



Catharine W. Cummer
Regulatory Counsel, Strategic Planning

August 12, 2016

Via Email

Ms. Paige Bennett
Assistant Chief, Healthcare Planning
North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Comments Regarding UNC Rex Healthcare Cardiac Catheterization Petition

Dear Ms. Bennett:

Enclosed please find comments regarding the petition filed by UNC Rex Healthcare to adjust the need determination for cardiac catheterization equipment in Wake County in the draft 2017 State Medical Facilities Plan. Please let me know if you have any questions about these comments. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Catharine W. Cummer".

Catharine W. Cummer

Enclosure

**COMMENTS REGARDING REX HEALTHCARE PETITION
TO ADJUST NEED DETERMINATION
FOR FIXED CARDIAC CATHETERIZATION EQUIPMENT IN WAKE COUNTY**

Duke University Health System, Inc. d/b/a Duke Raleigh Hospital hereby submits these comments regarding the petition submitted by UNC Rex Healthcare to adjust the need determination for cardiac catheterization equipment in Wake County in the 2017 State Medical Facilities Plan. Duke supports the application of the existing methodology and determination that no need exists for additional cardiac catheterization equipment in Wake County.

Specifically, Duke offers the following points for consideration:

- Rex's opposition to allowing its physicians to practice at other hospitals in the service area with existing capacity appears to be based substantially on frustration with a former leader at WakeMed. That leader departed in 2013. In the meantime, Rex's physicians are welcome to seek privileges at Duke Raleigh Hospital, where they acknowledge that there is significant capacity to accommodate additional cardiac catheterization procedures. They have not attempted to do so, nor otherwise reached out to Duke in recent years to discuss the need for access to cardiac catheterization services.
- Rex claims that it would need to duplicate its support team staff at other hospitals if procedures were performed elsewhere. However, other hospitals in the service area with existing capacity, including Duke Raleigh and WakeMed, already have nursing and support staff in place for cardiac catheterization procedures. Similarly, Duke Raleigh Hospital, like Rex Hospital, uses the EPIC electronic health record system, and patient records could be integrated across systems. Moreover, it is unclear whether Rex physicians have considered performing some of their outpatient diagnostic cardiac catheterization procedures in particular at other facilities. To the extent that Rex contends that duplicating "interventional and inpatient care" at more than one facility would create inefficiencies, relieving capacity constraints for outpatient diagnostic procedures would not raise the same concerns. Redirecting such procedures would also address the lengths of stay while waiting for inpatient procedures that Rex identifies as a concern for its patients.
- Rex's physicians contend that it would be unduly difficult to perform procedures and provide coverage at one more hospital in the same county, yet they successfully provide coverage at hospitals across 8 counties.
- Rex points to its costs to upfit existing vascular lab equipment to perform cardiac catheterization procedures as support for its petition. However, while those specific costs may be relatively low, Rex does not identify the costs necessary to accommodate peripheral vascular procedures that will be supplanted. Renovating other space or acquiring other equipment could increase the costs significantly.