

NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL

**PETITION FOR ADJUSTED NEED DETERMINATION IN NEW HANOVER COUNTY  
FOR FIXED CARDIAC CATHETERIZATION EQUIPMENT**

Petitioner New Hanover Regional Medical Center (“NHRMC”) hereby submits this petition for modification to the need determination of fixed cardiac catheterization equipment in New Hanover County within the *2012 State Medical Facilities Plan*.

**Petitioner:**

New Hanover Regional Medical Center  
2131 S. 17<sup>th</sup> Street  
PO Box 9000  
Wilmington, NC 28402-9000

Contact: John H. Gizdic  
Vice President, Strategic Planning and Business Development  
910-342-3195  
[john.gizdic@nhrmc.org](mailto:john.gizdic@nhrmc.org)

DFS Health Planning  
RECEIVED  
JUL 29 2011  
Medical Facilities  
Planning Section

**Statement of the Requested Adjustment:**

NHRMC requests that the *2012 State Medical Facilities Plan* identify a need determination for zero (0) units of fixed cardiac catheterization equipment in New Hanover County (as reflected in Table 9T).

**Background:**

Table 9T in the *Draft 2012 State Medical Facilities Plan* identifies a need determination for one (1) unit of cardiac catheterization equipment in New Hanover County. This need determination was based on inaccurate data in New Hanover Regional Medical Center’s 2011 Hospital License Renewal Application. The inaccurate data results in the inflation of volumes in Table 9Q, as well as the inflation of weighted volumes in Table 9R. The following table shows the corrected cardiac catheterization procedure volumes:

| SMFP Table | Procedure                          | Draft 2012 SMFP | Corrected 2012 SMFP |
|------------|------------------------------------|-----------------|---------------------|
| 9N         | Diagnostic Cardiac Cath Procedures | 2,784           | 2,784               |
| 9Q         | PTCA Interventional Procedures     | 2,446           | <b>2,204</b>        |

A few weeks ago, New Hanover Regional Medical Center sent corrected data to both the Medical Facilities Planning Section and the Acute Care Licensure Section.

As a result of the corrected data, the need determination for one (1) unit of cardiac catheterization equipment in New Hanover County was eliminated. The corrected cardiac catheterization procedure volumes result in the following updates to Table 9R:

| Cardiac Catheterization Equipment Service Areas | Facility  | Current Inventory | CON Issued/ Pending Development | Pending Review or Appeal | Total Planning Inventory | 2010 Procedures (Weighted Totals) | Machines Required Based on 80% Utilization | Total No. of Additional Machines Required by Facility | No. of Machines Needed |
|---|---|-------------------|---------------------------------|--------------------------|--------------------------|-----------------------------------|--|---|------------------------|
| New Hanover                                     | NHRMC   | 5                 |                                 |                          | 5                        | 6,641                             | 5.53                                       | 1   |                        |
|   | Wilmington Heart Center [Duke LifePoint Healthcare] | 1                 |                                 |                          | 1                        | 916                               | 0.76                                       | 0   |                        |
|   | Pending Review/Appeal                               |                   |                                 |                          | 0                        |                                   |  |   |                        |
|   | <b>TOTAL</b>  |                   |                                 |                          | 6                        |                                   | 6  |   | 0                      |

**Reasons for the Proposed Adjustment:**

Due to the recent acquisition of the free-standing Wilmington HeartCenter, which owned one of the six fixed cardiac catheterization units in the service area, by Duke LifePoint Healthcare, the Total Planning Inventory for New Hanover County remains in question. It is understood that the operation of Wilmington Heart Center has ceased; however, it is unknown whether the fixed cardiac catheterization equipment, which is a “grandfathered” fixed cardiac catheterization unit, will resume operations in New Hanover County or in another county service area. Step 1 of the need methodology for fixed cardiac catheterization equipment states inclusion of “existing equipment in operation” is to be reported and included in the service area Total Planning Inventory, but given the uncertainty of where this cardiac catheterization unit will eventually operate, removal of this cardiac catheterization unit from the New Hanover County Total Planning Inventory by the Medical Facilities Planning Section seems premature.

