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## November 6, 2024

**TO: Board of Directors, HSANV**

**Interested Parties**

**FROM: Dean Montgomery**

**SUBJECT: Certificate of Public Need Applications**

**Eisenhower, LLC, Expand Establish Outpatient Surgical Hospital**

**(COPN VA-8778)**

**Northern VA Surgicenter, Establish Outpatient Surgical Hospital**

**(COPN Request VA-8780)**

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**I. Context and Summary of the Proposals**

**A. Issue**

Two local surgery services seek certificate of public need (COPN) authorization to establish new surgery services in northern Virginia (PD 8). Eisenhower, LLC, a subsidiary of VHC Health, proposes to establish an outpatient surgical hospital[[1]](#footnote-1) with two licensed operating rooms in Alexanderia, VA. Northern VA Surgicenter (NVASC), a subsidiary of Hospital Corporation of America (HCA), seeks COPN approval to establish an outpatient surgical hospital with four licensed operating rooms in Herndon, VA.

Under Virginia law COPN applications filed in the same review cycle for the same or similar services are deemed competing proposals, requiring comparative review and evaluation. The discussion below places the Eisenhower and NVASC applications in the context of northern Virginia surgery facility development and use and examines each relative to required planning considerations.

**B. Proposal Summaries**

***Eisenhower, LLC***

Eisenhower, LLC (Eisenhower), a newly formed limited liability company (LLC) by VHC Health, proposes establishing an outpatient surgical hospital (OSH) in Alexandira, Virginia.[[2]](#footnote-2) The center would have two licensed operating rooms, a number unlicensed procedure rooms, and support space.

Projected capital costs are $9,070,895, approximately $4.18 million of which would be for construction and about $4.26 million for equipment. The remainder, about $638,000, would be for site preparation, professional fees, and related expenses.

Development costs would be paid from VHC Health reserves. There would be no direct financing expense. Table 1 shows recent capacity and service volumes at Virginia Hospital Center and other local services.

Eisenhower justifies the proposal on the grounds that:

* VHC Health surgery services, notably those at Virginia Hospital Center (VHC), have high use and increasing demand. Average operating room use exceeds substantially the Virginia State Medical Facilities Plan (SMFP) service volume standard of 1,600 hours per room per year.
* Additional capacity is needed to meet current and projected near term demand for outpatient surgery at Virginia Hospital Center (VHC). An off-campus surgery center is needed to decompress demand at the hospital.
* Unused (surplus) surgery capacity elsewhere in the planning region is not a practical alternative to respond to increasing demand at VHC.
* There is no indication or expectation that adding offsite outpatient surgery capacity at the City of Alexandria location proposed would pose a long-term threat to nearby services.
* Establishing an off campus ambulatory surgery Center will reduce costs for some VHC outpatient surgery patients who otherwise might obtain surgery at VHC or some other local hospital.
* The project is consistent with the institutional need provision of the Virginia State Medical Facilities Plan.

If authorized on schedule, the surgery center is expected to open in late 2026.

***North VA SurgiCenter, LLC***

North VA Surgicenter (NVASC), a recently formed subsidiary of Hospital Corporation of America (HCA),[[3]](#footnote-3) proposes to develop an outpatient surgical hospital in Herndon, Virginia. The center would have four licensed operating rooms, a number unlicensed procedure rooms, and support space.

Projected capital costs are $7,274,829, approximately $4.02 million of which would be for construction and about $2.31 million for site acquisition. The remainder, about $950,000, would be equipment, professional fees, and related expenses.

Development costs would be paid with HCA reserves. There would be no direct financing expense. Table 1 shows recent capacity and service volumes at local HCA surgery services in 2022.

North VA Surgicenter justifies its proposal on the grounds that:

* The project entails the conversion of an unlicensed medical office operatory into a licensed outpatient surgical hospital with four general purpose operating rooms.
* Two of the operating rooms at NVASC would be transferred from the licensed complement of Reston Hospital Center (RHC). The regional licensed operating room complement would be increased by only two rooms.
* Establishing an off campus ambulatory surgery center will reduce costs for some who might otherwise obtain surgery at RHC or another local hospital.
* There is a precedent for approving the type of surgery center NVASC proposes surplus regional capacity notwithstanding.
* Conversion of the OrthoVirginia operatory to a licensed surgery center will enable the facility to obtain facility fee payments from Medicare, Medicaid and some other payors and thereby improve access to care.
* The conversion would permit some OrthoVirginia surgeons to work more efficiently and conveniently.

