



Atrium Health

Comments on Novant Health Matthews Medical Center Petition for Special Need Determination for Fixed Cardiac Catheterization Equipment in Mecklenburg County in the 2022 State Medical Facilities Plan

COMMENTER:

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The Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health (Atrium) opposes the petition filed by Presbyterian Medical Care Corporation d/b/a Novant Health Matthews Medical Center (Matthews) for an adjusted need determination for one unit of cardiac catheterization equipment in Mecklenburg County in the 2022 State Medical Facilities Plan (SMFP). The petition includes flawed analysis and projections of future volume while also ignoring additional capacity available at other Novant Health locations and Atrium locations within Mecklenburg County.

The petitioner chose to project future volume based on a five-year compound annual growth rate (CAGR) calculated for the period from FFY 2016 to FFY 2020. However, the table below shows the historical volume of weighted cases at Matthews has fluctuated over the previous 6 years with annual changes ranging from positive 51 percent to negative 37 percent. In fact, the FFY 2016 volume used as the base year in the petitioner’s CAGR calculation was down 36.8 percent from FFY 2015. If the CAGR had been calculated using data from FFY 2015 to FFY2020 the annual growth would be dramatically lower.

Cath Type	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	16-20 CAGR	15-20 CAGR
Diagnostic	638	556	698	983	996	925	13.6%	7.7%
Interventional	518	175	226	296	940	908	50.9%	11.9%
Total Cath	1,156	731	924	1,279	1,936	1,833	25.8%	9.7%
Annual % Change		-36.8%	26.4%	38.4%	51.4%	-5.3%		

Source: License Renewal Applications

The future projection of weighted cases using the FFY 2015 to 2020 CAGR would also be significantly lower than the petitioner proposed.

Cath Type	15-20 CAGR Projected Weighted Cases				16-20 CAGR Projected Weighted Cases			
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2021	FY 2022	FY 2023	FY 2024
Diagnostic	996	1,073	1,156	1,245	1,051	1,193	1,355	1,539
Interventional	1,016	1,137	1,272	1,423	1,371	2,069	3,123	4,714
Total Cath	2,013	2,210	2,428	2,668	2,421	3,262	4,478	6,253

The petitioner also ignores the existing capacity available on cardiac catheterization equipment in the county, even among other Novant Health facilities. The data included in Table 17A-3 in the Proposed 2022 SMFP indicate there is capacity available at both Novant Presbyterian and Novant Huntersville. The table shows a surplus of 0.32 machines at Huntersville and 0.15 machines at Presbyterian. However, these figures are calculated on an 80 percent utilization level of the defined capacity of 1,500 weighted procedures which Matthews has demonstrated they can operate above.

The petitioner claims transferring cardiac catheterization patients to other facilities is not possible “due to the health risks associated with delayed care”. urgent nature of interventional catheterization procedures. This statement may accurately describe the situation for STEMI patients, but the petitioner provides no information on the number of STEMI patients who need an interventional catheterization emergently that are included in the interventional catheterization total. The total of interventional cases is only 36 percent of the total cases, and the STEMI patients represent a portion of that total. The clinical reasons raised by the petitioner for not transferring patients to other facilities with cardiac catheterization services in the county do not apply to the vast majority of the patients.

Atrium also wishes to refute the petitioner’s use of the petition filed by Rex Healthcare in 2016 as a precedent for approval of their petition. The Rex petition did in fact claim there was a surplus of equipment county-wide, but a deficit of equipment at Rex specifically. However, unlike Rex, Novant Health has other facilities located in the county with available capacity. There are many instances both in the CON rules and in SMFP methodologies where facilities under common ownership should be considered together because there exists the ability to transfer patients and assets between facilities to meet community need. The special circumstances of the Rex petition do not apply to Mecklenburg County.

In conclusion, Atrium supports the robust health planning process in North Carolina under the supervision of the State Health Coordinating Council (SHCC) and the Division of Health Service Regulation (DHSR) Healthcare Planning and Certificate of Need Section staff. Atrium appreciates the opportunity to provide these comments and reiterates its request that this petition be denied.