

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor MANDY COHEN, MD, MPH • Secretary MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

July 30, 2021

Jeffery Shovelin jshoveli@vidanthealth.com

No Review									
Record #:	3620								
Date of Request:	July 22, 2021								
Facility Name:	Eastern Carolina Health-Beaufort, Inc.								
FID #:	932963								
Business Name:	Beaufort County Hospital Association, Inc.								
Business #:	145								
Project Description:	Acquire a ROSA Orthopedic Surgical System								
County:	Beaufort								

Dear Mr. Shovelin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law in **effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Gregory F. Yakaboski Project Analyst

Lisa Pittman Acting Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603 MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704 https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

VIDANT HEALTH"

July 22, 2021

Ms. Micheala Mitchell, Chief, Healthcare Planning and Certificate of Need, Division of Health Service Regulation NC Department of Health and Human Services 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Request for "No Review" / Vidant Beaufort Hospital / Acquire a ROSA Orthopedic Surgical System / Beaufort County / FID #932963 / License #H0188

Dear Ms. Mitchell:

East Carolina Health-Beaufort, Inc. d/b/a Vidant Beaufort Hospital ("VBEA") is planning to purchase a new ROSA orthopedic joint replacement surgical system ("ROSA"). A brochure detailing the capabilities of this system is attached. The proposed new ROSA would represent a new incremental increase in equipment and would not be considered replacement. VBEA believes the proposed project is not subject to review under North Carolina's Certificate of Need laws. The only definition of a new institutional health service that could possibly apply to this equipment in "major medical equipment". Pursuant to N.C.G.S. 131E-176(140), the proposed project does not meet the definition of "major medical equipment" as defined below.

"Major medical equipment" means A single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than seven hundred fifty thousand dollars (\$750,000). In determining whether the major medical equipment costs more than seven hundred fifty thousand dollars (\$750,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.

As the attached vendor quote states, the estimated cost to add the ROSA is \$749,545 (including shipping). Since the ROSA is portable and plugs into a standard outlet, no construction, renovation, or any other activities are essential to acquiring and making the ROSA operational. In addition, VBEA believes the proposed quote for the equipment represents the fair market value for the equipment based on other medical equipment projects Vidant Health (parent company) has completed over the years.

Since the total capital cost of the project is less than \$750,000, the proposed project does not meet the definition of major medical equipment. Because the proposed project does not meet the definition of major medical equipment, VBEA requests a determination that this project is exempt from CON review. If you need additional information or clarification, please do not hesitate to contact me at (252) 847-3631.

