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Received by the
CON Section
03 MAY 2010 10:51:24

April 30, 2010

Ms. Angie Matthes, Project Analyst
Division of Health Service Regulation, Certificate of Need Section
NC Department of Health and Human Services
701 Barbour Drive
Raleigh, NC 27626-0530

RE: **Public Comments**
Regarding Project ID G-008477-10, Piedmont Outpatient Surgery
Center, LLC (POSC)/ Forsyth County

VIA: Electronic Mail (e-copy) and Federal Express Overnight (original)

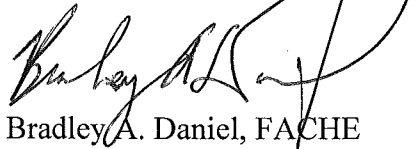
Dear Ms. Matthes:

The purpose of this letter is provide the attached public comments which are filed on behalf of Piedmont Outpatient Surgery Center, LLC regarding the application filed by Piedmont Outpatient Surgery Center, LLC (POSC), Project ID G-008477-10, Forsyth County and the competitive applicants.

The attached comments include written comments (pages 1-7), a supporting comparative exhibit (pages 8-9) and five additional letters of support (pages 10-14).

If you have any questions regarding this matter, please do not hesitate to contact me. Thank you for your time and attention.

Sincerely,



Bradley A. Daniel, FACHE
President

Piedmont Outpatient Surgery Center, LLC
Written Comments regarding
Kernersville Orthopedic Surgery Center
Orthopedic Surgical Center
CON Applications
Single Specialty Ambulatory Surgery Demonstration Project – Piedmont Triad
Forsyth/Guilford Service Area
April 30, 2010

The 2010 State Medical Facilities Plan (“SMFP”) contains a need determination for a single specialty ambulatory surgery demonstration project with two operating rooms in the Forsyth/Guilford County Service Area. On May 15, 2010, three applications were submitted in response to the need determination:

	<u>Project ID No.</u>
Piedmont Outpatient Surgery Center, LLC (POSC)	G-008477-10
Orthopaedic Surgical Center of the Triad (OSCT)	G-008479-10
Kernersville Orthopedic Surgery Center (KOSC)	G-008492-10

POSC has reviewed the opposing applications in detail and has concluded that its application’s merits and its innovative project establish the POSC application as the most effective and competitive proposed project. Therefore, POSC prefers to refrain from a negatively oriented fault finding commentary against the opposing applicants. A comparative spreadsheet based on some of the typical CON competitive variables is attached.

Please note that in no way does POSC intend for these comments to change or amend its application as filed on March 15, 2010. If the CON Section considers any of these responses to be amending POSC application, those responses should not be considered.

There are several key issues that should be considered in this competitive review in order to determine the best applicant for the proposed project. Those issues include:

1. Wholly owned by physicians and independent of any major health system
2. Level of Commitment to the Research Plan
3. Support of nearly all ENT providers in the Piedmont Triad
4. Innovative nature of freestanding ENT ASC that is desired by third-party payers and patients
5. Sustainable design methods
6. Geographic and Volume Access
7. Accessibility to the greatest number of Medicaid patients
8. Accessibility to the greatest number of pediatric patients

**Public Comments filed by Piedmont Outpatient Surgery Center (Project #G-008477-10)
Proposed Single Specialty Ambulatory Surgery Demonstration Project – Piedmont Triad**

9. Accessibility to medically indigent as measured by actual historic evidence of self-pay and bad debt and the demonstrated commitment to free health care clinics
10. Public Support
11. Location and Cost
12. Cost Effectiveness

Each of these categories will be discussed in greater detail below.

I. Wholly owned by physicians and independent of any major health system

POSC and its co-applicant SEA are 100% physician owned. There is absolutely no participation in the POSC project of any nature by any of the large health systems in the triad. POSC will own and operate its proposed facility. In contrast the two orthopedic applications contain participation by major health systems in the Piedmont Triad. In today's competitive marketplace, the participation of major health systems can unfortunately be an alienating force in the medical and payer contracting community. Physicians who are affiliated or employees of one health system may be hesitant and even forbidden from practicing or referring in a facility that is owned or managed by a competing health system. Contracting representatives of third-party payers may also be less able to negotiate for lower rates (which ultimately save the health care system and the patient money) if the contract with the health system forbids individual contracting.

