

Petitioner:

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Contact:

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Request:

Novant Health Thomasville Medical Center requests an adjusted need determination for one unit of shared fixed cardiac catheterization equipment for Davidson County for the 2014 State Medical Facilities Plan (SMFP).

Background Information:

The Proposed 2014 State Medical Facilities Plan (SMFP) provides two standard need determination methodologies for cardiac catheterization equipment. Methodology One is the standard methodology for determining need for additional fixed cardiac catheterization equipment and Methodology Two is the need determination methodology for shared fixed cardiac catheterization equipment. Application of these methodologies to utilization data in the Proposed 2014 SMFP does not generate a need determination for fixed or shared fixed cardiac catheterization equipment in Davidson County.

Shared fixed cardiac catheterization equipment is defined in the SMFP as "fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures." Methodology Two for the shared fixed cardiac catheterization equipment in the Proposed 2014 SMFP is as follows:

For cardiac catheterization equipment service areas in which a unit of fixed cardiac catheterization equipment is not located, need exists for one shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

- a. The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the cardiac catheterization equipment service area exceeds 240 (300 procedures x 80 percent) procedures per year for each eight hours per week the mobile equipment is operated at that site during the 12-month period reflected in the "2013 Hospital License Renewal Application" or the "2013 Registration and Inventory of Medical Equipment Form" for Cardiac Catheterization equipment on file with the North Carolina Division of Health Service Regulation; and
- b. No other fixed or mobile cardiac catheterization service is provided within the same cardiac catheterization equipment service area.

Chapter Two of the North Carolina Proposed 2014 SMFP allows persons to petition for an adjusted need determination in consideration of "unique or special attributes of a particular geographic area or institution...," if they believe their needs are not addressed by the standard methodology. Novant Health Thomasville Medical Center (NHTMC) has submitted a petition to adjust the need determination for one unit of shared fixed cardiac catheterization equipment to bring cardiac catheterization services closer to persons in Davidson County in need of these services.

Analysis/Implications:

Methodology One, as it is written, does not apply to Davidson County as it only addresses facilities that have a cardiac catheterization laboratory. Methodology Two provides for the opportunity for a service area that has no fixed laboratory but instead utilizes a mobile laboratory. Need exists for one unit of shared fixed cardiac catheterization equipment when the number of cardiac catheterization procedures performed at a mobile site exceeds 240 procedures per year.

The petition indicates that NHTMC has provided cardiac catheterization services through a contracted mobile unit since 1990. According to the petition, the mobile cardiac catheterization units in service at NHTMC are grandfathered to perform interventional and diagnostic cardiac catheterization procedures. Board-certified cardiologists are available twenty-four hours per day. NHTMC cardiologists prefer to use fixed cardiac catheterization equipment for interventional cardiac catheterization procedures. This results in many Davidson County residents receiving cardiac catheterization procedures at facilities with fixed cardiac catheterization equipment in neighboring counties.

Mobile cardiac catheterization service is provided to NHTMC patients one day per week for an eight-hour period. According to the Proposed 2014 SMFP, the mobile cardiac catheterization service volume at NHTMC peaked at 131 procedures in 2010 and subsequently declined to 55 procedures in 2011. NHTMC has reported an average of 80 procedures per year since 2005. The Proposed 2014 SMFP indicates that the NHTMC mobile cardiac catheterization volume reached 93 procedures in 2012. While the volume of procedures increased, the volume did not reach the standard methodology threshold of 240 for the time period of 10/1/2011 to 9/30/2012. The petition states that by combining Davidson County residents seen by the two Davidson County cardiologists at NHTMC and Novant Health Forsyth Medical Center, 270 cardiac catheterizations were performed. This amount would exceed 240 cardiac catheterizations and result in the determination of a need for one additional unit of shared fixed cardiac catheterization equipment for Davidson County.

As pointed out in the petition, adjusted need determinations have been made by the SHCC in the past to address concerns with access to services. The petition refers to five approved adjusted need petitions for new shared fixed cardiac catheterization equipment in counties where no fixed cardiac catheterization services existed. However, circumstances in these approved petitions were different from the NHTMC issues. In 2002, Randolph County described an issue with the mobile service and provided a calculation that demonstrated that the actual capacity was almost at the threshold. Scotland County was only 20 mobile procedures away from meeting the threshold in 2007 with patients traveling 45 minutes to one hour for procedures. Also in 2007, Halifax County demonstrated patients traveling one hour or more for procedures. If they could capture even 20% of the market share within the county, the volume would exceed the threshold. In 2010, Lee County provided additional data to demonstrate the volume exceeded the threshold. Surrounding counties did not have cardiac catheterization services resulting in patients traveling 35 minutes to one hour. Most recently, Carteret County demonstrated significant volume (1500-1800 patients) having to travel more than one to two hours in this isolated, geographically challenged county in order to find cardiac catheterization services.

Cardiac catheterization procedures for Davidson County residents are primarily done outside of Davidson County. However, the surrounding counties currently have the access and excess capacity to provide these services to residents of Davidson County. The closest cardiac catheterization provider, High Point Regional Health System is less than 10 miles/18 minutes away. As shown in the petition, High Point Regional Health System serves 40.1% of Davidson County residents receiving cardiac catheterization services. Furthermore, North Carolina Baptist Medical Center is only 20 miles/30 minutes away and serves 24.5% of Davidson County residents and Novant Health Forsyth Medical Center is only 22 miles/ 32 minutes away and serves 21% of Davidson County residents. There are no significant geographic barriers in Davidson County. It should also be noted that patient origin data for cardiac catheterization equipment utilization is not collected by the Division of Health Service Regulation nor do the SMFP's standard cardiac catheterization methodologies consider patient origin to determine need for individual service areas.

Agency Recommendation:

The volume of mobile cardiac catheterization procedures provided in Davidson County, though increasing this year, does not meet the standard methodology's requirement that more than 240 cardiac catheterization procedures be performed at a mobile site in a service area to establish need for shared fixed cardiac catheterization equipment. Since 2007, volumes have fluctuated from a low of 51 to a high in 2010 of 131 procedures. While Davidson County residents are going out of the county for services, the distance to available services is less than 25 miles. There are no significant geographic barriers to consider for Davidson County. Given available information submitted by the August 16, 2013 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends denial of this petition.