



Cardiovascular Ambulatory Surgery Center (ASC)

To Better Serve and Expand Access
to Cardiovascular Care for Delawareans

Developed via Joint Venture Partnership: Christiana Care Health Services, Inc., Atlas Healthcare Partners, US Health Partners (USHP) and Cardiovascular Physicians of Delaware

Certificate of Public Review
Delaware Health Resources Board Proposal

August 25, 2026

About ChristianaCare

ChristianaCare is a nonprofit academic health system, serving Delaware, Maryland, Pennsylvania and New Jersey. We are Delaware's largest private employer and a Top 10 Philadelphia area employer

Nationally Recognized Care

Delaware's No. 1 hospital for quality, with Magnet recognition for nursing excellence.

Comprehensive Acute Care

Five hospitals, Level I trauma care and regional centers of excellence in cancer, heart and neuroscience.

Comprehensive Outpatient and Ambulatory Surgical Care

For over 10 years, has provided multi-specialty ambulatory surgical care at our Newark Campus.

**Nearly 15,000
employees**

**\$232M in community
benefit spending**

About Cardiovascular Physicians of Delaware

(formerly known as Cardiology Physicians, LLC)

Cardiovascular Physicians of Delaware is one of the foremost cardiology practices based in Delaware providing cardiovascular and vascular care throughout the region.

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Serving 10 locations in Delaware and 1 in Maryland

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More than 30 Years of Experience

Comprehensive Services

- Preventive Cardiology Services
- Vascular Surgery and Interventional Services
- Diagnostic Cardiac Testing
- Interventional Cardiology
- Electrophysiology Services
- Heart Failure Management
- Advanced Diagnostic Services
- Outpatient Cardiovascular Care

Experienced Clinical Team

- 24 Cardiologists and 16 Advanced Practice Providers
- 8 Interventional Cardiologists
- 4 Electrophysiologists
- 3 Vascular Surgeon

Our Proposal Cardiovascular Ambulatory Surgery Center (ASC)

Project Overview

Christiana Care Health Services, Inc., Atlas Healthcare Partners, US Health Partners (USHP), and Cardiovascular Physicians of Delaware are partnering to establish the **ChristianaCare Cardiovascular Center Newark (CCCC Newark)**, a dedicated cardiovascular Ambulatory Surgery Center (ASC) on the Newark Campus.

The **\$9 plus million investment** will include two operating rooms, functioning as state-of-the-art catheterization and electrophysiology (EP) laboratories.

The new facility is designed to shift appropriate cardiovascular procedures from the inpatient setting to a high-quality outpatient environment, with a targeted goal to be **operational in early 2028**.

The facility will be **across the street from Christiana Hospital**, providing quick, easy access for transfers when needed.

Section 1 Conformity with Health Resources Management Plan

The objective of the partnership is to develop a dedicated cardiovascular ASC

Quality of Life

- Improving the quality of life for people in New Castle County by offering exceptional care close to home.
- Partnership between ChristianaCare, Atlas, USHP, and Cardiovascular Physicians of Delaware all experts in cardiovascular care and management to enhance care coordination, drive operational efficiency, and lead in value-based care with improved patient outcomes.

Expanded Health Services

- Increasing access to specialized cardiovascular services including catheterization and electrophysiology laboratories.
- Improved care coordination, efficiency and overall access to appropriate outpatient cardiovascular care.

Greater Access to Care

- Community hub to enhance access and availability to deliver expert cardiovascular care.
- Conduit for connecting with a diverse patient population and supporting patients (especially the 65+ population) with highly complex conditions in an appropriate site-of-care.
- Applying national best-practices and benchmarks that drive efficiency and lower cost of care.

What exists today?

