

DELIVERED VIA EMAIL 1/3/2017

January 3, 2017

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section
Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Comments on Competing Applications for a Certificate of Need for an Ambulatory Surgical Center in Brunswick County; CON Project ID Numbers:

- **Brunswick Surgery Center, Project ID# O-011282-16 and**
- **Novant Health Brunswick Outpatient Surgery, Project ID# O-011283-16**

Dear Ms. Frisone and Ms. Inman:

On behalf of J. Arthur Dosher Memorial Hospital, the State's only Critical Access Hospital not owned or operated by a health system, thank you for the opportunity to comment on the above referenced applications for a new ambulatory surgical center in Brunswick County. I'm writing to express our opposition to both applications.

These two applications propose investments of \$10 to \$14 million each to add one more operating room in Brunswick County. In fact, both propose far more than one operating room. Each proposes a freestanding ambulatory surgical facility that is designed for the equivalent of three operating rooms. Both propose 23-hour overnight stays. In fact, Novant proposes a separate bed unit. This is the equivalent of starting a third hospital in a county with only 133,000 people. Both proposals would put the facility in the extreme northern end of Brunswick County within six miles of Wilmington and the region's only tertiary medical center. Yet, both applications expect to draw patients throughout a county roughly equivalent to the size of the state of Rhode Island.

During your review, I urge you to consider the long-term viability of our rural health care delivery system in a county with one of the oldest populations in the state of North Carolina.

Consider the following facts:

- Patients would be forced to travel significant distances to receive surgical care. In the Southport area alone, patients would travel in excess of 50 miles; patients from the Calabash area would be required to travel in excess of 90 miles.

- More than 550 letters of opposition from concerned citizens, elected officials, and community leaders have been submitted – despite the overlap of the comment period with the holidays.
- Additionally, 31 physicians, podiatrists, nurse practitioners, and physician assistants in the Southport area have submitted letters opposing the approval of both applications.
- Physicians and medical providers have stated it is “highly problematic” to assume there would be no change in referral patterns to surgeons should patients be required to travel long distances while bypassing their local community hospital. This calls into question the entire business model on which the proposed facilities are based.
- Approval of either application would result in unnecessary and costly duplication of expensive critical medical resources, and be inconsistent with North Carolina’s guidelines for medical services
- Doshier Memorial Hospital provides top-flight surgical services and currently has excess surgical capacity to absorb any anticipated increase in patient volume.
- Approval of either application would undermine the financial viability of Doshier, and compromise the availability of healthcare to this rural population.

In the attached documents, I have provided technical reasons to disapprove both applications. I urge that you consider these and the many letters from county residents in opposition to both.

Sincerely,



Thomas Siemers
President and CEO

Attachment(s)

ATTACHMENTS

Competitive Review of Brunswick Surgery Center, Application for New Operating Rooms, Brunswick County, Project ID# O-011282-16.....A

Competitive Review of Novant Health Brunswick Outpatient Surgery, Application for New Operating Rooms, Brunswick County, Project ID# O-011283-16B

Comment Letters: PhysiciansC

Comment Letters: Community LeadersD

Comment Letters: Community MembersE

Attachment A

*Competitive Review of Brunswick Surgery Center,
Application for New Operating Rooms, Brunswick
County, Project ID# O-011282-16*

***Competitive Review of –
Brunswick Surgery Center Application for Ambulatory Surgery
Center,
Brunswick County
Project ID# O-011282-16***

OVERVIEW

The applicant, Brunswick Surgery Center, LLC fails to meet CON review Criterion 1, 3, 3a, 5, 6, 7, 8, 9, 13 and 18a and fails to meet the performance standards outlined in 10A NCAC 14C .2103. Specifically, the applicant's surgical case volume projections are unsupported and unreasonable.

The applicant makes consistent references to need for competition but all arguments for competition point back to projections that will not meet the needs of the underserved population of the service area, specifically Medicare patients.

Overall, the application by Brunswick Surgery Center, LLC is for a service that far exceeds the need in the *2016 State Medical Facilities Plan*.

The following discussion and calculations demonstrate why Brunswick Surgery Center is not needed, does not conform to statutory review criteria and should not be approved per N.C.G.S. 131E-183 and 10A NCAC 14C .2103.

CON REVIEW CRITERIA

- 1. The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, ambulatory surgery operating rooms, or home health offices that may be approved.**

Overview

The *2016 State Medical Facilities Plan (SMFP)* shows need for one additional operating room in Brunswick County in 2018, based on an assumption that county population will increase by 11.03% between 2014 and 2018 (pages 81-82). Basic principles governing development of the *SMFP*, note,

'The needs of rural and small communities that are distant from comprehensive urban medical facilities merit special consideration. In rural and small communities, selective competition that disproportionately captures profitable services may threaten the viability of sole providers of comprehensive care and emergency services. For this reason methodologies that balance value, quality, and access in urban and rural areas may differ quantitatively. The SHCC planning process will promote access to an appropriate spectrum of health

services at a local level, whenever feasible under prevailing quality and value standards.

Policy GBN-3 Basic Principles states:

A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the Stat Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area. [Emphasis added]

These important parts of the *SMFP* are critical in this review. This applicant is proposing a new institutional health service as defined in GS 131E-176(16) a, b, and u.

Value

This application proposes not one additional operating room, but one additional ambulatory surgical center with the equivalent capacity of three additional operating rooms. In North Carolina, DHSR Construction and Licensure Sections permit development and use of a procedure room with the same construction standards as an operating room and with the same staffing and similar procedures as an operating room, as long as the operating agency's governing body identifies the scope of services offered. This fact should be an integral consideration in this review, particularly because Brunswick is a rural county with an average of 127 people per square mile. It is one of the largest counties in the state with regard to land mass. Transportation is a major consideration in access to health care. Concentration of resources in a rural hospital to provide economies of scale to support essential services is similarly critical to good value in health care in rural communities.

On page 63, the application indicates that the proposed facility "represents a cost-effective alternative to being treated in a hospital because the facility will not carry large overhead and administrative costs." Yet the proforma Form B shows more than \$500,000 a year in Building Lease and Equipment Depreciation and \$100,000 in administrative costs. These are new costs to the Brunswick County health care delivery system. They will duplicate administrative costs and costs of equipment and space at two rural hospitals.

The facility proposes two procedure rooms to provide for 310 procedures in the third year of operation (page 78). That represents less than one procedure per room per day. The application proposes to duplicate c-arm x-ray equipment and to hire a full time Radiological Technologist to provide one to two procedures a day. (474 annual procedures on page 78)

Access

The proposed facility would have very low charity care, (0.7 percent of Gross Revenue on page 93), provide very little service to Medicare and Medicaid (25.8 percent of cases on page 97) and, in the narrative in Section III, the application focuses primarily on the desire of the surgeons to control the schedule, rather than on patient need for care. The application bases its payor mix on the patients served by EmergeOrtho, suggesting that the owners of the facility, who would also be the primary providers at the proposed center, provide few ambulatory surgical services to beneficiaries of government supported programs. By inference, then, achieving the forecast 1,952 procedures would mean payment-based patient selection, leaving Brunswick County's hospitals to absorb orthopedic care for the remainder of patients who depend on government programs.

For these reasons, the application is non-conforming to Criterion 1 and should be denied.

3 The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

The proposed facility would be a single specialty orthopedic ambulatory surgery center where anesthesiologists also offer pain management.

The low Medicare payer mix (14.18 percent) is not consistent with the Table on application pages 44 showing that the population group with the highest prevalence of musculoskeletal symptoms and disorders and with the fast growth rate for these procedures is over 65 (page 47). This is reinforced by the figure on page 49 showing ambulatory surgery procedure rates among persons over 65 "twice... to more than two and a half times..." the rate of the population overall.

The presentation on geography on page 50 is misleading. The proposed surgery center is not the equivalent of a third point of access evenly distributed in Brunswick County. In fact, as the application shows on page 53, only 25,280 people, or 20 percent of the county lives in Leland. The applicant admits that it proposes to take 85 percent of all of the outpatient ambulatory surgery in Brunswick County to Leland. (Page 58).

"BSC's physicians anticipate that most of their ambulatory surgical patients from Brunswick and Columbus counties will utilize the proposed ASC in Leland. BSC's physician members routinely receive requests from their patients to develop more orthopedic services closer to home." (Application page 58)

EmergeOrtho physicians provides the orthopedic surgeons for Doshier Hospital. Doshier provided 376 orthopedic ambulatory cases in 2015. The EmERGEOrtho orthopedic surgeons who provided these cases propose to change that pattern with promised referrals to Brunswick Surgery Center in 2018:

Table 1: Doshier EmERGE Physicians' Proposed Referrals to Brunswick Surgery

Michael M. Marushack, MD	370
Eric J Lescault, DO	325
Thomas Kelso, MD, PhD	220

Source: Letters in Exhibit 11

If these three physicians continue to get referrals from local physicians and then move 85 percent of their cases to the proposed Leland Brunswick Surgery Center, the result will be devastating to the outpatient orthopedic surgery program at Doshier Hospital. The same surgeons will likely have little interest in continuing inpatient procedures at Doshier and the result will be a decimated orthopedic surgery program. In fact, EmERGEOrtho confirms that plan on application page 56, which shows that the surgeons who plan to use Brunswick Surgery Center did 1,413 cases in existing Brunswick surgical facilities.

