

SERVICES

1 STATE OF ALASKA, DEPARTMENT OF HEALTH AND SOCIAL

2 DIVISION OF PUBLIC HEALTH

3

4 CERTIFICATE OF NEED APPLICATION COMPLETE

5 CARDIAC REHABILITATION EXPANSION - FAIRBANKS

6 PUBLIC HEARING BEFORE KAREN LAWFER
7 Health and Social Services Planner

Borough

8 Fairbanks North Star

9 Assembly Chambers
10 Fairbanks, Alaska
11 May 18, 2009
12 5:00 o'clock p.m.

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Wendell Street, Suite A

Fairbanks, Alaska 99701

(907) 452-3678

1 P R O C E E D I N G S

2 (On record)

I'm 3 MS. LAWFER: My name is Karen Lawfer and

4 with the State of Alaska in the Certificate of Need
program.

5 Today is a public hearing session for
Fairbanks

6 Memorial Hospital, the expansion of their cardiac
7 rehabilitation services. The application that they have
8 submitted to the state is to increase the cardiac
9 rehabilitation unit from 800 square feet to 2800 square
feet at
10 a cost of 2.188 million.

11 What we do in this process is when we
receive a
12 certificate of need application, there is an open
comment
13 period and that comment period allows anybody, one way
or the
14 other, to provide input on this application. The
closing for
15 written comments to my office was Friday at 4:30.
Because
16 everybody at Fairbanks Memorial was a little busy last
week -
17 congratulations - we're having the public hearing today.

18 So, technically, no one can provide me
with
19 additional written comments, except if they would like
to
20 provide me with the written comments during this time
period
21 between 5:00 and 6:30; I will accept those. Otherwise,

you can

22 give any of the oral comments you would like during this
time

23 period.

24 This is a public meeting. It is
scheduled from

25 5:00 to 6:30. The reason we do that is to allow people
to have

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1 time to get off work to come here and go on their way.
This is
2 not a meeting from 5:00 to 6:30. So if you have
comments that
3 you want to give, please feel free to give those
comments and I
4 will not take any offense if you were to leave,
especially when
5 it's such a beautiful day, but that will not have any
bearing
6 on what we're doing.
7 These -- we are on the record. All
these
8 comments will be transcribed and Fairbanks Memorial will
get a
9 copy of all of those. So if you do leave and someone
does come
10 in and wants to provide some sort of comment, you will
know
11 that because you'll get a copy of that as well.
12 So without further ado, I will open it
up to
13 Mike Powers. And if you could come in and just sit up
front
14 here because we have that -- if you could, spell your
name,
15 also. That would help.
16 MR. POWERS: Good afternoon. Mike
Powers, CEO
17 at Fairbanks Memorial Hospital and Denali Center. And,
first
18 of all, thank you very much for coming all this way for
this
19 hearing. And I'm sure the ghost of David Pierce is in
the room

20 with us. And he was always a great health planner and I
21 appreciate the efforts the state is making in pursuing
the
22 certificate of need, which is vital for appropriate
planning
23 for health services of any community.
24 As far as phase II regarding cardiac
rehab
25 services, this is part of an overall plan that's been in
the

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of
from
planning

1 works for over -- well over 10 years. It's been a part
2 three strategic plans. We have had considerable input
3 physicians and the community through those various
4 processes, and we're now ready to bring this phase II to
5 fruition.

of each
from
University
us plan
cardiologist
happened to
hand
services,
should
areas and
university to

6 I do want to mention that in the course
7 of these plans, we've had experts up from Johns Hopkins,
8 the University of California San Francisco, from the
9 of Washington, all promoting and talking about helping
10 this effort. Just two weeks ago, we had another
11 from the university -- or from Johns Hopkins up who
12 be working with university students and saw the first-
13 demonstration of what's happening in our cardiology
14 wrote a letter to the community, and said the community
15 be proud; it's amazing what is happening in far-flung
16 the collaboration between the community and the
17 open access.

touches on
costs,

18 Essentially, this service, I think,
19 three key elements of health reform; that is, reducing

case, we 20 opening access, and driving quality higher. In this
beyond in 21 minimize unnecessary travel to Anchorage and points
hand. 22 terms of costs. Quality: we have three board-certified
23 cardiologists, highly proficient and highly skilled on
entire 24 And the access, it's a service never really achieve the
25 cardiac effort (ph).

