

March 15, 2023

Healthcare Planning Section
Division of Health Service Regulation
NCDHHS
809 Ruggles Drive
Raleigh, NC 27603

Re: Atrium Health Wake Forest Baptist and Health Systems Management's Comments on behalf of Wake Forest University Health Sciences Dialysis Centers Opposing Liberty Healthcare and Rehabilitation Services' Petition to Add Policy ESRD-4 to the 2024 State Medical Facilities Plan

Dear Acute Care Services Committee Members:

Atrium Health Wake Forest Baptist and Health Systems Management, Inc., (“HSM”) on behalf of Wake Forest University Health Sciences (“WFUHS”) offer the following comments opposing the Petition to Add Policy ESRD-4 to the 2024 State Medical Facilities Plan (“SMFP”) filed by Liberty Healthcare and Rehabilitation Services (“Liberty”). The Liberty Petition’s proposed Policy ESRD-4 would allow Licensed Nursing Homes to apply for a certificate of need (“CON”) to develop or expand an existing Medicare-certified kidney disease treatment center (outpatient dialysis facility) without regard to a county or facility need determination, despite county dialysis station surpluses, and in violation of the basic principles of CON.

Liberty’s basis for requesting this policy is presumed to be the cost to the SNF for transporting dialysis patients to their treatments, as referenced on page 10 of their petition, and an inability to come to agreeable terms with existing ESRD providers.

Liberty stresses that their proposal would enhance care for SNF residents, which, in a perfect world may be true. Unfortunately, SNF’s do not have the specialized training to properly assess patients with kidney disease, or deliver dialysis care. Even if the organization bussed-in contracted, trained dialysis personnel to deliver the dialysis treatment, these patients would not benefit from the Nephrology team-approach and care would suffer. This team consists of skilled Nephrologists overseeing the care provided, Social Workers skilled in caring for the emotional and physical needs of dialysis patients, Renal Dietitians trained to help patients make food choices specific to kidney disease, Registered Nurses with specialized training in the care of dialysis patients, and trained and certified hemodialysis technicians. Together, these skilled practitioners comprise a truly organized, and collaborative team approach to the delivery of care, that emphasizes physician directives to improve the patient’s overall well-being.

Liberty’s proposal also erodes the basis for CON. Allowing SNF’s the opportunity to “operate at will”, regardless of CON need determinations for dialysis stations, defiles the foundations set to deliver cost-effective care to the ESRD population in North Carolina for the reasons previously stated, and more specifically for the concerns we have listed, below:

- 1) SNF patients are an integral part of the total patients used to calculate need for additional dialysis services. Inclusion of their numbers in the composition of county growth rates and county need

determinations while excluding the stations provided for them by an SNF would result in the duplication of dialysis services and violate the “Value” principle of the basic principles of CON.

- 2) Liberty’s Petition asserts its proposed ESRD-4 would lessen costs for SNF’s. However, Liberty fails to provide any basis for that opinion. Liberty provides no substantive data as to its current costs for transporting patients to and from dialysis versus the cost of operating a dialysis facility on its campus, and employing the specialized staff and equipment required to ensure quality patient care.
- 3) Liberty asserts that since hospitals were afforded their own policy allowing dialysis stations to be developed without a CON, SNF’s should receive similar treatment. Unlike SNF’s, hospitals provide urgent, acute care dialysis to patients who either don’t have a dialysis center, missed a treatment at their dialysis center, or perhaps require a treatment due to a temporary situation.

What Liberty proposes would allow SNF’s to be ESRD treatment facilities treating their residents long-term, similar to the care provided by existing dialysis centers, but without proving there is a need for their stations. As a result, existing dialysis centers would be disadvantaged by ESRD-4 resulting in a violation of the “Access and Value” basic principles of CON.

- 4) Liberty suggests that Access is compromised by time and distance barriers, but pilot program initiating a “need determination” in Mecklenburg County for the 2023 SMFP was launched to test the feasibility of the then and current proposals by Liberty last year. The first filing deadline for applications to meet that need has not yet occurred. Thus, it remains uncertain if such a venture is even feasible or what impact such a proposal would have on SNF residents’ access to care and quality of life.

Given these realities, individually and collectively, Liberty’s petition to establish an ESRD-4 allowing SNF’s to develop or expand an existing dialysis facility without proving a need for the service, and provide ESRD treatments should be denied.

Existing dialysis providers specialize in treating patients with ESRD and have the policies and staffing in place to ensure their care is delivered effectively and to the highest quality possible. Dialysis care is more than the delivery of the dialysis treatment. It is the physician and patient care team, coordination of care with hospitals and transplant facilities, and the oversight of overall patient well-being that go into sustaining patients’ lives. SNF’s are not equipped to provide that care, along with all the other services they offer. Allowing SNF’s to provide non-CON dialysis services to residents will have a dire impact on statewide quality of care and disproportionately penalize existing ESRD treatment facilities that must prove a need for their services.

In conclusion, as experts in the field of ESRD services, and the providers of the specialized care required to keep dialysis patients healthy, we can see no instance where we could support Liberty’s petition for an ESRD-4. The risk potential for patient harm is great from a clinical and economic perspective. On behalf of the ESRD patients of North Carolina, the dialysis clinics of Wake Forest University Health Sciences, and our dedicated staff and physicians, we respectfully request you deny Liberty’s petition. It would not lower the cost of providing ESRD services, and we believe will have a negative impact on the continued delivery of dialysis care in North Carolina.

Respectfully,



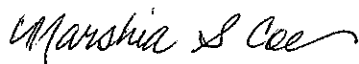
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