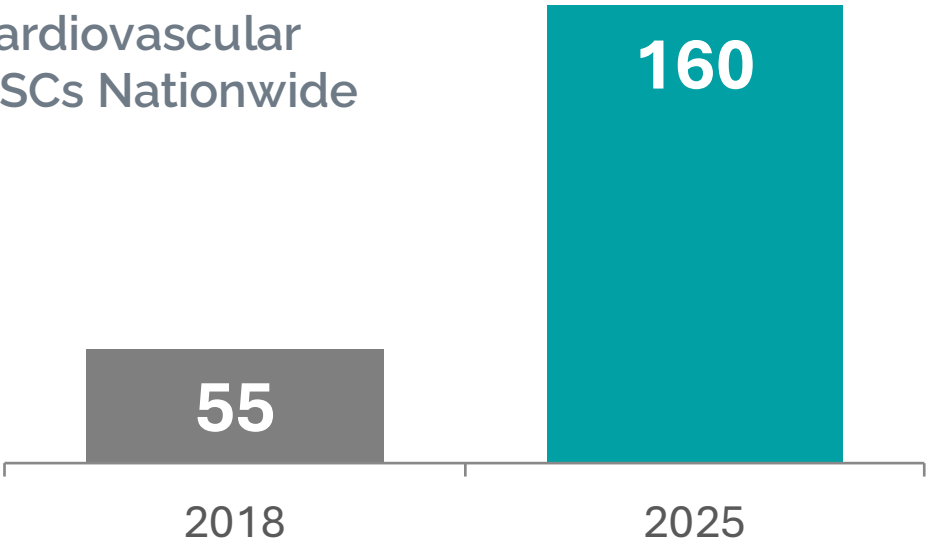
- There are **no** ambulatory surgery centers today in Delaware that perform these cardiovascular procedures.
- These procedures are performed in the highest cost procedural locations within the acute care hospital
- Low complexity procedures impact ability to schedule urgent and higher acuity life saving procedures in the hospital
- This translates into longer wait times for patients who need ambulatory care—
 - **up to 14 days for catheterization procedures**
 - **more than 28 days for electrophysiology procedures.**



Cardiovascular ASCs Support an Aging Population – and Delaware is Behind

Nationwide Growth

Dedicated cardiovascular ASCs Nationwide



- ↑ **4x growth in 5 years** now the fastest-growing ASC specialty.
- 👤 **approximately 160** single-specialty cardiovascular ASCs nationwide*

Expected Volume Migration

- ✓ Outpatient cardiac volumes projected to grow **~25% by 2035** vs. just **~8% for inpatient**
- ✓ CV procedures performed in ASCs projected to grow **~15%** between 2023 and 2028



PENNSYLVANIA

5-7 Dedicated cardiovascular ASCs in Pennsylvania today

- New in 2026: \$10M cardiology ASC in King of Prussia (CCP + Penn Medicine)
- Among the few states that adjusted regulations to allow ASC-based PCI

VS



DELAWARE

0 Dedicated cardiovascular ASCs in Delaware today

- Delaware has 22 Medicare-certified ASCs - none cardiovascular-specific
- No dedicated CV ASC currently exists in New Castle County

Bottom line: Delaware is an outlier - national and Pennsylvania momentum is clearly toward dedicated cardiovascular ASCs, yet Delaware patients still lack a CV-specific outpatient option. This center provides Delawareans access to the same "state of the art care" that is found in neighboring states.

Value of Dedicated Cardiovascular ASC vs. Multispecialty ASC

Why specialization matters for access, safety, capacity, and board positioning

Dedicated Cardiovascular ASC	Typical Multispecialty ASC
✔ Purpose-built catheterization lab, vascular and electrophysiology-ready environment	● Shared rooms, schedules, supplies, and teams across specialties
✔ Focused protocols, selection criteria, and CV metrics	● Variation in equipment needs and procedural workflows
✔ Predictable throughput and same-day procedural model	● Competes with broad surgical demand for capacity
✔ Fixed cardiac biplane imaging supports diagnostic to interventional cases	● May not be designed for advanced CV imaging, staffing, recovery
✔ Key equipment-specialized physiologic monitoring, intra-vascular ultrasound, cardiac specific resuscitation equipment	● Harder to make a clear, specialty-specific need case

This is not simply another ASC center. It is a specialized outpatient cardiovascular care platform designed specifically for lower-acuity CV procedures.