The application's forecast growth rates on page 57 are far in excess of Brunswick population growth, and are inconsistent with the proposed low Medicare payor mix. People over 65 represent 28 percent of county population in 2016 and will be 31 percent in 2012 (application page 47). On page 53, the application shows the population growing at only 1.7 percent a year.

To sustain the proposed case volume, the Brunswick Surgery Center would clearly depend on shifting service patterns away from Doshier, a critical safety net hospital.

The proposed facility includes the equivalent of three rooms that can do operating room procedures. This is far more surgical capacity than the *2016 State Medical Facility Plan (SMFP)* lists as needed. The *SMFP* actually calculates a need for only 0.37 more operating rooms in Brunswick County by 2018. The need methodology rounds up to show a need for one additional operating room. (*SMFP* page 82). The application provides no information that would change this conclusion. Moreover, the *SMFP* shows Doshier has 0.569 excess operating room capacity. This proposal would increase the excess capacity at Doshier, rendering capital investment recently approved by the Agency to be unused before it is depreciated.

The application states that every resident of Brunswick County must cross a bridge to access New Hanover County (p 54). This erroneously implies that Brunswick County residents have no surgical alternative in the County. It suggests that moving orthopedic surgical capacity to the northern edge of the County is better for patients than keeping services distributed within the county. This is an unfounded assumption.

Finally, the application proposes two pain procedure rooms for the convenience of the anesthesiologists. The application contains no information to demonstrate the need for pain procedures.

For these reasons, the application is non-conforming to Criterion 3 and should be disapproved.

- 3 a. In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.**

As noted, this proposal would relocate the orthopedic outpatient service from Doshier Hospital to the proposed Leland ambulatory surgery center. Should this occur, the orthopedic surgery program in Doshier's primary service area would be so small that it would not be viable for another orthopedic surgeon. According to Brunswick Surgery Center's proposed payor mix, EmergeOrtho would selectively direct to the proposed center primarily the better paying BCBS, Commercial and Other patients. (For reference, see Proforma Form E Net Revenue worksheets.) This would not provide access to all persons in need in the population. For reference, compare Doshier's ambulatory surgery payer mix of 62 percent Medicare cases in 2015 as reported on the 2016 License Renewal Application page 7 to the applicant's plans for 14.18 percent Medicare cases.

The change in referral pattern will harm patients as well. The surgical case day is not the only trip the patient makes in the course of undergoing ambulatory surgery. There is a trip for the surgeon visit, a trip for the diagnostic tests and, in the event of post-surgical difficulty, a call for emergency care. If the location of surgery moves from Southport to Leland, continuity of care will be disrupted. The proposed center makes no provisions for next day coverage. Its staffing is very lean and the center will depend on emergency rooms to cover patients.

The proposed change in referral patterns also has a significant flaw. It assumes that the community physicians who refer to the EmergeOrtho surgeons will continue referring when they know that procedures will occur in Leland. As local physicians begin to understand that patients would not be treated in the community, that patients would face transportation barriers and extra travel involving round trips as long as two hours, they will pressure the hospital to recruit alternative orthopedic surgeons. This will involve recruiting expense for Doshier, a critical access hospital, but will be a necessary and expensive investment to assure patients have good long term outcomes and full value for their care. Numerous studies have documented the increases in cost that occur with loss of continuity of care.

On page 76, the application dismisses the impact on existing licensed facilities, as "some reduction of procedures...." In fact, that proposed reduction could cause a ripple effect and loss of the entire surgical program at a rural hospital.

The application fails to address the shift in payor mix or the impact on "the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care."

For these reasons, the application is non-conforming to Criterion 3a and should be disapproved.

4. Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

The application fails to consider the alternative of working with a local hospital to add one more operating room. Its discussion of alternatives repeatedly confuses all ambulatory surgery with orthopedic ambulatory surgery. In the end it proposes an expenditure of more than \$10 million to develop one operating room.

For these reasons, the application is non-conforming to Criterion 3a and should be disapproved.

5. Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs, as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

The applicant proposes only \$120,000 in start-up costs, effectively four weeks of the operating budget. However, the start-up costs include no funds for the advertising or marketing needed to hire staff. These costs are identified as necessary in Section VII on page 102. The narrative in Section VII talks about a robust recruitment plan. The bank letter in Exhibit 15 committed to only \$2.0 million in financing for the operating company's fixed and working capital. It is not clear that the operating costs allow for retirement on debt for working capital. The assumptions provide no detail and the amortization of capitalized expenses is only \$11,600 a year, which would not retire even the \$330,000 working capital in three years.

In Section XII, the application incorrectly assumes that the proposed center can be certified on the same day it is licensed. In practice, Medicare certification can take at minimum three months. With this incorrect assumption and no supporting documentation to the contrary, one must assume that the application understates its working capital requirements and the proformas are incorrect.

For these reasons, the application is non-conforming to Criterion 5 and should be disapproved.

6. The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

The facility proposes two procedure rooms for 310 procedures in the third year of operation (page 78). The application proposes to duplicate c-arm x-ray equipment and to hire a full time Radiological Technologist to provide one to two procedures a day. (474 procedures on page 78)

It proposes to take 85 percent of the outpatient orthopedic procedures from Brunswick County to Leland. In support of this promise, it includes letters from Drs. Marushack, (370). Lescault (325) and Kelso (220) indicating they will perform procedures at the center. These surgeons currently provide orthopedic surgery at Doshier, a critical access hospital. If they take their outpatient cases from Doshier to the proposed center, they will not do their inpatient cases at Doshier and the orthopedic service at Leland will be an unnecessary duplication of service at Doshier. In fact, the application identifies all three as owners of the proposed facility and as owners and officers of the proposed operating company.

The application fails to demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities. In fact, it acknowledges that it will duplicate existing facilities and makes a generalized statement that the need for ambulatory surgical services will continue to increase in the future. It ignores the harsh reality of the American health care payment system, in which a hospital depends on revenue from orthopedic surgical procedures to sustain critical services like the emergency room. This is an ingenuous proposal to take the profitable procedures out of a critical access rural hospital that is community supported . Approval would be contrary to the statutory findings of fact in GS 131E-175:

- (1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization and distribution of new health service facilities ...*
- (2) That increasing costs of health care services offered through health service facilities threatens the health and welfare of the citizens of this state in that citizens need assurance of economical and readily available care*
- (3) That, if left to the marketplace to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result*
- (3) (a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians and to the continued viability of rural communities and that the needs of rural North Carolinians should be considered in the certificate of need review process.*

For these reasons, the application is non-conforming to Criterion 6 and should be disapproved.

7. The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

The application identifies a need for staff including a radiology tech, for which it provides no time off. The 1.0 FTE staffing assumes that the radiology tech will work every day that the facility is open. The fact that the facility bases utilization on the SMFP 1872 hours indicates that it will be open 260 days a year, 9 hours a day. However, the hours of operation on page 103 suggest a 10-hour day. The 1.0 FTE appears to be insufficient to provide service to patients as needed. The budget contains no provision for PTO staffing or holidays for this position. This is unrealistic.

For these reasons, the application is non-conforming to Criterion 7 and should be disapproved.

12. Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

The application indicates that the procedure rooms will be used for non-surgical pain management. However, the plans for the center tell a different story. The Schematic Floor Plan in Exhibit 13 shows the two procedure rooms are exactly the same size as the operating room and are on the sterile corridor. The state does not regulate the construction standard for procedure rooms. Moreover, the equipment list in Exhibit 17 shows the two procedure rooms will be equipped the same as operating rooms. The state cannot control the use of these procedure rooms.

Hence, the capital cost associated with developing the center that has equipment, recovery and prep adequate to support three rooms capable of providing operating room procedures becomes an important consideration in this review. Nothing will prevent the anesthesiologists from bringing an anesthesia machine to the facility or the center from offering surgical cases in these rooms.

The project involves fixed capital costs of \$4.25 million that will be borrowed and those costs along with the borrowing costs over must be retired over seven years. In fact, the letter from BB&T indicates willingness to loan \$8.5 million to the developer, OWP3, LLC. Indicating that the true capital investment will be approximately \$10.5 million for one additional operating room in a rural county.

For these reasons, the application is non-conforming to Criterion 12 and should be disapproved.

