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RECEIVED By K Fisk at 3:40 pm, Aug 16, 2012 Patrick "Pat" Joyce Chairman Richard Brvenik, FACHE President

August 14, 2012

Nadine Pfeiffer, Chief Planning Section Division of Facility Services 801 Ruggles Drive 2714 Mail Service Center Raleigh, North Carolina 27699-2714

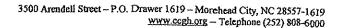
RE: Carteret General Hospital Petition for Shared Fixed Cardiac Catheterization Laboratory, Carteret County and Johnston Memorial Hospital Petition for Temporary Rule to Permit Interventional Catheterization in Cardiac Catheterization Laboratories without Open Heart Surgery

## Dear Ms. Pfeiffer,

On behalf of myself and my partners at James J. Crosswell, MD, PA, I ask that DHSR Planning Staff recommend and that the State Health Coordinating Council approve the request from Carteret General Hospital for an adjusted need determination for a shared fixed cardiac catheterization laboratory in Carteret County for the 2013 State Medical Facilities Plan.

Our practice is in Beaufort and our patients reflect the upper age spectrum of the Carteret County demographics. Heart disease is one of our top diagnoses. It is not surprising to learn that 24 percent of the county deaths are from heart disease. Cardiac and cancer deaths are the number one cause of death in Carteret County. We do an excellent job of managing care regimens for these patients, but cannot control their lives or their contributory health factors. Much of our population need and get cardiac catheterization but have to travel long distances outside Carteret County to receive that diagnostic testing. More should and go but due to travel and having to go outside the committee of healthcare they know, many elect to not go for the testing. Our county is 100 miles long, and much of it is rural. Depending on which part of the county you may live, it may require an hour's drive to Carteret General, two hours to the closest cath lab. Much of our community is older, city driving can be intimidating. Our largest growing population is the retirement community. Our county is older than the average NC population by 10 years.

We have five excellent cardiologists in the county. We are fortunate to have them and want to keep them. Please give us an opportunity to permit the two who are trained in cardiac catheterization to work at the full capacity of their license and training. The average primary care physician must coordinate care with more than 50 other physicians. We are no different. When those physicians are in facilities out of town, as well and their heath care records on different platforms, coordinating care regimens is all the more difficult. We expect this to be even more complex as health reform brings more low-income people into insurance programs. History indicates that their care requirements will be complex. Heart disease begins to manifest in the 40's and these will be in the new group covered. The ability to communicate one on one or by physicians with established relationships in the community will allow for better patient outcomes, through improved heath record access, and consulting.





Patrick "Pat" Joyce Chairman Richard Brvenik, FACHE President

The track record of Carteret General with regard to quality is well documented in their petition. Cardiac catheterization would get the same level of attention.

Please agree to the petitions from both Carteret General and Johnston Memorial Hospital. Include a special need for a shared fixed cardiac catheterization unit in Carteret County and address the temporary rule to permit cardiac catheterization laboratories that meet the AHA guidelines to offer both therapeutic and diagnostic catheterizations.

Carteret General's access to a cardiac catheterization laboratory would complement, not replace, the cardiology services of CarolinaEast Medical Center.

Thank you for your time and attention to this important need and issue. My partners or I would be happy to answer any questions you may have.

Sincerely,

James J Croswell, MD

Patrick Ausband, NP-C