



North Carolina
Division

October 27, 2023

Llogan R. Walters
Assistant Attorney General
North Carolina Department of Justice
P.O. Box 629
Raleigh, NC 27602-0629

Dear Assistant Attorney General Walters:

I write in response to your September 29, 2023 letter regarding the oncology services that Mission Health System ("Mission") provides in western North Carolina.

We were pleased to welcome you on October 19, 2023 at the Mission Cancer Center and the Mission Hospital inpatient cancer unit (sometimes called the "K9 Unit"). We hope you enjoyed the opportunity during that visit to meet many of our outstanding providers, including our surgical oncologists who are proud to work at Mission and to provide cutting-edge, first-class care at Mission. As you saw, Mission has also made substantial capital investments in its oncology service line in recent years. Finally, we appreciated the opportunity to speak with you about the additional investments Mission is continuing pursue to further improve and expand the range of oncology services available in western North Carolina.

We do hope that your visit confirmed the assurances I have provided in my correspondence with your office throughout this year: Mission remains deeply committed to providing first-class oncology services to cancer patients in Western North Carolina. Mission has no plans to reduce oncology services—in fact, it is expanding oncology services. Although hiring medical oncologists in western North Carolina is a challenge, Mission is continuing its concerted recruitment efforts and has no plans to close the Mission Medical Oncology practice.

Your September 29, 2023 letter posed six questions. I provide responses to four questions below. The other two questions you posed requested certain data that Mission does not keep in the ordinary course of its business. Nonetheless and to provide your office with as much information as possible, Mission personnel will continue to work diligently to compile responsive data and will provide responses to those two data requests under separate cover as soon as practicable.

I. ONCOLOGY SERVICES AT MISSION

Before responding to the questions set out in your September 29, 2023 letter, I want to provide important context about oncology services at Mission. As you saw on October 19th, we are proud of our cancer services and our dedicated team members who are here to lift up our patients at any stage along their cancer journey. Mission continues to have a robust team delivering oncology services in a range of specialties—breast, colorectal, hepatobiliary, gynecological, infusion, interventional, medical, orthopedic sarcoma, pediatric, plastics, radiation, surgical, thoracic, urological and more. These many specialists collaborate with one another alongside a group of nurse navigators, pathologists, radiologists and reconstructive physicians to provide exceptional and comprehensive cancer care. This highly skilled team offers care from diagnosis through survivorship.

Mission is providing unparalleled cancer care in western North Carolina, and world-class providers are continuing to choose Mission as their home for providing excellent care to patients. For example, Mission recently hired two head and neck surgeons, a breast medical oncologist, and a surgical oncologist, all of whom provide oncology care that was not available in western North Carolina before HCA acquired Mission. Mission also employs the only fellowship trained musculoskeletal oncologist in western North Carolina, Dr. Donald Gajewski, who is expert in operating on patients to address primary bone tumors, soft tissue tumors, and bone disease. Through these and other world-class providers, Mission offers the full suite of oncology services, as set out above. Even after Dr. Burke departs the Mission Medical Oncology practice in late November, chemotherapy services and

infusion services will continue to be available at Mission.¹ As we reiterated when you visited Mission (and have stated unequivocally in our correspondence throughout this year), Mission has no plans to curtail any oncology services at Mission.

Mission's place in the HCA family has resulted in enhanced oncology services offered at Mission. For example, in October 2020, Mission partnered with HCA Healthcare's Sarah Cannon Cancer Institute ("Sarah Cannon"). Through its partnership with Sarah Cannon, Mission's oncology service line has access to world class resources, providers, and clinical trials that were not available at Mission before HCA's acquisition. For example, Sarah Cannon has Centers of Excellence for lung cancer, breast cancer, hematology (among others) that bring together physician leadership, cutting-edge technology, and specialized nurse navigation. As a part of the Sarah Cannon network, Mission leverages those resources to expand world-class cancer care services in western North Carolina.