13. The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

(a) The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;

The application clearly shows that the applicant's payor mix is not consistent with the medically underserved population of Medicare residents in the service area.

(c) That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and

Plans to serve Medicare beneficiaries are not consistent with the application's estimate of need on the part of the elderly population for orthopedic services.

For these reasons, the application is non-conforming to Criterion 13a and should be disapproved.

- 18 a. The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for the service for which competition will not have a favorable impact.**

Competition

The application makes an argument on page 84 that it will provide a cost effective alternative to hospital based surgery because it will not be subject to HOPD contracts. The application ignores the tenets of population health and value based care, in which one considers the total cost of care including the cost of the extra trips and the costs of lost continuity of care when the post surgical patient calls the local emergency room that no longer has coverage from the orthopedic surgeon who did the surgery. It ignores the impact of loss of orthopedic care in a rural emergency room, or the cost to the rural hospital of recruiting replacement surgeons.

The argument for cost effectiveness and competition is indeed narrow. It champions low charges to some at the expense of lost service to others.

Access

The application argues that it will serve Medicare, Medicaid and Charity patients. However, it falls short on payor mix, clearly showing that it will not serve the underserved patients in proportion to their presence in the population of Brunswick County.

For these reasons, the application is non-conforming to Criterion 18a and should be disapproved.

NORTH CAROLINA ADMINISTRATIVE CODE – 10A NCAC 14C.2100 CRITERIA AND STANDARDS FOR AMBULATORY SURGERY CENTERS

The application addresses the performance standards but because it uses inflated projections for need and utilization and unsupported assumptions about orthopedic surgeon productivity, the data in response to the performance standard do not hold up to scrutiny.

10A NCAC 14C.2103 Performance Standards

- (b) A proposal to establish a new ambulatory surgical facility, to establish a new campus of an existing facility, to establish a new hospital, to increase the number of operating rooms in an existing facility (excluding dedicated C-section operating rooms), to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall:
- (1) demonstrate the need for the number of proposed operating rooms in the facility which is proposed to be developed or expanded in the third operating year of the project based on the following formula: $\{[(\text{Number of facility's projected inpatient cases, excluding trauma cases reported by Level I or II trauma centers, cases reported by designated burn intensive care units and cases performed in dedicated open heart and C-section rooms, times 3.0 hours}) \text{ plus } (\text{Number of facility's projected outpatient cases times 1.5 hours})] \text{ divided by } 1872 \text{ hours}\}$ minus the facility's total number of existing and approved operating rooms and operating rooms proposed in another pending application, excluding one operating room for Level I or II trauma centers, one operating room for facilities with designated burn intensive care units, and all dedicated open heart and C-section operating rooms or demonstrate conformance of the proposed project to Policy AC-3 in the State Medical Facilities Plan titled "Exemption From Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects;" and
 - (2) The number of rooms needed is determined as follows:
 - (B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number greater than or equal to 0.3, then the need is the next highest whole number for fractions of 0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the difference is a negative number or a positive number less than 0.3, then the need is zero;

The forecast of 1,642 cases in the third operating year relies on an assumption that cases will transfer from existing communities, that cases will come from throughout the county and that the sole reason for outmigration is to obtain care at a freestanding ambulatory surgery center. The application fails to demonstrate any of these facts.

Attachment B

*Competitive Review of Novant Health Brunswick
Outpatient Surgery, Application for New Operating
Rooms, Brunswick County, Project ID# O-011283-16*

***Competitive Review of –
Novant Brunswick Application for New Operating Rooms,
Brunswick County
Project ID# O-011283-16***

OVERVIEW

The applicant, Novant Health Brunswick Outpatient Surgery, LLC fails to meet CON review Criterion 1, 3, 3a, 4, 6, 9, and 18a and fails to meet the performance standards outlined in 10A NCAC 14C .2103. Specifically, the applicant's surgical case volume projections are unsupported and unreasonable.

The applicant makes consistent references to need for competition but all arguments for competition point back to projections that will not meet the needs of the underserved population of the service area, specifically Medicare patients.

Overall, the application by Novant Health Brunswick Outpatient Surgery, LLC is for a service that far exceeds the need in the *2016 State Medical Facilities Plan*.

The following discussion and calculations demonstrate why Brunswick Surgery Center is not needed, does not conform to statutory review criteria and should not be approved per N.C.G.S. 131E-183 and 10A NCAC 14C .2103.

CON REVIEW CRITERIA

- 1. The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, ambulatory surgery operating rooms, or home health offices that may be approved.**

Overview

The 2016 State Medical Facilities Plan shows a need for one additional operating room in Brunswick County for 2018, based on an assumption that current surgical case volume will sustain and the county population will increase 11.03 percent between 2014 and 2018 (pages 91-92). Basic principles governing development of the Plan, note,

'The needs of rural and small communities that are distant from comprehensive urban medical facilities merit special consideration. In rural and small communities, selective competition that disproportionately captures profitable services may threaten the viability of sole providers of comprehensive care and emergency services. For this reason methodologies that balance value, quality, and access in urban and rural areas may differ quantitatively. The SHCC planning process will promote access to an appropriate spectrum of health

services at a local level, whenever feasible under prevailing quality and value standards.

Policy GEN-3 Basic Principles states:

A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the Stat Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area. [Emphasis added]

For context, Brunswick County is a geographically large county with population dispersed in small communities. One community, Leland, is directly adjacent to Wilmington, but the rest of the population lives in the center of the county, in the Southport area, and along the southern coast of the county. Brunswick County is large enough that a surgery center in the northern part of the county is not accessible to residents in the southern part of the county.

This application proposes to spend \$14.1 million to build and equip a new ambulatory surgery center in Leland that will have the equivalent capacity of three operating rooms. It would move physical capacity from the center of the county to the northern end. The application proposes to serve patients from throughout the county, though this is unlikely given the large geography of Brunswick County. Moreover, the proposed surgery center would divide the attention of the county's surgical groups by asking them to maintain privileges at a third facility.

The 11 percent increase in population between 2014 and 2018 amounts to approximately 10,000 people distributed throughout a county that will have only 133,323 residents in 2018. Brunswick has two rural hospitals, one in the southeast and one in the west-center of the county. Adding the infrastructure for a major third health care center at this time will strain the resources of the existing two. Doshier Hospital is a critical access hospital in Southport that relies on tax support of the residents of Smithville Township to supplement revenue from operations. This is provided willingly, because Doshier is a critical safety net provider. An investment in excess capacity in Leland, in the far north of the county in a location directly adjacent to urban Wilmington, will add to Doshier's challenges in recruiting and retaining talented professionals. Hundreds of patients will lose access and their total cost of care will increase if Doshier cannot maintain its surgical program in the face of the proposed facility.

Access

The proposed new site would be 41 miles away from residents of Sunset Beach, whereas Novant Brunswick Medical Center is only 21 miles from Sunset Beach. The proposal makes no change in payor mix and increases the number of locations where surgeons will be asked to have privileges. For most of the county, this is a move in the wrong direction. Only 20 percent of the county population lives in Leland, according to data in the application on page 144. Moreover, the same Table 10 shows that zip codes in the southern part of Brunswick County, such as Shallotte, Southport, Calabash, and Sunset Beach are growing faster than the Leland area. The project proposes more capacity than needed in Leland and would cause excess unused capacity for people in the rest of the county. The proposal may allow for more people in adjacent New Hanover County to use Brunswick operating rooms, but the need identified in the SMFP is for residents of Brunswick County, not any other.

Value

A fixed capital expenditure of \$14.1 million plus another \$415,000 for working capital for one operating room is not a value proposition. In fact, the application proposes more than one operating room; it proposes an ambulatory surgery center with the equivalent of three operating rooms and a net gain in the county of three equivalent operating rooms. Novant implies that it could borrow money to finance this expenditure, which would add cost over the full length of the loan, the term of which is not specified in the application.

The proposed change in location for the one operating room at Novant Brunswick Medical Center increases surgical capacity in Brunswick County by three equivalent rooms because remaining room left behind at the hospital and the new procedure room one at the proposed surgery center can both be used as places to perform procedures. The procedures identified in the application would define the room as an operating room under GS 131E-176(18c).

The proposal actually moves one operating room 20 miles away from Novant Brunswick Medical Center in Bolivia, the center of the county, to Novant Health Brunswick Surgery Center in Leland, which is less than six miles from Wilmington. The methodology in Section III does not demonstrate the need of Leland residents for three equivalent operating rooms.

For these reasons, the application is non-conforming to Criterion 1 and should be denied.

