

House Republican Press Release

October 30, 2008
Press Office: 860-240-8700

Rep. D'Amelio Supports Permanent Operating License for Heart Center at Office of Health Care Access Hearing



Tells OHCA Commissioner Vogel Closing Center would Put Heart Attack Victims at Risk

Thousands of heart attack victims who depend on the Heart Center of Greater Waterbury for quality care at a convenient location could be put at risk if the state Office of Health Care Access fails to grant the facility a permanent operating license, state Representative Anthony J. D'Amelio said Thursday at an OHCA public hearing on the center's application.

"Thousands of heart attack victims could be put at risk and some could die if the center is forced to close in mid-January and patients afflicted with sudden heart attacks have to be taken to hospitals such as Yale-New Haven Hospital or Bridgeport Hospital," Representative D'Amelio said in testimony October 30th before OHCA Commissioner Cristine A. Vogel, who is considering the heart center's application.

OHCA originally approved the heart center as a three-year demonstration project in July 2004. The demonstration project got underway when the center opened in July 2005. The trial period ended July 19th. However, the facility has remained open under a six-month extension Commissioner Vogel granted Aug. 29th. The extension allows the center to remain open through January 19, 2009.

The Heart Center is owned and operated by Saint Mary's and Waterbury hospitals and the University of Connecticut Health Center/John Dempsey Hospital in Farmington.

"While I appreciate OHCA's recent approval of the heart center's request to continue operating through January 19th, it is only a temporary reprieve for the center – and for the thousands of Greater Waterbury heart disease patients and their families who depend on the facility for quality care at a convenient location," said Representative D'Amelio, R-71st District.

Keeping the heart center open is "an important public health issue for those of us who live in and near the City of Waterbury. Thousands of heart attack victims could be put at risk and some could die if the center is forced to close in mid-January and patients afflicted with sudden heart attacks have to be taken to hospitals such as Yale-New Haven Hospital or Bridgeport Hospital," Representative D'Amelio said.

"Delays in treatment make survival less likely. If the Heart Center does not receive a permanent operating license and is forced to close, area residents who suffer sudden heart

attacks will have to be transported to hospitals in New Haven or Bridgeport and will face higher disability risks later in life because it takes longer to bring victims to hospitals in those cities than it does to bring them to the local facility,” Representative D’Amelio said.

“Keeping the Heart Center open is also very important to heart attack victims’ families. Driving to Bridgeport or New Haven from the Waterbury area to visit their hospitalized parents, grandparents, brothers and sisters can place even more stress on family members who already are worried about their loved ones’ chances of survival,” Representative D’Amelio testified.

“As a person who has had four relatives spend time in Bridgeport hospitals recuperating from heart attacks, I can testify to the fact that having to drive long distances to visit them made me more anxious about their long-term health. For most of us, closing the heart center will mean fewer and shorter visits to hospitalized relatives in Bridgeport and New Haven,” Representative D’Amelio said.

The main obstacle to approval of a permanent operating license for the center appears to be the heart center’s failure to meet an OHCA requirement that it perform 950 open heart surgeries over the three-year life of the demonstration project.

The patient volume targets in OHCA’s original approval for its three-year demonstration project called for the heart center to perform 125 open heart surgeries at both Waterbury and Saint Mary’s hospitals, for a total of 250 during the program’s first year; 150 per site, for a total of 300, in the second year; and 200 per site, for a total of 400, in the third year — or 950 open heart surgeries during the three-year demonstration period.

The approval also required Waterbury and St. Mary’s to perform 200 angioplasties per hospital per year, or 400 angioplasties per year and 1,200 over the course of three years.

The heart center has performed about 1,800 angioplasties and about 600 open heart surgeries during its first three years of operation, according to Loraine C. Shea, its executive director.

“While it is certainly true that the heart center did not meet its performance goal for heart surgeries, it clearly outperformed its OHCA-mandated quota for angioplasties,” Representative D’Amelio said.

In its deliberations on the heart center’s application for permanent status, OHCA also should strongly consider “the center’s record for positive clinical outcomes for open heart surgeries. That record meets and generally exceeds Society of Thoracic Surgery and American College of Cardiology standards,” Representative D’Amelio said.

“I believe OHCA should give more weight to the center’s record of positive outcomes for open heart surgeries than to the total number of those procedures it has performed. If I ever need open heart surgery - and my family history suggests I am at risk for heart disease - I would prefer the operation to take place at a hospital with a superior record of success for the procedure than at one that simply has done more of them,” Representative D’Amelio said.

“Enabling the heart center to remain open in perpetuity is critical to the health and safety of thousands of Greater Waterbury residents and their families,” Representative D’Amelio said.

Testimony from:

Hon. Anthony J. D’Amelio, 71st Assembly District: Waterbury and Middlebury

To: Commissioner Cristine A. Vogel, CT Office of Health Care Access

Re: Heart Center of Greater Waterbury request for permanent operating license.