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1 So with that, I would like to suggest
full
2 approval and adoption of this and, once again,
appreciate your
3 efforts in bringing the certificate of need planning
process to
4 the community. Thank you.
5 MS. LAWFER: Next, I'll let Karl Sanford
-- he
6 has a presentation he would like to give.
7 MR. SANFORD: Thank you very much,
Karen, for
8 the opportunity this evening to present to yourself and
9 hopefully the state members our case for expanding the
cardiac
10 rehab program here at Fairbanks Memorial Hospital.
11 First of all, I'd like to reiterate, I
think,
12 something that Mike was mentioning as well, and that is
the
13 commitment that the Foundation, which are the owners on
behalf
14 of the community, remind all of us who are in
administration
15 about, and that is that it is our responsibility and our
16 obligation to provide only the first class services to
those
17 who we serve here in the interior of Alaska. And that
is
18 really our goal, is to make sure that that happens in
every
19 opportunity possible for us to do that.
20 First of all, I'd like to kind of take a
little

of the 21 bit of a step backwards and that is to talk about some
time 22 things that we've already accomplished in a very short
that is 23 frame over the last 18 months here in Fairbanks. And
the 24 we've opened up a cardiology clinic in April of 2007,
in 25 first introduction of the cardiology subspecialty here

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thousand
2008
example
patient
anticipated
wasn't
the
certainly
quite a
bringing that
clinic
cath
process,
as on
completed
gone
south,

1 Fairbanks in which we really have seen over several
2 patient visits; actually, almost 5,000 patient visits in
3 as well as a continuing of that well into 2009. And an
4 as -- again, in just one five-day period, we had 62 new
5 referrals in the second week of January, which we
6 would probably be a slow time, but lo and behold that
7 the case at all.
8 That really just tells us that we chose
9 right subspecialty to bring to the community. It was
10 something that the community had been asking for for
11 few years, and that we have begun the process of
12 in the correct fashion.
13 Following that, the introduction of the
14 services, in December of '08, we opened up the cardiac
15 lab, which is also a result of the certificate of need
16 which required lots of due diligence on our part as well
17 the community's part. In the entire year of 2008, we
18 472 cardiac cath lab procedures, all of which would have
19 and been transported to the Anchorage area or points

and
20 which just historically for all the years we went back
to bring
21 measured had happened prior to that. And we were able
words
22 that service here with a door-to-balloon time, in other
point where
23 the presentation point in the emergency room to the
45 to
24 we reestablished coronary blood flow from anywhere from
minutes.
25 88 minutes. The national standard being less than 90

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from 26
54 of
them
bowl.
have
receive
be
a

1 Again, we saw people in the age ranges
2 to 82 years of age and we subsequently discovered that
3 our community citizens could best be served by referring
4 on for bypass surgery in predominantly the Anchorage
5 Those patients go down, receive that surgery as they
6 historically, and then come back into the community and
7 cardiac rehab at that point in time. And I'm going to
8 linking that with our cardiac rehab request here in just
9 moment.

either
both of
cardiac

10 And, again, we serviced 179 individuals
11 presenting to us just in the last year that received
12 angioplasty or cardiac stent placement, and sometimes
13 those services were provided. And by ACC as well as CMS
14 guidelines, those patients now become eligible for
15 rehab services as well.

space
the long
currently
propose

16 Specifically, the cardiac rehabilitation
17 that we're proposing to expand is currently housed in
18 hallway adjacent to the outpatient center which is
19 been in place for several years at FMH. What we would
20 to do is to really expand that into a new addition in

the

21 northeast corner of the cardiology center, thereby
allowing
22 future services also to be expanded, and, particularly,
23 equipment expansion and the ability to have greater
through-put
24 of patients.

