

**Comments Regarding Duke Raleigh Hospital CON Application for 2 Fixed CT Scanners
Project No. J-12525-24**

**Submitted by WakeMed Health & Hospitals
July 31, 2024**

WakeMed appreciates the opportunity to provide the following comments opposing the certificate of need application filed by Duke University Health System to develop two fixed CT scanners at Duke Raleigh Hospital (DRAH).

Overview

The proposed project should not be approved, as it does not conform with applicable certificate of need Review Criteria found in N.C.G.S. §131E-183, as described below. While CT scanners are not regulated by the annual State Medical Facilities Plan, Duke submitted the CON application due to the project exceeding the cost threshold for major medical equipment.

CON Review Criteria

Review Criterion 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 DRAH project does not conform with Review Criterion 3.

The application failed to demonstrate that the project is needed for the following reasons:

- The proposed project location is unclear and therefore, fails to *“identify the population to be served”*;
- The application fails to justify why the additional CT scanner approved in Project No. J-12329-23 is suddenly insufficient, and therefore fails to *“demonstrate the need that this population has for the services proposed”*;
- The discrepancies in volume projections between Project No. J-12329-23 and the current application are unreliable and unsupported;
- Scanner capacity is unreliable and does not support projections;
- The application fails to correlate an increase of 2% in referring providers to necessitating two additional CT scanners, and therefore fails to *“demonstrate the need that this population has for the services proposed”*;
- Payor mix projections are unreliable;

- The proposed location does not materially improve access to outpatient CT services in Wake County, and therefore fails to “*demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area... have access to the services proposed*”;
- The project may have a detrimental effect on patients that will receive unnecessary hospital-based fees; and
- Volume projections are unreasonable and unreliable.

Proposed Location is Unreliable

The location of the proposed project is dubious. In response to Section C.1, page 27, Duke indicates that the new CT scanners will “*be developed in a building on the campus of Duke Raleigh Hospital (“DRAH”)*”, although no further description is provided. The site address provided in response to Section K.3 indicates the scanner will be developed at 3300 Executive Drive, Raleigh, NC 27609, which is not in the main hospital building. The application further asserts on page 27 that “the proposed location has separate parking from the main hospital building and may be more easily accessible for scheduled outpatients than the existing equipment in the hospital building”, implying that the scanners will not be located in the hospital’s main building. However, in response to Section K.2, Duke states “as set forth in the attached line drawings, a new CT imaging room and control room will be built out in space that currently houses reading rooms within the main hospital building”. The proposed location of the project is conflicting throughout the application, which could be overlooked as the locations are near each other – however, the difference in patient population is vastly different for a piece of equipment housed in the “main hospital building” versus an outpatient building. Therefore, the conflicting location of this particular project would render the proposed patient population unreliable throughout the volume projections.

Volume Discrepancies between Project No. J-12329-23 and Project No. J-12525-24

When comparing the proposed patient origin between Duke’s 2023 application for an additional CT scanner at DRAH (Project No. J-12329-23) and the current project, the current project proposes to serve fewer patients from Wake County. The tables from each application’s response to Question C.3b is provided below and, in the appendix, Project No. J-12329-23’s Project Year 3 (7/1/26 - 6/30/27) aligns with this application’s Project Year 1.

The table below, from Project No. J-12329-23 page 29, states that the project will serve 72.46 percent of patients from Wake County in the 3rd full fiscal year, whereas the current application states on pages 31-33 that only 68.2 percent of patients will originate from Wake County. Duke fails to explain why the percentage of patients from each county substantially decreased, including Wake County, yet the total number of patients increased between their 2023 application and the current application.

While Duke notes that patients may have more than one scan, patients would have had *at least* one scan to be included in this table in each application. The table from C3.b from Project No. J-

12329-23 can be found below, the table from C3.b from Project No. J-12525-24 can be found on pages 31-33 of the application and provided in the appendix.