Specialized facility = specialty-specific infrastructure, team, workflows, and quality oversight

Section 2 Demonstrated Market Need



Aging Population Growth

+23% growth in 65+ population by 2035 (112K → 137K)

Aging population drives cardiovascular demand growth



Future Procedure Demand

10,800 ambulatory cardiovascular procedures projected by 2029

Strong demand growth across primary service area and accelerated growth of proven interventional procedures, such as curative atrial fibrillation ablation



Outpatient Migration Trend

Continued migration of cardiovascular care to outpatient settings. ~2000 procedures appropriate for migration

Regional and national trends support transition



Appropriate Site of Care

40% of procedures appropriate for ASC setting. With 80% of those originating from NCC

Preserves hospital capacity for higher-acuity patients

Growing Demand and Capacity Constraints

Support a Dedicated Cardiovascular ASC

A dedicated cardiovascular ASC shifts appropriate low-acuity procedures to a specialized outpatient setting, improving access, reducing delays, and preserving inpatient capacity for the patients who need it most.

- **Demand is outpacing capacity** while outpatient care continues to expand, supporting the need for a dedicated CV ASC
- **Today we are experiencing high utilization levels (80–90%+) , which lead to:**
 - **Reduced inpatient capacity:** Limited availability for high-acuity and complex cardiovascular cases
 - **Elective Access Delays:** Outpatient procedures are often postponed or rescheduled due to inpatient demand
 - **Emergency Throughput Risk:** Acute MI and other emergent cases can face delays when procedure rooms are occupied
- Having a cardiovascular specific ASC option shifts appropriate cases to **lower-cost** settings.

ChristianaCare HVIS Volume and Utilization Statistics

Metric/Indicator	Cath	EP
Volume Growth (FY24-FY26)	+3%	+9%
ASC Growth Opportunity	+2%	+18%
Utilization (24-month block)	80% (IP&OP)	82% (IP&OP)
Wait Time (Lead Time)	14.5 days (OP)	28.0 days (OP)
Case Mix	52% OP/48% IP	73% OP /27% IP
ASC Opportunity	~40% ASC-appropriate	~40% ASC-appropriate

Section 3

Alternatives to the Proposal



Continue to perform procedures in higher cost setting of the hospital.



Patients leave the State of Delaware for what is becoming the standard of Cardiovascular care across the US.



Perform procedures in Multi-specialty ASCs that are not dedicated to Cardiovascular Care.



Inability to meet Demand with continued access delays.

Section 4 Impact on the Existing Healthcare Delivery System

A specialized cardiovascular ASC expands access, protects hospital capacity and strengthens the regional care network

Expand Access

Increase outpatient cardiovascular capacity
Meeting growing demand

Preserve Hospital Capacity

Shift appropriate procedures out of the hospital.
Opening up capacity for complex, higher-acuity care.

Improve Patient Experience

Deliver faster, more convenient care closer to home.

Lower Cost of Care

Deliver appropriate procedures in a more efficient, lower-cost setting.

Strengthen the Care Network

Connect patients, providers and expertise across the cardiovascular continuum.
Open to community cardiologists, expanding access and physician collaboration.

A cardiovascular ASC complements – not competes with – the existing healthcare delivery system by moving appropriate care to the right setting while preserving hospital resources for patients who need them most

Section 5

Expected Costs: Immediate and Long-Term Viability



Financially Sustainable
capital investment supported through organizational and partnership funding sources.



Right Site of Care
Transitions appropriate procedures to a lower-cost outpatient setting and anticipate project will decrease overall cost of care for patients.



Improves System Efficiency
Preserves hospital capacity for complex and inpatient cardiovascular care



Aligns with Industry Trends
Supports the continued migration of cardiovascular procedures to ambulatory settings.

Category	Investment
Design & Construction	\$5.5M
Equipment	\$3.5M
IT & Infrastructure	\$0.2M
Total Capital Investment	\$9.2M

Section 6 Effect on Healthcare Costs and Charges

Lower total cost of care, improved system capacity and expanded access to high-quality cardiovascular services for Delaware residents

- ✓ Reduce total episode-of-care costs for ASC-appropriate procedures and improve care efficiency
- ✓ Deliver **40-50% lower procedural costs** (in the outpatient setting)
- ✓ Expand access to cardiovascular services **closer to home**
- ✓ Enhances **patient-centered care** and outcomes
- ✓ The CV ASC extends ChristianaCare and Cardiovascular Physician's existing Medicaid, Medicare and charity care commitments—**not a separate or payer-selective model**
- ✓ **Anticipated decrease in overall healthcare costs**



Charity Care & Medically Indigent Access

Proven community commitment carried forward into the cardiovascular ASC

Key message: The CV ASC extends ChristianaCare's existing Medicaid, Medicare and charity care commitments—not a separate or payer-selective model.

