

**Technology and Equipment Committee
Agency Report
Adjusted Need Determination Petition for
Cardiac Catheterization Equipment for the
Proposed 2013 State Medical Facilities Plan**

Petitioner:

Southeastern Regional Medical Center
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Request:

Southeastern Regional Medical Center (SRMC) requests an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Robeson County in the 2013 State Medical Facilities Plan (SMFP).

Background Information:

The Proposed 2013 State Medical Facilities Plan (SMFP) provides two standard need determination methodologies for cardiac catheterization equipment. Methodology One is the standard methodology for determining need for additional fixed cardiac catheterization equipment and Methodology Two is the need determination methodology for shared fixed cardiac catheterization equipment for service areas in which a unit of fixed cardiac catheterization equipment is not located. Application of these methodologies to utilization data in the Proposed 2013 SMFP does not generate a need determination for fixed cardiac catheterization equipment in Robeson County.

In deference to the standard methodology, Chapter Two of the North Carolina Proposed 2013 SMFP allows persons to petition for an adjusted need determination in consideration of "...unique or special attributes of a particular geographic area or institution..." if they believe their needs are not appropriately addressed by the standard methodology. Southeastern Regional Medical Center (SRMC) has submitted a petition to adjust the need determination in order to add one fixed unit of cardiac catheterization equipment to meet patient safety, quality and access issues.

Analysis/Implications:

In 2001, a petition for an adjusted need determination for an open heart surgery program was approved for a joint venture from SRMC and Duke University Health System. In 2006, the program opened and began providing open heart surgery as well as interventional cardiac catheterization procedures at SMRC. The petitioner reports that at the time this program was approved, Robeson County's age-adjusted heart disease death rate was 358.3, the state's 7th highest death rate from disease. According to the petitioner, heart disease risk is higher among Native Americans. There is a high minority population of Native Americans residing in Robeson County. This project initially was approved due to the unique demographics and socioeconomic characteristics of Robeson County. Southeastern Regional Medical Center reports that Robeson's death rate from heart disease now places them as the 15th highest county death rate in North Carolina to illustrate the success of the program.

Currently SRMC is the only open heart provider in North Carolina with only one cardiac catheterization laboratory. The petitioner states that this presents issues of access, quality of care and safety for patients, and operational concerns.

Methodology One determines the number of units of fixed cardiac catheterization equipment required based upon the number of weighted cardiac catheterization procedures performed with consideration of a 1200 weighted procedure (80 percent of a capacity of 1500 weighted procedures) threshold. The number of units of fixed cardiac catheterization equipment needed in a service area is then determined by taking the calculated number of units of fixed cardiac catheterization equipment required and the number is subtracted from the total planning inventory for all facilities for the cardiac catheterization equipment service area. In the Proposed 2013 SMFP, this methodology does not generate a need determination for additional fixed cardiac catheterization equipment in Robeson County. With only one unit of fixed cardiac catheterization equipment, the need for the second unit would not be generated until the need for 1.5 units is calculated due to the rounding factor of the methodology. In other words, Robeson County must perform 600 procedures over the threshold of 1200 procedures before a need is generated. With only one piece of equipment, the entire burden of providing 120% of capacity falls on that one piece of cardiac catheterization equipment.

An added comment in the petition is that most other major medical equipment such as MRI scanners, PET scanners, lithotripters, gamma knives and linear accelerators are rarely used for emergency cases. Exceeding capacity in those cases may be an inconvenience but would not delay an emergency treatment. With cardiac catheterization equipment, the equipment is often utilized on an emergency basis to save the patient's life. If a patient arrives at the facility with a need for an emergency intervention, the optimal 90 minute "Door to Balloon" window recommended by the American College of Cardiology may be delayed when the single lab is in use. Further, the non-emergent patient may then be delayed with a potential for added length of stay days for that patient.

Agency Recommendation:

The Agency believes the unique circumstances support the need for a second unit of cardiac catheterization based on a sufficient demand for cardiac catheterization services, the

demographics of this county and the lack of backup for emergency cases for this open heart surgery provider. Therefore, given available information and comments submitted by the 8/17/12 deadline, and in consideration of factors discussed above, the Agency recommends that the petition for an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Robeson County be approved.