Fixed CT procedures DRAH main hospital building	Duke Raleigh Hospital					
	1 st Full FY		2 nd Full FY		3 rd Full FY	
	07/01/2024 to 06/30/2025		07/01/2025 to 06/30/2026		07/01/2026 to 06/30/2027	
County or other geographic area such as ZIP code	Number of Patients **	% of Total	Number of Patients **	% of Total	Number of Patients **	% of Total
Wake	15705	72.46%	16162	72.46%	16633	72.46%
Franklin	1017	4.69%	1047	4.69%	1077	4.69%
Johnston	807	3.72%	830	3.72%	854	3.72%
Other	495	2.28%	509	2.28%	524	2.28%
Harnett	363	1.68%	374	1.68%	385	1.68%
Durham	349	1.61%	359	1.61%	370	1.61%
Nash	345	1.59%	355	1.59%	365	1.59%
Cumberland	243	1.12%	250	1.12%	258	1.12%
Virginia	166	0.76%	171	0.76%	176	0.76%
Wilson	161	0.74%	166	0.74%	171	0.74%
Vance	138	0.64%	143	0.64%	147	0.64%
Granville	133	0.61%	137	0.61%	141	0.61%
Wayne	128	0.59%	131	0.59%	135	0.59%
Other	1624	7.49%	1671	7.49%	1719	7.49%
Total	19884	100%	21674	100%	11954	100%

Source: Project No. J-12329-23 application, page 29-30

Additionally, Project No. J-12329-23 states that in its third full fiscal year (7/1/26 - 6/30/27), the number of CT patients will be 11,954 – when accurately summed, the actual total is 22,955. However, in the current project, the same fiscal years align to Project Year 1, stating 34,947 patients. Using the accurate total of 22,955 from the 2023 application, difference is an increase of 11,992 patients.

Assuming the two additional scanners have a capacity of 10,400 scans/year (J-12525-24, page 36) and that each patient had *at least one scan each totaling 22,955*, the proposed project would not support its own projections by Year 1.

Duke outlines the hours of operation and CT scan capacity of each of their now existing scanners on page 23 of their 2023 application (Project No. J-12329-23), and on page 36 of the current application (Project No. J-12525-24). The table below consolidates this information, with the first column providing the application where the information can be found.

Info From Project No.	Scanner	Scheduled Hours of Operation for Outpatients	Shortest Scan Time Allotted	Available Hours/ Week	Scans/ Hour	Scans/ Week	Scans/ Year
J-12329-23	DRAH CT 1	Monday - Friday 7am-7pm	30 minutes	72	2	144	7,488
		Sat/Sun - 10:30am-4:30pm					
J-12329-23	DRAH CT 2	Monday - Sunday 7am-7pm	30 minutes	84	2	168	8,736
J-12329-23	DRAH CT 3	Monday - Friday 8am-5pm	30 minutes	50	2	100	5,200
J-12329-23	DRAH OPI CT (4)	Monday-Friday 8am-4:30pm	20 minutes	43	3	128	6,630
J-12525-24	DRAH CT 5	Monday-Friday 7am-5pm	30 minutes	50	2	100	5,200
J-12525-24	DRAH CT 6	Monday-Friday 7am-5pm	30 minutes	50	2	100	5,200
Total Scan Capacity				349		740	38,454

The proposed scanners do not provide sufficient capacity to accommodate the volume projections on page 92 or Form C2.b, in fact, it would not even support their “Year 1 2023” projections provided by DUHS Finance on Page 95, or their current Annualized FY 2024 projections provided on page 91.

The volume projections, scanner capacity, and need for the proposed project are unexplained, unsupported, unreliable and unreasonable. The application shows that the capacity of the proposed projects is enormously insufficient to accommodate the volume projections. Duke fails to justify how this discrepancy can be explained to assure that these projections are reasonable and supported. Duke also fails to explain how circumstances have substantially changed since their 2023 application, and how its volume projections are reasonable considering the errors and discrepancies.

Unsupported Correlation between Referring Provider Growth and Volume

On page 38, Duke cites a mere 2 percent growth in referring providers as necessitating two additional CT scanners at DRAH. The increase in referring providers equates to a total of only 25 additional providers. It is unreasonable to assume that the addition of 25 providers warrants two additional hospital-based CT scanners. Presumably, Duke would have been aware of their own recruitment efforts and Primary Care referral patterns at the time of their 2023 application (Project No. J-12329-23), as data from that precise time period was cited on page 38 of the current application, below.

Time period	All referring providers	Outpatient procedure referring providers
Jan-Jun 2023	1061	1015
Jul-Dec 2023	1086	1031
Increase	2%	2%

Source: Project No. 12525-24 application, page 38

If there was a reasonable, data-driven need for two additional CT scanners at the exact location of their 2023 application, certainly that dramatic of a need would have been apparent merely one year ago and Duke could have applied for 3 additional CT scanners. Despite being contained in the same section to imply correlation, Duke provides neither sources nor data to support how an increase of only 25 community-based providers has been the direct cause of such a substantial increase hospital-based CT procedures at Duke Raleigh Hospital, or what has changed since the filing their 2023 application.

