



JOHNS HOPKINS

M E D I C I N E

THE JOHNS HOPKINS
HOSPITAL



Ronald R. Peterson

President
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January 27, 2015

Kevin R. McDonald, Chief
Certificate of Need
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD 21215-2299

**Subject: Letter of Support- Anne Arundel Medical Center's Certificate of Need
Application for Cardiac Surgery Services**

Dear Mr. McDonald:

I am writing to offer my strong support for the Certificate of Need (CON) application for cardiac surgery services submitted by Anne Arundel Medical Center (AAMC). Johns Hopkins Medicine cardiac surgery services at AAMC will improve access to care, will result in a favorable impact on the waiver demonstration project, and is aligned with population health as provided for in the recent health reform legislation known as the Affordable Care Act.

Johns Hopkins Medicine (JHM) and Anne Arundel Health System (AAHS) have had a long-standing successful affiliation. In place since 2007, the partnership has effectively leveraged the medical technologies and clinical innovation of our academic health system and the quality and efficiency of AAMC. The success of the partnership has hinged on collaboration to provide patients in the Central Maryland region with high-quality, cost-effective, patient-centered care. AAHS has been a valued partner to JHM and a critical part of our strategic efforts to meet the needs of the patients we serve.

Our coordinated efforts to date have been extensive. We co-developed a medical office building in Odenton, Maryland, collaborating to bring primary and specialty services to an underserved community and ensuring that services are not unnecessarily duplicated. Access and outreach has been a critical area of focus for the affiliation as well. This was evident when we identified access issues for several pediatric sub-specialties in our contiguous service areas. We subsequently deployed Johns Hopkins University School of Medicine physicians in order to meet those community needs.


JHM and AAHS have agreed on the terms under which JHM will provide the clinical services should AAHS' CON application be approved. As a clinical partner, JHM is committed to developing and supporting a world-class cardiac surgery program at AAMC with the establishment of clinical protocols, cardiac research, education, training, quality initiatives, and physician and staff recruitment. JHM will be closely involved in the start-up and on-going operation of the program to ensure that patients at AAMC receive the same level of care expected at The Johns Hopkins Hospital. The program will be fully integrated with the JHM Department of Surgery, and our cardiac surgeons will establish, implement, and oversee the clinical protocols.

The program will also be fully integrated with JHM with regard to medical education and research, key components of the mission of Johns Hopkins Medicine. Establishing a cardiac surgery program at AAMC will allow our organization to expand both education and research. This will include, but not be limited to, rotations for our fellows and the deployment of our research protocols at the site. Furthermore, AAMC has demonstrated high-quality cardiac care as a Designated Chest Pain Center with Percutaneous Coronary Intervention and its participation in the Cardiovascular Patient Outcomes Research Team (C-PORT) primary angioplasty project. Both programs provide assurance that AAHS is highly capable of taking on such an endeavor.

AAMC has a track record of providing high quality, efficient care, and JHM is proud to partner with AAMC on this program. In addition to its worldwide reputation for high quality care, JHM is ranked number 1 in the state of Maryland for hospital overall rating of patient experience followed by AAMC ranked number 2. A Johns Hopkins Medicine cardiac surgery program at AAMC would mean that the 550,000 residents of Anne Arundel County and even more from the eastern shore and southern Maryland will have access to the full continuum of high quality care without unnecessary and costly transfers. In addition, AAMC has extensive and robust disease education, prevention and community outreach programs related to cardiovascular disease. JHM has a long-standing tradition of bringing high-quality care to underserved populations—our joint records of improving the health status of the community are another example of how we are aligned in our missions.

Johns Hopkins Medicine values its partnership with Anne Arundel Health System, which it intends to continue long into the future. We hope this letter demonstrates our support as Anne Arundel Health System's clinical partner in its request for the approval of its Certificate of Need. If you have any questions, please do not hesitate to contact me.

Sincerely,



Ronald R. Peterson

cc: Victoria Bayless, President/CEO
Anne Arundel Medical Center

John V. Conte, M.D., F.A.C.S.
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Dear Mr. McDonald:

I am writing in support of Anne Arundel Medical Center's (AAMC) Certificate of Need (CON) application for cardiac surgery services.

As a Professor of Cardiac Surgery and someone who has been involved in medical education and biomedical research for over 20 years I would like to see cardiac surgery at AAMC. An affiliation with the Cardiac Surgery program at Johns Hopkins University would open new avenues for both medical education and biomedical research.

