

Wake Forest Baptist Health Response SHCC Public Hearing Comments and Petitions Filed in July 2019 Related to Dialysis Facility Need Methodology.

On behalf of Wake Forest Baptist Health (“WFBH”), following are comments addressing the Petitions and public hearing presentations submitted to the SHCC in July regarding changes made to the Facility Need Methodology for dialysis stations in the Proposed 2020 SMFP.

Comments on Presentations Made During the Public Hearings in July

What is clear from the oral remarks given by the three major ESRD providers in North Carolina (WFBH, Fresenius Medical Care and DaVita, Inc.), is that none of the providers believe that the Facility Need Methodology contained in the Proposed 2020 SMFP will adequately meet the need of dialysis patients in North Carolina.

1. The **Fresenius** representative stated that **“...the SHCC does not have agreement by the providers with regard to methodology. The Acute Care Committee and DHSR Staff appear to be promoting a methodology which the providers do not see as a reasonable solution...”**
– Jim Swann 7-24-2019 Public comments.
2. The **DaVita** representative stated that **“...it still falls short...”** – Esther Fleming 7-24-2019 Public Comments.
3. The **Wake Forest Baptist Health – Dialysis Services** representatives stated that the specific examples using Statesville Dialysis Center and Mt. Airy Dialysis Center **“...the math and the age of the data used for calculations within the “Proposed 2020 SMFP” does not work as presented...”** – Marshia Coe 7-24-2019 & William McDonald 7-24-2019 Public Comments.
 - **Under the “Proposed 2020 SMFP” “Facility Need Methodology” Statesville Dialysis Center and Mt. Airy Dialysis Center will not be able to add any new stations until the 1st application period in 2021 with anticipated certification in mid to late 2021. That is 2 years from now.**
4. The **Wake Forest Baptist Health – Dialysis Services** representative **stated** and **demonstrated** (with attachments) that **“...the proposed changes to Facility Need Methodology do not and cannot match the effectiveness of the SDR’s at generating stations for the single reporting period...”** – the math does not work as proposed. – William McDonald July 10, 2019 Public Comments.
5. The **Wake Forest Baptist Health – Dialysis Services** representative demonstrated (with an attachment) and said **“...Annual Reporting can work...”** – William McDonald – July 10, 2019
 - a. Wake Forest believes that process described in slide “6 - Annual Reporting Can Work” will work, but it will take the cooperation and sharing of ideas directly with the State Planning agency to develop an agreed upon pathway that is tested with timely data.
– William McDonald July 10, 2019 Public Comments.

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Comments on Fresenius Medical Care Petition

WFBH does not support the Fresenius Petition presented July 24, 2019 by Jim Swann. Fresenius proposes a new SMFP Policy. While WFBH does not oppose the concept of a development of a Policy allowing expansion of existing facilities, the 85% facility operational point proposed by Fresenius is too restrictive as a qualifying point to add stations when needed within a Policy.

Comments on DaVita Petition

WFBH does not support the DaVita Petition presented July 24 by Esther Fleming. Any Policy developed by the SHCC to allow facility expansion should be inclusive of all dialysis centers that need to expand stations for the application period, and not just those centers that have been in operation at least 21 months as of the cut-off date for the SMFP.

Conclusion

At this point, WFBH believes that there is not enough consensus among any of the major stakeholders on a new Facility Need Methodology or Policy that will adequately meet the needs of all dialysis patients. However, there is **unanimous** consensus among them that the current Facility Need Methodology does meet those needs. That current methodology has served the dialysis population well for the past 30 years. We are proud of the fact that we now have dialysis services in 89 out of the 100 counties and within a 30 mile radius of every dialysis patient in our state. Very few states have this strong foundation of dialysis care.

All of the major providers are very perplexed as to why the SHCC is proposing drastic changes to the current methodology when no one has provided any justification as to how it improves patient care. These services are needed to keep people alive. We cannot agree to these changes knowing that they will not work and are likely to have many unintended consequences.

Rather than include in the 2020 SMFP a methodology that is seriously flawed, WFBH asks that the SHCC consider postponing the “Proposed changes to Chapter 9 – End Stage Renal Disease Facilities” at least until the 2021 plan year. There are many issues of concern presented during the public comment period and in the Petitions and comments filed with the SHCC that need to be addressed before the adoption of any changes. We stand ready to work to improve the process and hope that the SHCC supports studying this critical issue further.



William McDonald
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