



919-231-3966

7-31-2017

Christopher Ulrich, MD

Chair, State Health Coordinating Council  
Healthcare Planning and Certificate of Need Section  
North Carolina Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2714

Re: Letter of Support for Petition for Adjusted Need Determination for the 2018 SMFP -  
Vascular access ASC Demonstration Project

Dear Dr. Ulrich:

I am a nephrologist in NC Nephrology, PA, a nephrology practice in Raleigh, NC. I appreciate the opportunity to submit this letter in support of the Petition for Adjusted Need Determination submitted by American Access Care of NC, PLLC, Eastern Nephrology Associates, PLLC, Metrolina Nephrology Associates, PA, North Carolina Nephrology, PA, and Fresenius Vascular Care, Inc. d/b/a Azura Vascular Care, requesting the addition of a vascular access ASC demonstration project to the 2018 State Medical Facility Plan ("SMFP").

End Stage Renal Disease (ESRD) patients require chronic life-sustaining dialysis. To receive this therapy, patients require access to the bloodstream via a fistula, graft or hemodialysis catheter or access to the peritoneal cavity via a peritoneal dialysis catheter. These critical accessess are the ESRD patients' "lifeline" for maintaining health. The cost to CMS is disproportionately high for this chronically ill population compared to other medicare recipients; much of this excess cost is due to high hospitalization rates and high cost of the access care. What is clear in the literature over the past 15 years is that managing the care of dialysis access in specialized outpatient centers is less costly to CMS. More importantly it is better care for the ESRD patient as the care is more specialized, timely, and efficient. Hospitalization rates decrease for the dialysis population in areas where their lifeline access care is managed in specialize outpatient centers.


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Dr. Michael Casey, Dr. Jason Eckel, Dr. William Fan, Dr. James Godwin, Dr. Karn Gupta, Dr. Jeffrey Hoggard,  
Dr. So Yoon Jang, Dr. Fred Jones, Dr. Dan Koenig, Dr. Kevin Lee, Dr. Sammy Moghazi,  
Dr. Michael Monahan, Dr. Michael Oliverio, Dr. Sejan Patel, Dr. Eric Raasch, Dr. Mark Rothman,  
Dr. Samsher Sonawane, Dr. Adam Stern, Dr. Phillip Timmons

Unfortunately, 2017 Medicare reimbursement cuts have put physician office-based vascular centers at risk, as it is no longer financially feasible for many of these locations to remain in operation. Permitting existing vascular access centers to apply for a certificate of need to operate a single-specialty ASC that provides vascular access services to ESRD patients would ensure the continued availability of necessary services for ESRD patients. All of my interventional colleagues in other states are switching from office based centers to ASC status to maintain financial viability and continue providing critical lifeline access care for the ESRD patients. Certificate of Need laws in those states have not restricted their ability to make this conversion.

I urge the State Health Coordinating Council to approve the Petition for Adjusted Need Determination.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Hoggard".

Jeffrey Hoggard MD, FACP, FASN, FASDIN