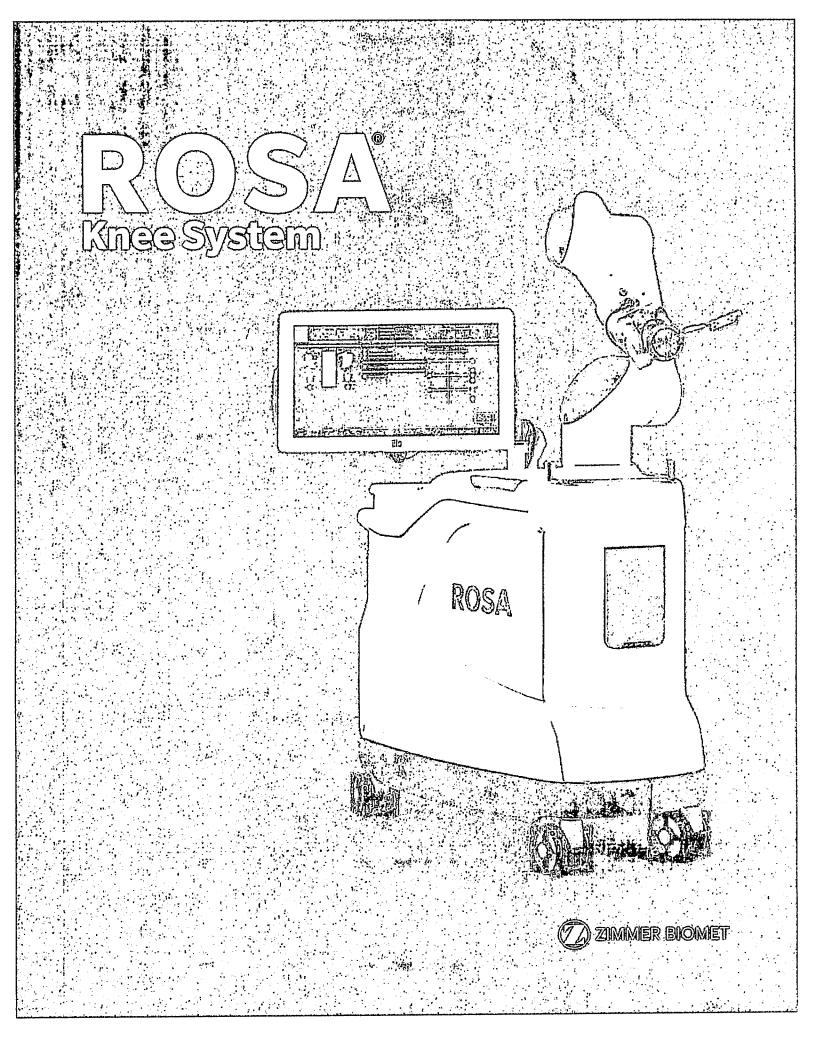
Sincerely,

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Jeffrey Shovelin VP – Business Planning and Strategy Vidant Health PO Box 6028 Greenville, NC 27835-6028 Phone: (252)-847-3631 Email: jshoveli@vidanthealth.com

Zimmer Biomet Proposal									, - ,		* e
Attention Address City, State, Zip Phone Number Fax Number	Vidant Beaufort Hospital Quote # Ken Shaw Quote Valid Until 528 EAST 12th Street Regional Sales Manager Washington, NC 27889 Phone Number	9/6/20 Tanner	ANT05 21 Forste 1-0855							1	
	Date										
ITEM #	ITEM DESCRIPTION	UM	BOX QYT	ORDER		LIST PRICE		UNIT PRICE	DISCOUNT		NET
<u>ROSA Knee Systa</u> 20-8020-100-01 TOTAL Capital	EM ROSA KNEE PLATFORM ROSA KNEE OPTICAL UNIT ROSA KNEE SOFTWARE ROSA KNEE SOFTWARE UPGRADE CLINICAL PC	1	-	1	\$	1,300,000.00	\$	739,350.00 INCLUDED INCLUDED INCLUDED INCLUDED		\$ \$	739,350.00 INCLUDED INCLUDED INCLUDED INCLUDED 739,350.00
<u>Instrument Kits</u> KT-8020-060-00 KT-8020-062-00	Persona Implant Kit Vanguard Implant Kit	1		12				Consigned			consigned
X-PSI_Calibration		1			\$	195.00	\$	195.00	0%	\$	195.00
<u>Service</u> MANUFWARRK1	Standard Warranty + Preventative Maintenance, ROSA Knee Year-1 Years 2 -5 quoted separately at \$98,500/yr	1			\$ \$	10,000.00 130,000.00	\$	IN(98,500.00	CLUDED WITH PUR	сна	ASE
<u>Shippinq</u> Shipping		1			\$	10,000.00	\$	10,000.00	0%	Inv	oiced Separately
									TOTAL	<u>\$</u>	739,545.00

<u>Proposal Prepared By:</u> Zimmer U.S., Inc. P.O. Box 708 Warsaw, IN 46581-0708 Pay Terms Net 30





Patients are becoming increasingly aware of their healthcare options, especially when it cames to robotic assisted surgery and the inherent value it brings. Meanwhile, healthcare providers are expected to continually increase patient volume, deliver patient quality and increase efficiency. To help address these critical concerns, Zimmer Biomet offices solutions to modernize your practice through efficient, easy-to integrate technology.

ROSA Knee was designed by surgeons for surgeons as an accurate and afficient surgical assistant that also produces data. We keep you in the driver's seat by letting you maintain your current technique, approach and philosophy so you can focus on achieving the optimal outcome for your patients IN A 2016 GLOBAL SURVIEY ASSESSING PUBLIC PERCEPTIONS ABOUT ROBOTIC-ASSISTED SURGERY, 72% OF RESPONDENTS INDICATED ROBOTIC-ASSISTED SURGERY WAS

