Wake Forest University Baptist

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Michael L. Freeman
Vice President
Strategic Planning

Telephone: (336) 716-5097
Fax: (336) 716-2879
freeman@wfubmc.edu

Dr. Dan A. Myers, Chairman
State Health Coordinating Council
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, NC 27699-214

RE: Comments Regarding Trauma/Burn Center Operation Room Exclusion

Dear Dr. Myers,

I would like to take this opportunity on behalf of Wake Forest University Baptist Medical Center to continue thank the SHCC and State Planners for all their time and effort in continuing to advance healthcare planning in North Carolina. It is important for all hospitals to continue to work with the State to provide the most accurate and credible data in all areas to ensure that appropriate planning and review takes place and that the healthcare needs of the citizens of North Carolina are met. I am respectfully submitting comments regarding the following:

- Use of trauma registry data prepared by the NC OEMS in order to obtain case data to enable the Planning Section to use consistently defined trauma case data from a single source
- The Bed Need Methodology Task Force
- Single Specialty Ambulatory Surgery Center Demonstration Project
- Mobile MRI scanners need determination

Trauma Registry Data

Wake Forest University Baptist Medical Center (WFUBMC) does not support the use of North Carolina Office of Emergency Medical Service (NC OEMS) data at this time to determine the number of excluded trauma/burn cases. It is the opinion of WFUBMC employees who work daily with the Trauma Registry that the information contained in the OEMS registry is not reliable, up-to-date nor accurate. For example, data for WFUBMC and many others is still not complete for 2008, as 2007 data is the most current data available. It is WFUBMC's belief that obtaining data directly from the Trauma Centers remains the most accurate method for data collection of excluded trauma and burn cases. If the SHCC and DHSR planning section choose to move forward with the use of OEMS data, WFUBMC strongly recommends a mechanism be put in place that allows each Trauma Center to review their own data and make corrections as necessary. It is WFUBMC's opinion that obtaining the OEMS data adds an additional step to DHSR's planning role as each Trauma and Burn Center should be contacted to verify the OEMS data.

Acute Care Bed Need Methodology Task Force

WFUBMC believes that the statewide growth rate used for the State Medical Facilities Plan acute care methodology does not adequately address and/or project the true acute care bed needs across the State. WFUBMC supports the reconvening of the Task Force in fall of 2009 to reevaluate the current and proposed growth rates utilized in the methodology in order to prepare a recommendation for revising the acute care bed need methodology for the 2011 State Medical Facilities Plan.

Single Specialty Ambulatory Surgery Center Demonstration Project

WFUBMC supports the concept of the single specialty ambulatory surgery demonstration project. We also support the North Carolina Hospital Association's position statement regarding this project. In particular, we agree with the statement NCHA makes regarding the current requirement that each surgery center have an amount equal to at least 7% of its total revenues provided to indigent or Medicaid patients does not specifically require provision of services to indigent "self pay" patients. As written it would enable an applicant to forego any services to indigent or self pay patients by relying entirely on Medicaid differentials to meet the 7% obligation. We propose that the charity care language be modified to ensure the applicants do not use Medicaid revenue to meet that requirement.

Mobile MRI Need Determination

WFUBMC support the addition to language in the MRI methodology that reads "There is no need for any additional mobile MRI scanners anywhere in the state." The high concentration of mobile MRI scanners in the most populated, urban areas of the State indicate the mobile MRI methodology may need to be reviewed to better account for geography to ensure the rural areas of the State have equal and adequate access to MRI technology. However, it should be noted that nearly every county in North Carolina has at least one MRI site and that the vast majority of hospitals have at least one fixed MRI scanner indicating adequate patient access to MRI services. It is WFUBMC's opinion that limiting the addition of mobile MRI scanner sites in the 2010 plan will not restrict patient access.

In conclusion, Wake Forest University Baptist Medical Center welcomes the prospect of continuing to revise the State Medical Facilities Plan to ensure it accurately reflects the most current healthcare environment and data. Thank you for the opportunity to voice my concerns through these comments.

Sincerely,

Michael L. Freeman

Michael L. Freeman
Vice President, Medical Center Strategic Planning
Wake Forest University Baptist Medical Center

Cc: Victoria McClanahan
Carol Potter