For example, OSCT is 33% owned by WFU Ambulatory Ventures, LLC. On page 5 of the application, OSCT indicates that WFU Ambulatory Ventures, LLC is owned by Wake Forest University Health Sciences. OSCT did not include the articles of organization of Wake Forest University Health Sciences but documents on the North Carolina Secretary of State website indicate that it is owned by Wake Forest University. Therefore, OSCT cannot be perceived as being 100% owned by physicians. In addition, Wake Forest University Health Sciences is the entity that operates the medical school and the clinical staff for North Carolina Baptist Hospital. Further, the participation of Wake Forest University Health Sciences physicians will likely alienate the participation of Novant physicians.

KOSC is 100% physician owned. However, on page 3 of the KOSC application, KOSC indicates that it will be managed by Ambulatory Surgical Management, LLC, which is wholly owned by Novant Health, Inc. It is highly unlikely that KOSC will be able to attract non-Novant physicians to utilize its facility.

II. Level of Commitment to the Research Plan

The physicians of POSC have intentionally developed the proposed research plan to go beyond the minimal requirements of the State Medical Facility Plan and study all facets of the patient experience. The POSC research plan includes statistical measures and required sample sizes to measure convenience and access, access to the indigent population, cost-effectiveness, procedure times, and clinical outcome measures. The proposed research plan follows an academic approach that is likely to be accepted by an institutional review board as well as the Division of Health Services Regulation and promises to deliver the most complete measure of the project's

success. In addition, the measures have been developed that will be the most practical and actionable indicators of optimal outcomes. None of the other applicant research plans compare to the level of detail and commitment in the proposed POSC research plan. OSCT included numerous articles on outcomes and quality but POSC did not find a written research plan in the OSCT exhibits.

III. Support of nearly all ENT providers in the Piedmont Triad

In the development of the proposed project, POSC contacted all of the ENT providers in the entire Piedmont Triad and invited all to offer a letter of support and participate in the project. The application contains letters of support from nearly all major ENT groups and most individual providers across the Piedmont Triad. The POSC project is a project that seeks to unify the ENT medical community by offering a referral or practice setting for any ENT provider.

In contrast, the other two applicants polarize the orthopedic community by offering competing projects with support arising from less than half of the entire orthopedic physicians of the Piedmont Triad. It is highly unlikely that either orthopedic project will gain the interest of orthopedic surgeons from other health systems in the Piedmont Triad or from the competitive group if one project prevails over the other. This will be particularly intensified by the involvement of major health systems in each of the opposing orthopedic projects.

IV. Innovative nature of freestanding ENT ASC that is desired by third-party payers and patients

The POSC project if approved will be the first freestanding ENT ASC in North Carolina that is wholly owned by physicians. The POSC project will allow for an innovative ENT ASC practice setting where all ENT physicians of the Piedmont Triad are welcome to practice. The POSC project will offer an innovative alternative to projects with hospital ownership or management participation.

ENT though one specialty tract is really a specialty that serves a heterogeneous mix of symptoms and conditions. By choosing at least one ENT specialty group practice, the SHCC and CON Section would have the opportunity to understand how outpatient ASC access would benefit a large portion of the population. In addition, POSC has the unique ability to help improve time to return to work and school. Further, POSC has one of the most diverse range of patient age from a large pediatric concentration to older adults.

In addition, POSC has already discussed its proposed project with third-party payers. POSC is the only applicant with letters of support from third-party payers. POSC has obtained a letter of support from CIGNA and Aetna and has discussed the project with BCBSNC and United Healthcare. The payers have indicated that they are highly interested in the project as a way to offer lower cost settings to the consumer and the employers who purchase health insurance. Due to the nature of the demonstration project, payers are a critical player in the process. If payers are not willing to contract with the other projects or include them in the payer network, the potential for cost savings may be greatly diminished.

