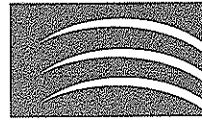


August 16, 2011



CATAWBA VALLEY MEDICAL CENTER

DFS Health Planning
RECEIVED

AUG 17 2011

Medical Facilities
PLANNING SECTION

Dr. Christopher G. Ullrich, Chair
SHCC Technology and Equipment Committee
North Carolina Division of Health Service Regulation
Medical Facilities Planning Section
2714 Mail Service Center
Raleigh, NC 27699-2714

RE: Iredell Memorial Hospital Petition to Adjust Cardiac Cath Need Determination

Dear Dr. Ullrich:

Thank you for the opportunity to comment on the petition to the proposed 2012 State Medical Facilities Plan. Catawba Valley Medical Center supports the petition, including the adjustment to the need methodology for fixed cardiac catheterization equipment in the proposed 2012 Plan and the necessary revisions to 10 NCAC 14C .1600.

Today's healthcare environment demands providers consider alternative approaches to meeting the needs of our populations: approaches that reduce demands on capital, enhance operational efficiencies and improve patient outcomes and satisfaction. IMH's proposal achieves all three.

The proposal will improve the utilization of existing capital equipment, specifically angiography/EP equipment with the capability of providing cardiac catheterization. By supplementing the capacity of fixed cardiac cath equipment with the existing angiography equipment, IMH will be able to better meet its patients' need for cardiac catheterization, improve the flow of patients within the facility, allow patients to remain within IMH's network of care thereby improving satisfaction, and free up capital resources to meet other patient needs. The petition will also improve operational efficiencies within IMH through improved staff and provider productivity.

However, the benefits of IMH's petition are not unique to IMH. For this reason, CVMC recommends that the SHCC consider changes to future Plans that would allow other existing cardiac cath providers to expand existing capacity through the utilization of existing angiography equipment where the need for increased cardiac cath services is justified and existing angiography equipment is both capable of providing cardiac catheterization services and has the capacity to perform the additional procedures. CVMC would further recommend that any necessary revisions be made to 10 NCAC 14C .1600 to allow such proposals.

Thank you in advance for your careful consideration of the IMH petition.

Sincerely,

J. Anthony Rose, FACHE
President and CEO