

**Presentation of Special Needs Petition for Cardiac Catheterization Laboratory**  
**Carteret County**  
***Proposed 2013 State Medical Facilities Plan***  
**Raleigh, August 1, 2012**

**Introduction**

Thank you. Good afternoon, my name is Donna Cheek. I am the Vice President of Operations of Carteret General Hospital in Morehead City. Carteret's population of approximately 68,000, seasonally grows to approximately 150,000. Carteret General is **the** sole community hospital and is an active participant in the regional cardiac care network.

**Request**

I am here to ask members of the State Health Coordinating Council to modify the *Proposed 2013 State Medical Facilities Plan (2013 Plan)* to include a **special need for one shared fixed cardiac catheterization lab in Carteret County**. This would modify Chapter 9.

**Reasons**

Our leadership makes this request after considerable thought, discarding several other alternatives. The median age of county residents is over 46 years old, approximately 10 years older than the NC average. Heart disease competes with cancer as the leading cause of death in the county. Carteret County is

approximately 100 miles long; some communities are an hour from Carteret General and two and more hours from the nearest cardiac catheterization lab. Carteret is geographically isolated by water, bridges, tourists, two lane roads, and the Croatan National Forest. Newport, the Carteret community which is nearest to CarolinaEast Medical Center's cardiac catheterization lab, is 30 minutes away from CarolinaEast, but 15 minutes from Carteret General.

Although our active medical staff includes two cardiology groups with three board certified invasive cardiologists, we lack permission to do cardiac catheterization. We can offer only tPA for heart attacks.

### **Alternatives**

The *Proposed 2013 Plan* includes a need for an additional cardiac catheterization lab for neighboring Craven-Jones-and-Pamlico counties. The procedures that generated that need include more than 500 from residents of Carteret County. We could apply for a CON to respond to that need. However, the *Plan* would require us to locate the unit in one of those counties and not at Carteret General. If Carteret is not included in the service area, a third cardiac catheterization lab could be placed in Craven County. One alternative is to include Carteret County among the eligible locations for that laboratory.

Another alternative is for Carteret General to lease a mobile cardiac catheterization unit, build volume to 240 catheterizations, then apply for a shared fixed cardiac catheterization lab. This alternative fits with the *Proposed 2013 SMFP Cardiac Catheterization Methodology 2*. However, it is expensive and would

add a two- or three-year delay. It would not give the hospital full time coverage and it provides no efficiency in use of existing resources. Cardiac events do not schedule themselves to fit mobile unit schedules.

Thomson Reuters' data show Carteret County residents used approximately 1,500 non-EP cardiac catheterization procedures last year at facilities throughout the state. Clearly, with that level of demand and our current medical staff, it is reasonable to expect that Carteret General can do far in excess of 240 annual procedures **immediately**.

A better alternative is a shared fixed cardiac catheterization/angiography lab in the Carteret County service area in 2013. This is **efficient, safe and cost effective**.

### **Evidence of Non-Duplication**

Carteret County is larger than Lenoir County. Carteret County has 35,000 people over the age of 45; Lenoir County has 23,000. Lenoir County has a cardiac catheterization lab and maintains a respectable volume of procedures for a shared fixed laboratory. The proposal involves diagnostic and preventative care only; therapeutic procedures and open heart surgery would continue to refer primarily to CarolinaEast and Vidant Memorial.

We have received verbal support from CarolinaEast. We have letters of support from Vidant, and from our cardiologist.

## **Benefit**

The proposed solution would bring cardiac catheterization closer to a large and growing population of persons over 45. It would permit Carteret County to build reasonable capacity in a program that is already committed to a regional network. Carteret General has a cardiac rehabilitation program. We would like to expand our preventative services. Having cardiac catheterization will help us retain the high quality physicians who can help make this possible.

Failure to approve this request will require our permanent and temporary residents to continue to travel **far more** than the American Heart Association's recommended 30 minutes for cardiac treatment. Given the size of the demand, this does not make sense.

## **Quality, Value and Access**

Carteret General is committed to quality. We have been recognized nationally. For example; reducing our heart failure readmissions to 8.5 percent, better than our regional peer group and far better than the national average. Our payor mix is 10 percent Medicaid. 20 percent of our net revenue last year was charity or bad debt. Our board is committed to controlling costs and we are regularly noted as a low price provider in the area.

We currently have an angiography lab, and have since 1989. It was replaced in 1996 and is due for another replacement soon; a shared fixed laboratory would make the investment efficient and cost effective for our community.

I ask that you help us and approve this request.

Later today, I will be submitting a formal petition in the required format.

Meanwhile, I will be happy to respond to any of your questions.