SANFER SAASTERANNE LESS PANINFUL GRUTTEENEDESETTER: PSYULUESITEAN MERTINALLY TRANASTATE CICLEMANING NAM SURCEEPYS

SURGEON-CENTERED

ACCURATE

EFFICIENT



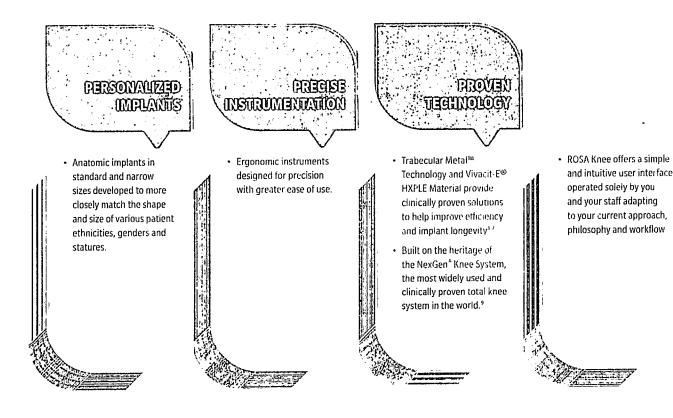
DATADRIVEN

SURGEON-CENTERED

IMPLANTS DESIGNED TO IMPROVE OUTCOMES

Technologies are only as good as the implants they are used with. ROSA Knee provides you the flexibility to utilize our leading knee brand: Persona[®] The Personalized Knee[®]. The Persona Knee system is Zimmer Biomet's most comprehensive primary knee system, incorporating personalized implants, precise instrumentation and proven technology.³⁻⁷

Since its introduction in 2012, surgeons around the world have implanted over 1,000,000 Persona Total Knees⁸



Perform a variety of approaches with ROSA Knee

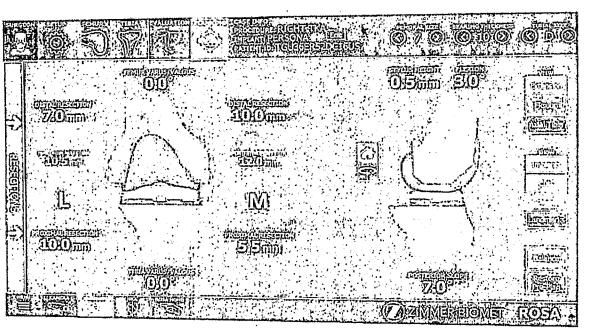


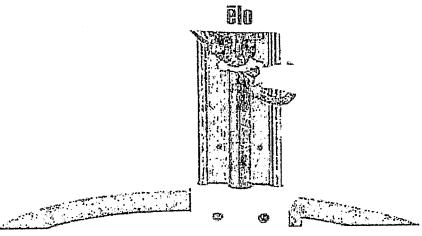
COLLABORATION DRIVEN BY YOU

Factoring in soft tissue balance is not a new concept in knee replacement, but finding the right soft tissue balance with static, traditional instruments is highly subjective.

With ROSA Knee, surgeons are able to objectively measure soft tissue feedback and virtually conduct a knee replacement before performing any resections.

- In the Planning screen, surgeons receive live feedback of soft tissues, femoral rotation and ligament tension.
- Dynamic patient data throughout the range of motion.
- Live cut values ensure resections remain on plane.





ACCURATE

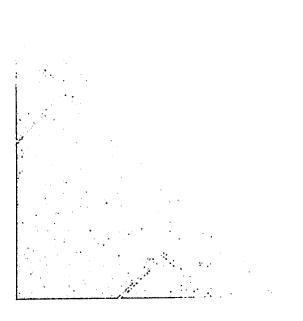
DELIVERING HIGHLY ACCURATE RESECTIONS AND LIMB ALIGNMENT^{2,10}

Inaccurate implantation rates of up to 30 percent have been reported using the conventional technique in TKA, independent of the surgeon's experience.¹¹ ROSA Knee offers surgeons precision and accuracy through the cut flow and validation feature, which is designed to ensure proper alignment in real time. A recent study shows ROSA Knee more accurate and more reproducible resections than conventional instrumentation.¹⁰

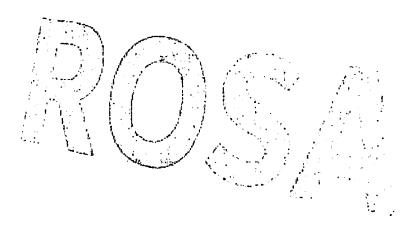
- Provides high levels of precision in regard to targeted angles and resection thickness
- Less outliers and 100% of cases within 3° of the targeted neutral alignment.¹⁰
- Validates all resection mean differences between the target resection and the measured resection were below 0.7 and had standard deviations below 1.1 mm.²
- Fewer outliers for ROSA Knee cases for all bone resection angles.¹⁰

