



PUBLIC HEARING COMMENTS

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Good morning. My name is Lynn Flanagan, and I serve as President and CEO of ANCORA Compassionate Care. I am speaking today regarding our petition to remove the need determination for one additional hospice home care office in Rockingham County from the Proposed 2026 State Medical Facilities Plan.

First, I want to thank the State Health Coordinating Council, the Long-Term and Behavioral Health Committee, and Planning staff for your work in preparing the Proposed 2026 SMFP. We understand and appreciate the importance of thoughtful, data-driven planning for hospice services, and we recognize that projecting future need is always complex, especially in the wake of the COVID-19 pandemic.

The statewide data trends informing this year's Plan deserve careful scrutiny. The sharp rise in deaths during 2020 and 2021, driven by the pandemic, resulted in a well-documented phenomenon known as "mortality displacement" or "pull-forward" deaths. This refers to the acceleration of deaths among medically vulnerable individuals, particularly those with advanced age or chronic illness, who might otherwise have died in later years. As a result, deaths surged in North Carolina by 14.5% in 2020 and by another 8.9% in 2021, which were historic increases. But beginning in 2022, total deaths declined sharply for three consecutive years.

Meanwhile, hospice deaths continued to rise modestly, which caused the percentage of deaths served by hospice to rebound—from 37.3% in 2022 to 42.4% in 2024. But this rebound is not necessarily a reflection of improved access or expanded capacity. It is a statistical aberration. When total deaths drop sharply due to mortality displacement, penetration rates rise, even if the number of hospice deaths increases only slightly.

This distortion is then magnified in the SMFP methodology. The result is a projected statewide median that is out of step with historical growth, more than double the average two-year growth rate used in past Plans. The inflated projected median percentage of death served of 51.5% triggered nine new need determinations for hospice home care offices, including in Rockingham County.

These statewide patterns played out locally as well. In Rockingham County, deaths increased 17 percent in 2020 and another six percent in 2021. The spike in deaths in 2020 and 2021 "pulled

forward” many deaths that would have occurred in 2022 or later. That shift must be considered when evaluating whether there is truly unmet need. If the current methodology does not account for these anomalies, it risks producing short-term surges in need determinations that do not reflect long-term reality. We give incredible care to those who are dying—but we cannot care for those who have already died. Planning based on pandemic-affected trends risks chasing the ghosts of need that no longer exist.

We respectfully ask the SHCC to consider these effects and remove the Rockingham County need determination.

At the local level, Rockingham County is already served by 15 licensed hospice home care offices, which is well above the statewide median and average. For a rural community of its size, this level of provider presence reflects a robust and well-established system of hospice care capable of meeting local needs. Existing providers are not only meeting demand quantitatively, but also qualitatively. ANCORA’s CAHPS scores exceed state and national benchmarks in nearly every domain, including communication, symptom management, and emotional support. The county’s hospice penetration rate now exceeds 44%, a strong indicator that current capacity is meeting community need.

Authorizing a new agency in this environment may sound benign, but it risks splintering an already well-functioning system. In rural counties like Rockingham, workforce strain and diluted referral networks can jeopardize the very continuity of care that hospice is built on.

To further improve access, ANCORA has implemented hospital-based Virtual Bed admissions and formed partnerships with local rescue squads to ensure timely transitions to hospice. These efforts, which were launched in response to EMS shortages, have expanded access, supported local hospitals, and reduced unnecessary strain on the healthcare system.

Every day, our teams care for patients and families facing life’s most vulnerable moments. These are not abstract statistics, they are real people who depend on timely, compassionate support. Rockingham County’s existing providers are not just meeting this need; they are walking alongside patients and families with dignity and grace.

In short, this is not a market with unmet need. It is a well-served, well-coordinated community that has adapted with compassion and innovation in the face of extraordinary challenges. If genuine growth in demand emerges over time, providers like ANCORA stand ready to respond responsibly and effectively.

This year’s planning process has revealed a broader concern—a need to re-examine the assumptions that underpin our planning model. The hospice methodology was developed more than 15 years ago, under very different circumstances. We now have better tools, better data, and new challenges. We owe it to the people we serve to ensure that our planning models reflect today’s realities, not yesterday’s assumptions.

We respectfully request that the SHCC remove the Rockingham County need determination and consider initiating a broader review of the hospice home care methodology. A new work group, similar to the 2008 Task Force, could help modernize the methodology and ensure it reflects today's care environment.

Thank you for the opportunity to speak and for your continued stewardship of the SMFP process.