

Harnett Health
**Harnett Health Petition for an Adjusted Need Determination for One Fixed/Shared Cardiac
Catheterization Equipment in Harnett County**

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Good Afternoon, I am Dan Weatherly President, Administrator Central Harnett Hospital of Harnett Health in Harnett County and I have with me today one of our board certified interventional cardiologists at Harnett Health, Dr. Suriya Jayawardena. We are here today to discuss the need for cardiac catheterization equipment in Harnett County. Harnett Health will be submitting a Petition for an adjusted need determination for one shared/fixed cardiac catheterization equipment in Harnett County on July 29th.

Harnett Health has been serving the medical needs of Harnett County and surrounding communities since 1938. During this time, Harnett Health has grown as the needs of the community have grown and we now consist of two hospital facilities with 151 community hospital acute care beds: Betsy Johnson Memorial Hospital in Dunn is a 101-bed acute care community hospital with a full range of inpatient and outpatient services, birthing rooms, and an emergency department, critical care unit; and Central Harnett Hospital is a new 50-bed acute care community hospital in Lillington with a full range of inpatient and outpatient services, including an intensive care unit and an extremely busy emergency department.

Harnett Health currently provides a wide variety of cardiac programs and the development of cardiac catheterization is a needed and logical next step. Cardiac services range from Arterial Doppler Studies and Nuclear Stress Tests to EKGs and Stress Echocardiography. We provide a wide variety of cardiac services at three locations in Harnett County.

In addition we also have a very successful Cardiac Rehabilitation Service at Betsy Johnson Hospital in Dunn. Harnett Health's Cardiac Rehab program certified by the AACPR, which focuses on helping patients recover from their heart condition and improve their quality of life.

Cape Fear Valley Health System began managing Harnett Health in October 2014 and is committed to providing community services in the community. CFVHS has supported our expansion of the cardiac services by recruiting cardiologists including interventional cardiologists, to Harnett County. Cardiologists are present at Harnett Health hospitals daily; this was not the case one year ago.

As a result of the improved access to cardiac services for residents of Harnett County:

- Cardiac admissions at Betsy Johnson and Central Harnett average 88 patients per month
- Stress test volumes from October 14 through April 15 already have exceeded volumes from FFY 2014 by 43%, and
- Since the first of the year we have had over 800 inpatient/ED consults with discharge referrals to cardiology. This reflects an average of 162 patients per month.

In addition, Harnett Health has an active ongoing STEMI protocol with Cape Fear Valley Medical Center and cardiac transfers are the number one reason for transfers from our emergency departments. We believe most of these patients should be staying home and not incurring the additional strain and expense of traveling to CFV or Rex or WakeMed for services that could be provided in Harnett County.

We are committed to meeting the needs of Harnett County residents in Harnett County when possible and reasonable. During the last five years the SHCC has supported the development of cardiac catheterization programs, including interventional cardiac catheterization, at the community level in large rural communities in Johnston, Carteret and Lee Counties. Harnett County is comparable to those locations and Harnett Health is comparable to those hospitals. We have a vibrant medical staff and two well equipped and utilized hospitals. Our interventional cardiologists still practice at CFVMC in Fayetteville, but they also have an office and see patients in Dunn. In the last year this group of cardiologist has performed nearly 1,200 cardiac catheterization procedures at

CFV with three members of the group exceeding 250 cases. All we need are the tools necessary to meet the needs of our residents in Harnett County.

Harnett County is the 23rd largest county in North Carolina with a population of over 127,000 persons in 2015. From 2010 to 2015 Harnett County was the fourth fastest growing county in North Carolina based upon percentage growth; only Brunswick, Mecklenburg and Wake Counties grew faster than Harnett. Our growth is a result of both the growth in Wake County and the Triangle located just north of Harnett County and the growth of Fort Bragg in Cumberland and Hoke Counties. Growth in Harnett County is expected to continue.

100% of our residents must leave Harnett County for cardiac catheterization services. This is no longer acceptable. As you know, there no longer is controversy regarding the use of angioplasty and other catheter-based interventions without cardiac surgery capability. As stenting has become more and more widespread, the safety of angioplasty has increased. In the late 90's, medical personnel began discussing the feasibility of performing angioplasty on an emergency basis in hospitals without surgical backup. The largest study of its kind on this subject was presented at the 2002 Scientific Sessions of the American Heart Association -- the conclusion: emergency angioplasty in hospitals without surgical backup is safe.