The surgery center is expected to open in about two years, near the end of 2026.

**II. Discussion**

**A. Northern Virginia Surgery Services**

Northern Virginia has 31 authorized (licensed or authorized and to be licensed) surgery facilities: 11 acute care community hospitals and 20 ambulatory surgery centers (Table 1). About two-thirds of the freestanding surgery centers (14 of 20) are located near and are affiliated with local medical-surgical hospitals. These services are distributed widely in the region (Map 1).[[4]](#footnote-4) Northern Virginia surgery facilities had more than 260 operating rooms in 2022, the most recent year for which reliable comparable service volumes are available. About three-fourths of these are general-purpose operating rooms.





The remainder are rooms dedicated (designed, equipped, and staffed) to specific uses, e.g., cardiovascular surgery, endoscopy, cystoscopy and other “special procedures”. Of the 204 general purpose operating rooms authorized, 197 were in service in 2022.[[5]](#footnote-5) All dedicated special purpose operating rooms are available for use.

Northern Virginia surgery facilities reported 157,328 surgical cases[[6]](#footnote-6) in general-purpose operating rooms in 2022 (Table 1). This represents more than two-thirds of the total surgical volume reported. It is 3.8%

higher than the average number of cases reported in 2019, the year before COVID-19 service disruptions in 2020-2021. The compound annual growth rate (CAGR) in surgery cases over the previous three years was 1.3%, generally consistent with and presumably reflective of population growth.[[7]](#footnote-7)

The decades-long shift from inpatient to outpatient surgery continues, with inpatient cases dropping from 28% of the total in 2013 to about 20% in 2022, a 29% decrease over the decade. Thus, more than three-fourths (79.9% in 2022) of reported surgical cases provided in licensed general purpose operating rooms in Northern Virginia are outpatient procedures. More than two-thirds (69.8%) of hospital surgery cases were outpatient visits in 2022.

As these data suggest, outpatient surgery is a critical component of local hospital proficiency and economic stability. It is increasingly important that community hospitals offer outpatient surgery efficiently, on and off campus, to maintain their economic health.

**B. Surgery Capacity, Operating Room Need**

Eisenhower proposes establishing a freestanding outpatient surgery center with two general-purpose rooms. North VA Surgicenter proposes establishing a freestanding outpatient surgery center with four general-purpose rooms. Two of the proposed NVASC operating rooms would be transferred from the Reston Hospital Center licensed complement. Combined, the proposals would add four GPORs to the region’s licensed complement. The Virginia State Medical Facilities Plan (SMFP) addresses the question of community (regional) need for surgery capacity. The applicable plan section (*12VAC5-230-500)* states:

***“12VAC5-230-500 - Need for new service.***

A. The combined number of inpatient and outpatient general purpose surgical operating rooms needed in a health planning district, exclusive of procedure rooms, dedicated cesarean section rooms, operating rooms designated exclusively for cardiac surgery, procedures rooms or VDH-designated trauma services, shall be determined as follows:

**FOR = ((ORV/POP) x (PROPOP)) x AHORV**

**1600**

Where:

ORV = the sum of total inpatient and outpatient general purpose operating room visits in the health planning district in the most recent five years for which general purpose operating room utilization data has been reported by VHI; and

POP = the sum of total population in the health planning district as reported by a demographic entity as determined by the commissioner, for the same five-year period as used in determining ORV.

PROPOP = the projected population of the health planning district five years from the current year as reported by a demographic program as determined by the commissioner.

AHORV = the average hours per general purpose operating room visit in the health planning district for the most recent year for which average hours per general purpose operating room visits have been calculated as reported by VHI.

FOR = future general purpose operating rooms needed in the health planning district five years from the current year.

1600 = available service hours per operating room per year based on 80% utilization of an operating room available 40 hours per week, 50 weeks per year.