3. **The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.**

The application indicates the population to be served is Brunswick and “Other” counties. The “Other” is not identified in Section III.6 page 48. Because it does not identify “other,” the application fails to identify the population to be served. In Section III and Exhibit 3, the application notes that by the third operating year, 1,697 cases that would have gone to Novant Brunswick Hospital will instead go to the Leland facility. This is almost 40 percent of the total cases forecast for Novant Brunswick Hospital. In 2015, according to the 2016 License Renewal Application, 91 percent of Novant Brunswick Hospital’s cases were from Brunswick County. As demonstrated on page 144, most Brunswick County residents live in the central and southern parts of the county. The map on page 29 verifies the applicant’s hope to serve all of Brunswick County from a proposed location at the very northern end of the county. The application fails to discuss how this is probable.

The application clearly identifies (on page 23) that Doshier will have excess operating room capacity equal to 0.596 operating rooms. It indicates, “...many surgeons have opted to seek services at other surgical facilities in Brunswick...” (page 24); and, on page 24, it shows that Doshier has been increasing its market share of Brunswick County resident outpatient surgery. The latter statement in combination with the patient origin and the aggressive growth forecast indicate the applicant’s intent to draw patients away from Doshier by encouraging physicians to have multiple privilege locations, thus dividing up their available time. In fact, the applicant’s growth forecast for outpatient surgery is faster than the county population growth in the Leland area. (1.8 percent CAGR on page 29 for Leland versus forecast 2.3 percent annual growth in surgery in Exhibit 3).

By contrast, Novant Brunswick Surgical case volume has been relatively constant. The number of surgical cases at NHBMC in 2016 is about the same as in 2012 (Table 6 p 33)

The application relies on a 2012 data table from MGMA for its forecast of orthopedic surgeon median procedures. The application does not provide supporting data or a trackable reference. MGMA Productivity reports often include office-based procedures and may count multiple procedures for a single case. The estimate appears to be inflated. According to a more recent report from Becker, orthopedic surgeons perform an average of 29 procedures each month. Full-time orthopedists perform 32 procedures each month and part-time orthopedists perform an average of six procedures each month (2015 data). This means, according to Becker’s and its source, The American Academy of Orthopedic Surgeons, the average orthopedic surgeon performs 348 to 384 procedures per year.¹

The Novant application states that the project is needed because the freestanding outpatient charges will be lower than hospital charges, but it provides no documentation to support the assertion.

¹ (<http://www.beckersspine.com/orthopedic/item/26569-23-statistics-for-orthopedic-surgeons-compensation-net-worth-more.html>, accessed December 28, 2016).

The project includes a “minor procedure room.” The procedures identified on page 37 meet the definition of procedures done in an operating room in GS 131E-176 (18c). See page 159 for cases; Table 16 shows 663 in the third year, 2021.

The application has an assumption in Section III that 22.4 percent of the surgical case volume is procedure room cases. The application contains no specific projections associated with the procedures it identifies for the procedure room.

For these reasons, the application is non-conforming to Criterion 3 and should be denied.

3. a. **In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.**

The application proposes to relocate one operating room from an optimal location in the center of a large county to the far north corner, away from most of the county’s population, but coincidentally, very close to a large and growing urban population in neighboring, New Hanover County.

Forecasts on Exhibit 3 (page 139) show that Novant will need only 0.5 additional operating rooms by the third year of operation and even this will be true only if it achieves the forecast growth rate of 2.3 percent annually. Surgical procedures have not increased at Novant Brunswick per Table 8 in Exhibit 3 and the population of Leland is growing only 1.8 percent annually per Table 10 in Exhibit 3.

This means the success of the facility, which proposes to treat 88 percent Brunswick County residents, hinges on drawing patients from the faster growing communities in the southern part of the county to support the aggressive growth. Of note, the zip code forecasts for growth, which were drawn from Claritas, are not as aggressive as the NCOSBM County forecasts in Table 9 of Exhibit 3.

Letters from physicians in Exhibit 4 state that the signers request “full and fair consideration [of the application]” they do not indicate support for the facility; they do indicate that the signer will seek privileges, if the facility is approved. No letter in Exhibit 4 identifies the number of proposed referrals or procedures that would be done at the facility.

Letters of support and map on page 29 suggest patients would travel 41 miles to the facility, bypassing both Novant and Doshier?

The application contains no letter from an orthopedic surgeon, but recruitment of an orthopedic surgeon is essential to support the assumption on page 32 that any reduction in inpatient cases would be offset by the addition of an orthopedic surgeon.

Residents of southern and central Brunswick County do not need operating rooms at Novant Brunswick to be relocated to Leland. Their existing needs will not be met if the proposal is approved.

It is consistent with other Agency findings to deny applications that do not adequately demonstrate need when an applicant proposes to relocate operating rooms away from the majority of the county population to the edge of the county. Specifically, the Agency denied the 2014 application by Caldwell Surgery Center (CON Project ID # E-10261-14) to relocate operating rooms away from the central, more populous, part of Caldwell County to a location on the southern border of the county closer to its more populous, affluent neighbor to the south, Catawba County. Novant's application is very similar to Caldwell's in this regard. However Novant proposes to move an operating room even farther: 20 miles to the northern border of Brunswick County.

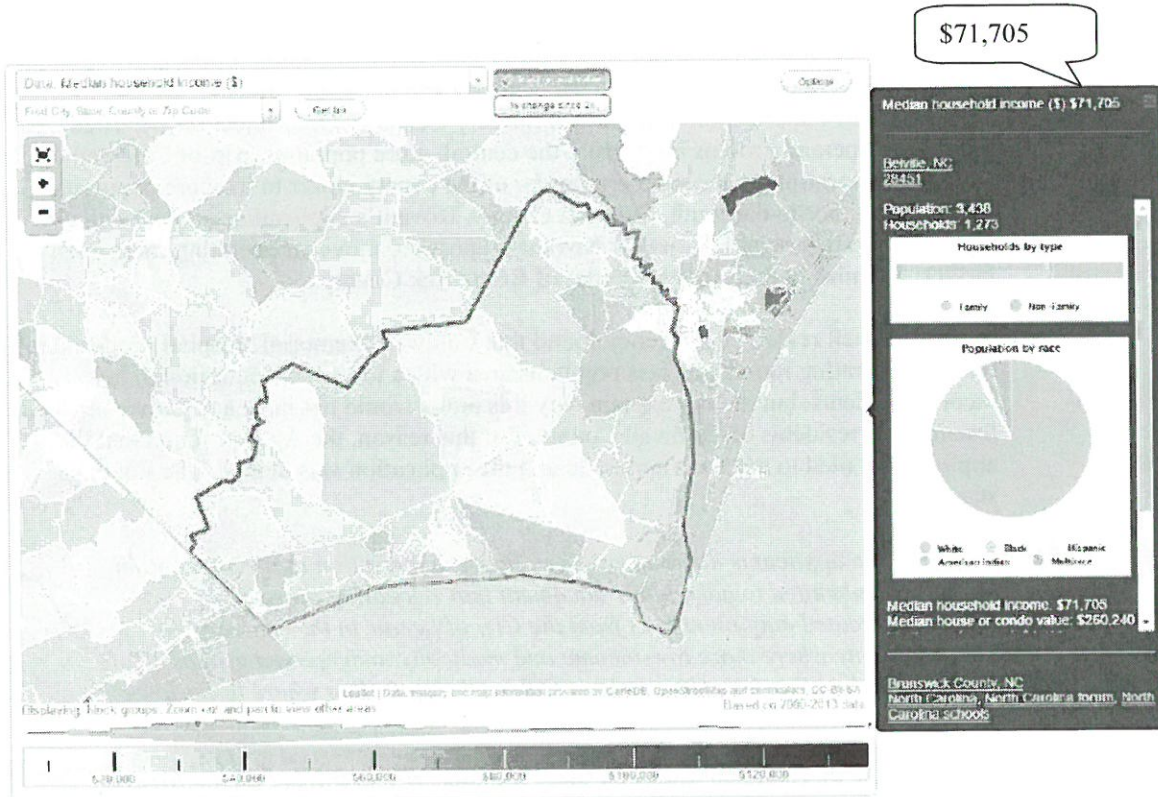
In the Caldwell review, the Agency found that Caldwell Memorial Hospital proposed to relocate operating rooms to a less populous area with a lower concentration of low-income residents, but did not explain why this move would not have a negative impact on low-income residents of Caldwell County. For this reason, the Agency found that the application failed to meet s criterion 3a and the application was denied. The Findings stated:

"The applicants do not provide sufficient information in the application as submitted to adequately document that relocating the existing dedicated outpatient ORs from the City of Lenoir in the center of the county where more low-income and medically underserved groups reside to a location near the southern Caldwell County line where fewer low-income and medically underserved groups reside would not negatively impact access by low-income and medically underserved groups." – Page 36, Caldwell Surgery Center Findings (CON Project ID # E-10261-14)

Novant's application parallels the Caldwell application. It proposes to move operating rooms away from the majority of the county's population to the far northern part of the county in a census block with the highest median income in the county².