25 Right now we're physically limited to
the

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area
not
placement as
or

1 amount of patients that we can through-put in the small
2 that we have. As you can imagine, 800 square feet does
3 allow for a lot of mobility with both equipment
4 well as patients coming in and out, as well as classes
5 sessions being changed.

the
allow for
as well
provide some

6 In addition to this is the proximity of
7 cardiologists right next door in the clinic; it will
8 quick consultation services by the cardiac rehab staff,
9 as we anticipate that they will also come over and
10 educational services for the clientele.

done,
done in
places
conducive
very
trainers
traveled

11 We have accommodated a special area for
12 educational services to be included. This right now is
13 as you will see in a moment in future slides, is being
14 a multi-service area that has both equipment as well as
15 for coats and so forth to be stored, and just isn't
16 to really a smooth flow. We also have a very large and
17 adequate space allocated for treadmills and elliptical
18 and so forth with a very beautiful external view of the
19 facility itself. This is something that as we've
20 throughout the country and looked at other cardiac

we can 21 rehabilitation programs is truly the standard of care as
types of 22 imagine we see in athletic centers and other similar
important for 23 services across the country. This is very, very
depict our 24 those clients.
25 Currently, our -- these slides here

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doorway 1 current overcrowding situation we have. Here is the
other, 2 entry into the program and here, one right next to the
treadmills, and 3 all the pieces of equipment, again all of the
This is 4 the staff work area is truly within the exercise area.
educational 5 the four- to five-seat, as we squeeze everybody in,
the 6 opportunity that we have. It doesn't really allow for
enhanced 7 anticipated volumes that we expect to see with an
years to 8 cardiac services program as we look forward into the
number of 9 come.
10 As we looked at our current visits,
which is 11 visits that we see, we know that surgery-based visits
approximately 12 what we've currently had, we know that 2,600 is
patients 13 what we've seen year in and year out, and those are
back 14 that we refer down for bypass surgery, and then coming
program. 15 into the community, entering into the cardiac rehab
locally, 16 With our ability to provide catheterization services
volume 17 we know that we anticipate expansion of that cath lab
on to 18 over the next five to ten years, as well as adding that
19 established volumes that we already have. We believe

that we

20 can well justify not only the square footage, but also
the

21 equipment costs and the investment on behalf of the
community

22 into this very, very vital service.

23 Just to reiterate real briefly, the
three

24 phases of cardiac rehabilitation really begin at the
point

25 where the patient is admitted into the hospital. The
emergency

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certainly 1 room screening process, getting them to the cath lab
2 is the acute phase for that. Over the next two days, if
in 3 they've had intervention, our patients typically go home
4 approximately 48 hours at the point where intervention
is 5 concluded; typically 24 to 48 hours. We really
introduce all 6 the patients at that point in time into the cardiac
rehab 7 program, whereby our cardiac rehab staff go up and
introduce 8 themselves and they introduce the concept of cardiac
9 rehabilitation, and begin to have patients receive
education 10 for that.

11 Then, subsequently, the patients can
either 12 enter our standard program whereby they participate
three days 13 a week for 36 sessions or a three-month period. And in
some 14 cases where that may not be possible, they can, if you
will, 15 negotiate with our director for cardiac rehab for a more
fast- 16 track type of an approach. But that needs to be done
with 17 physician's approval.

18 And then finally in the phase III
component, 19 those are what we term as our maintenance clientele;
those are 20 patients which it becomes much more of a lifestyle

maintenance,

21 a lifestyle camaraderie type of a program where they
have
22 undergone similar experiences. It's a support group, if
you
23 will, whereby these individuals work with each other and
cheer
24 each other on for years and years. And it's very
typical to
25 see this kind of a program where they become almost a
family