B. Projects involving the relocation of existing operating rooms within a health planning district may be authorized when it can be reasonably documented that such relocation will:

1. improve the distribution of surgical services within a health planning district;

(ii) result in the Virginia provision of the same surgical services at a lower cost to surgical patients in the health planning district; or

(iii) optimize the number of operations in the health planning district that are performed on an outpatient basis.” **(VA SMFP, pp. 22-23)**

Surgery volumes and operating room efficiency vary widely by facility and health system (Table 1). Current and projected supply exceed demand (current and projected surgery cases). The operating room public need determination methodology specified in the Virginia SMFP (Section *12VAC5-230-500)* shows a likely surplus of between nine and fourteen operating rooms in 2030 (Table 2).[[8]](#footnote-8)

The most recent five-year period for which Virginia Health Information (VHI) has published surgery service caseloads is 2018 - 2022. The reported average time per case in 2022 was 1.85 hours (Table 1 & Table 2).

Average use of authorized surgery capacity in 2022 was about 74% of the nominal 2,000 hours per room per year, well below the 80% (1,600 hours) planning standard. Seven of the currently authorized operating rooms were not in service in 2022.[[9]](#footnote-9) The average number of cases per authorized room in 2022 was 799 per GPOR in service. The regional average service volume was about 3.2 cases per room per workday.[[10]](#footnote-10)



Use of the specified 2018-2022 service volume data and population data called for by the SMFP operating room public need formula yields a projected regional need for 190 general purpose operating rooms six years hence (in 2030), fourteen fewer than the 2004 now authorized (Table 2). If the recent COVID-19 induced low use in 2020 is excluded from the calculation, the projected need in 2030 is 195 GPORs, nine fewer than the 204 now authorized.

There is more than adequate licensed surgery capacity to meet regional demand over the planning horizon, by 2029-2030 (Table 2).[[11]](#footnote-11) There is no public need for additional surgery centers or operating rooms.

Neither applicant bases its argument for additional surgery capacity on a need for additional operating rooms regionwide. Eisenhower cites high and increasing surgery caseloads, and average operating room use levels above the Virginia SMFP 1,600 hours per year planning standard, as evidence of an internal, institution specific need for additional capacity, as permitted under the “institutional need” provision of the SMFP (12VAC5-230-80). That provision reads:

**“12VAC5-230-80. When institutional expansion needed.**

A. Notwithstanding any other provisions of this chapter, the commissioner may grant approval for the expansion of services at an existing medical care facility in a health planning district with an excess supply of such services when the proposed expansion can be justified on the basis of a facility's need having exceeded its current service capacity to provide such service or on the geographic remoteness of the facility.

B. If a facility with an institutional need to expand is part of a health system, the underutilized services at other facilities within the health system should be reallocated, when appropriate, to the facility with the institutional need to expand before additional services are approved for the applicant. However, underutilized services located at a health system's geographically remote facility may be disregarded when determining institutional need for the proposed project.

C. This section is not applicable to nursing facilities pursuant to § 32.1-102.3:2 of the Code of Virginia.

D. Applicants shall not use this section to justify a need to establish new services.” **(VA SMFP, p. 7)**

Recent and projected average use of VHC Health operating rooms is higher than the nominal 1600 hours per operating room per year standard specified in the Virginia SMFP. As that planning standard has been applied in recent years, Eisenhower, a VHC Health subsidiary, has standing to assert an institutional need as justification for adding capacity.

HCA facilities (e.g., Reston Hospital Center, StonrSprings Hospital Center) do not have high use and do not qualify for institutional need consideration. NVASC recognizes the substantial regional operating room surplus and acknowledges that much, nearly one-third, of the unused capacity is in HCA surgery services. This is likely the rationale for relocating two Reston Hospital Center operating rooms to the new service.[[12]](#footnote-12) Rather than community or institutional need, NVASC argues there is historical precedence for

adding capacity off campus under the circumstances and conditions that are inherent in the NVASC proposal.

**C. Access Considerations**

Both Eisenhower and NVASC propose to establish ambulatory surgery centers. Eisenhower would develop a center with two operating rooms in Alexandria. NVASC would develop a center in Herndon (western Fairfax County) with four operating rooms. Both are newly created entities, subsidiaries of service providers with long histories in northern Virginia. Both centers would be located in the primary service area of a related surgery service.

