

House Republican Press Release

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Press Office: 860-240-8700

DelGobbo Testifies on Cardiac Care Service



Testimony of
**Representative Kevin M.
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70th District
Naugatuck, CT

I and as you can see many, many others are here today on behalf of thousands of families, friends, neighbors and co-workers, pleading that we deserve no less than our continued access to the quality care that the Heart Center of Greater Waterbury provides. In accordance with your guidelines for the subject matter of today's hearing, I request approval for the extension of time under which this Center is allowed to operate. However, make no mistake, for myself and for my constituents....the health and safety of the Greater Waterbury region demands that the Heart Center of Greater Waterbury ultimately gain permanent CON status.

We also speak on behalf of the untold thousands of people in the course of a generation, whose lives hang in the balance, based on the decisions made in the coming weeks and months.

What you will hear today is an amazing success story: a story of data to support our cause, a story of quality measures that support our cause, and most importantly, personal stories of lives saved, and lives that will only be saved in the years ahead if the Heart Center is allowed to continue.

In reviewing the Certificate of Need Approval Document issued by OCHA in July 2004, I am reminded of the extraordinarily compelling case that was presented to justify the necessity...I repeat THE NECESSITY of providing Cardiac Care services in the "heart" so to speak of our region. The "**Finding of Fact**" that OCHA determined in 2004 that there is a **CLEAR PUBLIC NEED** for these services remains. Indeed, that document encompasses an amazing detail of background information and rationale that supported our case for the Heart Center. That "case" has only been strengthened a hundredfold, or should I say 2,400 plus fold since July 2004. The facts on the ground do support the Heart Center's continued authorization to operate.

OCHA's 2004 determination also contained certain measures and guidelines to ensure quality care. It seems as if we are here today because the Heart Center, for all of its

extraordinary successes, failed to meet just one of the innumerable target criteria assigned in the July 2004 determination by OCHA. Frankly, as a policy maker I consider the number assigned for the Open Heart procedures a somewhat subjective and fungible target at that.

In making that last statement I do not wish to imply any maliciousness on the part of OCHA in establishing certain target numbers. I simply believe that to use certain numbers as an ABSOLUTE criteria to determine viability and quality measures would at the very least call into question whether other heart centers in this state that already have “permanent” status should be allowed to continue to operate. It is in fact my understanding that 4 other centers have performed FEWER open heart procedures than ours during 2007.

There is a lot of reference to “guidelines,” and quality indicators in the July 2004 determination. I can well understand the value and importance of these. However I cannot believe and do not believe but they are meant to be a straightjacket. We are asking for a dynamic understanding of what is going on at the Heart Center.

I do not by any means whatsoever suggest that I am a medical expert. I do however have more than 20 years public policy experience in reading data, interpreting complex studies and extrapolating policy intent vs. effect in the real world.

I note for example that items #41 and #42 in OCHA’s July 2004 decision reference Guidelines established in 1996 and 1999, and further that those guidelines rely in part on a report issued back in **1975**. More than 30 years ago. Even this uneducated “politician” can appreciate how dramatically the landscape of medicine has changed in the last decade, not to mention the last 30 years! My layman’s observations inform me of a dramatic shift away from open heart procedures and towards angioplasty. My sense is that the skill set of doctor’s and staff necessary for quality care not only exists at the Heart Center but is maintained in ways that were most likely never contemplated in the 1996 or 1975. I note for example a story in yesterday’s Waterbury Republican that points out that Dr. Paul Preissler performs numerous open heart procedures that are not counted in the Waterbury centers target count. My own conclusion therefore in evaluating the “weight” that should be given to utilizing the guidelines mentioned is to proceed with extreme caution in using them as absolutes.

We are asking that the State of Connecticut try to see the forest from the trees in evaluating whether this Center should remain open.

Some may consider our original request, and today’s request to be the result of some simplistic and parochial passion in the Greater Waterbury area.... “The other urban centers have one....we want one too!” It’s true there is passion, but please do not confuse that with the absolute facts of a desperate need for these services **IN OUR REGION**. The Heart Center of Greater Waterbury not only meets that need, but does so in the context of a viable model to ensure quality care.

The question being asked today is: “Why should this Heart Center remain open, why should it be granted an extension?” I think however, the real burden lies in answering this question: “How could you possibly justify closing this Center?” I cannot fathom how *that* burden of proof can be met.

The first sentence of OCHA’s mission statement reads: The mission of OCHA is to ensure that the citizens of CT have access to a quality health care delivery system.” It is my emphatic opinion that you can give real meaning to these words only by approving the extension, and ultimately permanent approval for this Center.