Additionally, Duke fails to explain how this 2 percent growth in referring providers yielded a decrease in patients from all counties between their 2023 application and the current application. Notably there is a 4.26 percent decrease in patients originating in Wake County between Project No. J-12329-23 and the current application. Without additional data or information about these 25 providers, it is inconceivable that such a project is warranted based on Duke's own data showing an overall loss of market share in each county for which it provided data.

The application fails to support how the addition of 25 community-based referring providers correlates to a permanent explosion of hospital-based CT scans. It also fails to explain how a 2 percent increase in their referring provider network yielded Duke a decrease in market share/patient origin, and how that warrants the need for two additional scanners. Absent any data or sources, this application cannot be considered conforming.

Payor Mix is Unreasonable

Duke repeatedly asserts the two proposed CT scanners will be used solely for outpatient use, and states throughout the application that these CT scanners are intended to decompress the hospital despite its questionable location. However, the project pro formas utilize the payor mix for their four existing hospital-based CT scanners – three of which are located in the main hospital and serve both inpatient and emergency department populations.

Duke provides payor mix on page 43 that appears to include an inpatient payor mix, including 43.5 percent of persons 65 and older and 52.3 percent Medicare. Duke operates one CT scanner in an outpatient clinic on Macon Pond Road and one in a separate building on the DRAH campus, and could have easily provided a more reasonable and appropriate payor mix if these scanners were actually intended to serve only outpatients.

Page 79 details multiple adjustments and shifts determined and applied by Duke, yet they chose not to adjust the payor mix to reflect that of only the remaining CT scanner on the DRAH campus which reflects the exact payor mix as the two proposed scanners. A payor mix taken from a complement of existing scanners, of which only 25% reflect the patient population the application proposes to serve is both unreasonable and inaccurate.

The inclusion of inpatient/emergency department patients in the payor mix for an outpatient CT scanner is unreasonable and Duke provides no explanation to support or justify this methodology. The unreliable payor mix renders the need and profitability unreliable, and therefore nonconforming.

Proposed Location Does Not Improve Access

On page 38, the sole justification for the proposed project is the mere 2% growth in referring providers. This 2 percent equates to a difference of 25 total additional providers, including only 16 additional outpatient referring providers. The application does not cite any referral patterns or data to support that there has been an increase in referrals from these few additional providers that warrants two additional CT scanners. If additional CT scanner capacity is needed by community-based referring providers, it would stand to reason that the proposed CT scanner(s) should be located in the community, closer to the referring providers and patients that would utilize them. The proposed location of Project No. J-12525-24 does not measurably increase access to patients seeking outpatient CT scans, nor is it the most cost effective for patients or value-based providers.

Volume Projections are Unsupported

On pages 35-37, Duke purports the need for two additional CT scanners to “create capacity on the existing scanners in the hospital building for interventional procedures, ablations, and procedures for inpatients and emergency department patients”. However, Duke never provides any data to support that there is an actual need. The application does not provide CT volumes originating from the Emergency Room or the inpatient setting, nor does it provide any data to show an increase in interventional procedures or ablations. The application also fails to provide any data on outpatient referrals, referral patterns, wait times, or anything to support the claims of capacity constraints. According to page 32 of their 2023 application (Project No. J-12329-23), the three CT scanners based in the main hospital are operational 24/7 to serve the inpatient and emergency department population. Duke continues to provide no data, to support the claim that there is a capacity constraint for inpatients, outpatients, or emergency department patients.

Department	Scheduled Hours of Operation for Outpatients	Allotted time slots	Hours of operation for IP/ED
DRAH CT 1	Monday-Friday 7 AM- 7PM Sat/Sun 10:30 AM-4:30 PM	30 min (routine scan) 90 min (interventional procedure) 180 min (ablations) 60 min (weekend outpatient)	24/7
DRAH CT 2	Monday-Sunday 7 AM- 7PM	30 min (outpatient slots)	24/7
DRAH OPI CT	Monday - Friday 8AM-4:30PM	20 min	N/A
DRAH DCI MACON POND CT	Monday-Friday 8:30AM-4:30PM	30 min	N/A
DRAH MOBILE CT	Monday-Friday 8AM-4PM	30 min	N/A
DRAH CT 3 (proposed initial schedule; can be increased as needed to meet demand)	Monday-Friday 8AM-5PM	30 min (routine scan) 90 min (interventional procedure) 180 min (ablations)	24/7

