care program close to home. Cardiac catheterization is a key element in a cardiac care program because it is the definitive tool for diagnosis and management of coronary artery disease.

The addition of shared fixed cardiac catheterization services will improve access and decrease the time and costs associated with traveling to Pinehurst, Chapel Hill or Durham for those much-needed services. Many residents of CCH's Service Area choose to stay in Lee County for their health care whenever possible. For its full time services, CCH has a 49 percent market share of Lee County residents, even with the significant outmigration for cardiology inpatient care, which is one of the primary reasons Lee County residents are admitted to a hospital. That reflects both its positive reputation and, **more importantly**, the reliance and dependency the community has on CCH to meet its health care needs. Most Lee County residents live 35 minutes to an hour away from the nearest fixed cardiac catheterization equipment. The nearest

providers are in Pinehurst, approximately 35 minutes from CCH. Providers with fixed equipment in the Raleigh/Durham/Chapel Hill area are as much as an hour away from CCH.

CCH has the cardiologists, physicians, and staff to support a fulltime shared fixed cardiac catheterization service. It has demonstrated that it can sustain the volume of cardiac catheterizations needed to support the service, and that other providers will not be adversely affected by that service. The Service Area has a high incidence of cardiac disease, and more than enough demand to support a shared fixed cardiac catheterization service. Patients will benefit from the addition of a shared fixed cardiac catheterization laboratory in Lee County in the *2011 State Medical Facilities Plan*.

Central Carolina Hospital (CCH) requests that the State Health Coordinating Council approve an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Lee County, and for that the need determination for one unit of shared fixed cardiac catheterization equipment to be reflected in the *Final 2011 State Medical Facilities Plan*.

Finally, the request in this Petition is not without precedent. In 2007, the State Health Coordinating Council approved two Petitions for Shared Fixed Cardiac Catheterization Equipment at Scotland Memorial Hospital and Halifax Memorial Hospital, respectively. I ask the State Health Coordinating Council to give equal consideration to our request.

I would now like to introduce Dr. Gillespie, a full-time cardiologist in Lee County, who will speak for our Medical Staff regarding the importance of our Petition.

Respectfully submitted,

~~Doug Doris, CEO~~
Danyl Butler, DBD