

C&S Medical
(dba Delaware Surgical Arts)
Proposal for Additional
Procedure Room

Delaware Health Care Commission
March 24, 2022

C&S Medical has owned and operated an ambulatory surgery center, Delaware Surgical Arts (DSA), since 2005. We are seeking permission to add a procedure room for local anesthesia cases.


Paul Sabini, MD, FACS Medical Director, co-owner

Christopher M. Conti, MD, co-owner

Tara Johnston, RN, Clinical Director

Mary Pat Kwoka, MSMHC, CEO

Need for the Project

- Although it is a multispecialty surgery center, a majority of our patients are dealing with skin cancer
- We see patients from all three counties in the state
- Since our opening in 2005, New Castle County has seen an 11% increase in population (census.gov)
- Nationally skin cancer incidence has  77% since 1994 (skincancer.org)

Need for the Project

The number of physicians treating skin cancer in Delaware has not increased commensurate with the population or the incidence of the disease resulting in an increased demand on our services and longer wait times for patients.

Need for the Project

Despite the presence of several ambulatory surgery centers in the region, Christiana Care has continued to grow and expand with a campus in Middletown and the acquisition of new facilities indicating that the need for OR time has not abated.

Need for the Project

Using the State's mathematical formula (application page D5) underscores this—New Castle County has a deficit of 22 FSSC procedure rooms based upon the population *

Need for the Project

- DSA has 4 surgeons regularly using block time in its operating rooms yet we are still seeing increased wait times.
- 3 of our surgeons work at the area hospitals as well and they are still encountering increasing wait times for cases.

Alternatives

Given the nature of skin cancer and the current gold standard treatment, there are no effective alternatives

Why?

SKIN CANCER

- By far the most common malignant tumor in humans.
- Most common types of Skin Cancer:
 1. Basal Cell Carcinoma
 2. Squamous Cell Carcinoma
 3. Malignant Melanoma

TREATMENT OF SKIN CANCER

1. Effudex (5-FU topically)
2. Cryotherapy
3. Radiation Therapy
4. Electrodesiccation and Curettage (ED&C)
5. Excisional Surgery
6. Mohs Micrographic Surgery

