ANNE ARUNDEL MEDICAL CENTER	*	MARYLAND
PROPOSAL TO CHANGE THE	*	HEALTH CARE COMMISSION
TYPE AND SCOPE OF	*	
HEALTH CARE SERVICES OFFERED	*	DOCKET NO.: 15-02-2360
TO INCLUDE CARDIAC SURGERY	*	

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AFFIDAVIT OF JEROME SEGAL, M.D. IN SUPPORT OF ANNE ARUNDEL MEDICAL CENTER RESPONSE TO INTERESTED PARTY COMMENTS

I, Jerome Segal, M.D., being over 18 years of age and competent to testify as to the matters set forth herein, state as follows:

1. I am a board-certified physician specializing in general and interventional cardiology. I am licensed to practice medicine in the State of Maryland and the District of Columbia.

2. I am on the medical staff of Anne Arundel Medical Center ("**AAMC**"). I am also the medical director of AAMC's Heart Institute. In these roles, I am familiar with cases involving AAMC patients requiring cardiac surgery or requiring percutaneous coronary intervention with surgical back-up (together, "**Cardiac Surgical Patients**"). In particular, I am familiar with the process and procedure by which Cardiac Surgical Patients are transferred from AAMC to hospitals that may perform cardiac surgery, including but not limited to MedStar Washington Hospital Center ("**WHC**").

3. The typical process for AAMC Cardiac Surgical Patients to transfer to WHC is as follows:

a. The patient's cardiologist will determine that the patient potentially requires either cardiac surgery or percutaneous coronary intervention with cardiac surgical back-up.

b. The patient's cardiologist will contact a cardiac surgeon or interventional cardiologist (a "**Receiving Physician**") who typically or exclusively performs cardiac procedures at WHC. The contact will generally occur directly (such as a phone call from the referring cardiologist to the Receiving Physician). This contact also occasionally originates by the referring cardiologist calling WHC's transfer line and being put in contact with the Receiving Physician on call.

c. The referring cardiologist and the WHC Receiving Physician will then discuss whether the patient requires either cardiac surgery or percutaneous coronary intervention with cardiac surgical back-up. In connection with such discussion, the Receiving Physician may receive relevant reports or other patient data including, typically, cardiac catheterization films electronically forwarded through WHC's medical image transfer system.

d. The referring cardiologist and Receiving Physician will reach a mutual decision about whether the patient needs cardiac surgery or percutaneous coronary intervention with surgical back-up, and the appropriateness of a transfer.

e. If a transfer is appropriate, the Receiving Physician makes arrangements for the transport of the patient to WHC for admission. Simultaneously, the referring cardiologist makes arrangements for the patient's consent to the transfer and for the patient's medical records to be transferred. The referring cardiologist also

writes appropriate transfer orders and contacts the AAMC transfer team and security personnel to assist in the transfer.

f. During and following the transfer and transport of the patient, the referring cardiologist continues to communicate with the Receiving Physician and with the patient's clinical team.

4. Cardiologists at AAMC will not initiate the transport of a Cardiac Surgical Patient to another hospital without first confirming with the Receiving Physician that such a transfer is necessary, and that the receiving hospital and Receiving Physician will accept the case. It is my understanding that MedStar Transport is not even contacted until after the referring physician and the Receiving Physician have determined the appropriateness of a transfer and determined that a transfer may take place. The transfer of a Cardiac Surgical Patient to another hospital introduces clinical risks to the patient, both through the physical transfer itself and through the disruption of the continuum of care for the patient.

5. Based on my personal knowledge and on my review of the particular cases discussed in connection with AAMC's application for a certificate of need to provide cardiac surgery services (including those attached as Exhibit 7(a) to such application), it is my opinion that the lack of cardiac surgery services at AAMC is a significant barrier to timely access to cardiac surgery and high-risk PCI requiring cardiac surgical back-up.

I SOLEMNLY DECLARE UNDER THE PENALTIES OF PERJURY AND UPON PERSONAL KNOWLEDGE THAT THE FOREGOING AFFIDAVIT IS TRUE AND CORRECT.

Executed on August 14th, 2015 in Anne Arundel County, Maryland.

Jerome Segal, M.D.