1. Access

Medicaid and enrollment

All hospitals & practices enrolled with Medicaid; CV ASC to participate in Medicaid, Medicare and commercial plans.

2. Charity Care

Formal program

CV ASC will implement a charity care plan consistent with ChristianaCare policy.

3. Continuity

Established pathways

Cardiology Physicians and ChristianaCare continue care pathways for vulnerable CV patients.

Demonstrated Community Impact

Percent of gross revenue, FY2020–FY2024

16.7%

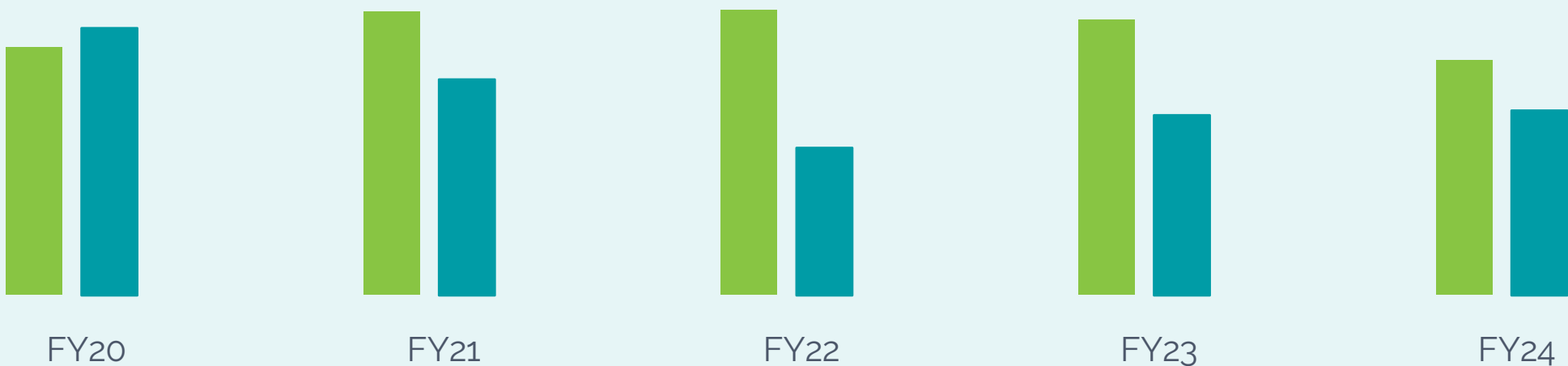
5-year avg. Medicaid patients

0.75%

5-year avg. indigent care

Five-Year Record

■ Medicaid ■ Indigent care



Clinical appropriateness—not payer status—will govern ASC eligibility and scheduling.

Section 7 Impact on Quality: Cardiovascular Quality & Safety Foundation

Proven heart & vascular infrastructure supports safe transition of appropriate cases to the CV ASC

The proposed CV ASC builds on ChristianaCare's and Cardiovascular Physicians of Delaware's existing cardiovascular quality infrastructure—not a new, untested clinical model.



1. Nationally recognized CV care

ACC HeartCARE

Center for Heart & Vascular Health earned ACC HeartCARE Center National Distinction of Excellence for comprehensive, high-quality cardiovascular care.



2. Accredited / registry-enabled

Quality systems

Participation includes ACC chest pain MI with PCI, resuscitation, cardiac cath lab accreditation, and the STS database. Additionally accredited by Medicare, Medicaid, and the Joint Commission.



3. Experienced clinical team

Board-certified

Application states ChristianaCare and Cardiovascular Physicians of Delaware cardiologists and vascular surgeons are board certified and participate in continuing education.

