



July, 13, 2012

Dear Counsel Members,

I am Peter Brunnick and I am the President and Chief Executive Officer of Hospice & Palliative Care Charlotte Region. I am here today to comment on the six Hospice Inpatient Bed need projected for Lincoln County as found in Table 13 C of the 2013 North Carolina State Medical Facilities draft plan. Hospice & Palliative Care Charlotte Region is the only licensed hospice home care provider in Lincoln County and we have a vested interest in seeing that the citizen's of that county receive the very best in end of life care. I was a member of the CON Task Force that developed the current need methodology for both home care and inpatient care and I understand and appreciate the efforts given by the committee members and the improvements which were accomplished. Certainly no need methodology is perfect nor can it always provide the best answer in every case and we believe that the need identified in Lincoln County is one of those special cases that we feel calls for further examination.

Hospice & Palliative Care Charlotte Region is concerned about the financial feasibility of a six bed inpatient facility in Lincoln County. The need identified in the Draft 2013 SMFP only exceeds the minimum required demand, in terms of days of care, by 58 days. If Column I in Table 13 C were less than 1,860 days, as opposed to the 1,918 days as stated in the table, the calculated need would have been less than the minimum of 6 beds required to establish a need. In addition the percent of the total Lincoln County hospice admissions that would need to utilize these beds is not realistic. Based upon data from the most recent hospice data supplement, as illustrated in the attached (Exhibit 1), even when assuming a liberal length of stay of nine days it would require nearly 70 percent of all Lincoln County patients admitted to hospice care, to at some point in their care be admitted to this inpatient setting, in order to achieve an 85 percent occupancy rate for the six beds. Lastly there exist a number of hospice inpatient facilities surrounding Lincoln County that can provide access to hospice inpatient services for that community (Exhibit 2).

In closing Hospice & Palliative Care Charlotte Region believes that despite an identified need for six inpatient beds in Lincoln County, that the communities demand for these services is not sufficient to support a financially viable hospice inpatient unit. We also believe that bringing such a unit online would only serve to place unneeded financial demands on the provider and the community when those resources could be better used to support existing services. Given our concerns we respectfully request that the State Health Coordinating Counsel consider removing these beds from the 2013 plan.

Exhibit 1

Lincoln County Percent of Admissions Required to Maintain 85% IPU Occupancy

Data Period	Total County Admissions	Assumes LOS 9 Days	IPU Days of Care at 85% Occupancy	Admissions Required to fill facility	Percent of total admissions required to maintain and 85% occupancy rate
10/01/2010 - 09/30/2011	305	9	1,862	207	67.81%
10/01/209 - 09/30/2010	266	9	1,862	207	77.76%

Exhibit 2

Hospice Inpatient Unit Facilities Located Near Lincolnton, North Carolina

Robin Johnson House
5005 Shepherd's Way Drive
Dallas, NC
13.37 miles/17 minutes
8 beds

Catawba Hospice House (Newton)
3975 Robinson Road
Newton, NC
15.69 miles/17 minutes
11 Beds

Catawba Hospice House (Sherrills Ford)
7473 Sherrills Ford Road
Sherrills Ford, NC
21.97 miles/30 minutes
6 beds

Levine & Dickson Hospice House
11900 Vanstory Drive
Huntersville, NC
26.19 miles/41 minutes
12 Beds

Kings Mountain Hospice House
312 Kings Mountain Blvd.
Kings Mountain, NC
30.04 miles/34 minutes
8 beds