Commissioner Vogel, Office of Health Care Access Staff:

I come before you today to re-affirm my strong support for the Heart Center of Greater Waterbury’s application for a permanent operating license.

The Heart Center is owned and operated by Saint Mary’s and Waterbury hospitals and the University of Connecticut Health Center/John Dempsey Hospital in Farmington.

While I appreciate OHCA’s recent approval of the heart center’s request to continue operating through Jan. 19, 2009, it is only a temporary reprieve for the center – and for the thousands of Greater Waterbury heart disease patients and their families who depend on the facility for quality care at a convenient location.

It is an important public health issue for those of us who live in and near the City of Waterbury.

Thousands of heart attack victims could be put at risk and some could die if the center is forced to close in mid-January and patients afflicted with sudden heart attacks have to be taken to hospitals such as Yale-New Haven Hospital or Bridgeport Hospital.

Delays in treatment make survival less likely. If the Heart Center does not receive a permanent operating license and is forced to close, area residents who suffer sudden heart attacks will have to be transported to hospitals in New Haven or Bridgeport and will face higher disability risks later in life because it takes longer to bring victims to hospitals in those cities than it does to bring them to the local facility.

Keeping the Heart Center open is also very important to heart attack victims’ families. Driving to Bridgeport or New Haven from the Waterbury area to visit their hospitalized parents, grandparents, brothers and sisters can place even more stress on family members who already are worried about their loved ones’ chances of survival.

As a person who has had four relatives spend time in Bridgeport hospitals recuperating from heart attacks, I can testify to the fact that having to drive long distances to visit them made me more anxious about their long-term health.

For most of us, closing the heart center will mean fewer and shorter visits to hospitalized relatives in Bridgeport and New Haven.

The main obstacle to approval of a permanent operating license for the center appears to be OHCA’s requirement that it perform 950 open heart surgeries over the three-year life of the demonstration project.

The patient volume targets in OHCA’s original approval for its three-year demonstration project called for the heart center to perform 125 open heart surgeries at both Waterbury and Saint Mary’s hospitals, for a total of 250 during the program’s first year; 150 per site,

for a total of 300, in the second year; and 200 per site, for a total of 400, in the third year — or 950 open heart surgeries during the course of the three-year demonstration period.

The approval also required Waterbury and St. Mary's to perform 200 angioplasties per hospital per year, or 400 angioplasties per year and 1,200 over the course of three years.

By comparison, when OHCA approved Danbury Hospital's Certificate of Need to establish a Regional Primary and Elective Angioplasty and Open Heart Surgery Program on July 23, 2004, the hospital was required to perform 125 open heart surgery procedures within twelve months after its open heart surgery program got underway, according to OHCA.

Danbury Hospital was required to meet those open heart surgery volume targets for a period of two consecutive 12-month periods after it initiated its program to remain in compliance with the stipulations set by OHCA to continue performing the procedure, according to the settlement reached between the hospital and OHCA when its certificate of need was approved.

In 2005, Danbury Hospital performed 114 open heart surgeries; in 2006, 177; and in 2007, 121.

Danbury Hospital also was required to perform 200 angioplasties within twelve months after its angioplasty program got underway and to meet the same volume targets for two consecutive 12-month periods after initiating its angioplasty program, according to the settlement with OHCA.

In 2006, Danbury performed 453 angioplasties, and in 2007, 409, according to OHCA.

Danbury Hospital performed a total of 412 open heart surgeries from 2005 through 2007. During the same period, Waterbury and St Mary's hospitals performed a combined total of 438 open heart surgeries, according to OHCA.

For the period 2005 through 2007, Waterbury and St. Mary's hospitals performed a combined total of 1,383 angioplasties compared to 862 angioplasties for Danbury Hospital, according to OHCA figures.

While it is certainly true that the heart center did not meet its performance goal for heart surgeries, it clearly outperformed its OHCA-mandated quota for angioplasties and exceeded Danbury Hospital's totals for both procedures over the same three-year period.

It seems unfair to me that the Heart Center of Greater Waterbury had to perform more open heart surgeries and angioplasties during its three year demonstration project than Danbury Hospital was required to perform after its Certificate of Need was approved.

Another factor that I believe should be given strong consideration when OHCA deliberates whether to approve the Heart Center's request for a permanent operating license is the center's record for positive clinical outcomes for open heart surgeries. That record meets and generally exceeds Society of Thoracic Surgery and American College of Cardiology standards.

I believe OHCA should give more weight to the center's record of positive outcomes for open heart surgeries than to the total number of those procedures it has performed.

If I ever need open heart surgery - and my family history suggests I am at risk for heart disease - I would prefer the operation to take place at a hospital with a superior record of success for the procedure than at one that simply has done more of them.

It is my hope that you will act favorably on the Heart Center of Greater Waterbury's request for a permanent operating license.

Enabling the heart center to remain open in perpetuity is critical to the health and safety of thousands of Greater Waterbury residents and their families.