CV ASC quality model: measurable, standards-based oversight

CV procedural outcomes

Infection rates

Readmissions

Ambulatory performance

Will report key outcomes through registries on key performance indicators with procedure-specific outcomes, patient safety metrics, transfer metrics, patient experience, and payer/access reporting. Quality and safety are supported by recognition, accreditation, registry participation, board-certified clinicians, and defined CV performance metrics.

The Value of a Nonprofit-Community Provider-Private Equity Partnership

Proven heart & vascular infrastructure supports safe transition of appropriate cases to the CV ASC

MISSION + EXPERTISE + EFFICIENCY = COMMUNITY VALUE



1. Nonprofit Health System

- Clinical Excellence
- Community Mission
- Integrated Care



2. Private Equity/ASC Partner/Community Providers

- Dedicated CV Expertise
- Ambulatory Expertise
- Operational Efficiency
- Capital & Innovation
- Management Expertise
- Clinical Excellence & Community Engagement



3. Integration Creating Community Value

- Seamless connection with physicians, specialists, hospitals and broader care network
- Improving efficiency and access
- A platform to join leaders across different areas to bring their expertise into a lower-cost, highly efficient site of care
- Aligned with charity care policies

Mission & Community Commitment

Specialized Expertise

Operational Efficiency

Lower Cost of Care

Investment & Innovation

Clinical Integration

A complementary partnership that brings together clinical mission and ambulatory expertise—creating a high-quality, efficient outpatient option that benefits patients, providers and the broader community



Considerations around Market Competition and Consolidation

An appropriately structured, open-access ASC can strengthen—not diminish—the market by expanding capacity, increasing provider choice and offering patients a lower-cost alternative for appropriate care.

Open Access

An open, community-oriented model that **supports—not restricts—market access**

Provider Choice

Open to qualified cardiologists meeting bylaw requirements, expanding options for patients and referring providers

Right Site of Care

Shifting only **appropriate outpatient procedures**, preserving hospital capacity for higher-acuity care

Improved Care Coordination

Care with the patient's own physician across sites **reduces fragmentation** and improves continuity

Aligned Collaboration

A platform that encourages **collaboration** across independent, employed physicians, and the health system

Community Benefit

Measurable benefits in access, affordability, quality, patient experience and community need

Alignment with DHRB Statutory Criteria Section Summary

SECTION 1

Conformity with Health Resources Management Plan

Quality & Experience

Improves coordination, convenience, and patient experience.

Value & Affordability

Delivers lower-cost, high-value cardiovascular care.

SECTION 2

Demonstrated Need

Aging Population: 65+ population projected to grow 23% by 2035 (112K → 137K)

Growing Procedure Demand: ~10,800 ambulatory cardiovascular procedures projected by 2029

Outpatient Migration: ~2,000 procedures currently appropriate for ASC migration

Appropriate Site of Care: ~40% of cardiovascular procedures are ASC-appropriate

Improves coordination, convenience, and patient experience.

Delivers lower-cost, high-value cardiovascular care.

SECTION 3

Alternatives to the Project: Why a Dedicated Cardiovascular ASC is Needed

Hospital Status Quo

Capacity constraints persist

Existing ASC Capacity

Insufficient cardiovascular capability

External Providers

Patients leave the market

Delay Development

Access challenges increase

Hospital Expansion

Higher-cost approach

Dedicated CV ASC

Best solution for access, efficiency and continuity of care

SECTION 4

Impact on Existing HealthCare Delivery System

Expand Access

More outpatient cardiovascular capacity

Preserve Capacity and Reduce Bottlenecks

More space for complex inpatient care; fewer hospital procedural constraints

Improve Experience

Faster, convenient care closer to home

Lower Costs

More efficient site of care

Strengthen Care Network

Enhanced continuity and coordination and expertise

ASC will be open to community cardiologists

SECTION 5

Immediate and Long- term Viability

Total Investment

Total capital investment will be \$9+ Million. The project will be funded through organizational capital and partnership investment sources.

Supports migration of appropriate cases to a lower-cost outpatient setting; no increase to existing hospital-based service charges

Aligns with national trends toward ambulatory cardiovascular care

SECTION 6

Effect on Healthcare Costs and Charges

Cost Efficiency

Reduces procedural costs by 40–50%.

