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WV HEALTH CARE  
AUTHORITY

December 13, 2007

Dayle D. Stepp, Director  
Certificate of Need  
West Virginia Health Care Authority  
100 Dee Drive, Suite 201  
Charleston, WV 25311

Dear Mr. Stepp:

I am writing on behalf of Wheeling Hospital to comment on the draft of the proposed Cardiac Catheterization Standards issued by the Health Care Authority on November 14, 2007. My comments are specifically directed to the section of the Standards allowing hospitals without open heart surgery backup to provide therapeutic catheterization services. Wheeling Hospital believes this is a mistake. Allowing these services under the circumstances outlined in the Standards will not increase access. It will, in fact, lead to duplication of services, more expense in the health care system and, most importantly, a decrease in the quality of services overall. It will result in the development of programs at hospitals in Huntington, Parkersburg and Wheeling. All of those towns are already served by successful cardiac programs that provide therapeutic catheterization services with open heart surgery backup. There are a number of ways to improve access to therapeutic catheterization services. Placing programs in facilities located within minutes of existing providers is not one them.

The cornerstone of a certificate of need program is the regulation of the health care industry to avoid the duplication of services. In fact, when the Authority was first created the West Virginia Legislature found “[t]hat the offering or development of all new institutional health services shall be accomplished in a manner which is orderly, economical and consistent with the effective development of necessary and adequate means of providing for the institutional health services of the people of this state and to avoid unnecessary duplication of institutional health services, and to contain or reduce increases in the cost of delivering institutional health services.”

On its face, it might appear as though the Authority is attempting to increase access to therapeutic catheterization services for West Virginia residents. That is well stated in the Standards. The problem is that the statement is incorrect. Very few, if any, of the “community hospitals” referred to in the Standards even offer diagnostic catheterization services. As a result, they will not qualify for this program. Those that do offer catheterization services don’t have the volume required to qualify under the methodology set forth in the Standards. The Standards talk

Dayle D. Stepp  
December 13, 2007  
Page 2

about increasing access by placing these services at community hospitals when, in reality, those hospitals are immediately disqualified from participating because they do not offer the service or lack the required volume. Thus, the whole basis of the proposal, increasing access, fails on its face.

The reality is that the Standards will only result in the placement of programs at a very few hospitals, almost all of which are located only a few minutes from other hospitals, such as Wheeling Hospital, that already provide the services and already have open heart surgery backup. Ohio Valley Medical Center is located within a few miles of Wheeling Hospital. Allowing this service to be instituted at Ohio Valley Medical Center will not increase access for anyone. It will only lead to higher cost, lower quality services at both providers.

It is my understanding that only five facilities would qualify for the program under the proposed Standards. Those hospitals are Raleigh General Hospital, Bluefield Regional Medical, Camden Clark Memorial Hospital, Cabell Huntington Hospital and Ohio Valley Medical Center. Those facilities are hardly the community hospitals that are referred to in the Standards.

Even the two facilities on the list that are not located across town from an existing provider, Raleigh General and BRMC, will have great difficulty recruiting the necessary physician expertise to perform therapeutic catheterization services. From experience, recruiting invasive and interventional cardiologists is difficult. This is true even to a program with open heart backup like Wheeling Hospital's. Recruiting two such cardiologists to a program without open heart surgery backup will be next to impossible. The result will be that Raleigh General and BRMC, the only two facilities that even arguably could help increase access to these services, will not be able to provide them. The other facilities in Wheeling, Huntington and Parkersburg will simply split the physician coverage, thus adversely impacting access instead of improving it. The true result of these Standards is that they will do nothing to increase access, but will allow the unnecessary duplication of services in Huntington, Parkersburg and Wheeling.

The group that obviously has the most expertise in this area is the American College of Cardiology. That body has long recommended against providing therapeutic catheterization services in facilities without open heart backup. In fact, in their most recent recommendations they conclude that "[a]lthough some experience suggests that an institution can develop an effective stand-alone primary PCI program, currently available data also indicate that concentration rather than diffusion of this capability will provide the most effective patient care. Thus, a strategy of emergency transfer to an established center with a well-developed primary PCI program is preferred to the development of new freestanding primary PCI programs." The Standards legislate the diffusion of therapeutic catheterization services, not the concentration of those services. Thus, they are in direct contravention of the ACC's recommendations.

Dayle D. Stepp  
December 13, 2007  
Page 3

In Wheeling, we have a well-developed cardiac program that provides the full range of services. Wheeling has provided open heart surgery and interventional cardiac catheterization services to residents of West Virginia, Ohio and Pennsylvania for several decades. We have invested large amounts of capital and manpower in those services. The Standards drafted by the Authority would allow the services presently provided by Wheeling to be duplicated by Ohio Valley Medical Center. OVMC is located only a few miles from Wheeling Hospital's campus. Wheeling Hospital's program is well established and meets every quality indicator set by all of the accrediting bodies. Allowing a duplicative program to be established across town is unnecessary, duplicative and will result in additional cost to the community. The situations in Wheeling, as well as the situations in Parkersburg and Huntington, are exactly the type of situations referenced in the American College of Cardiology Guidelines and Recommendations. It is not at all clear to Wheeling Hospital why those recommendations are being ignored by the Authority.

Wheeling Hospital believes that ignoring the ACC guidelines and recommendations and imposing Standards that will offer no improvement in access but will certainly result in the reduction of quality is not in the best interest of the state, our community or our citizens. Wheeling Hospital believes there are several alternatives available to improve access to areas presently underserved without creating duplicative programs at great cost to the community. One of those alternatives which is frequently ignored is improving the emergency transport system. Perhaps the Authority should examine that system and seek ways to improve it before authorizing the duplication of these services.

I appreciate the opportunity to comment on the proposed Standards. If you have any questions, please contact me.

Sincerely,



Ron Violi  
Chief Executive Officer  
Wheeling Hospital

cc: Honorable Joe Manchin, III, Governor  
Larry Puccio  
Ms. Sonia Chambers, Chair, West Virginia Health Care Authority  
Ms. Jill McDaniel, West Virginia Hospital Association