Northern Virginia surgery services are well distributed (Map 1). Neither additional services nor additional capacity is needed to assure or improve access to surgical care. Of course, the new services proposed would establish an additional service delivery site convenient for some. To this extent both projects would make outpatient surgery more convenient for some.

Parent corporations of both applicants, VHC Health and HCA, have acceptable charity care and Medicaid service histories. There is no indication, or reason to believe, that adding surgery capacity in the manner proposed would affect economic access to care. It is noteworthy that given their nature, structure, and related economic incentives, most freestanding outpatient surgery centers provide little charity care and serve relatively small numbers of medically indigent patients.

**D. Economic Considerations**

Eisenhower proposes to spend about $9.1 million to develop a surgery center with two general purpose operating rooms in Alexandria. This sum includes about $4.18 million in direct construction expenses and $4.26 million for equipment. The remainder, about $638,000, would be for site preparation, professional fees, and related expenses. All capital costs would be paid from VHC Health reserves. There would be no direct financing expense.[[13]](#footnote-13)

North VA Surgicenter proposes spending about $7.3 million to develop a surgery center with four general purpose operating rooms in Herndon, Virginia. This sum includes about $4.02 million in direct construction expense and $2.31 million in site acquisition costs. The remainder, about $950,000, would be for site preparation, professional fees, and related expenses. All capital costs would be paid from HCA reserves. There would be no direct financing expense.

Though the projects differ in size and nature,[[14]](#footnote-14) projected total and unit costs, e.g., cost per square foot and cost per operating room) of both are within the range commonly seen for similar projects. The lower total and unit costs of the NVASC proposal derive largely from the fact that the project entails the conversion

of an accredited medical office operatory to a licensed surgery facility. The Eisenhower project proposes developing a new medical facility and service.

Though high, there is nothing inherently problematic about the capital costs of either proposal. Both are within the capital expenditure range seen for similar projects locally (PD 8) and statewide. If found to be needed, the capital cost of neither project weighs against approval.

There is no doubt that the projects can be undertaken and completed as described. VHC Health and Hospital Corporation of America have ready access to capital markets. The history and local experience of VHC Health and HCA surgery services suggest that both are likely to attain relatively large caseloads. The *pro forma* budgets for the initial two years of operations indicate that both applicants expect their project to be profitable quickly. Profit margins, and returns on investment, should increase significantly over the useful life of the operating rooms developed and the equipment purchased.

VHC Health has a charity care agreement with the Virginia Commissioner of Health that assigns a negotiated system wide charity care condition on all VHC Health COPN projects authorized. If approved, the Eisenhower project would be so conditioned. NVASC anticipates a charity care case load of about 1.9% of charges.

**E. Competitor Opposition**

Both proposals are opposed by a competitor. Dominion Plastic Surgery (Dominion) opposes Eisenhower application. VHC Health has filed a response to the Dominion critique. The Dominion and VHC Health statements are attached. Dominion does not oppose the NVASC application.

Inova Health System (Inova) has filed a critique of the NVASC application. Inova does not oppose the Eisenhower application. The Inova statement is attached.

**III. Conclusions and Alternatives for Agency Action**

**A. Conclusions**

There is no near-term public need for additional surgery facilities or operating rooms. Both applicants recognize this. The Virginia State Medical Facilities Plan (SMFP) operating room public need algorithm indicates that there is likely to be a surplus of more than a dozen GPORs in PD 8 over the next five years. As noted above, depending on the weight given to the relatively low surgery caseload in 2020 HSANV staff project an operating room surplus of between nine and fourteen rooms in 2030.

The Eisenhower project qualifies for consideration under the institutional need provision of the Virginia SMFP. The NVASC project does not.

NVASC provides no data or cogent argument that justifies four operating rooms. Consideration should be given to reducing the scope of the project to two operating rooms relocated from the surplus capacity at Reston Hospital Center. This would bring the proposal into compliance with applicable plan provisions. .

**B. Alternatives for Agency Action**

1. The HSANV Board of Directors may recommend to the Commissioner of Health that certificates of public need authorizing the projects be granted to both applicants.

Favorable recommendations could be based on concluding that 1) though there is no near-term regional need for additional surgery services or operating rooms, Eisenhower qualifies to add surgery capacity under the institutional need provision of the SMFP, 2) there is precedent locally and statewide for the authorization of surgery centers that are likely to be successful, excess capacity notwithstanding, and 3) the capital costs of both are within the range commonly seen locally and statewide.