The Thoracic Surgery Residency program at Johns Hopkins University is a well established 3 year program fully accredited by the ACGME leading to full certification by the American Board of Thoracic Surgery. This is the Board that credentials surgeons who ultimately practice General Thoracic Surgery as well as Adult and Pediatric Cardiac Surgery in the United States. Most programs in the United States are based at University Hospitals with some having rotations at Veterans Administration Medical Centers and at city hospitals. Few have rotations at community based private hospitals. Having an affiliation with a community based private hospital would enhance the experience of our residents providing exposure to a population of patients most cardiac surgery trainees do not see.

As one of the pre-eminent cardiac surgery research programs in the country the cardiac surgeons, cardiac anesthesiologists and cardiologists are involved in a multitude of clinical and translational research protocols designed to better understand cardiovascular disease and improve its treatment. A compendium of active protocols is attached to this application. AAMC patients will have access to these research trials through the Hopkins faculty and AAMC staff who will collaboratively develop the AAMC cardiac surgery program. This will be a win-win for the researchers who will have access to a new source of patients to offer enrollment to and to the AAMC patients who will know that they are at a minimum helping their friends and neighbors by participating in the generation of new knowledge and may themselves possibly benefit from new therapies.

AAMC has a strong track record of participating in oncology research with Johns Hopkins researchers. Their interest and commitment to the Cardiovascular Patient Outcomes Research Team (C-PORT) projects demonstrated the willingness of the administrative, physician and nursing staff at AAMC to provide outstanding clinical care and participation in clinical cardiovascular research. The AAMC staff was outstanding both in terms of their excellent quality of care and in their prompt, careful and meticulous attention to C-PORT project data collection and reporting. We anticipate a similar response to the other clinical and translational research projects that are brought to AAMC through the AAMC Cardiac Surgery program.

I strongly and enthusiastically support the CON application for cardiac surgery services of AAMC. I am confident that the AAMC Cardiac Surgery program will prove a valuable experience for the Hopkins trainees and an important contributor to current and future cardiac surgery based clinical and translational research protocols.

Most sincerely yours,

A handwritten signature in cursive script that reads "John Conte".

John V. Conte, M.D.
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Johns Hopkins Cardiology at GBMC

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Dear Mr. McDonald:

I am writing in support of Anne Arundel Medical Center's (AAMC) Certificate of Need (CON) application for cardiac surgery services.

As Director of the Cardiovascular Patient Outcomes Research Team (C-PORT) projects, I work closely with the administrative, physician and nursing staff at AAMC. The performance of the AAMC providers in the C-PORT projects was outstanding both in terms of their excellent quality of care and in their prompt, careful and meticulous attention to C-PORT project data collection and reporting.

In starting up other C-PORT sites around the country, I use the C-PORT experience with AAMC not only as an example of a community hospital's excellence in patient care and clinical research, but also as an example of the importance of administrative and provider dedication to their local patient population and community medical center.

One of the critical facility participation criteria for C-PORT is demonstration that the facility is capable of performing 200 percutaneous coronary intervention (PCI) procedures annually. To estimate whether a hospital could reach this volume threshold, the annual volume of diagnostic cardiac catheterizations was used. A yearly volume of 500 procedures was used as the minimum diagnostic cardiac catheterization volume required to achieve an annual volume of 200 PCIs. At the time of application to participate in C-PORT, AAMC performed fewer than 200 diagnostic catheterizations each year, far fewer than the required volume. What was frustrating to providers and patients was that within the AAMC service area, a high volume of PCI procedures was performed – but all of these cases were performed at other hospitals, frequently in Washington or even Virginia. Physician interventional cardiologists associated with AAMC asserted by letter to both the Maryland Health Care Commission (MHCC) staff and C-PORT that their patients wanted and preferred to have their procedure at AAMC and that they would bring patients that needed cardiac catheterization to AAMC rather than referring them out to remote hospitals if C-PORT, and therefore PCI, was available. As it turned out, those AAMC-dedicated physicians did indeed bring a sufficient number of patients to the AAMC to achieve the required PCI volume. In fact, today AAMC is one of the highest volume PCI programs in the entire C-PORT project, performing in excess of 400 PCI procedures annually.

The administrators and providers at Anne Arundel Medical Center have a clear, strong track record actually doing what they said they would do: develop a high-volume PCI program and, more importantly, a program of the highest quality. This demonstrates the dedication of Anne Arundel physicians to their community medical center, and the strong desire of patients to have their care at AAMC.

I strongly and enthusiastically support the CON application for cardiac surgery services of AAMC. I am confident that the same outstanding performance and excellence of care provided our PCI patients will extend to patients who need cardiac surgery.

A handwritten signature in black ink, consisting of the letters 'T' and 'A' followed by a long, horizontal, wavy line that extends to the right.

Thomas Aversano, M.D.
Associate Professor of Medicine