² The census block in the Leland area has the highest median household income in Brunswick County at \$71,705 (2013 value). See data for each census block at http://www.city-data.com/county/Brunswick_County-NC.html. 2015 census estimates by township also show that Town Creek township is the highest median income township in Brunswick County (https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S2503&prodType=table)

According to City-Data.com, the census block in the Leland area has the highest median household income in Brunswick County at \$71,705 (2013 value). The application transposed the zip code for the site. It is 28451, not 28415.



Source: http://www.city-data.com/county/Brunswick_County-NC.html December 2016.
Zipcode 28451 is in yellow on the map.

Census Quick Facts 2015 estimates by township also show that Town Creek Township is the highest median income township in Brunswick County.

The Novant application also proposes moving to within six miles of the county line, directly adjacent to a more affluent county (/ New Hanover). According to Census Quick Facts the New Hanover County, NC median income was \$50,088 in 2011-2015 (in 2015 dollars). For the same period, the Brunswick County median income was \$46,859.

For these reasons, the application is non-conforming to Criterion 3a and should be denied.

4. Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

The application discusses four alternatives, including a freestanding surgery center with only one operating room. It does not discuss the obvious alternatives of adding one operating room to Novant Brunswick Medical Center or reducing charges at Novant Brunswick Medical Center. The first would be far less costly and the second would be effective at addressing one of the needs discussed in Section III. 1a. The application does not demonstrate that the least costly or most effective alternative was chosen.

For these reasons, the application is non-conforming to Criterion 4 and should be denied.

6. The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

The application would, by its own admission, duplicate capacity at Doshier Hospital. It clearly intends to draw patients from hospitals in Brunswick County to the proposed facility. This is only possible if it duplicates resources at that facility.

The application proposes to develop more than one operating room in Brunswick County in a location that is not easily accessible to most of the county. It would unnecessarily duplicate existing capabilities.

The application conveniently overlooks the fact that the operating room at Novant Brunswick Hospital will not go away because the site of its license changes. The physical space and equipment will remain at the hospital; and Novant will most likely use that room as a procedure room in which any case approved by the medical staff for that room, could be performed.

On application page 550, the equipment list includes items valued at \$450,207 that duplicate endoscopy, ENT and Ophthalmology microscopes and Electrosurgical units that are available at Novant Brunswick Hospital. These are clearly enough for three, not one room that would be used like an operating room.

The application asserts that prices in an ambulatory surgery center will be less than in a hospital, but provides no evidence to support the assertion in this instance. The CON Section has no mechanisms to assure that the charges or the payor mix for services at the proposed center will be as presented in the proforma.

For these reasons, the application is non-conforming to Criterion 4 and should be denied.

12. **Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.**

This application proposes to spend \$14.12 million to add one operating room to Brunswick County. It includes a separate four-bed recovery unit (See Exhibit 14). This is effectively a plan for a third major health care facility in a county with only 133,000 people by 2021. If approved, this expenditure would put Brunswick County in the same challenged position of other rural counties around the nation that are losing their rural hospitals. Since 2010, 80 rural hospitals have closed, according to data tracked by the North Carolina Rural Health Research Program.³

For these reasons, the application is non-conforming to Criterion 4 and should be denied.

- 18 a. **The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for the service for which competition will not have a favorable impact.**

The application fails to meet this test of positive impact of competition.

Competition

The application asserts on page 59 that the facility will have a positive impact on cost effectiveness because of the Novant Health Population Health Management programs, which emphasize wellness and preventive care and through Novant Health's payment models. None of these require an ambulatory surgery facility.

Cost Effectiveness

The application argues in Section III.1 and III.8 that the ambulatory surgery center is necessary to reduce costs for patients. However, CMS Medicare compare shows that Novant Brunswick Hospital costs for comparable services score lower than the state or national average for comparable services after adjustments for case mix and geographic wage indices.⁴

³ Rural Health Information Hub, Rural Health News by Topic: Closures of health care facilities and services, Dec 2016
<https://www.ruralhealthinfo.org/news/topics/closures-of-healthcare-facilities-and-services>

⁴ CMS Hospital Compare Medicare Spending per Beneficiary 2016
<https://www.medicare.gov/hospitalcompare/profile.html#profTab=6&ID=340158&loc=BOLIVIA%2C%20NC&lat=34.0676715&lng=-78.1483283&name=NOVANT%20HEALTH%20BRUNSWICK%20MEDICAL%20CENTER&Distn=12.0>

Pro forma assumptions in the application provide no information on the source of data for the proposed charge schedule for the proposed ambulatory surgery center.

In fact, there is no comparison of prices anywhere in the application.

A review of cataract removal costs on NC BCBS Treatment Cost Estimator showed Novant Health Brunswick Medical Center charges were the highest in a 25-mile radius. Charges at Novant owned Presbyterian Surgery Center at Huntersville were twice as high as other freestanding ambulatory surgery centers.⁵

Quality

The application stresses the value of Novant Health Brunswick Medical Center's safety score report. That is good reason to keep services at Novant Health Brunswick Medical Center.

CMS Medicare compare ranked patient satisfaction with Novant Health Brunswick at 79 percent compared to the state average of 81 percent .Novant scored lower on measures that involved explanations to patients.

It mentions Novant Health's safety measures and error reduction programs.

Access

The application demonstrates no change in access by underserved groups that would represent an improvement on existing hospital outpatient surgery programs in Brunswick County.

For these reasons, the application is non-conforming to Criterion 4 and should be denied.

⁵ Blue Cross Blue Shield of North Carolina Estimated Treatment Cost Results accessed December 27, 2016, <http://www.bcbsnc.com/content/providersearch/treatments/index.htm#/results?distance=25&treatment=Cataract%20Removal&location=Charlotte&categorycode=1901>

NORTH CAROLINA ADMINISTRATIVE CODE – 10A NCAC 14C.2100 CRITERIA AND STANDARDS FOR AMBULATORY SURGERY CENTERS

The application addresses the performance standards but because it uses inflated projections for need and utilization and unsupported assumptions about orthopedic surgeon productivity, the data in response to the performance standard do not hold up to scrutiny.

10A NCAC 14C.2103 PERFORMANCE STANDARDS

- (b) A proposal to establish a new ambulatory surgical facility, to establish a new campus of an existing facility, to establish a new hospital, to increase the number of operating rooms in an existing facility (excluding dedicated C-section operating rooms), to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall:
- (1) demonstrate the need for the number of proposed operating rooms in the facility which is proposed to be developed or expanded in the third operating year of the project based on the following formula: $\{[(\text{Number of facility's projected inpatient cases, excluding trauma cases reported by Level I or II trauma centers, cases reported by designated burn intensive care units and cases performed in dedicated open heart and C-section rooms, times 3.0 hours}) + (\text{Number of facility's projected outpatient cases times 1.5 hours})] \div 1872 \text{ hours}\}$ minus the facility's total number of existing and approved operating rooms and operating rooms proposed in another pending application, excluding one operating room for Level I or II trauma centers, one operating room for facilities with designated burn intensive care units, and all dedicated open heart and C-section operating rooms or demonstrate conformance of the proposed project to Policy AC-3 in the State Medical Facilities Plan titled "Exemption From Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects;" and
 - (2) The number of rooms needed is determined as follows:
 - (B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number greater than or equal to 0.3, then the need is the next highest whole number for fractions of 0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the difference is a negative number or a positive number less than 0.3, then the need is zero;

The forecast of 2,300 cases in the third operating year relies on an assumption that cases will transfer from Novant Hospital, that cases will come from throughout the county, and that the sole reason for outmigration is to obtain care at a freestanding ambulatory surgery center. The application fails to demonstrate any of these facts.