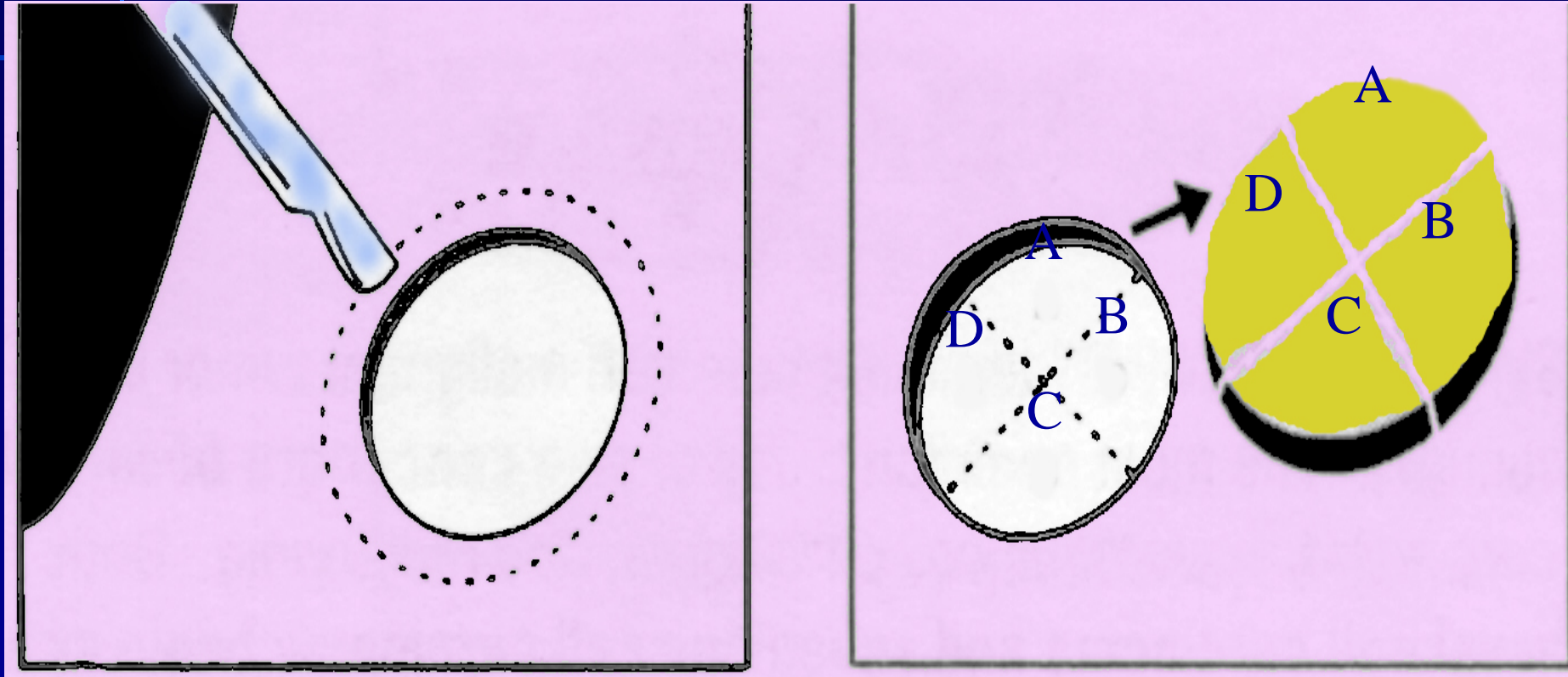
MOHS MICROGRAPHIC SURGERY

- Requires a specialized well-trained team (Mohs surgeon, histotechs, RN's).
- Done under local anesthesia in the office.
- After the skin cancer is completely removed, flap and graft reconstructive surgery can then be performed.

Why Mohs?

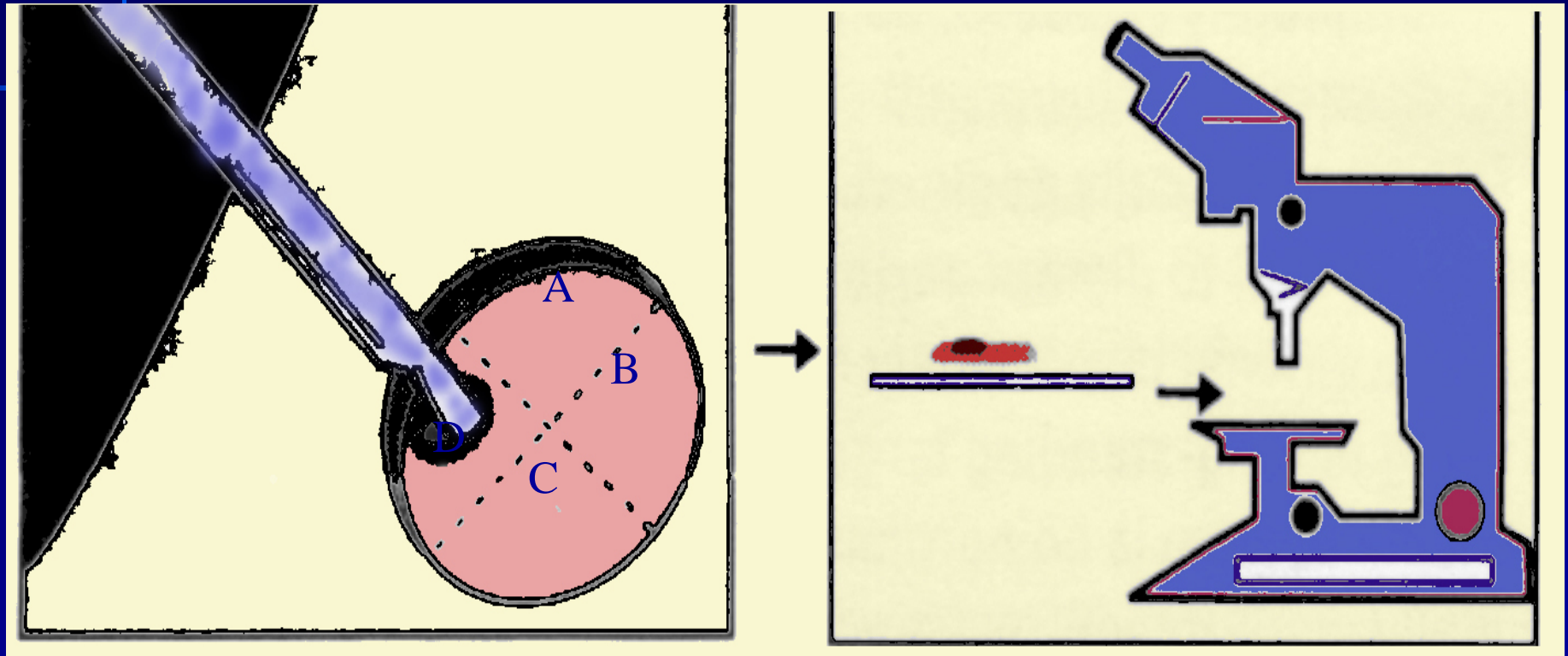
- Flaps and grafts can bury residual tumor
- Detection of recurrence will be delayed
- Mohs microsurgery reduces the rate of recurrence to less than 1% for BCC,
- 2-4% for SCCA
- **NO OTHER PUBLISHED TECHNIQUE COMES CLOSE!!!!!!**

