

CHI Franciscan Comments
Elective PCI Rulemaking Hearing
August 3, 2016

Good morning. My name is Greg Eberhart. I am a cardiologist and the Medical Director of Franciscan Heart Center's Cardio Vascular Service Line. Before making brief comments, I want to thank the Department of Health for reviewing our petition and agreeing to enter into rulemaking and considering access in elective PCI CN reviews. By way of background, CHI Franciscan operates 7 hospitals; 2 of which operate PCI with open heart. One operates a CN approved elective PCI program and 2 others operate emergency only PCI programs.

While we are fully supportive and agree that the clinical evidence suggests that the entry threshold should be reduced from 300 to 200, we also remind the Department that the very same literature states that in some communities access is a factor and that Programs in these communities can, and in many instances, should operate programs even if those programs cannot achieve a 200 annual caseload.

Importantly, at CHI Franciscan, we are confident that our two hospitals—both of which have unique and very real access issues, would achieve and sustain a 200 threshold. The issue is that, due to problems with the methodology, neither of our communities can demonstrate need.

Let me give you some relevant background about one of these hospitals—Highline Medical Center—to help inform our rationale.

- a. Highline Medical Center is located in South King County—most people in the room are probably familiar with the socioeconomic and health disparities that exist in Highline's service area compared to the rest of King County. For purposes of PCI, Highline is located in a Planning Area that includes all of the regional downtown providers; many of whom treat patients from all over Washington State and even from adjacent states. Because the methodology only looks at resident need, and not patient migration, this planning area has, and will continue to have a significant surplus of PCI providers. As

such, Highline has no opportunity to establish a Program, and today is the only hospital in its Planning Area that does not operate a Program.

b. The health disparities in Southwest King County are well recognized and documented, and include factors, such as:

- Even today, and even after robust enrollment efforts in Medicaid expansion and the exchange, Southwest King County has the highest rates of uninsured in King County, and because of the diverse composition of the community, growing numbers of residents experience both language and transportation barriers to accessing care.
- 14% of Highline’s service area residents self-reported on the BRFSS that they had “not seen a doctor due to cost”. This rate is 27% higher than the rest of King County.
- Two of the greatest risk factors for cardiovascular disease are smoking and obesity. The highest rates of smoking and obesity in King County are found in the communities Highline serves.
- High cholesterol is another cardiovascular disease risk factor that is more common in Highline’s service area: 45% of residents have a diagnosis of high cholesterol in comparison to 36% of King County residents.
- At 28%, residents of Highline’s service area are one fifth more likely than King County residents to have a diagnosis of high blood pressure.
- The rate of acute MIs is also significantly higher in Southwest King County.
- The reality of health disparities was highlighted most recently in a February 2016 report by the Office of Financial Management which found among other

things a 2.6-fold difference between the state legislative district with the highest coronary artery disease mortality rate and the district with the lowest.

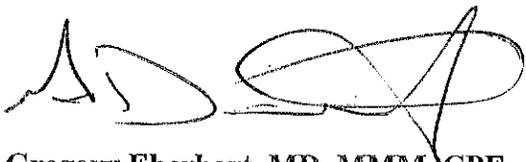
Any one of these access, socioeconomic and health status indicators individually suggests higher need for cardiac interventions, but collectively, they establish the a great need for a program—even absent numeric need.

In addition, Highline operates one of the busiest emergency departments in the entire State, and in performs almost 150 PCIs annually.

Without an elective program, it has become next to impossible to sustain even the emergency PCI program because the standard of practice in the community is for hospitals the size of Highline to operate both emergency and elective programs. Beginning in about 2012, Highline's long-standing loyal cardiologists began to retire, and today nearly everyone has done so. Despite our very best efforts and our expertise and national efforts in recruiting and retaining qualified interventionalists, we have been unsuccessful. Our two recent recruits left because as they indicated, they are concerned that without an elective program they will be unable to maintain the ACC suggested volume for sustained competency (one left after 14 months and the other at the end of his 2 year contract). When trying to recruit we repeatedly hear this same concern and these recruitment issues have resulted in our struggling over the last year to insure 24 hour PCI coverage. This struggle has raised concern from many organizations, and has resulted in their support of Highline having an elective program. Organizations that recognize the access burden in Southwest King and that support Highline include:

- King County Public Health
- SeaMar Community Health Centers
- HealthPoint Community Health Centers
- Global2 Local Initiative- a partnership of Swedish, Public Health of King County and HealthPoint)

CHI is not suggesting that there are lots of communities in Washington that can make such an access argument, nor are we suggesting that there be a “defacto” granting of a certificate of need. Rather we ask that the rules be modified to allow applicants to put forth a case. We are happy to answer any questions, and look forward to working with the Department in the coming months on this important rule change.



Gregory Eberhart, MD, MMM, CPE
Medical Director, Cardiovascular Service Line
Franciscan Heart Center

1802 S. Yakima, Suite 310 Tacoma, WA 98405
MS: 04-09
Phone (253) 382-8294
gregoryeberhart@chifranciscan.org