Outpatient Care

Aligns with national outpatient care trends.

Access Expansion

Expands local cardiovascular care access.

Patient Experience

Improves convenience, outcomes, and satisfaction.

Value-Based Care

Improves efficiency without increasing community costs.

SECTION 7

The Anticipated effect of the proposal on the quality of health care

Proven Quality and Clinical Excellence

Builds on the established quality, safety and clinical reputation of ChristianaCare and Cardiovascular Physicians, both Medicare and Medicaid certified, with CC accredited by The Joint Commission

Commitment to Accreditation and Standards

The CV ASC will pursue Medicare, Medicaid, Joint Commission and AAAHC accreditation to ensure high standards for quality, safety and continuous improvement

Schedule of Implementation

Pending approval of Certificate of Public Review application

Certificate of Public Review	Fall 2026
Design and Construction	Fall 2027
Equipment Planning and Procurement	Fall 2027
Regulatory and Accreditation	Summer 2028

Right Care. Right Place. Right Time.

This new cardiovascular surgery center will:

- ✓ Increase access to care for patients as Delaware's aging population drives more need for these services and procedures.
- ✓ Improve the experience and outcomes for patients by reducing wait times and creating a modern, dedicated outpatient facility for heart care.
- ✓ Respect cost and affordability by providing this care in an optimal setting.
- ✓ Preserve inpatient hospital capacity by moving these procedures to a convenient outpatient setting.



Thank you.



Appendix

Expanding Care to Improve Access to Cardiovascular Care

Includes 2 Operating Rooms and state-of-the-art Catheterization and Electrophysiology (EP) labs

Primary consumers of this service are patients residing in surrounding communities in New Castle County

	Year 1	Year 2	Year 3
Anticipated Cardiovascular Procedural Volume	725	947	966

Volumes are focused on Cardiology (Automated implantable Cardioverter-Defibrillator (AICD), Pacemakers, Cardiac rhythm monitors, Heart Catheterization, coronary intervention, peripheral interventions, catheter placement, and coronary artery procedures

16 Del. Code §9306 – Review Considerations

Summary

(1) The relationship of the proposal to the Health Resources Management Plan

- 1. Narrative and rationale for the proposed project is sound.
- 2. Relevant certifications and accreditation status are in good standing.
- 3. Letters in support of the proposal, as well as administrative, clinical and leadership positions have been provided.
- Signed participation agreement with DHIN, and is submitting records / accessing data from DHIN for care coordination purposes.
- Appropriate balance in consideration of access, cost, and quality of care issues are seriously embraced in the application.
- the proposal supports access and continuity of care, chronic disease management, use of health information technology and affiliation with the Delaware Health Information Network (DHIN), care coordination and other strategies to facilitate Delaware’s transition to value- based payment models to improve overall health outcomes.
- The proposal, where possible, contributes to the care of the medically indigent.

(2) The need of the population for the proposed project;

- 1. The proposal demonstrates a clear public need for the service(s) proposed, as well as identifying the population to be served, as well as data-oriented evidence.
- 2. The proposal specifies its plan for care of patients without private insurance coverage, as well as its plan for care of medically underserved populations with the proposed service area.

Relationship to HRMP
Sound narrative
Certifications included
Letters included

Included, active with DHIN
Included
Supports value-based care
Indigent services as needed

Population Need
Population need included
Indigent services as needed

Summary (cont.)

(3) The availability of less costly and/or more effective alternatives to the proposal, including alternatives involving the use of resources located outside the State;

- 1. *The proposal provides information about alternative providers of the proposed service, referencing the specific providers that now offer the proposed service and the impact of those parties, including financial information indicating whether these alternative providers are more or less costly in the provision of the service.*
- *The applicant has taken into account the availability of out-of-state, yet geographically close, health care service resources.*

(4) The relationship of the proposal to the existing health-care delivery system;