Source: Project No. J-12329-23, page 32

The data provided on page 36 of the current application, and provided below, shows that the largest increase in CT procedure growth between FY 2022 – FY 2023 was 21 percent, at their DRAH – Duke Women’s Cancer Care Raleigh, which is located on Macon Pond Road near UNC Rex Hospital, not at the proposed location. The next largest increase of 16 percent was on the DRAH Mobile CT, implying that patients prefer imaging services in the community closer to their homes, not navigating around a large hospital campus.

In reality, based on the table below from the current application, Duke has had one hospital-based outpatient CT scanner in “MOB 2” since at least FY 2019, and with the exception of FY 2021, has had decreasing or plateaued volumes on it. This would imply that capacity is increasing at the DRAH OPI CT scanner and with the addition and operationalization of the 2023 CT scanner, there should be more than sufficient capacity.

	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
DRAH- main hospital building	25,703	24,578	25,278	29,281	33,520
DRAH OPI (MOB 2)	6,922	6,764	7,084	6,466	6,509
DRAH – Duke Women’s Cancer Care Raleigh	2,313	2,687	2,754	2,512	3,061
DRAH Mobile CT (Alliance)	-	-	563	3,418	3,993
DRAH hospital total	34,938	34,029	35,679	41,677	47,083
Wake County IDTF Locations with CT scanners					
Cary Parkway	1,370	1,597	2,684	3,247	4,075
Heritage	403	1,309	2,156	2,083	2,778

Source: Project No. J-12525-24, page 36

On page 36, the current application states “there can be lag times in scheduling non-emergent procedures”. Duke continues to assert that there is a large bolus of patients waiting for scheduled CT scans, without providing any data to support such a claim. Duke could easily provide data on length of time to an available appointment, the number of patients on a waitlist, or the number of unscheduled pending referrals as evidence of this backlog – but has chosen not to support their main argument for the project’s need.

Review Criterion 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.

In Section E, Duke outlined the alternatives it considered to the proposed project, including developing CT capacity at another location and maintaining or increasing mobile CT services, both of which were dismissed. Duke states it does not possess any available space at any other campus location. However, it fails to describe why its medical office buildings at Duke Green Level in Cary or Garner are insufficient, particularly when both of those projects are still under development.

The application also fails to justify why the alternative of the status quo is insufficient since Duke was awarded and operationalized a CT scanner all within the past year. Duke also states in the hours of operation for each CT scanner in the table on page 32 of Project No. J-12329-23. Duke could easily extend hours and make better use of the equipment already within their control. The most effective and reasonable alternative would be to give the newly operational CT scanner time to increase its volume, maximize hours of operation on all scanners, then reassess whether additional outpatient capacity was still warranted and whether a non-

hospital-based location could be developed to provide patient’s a lower cost option for a routine outpatient scan.

Therefore, the DRAH application does not conform with Review Criterion 4.

Review Criterion 5

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

As described in Review Criterion 3, DRAH’s CT volume projections, patient origin, payor mix, and capital costs are not reasonable, reliable or adequately supported. Because projected revenues and expenses are based at least in part on projected volumes, then projected revenues and expenses in the DRAH application are also unreasonable. Therefore, DRAH does not conform with Review Criterion 5.

Review Criterion 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.

Duke’s capital cost is inconsistent and, therefore, unreliable. The table below cites three points of inconsistency in the DRAH application.

Item	Form F.1a	Section Q, page 93	Exhibits: Siemens Quote
Construction/Renovation Contract(s)	\$2,182,625	\$1,260,460	
Architect/Engineering Fees	\$590,000	\$118,000 – “design costs”	
Medical Equipment	\$5,250,000	\$1,950,000	\$1,934,998 – for one CT Scanner
Non-Medical Equipment and IT	\$195,000	\$50,000 + \$50,000	
Furniture	\$110,000	\$30,000	
Other (contingency, misc.–see assumptions)	\$1,666,375	\$692,540	
Total	\$9,994,000	\$4,151,000	Total for 2 = \$3,869,996

These errors are neither explained nor justified. They can not be reverse engineered with any reasonable assumptions or simple arithmetic. In fact, the assumptions for “Construction Cost” in Section Q, state “see architect’s letter included at Exhibit F.1(a)” which certifies a different construction cost.