SOFT TISSUE MANAGEMENT

With ROSA Knee real-time soft-tissue balancing, surgeons can determine resections based on each patient's soft tissue as well as bony anatomy. This also allows the surgeon to personalize rotation of the femoral component based on ligament tension. Other robotic systems on the market collect soft tissue information by taking snapshots of the knee in two positions (flexion and extension), so the surgeon cannot collect data about how the knee is responding as it is being manipulated in the procedure.



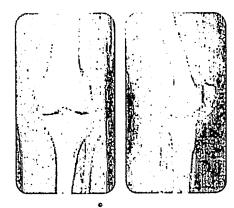
ROSA Knee is designed to offer surgeons precision and accuracy through the cut flow and validation feature, which is designed to ensure proper alignment in real time.



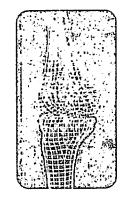
EFFICIENT

FLEXIBLE IMAGING OPTIONS

Based on surgeon preference, ROSA Knee offers both image-based and image-free options for greater flexibility. This reduces the time between image acquisition and preoperative planning, addresses reimbursement concerns, limits patient's exposure to radiation and minimizes scheduling requirements.

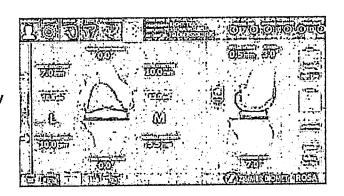


2D X-rays are submitted to your assigned Personalized Solutions Planning Expert



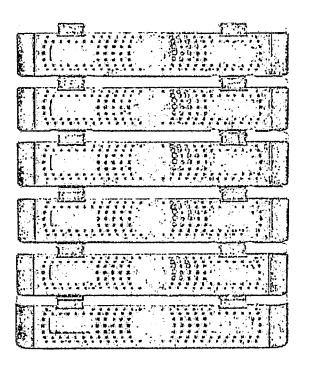
X-rays are transformed into a digital, 3D replication of the patient's anatomy

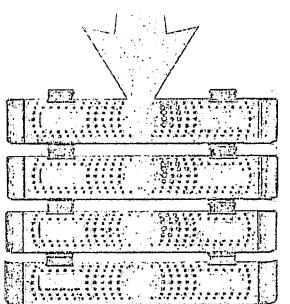
A plan is created and displayed on the user interface based on the patient's unique anatomy



REDUCED INSTRUMENTATION

The Efficient Care program and X-Atlas technology lowers the cost to serve through experienced case planning and unique modular instrument trays that provide you with all the instrumentation you need – while eliminating the instruments you don't.





POTENTIAL SAVINGS¹² FOR EACH CASE

Six Trays

Four Trays

DATA-DRIVEN

The data collected through ROSA Knee, is utilized to generate ROSA Knee Reports on the **OrthoIntel Orthopedic Intelligence Platform.** The OrthoIntel Orthopedic Intelligence Platform is a care management system that connects the pre-, **intra and post-operative data** gathered through the mymobility[®] application* as well as ROSA Knee to help uncover clinical insights throughout the episode of care. These insights are intended to help surgeons and care teams optimize care.

HELP SURGEONS VISUALIZE THE CONNECTIONS BETWEEN INTRAOPERATIVE CARE AND POST-OPERATIVE RECOVERY.

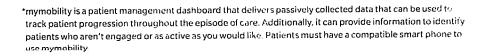
The following data metrics are currently captured on Ortholntel Orthopedic Intelligence Platform ROSA Knee Reports:

Pre and post-operative metrics:

- Steps
- PROMs (KOOS Jr.)
- Stand Time
- · Demographics (age and gender)

Intraoperative outcome comparisons for final knee state soft tissue balancing and change knee state pre-surgical measurements:

