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Coleen Santa Ana, MHA, President

March 16, 2015

North Carolina State Health Coordinating Council
2714 Mail Service Center
Raleigh NC 27699-2714

**RE: Comment on Petition from WakeMed Health & Hospitals
Cardiac Catheterization**

Dear Dr. Ullrich and members of the SHCC:

We have read with interest the Petition from WakeMed Health & Hospitals regarding the methodology for determining need for cardiac catheterization. Our interest is not in the issue of average cardiac cath procedure time. Our concern is the impact of this suggested revision on hospitals such as Sentara Albemarle Medical Center (SAMC).

SAMC, with its single unit of cardiac catheterization equipment, has the only cardiac catheterization program in its cardiac cath service area of Pasquotank County, Camden County, Currituck County, and Perquimans County. Any change to the State Medical Facilities Plan (SMFP) that increases the volume of threshold of need for cardiac cath procedures has a detrimental impact on providers such as SAMC. A hospital with one cardiac catheterization unit must bear the burden of increased volume on itself, rather than over multiple units or multiple providers in a service area. Specifically, providers such as SAMC must achieve 120% of capacity, or 1,800 procedures, before a need for a second unit of equipment is generated. This issue has been noted in several SHCC petitions in the past, such as one filed by Southeastern Regional Medical Center in 2012¹.

Half the cardiac catheterization service areas listed in the 2015 SMFP have only one facility with one piece of equipment. We are concerned that any change that would effectively increase the utilization required to generate need for additional cardiac catheterization units would disproportionately harm these providers.

Sincerely,

A handwritten signature in black ink, appearing to read 'CSA', with a long horizontal flourish extending to the right.

Coleen Santa Ana, MHA
President

¹ http://ncdhhs.gov/dhsr/mfp/pets/2012/tec/0802_roberson_cce.pdf