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March 20, 2015

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Christopher Ullrich, M.D., Chairman
North Carolina State Health Coordinating Council and Technology and Equipment
Sub-Committee
c/o Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

**Re: Cape Fear Valley Health System Comments Regarding WakeMed Petition to
Change Cardiac Catheterization Equipment Methodology**

Dear Dr. Ullrich:

Cape Fear Valley Health System (CFVHS) appreciates the opportunity to comment on the Petition submitted by WakeMed to change the Cardiac Catheterization Need Methodology in the 2016 State Medical Facilities Plan. CFVHS does not support the changes requested by WakeMed; the cardiac catheterization need methodology does not need to change.

WakeMed suggests that the need to change the Cardiac Catheterization methodology is to assure that the SMFP methodology does not result in the development of unneeded cardiac catheterization equipment in North Carolina. Since 2009, only one new cardiac catheterization unit has been developed using the cardiac catheterization need methodology. Three new cardiac catheterization units have been developed in community hospitals as a result of adjusted need determinations for those counties.

The most recent need identified by the methodology for the 2014 SMFP was for New Hanover, and as WakeMed indicated in their Petition, New Hanover Regional Medical Center reviewed their utilization and capacity and petitioned the SHCC to remove this need based upon their specific utilization and capacity definitions, not the statewide definitions. In fact, just because an entity petitions to remove or reduce a need determination due to unique circumstances, this does not indicate that the standard methodology needs to be overhauled, or even that the Petitioner does not support the standard methodology.

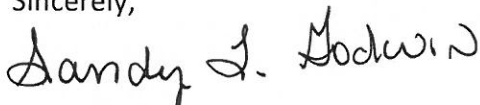
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In 2013 and 2014, Cape Fear petitioned to reduce an acute care bed need determination in the annual SMFP. Just because Cape Fear petitioned in the past to have a need determination taken out of the SMFP does not mean that there is a need to change the standard need methodology, or that Cape Fear does not support the standard methodology. In fact, unique circumstances were the reason behind petitioning to remove the need determination, as was discussed in CFV's petition. This is the case in most Petitions; the Petitioners do not indicate problems with the methodology in question but discuss unique circumstances in their communities which necessitate the need determination.

The cardiac catheterization need methodology should not be changed to meet the needs of one county. The current methodology is not generating surplus equipment and therefore amending this methodology or setting up a work group to review, when resources are limited, should not be a priority of the SHCC. The adjusted need determination petition process was developed to address specific county needs.

Again, thank you for the opportunity to submit our concerns regarding the WakeMed Petition.

Sincerely,



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