If the Duke LifePoint Healthcare fixed cardiac catheterization unit is eliminated from the New Hanover County Total Planning Inventory, a need determination for one (1) unit of cardiac catheterization equipment in New Hanover County is generated. The elimination of the Duke LifePoint Healthcare fixed cardiac catheterization unit from the New Hanover County Total Planning Inventory results in the following change to

Table 9R:

| Cardiac Catheterization Equipment Service Areas | Facility              | Current Inventory | CON Issued/ Pending Development | Pending Review or Appeal | Total Planning Inventory | 2010 Procedures (Weighted Totals) | Machines Required Based on 80% Utilization | Total No. of Additional Machines Required by Facility | No. of Machines Needed |
|---|-----------------------|-------------------|---------------------------------|--------------------------|--------------------------|-----------------------------------|--|---|------------------------|
| New Hanover                                     | NHRMC                 | 5                 |                                 |                          | 5                        | 6,641                             | 5.53                                       | 1   |                        |
|   | Eliminated Service    | 0                 |                                 |                          | 0                        | 916                               | 0.76                                       | 0   |                        |
|   | Pending Review/Appeal |                   |                                 |                          | 0                        |                                   |  |   |                        |
|   | <b>TOTAL</b>          |                   |                                 |                          | <b>5</b>                 |                                   | <b>6</b>                                   |   | <b>1</b>               |

**Adverse effect on providers and consumers without adjustment:**

Since 2005, diagnostic cardiac catheterization procedure volumes, as reported in past *State Medical Facilities Plans*, have declined at a faster rate [ $((84,662 - 64,856) / 84,662) \times 100 = -19.2\%$ ] than interventional cardiac catheterization procedures volumes have grown [ $((29,210 - 28,659) / 28,659) \times 100 = 1.9\%$ ], such that even the slight increase in the higher-weighted, interventional cardiac catheterization procedures (1.75 diagnostic-equivalents) will be neutralized by the significant decrease in the lower-weighted, diagnostic cardiac catheterization procedures (1.00 diagnostic-equivalents).

Additionally, the Health Care Advisory Board projects that inpatient cardiac catheterization services will experience a 5-year, 15% decrease and a 10-year, 20% decrease in volume. Therefore, keeping the need determination for one (1) fixed unit of cardiac catheterization equipment will likely generate excess capacity in both the short-term and long-term and result in an expenditure of unnecessary healthcare resources.

Finally, a major concern that the Division of Health Service Regulation (“DHSR”) is avoiding is the following:

DHSR has not received from Duke LifePoint Healthcare any legally-binding document that states the Duke LifePoint Healthcare, “grandfathered,” fixed cardiac catheterization unit will leave New Hanover County and operate in another county. As such, no rule or regulation can stop Duke LifePoint Healthcare from 1) ending operation of their fixed cardiac catheterization unit this year to generate a need determination in the *2012 State Medical Facilities Plan*, 2) submitting a CON application for the need determined fixed cardiac catheterization unit in the *2012 State Medical Facilities Plan*, and 3) renewing operation of their existing fixed cardiac catheterization and operating a two (2) unit fixed cardiac

catheterization facility in New Hanover County. Until their fixed cardiac catheterization unit is removed from New Hanover County it should be considered a part of the New Hanover County Total Planning Inventory.

**Alternatives considered:**

Because of the uncertainty of where the Duke LifePoint Healthcare cardiac catheterization unit will eventually operate has only just been acknowledged, no other alternative exists at this late point in the development of the *2012 State Medical Facilities Plan* to avoid creating an unnecessary need determination for one (1) unit of fixed cardiac catheterization equipment in New Hanover County. The only alternative available was to submit this petition for an adjusted need determination in New Hanover County.

**Evidence that the proposed adjustment would not result in unnecessary duplication of health services in the area:**

Adjusting the need determination for one (1) unit of fixed cardiac catheterization equipment in New Hanover County will most assuredly not result in duplication of health services in the area, but rather create an opportunity for health resources to be better maximized given the declining trend in diagnostic cardiac catheterization volumes, as already experienced in North Carolina.

**Evidence that the requested adjustment is consistent with the Basic Principles of Safety and Quality, Access and Value:**

The proposed adjustment is consistent with these basic principles in that safety and quality, access and value, all of which are associated with the existing provision of cardiac catheterization services in New Hanover County, will not be impacted. Adjusting the need determination driven from a “speculated” change in the New Hanover County Total Planning Inventory for a service that both nationally and statewide is seeing declining volumes only serves to improve the value of the current cardiac catheterization service provision by reducing the need for the future expenditure of healthcare resources.



**Requested Adjustment:**

NHRMC requests that the *2012 State Medical Facilities Plan* indicate a need determination for zero (0) units of fixed cardiac catheterization equipment in New Hanover County (as to be reflected in Table 9T).