## Ronald P. Fisher M.D.

Palliative Medicine

This letter is in support of the Hospice House Foundation of Western North Carolina petition for an adjusted need determination to allow for a six bed inpatient hospice facility in the Macon County area of far western North Carolina.

I'm a hospice/palliative care physician and Medical Director for Westcare Hospice in Sylva, North Carolina as well as interim Medical Director for Angel Hospice in Franklin, North Carolina.

Although the regional hospices in the far western counties of North Carolina provide excellent home-based care there is presently no inpatient facility in the area. A specific subset of the most frail end-of-life patients with intractable symptoms unfortunately cannot be efficiently or skillfully cared for in a homebased setting. I have repeatedly encountered situations where the lack of such a facility has resulted in a more difficult end-of-life experience often, unfortunately, with unresolved pain and symptom management. Repeatedly, when offered the chance to transfer the patient to the closest inpatient facility which presently is in Asheville, over 70 miles away, the families understandably choose to keep their loved one with them at home even if it were to mean having to deal with poorly controlled symptoms. Nursing Home and Community Hospitals, although they do an excellent job at providing acute and long term care are not trained, staffed, or equipped to provide such care. Inpatient Hospice facilities have become the Standard-of-Care for such patients and not having this option available is a significant disadvantage for our citizens.

The planned facility would allow for inpatient hospice care to be provided to the citizens of Swain, Jackson, Macon, Clay, Cherokee, and Graham counties, none of which presently have nearby access to such a service.

Experience from other inpatient hospice facilities demonstrate that any facility smaller than six beds would be not financially feasible.

The plan is for the Hospice House Foundation of WNC to affiliate this facility with a larger regional hospice to allow for cost-sharing and minimize duplication of administration, policies and procedures, etc. and allow for coordination of resources.

Thank you for your consideration. I look forward to the opportunity of being able to provide state of the art, quality, inpatient care to our end-of-life citizens in the far western counties of North Carolina.

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Ron<sup>1</sup>Fisher, MD Medical Director Westcare Hospice Interim Medical Director Angel Hospice Sylva, NC

183 Haskett Rd Sylva, N.C. 28779

phone: 828-506-2299 fax: 206-339-7179 fishermd@mac.com