V. Sustainable design methods

POSC has developed the proposed project with sustainable design methods in mind. As indicated in the Certified Cost Estimate from the Architect in Exhibit 1, the building will incorporate sustainable design methods based upon criteria developed by the Green Guide for Health Care (GGHC) and LEED Certification as developed by the U.S. Green Building Council. POSC appears to be the only applicant who has considered and planned for sustainable design.

The Governor has recently indicated that she would like to see additional consideration of sustainable design methods in health planning. At the March 24, 2010 SHCC meeting Speaker Pro Tempore and Chair of the SHCC Wainwright created a Policy Development Work Group to Address More Energy Efficient and Sustainable Building Design and Construction was created. POSC has embraced energy efficient and sustainable building design in its proposed project and looks forward to being a leader in this area when the proposed project is approved.

VI. Geographic and Volume Access

POSC has proposed the greatest geographic access with eighteen counties identified in its service area. The POSC service area is based on the actual experience and patient origin of PENTA patients. In addition, POSC is one of the two applicants with the earliest service offering date, which results in an additional year's worth of procedures over the OSCT project.

POSC also has the highest number of procedures projected with 4,012 procedures in the third project year. With a higher level of procedures, more patients will have the opportunity to benefit from access to the proposed facility.

VII. Accessibility to the greatest number of Medicaid patients

The physicians of PENTA have a demonstrated record of high access by Medicaid patients. Note that POSC is projecting a payer mix of 27.88% Medicaid. POSC is the only applicant that based its payer mix on the actual experience of its physician members who all practice with PENTA. The other applicants have answered that they do not have historical experience with payer mix and are therefore speculating as to their projected payer mix. In contrast, POSC based their payer mix on the surgical experience in 2009, the most recent fiscal year.

POSC has the highest number of Medicaid patients of any of the applicants. As stated in Form E, in the third year of the proposed project, POSC will provide 1,118 Medicaid procedures in the 3rd project year for a total of \$267,056.66 in net revenue from Medicaid, the highest number and aggregate financial amount of any of the three applicants.

In addition, POSC has the highest total of self-pay, Medicaid and Medicare procedures combined. Because POSC serves a high number of pediatric patients and orthopedic procedures are heavily skewed toward older patients, orthopedic applicants have higher numbers of Medicare procedures. As POSC noted in its application, PENTA has a great deal of success in qualifying patients for Medicaid and other coverage and therefore does not anticipate as high a self-pay percentage as the other applicants. The other applicants appear to have based their self-

pay on hospital experience, which may not be reflective of the outpatient setting. The cumulative total of underserved percentage / procedures is the best reflection of the total commitment to care to large numbers of the underserved population. POSC has the greatest percentage with 38.72 and largest number of procedures with 1,553 self-pay, Medicaid and Medicare procedures in the third project year.

VIII. Accessibility to the greatest number of pediatric patients

A significant portion of PENTA patients are children, many of which are Medicaid or uninsured patients. In 2009, 1,470 or 48.15% of the total PENTA surgeries were for T&As (under 12) and tubes, all performed on children. POSC is uniquely able to offer access to a high level of Medicaid and uninsured children.

IX. Accessibility to medically indigent as measured by actual historical evidence of charity care and bad debt and the demonstrated commitment to free health care clinics

The physicians of POSC have a demonstrated record of high access to self-pay and charity care (typically uninsured) patients. The physicians of POSC volunteer their time at the Community Care Center and participate in Healthcare Access, the health plan for uninsured in Forsyth County. In addition, all physicians involved with POSC and the proposed POSC provide ED on-call coverage at area hospitals.

POSC is the only applicant that specifically articulates in the CON application that its charity care and bad debt amounts of \$75,712 and \$189,281 respectively are based on actual historical surgical experience with its current practice. While the other applicants project higher rates of charity care and bad debt, they offer no historical basis for their projection. Further, none of the other applicants have the level of commitment to free care at the area free clinic and through health care access as POSC does.