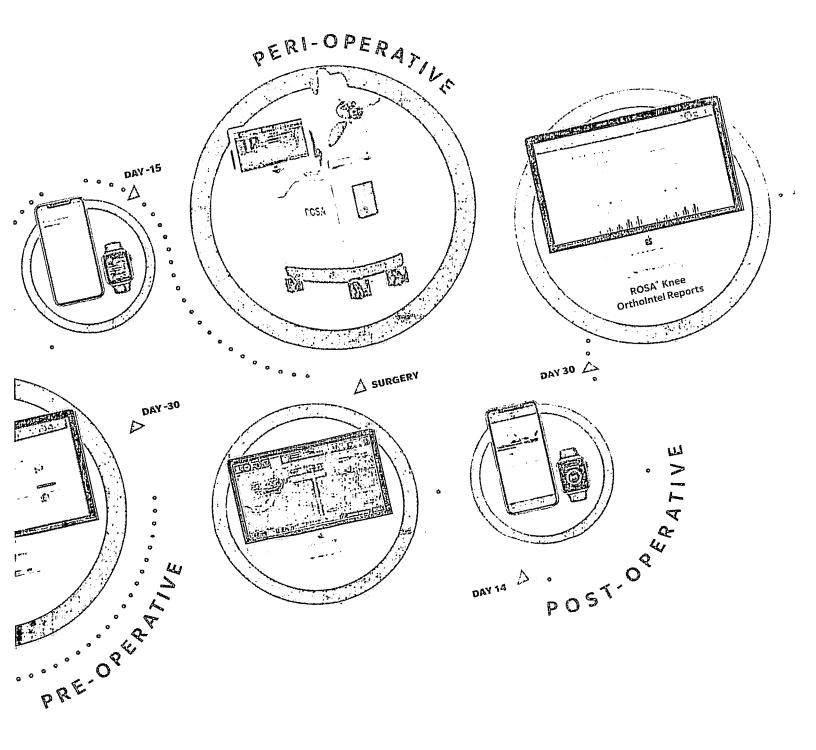
- Hip-Knee-Angle (HKA)
- · Medial/Lateral Laxity at full extension
- Medial/Lateral Laxity at 90 degrees flexion
- Max Varus/Valgus at full extension
- Max Varus/Valgus at 90 degrees flexion



DAY -45 Surgery Scheduled

ISS ISS ISSUE

SEE THE CONNECTION



References

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- Zhang, Y., et al. Interfacial Frictional Behavior Cancellous Bone, Cortical Bone, and a Novel Porous Tantalum Biomaterial. Journal of Musculoskeletal Research. 3(4):, 245-251, 1999.
- Bobyn, J.D., et al. Characteristics of Bone In-growth and Interface Mechanics of a New Porous Tantalum Biomaterial. Journal of Bone and Joint Surgery (British). 81-B(5): 907, 1999.
- Shirazi-Adl, A., et al. Experimental Determination of Friction Characteristics at the Trabecular Bone / Porous-coated Metal Interface in Cementless Implants. The Journal of Biomedical Research. 27: 167-175, 1993.
- Levine, B. et al. Experimental and Clinical Performance of Porous Metal Tantalum in Orthopedic Surgery Biomaterials. 27: 46/1-81, 2006.
- 7. Zimmer ZRR_WA_2537_12.
- 8. Internal Persona Knee Cumulative Sales Report Sales Globally as of May 2019.

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- Statement based on: 5 million implantations⁹⁶ 300+ Publications⁹⁶ 100% Survivorship at 17 Years⁹⁴ I owest revision rate⁸⁶⁶ Benchmark for PROMs⁹¹ 10A⁴ ODEP rating for CR and PS knees both with and without patella⁹⁴ Every 90 seconds a patient receives a NexGen knee⁹⁶ 1 in 5 knees implanted globally is a NexGen Knee⁹⁶
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 - (b) Seven survey can the 20th Swedish National Pedicity Systems of the Arry case of Ary open 12(4.0).
 - Gaker, J. C. S. J. See effect of surgicul factors on early patient reported outcome measures (PPOMs) following tight linear replacement. J Bone Join: Surg Br. 9 (1058) 2012.
 - Ogstavistics/difficultary call be found at http://www.odeporg.uk

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- Seidenstein A, Birmingham M, Foran J, Ogden S. Better accuracy and reproducibility of a new robotically-assisted system for total knee arthroplasty compared to conventional instrumentation: a cadaveric study. Knee Surg Sports Traumatol Arthrosc. 2020 May 24. doi: 1007/s00167-020-06038-w. Epub ahead of print. PMID: 32448945 Cadaveric testing is not necessarily indicative of clinical performance.
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