

My Name is William McDonald. I'm here on behalf of the Wake Forest Baptist Health dialysis facilities as a 17 year employee of Health Systems Management, Inc. I am the Director of Development.

I am here today to follow up on comments presented to the SHCC at the Greensboro Public Hearing on July 10 by the Central Carolina Kidney Associates nephrologist Munsoor Naeem Lateef, MD. Below is a real example of Dr. Lateef's point about facilities not having the opportunity to expand when necessary.

For the facilities with a calculated facility need of "0" there is no opportunity to add stations when patient numbers grow in great numbers in a short period of time.

Proposed 2020 SMFP

Table 9E: Dialysis Station Need Determination by Facility

County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	5
Rowan	980409	34-2592	Dialysis Care of Kannapolis	14
Rowan	944673	34-2546	Dialysis Care of Rowan County	1
Sampson	080822	34-2688	Presentis Medical Care of Roseboro	4
Stanly	955784	34-2565	BMA Albemarle	4
Stokes	020980	34-2633	King Dialysis Center of Wake Forest University	7
Transylvania	080169	34-2693	Brevard Dialysis Center	1
Union	955949	34-2525	Metrolina Kidney Center	1

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The proposed new "Facility Need Methodology" shows no need for Mt. Airy Dialysis Center of Wake Forest University (MADC) in Surry County and it is not listed within this table as noted from the excerpt above. The "State Office" has stated on multiple occasions that if a facility is not on the list – it cannot apply for facility need.

All of the data and tables included within the Proposed 2020 SMFP use the December 2018 data gathered by the state and published in the July 1, 2019 SDR.

- MADC reported 80 patients (**74.1% - utilization**) for the 27 Station Facility on December 31, 2018 (July 2019 SDR)
- MADC had 89 patients (**82.4% - utilization**) for the 27 Station Facility on June 30, 2019
- MADC has as many as 92 patients (**85% - utilization**) within the past month with a couple more scheduled as of 7/22/2019
- Note: MADC has not had to add stations since 2008 when the facility added 3 stations for a total of 27 stations.

- **Under the “Proposed 2020 SMFP” “Facility Need Methodology” MADC will not be able to add any new stations until the 1st application period in 2021 with anticipated certification in mid to late 2021. 2 years from now.**

To Dr. Lateef’s point. The dialysis centers do not know when the patient fluctuations will present. We just know that when it does, the dialysis centers need to be responsive.

This is just another singular example of how the math and the age of data used for calculations within the “Proposed 2020 SMFP” does not work as presented.

Wake Forest Baptist Health operates 18 dialysis facilities in North Carolina. The 2 examples for Statesville Dialysis Center & Mt. Airy Dialysis Center presented today represent 11% of our dialysis centers.

For these reasons and those discussed in our comments at prior public hearings, we urge the SHCC to reconsider its adoption of Facility Need Methodology for dialysis in the Proposed 2020 SMFP. Instead, the SHCC should approve a Facility Need Methodology or Policy along the lines of the one proposed by Wake Forest last Spring. That proposal addressed the SHCC’s and Agency staff’s concerns with developing the SDR, while providing a method which would allow facilities to be responsive to current patient needs.

All of the major providers (of which there are 3 left) are truly perplexed as to why the state is dramatically changing a methodology that has worked so well in meeting the demands of dialysis patients. We beg you to consider the patients first and foremost. Please do not pass this plan, which makes it so hard for us to respond to the demands for dialysis care when they arise. These chronically ill patients are depending on our abilities to meet their needs in a timely and efficient manner. We are depending you to adopt a plan that makes it possible for us to do so.