1. The HSANV Board of Directors may recommend to the Commissioner of Health that a certificate of public need not be granted to either applicant.

Unfavorable recommendations could be based on concluding that 1) there is no indication of a current or near-term regional need for additional surgery capacity, 2) there is accessible unused surgery capacity in several local surgery facilities, and 3) approval of additional capacity should be deferred until the authorized operating rooms being developed are in service and have significant caseloads.

1. The HSANV Board of Directors may recommend to the Commissioner of Health that the Eisenhower project be authorized and the NVASC application be denied.

A favorable recommendation on the Eisenhower project could be based on concluding that VHC Health qualifies to add surgery capacity under the institutional need provision of the SMFP as that provision has been applied historically. An unfavorable recommendation on the NVASC proposal could be based on HCA surgery services not qualifying for consideration under the institutional need provision of the Virginia SMFP and that the proposal should be reduced in scope to two operating rooms relocated from Reston Hospital Center.

**IV. Checklist of Mandatory Review Criteria**

* + 1. **Maintain or Improve Access to Care**

Northern Virginia residents have ready access to surgical services, inpatient, outpatient, and office based. Given the size, location, and nature of the competing Eisenhower and NVASC proposals, neither would alter this circumstance meaningfully.

Given its relatively modest size (two operating rooms) and consistency with the institutional need provision of the Virginia SMFP, the Eisenhower project is more consistent with community need than the NVASC proposal. NVASC does not qualify for consideration under the institutional need provision of the plan. Reducing the project to two GPORs would satisfy its stated objective

of gaining eligibility for Medicare, Medicaid, and Tricare facility fee payments without adding unnecessary and unwarranted capacity.

1. **Meet the Needs of Residents**

VHC Health and HCA medical facilities have served residents of northern Virginia for decades. There is no indication or suggestion that either has avoided responding to the medical needs of their respective primary service area populations. Both could be expected to continue to respond to perceived community needs at the new services proposed.

1. **Consistency with Virginia State Medical Facilities Plan (SMFP)**

Both proposals would increase the number of operating rooms in PD 8. Eisenhower would add two GPORs. NVASC would add four. The Virginia SMFP operating room planning ethodology suggests there is no regional need for additional surgery capacity within the next five to six years.

From this perspective neither proposal is fully consistent with the plan. The principal difference is that the Eisenhower proposal, which calls for additional capacity to meet an internal facility need to respond to current and near-term demand, is consistent with the institutional need provision of the plan as it is commonly interpreted and applied in similar circumstances.

NVASC does not qualify for consideration under the institutional need provision of the plan. NVASC presents no credible argument to support, much less justify, a four operating room surgery center. Were it reduced in scope to two GPORs relocated from RHC, the NVASC proposal would be generally consistent with the Virginia SMFP planning guidelines as they have been applied for decades.

1. **Beneficial Institutional Competition while Improving Access to Essential Care**

Authorized surgery capacity exceeds current and near-term projected demand. Authorized surgery capacity is well distribution. There is no regional need for additional general purpose operating rooms. Additional surgery centers are not necessary, or otherwise needed to improve access to care.

Competitive effects, if any, of local surgery services, including ambulatory surgery centers, are difficult to discern, much less assess. There is no indication that either project is needed to stimulate, or would facilitate, price or other competition among surgery service providers.

1. **Relationship to Existing Health Care System**

Expansion of VHC Health’s surgery service by developing a satellite ambulatory surgery center in its primary surgery center is compatible with natural, organic growth of its surgery service. and with the development of the regional operating room complement consistent with population growth and other demographic changes.

The NVASC project is largely a revenue enhancement initiative. It is designed to permit the applicant to enhance ambulatory surgery payments from Medicare, Medicaid, Tricare, and some other payors.

1. **Economic, Financial Feasibility**

Both projects are financially feasible. Both would be financed with internal funds, with no direct financing expense. The parent corporation of both applicants has ready access to capital markets at favorable rates.

*Pro forma* budgets of both projects indicate that the applicants anticipate substantial operating margins and high returns on investments that will increase over the useful life of the project. The NVASC project is intended and designed to enable the applicant to increase Medicare, Medicaid and Tricare payments in the form of facility fee payments.