MOHS MICROGRAPHIC SURGERY



A thin layer of tissue is excised from the surrounding skin and base. The removed tissue is mapped and sectioned.

MOHS MICROGRAPHIC SURGERY



If additional tumor is found, it is located on the map, marked and removed. The examination/removal process continues until no tumor is found.

The Mohs surgeon is both the surgeon and the pathologist



Mohs Surgery in Delaware

Dr. Christopher Conti remains the only full-time fellowship trained Mohs surgeon in Delaware.

He is part of a larger practice that also has plastic and reconstructive surgeons on site.

After Mohs is performed in the office, the defect is repaired in an asc or hospital operating room.

Alternatives

Given the number of patients with skin cancer, a hospital or non dedicated facility can not possibly match the ability of Delaware Surgical Arts to quickly and safely treat the community.

Alternatives/Existing Healthcare System

Hospital OR's lack the flexibility needed to manage the unpredictable nature of skin cancer defects as well as the ability to adjust from general anesthesia to local or the other way around. The proximity of DSA to the Mohs surgeon is also an enormous benefit to patients.

Relationship to Existing Healthcare System

For a hospital, these cases are not among their more profitable and the vast majority of our patients do not require the inpatient resources that justify the higher costs of hospitals.

Viability of the Proposal

DSA has the space for the additional room as well as an available line of credit to fit out the procedure room

Effect on Costs and Charges to Healthcare System

Costs in an asc are orders of magnitude lower as compared with hospital OR's.

Effect on Quality of Care

DSA anticipates no drop off in the quality of care. Before the pandemic, we were preparing to submit this proposal because the need was already there. We held off. However, we still increased our staffing during the pandemic despite strains on our resources because we needed staff to help us manage the case load and we wanted them trained and in place for this needed expansion.

THANK YOU

*Mathematical Need

Delaware Surgical Arts - Mathematical Need	NCC		State of Delaware
Step 1			
Population of NCC	571,058.00		992,035.00
	1,000.00		1,000.00
Population/1000	571.06		992.04
	116.25		116.25
Number of patients needing FSSC services	66,385.49	(571.06 x 116.25)	115,324.07
Step 2			
Number of procedure rooms in NCC			
Number of surgeries an hour	1.00		
Number of hours per day	8.00		
Number of work days	250.00		
Number Surgical Visits Per Year	2,000.00		
Step 3			
Number Surgical Visits Per Year	2,000.00		
Utilization percentage	70%		
Number of Surgical Visits that Justify Approving an Additional Room	1,400.00		
Step 4			
Number of patients needing FSSC services	66,385.49		115,324.07
Number of Surgical Visits that Justify Approving an Additional Room	1,400.00		1,400.00
Number of FSSC rooms needed in the proposed county	47.42		82.37
Step 5			
HRB-approved FSSC rooms	25.00		
Total number of FSSC rooms available	25.00		55.00
Step 6			
Number of FSSC rooms needed	47.42		82.37
Number of FSSC rooms available	25.00		55.00
Deficit of FSSC rooms	22.42		27.37

***Clarification of Mathematical Formula**

DSA draws patients from the entire state.

87% of our cases are local anesthesia
(ie in Procedure room)