I am here on behalf of the patients and my co-workers of Wake Forest and the Out-Patient dialysis centers.

I am asking that this SHCC Committee take a full measure of time to consider the full effects of the proposed changes to Chapter 9 – ESRD Dialysis Facilities in the 2020 SMFP.

The current system has been in place for many years and it has proved to be effective in delivering dialysis services to almost 90% of the counties in North Carolina. Dialysis Facilities in North Carolina are leaders in coverage while providing care within 30 miles / 30 minutes to a dialysis center.

- Georgia currently serves 63% of the State's 159 Counties
- Virginia currently serves 59% of the State's 133 Counties
- Tennessee currently serves 64% of the State's 95 Counties

The methodology proposed has been pulled together this year and has not had the full opportunity to be tested prior to implementation. There are many concerns from the dialysis providers that have not been addressed and before this committee approves the proposed methodology, please consider keeping the methodology for the 2020 SMFP the same as the 2019 SMFP.

The unintended consequences to a new methodology must be explored thoroughly. Analysis during the time allotted for analysis of this has not been sufficient. None of us want our patients to suffer because the committee did not fully evaluate the proposed process prior to implementation.

Many of the Wake Forest patients live in rural areas in North Carolina. Wilkes, Surry, Stokes, Yadkin, Davie, and Randolph Counties are our most rural areas with Forsyth, Guilford & Iredell being the most populated. Access to care has been expanding over the years with Wake Forest expanding to 9 counties and 18 facilities serving close to 2000 patients. It is very difficult to care for so many patients with many different co-morbidities presenting with their ESRD diagnosis, but we try our best. We care for each patient that presents at our doors. We could not do this work if we did not care.

I do not want to see any dialysis centers close due to economic consolidation that cause my patients and co-workers to have to travel further for care or work.

Please for the sake of these very sick patients make sure there will not be unintended consequences in these proposed changes which are very complex. There are still many unanswered questions which must be addressed to give all of us the confidence we need before trying to implement them.

We face patients every day. When we make it hard for them to get the care they must have to survive, we all fail in our responsibilities. We must make sure we get the methodology right or they will suffer.

Sincerely,

Melanie Tutterrow, Social Worker-Statesville Dialysis Center Carrie Smith, RN Clinical Nurse Manager-Statesville Dialysis Center