Finally, as POSC stated on page 84 of its application, the level of charity care may appear low when compared with other specialties because PENTA patients without any insurance often are seen by PENTA physicians when they volunteer in the Community Care Center or participate in the HealthCare Access program. In addition, because ENT is a specialty, patients without any private insurance who are a true “charity” case have often been encouraged to apply for Medicaid or other state funds before they reach ENT. PENTA is certainly a strong supporter of access by all patients as evidenced by the high level of Medicaid patients, the commitment of PENTA physicians to the area volunteer health programs like Community Care Center, and the financial policies. Finally, the PENTA surgery schedulers work diligently to help the patient find coverage for their care.

X. Public Support

POSC has demonstrated a wide spectrum of public support for its project. In addition to having the full support of nearly every ENT surgeon in the Piedmont Triad, POSC has letters of support from a great deal of referring physicians. In contrast the other applicants appear to divide the orthopedic community by promoting competing projects. In addition, POSC has support from

legislative leaders from the mayor to elected leaders at the national level. This will be important as the project is developed as these leaders will be familiar with the project when and if it becomes necessary to seek support for creative financing and demonstration projects within the ASC setting. Finally, POSC is the only applicant that has obtained letters of support from two commercial payers and has discussed the project with additional payers. Most inspiring to POSC are the 1,098 petition signatures and individual letters from different communities in the Piedmont Triad from patients who would welcome an alternative surgical setting for their care. Note that a letter of support from Aetna, one patient and three referring doctors that came in during the public comment period are attached to these comments.

XI. Location and Cost

POSC based the design on the experience of its own physicians and on interviews conducted with other ENT surgery centers and specifically worked to design an efficient space. The proposed project includes a 9,000 square foot ASC building on 2.16 acres on Shepherd Street in Stratford Executive Office Park. At 9,000 square feet, the POSC project is the most modest and cost-effective sized ambulatory building and as a result has the lowest total cost per square foot of \$454.37.

In addition, POSC has the lowest capital cost of the three applicants with a total capital cost of \$4,089,295. In fact, one of the applicants, OSCT has a capital cost in excess of \$7.6 million. The higher capital cost of OSCT is concerning as OSCT will need to recover its capital investment by charging a higher rate to consumers than a more modest project. A large portion of that variability may be attributed to the exorbitant rate that OSCT proposes to pay for its real estate at \$1.5 million for the 4 acres of land. It is important to note that OSCT's own exhibit shows that the tax value of the land totals \$117,100. The OSCT location could also be a challenge for referring physicians and patients as it is in a location that is completely isolated from other medical practices.

Finally, POSC is the only applicant that did not include a procedure room in its proposed project. A procedure room drives up the expense of the project. It is important to recall that the intent of the project is to conduct a five-year study of single specialty ambulatory surgery centers with two operating rooms. The fact that the other applicants have included a procedure room runs the risk that the procedure room will occlude the findings of the study.

XII. Cost Effectiveness

POSC is the most cost-effective project by every financial measure. POSC calculated the gross revenue, net revenue and expenses per procedure.

Though it is not valid to compare charges between ENT and orthopedic procedures, the gross revenue per procedure is the best way to compare the gross revenue per procedure each applicant expects to charge. POSC has the lowest gross revenue per procedure of \$1,865. Similarly, the net revenue per procedure reflects the revenue after contractual adjustments, which is the amount of net revenue per procedure the applicant reasonably expects to recognize. POSC has the lowest net revenue per procedure of \$888.

POSC has the lowest total expense per procedure of \$608. The lower expense per procedure reflects POSC's ability to manage operations at a lower cost and its ability to recognize economies of scale with its volume of projected patient procedures.

In addition, with the proposed project, the same physicians can manage the entire episode of care for patients. This offers PENTA and POSC the ability to offer a joint contract to payers and the opportunity for costs to be reduced to their most cost effective state. ENT is particularly suited for this episode of care framework and management because ENT is nearly all performed on an outpatient basis. Further, the medical technology is allowing more care to take place and major payers are providing incentives to move medical care toward the physician-based/owned setting.

Comparative Summary

In Summary, POSC presents the most realistic and competitive application that is based on existing experience operating in the service area. The following is a brief summary of the comparative strengths of POSC's application.

