

Dr. Zidar - Talking Points for Public Hearing

- I'm Dr. James Zidar, a cardiologist with North Carolina Heart & Vascular
- I want to start by addressing one of the misperceptions that has been brought up in the past during discussion of a similar petition. This issue – the deficit of cath labs at Rex and the surplus at other providers in Wake County – is not an issue between Rex and WakeMed. It is a result of multiple “grandfathered” and underutilized cath labs at WakeMed Cary and Duke Raleigh as well. Those two hospitals have four cath labs between them, which are very underutilized, and create a significant part of the surplus in Wake County.
- As you are aware, however, there have been discussions about Rex and WakeMed trying to resolve this imbalance outside the SHCC process, and I wanted to update you on Rex’s work on this issue. Representatives from Rex including myself and our President, Steve Burriss, met with representatives from WakeMed earlier this year. We discussed several potential collaborative approaches including Rex physicians using WakeMed cath labs, and Rex leasing or purchasing a WakeMed cath lab. Rex sent a letter to WakeMed following that meeting with several questions that would move the process forward such as how WakeMed would work with the UNC REX physicians in their hospital and what would be the price and terms of a purchase or lease agreement for the cath lab. Rex sent this letter on March 28, 2016, four months ago, and has not received a response. At this point, Rex doubts the sincerity of WakeMed’s desire to collaborate on this issue. The SHCC asked us to work together and Rex has done so in good faith without reciprocation from WakeMed. We ask you to consider that Rex has tried to move forward with this option in good faith, but given WakeMed’s refusal to continue the conversation, we must now look for other solutions.
- The other issue that I want to address today is the misperception that the Wake Heart and Vascular cardiologists abandoned WakeMed as a result of their affiliation with Rex and the corresponding misperception that they could go back anytime the like without issue. This is also simply not true.
- In fact, as Dr. Landvater suggested there was a lot of anger from WakeMed once the affiliation was announced. That manifested itself in WakeMed withdrawing support from Wake Heart & Vascular physicians. Historically, WakeMed provided midlevel coverage on nights and weekends to assist Wake Heart and Vascular physicians in managing its inpatient census. While WHV physicians continued to practice at WakeMed following the affiliation with Rex, WakeMed stopped supporting this midlevel service in July 2013.

- Wake Heart and Vascular attempted to work with the medical staff and the cardiology physicians at WakeMed to address this issue. After much consideration, Wake Heart and Vascular gave up their physician privileges at WakeMed because it did not believe it could maintain the high quality standard of care at WakeMed given the withdrawal of that support.
- As we've noted in our petitions there are significant inconveniences, costs, and inefficiencies for patients, physicians, and the healthcare system as a whole that would be incurred in order for Rex cardiologists to use the underutilized cath labs at WakeMed
- Foremost is the lack of support from WakeMed which pushed cardiologists away in the past, but, even with the support of WakeMed, there are significant issues.
- In order to begin using WakeMed's cath labs, North Carolina Heart & Vascular physicians would need to obtain privileges at WakeMed and meet requirements for emergency department and inpatient coverage. We currently provide cardiology services in eight other counties and we would not be able to meet WakeMed's requirements without reducing access to those other counties.
- We would need to unnecessarily duplicate our support staff team. Two sites of interventional and inpatient care would require two different teams doing the same things, but unable to create efficiencies and economies of a scale by caring for a critical mass of patients.
- We would need to duplicate its PACS system or manually create and exchange CDs containing the images taken during procedures. Access to these images is most vital in emergency situations, when a patient presents with chest pain and the physician can immediately review images from previous procedures to assess and provide treatment.
- Rex and its physician partners do not believe that the most effective solution to its capacity constraints is to duplicate its call, its staff, and its system at a tremendous addition to its operating costs when instead, with the permission of the SHCC and the CON Section, it could quickly and cost-effectively add capacity by purchasing \$60,000 in total for software upgrades to two existing vascular labs.
- Notably, even if North Carolina Heart & Vascular physicians were to practice at other hospitals, their patients could be prevented from receiving care at those other sites or made to pay higher out of pocket costs depending on their health care insurance. Many insurers are utilizing "narrow networks" which direct patients to a network of low cost, high quality providers and hospitals in order to better control

costs. Thus, some of North Carolina Heart & Vascular's patients may not be able to receive their care at other facilities or may have to pay high out of pocket costs.

- I want to end by reminding you that Rex's goal throughout this process has been to provide exceptional patient care. Rex's capacity issues have a negative impact on patients including long wait times, cancelled procedures, unnecessary overnight stays, and more. These procedures are needed to improve the health of patients and the delays that may result from overcapacity equipment results in delays in their recovery and return to normal life. It is clear that opponents of Rex's petitions have attempted to politicize the process, providing some SHCC members with incorrect information that has surfaced in the SHCC meetings. This misinformation and consideration of secondary issues removes the focus from where it is deserved: patients. If approved, patients would benefit from more timely, more efficient, and higher value care.
- There have been numerous criticisms of Rex's petitions over the last three years, but none of them address what we believe is the most important point - that Rex's patients will benefit from additional cath lab capacity.
- Again, from Rex's perspective and given WakeMed's inaction to date, absent this adjusted need determination, Rex will never be able to acquire additional cardiac catheterization capacity no matter how needed as there is so much excess cath lab capacity in Wake County including at Duke Raleigh and WakeMed Cary.
- Thank for you for your consideration.