Studies have strongly concluded that angioplasty is superior to thrombolytic therapy by 60% even if the extra time involved in transferring to an angioplasty-capable center is up to two hours. However, mortality rates increase dramatically after 30 minutes based on data from a June 2005 study in the American Journal of Cardiology. Harnett County residents with a treatable MI should get to a hospital that can perform angioplasty as soon as possible and we need to have that ability in Harnett County.

The drive time from Dunn in eastern Harnett County, from Angier in northern Harnett County, and from Lillington in central Harnett County to the closest facilities in Wake, Johnston, Lee, Moore or Cumberland County with cardiac catheterization services is greater than 30 minutes; this does not add any time for the traffic along the way which has become increasingly greater and greater along I-95 and I-40 and US 401 to Raleigh in the last 5 to 10 years..

Cardiac catheterization services located at either of our facilities in Harnett county would be within 30 drive time for approximately 90% of the population in Harnett County.

In addition, the following facts support our request.

1. According to the Harnett Health Community Needs Assessment heart disease is the number one cause of death in Harnett County with age adjusted mortality rates 15% greater than North Carolina. In addition to being the 23rd most populous county in North Carolina and the 4th fastest growing county in North Carolina, Harnett County is the eighth youngest North Carolina County with a median age of 34.28 in 2015. **However, the age adjusted death rate for heart disease is among the highest in the state, ranking 33rd of the 100 North Carolina counties.** We are working with our health department to address this problem by participating in community education programs and also recruiting primary care and specialty physicians. But as I have already said, we need the tools necessary to recruit specialists.
2. Harnett Health's emergency department is 23rd busiest emergency department in North Carolina. Emergency patients seeking care in Harnett County have increased dramatically since the opening of Central Harnett Hospital; Central Harnett opened in 2012 from 2012 to 2014 Harnett Health emergency room visits increase 40% exceeding 60,000 visits in FFY 2014. The emergency departments at Central Harnett and Betsy Johnson serve as the first responders for the residents Harnett County and cardiac patients represent the largest volume we must transfer to other facilities. **Every hospital with 50,000 plus emergency visits has a fixed cardiac catheterization service.**
3. Harnett Health is working with the new medical school at Campbell University in Harnett County. The first group of medical students will be beginning medical rounds in Harnett Health facilities next year. This includes a Cardiology rotation and an Emergency rotation.
4. If the proposed adjustment is not made, as many as 2,200 Harnett County residents in need of cardiac catheterization will have no alternative but to travel to get cardiac catheterization and will likely continue travelling to get all of their cardiac care. Residents will be more likely to delay and defer appointments because of travel difficulties; and the county's cardiac care program will have a very limited scope. Residents of Harnett County will remain

geographically isolated and continue to have higher out of pocket costs for travel and transportation.

5. Harnett Health will find it difficult to continue development and expansion of its cardiac care program if this next step is not made available in the county. Most emergency cardiac patients will be directed to leave the County for care. This does not make sense in a community the size of Harnett County, with a population of over 127,000 persons with over 44,000 over the age of 45 years.

Finally, no one can predict when a heart attack will happen so adding a mobile service is not the answer. If it happens on Tuesday but the mobile catheterization lab is not there until Thursday, access to care is not improved. In addition, in my experience temporary or part time services are rarely successful. Physicians do not see a commitment to a program and move to another service area. Therefore, we are asking for an adjusted need determination to pursue fixed/share cardiac catheterization services in Harnett County.

Harnett Health believes that including an adjusted need determination for one shared/fixed cardiac catheterization equipment in Harnett County in the *2016 SMFP* is the most reasonable health planning option at this time. If our Petition is approved, we will continue to work with CFVHS to assure quality services and surgical backup when needed and we will work with the CON Section to submit our CON with the goal of developing a comprehensive program that provides both diagnostic and interventional services in accordance with the ACC and the standards required by the State.

Thank you for the opportunity to present this information. We appreciate your time and effort in reviewing our Petition and hopefully approving it.

Thank you. We would be happy to answer any questions.