The architect’s letter provided in Exhibit F.1a provides information and cost estimates for a “shared support space” totaling \$2,258,000, which is not included in the total capital cost for either this application for CT scanners or the concurrent application for fixed MRI (Project No. J-12524-24). The “shared support space” appears to be integral to the development of both projects, and it is unclear whether this cost should have been included in one application or prorated between the two projects. At any rate, this unexplained discrepancy calls into question the validity of project’s capital cost.

The above inconsistencies and the omission of such a substantial portion of the project and associated capital cost renders Forms F.1a, F.2b, and F.3b unreliable and unreasonable. For these reasons the application is nonconforming with Criterion 12.

Summary

The DRAH application is nonconforming with numerous CON Review Criteria. Because it is nonconforming with these criteria, WakeMed recommends that the Agency deny the application.

Appendix:

Table extracted from application Project No. J-12525-24, pages 31-32

Fixed CT procedures DRAH campus	Duke Raleigh Hospital					
	1 st Full FY		2 nd Full FY		3 rd Full FY	
	07/01/2026 to 06/30/2027		07/01/2027 to 06/30/2028		07/01/2028 to 06/30/2029	
County or other geographic area such as ZIP code	Number of Patients **	% of Total	Number of Patients **	% of Total	Number of Patients **	% of Total
1. Alamance	92	0.3%	97	0.3%	102	0.3%
2. Alexander	1	0.0%	1	0.0%	1	0.0%
3. Alleghany	0	0.0%	0	0.0%	0	0.0%
4. Anson	4	0.0%	4	0.0%	4	0.0%
5. Ashe	1	0.0%	1	0.0%	1	0.0%
6. Avery	1	0.0%	1	0.0%	1	0.0%
7. Beaufort	64	0.2%	67	0.2%	71	0.2%
8. Bertie	19	0.1%	21	0.1%	22	0.1%
9. Bladen	16	0.0%	16	0.0%	17	0.0%
10. Brunswick	140	0.4%	148	0.4%	156	0.4%
11. Buncombe	8	0.0%	8	0.0%	9	0.0%
12. Burke	4	0.0%	4	0.0%	4	0.0%
13. Cabarrus	19	0.1%	21	0.1%	22	0.1%
14. Caldwell	0	0.0%	0	0.0%	0	0.0%
15. Camden	1	0.0%	1	0.0%	1	0.0%
16. Carteret	121	0.3%	127	0.3%	134	0.3%
17. Caswell	16	0.0%	16	0.0%	17	0.0%
18. Catawba	17	0.0%	18	0.0%	19	0.0%
19. Chatham	82	0.2%	86	0.2%	91	0.2%
20. Cherokee	0	0.0%	0	0.0%	0	0.0%
21. Chowan	9	0.0%	10	0.0%	10	0.0%
22. Clay	0	0.0%	0	0.0%	0	0.0%
23. Cleveland	4	0.0%	4	0.0%	4	0.0%
24. Columbus	36	0.1%	38	0.1%	40	0.1%
25. Craven	57	0.2%	60	0.2%	63	0.2%
26. Cumberland	436	1.2%	459	1.2%	484	1.2%
27. Currituck	21	0.1%	22	0.1%	23	0.1%
28. Dare	52	0.1%	55	0.1%	58	0.1%
29. Davidson	5	0.0%	5	0.0%	6	0.0%
30. Davie	1	0.0%	1	0.0%	1	0.0%

