

Testimony David Vroman, MD before Ad Hoc CON House Committee
Tuesday, noon, October 21, 2014

Introduction: My name is Dr. David Vroman and I am an ophthalmologist specializing in cornea and cataract surgery. I'm here today on behalf of the Center for Advanced Surgery, a 4 OR surgery center that my colleagues and I would like to build in the North Charleston/Ladson area. My partners are Drs. Millin Budev and Virgil Alfaro who are also ophthalmologists and Drs. Jason Highsmith and Sabino D'Agostino, neurosurgeons. They can't be here today because they had surgeries and clinics scheduled they could not cancel. I thank the Committee for the opportunity to share our experience with South Carolina's CON process to create our own surgery center.

I'm going to talk from my perspective as an ophthalmologist who specializes in cataracts but also does corneal transplants and other specialized cornea surgery. My colleagues also specialize in cornea procedures, retina procedures, macular procedures, and glaucoma surgery. We perform surgery that is unique to our state and the Southeast in some cases. Our patients come from out of state and the far corners of South Carolina for specialized care. We travel to several rural areas to perform clinics as well, such as Manning, SC. Some of us go to Orangeburg and Florence also. But our patients are concentrated in North Charleston, Ladson, Moncks Corner, and Summerville, along I 26 and I 95. Many of our patients do not like to drive far. That includes going to Mt Pleasant, downtown Charleston or even around I 526 to West Ashley.

My ophthalmology colleagues and I now do the majority of our surgical work at a small outpatient surgery center that is majority owned by HCA, a large hospital corporation. They own 51 percent of the facility. This facility is approximately 30 years old. It is too small for our current needs and to expand and update it, we are told by HCA, is too expensive, over \$1 million. The waiting room is too small, we can't do general anesthesia, we can't add modern technology because there isn't enough space. The facility doesn't meet current building codes for fire walls and sprinklers. [We also do a small portion of our cases at Charleston Surgery Center. These cases require general anesthesia not available at the HCA center.]

We have worked with HCA for seven years to find a solution to correct these deficiencies. We looked at alternatives including 1) expanding the main surgery center which is located 2 buildings from the eye surgery center, 2) adding on and remodeling the current building, 3) buying new land and building a new surgery center. Despite many efforts, HCA, the general partner, has not been able to provide new space despite acknowledging the deficiencies in our current building for 7 years. We also explored partnering with another ASC group (Surgery Centers of America who run the Charleston Surgery Center). We visited surgery centers in other states for ideas. Nothing ever seemed to work out and time wore on and on. Finally, about two years ago we decided we needed to do this on our own if it was ever going to happen.

It's been an expensive learning curve. We are just ophthalmologists and we want a location to perform surgery on our patients that is safe, efficient, and large enough to accommodate new technology and a growing patient case load. We want to perform cases that require general anesthesia. We need to meet

current building codes. This led us to hire an ASC development consultant to help us plan and design our center. We also found two neurosurgeons who wanted to partner with us because they too needed space to do their outpatient cases. We compared procedures and found that surgical cases were complementary and compatible.

We knew we would have to obtain a certificate of need so we hired a CON consultant too. Then we learned that CON had been suspended. We didn't stop. We proceeded with planning, designing and looking for a site. We found a site and acquired it. We were days away from breaking ground when we learned that SC Supreme Court decision required CON to be reinstated. Out of an abundance of caution we stopped.

So we have started the CON process. We submitted our CON application in mid August and it is now under DHEC review.

But, we've learned HCA feels compelled to contest our application. We've now hired an experienced CON health care attorney. Some of these expenses we would have incurred anyway, the architect and engineers, the real estate lawyer etc. Now we are paying for a CON consultant and health care attorney. They tell us we are most likely to be approved by DHEC but with a contested case it will cost us \$200,000 to \$300,000 to defend our application and that it can take two more years. This means it will be four years more before we can realize our dream of providing the best quality care at an affordable cost to our patients.

We want to be sure this CON Committee heard from physicians. We aren't health planning experts, just five physicians who want to assure our patients the best surgical care, in an affordable setting, that we can provide. We've spent 7 years searching for a solution and now we have another 4 more years. It can be discouraging and it seems prudent to allow quality health care projects to move forward without this much resistance.

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