

April 14, 2015

Kyle Karinen, Office of Legal Services
Certificate of Need Program
Washington State Department of Health
P.O. Box 47873
Olympia, WA 98504-7873

Dear Mr. Karinen:

As an Interventional Cardiologist performing procedures at Adventist Health Walla Walla General Hospital (WWGH) since 2011, I am writing to support the recent proposal submitted to the State Certificate of Need Program to remove elective percutaneous coronary interventions (PCI) from the tertiary service list.

Currently, WWGH operates an emergency only interventional cardiology program. In other words, we only perform higher risk PCI procedures on more acutely ill patients than the typical elective patient and procedure being discussed in the tertiary service proposal. In 2014 we performed 61 emergent PCI procedures with excellent outcomes, as confirmed by the State's Cardiovascular Outcomes Assessment Program (COAP). In fact, COAP data demonstrates that WWGH has the best door to balloon time of any hospital in the State (a key indicator for quality), with outcomes such as risk-adjusted mortality that are better than the state average as well.

As stated in the proposal, only elective PCI is currently included in the tertiary services definition, meaning that any hospital can perform the higher risk, emergency procedures, but only those who undergo Certificate of Need and demonstrate they can show numeric need and meet specific minimum volumes are allowed to perform the same interventions on more stable patients. After reviewing the proposal, I strongly concur with its findings and recommendations which clearly demonstrate that elective PCI does not meet the Certificate of Need Program's definition of a tertiary service. Further, it fails to meet the definition of tertiary because it is the only service on the current tertiary list wherein only a subset of cases is included. Emergent PCIs (like those performed at WWGH) make up 77% of the total PCIs performed in the state, but they are not defined as "tertiary". It simply makes no sense to classify the lower risk subset of a procedure as tertiary and requiring CN review and approval, when the more high-risk procedures require no such review.

As an aside, the current definition and system has made it challenging for programs like WWGH's to sustain life-saving and high quality emergency programs. Removing elective interventions from the tertiary services would allow hospitals like WWGH to increase their volumes and enhance their viability, ensuring access to these lifesaving programs

I urge the Department to move quickly on removing elective PCI from the list of tertiary services, and would be happy to answer any questions you may have.

Sincerely,



Bradley G. Titus, MD