Attachment C

Letters of Support: Physicians

Physicians Letters by Speciality

Name	Suffix	Specialty	Address	City	State	Zip Code
William Bolding	MD	Anesthesiology	402 East Bay Street	Southport	NC	28461
J. L. Aldrich	MD	Cardiology	4222 Long Beach Road	Southport	NC	28461
Cyril Abrams	MD	Cardiology	4222 Long Beach Road	Southport	NC	28461
Joseph P. Hatem	MD	Emergency Medicine	924 N Howe Street	Southport	NC	28461
Zia Hashemi	MD	Emergency Medicine	924 N Howe Street	Southport	NC	28461
Richard S. Carley	MD	Emergency Medicine	8712 Shipwatch Drive	Wilmington	NC	28412
John A. Burdette	MD	Emergency Medicine	924 N Howe Street	Southport	NC	28461
James Weingarten	MD	Emergency Medicine	924 N Howe Street	Southport	NC	28461
G. Thomas Howard	MD	Family Medicine	4700 East Oak Island Drive	Oak Island	NC	28465
Karen Wood	MD	Family Medicine	359 George II Highway	Southport	NC	28461
Peter D. Almirall	MD	Family Medicine	16 Yaupon Way	Oak Island	NC	28465
Kristos Vaughn	MD	Family Medicine	3809 Medical Plaza Lane	Southport	NC	28461
Amy Smith	MD	Gynecology	823 Atlantic Avenue	Southport	NC	28461
Brad L. Hilaman	MD	Gynecology	312 River Drive	Southport	NC	28461
Keith Reschly	MD	Hospitalist / Family Medicine	924 N Howe Street	Southport	NC	28461
Douglas K. Hiltz	MD	Internal Medicine	1513 North Howe Street	Southport	NC	28461
Andre L. Minor	MD	Internal Medicine	905 N Howe Street	Southport	NC	28461
Terry Pieper	MD	Internal Medicine	821 N Atlantic Avenue	Southport	NC	28461
Robert Poe	MD	Otolaryngology	900 N Howe Street	Southport	NC	28461
Robert M. Zukoski	MD	Surgery	904 N Howe Street	Southport	NC	28461
Philip D. Bates	MD	Surgery	819 N Atlantic Avenue	Southport	NC	28461

Other Health Care Professional Letters by Speciality

Name	Suffix	Specialty	Address	City	State	Zip Code
Theodore Smythe	CRNA	Anesthesiology		Southport	NC	28461
Tana Jenkins	CRNA	Anesthesiology	2408 E Yacht Drive	Oak Island	NC	28465
Barry D. Amerson	CRNA	Anesthesiology		Southport	NC	28461
Sharon Vinson	CRNA	Anesthesiology	2902 E Yacht Drive	Oak Island	NC	28465
Leigh M. Vaughn	DO	Family Medicine	3809 Medical Plaza Lane	Southport	NC	28461
Stephen K. Funkhouse	DO	Hospitalist / Internal Medicine	1202 Medial Center Drive	Wilmington	NC	28401
Bryan Satterwhite	DPM	Podiatry	5504 Rob Gandy Blvd	Southport	NC	28461
Edward McKeithan	FNPP	Family Nurse Practitioner	PO Box 409	Bolivia	NC	28422
Heather Goldfuss	PA-C	Gynecology	4700 Oak Island Drive	Oak Island	NC	28465
Dawn Sampson	PA-C		4222 Long Beach Road	Southport	NC	28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

Dear Ms. Frisone and Ms. Inman:

As a practicing medical professional in Brunswick County, I'm writing to oppose the approval of both Certificate of Need applications for an ambulatory surgery center in Leland. In short, approval of either application would NOT be in the best interests of our patients and would have a significant negative impact on Doshier Memorial Hospital.

Both applications take to an extreme the need in the 2016 State Medical Facilities Plan for one more operating room in Brunswick County. Both the Brunswick Surgery Center and the Novant Health Brunswick application would add the equivalent of three new operating rooms. This clearly is an unnecessary duplication of surgical facilities currently available in Brunswick County and would pull outpatient volume from Doshier Hospital.

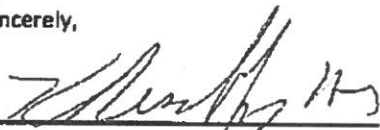
For many years our patients have been fortunate to have talented and highly-skilled Orthopedic Surgeons providing inpatient and outpatient surgical care to our patients at Doshier Hospital. We do not want to see this care disrupted. However, both applications assume that the referral community would continue to refer patients to the proposed facility in Leland. In fact, it is highly problematic that practicing physicians would want their patients to travel over 50 miles roundtrip to another city for surgical care in a facility without an Emergency Room. This would present an unnecessary risk and hardship to our patients as well as undermine the financial viability of our local community rural hospital on which the community depends for its medical care.

Both applications suggest that the service will cost patients less. This is very short-sighted. Some procedures may have lower charges for the procedure. However, the extra costs in lost continuity of care, extra trips, ambulance transport for emergencies because neither center is near a hospital, will quickly offset any projected savings.

Neither application follows the State Plan need for just one operating room but proposes the equivalent of three operating rooms. Neither protects the interests of rural communities. Both would come at long term negative cost to a rural hospital and a community with one of the oldest populations in the State.

It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name Keith Reschly MD
Specialty Hosp. & Inst / Family medicine
Address 924 N. Hayes St.
Southport, NC 28451

The people of Brunswick County would NOT be served better with an orthopedic Surg-center in the NE corner of the County - The location would not be self serving to the orthopedic physicians working on that center.



December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name Robert W. Fox
Specialty Orthopedic Surgery
Address 200 N. Wilson St
Southport, NC 28461

December 9, 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

Dear Ms. Frisone and Ms. Inman:

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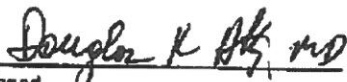
Consider the following facts:

- Leland has only 21 percent of the county's 133,700 people and is only six miles from metropolitan Wilmington.
- Patients and families in the Southport area would be required to travel at least 50 miles roundtrip to receive surgical care; patients from the Calabash area would travel in excess of 90 miles.
- Brunswick Surgery anticipates shifting significant outpatient volume from Doshier Memorial Hospital, undermining the viability of North Carolina's only independent Critical Access Hospital that is not owned or operated by a healthcare system, and compromising access to medical care for area patients.
- Novant Brunswick Surgery anticipates shifting a large volume of patients currently receiving care at Brunswick Novant Medical Center to a facility in another city.
- Patients experiencing post-surgical complications would be required to go to a hospital Emergency Department in a different city from where the procedure was performed.
- Doshier Memorial Hospital provides top-flight surgical services and currently has excess surgical capacity to absorb any anticipated increase in patient volume. Approval of either application would clearly be an unnecessary duplication of Doshier's surgical capacity.

Neither application follows the State Plan need for just one operating room but proposes the equivalent of three operating rooms. Neither protects the interests of rural communities. Both would come at long term negative cost to a rural hospital and a community with one of the oldest populations in the State.

I respectfully ask that you disapprove both applications.

Sincerely,


signed

Printed Name Douglas K. H. MD
Address 1513 N Howe St Ste 6
Southport, NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mall Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County; Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery, Project ID# O-011283-16

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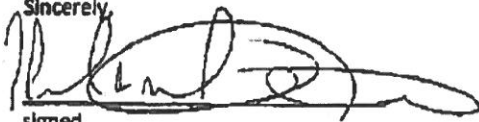
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name Edward McKeithan FNP
Specialty Family Nurse Practitioner
Address P.O. Box 409
Bolivia NC 28022

January 3, 2017
~~December, 2016~~

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mall Service Center
Raleigh, NC 27699-2704

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- Patients experiencing post-surgical complications would be required to go to a hospital Emergency Department in a different city from where the procedure was performed.
- Doshier Memorial Hospital provides top-flight surgical services and currently has excess surgical capacity to absorb any anticipated increase in patient volume. Approval of either application would clearly be an unnecessary duplication of Doshier's surgical capacity.

Neither application follows the State Plan need for just one operating room but proposes the equivalent of three operating rooms. Neither protects the interests of rural communities. Both would come at long term negative cost to a rural hospital and a community with one of the oldest populations in the State.

I respectfully ask that you disapprove both applications.

Sincerely,


signed

Printed Name Amy Smith

Address 823 N Atlantic Ave
Southport, NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Navant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

Dear Ms. Frisone and Ms. Inman:

I'm writing to oppose the approval of both Certificate of Need applications for an ambulatory surgery center in Leland. In short, approval of either application would be an unnecessary duplication of resources and have a significant negative impact on Doshier Memorial Hospital and the patients of Southern Brunswick County.

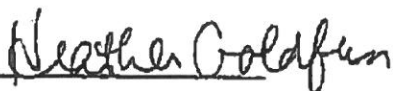
Consider the following facts:

- Leland has only 21 percent of the county's 133,700 people and is only six miles from metropolitan Wilmington.
- Patients and families in the Southport area would be required to travel at least 50 miles roundtrip to receive surgical care; patients from the Calebash area would travel in excess of 90 miles.
- Brunswick Surgery anticipates shifting significant outpatient volume from Doshier Memorial Hospital, undermining the viability of North Carolina's only independent Critical Access Hospital that is not owned or operated by a healthcare system, and compromising access to medical care for area patients.
- Novant Brunswick Surgery anticipates shifting a large volume of patients currently receiving care at Brunswick Novant Medical Center to a facility in another city.
- Patients experiencing post-surgical complications would be required to go to a hospital Emergency Department in a different city from where the procedure was performed.
- Doshier Memorial Hospital provides top-flight surgical services and currently has excess surgical capacity to absorb any anticipated increase in patient volume. Approval of either application would clearly be an unnecessary duplication of Doshier's surgical capacity.

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I respectfully ask that you disapprove both applications.