Further, Mission's capital investments in the Mission Cancer Center and other aspects of its oncology service line stand in stark contrast to the inaccurate narrative that Mission is curtailing services or failing to invest in quality of care for cancer patients. For example, Mission recently purchased and installed two new linear accelerators and Davinci surgical robots that are being used by our surgical oncologists to provide cutting-edge surgical oncology care. In my May 22, 2023 letter to you, I described in detail a number of the capital investments—totaling \$12.4 million—that Mission has made in the Mission Cancer Center since 2019.

Finally, Mission is investing in its people. Mission employs dozens of advanced care professionals who provide outstanding care to cancer patients in western North Carolina. Further, Mission is continuing to recruit medical oncologists and other providers to join our team. Although recruiting medical oncologists is a particular challenge considering market dynamics beyond Mission's control, Mission is committed to growing its Mission Medical Oncology practice.

II. RESPONSES TO YOUR INQUIRIES

A. Messino Cancer Center's Asserted Care Delivery Concerns

In September, a physician affiliated with Messino Cancer Center ("Messino") wrote a letter to other oncologists on Mission's medical staff in which he asserted five specific concerns with Mission's care delivery for leukemia and lymphoma patients. For the reasons below, the Messino physician's concerns are unfounded. In fact, as recently as August 2023, Mission and Messino leadership met to discuss opportunities for expanding blood cancer capabilities at Mission. Everyone at Mission, including hospital leadership, is committed to providing first-class care to all patients, including those needing complex hematology care. Mission has and will continue to commit the resources needed to provide world-class care across its service lines. To that end, Mission is continuing to pursue all opportunities to enhance the oncology services it offers in western North Carolina.

First, Messino raised concerns with nurse-to-patient ratios for complicated hematology patients on intensive chemotherapy regimes on Mission Hospital's oncology floor. After investigation, those concerns have proven to be unfounded. Mission's nurse to patient ratios are consistent with Sarah Cannon's best practices for complex blood cancer patients. Further, Mission's nurse-staffing program is flexible and adaptable to patient needs. For example, Mission transitions patients with more acute needs to units with fewer patients per nurse while still providing those patients in-unit intensive chemotherapy treatment from the nurses most experienced in those treatments.

¹ As Mission continues to recruit medical oncologists to join the Mission Medical Oncology practice, after Dr. Burke's departure, a patient's first chemotherapy treatment may take place in another department of the hospital, but subsequent treatments will be available at Mission Cancer Center department of the hospital.

Second, Messino raised concerns about chemotherapy-trained pharmacy staffing. Mission provides double check verification of chemotherapy orders at all times. Even during off hours, a chemotherapy-trained, licensed pharmacist assigned to the inpatient cancer unit provides the initial verification, and that pharmacist is supported by a verifying pharmacist who has gone through the same training. These systems should come as no surprise to Messino, as they are the same pharmacy resources that were in place before HCA acquired Mission. Although Mission is confident that Messino's concerns are unfounded, it is continuing to pursue opportunities to further enhance its pharmacy coverage and offerings. Some of Mission's efforts in that regard are described in my March 6, 2023 letter to Assistant General Counsel Moore's attention.

Third, Messino raised concerns about care management support for oncology patients related to efforts to reduce inpatient stays and promote safe transitions home. Mission provides first-class, patient-specific care management programs each weekday, and we understand that Mission's weekend oncology care management program is consistent with those at academic hospitals in the state, such as Duke University Hospital. Still, Mission welcomes Messino's suggestions for further enhancing care management support. Mission hopes that Messino will resume its participation in meetings that Mission's care management teams hold each weekday in which care management, social work, dietary, and palliative care colleagues proactively support timely discharge plans for cancer patients. Unfortunately, Messino stopped participating in those meetings four years ago and Messino has rejected all subsequent invitations and encouragement to attend. Mission would welcome Messino's resumed participation in these important care management meetings.

Fourth, Messino raised concerns with the timeliness of pathology and laboratory support services for cancer patients at Mission. Mission has taken steps to pursue opportunities to better calibrate phlebotomy schedules to achieve more efficient specimen processing for cancer patients. Further, Mission is enhancing lab technician training to permit technician staffing that better targets volume needs on a day-to-day basis, which will further reduce processing times. Last, Mission is completing a significant capital project to expand its laboratory capabilities on the Mission Hospital campus. Once complete, efficiency will be enhanced. Mission remains ready and willing to address any other concerns Messino has regarding this issue.

