



cary urology

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NC Division of Health Service Regulation
Medical Facilities Planning Section
2714 Mail Service Center
Raleigh, NC 27699
August 8, 2008

DFS Health Planning
RECEIVED

AUG 08 2008

Medical Facilities
PLANNING SECTION

Re: Petition from Parkway Urology

Dear Miss Potter:

I would like to take this opportunity to respond to the well-organized criticisms of my petition received by your office. It was not my intent to place you or your section into the midst of a national turf battle, however here we are. Urologists and radiation oncologists throughout the U.S. are in disagreement as to the delivery of IMRT and who should control what. The American Urological Association and ASTRO will battle this out on the national front. I was hoping my petition, through a co-ownership of all physicians involved (radiation oncologists, urologists, and medical oncologists), would avoid that distraction and permit a focus on optimizing patient care. There is nothing in the state of North Carolina that remotely resembles the facility and level of cooperation across disciplinary lines that I describe in my petition. The multitudes of similar letters, many from a single group with multiple offices describe their radiation centers as multidisciplinary, however no further description is provided. The Triangle's academic centers have glowing descriptions on their web pages and brochures; however my patient's experiences have been disjointed with no apparent interdisciplinary coordination.

It was intuitive to me at the time I first considered a prostate center that a facility focused on a single disease with different professional perspectives on therapeutic options would be optimal for this disease. There is no other disease or cancer like cancer of the prostate. Despite its slow progression and low mortality, a huge prevalence causes prostate cancer to be the second most common cause of cancer death for men. Who to treat and how aggressively are the key questions and a true multidisciplinary approach is perfect for this disease. North Carolina is typically in the top three states when it comes to poor outcomes for prostate cancer. I am a urologist trying to change this. My initial intuition on a disease specific approach is coming to life as recent studies are starting to demonstrate that busier focused facilities have better outcomes for prostate cancer therapy.

Short of Area 20, I did not specify where this center would be located. Cary is a very nice town, however my intent was to place a building in the heart of Raleigh for ease of patient and physician access.

Change can be scary. Many of the letters described potential conflicts with the principles of the CON process. Direct from the 2009 plan:

“Changes in the health care environment require an emphasis on quantification, accountability, and interrelatedness of the basic principles, with particular attention to emerging standardized quality measures. The core values must be retained, but with some adjustment of emphasis: promote high quality health care services as measured by by outcomes and satisfaction, promote equitable access to health care services for all North Carolina’s people, and promote high value practices that will maximize the health care benefit gained for resources expended.”

These statements and the basic principles of safety and quality, access, and value are by no stretch of the imagination in conflict with my proposal. We have the opportunity to affect change in the demographics of prostate cancer. We need to change how prostate cancer is treated in this state. With outcomes analysis, this demonstration may provide a model for duplication and refinement in all radiation centers.

Thank you for considering my petition.

Yours truly,

Kevin Khoudary