Sincerely,


signed

Printed Name Heather Goldfuss

Address 4700 Oak Island Dr
Oak Island NC
28405

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

Dear Ms. Frisone and Ms. Inman:

As a practicing medical professional in Brunswick County, I'm writing to oppose the approval of both Certificate of Need applications for an ambulatory surgery center in Leland. In short, approval of either application would NOT be in the best interests of our patients and would have a significant negative impact on Doshier Memorial Hospital.

Both applications take to an extreme the need in the 2016 State Medical Facilities Plan for one more operating room in Brunswick County. Both the Brunswick Surgery Center and the Novant Health Brunswick application would add the equivalent of three new operating rooms. This clearly is an unnecessary duplication of surgical facilities currently available in Brunswick County and would pull outpatient volume from Doshier Hospital.

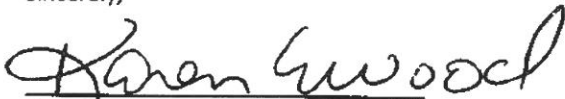
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Both applications suggest that the service will cost patients less. This is very short-sighted. Some procedures may have lower charges for the procedure. However, the extra costs in lost continuity of care, extra trips, ambulance transport for emergencies because neither center is near a hospital, will quickly offset any projected savings.

Neither application follows the State Plan need for just one operating room but proposes the equivalent of three operating rooms. Neither protects the interests of rural communities. Both would come at long term negative cost to a rural hospital and a community with one of the oldest populations in the State.

It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name
Specialty
Address

Karen Wood MD
Family Medicine
3599 George II Highway
Southport, NC
28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name Bryan Satterwhite MD
Specialty Pod. w/h
Address 6504 Rts County Blvd
Southport NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
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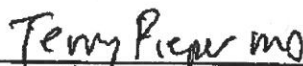
It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name
Specialty
Address



Terry Pieper MD

FAM

821 W Atlantic Ave

Southport NC 28464

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name
Specialty
Address

Peter D. Almirall, MD
16 Yaupan Way
Oak Island
NC

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,

Robert M Zukoski MD

signed

Printed Name ROBERT M ZUKOSKI
Specialty SURGERY
Address 904 HOWE ST
SOUTHPORT NC 27485

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name J. L. Aldrich, MD
Specialty Cardiology
Address 4222 Long Beach Rd
Southern, NC 28401

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Cella Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

Dear Ms. Frisone and Ms. Inman:

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Consider the following facts:

- Leland has only 21 percent of the county's 133,700 people and is only six miles from metropolitan Wilmington.
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I respectfully ask that you disapprove both applications.

Sincerely,

Dawn S. Sampson A-C
signed

Printed Name

Dawn S. Sampson A-C

Address

1917 Jeffrey Stokes Dr
Leland NC 28551

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name
Specialty
Address

ANDRE L. MIKOR MD
INTERNAL MEDICINE
905 N. HOWE ST
SOUTHPORT NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

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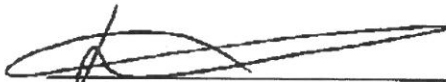
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name
Specialty
Address

Kristos Vaughan
Family Practice
2809 Medical Plaza Ln
Southport NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
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Sincerely,



signed

Printed Name
Specialty
Address

Leigh M. Vaughan DO
Family Practice
3109 Medical Plaza LN
Southern, Nc, 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name
Specialty
Address

BRAD L. MILAM
GYN / Wound Care Ng per Doshier
312 River Drive
Southport NC

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name
Specialty
Address

JOSEPH P HATEM MD
EMERGENCY MEDICINE
924 N HOWE ST
IDAHOHAT, NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

Dear Ms. Frisone and Ms. Inman:

As a practicing medical professional in Brunswick County, I'm writing to oppose the approval of both Certificate of Need applications for an ambulatory surgery center in Leland. In short, approval of either application would NOT be in the best interests of our patients and would have a significant negative impact on Doshier Memorial Hospital.

Both applications take to an extreme the need in the 2016 State Medical Facilities Plan for one more operating room in Brunswick County. Both the Brunswick Surgery Center and the Novant Health Brunswick application would add the equivalent of three new operating rooms. This clearly is an unnecessary duplication of surgical facilities currently available in Brunswick County and would pull outpatient volume from Doshier Hospital.

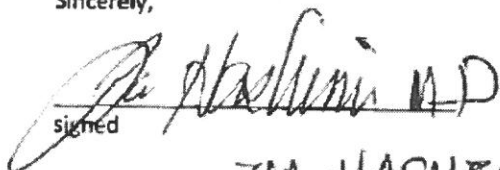
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Both applications suggest that the service will cost patients less. This is very short-sighted. Some procedures may have lower charges for the procedure. However, the extra costs in lost continuity of care, extra trips, ambulance transport for emergencies because neither center is near a hospital, will quickly offset any projected savings.

Neither application follows the State Plan need for just one operating room but proposes the equivalent of three operating rooms. Neither protects the interests of rural communities. Both would come at long term negative cost to a rural hospital and a community with one of the oldest populations in the State.

It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name
Specialty
Address

ZIA HASHEMI, M.D.
ER
447 THRASHER CT.
WILMINGTON, NC 28403

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Cella Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name
Specialty
Address

Stephen K. Funkhouser, D.O.
Internal Medicine/Hospitalist

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Cella Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
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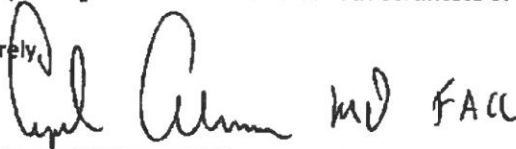
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,

 MD FACC

signed

Printed Name
Specialty
Address

Cyril Abrams, M.D FACC
Cardiovascular Diseases
4222 Long Beach Road
Southport NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
Project ID# O-011283-16

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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name
Specialty
Address

Philip D. Bates MD
General Surgery
819 N. Atlantic Ave
Southport NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name Richard S. CARLEY MD
Specialty Emergency Medicine
Address 8717 Shipyard Dr
Wilmington, NC

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
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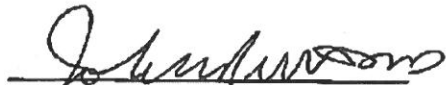
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name
Specialty
Address

John A. Burdette MD
Emergency Medicine
5952 Pinetoplane Creek Road
Southport, NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center In Brunswick County;
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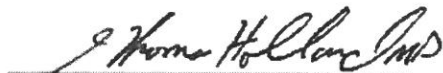
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name G. THOMAS HOLLAND, MD
Specialty FAMILY MEDICINE
Address 4700 EAST OAK ISLANDS DR
OAK ISLAND NC 28465

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,

 , CRNA
signed

Printed Name
Specialty
Address

Theodore Smyth, CRNA
Certified Registered Nurse Anesthetist
2792 Oakbridge Ct
Southport, NC 28461

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name Tana Jenkins, CRNA
Specialty Anesthesia
Address 2408 E. Yacht Dr.
Oak Island, NC 28465

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mall Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,


signed

Printed Name Mary D Johnson, CRNA
Specialty Anesthesia
Address 409 Curran Avenue
Summit, NC 27661

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County; Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery, Project ID# O-011283-16

Dear Ms. Frisone and Ms. Inman:

I'm writing to oppose the approval of both Certificate of Need applications for an ambulatory surgery center in Leland. In short, approval of either application would be an unnecessary duplication of resources and have a significant negative impact on Doshier Memorial Hospital and the patients of Southern Brunswick County.


Consider the following facts:

- Leland has only 21 percent of the county's 133,700 people and is only six miles from metropolitan Wilmington.
- Patients and families in the Southport area would be required to travel at least 50 miles roundtrip to receive surgical care; patients from the Calabash area would travel in excess of 90 miles.
- Brunswick Surgery anticipates shifting significant outpatient volume from Doshier Memorial Hospital, undermining the viability of North Carolina's only independent Critical Access Hospital that is not owned or operated by a healthcare system, and compromising access to medical care for area patients.
- Novant Brunswick Surgery anticipates shifting a large volume of patients currently receiving care at Brunswick Novant Medical Center to a facility in another city.
- Patients experiencing post-surgical complications would be required to go to a hospital Emergency Department in a different city from where the procedure was performed.
- Doshier Memorial Hospital provides top-flight surgical services and currently has excess surgical capacity to absorb any anticipated increase in patient volume. Approval of either application would clearly be an unnecessary duplication of Doshier's surgical capacity.

Neither application follows the State Plan need for just one operating room but proposes the equivalent of three operating rooms. Neither protects the interests of rural communities. Both would come at long term negative cost to a rural hospital and a community with one of the oldest populations in the State.

I respectfully ask that you disapprove both applications.

Sincerely,


signed

Printed Name Sharon Vinson, CRNA

Address 2902 E Yacht Drive
Duck Island NC 28545

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mall Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery,
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It is my strong recommendation that both Certificate of Need applications be denied.