Fifth, Messino raised concerns with Mission's understanding of drug and laboratory supply chain management. On this issue, Mission benefits greatly from HCA's reach and purchasing power. Although recent nationwide drug shortages have posed significant challenges for providers across the country and at all levels of care, Mission and its HCA partners, including Sarah Cannon, work tirelessly to ensure that Mission's patients have access to necessary treatments even in the face of difficult shortages. Mission leadership met with Messino physicians regarding these issues in April and May 2023, and Mission remains willing and ready to continue those discussions when and if Messino chooses to re-engage.

Overall, we trust that these responses, coupled with what you observed during your October 19, 2023 visit to Mission, confirms that Messino's concerns are unfounded. Although Mission cannot require Messino to provide any care at Mission, Mission remains ready and willing to provide world-class care to Messino's patients, including its complex hematology cancer patients should the providers choose to return to Mission.

B. Mission's Discussions with Messino Cancer Center Regarding Blood Cancer Care

Mission continues to work with Messino physicians on its medical staff to ensure that all Messino patients have access to excellent cancer care at Mission. As recently as August 2023, Mission and Messino were engaged in good-faith, specific discussions around Messino expanding its role at Mission. Unfortunately, Messino decided not to pursue those opportunities. Despite Messino's decision, Mission continues to explore opportunities to enhance its blood cancer care offerings, which opportunities include leveraging Mission's partnership with Sarah Cannon's Blood Cancer Network.

Despite Messino's decision to cut-off discussions with Mission, we still provide high quality care to Messino patients, including chemotherapy infusions and blood transfusions, in addition to other critical care.

Messino regularly sends to us for chemotherapy and infusions numerous patients, particularly those who do not have commercial insurance or who are insured by Medicaid. Mission is ready to serve all of Messino's patients, regardless of ability to pay, and Mission is grateful for the trust and faith Messino's patients—and Messino—put in Mission to provide such critical cancer care.

C. Available Hematology Care at Mission

Mission continues to provide critical, complex hematology care to many patients in western North Carolina. *First*, Mission offers hematology care through its pediatric oncology providers. Such care is available to patients with hematology care needs aged twenty-five or younger. In fact, Mission Children's offers the only pediatric hematology/oncology practice in western North Carolina. The pediatric oncology team is led by three world-class physicians, Dr. Krystal Bottom, Dr. Doug Scothorn, and Dr. Katie Harris, who are supported by outstanding pediatric specialists at Mission Children's. Mission Children's is also a member of the Children's Oncology Group, a network that provides Mission with the ability to provide state of the art therapy to children, adolescents, and young adults with cancer.

Second, Although Messino is the only provider in the market that serves adult complex hematology patients, and has stated that it will no longer use Mission to provide inpatient care for those patients, Mission continues to be equipped to provide complex hematology care for adult patients with complex blood cancers. And even if Messino chooses not to send its complex hematology care patients to Mission, Mission will continue to recruit providers who provide such care and will also work with other providers on its medical staff to provide excellent hematology care to adults.

D. Non-impact of GenesisCare's Bankruptcy on Oncology Services at Mission

Mission is aware that a global provider network doing business as GenesisCare recently declared bankruptcy. Although Mission has no role or input in GenesisCare's business decisions or solvency, Mission continues to work with several oncology providers in western North Carolina who are members of Mission's medical staff and most recently practiced under the GenesisCare tradename. Mission understands that those providers have affiliated with Novant Health and expects that they will continue to provide cancer care in western North Carolina, including to Mission patients.

Furthermore, there are no procedures offered by GenesisCare providers that are not also available from Mission-employed providers with the Mission Surgery group. In addition, there are many surgical procedures not offered by the GenesisCare/now-Novant physicians that are offered by Mission Surgery, including robotic Whipple, robotic major hepatectomy, robotic biliary work, all foregut, bariatrics, complex abdominal wall surgery and numerous others, in addition to surgeries provided by the expertise of Mission's new head and neck surgery specialists.

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We look forward to working with you and your office in the future. Should you have any specific questions

Sincerely yours,



Greg Lowe
President, North Carolina Division