

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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Fairbanks, Alaska 99701

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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.

Fairbanks 5 Today is a public hearing session for

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 1 works for over -- well over 10 years. It's been a part  
from 2 three strategic plans. We have had considerable input  
planning 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 6 I do want to mention that in the course  
from 7 of these plans, we've had experts up from Johns Hopkins,  
University 8 the University of California San Francisco, from the  
us plan 9 of Washington, all promoting and talking about helping  
cardiologist 10 this effort. Just two weeks ago, we had another  
happened to 11 from the university -- or from Johns Hopkins up who  
hand 12 be working with university students and saw the first-  
services, 13 demonstration of what's happening in our cardiology  
should 14 wrote a letter to the community, and said the community  
areas and 15 be proud; it's amazing what is happening in far-flung  
university to 16 the collaboration between the community and the  
17 open access.

touches on 18 Essentially, this service, I think,  
costs, 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





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



hospital  
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Memorial  
have  
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Hollinrake,  
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increase  
in the

1 forth. The Hospital Foundation are the owners of the  
2 itself, on behalf of the community, is financing this  
3 as they do all capital projects in the -- at Fairbanks  
4 Hospital/Denali Center. And, certainly, we know that we  
5 the support of our medical staff and certainly the  
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  
9 opportunity to share this information with you.  
10 MS. LAWFER: Okay. Thank you, Karl.  
11 have anyone else signed up to speak? If you could come  
12 use the microphone, and make sure you spell your name.  
13 MS. HOLLINRAKE: My name is Ivy  
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  
16 this is rather personal for me because I take care of  
17 patients that are going through their recovery phase.  
18 growth of the program has been phenomenal. With the  
19 in technology, we're getting certainly patients back out  
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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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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allow  
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need  
these  
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They  
because we  
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Anchorage  
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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  
it's  
me a  
20 patients gave me a fifty dollar check today to help with  
21 new program and stuff. They're just -- they say, I know  
22 not much, but it means a lot to me and you guys helped  
23 lot.

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

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with  
you.  
else

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 support  
10 fully for the expansion of the cardiac rehab center.

11 I have been working with the cardiology  
12 clinic  
13 now for about three weeks; this is week four being the  
14 director. And there's not a lot I can add to what  
15 you've  
16 already heard other than to tell you that I've witnessed  
17 what  
18 tight,  
19 the patients are experiencing in there. It's a very

20 confined space. And with the growth of our patient  
volumes on  
the clinic side and in the cath lab, the obvious  
overflow into  
rehab really does necessitate the need for more space.

21 Today I went in to visit with Ivy and as  
22 I  
23 opened the door to come in, there's a little lady  
24 squeezed in  
25 behind the door trying to get on the exercise bike to  
26 start,

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

2 MS. LAWFER: Would anybody else like to speak?

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

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:

S E A L

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