

January 4, 2024

Umair A. Shah, MD, MPH  
Secretary of Health, Washington State Department of Health  
P.O. Box 47890  
Olympia, WA 98504  
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RE: 2019 Request for Certificate of Need Modification to Serve Heart Disease Patients at Harborview

Dear Secretary Shah,

I write to respectfully request that the Washington State Department of Health (DOH) implement a four-year old request from Harborview Medical Center to amend DOH's Certificate of Need (CON) rules to allow Harborview to serve its safety net patient population with elective percutaneous coronary interventions.

Harborview serves as the largest public safety net hospital in the State of Washington caring for the most vulnerable in our communities. Approximately 70% of the patients treated at Harborview utilize either Medicaid, Medicare or other government supported health insurance. Harborview provides approximately \$90 million in charity care and approximately \$300 million in undercompensated care each year to the under and non-insured. Under our hospital services agreement with King County, Harborview's express mission is to treat every patient who comes to us for healthcare regardless of their economic, social or legal status.<sup>1</sup>

In July of 2019, Harborview filed a formal petition with the DOH requesting a modification to DOH's CON rules for elective percutaneous interventions (PCIs).<sup>2</sup> Harborview specifically requested the DOH to amend Washington Administrative Code (WAC) 246-310-720 & 246-310-745 which restricts Harborview from providing elective PCI's based purely on the patient volumes generated by the residents of the particular "planning area" that Harborview sits in rather than considering the type of patient in need and their ability to access care.

Because the current rule focuses only on the volume of PCI generated by planning area residents, it does not account for the diversity of Harborview's patients, including any socioeconomic or cultural barriers they have to access the healthcare they need. In our initial petition we explained that Harborview has provided approximately 130 emergency PCIs annually for over 15 (now 19) years. However due to the CON rule, we have been forced to refer 70 to 80 patients a year away to other facilities for elective PCIs, including our own partner hospital UW Medical Center.

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<sup>1</sup> See Harborview Medical Center Mission Statement (attached).

<sup>2</sup> See Harborview Petition dated July 8, 2019 (attached).

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Rather than treat the patient before us, we are forced to send them away for a future appointment that they have a higher risk of missing due to financial, transportation and/or behavioral health conditions that disproportionately impact them. This increases their health disparities because they fail to get the elective procedure, which leads to increased progression of their heart disease and the likely need for emergency intervention that threatens their health and overburdens our healthcare system.

This is why we requested a change to the CON rules in 2019 to allow Harborview to perform elective PCI procedures to serve this vulnerable patient population. We formulated our proposed rule change by asking for an additional factor to be added to the CON rule based upon a showing of a patient population in need, “with a rate of at least 40% Medicaid/under or non-insured.”

We received a written response from DOH in September of 2019 indicating that DOH planned to open the entire CON rule to consider rule changes.<sup>3</sup> DOH further indicated that our specific proposal for elective PCI modifications would be considered as part of this process.

In the intervening four years DOH and our health system, like other systems across the state have faced unprecedented challenges with the COVID-19 pandemic. However, the need for Harborview patients to be treated with elective PCIs has only increased. Just this year the National Cardiovascular Data Registry (NCDR) produced heat mapping data for the greater Seattle area showing the correlation between social vulnerability factors and coronary heart disease is highest in central south Seattle including the very block upon which Harborview sits.<sup>4</sup>

Since our initial petition, DOH has initiated a comprehensive CON rules review on a number of issues including the rules on elective PCI. (see [DOH CON Rulemaking Activities](#)). It appears that after 3 years, DOH proposed initial changes in May of 2022 and then withdrew that language after one workshop. DOH published Harborview’s proposed changes in early 2023 and since that time further action has been listed as “TBD.”

In January of 2023 Harborview renewed its 2019 petition request to the DOH.<sup>5</sup> As of this date we have received no formal response. To our knowledge the DOH has received no formal or informal objections to the proposed rule change from other providers in Harborview’s designated planning area. If DOH has received objections, we request that they be shared with us so that we can respond.

Because no one has stepped forward and opposed the proposed rule change, we ask that DOH move as expeditiously as possible to enact our proposed rule. If concerns have been raised, we ask that the concerns be shared with us so that we can address them and move forward with a plan that maximizes health outcomes for this particularly vulnerable patient population.

Safety net patients continue to present themselves at Harborview with the need for an elective PCI procedure. We continue to make referrals for our patients who face challenges in making future medical appointments at unfamiliar and untrusted sites. We ask that DOH address this healthcare inequity and act immediately on our July 2019 request so that we can provide our most vulnerable patients the care that they need and deserve. I look forward to your response to ensure all members of our community have the same access to life-saving care.

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<sup>3</sup> See DOH Response Letter dated September 3, 2019 (attached).

<sup>4</sup> See National Cardiovascular Data Registry Heat Map (attached).

<sup>5</sup> See Harborview Renewed Petition dated January 4, 2023 (attached).

Sincerely,



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cc: Kristin Peterson, Chief of Policy, Washington State Department of Health  
Brad Simmons, President, UW Medicine Hospitals & Clinics  
Sommer-Kleweno-Walley, CEO, Harborview Medical Center

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