1. Wholly owned by physicians and independent of any major health system – *POSC is the only applicant that is completely independent and physician-owned*
2. Level of Commitment to the Research Plan – *POSC is the only applicant that included a written research plan*
3. Support of nearly all ENT providers in the Piedmont Triad – *POSC proposes a project that can unite the ENT community by being open to all ENT physicians*
4. Innovative nature of freestanding ENT ASC that is desired by third-party payers and patients – *POSC is the only applicant that has secured support from third-party payers*
5. Sustainable design methods – *POSC is the only applicant that mentions sustainable design*
6. Geographic Access – POSC has the most geographic and volume access
7. Accessibility to the greatest number of Medicaid patients – *POSC has the highest percentage and number of Medicaid patients projected*
8. Accessibility to the greatest number of pediatric patients – *POSC has demonstrated commitment to high numbers of pediatric patients*
9. Accessibility to medically indigent as measured by actual historical evidence of self-pay and bad debt and the demonstrated commitment to free health care clinics – *POSC is the only applicant that has discussed the commitment of its physicians to the volunteering at Community Care Center and free care provided through Healthcare Access*
10. Public Support – *POSC has the greatest range of public support with leaders at all levels of government, patient letters and petitions, physician letters and letters from payers*
11. Location and Cost – *POSC has the lowest total capital cost and the lowest cost per square foot as well as the most cost-effective space of 9,000 square feet*
12. Cost Effectiveness – *POSC is the most cost effective project with the lowest total gross and net revenue and total expense per procedure*

Thank you for your careful consideration of these public comments.

Single Specialty Demo. Project Triad CON Application Comparison

Provided by Piedmont Outpatient Surgery Center, LLC

Applicant Information	POSC	KOSC	OSCT (GO, SEO, WFU)
Location	Shepherd St W-S	445 Pineview, Kville (MOB near Business 40&66)	Sandy Ridge Road/Farmer's Market
Service Offering Date	1/1/12	1/1/12	1/12013
Proposed Service Area	POSC	KOSC	OSCT (GO, SEO, WFU)
Patient Origin			
Alamance	0.03%		
Alexander	0.14%		
Alleghany	0.24%		
Caldwell	0.17%		
Catawba	0.14%		
Davidson	9.94%	4.60%	
Davie	5.48%	5.50%	
Forsyth	42.39%	46.30%	38.60%
Guilford	5.96%	24.60%	61.40%
Iredell	0.03%		No comment on other counties
Randolph	0.17%		
Rockingham	0.89%		
Rowan	0.14%		
Stokes	7.98%	7.30%	
Surry	14.60%	2.70%	
Watauga	0.45%		
Wilkes	3.94%		
Yadkin	4.25%	4.70%	
Other	3.05%	0.04%	
Total Staffing	16	15	20.9
Proposed Revenue and Expense/Procedure in 3rd Year	POSC	KOSC	OSCT (GO, SEO, WFU)
Gross Rev Per Procedure (Total Revenue/Procedures)	\$ 1,865	\$ 2,633	\$ 2,993
Net Rev Per Procedure (Net Revenue/Procedures)	\$ 888	\$ 1,171	\$ 1,245
Total Expense Per Procedure (Total Expense/Procedures)	\$ 608	\$ 967	\$ 1,149
Proposed Cost	POSC	KOSC	OSCT (GO, SEO, WFU)
Site Size	2.16	2	4
Real Estate Cost	\$ 350,000	245,000	\$ 1,500,000
Total Cost	\$ 4,089,295	\$ 4,630,881	\$ 7,620,750
Square Feet	9,000	9,346	10,123
Total Cost/Square Foot	\$ 454.37	\$ 495.49	\$ 752.82