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and
1 type of a setting and mindset, which is very wonderful
2 encouraging to see that as well.
3 Again, the goals of cardiac
rehabilitation is,
4 honestly, to reduce the exercise-induced ischemia from
decreasing
5 recurring hopefully by increasing your metabolism,
6 body fat therein the dependency or the requirements of
your
7 heart workload, increasing oxygenation to the body
tissues is
8 certainly your myocardium or your muscle of the heart,
and also
9 correcting any cholesterol issues you might have,
lowering the
10 LDL or bad cholesterol, and increasing your HDL or good
11 cholesterol. And there are certainly psychological
12 improvements as well.
13 Construction we anticipate, hopefully,
will be
14 as soon as we receive approval from the certificate of
need
15 department, as well as ultimately the commissioner,
certainly.
16 And we anticipate completion of that in a year after
that,
17 being June of 2010, if not sooner. Again, this slide
depicts
18 all of the years of work as Mike referenced earlier that
has
19 gone into bringing cardiology, the subspecialty, into
the
20 Fairbanks community, and this is merely one more step to
allow

21 us to create a comprehensive program.
22 And, finally, during this time frame
whereby we
23 enhance the cardiac rehab, we will certainly go ahead
and
24 continue on with services we've already established, the
25 cardiac cath lab, as well as other services, pacemaker
and so

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1 forth. The Hospital Foundation are the owners of the
hospital
2 itself, on behalf of the community, is financing this
project
3 as they do all capital projects in the -- at Fairbanks
Memorial
4 Hospital/Denali Center. And, certainly, we know that we
have
5 the support of our medical staff and certainly the
hospital
6 clinical staff, and patients utilizing this service.
7 If I can answer any questions from
8 the audience or, Karen, of yourself, I will appreciate
the
9 opportunity to share this information with you.
10 MS. LAWFER: Okay. Thank you, Karl.
And do I
11 have anyone else signed up to speak? If you could come
up and
12 use the microphone, and make sure you spell your name.
13 MS. HOLLINRAKE: My name is Ivy
Hollinrake,
14 I-v-y H-o-l-l-i-n-r-a-k-e. And I've been the
15 manager/supervisor of the cardiac rehab for 12 years and
so
16 this is rather personal for me because I take care of
these
17 patients that are going through their recovery phase.
And the
18 growth of the program has been phenomenal. With the
increase
19 in technology, we're getting certainly patients back out
in the
20 community, but getting them back on their feet, but they

need a

21 lot of rehab to get them stable and confident in their
22 recovery. With the increasing diagnoses that Medicare
covers,
23 we have more that are eligible for cardiac rehab that
weren't
24 before.

25 And so we have made do with our space
and then

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more
clinic
we have
into our
So we
exercise, the
for the
some
not
new
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big
enough

1 with the three cardiologists on board, we're getting
2 referrals and improving our process. And now with the
3 next door, the referrals have -- in a month and a half,
4 increased by yet another third. So we are squeezing
5 very tight space, with the pictures you can see there.
6 kind of -- everything happens in that room. The
7 education, the monitor hook-up, the intake interviews
8 patients, the private moments when they're going through
9 emotional time, it all takes place in there. So there's
10 much room when someone is emotional or when I'm seeing a
11 patient and they need a little bit of privacy to kind of
12 it all in and talk about some of their personal private
13 or their money or whatever is worrying them, which is a
14 part of their cardiac recovery. There is just not
15 space.

getting
there's
when we

16 When we have patients that -- we are
17 patients in wheelchairs and walkers come in there, and
18 hardly room to manipulate the equipment in there and
19 have someone who has an emergent event, it's difficult

to get a

20 stretcher in there to get them on it. And we have --
21 unfortunately, we have a lot of big people in the
community.
22 They come in and they're a rather large size and it's
very
23 intimidating because there's not much space to get
between the
24 equipment, and so they have a tendency not to come back
because
25 they're kind of embarrassed because they feel crowded
and

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of the
this very
need
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their
decreased
They
because we
with the
visits.
that
Anchorage
for by
taking
of my

