

**North Carolina State Health Coordinating Council**

**Public Hearing on the *Proposed 2013 State Medical Facilities Plan***

**August 1, 2012**

***Presented on behalf of: Southeastern Regional Medical Center***

Good afternoon. As Dr. Schwartz indicated, my name is Dr. Robert Everhart, and I am Assistant Professor of Medicine/Cardiology with Duke University and an interventional cardiologist practicing at Southeastern Regional Medical Center. I'm here today to share my thoughts and to provide some clinical rationale for the special need adjustment for a second cardiac cath unit in Robeson County. I have had prior experience in helping to develop an interventional program as I was the first interventional cardiologist at New Hanover Regional Medical Center and was involved in the development and expansion of that program. Similarly, we began with a single cath lab and gradually expanded our services and increased our capacity.

Since SRMC began providing cardiac cath, we have worked very hard to create a quality program that would not only provide these services locally but would also deliver a high quality service for the Robeson community. Initially, a conservative approach to patient selection was deemed appropriate by the physicians, and as a consequence, some patients continued to be referred to Duke University Hospital for their care. Subsequently, more difficult cases have been performed at SRMC with fewer cases requiring transfer. As the quality and reputation of the program has grown, both physicians and patients of Robeson and neighboring counties realize that they no longer need to travel to Duke University Hospital to receive the same high quality of care they expect in Durham.

As patient volume has increased, Duke has increased the number of cardiologists in Robeson County. Since 2006, the number of cardiologists with the practice has grown from just two—one invasive and one interventional provided on a rotating basis—to six: one non-invasive, one invasive, three interventional, and an additional interventional cardiologist that just joined the practice in July 2012. Not only will this newly added interventionalist increase the capacity of Duke Cardiology of Lumberton to serve additional patients, but this physician in particular will be serving a portion of Robeson County, namely Pembroke, with a patient population that has historically been underserved. In addition, despite being less than 15 miles from SRMC, they have typically been sent 50 miles away for their cardiac care. Because of the physicians' roots in that community, it is likely that he will garner a much more significant portion of those patients.

As a result of the efforts of SRMC and Duke Cardiology, the hospital was recognized by HealthGrades as #1 for Cardiology Services and #2 for overall Cardiac Services in North Carolina in 2012. In addition, SRMC was ranked in the top 10 percent nationally for both cardiology and cardiac services in 2012. SRMC's goal is to continue its top performance in these services. However, as the only open heart provider in the state with a single cath lab, SRMC faces greater constraints in its ability to treat patients in a timely manner.

Cardiac cath services fall into four basic categories. Scheduled stable outpatients, stable inpatients, urgent inpatients, and as emergencies for patients presenting with ST-elevation myocardial infarction, or STEMI, which is often a life saving procedure. As the State Health Coordinating Council is no doubt aware, the American College of Cardiology has established as part of its "Door-to-Balloon" campaign (known as the "D2B Alliance") that patients should receive interventional treatment in less than 90 minutes from the time the patient arrives at the hospital. The Joint Commission has also adopted this parameter as a core quality measure. As

part of this 90-minute guideline, the D2B Alliance advocates that the cath lab team be available to perform the procedure within 20 to 30 minutes of the patient's arrival at the hospital. SRMC began offering 24/7 coverage for MI patients in early 2011. When SRMC's only cath lab is being utilized during this crucial time, it is more challenging to meet the lifesaving guideline. When the lab is being used for another case, either diagnostic or interventional, and a patient presents with a need for emergency intervention, the lack of a second lab can lengthen the time until that care is available. This scenario has actually already occurred several times at SRMC. In those cases, the cardiologist and cath team have dealt with the issue in a professional manner, but the result can be a suboptimal procedure for the patient on the table as they try to complete the case expeditiously, and it clearly delays treatment of the other patient. In order to help mitigate this situation, we are actually limiting the number of outpatient cases scheduled each day in order to allow the add-on of urgent inpatients, thereby avoiding a more lengthy hospital stay, and to anticipate the life saving emergency case. With two cath labs, the need to delay outpatient scheduling would be eliminated and the scenario of delaying an emergency case would be much less likely to occur.

While the door-to-balloon time can be an issue for any provider, the fact that SRMC is the only provider of interventional cath in the largest county in the state creates a greater burden than providers in smaller counties or in areas with multiple providers. In addition, we are now the closest interventional hospital to 2 hospitals that are currently sending MI patients to other centers. Specifically, Columbus County Hospital and Scotland Memorial Hospital. As they become more familiar with our services and our record, it will behoove them to transfer patients to SRMC rather than using their current referral pattern to hospitals further away.

I fully believe Robeson County needs a second cardiac cath lab in order to ensure optimal quality of care and safety to our patients.

We ask that you carefully consider this petition and the implications its approval will have for the residents of Robeson and surrounding counties. It will allow us to maintain the very high standards that we have established and attained for our cardiac patients, without delay and with lower risk.