- 1. *The applicant has described in detail how and where the proposed patient population is currently being served. The applicant has described existing referral patterns in the proposed service area and demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care facilities or services.*
- 2. *To ensure appropriate continuity of care, accessibility, and related quality-enhancing considerations, the applicant has provided information regarding the applicant’s established referral arrangements with other providers in the service area. The applicant has described how their past and proposed provision of health services promote a continuum of care in Delaware’s health care system.*
- 3. *The applicant has also demonstrated that the proposed project will not negatively impact employment, the diversity of health care providers or patient choice in the defined service area.*

Alternative Options
Alternate options and providers are discussed
Out-of-state providers are illustrated
Existing Health -Care Delivery System
Population described and opportunities for other provider referrals discussed.
Continuum of care is described in the application
No negative impacts to employment are expected

16 Del. Code §9306 – Review Considerations

Summary (cont.)

(5) The immediate and long-term viability of the proposal in terms of the applicant’s access to financial, management and other necessary resources;

- 1. The application has demonstrated the financial feasibility of the proposed project.
- 2. The applicant has provided proof of all funding or financing sources for the proposal and the dollar amount of each.

Long -term Viability
The project is financially feasible
The project is self-funded

(6) The anticipated effect of the proposal on the costs of and charges for health care; and

- 1. The applicant has demonstrated how the proposal will impact the financial strength of the health care system in the state. Specifically, the applicant has demonstrated how the proposed project will improve cost-effectiveness of health care services within the service area.
- 2. The applicant has also demonstrated how the proposal will impact cost and charges to the individual(s) for health services (where applicable).

Effect on Costs and Health Care Charges
Will alleviate patient wait at alternative providers and patient travel time.
The project will have no aggregate effect on costs for health services

(7) The anticipated effect of the proposal on the quality of health care.

- 1. The applicant has demonstrated how the proposed project will improve quality and accessibility of health care services within the service area, including but not limited to, the provision of or any change in the access to services for Medicaid recipients and indigent persons as well as the impact of providing services to these populations.

Effect on the Quality of Health Care
This project will provided a needed service to the population improving access and ultimately leading to better treatment adherence

• Note that there is no increase in beds.

Our Bold Vision: Expand Access to Specialized Outpatient Cardiovascular Care

The proposed Cardiovascular ASC is a strategic investment to meet **growing community demand for specialized cardiovascular care and lower the cost of care.**

Additionally, this will:

- Improve quality and patient experience
- Expand access
- Preserve hospital capacity for more complex cardiovascular services to serve the state.
- Support growing cardiovascular demand while aligning with national trends and CMS expectations for cardiovascular specific outpatient care delivery

The project positions ChristianaCare and Cardiovascular Physicians to lead the continued evolution of cardiovascular care delivery in Delaware through a high-quality, value-based outpatient model.

Freestanding Surgery Center (FSSC) Mathematical Need Calculation—New Castle County

Metric	Calculation	Result
New Castle County Population (2025)	Delaware Population Consortium Estimate	582,747
ASC Utilization Rate	National Health Statistics Center (per 1,000 population)	122 per 1,000
Projected Annual FSSC Surgical Cases	$582,747 \times 122 \div 1,000$	71,095 Cases
Surgical Visits Required per FSSC Room	HRMP Standard	1,400 Cases/Room
Total FSSC Rooms Needed	$71,095 \div 1,400$	51 Rooms
Existing Approved FSSC Rooms	Delaware Office of Health Facilities Licensing & Certification	48 Rooms
Current Room Deficit	51 Needed – 48 Existing	3 Rooms
Proposed CV ASC Capacity	Requested FSSC Rooms	2 ORs
Additional Procedural Capacity	Cardiac Catheterization Laboratory	1 Cath Lab

Cardiovascular ASC vs. Hospital: Safety Outcomes

Metric	Hospital OPD	ASC
PCI volume share (2020-22)	98.2%	1.8%, growing fast
30-day all-cause mortality (PCI)	0.7%	0.55%
30-day acute MI (PCI)	1.6%	0.9%
EP ablation adverse events (multicenter, n=1,779)	Comparable	0.73%, no 7-day mortality
Same-day discharge success (PCI, national sample)	-	97.7% home; 1.9% required transfer

Medicare PCI cohort, 2020-2022 (n=408,060) and multicenter EP ablation data