Sincerely,



signed

Printed Name
Specialty
Address

William Bolding MD
Anesthesiology
402 E 13th St
South, 27617 NC 27617

December 2016

Ms. Martha Frisone, Assistant Chief
Ms. Cora Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County, Brunswick Surgery Center, Project ID# Q-011263-16 and Novant Health Brunswick Outpatient Surgery, Project ID# Q-011263-16

Dear Ms. Frisone and Ms. Inman:

I'm writing to oppose the approval of both Certificate of Need applications for an ambulatory surgery center in Leland. In short, approval of either application would be an unnecessary duplication of resources and have a significant negative impact on Dasher Memorial Hospital and the patients of Southern Brunswick County.

Consider the following facts:

- Leland has only 21 percent of the county's 133,700 people and is only six miles from metropolitan Wilmington.
- Patients and families in the Southport area would be required to travel at least 50 miles roundtrip to receive surgical care; patients from the Calabash area would travel in excess of 90 miles.
- Brunswick Surgery anticipates shifting significant outpatient volume from Dasher Memorial Hospital, undermining the viability of North Carolina's only independent Critical Access Hospital that is not owned or operated by a healthcare system, and compromising access to medical care for area patients.
- Novant Brunswick Surgery anticipates shifting a large volume of patients currently receiving care at Brunswick Novant Medical Center to a facility in another city.
- Patients experiencing post-surgical complications would be required to go to a hospital Emergency Department in a different city from where the procedure was performed.
- Dasher Memorial Hospital provides top-flight surgical services and currently has excess surgical capacity to absorb any anticipated increase in patient volume. Approval of either application would clearly be an unnecessary duplication of Dasher's surgical capacity.

Neither application follows the State Plan need for just one operating room but proposes the equivalent of three operating rooms. Neither protects the interests of rural communities. Both would come at long term negative cost to a rural hospital and a community with one of the oldest populations in the State.

I respectfully ask that you disapprove both applications.

Sincerely,


Signed

Printed Name JAMES W. WOODARD, MD

Address 921 N. HOME ST.
SOUTHPORT, NC 28587

Attachment D

Letters of Support: Community Leadership



City of Southport

December 29, 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mall Service Center
Raleigh, NC 27699-2704

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I respectfully ask that you disapprove both applications.

Sincerely,

Mayor, City of Southport
Printed Name J.V. Dove

Address

6155 Riversound Circle, Southport, NC 28461



City of Southport

December 29, 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mall Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County;
Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery, Project ID# O-011283-16

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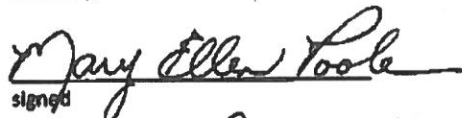
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Sincerely,



signed

Printed Name

MARY ELLEN POOLE

Address

217 WILLIS DR, Southport, N.C. 28461

December , 2016

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Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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Sincerely,

Jarvis Marshall
signed

Printed Name JARVIS MARSHALL

Address 21 Grand Hollow Dr
Leland, NC 28550

Chair of Board
Trustee

December 28 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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Sincerely,


signed

Printed Name

Karen J. Taylor

Address

264 Bonnet Way
Southport, NC 28461

Trustee

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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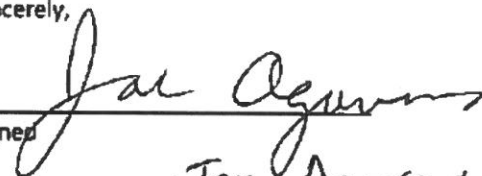
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Sincerely,


signed

Printed Name

JOE AGOVINO

Address

3901 PRORAHORNA LA
SOUTHPORT NC 28461

Trustee

December , 2016

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Ms. Cella Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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Sincerely,


signed

Printed Name James T. Tippet

Address 4335 Southport Supply Rd SE
Southport, N.C.
28461

1. Brunswick EMC
2. Chair, Southport-Oak
Island Chamber
of Commerce

December , 2016

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Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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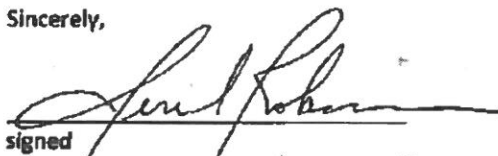
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Sincerely,

signed

Printed Name

Address


Jeril Robinson
5021 Pierhead Ct.
Southport NC 28461

Vice Chair of
Incoming President
Doshier Volunteers
- 250 members

December 28, 2016

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Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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Sincerely,


signed
Printed Name Carolyn Zarbeck
Address 502 Lord Thomas Ave.
Southport, NC 28441

Doshier Foundation

December 28, 2016

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Ms. Cella Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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Sincerely,

Barbara Boland
signed

Printed Name Barbara Boland MMS

Address 4150 Shearwater Way
Southport NC 28461

Doshier Foundation

December 28, 2016

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Ms. Cella Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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Sincerely,


signed

Printed Name K. SCOTT STARKS, M.D.

Address PO BOX 3164
BALD HEAD ISLAND, NC 28461

Trustee

December , 2016

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Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
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Sincerely,

Devota S. Vereen
signed

Printed Name

Devota S. Vereen

Address

*146 Ocean Greens Lane
Caswell Beach, NC. 28465*

*President,
Doshier Volunteers
- 250 members
of the Community*

December 28, 2016

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Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
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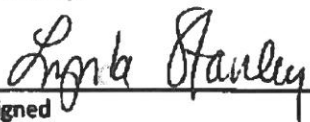
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Sincerely,


signed

Printed Name Lynda Stanley
Address PO Box 11391
Southport NC 28461

*Doshier Foundation
President*



City of Southport

December 29, 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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Sincerely,

signed

Printed Name

RICEL PUKELIAS

Address

119 N LORD ST

Southport Alderman

December , 2016

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Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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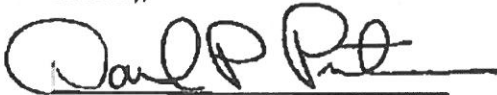
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Sincerely,



signed

Printed Name DAVID PUTNAM
Address 1164 TWIN LAKES DR
SOUTHPORT, NC 28461

Boiling Springs
Commissioner

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Cella Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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- Brunswick Surgery anticipates shifting significant outpatient volume from Doshier Memorial Hospital, undermining the viability of North Carolina's only independent Critical Access Hospital that is not owned or operated by a healthcare system, and compromising access to medical care for area patients.
- Novant Brunswick Surgery anticipates shifting a large volume of patients currently receiving care at Brunswick Novant Medical Center to a facility in another city.
- Patients experiencing post-surgical complications would be required to go to a hospital Emergency Department in a different city from where the procedure was performed.
- Doshier Memorial Hospital provides top-flight surgical services and currently has excess surgical capacity to absorb any anticipated increase in patient volume. Approval of either application would clearly be an unnecessary duplication of Doshier's surgical capacity.

Neither application follows the State Plan need for just one operating room but proposes the equivalent of three operating rooms. Neither protects the interests of rural communities. Both would come at long term negative cost to a rural hospital and a community with one of the oldest populations in the State.

I respectfully ask that you disapprove both applications.

Sincerely,



signed

Printed Name

Thomas R. Siemer

Address

PO Box 11321
Southport, NC 28461

CEO Doshier

Attachment E

Letters of Support: Community Members

December 30 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Comments on Certificate of Need Applications for an Ambulatory Surgical Center in Brunswick County; Brunswick Surgery Center, Project ID# O-011282-16 and Novant Health Brunswick Outpatient Surgery, Project ID# O-011283-16

Dear Ms. Frisone and Ms. Inman:

I'm writing to oppose the approval of both Certificate of Need applications for an ambulatory surgery center in Leland. In short, approval of either application would be an unnecessary duplication of resources and have a significant negative impact on Doshier Memorial Hospital and the patients of Southern Brunswick County.

Consider the following facts:

- Leland has only 21 percent of the county's 133,700 people and is only six miles from metropolitan Wilmington.
- Patients and families in the Southport area would be required to travel at least 50 miles roundtrip to receive surgical care; patients from the Calabash area would travel in excess of 90 miles.
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bad for patient

why - this is why we moved here close to places transporting right after surgery is NOT an option

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I respectfully ask that you disapprove both applications.

Sincerely,

Lori Beauchemin
signed

Printed Name Lori Beauchemin

Address 4257 Oak Creek Lane
Southport, NC 28461

this risks having less or no services in Southport
My 90 yr old mom will NOT go the distance or risk a procedure in a place with NO Emergency facility or chance to go on the floor after surgery.
There are plenty of times for operations at Doshier without risk of moving patient

December , 2016

Ms. Martha Frisone, Assistant Chief
Ms. Celia Inman, Project Analyst
Certificate of Need Section/Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

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I respectfully ask that you disapprove both applications.

Sincerely,


signed

Printed Name JIM MASSIE

Address 103 NE 72nd ST
OAK ISLAND NC 28465