

North Carolina State Health Coordinating Council

Public Hearing on the *Proposed 2013 State Medical Facilities Plan*

August 1, 2012

Presented on behalf of: Johnston Health

Good afternoon. My name is Dr. Matthew Hook and I'm an interventional cardiologist at Wake Heart & Vascular and I practice in Smithfield. I would like to take a few moments to share some of my thoughts about why the language change proposed in this petition is in line with current medical practice and why I think it is important to residents of North Carolina that this change is made.

First, let me say that those of us who practice at Wake Heart & Vascular are passionate about our patients and about patient access to care. That is the primary reason I am here today - to support patient access to interventional cath procedures that can safely be provided in facilities without open heart surgery on site.

According to a 2009 study published in the *Journal of the American College of Cardiology*, there are no differences in patient outcomes for PCI between facilities with open heart surgery on site and those without. In fact, the risk of emergency surgery was actually higher at facilities with open heart surgery on site. The study also found that similar results for both primary (emergency) PCI and elective PCI were possible. Furthermore, the most recent guidelines from the

American College of Cardiology, published in 2011, indicate that PCI without open heart surgery on site is appropriate.

The JACC study, as well as others that have preceded it, have been part of the impetus for many states to change or discontinue their regulation of PCI based on whether the provider has open heart services. For example, since 2004, the Maryland Health Care Commission has permitted PCI at hospitals without cardiac surgery, through a waiver process. Pennsylvania also permits PCI at hospitals without cardiac surgery, subject to certain conditions. South Carolina allows primary (emergency) PCI at hospitals without cardiac surgery with Certificate of Need approval for the service. Many states do not regulate PCI without on-site open heart surgery at all, while others control the service through the licensure process, such as Florida. North Carolina is one of the few states that have not instituted any changes to expand the provision of PCI to hospitals without cardiac (open heart) surgery.

Another pertinent fact is that over one-third of the providers of interventional cath services in North Carolina do not have open heart surgery services on site but they have arrangements with tertiary medical centers with open heart backup on site to provide any necessary emergency surgery services. For example, Alamance Regional Medical Center in Burlington has an arrangement with

Duke University Hospital, Wilson Medical Center works with WakeMed and Nash General Hospital partners with Vidant Health. I think it is obvious that both the provider and its tertiary partner believe that the provision of interventional cath services at hospitals without open heart surgery is warranted. Collectively, these hospitals providing interventional cath without open heart services are part of several healthcare systems (e.g. Duke, CHS, Novant, HMA, WakeMed, Vidant) that represent at least 66 hospitals in the state, or 53 percent of the 125 hospitals statewide. It appears to me that the question of whether interventional cath should only be provided with open heart surgery back-up on site has been answered overwhelmingly by the state's providers, both community and tertiary, and the response is no.

While there are numerous other healthcare services that are regulated by the State, few have such a direct and immediate impact on patients' lives as does cardiac catheterization. As a physician who sees these patients on a daily basis, I ask you to seriously consider the approval of this petition so that all patients in North Carolina, regardless of where they live, will have equal access to this life saving procedure.

Thank you.