1 they're bumping into people and there's no -- it doesn't
2 them much room and much confidence. And those are some
3 people we really want to target to help them with their
4 recovery.
5 So right now it's all taking place in
6 small room and so it's just the need, the growth -- the
7 for this to expand and to develop the space to care for
8 patients adequately and give them the tools to change
9 lifestyle. With cardiac rehab, the patients have
10 morbidity and mortality. They have decreased ER visits.
11 have decreased time needed to be spent in the clinic
12 can take care of a lot of their little issues and talk
13 doc and fine-tune their system without having multiple
14 Just the fact that we keep most of our patients here now
15 instead of shipping them to Anchorage, they're so happy
16 they don't have to incur that huge expense to go to
17 to take care of all of this, and they like being cared
18 locals as much as they can. And a lot of them are
19 out like right -- whatever they can afford. I mean, one

our 20 patients gave me a fifty dollar check today to help with
it's 21 new program and stuff. They're just -- they say, I know
me a 22 not much, but it means a lot to me and you guys helped
23 lot.

just to 24 So to see this growth, a huge need, and
the 25 have the space to adequately treat them and to give them

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with
you.
else
Brummett.
a
support
clinic
you've
what
tight,
volumes on
overflow into
I
squeezed in
start,

1 privacy that's needed and afforded, and just to continue
2 our cardiology program, which is much needed. Thank
3 MS. LAWFER: Thank you. Is there anyone
4 who would like to come up? I don't mean to make it this
5 formal, but it helps get you on the record.
6 MS. BRUMMETT: My name is Belinda
7 I'm the director of the cardiology clinic. B-e-l-i-n-d-
8 B-r-u-m-m-e-t-t. And I'd like to also register my
9 fully for the expansion of the cardiac rehab center.
10 I have been working with the cardiology
11 now for about three weeks; this is week four being the
12 director. And there's not a lot I can add to what
13 already heard other than to tell you that I've witnessed
14 the patients are experiencing in there. It's a very
15 confined space. And with the growth of our patient
16 the clinic side and in the cath lab, the obvious
17 rehab really does necessitate the need for more space.
18 Today I went in to visit with Ivy and as
19 opened the door to come in, there's a little lady
20 behind the door trying to get on the exercise bike to

21 and I felt terrible coming in and getting into her
space. And
22 there's really no other way to configure things so that
23 everything will fit in.
24 So this new space will be a welcomed
25 improvement to the program as it continues to grow, as
we're

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you.

1 seeing growth in other areas in the facility. Thank

speaking?

2 MS. LAWFER: Would anybody else like to

comes,

3 If not, we will go off the record. If someone else

4 we'll go back on the record.

5 (Off record)

6 (END OF PROCEEDINGS)

7 * * * *

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1 C E R T I F I C A T E

2 UNITED STATES OF AMERICA)
3 STATE OF ALASKA) ss.
4)

the
court
certify:
5 I, Elizabeth D'Amour, Notary Public in and for
6 State of Alaska, residing at Fairbanks, Alaska, and
7 reporter for Liz D'Amour & Associates, Inc., do hereby

Public
Hearing
beginning at
Star
Alaska;
8 That the annexed and foregoing State of Alaska,
9 Department of Health and Social Services, Division of
10 Health, Certificate of Need Application Complete
11 Cardiac Rehabilitation Expansion- Fairbanks, Public
12 was taken before me on the 18th day of May, 2009,
13 the hour of 5:00 o'clock p.m., at the Fairbanks North
14 Borough Assembly Chambers, 809 Pioneer Road, Fairbanks,

true and
me
15 That this hearing, as heretofore annexed, is a
16 correct transcription of said public hearing, taken by
17 electronically and thereafter transcribed by me;

Department of
Alaska,
by the
18 That the hearing has been retained by me for the
19 purpose of filing the same with State of Alaska,
20 Health and Social Services, Division of Public Health
21 P.O. Box 110610, Juneau, Alaska 99811-0610, as required
22 State of Alaska;

or
interested
23 That I am not a relative or employee or attorney
24 counsel of any of the parties, nor am I financially
25 in this action.

and
26 IN WITNESS WHEREOF, I have hereunto set my hand
27 affixed my seal this 20th day of May, 2009.

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12/28/2010
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Elizabeth D'Amour
Notary Public in and for Alaska
My commission expires:

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