**7. Financial, Technological Innovations**

Neither project involves innovative technologies, practices, or economic elements distinct from those now incorporated in the surgery services offered regionwide. Comparable services are widely available within the planning region and in neighboring jurisdictions.

**8. Research, Training Contributions, and Innovations**

Neither project has significant research or training elements that warrant special consideration.

1. Surgery centers are licensed as “outpatient surgical hospitals” in Virginia. These facilities usually are referred to generically as ambulatory surgery centers (ASCs). The terms are used interchangeably here. [↑](#footnote-ref-1)
2. Information on VHC Health is available at <https://www.vhchealth.org/>. [↑](#footnote-ref-2)
3. Hospital Corporation of America (HCA) is a national hospital chain. HCA owns and operates numerous medical care facilities and services in Virginia. Northern Virginia surgery facilities include Reston Hospital Center, Stone Springs Hospital Center, Reston Surgery Center, Fairfax Surgical Center, and Stone Springs Ambulatory Surgery Center. Information on HCA is available at <https://www.hcavirginia.com/>. [↑](#footnote-ref-3)
4. There are numerous unlicensed physician office surgery services. There is no public record of their number, capacity, or service volumes. [↑](#footnote-ref-4)
5. Six cardiovascular operating rooms (CVORs) at Inova Fairfax Hospital and two cardiovascular operating rooms at Virginia Hospital Center are excluded from this inventory. Two operating rooms designated as trauma rooms (one each at Reston Hospital Center and VHC Health) are included. [↑](#footnote-ref-5)
6. The Virginia State Medical Facilities Plan (SMFP) defines surgery service volume in terms of “operating room visits”. The definition reads: *“Operating room visit” means one session in one operating room in an inpatient hospital or outpatient surgical center, which may involve several procedures. Operating room visit may be used interchangeably with "operation" or "case."* Virginia SMFP, p. 4. The surgery volume counts, estimates and projections discussed here are surgery cases, not procedure counts. [↑](#footnote-ref-6)
7. Northern Virginia is a net importer of surgery patients: more people travel to the region for surgical care than leave the region for surgery. Local surgery rates (cases/surgeries per 1,000 population) are between 30% and 40% lower than national rates and rates elsewhere in Virginia. Annual local surgery caseloads varied considerably over the last decade. The trend has been modestly higher, at a rate roughly equivalent to the population growth rate. [↑](#footnote-ref-7)
8. The nine to fourteen range is a function how the abnormally low surgery service volumes of 2020 are treated in the calculation. Including year 2020 data decreases the use rate and, consequently, yields the higher surplus (14 GPORs), excluding the 2020 data results in the lower surplus (9 GPORs). [↑](#footnote-ref-8)
9. The seven operating rooms added after 2022 are Inova Oakview ASC (three ORs, Dominion Plastic Surgery ASC (two ORs), and Inova Fair Oaks Hospital (two ORs). [↑](#footnote-ref-9)
10. This calculation assumes all cases are handled in a five-day work week. Cases handled on weekends and after normal hours as emergency or urgent cases are treated as if they occurred during the regular 40-hour work week. Consequently, the average number of cases per day within normal working hours is less than the calculated 3.2 cases per room per day. [↑](#footnote-ref-10)
11. It is worth noting that Virginia SMFP operating room need determination formula overestimates demand relative to supply because it treats demand (cases/visits/procedures) as if all of it occurs within a 2,000-hour work year, 40 hours per week for 50 weeks a year. At many facilities between five and ten percent of cases are handled outside the standard work week. The assumed 2,000 hours per operating room per year is discounted by 20% to 1,600 hours, the number used in the formula to indicate the number of hours an operating room is assumed to be available for use each year. [↑](#footnote-ref-11)
12. It is worth noting that two of Reston Hospital Center’s surplus operating rooms were authorized under the institutional need provision of the Virgini SMFP in 2021. [↑](#footnote-ref-12)
13. The implicit financing cost of the project is essentially the commercial bond rate for corporate borrowers with strong credit ratings. VHC Health and HCA have strong credit ratings. [↑](#footnote-ref-13)
14. The NVASC center would be dedicated to, but not limited to, orthopedics cases. [↑](#footnote-ref-14)