<i>Utilization</i>	POSC	KOSC	OSCT (GO, SEO, WFU)
Y1	3,916	2,704	2,555
Y2	3,965	2,787	2,872
Y3	4,012	2,872	3,199
		Includes surgical + procedure room volume	
<i>Access: Self-pay, Medicaid, Medicare 3rd Project Year</i>	POSC	KOSC	OSCT (GO, SEO, WFU)
Self-pay percent	1.43%	3.88%	3.50%
Medicaid percent	27.88%	7.85%	10.10%
Medicare percent	9.41%	24.72%	30.70%
Total	38.72%	36.45%	44.30%
<i>Access: Self-pay, Medicaid, Medicare 3rd Project Year</i>			
Self-pay procedures	57	112	112
Medicaid procedures	1,118	225	323
Medicare procedures	378	710	982
Total procedures	1,553	1,047	1,417

We want you to know[®]



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Suite 250
Charlotte, NC 28277

Jarvis Leigh
Network Market Head
704-544-5760
704-544-5741

March 23, 2010

Mr. Craig Smith, Chief
N.C. Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
Medical Facilities Planning Section
2714 Mail Service Center
Raleigh, NC 27699-2714

Subject: Letter of Support for Piedmont Outpatient Surgery Center, LLC (POSC) Single
Specialty Operating Room Demonstration Project organized by Piedmont Ear
Nose & Throat Associates, LLC (PENTA).

Dear Mr. Smith:

The purpose of this letter is to express my support for the proposed project by POSC and PENTA to develop a demonstration project in the Piedmont Triad for an ambulatory surgery center with two operating rooms. With locations in Kernersville, Mount Airy and Winston-Salem, PENTA is able to offer accessible services to a great number of residents in the Piedmont Triad. As a longstanding and valued participating provider in the Aetna network, I believe PENTA is particularly well suited to accomplish the proposed project. I expect the proposed facility to build on the experience developed by PENTA.

At Aetna Health of the Carolinas, we recognize that quality, access and service outcomes can be higher at an ambulatory surgery center, while achieving a lower cost structure. We would welcome the opportunity to contract with PENTA/POSC and pass the potential cost savings on to our members and plan sponsors. In fact, we are actively seeking ASC and alternative surgical settings throughout our service area in an effort to offer additional and more affordable choices to our members.

I offer PENTA my support and wish them success in their application. Please do not hesitate to contact me for further information.

Sincerely,

Jarvis Leigh
Network Vice President

March 10, 2010
N.C. Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
Medical Facilities Planning Section
2714 Mail Service Center
Raleigh, NC 27699-2714

Re: Support for Application by Piedmont Outpatient Surgery Center, LLC for a new single specialty (ENT) ambulatory surgery demonstration project with two operating rooms

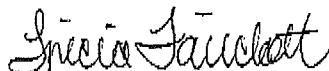
Dear Mr. Smith,

I am writing to express my support for the new Piedmont Outpatient Surgery Center, LLC. I am a resident of Guilford County and I am encouraged and pleased to see the ENT surgeons of PENTA working to create an outpatient single specialty ENT ambulatory surgery center in Forsyth County.

My children and I both have had ENT ailments requiring attention from the PENTA group. I personally would prefer the option of receiving their services from an ambulatory surgery center that is 100% ENT. I would rather access outpatient services in an ambulatory surgery center that is dedicated solely to ENT issues than having to travel to a hospital for the same services. This facility would be a real benefit to the community as well as more palatable and desirable option for families with children. Aside from the convenience issue, it is my understanding that there is potential for the cost to significantly lower. As insurance companies continue to raise the portion of fees that I am responsible for paying, I am increasingly sensitive to cost.

I have complete confidence in the physicians and staff of PENTA and know they will succeed in offering the highest quality outpatient surgery service if the proposed project is approved. Thank you for your time and attention in this matter. Please contact me if you need additional information or have any questions.

Sincerely,



Tricia Faircloth
103 Kimberly Terrace
Greensboro, NC 27408

BELMONTMEDICAL
Belmont Medical Associates
1818 Richardson Dr., Suite A
PO Box 1857
Reidsville, NC 27320
336-349-5040
Fax 336-349-6578

3-15-2010

Mr. Craig Smith, Chief
N.C. Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
Medical Facilities Planning Section
2714 Mail Service Center
Raleigh, NC 27699-2714

Re: Support for Application by Piedmont Outpatient Surgery Center, LLC
for a new single specialty (ENT) ambulatory surgery demonstration project with
two operating rooms.