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31. Duplin	83	0.2%	87	0.2%	92	0.2%
32. Durham	625	1.8%	659	1.8%	694	1.8%
33. Edgecombe	74	0.2%	78	0.2%	82	0.2%
34. Forsyth	42	0.1%	44	0.1%	46	0.1%
35. Franklin	1,446	4.1%	1,524	4.1%	1,606	4.1%
36. Gaston	9	0.0%	10	0.0%	10	0.0%
37. Gates	3	0.0%	3	0.0%	3	0.0%
38. Graham	0	0.0%	0	0.0%	0	0.0%
39. Granville	217	0.6%	228	0.6%	241	0.6%
40. Greene	27	0.1%	29	0.1%	30	0.1%
41. Guilford	75	0.2%	79	0.2%	84	0.2%
42. Halifax	196	0.6%	206	0.6%	218	0.6%
43. Harnett	558	1.6%	588	1.6%	619	1.6%
44. Haywood	1	0.0%	1	0.0%	1	0.0%
45. Henderson	16	0.0%	16	0.0%	17	0.0%
46. Hertford	22	0.1%	23	0.1%	24	0.1%
47. Hoke	29	0.1%	30	0.1%	32	0.1%
48. Hyde	1	0.0%	1	0.0%	1	0.0%
49. Iredell	19	0.1%	21	0.1%	22	0.1%
50. Jackson	1	0.0%	1	0.0%	1	0.0%
51. Johnston	1,276	3.7%	1,345	3.7%	1,418	3.7%
52. Jones	1	0.0%	1	0.0%	1	0.0%
53. Lee	195	0.6%	205	0.6%	216	0.6%
54. Lenoir	48	0.1%	51	0.1%	53	0.1%
55. Lincoln	1	0.0%	1	0.0%	1	0.0%
56. Macon	0	0.0%	0	0.0%	0	0.0%
57. Madison	0	0.0%	0	0.0%	0	0.0%
58. Martin	22	0.1%	23	0.1%	24	0.1%
59. McDowell	3	0.0%	3	0.0%	3	0.0%
60. Mecklenburg	42	0.1%	44	0.1%	46	0.1%
61. Mitchell	0	0.0%	0	0.0%	0	0.0%
62. Montgomery	8	0.0%	8	0.0%	9	0.0%
63. Moore	141	0.4%	149	0.4%	157	0.4%
64. Nash	713	2.0%	752	2.0%	792	2.0%
65. New Hanover	145	0.4%	153	0.4%	161	0.4%
66. Northampton	66	0.2%	70	0.2%	73	0.2%
67. Onslow	179	0.5%	189	0.5%	199	0.5%
68. Orange	110	0.3%	116	0.3%	122	0.3%
69. Pamlico	5	0.0%	5	0.0%	6	0.0%
70. Pasquotank	19	0.1%	21	0.1%	22	0.1%

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71. Pender	64	0.2%	67	0.2%	71	0.2%
72. Perquimans	3	0.0%	3	0.0%	3	0.0%
73. Person	75	0.2%	79	0.2%	84	0.2%
74. Pitt	147	0.4%	154	0.4%	163	0.4%
75. Polk	1	0.0%	1	0.0%	1	0.0%
76. Randolph	35	0.1%	37	0.1%	39	0.1%
77. Richmond	10	0.0%	11	0.0%	12	0.0%
78. Robeson	99	0.3%	104	0.3%	109	0.3%
79. Rockingham	22	0.1%	23	0.1%	24	0.1%
80. Rowan	12	0.0%	12	0.0%	13	0.0%
81. Rutherford	3	0.0%	3	0.0%	3	0.0%
82. Sampson	126	0.4%	133	0.4%	140	0.4%
83. Scotland	19	0.1%	21	0.1%	22	0.1%
84. Stanly	1	0.0%	1	0.0%	1	0.0%
85. Stokes	8	0.0%	8	0.0%	9	0.0%
86. Surry	1	0.0%	1	0.0%	1	0.0%
87. Swain	0	0.0%	0	0.0%	0	0.0%
88. Transylvania	0	0.0%	0	0.0%	0	0.0%
89. Tyrrell	6	0.0%	7	0.0%	7	0.0%
90. Union	14	0.0%	15	0.0%	16	0.0%
91. Vance	254	0.7%	268	0.7%	282	0.7%
92. Wake	23,818	68.2%	25,101	68.2%	26,454	68.2%
93. Warren	69	0.2%	72	0.2%	76	0.2%
94. Washington	23	0.1%	25	0.1%	26	0.1%
95. Watauga	9	0.0%	10	0.0%	10	0.0%
96. Wayne	239	0.7%	252	0.7%	265	0.7%
97. Wilkes	0	0.0%	0	0.0%	0	0.0%
98. Wilson	327	0.9%	344	0.9%	363	0.9%
99. Yadkin	1	0.0%	1	0.0%	1	0.0%
100. Yancey	4	0.0%	4	0.0%	4	0.0%
		0.0%		0.0%		0.0%
Out of State	1,911	5.5%	2,014	5.5%	2,122	5.5%
Total No. of Scans	34,947	100.0%	36,829	100.0%	38,815	100.0%