Dear Mr. Smith,

I am writing to express my support for the CON application filed by
Piedmont Outpatient Surgery Center, I.L.C. I am pleased to see the addition of new
single specialty (ENT) ambulatory surgery demonstration project in the Piedmont
Triad.

As a medical doctor, I am aware of the high demand for quality medical
services here in the Piedmont Triad. It is great to see another physician driven
project to address the needs of our community. It is good to know that my patients
will have the choice of a single specialty ENT ambulatory surgery center if they
are in need of a procedure that would be appropriate for that setting.

In closing, I would to again express my support for the proposed project by
Piedmont Outpatient Surgery Center, LLC. I will look forward to the opportunity
to refer to the surgeons who practice at Piedmont Outpatient Surgery, LLC. The
addition of single specialty ENT ambulatory surgery center in Winston-Salem will
bring addition of a single specialty ENT ambulatory surgery center in Winston-
Salem will bring additional access and patient choice in the piedmont Triad.

Sincerely,


John C. Golding, Jr MD
1818 Richardson Dr, Ste A
Reidsville, NC 27320

SALEM GASTROENTEROLOGY ASSOCIATES, P.A.



March 24, 2010

Mr. Craig Smith, Chief
N.C. Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
Medical Facilities Planning Section
2714 Mail Service Center
Raleigh, NC 27699-2714

William E. Austin, M.D.
Rami J. Badreddine, M.D.
Roberto M. Gamarra, M.D.
James S. Gibbs, M.D.
Henry T. Mixon, M.D.
Randy A. Peters, M.D.
Michael H. Rubin, M.D.
John T. Sweeney, M.D.
David R. Wood, M.D.
Paul M. Gregory, Jr., NP-C
Sydney T. Youens, NP-C

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Dear Mr. Smith:

We are writing to express our support for the CON application filed by Piedmont Outpatient Surgery Center, LLC. I am pleased to see the addition of new single specialty (ENT) ambulatory surgery demonstration project in the Piedmont Triad.

As a gastroenterologist, I am aware of the high demand for quality medical services here in the Piedmont Triad. It is great to see another physician driven project to address the needs of our community. It is good to know that our patients will have the choice of a single specialty ENT ambulatory surgery center if they are in need of a procedure that would be appropriate for that setting.

In closing, I would like to again express my support for the proposed project by Piedmont Outpatient Surgery Center, LLC. I will look forward to the opportunity to refer to the surgeons who practice at this facility. The addition of a single ENT ambulatory surgery center in Winston-Salem will bring additional access and patient choice in the Piedmont Triad.

Sincerely yours,

James S. Gibbs, M.D.

William E. Austin, M.D.

Randy A. Peters, M.D.

www.salemgi.com

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Salem Endoscopy Center • 875 Bethesda Road • Winston-Salem, North Carolina 27103

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SALEM GASTROENTEROLOGY ASSOCIATES, P.A.



March 26, 2010

Mr. Craig Smith, Chief
 N.C. Department of Health and Human Services
 Division of Health Service Regulation
 Certificate of Need Section
 Medical Facilities Planning Section
 2714 Mail Service Center
 Raleigh, NC 27699-2714

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Dear Mr. Smith:

I am writing to express my support for the CON application filed by Piedmont Outpatient Surgery Center, LLC. I am pleased to see the addition of a new single specialty (ENT) ambulatory surgery demonstration project in the Piedmont Triad.

I am a gastroenterologist in Winston-Salem, NC and I am aware of the high demand for quality medical services here in the Piedmont Triad. It is great to see a physician driven project to address the needs of our community. It is good to know that our patients will have the choice of a single specialty ENT ambulatory surgery center if they are in need of a procedure that would be appropriate for that setting.

I would like to again express my support for the proposed project by Piedmont Outpatient Surgery Center, LLC. I will look forward to the opportunity to refer to the surgeons who practice at this facility. The addition of a single ENT ambulatory surgery center in Winston-Salem, NC will bring additional access and patient choice in the Piedmont Triad.

Sincerely yours,

Michael H. Rubin, M.D.

MIIR/shs

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