

# MANCHESTER EMERGENCY MEDICAL CENTER, PLLC

## Section E. - Summary Project Description

1. **Location(s) of the proposed project, facility or service, including primary, satellite, and mobile locations:**

The Manchester Emergency Medical Center, PLLC (“Center”) expects to operate out of the following single property (pending closing inchoate transaction): 34 Bonnet Street in Manchester, Vermont, being those same lands and premises conveyed by Peter K. Sanders, joined by Sharon Lee Sanders, to Peter K. Sanders and Sharon Lee Sanders as Trustees of the Peter K. Sanders Trust dated February 25, 2010, by warranty deed dated February 25, 2010, and recorded March 8, 2010 at Book 293, Instrument 164, and Page 639 of the Town of Manchester Land Records, including all fixtures and equipment associated therewith (“Property”).

2. **Services to be expanded, added, replaced, or reduced, identifying the proposed location of each:**

N/A. This is a new project, not an expansion or addition.

3. **Description of the proposed service area:**

- a. Manchester
- b. Dorset
- c. Peru
- d. Sunderland
- e. Arlington
- f. Sandgate
- g. Rupert
- h. Danby
- i. Londonderry
- j. Bondville

4. **Detailed description of any equipment to be purchased:**

- a. Q Rad Digital X-ray(refurbished)
- b. Mini C-arm(refurbished)
- c. PACS system(generic)
- d. Phillips Sparq Bedside US(refurbished)
- e. Siemens 16 slice CT scanner(refurbished)
- f. CDS M series Hematology analyzer(refurbished)
- g. Picalo Chemistry analyzer(refurbished)
- h. Slit Lamp(refurbished)

5. **Number of square feet of any construction/renovations:**

5263 sqft

**6. Total project cost:**

\$1,394,456 (please see enclosed Project & Operating Costs spreadsheet, GMCB-CON-FOC-01-13).

**7. How the project will be financed:**

Center is pursuing financing through multiple, local, private unsecured loans.

Urgent care centers are an attractive investment opportunity. Private equity firms invested \$4 billion in health and medical services, including urgent care, in 2012, compared with \$3.5 billion in 2011, according to a *Reuters* report. Abrahamian, A. A. "Private equity funds rapid growth of walk-in clinics." *Thomson Reuters*. March 2013.<sup>1</sup>

**8. The need for the project (with supporting data):**

To the best of our knowledge, there are currently no emergency or urgent-care providers in the Town of Manchester, the Village of Manchester, or the Town of Dorset, which form a core section of our target demographic (collectively "Manchester").

To receive emergency or urgent care, Manchester residents are required to travel to one of several hospitals, each located more than 25 miles from our proposed facility—the Southwestern Vermont Health Care & Medical Center (Bennington), the Rutland Regional Medical Center (Rutland), or the Springfield Hospital (Springfield, Vermont).

The Manchester population, of approximately 6,500, is growing older and is already older than Vermont and U.S. averages. (Source: "Northshire Economic Development Strategy for Dorset, Manchester and Manchester Village," prepared by Camoin & Associates and the Bennington County Regional Commission, dated Feb. 2016, at 7 & 22 of 98.) That same study noted "[d]istance to hospital" as an area "weakness." (*Id.* at 11 of 98.)

Putting these factors together—an aging population without ready access to a hospital—the Medical Center will serve a vital community need.

Additionally, the Medical Center anticipates being open during weekend and evening hours. To our knowledge, there are no medical facilities (any variety) open at those times in Manchester.

The Town of Manchester supports our project. (Please see enclosed letter of support from Town Manager John O'Keefe and Town Economic Development Officer, Pauline Moore.)

**9. Objective to be achieved by implementation of the proposed project:**

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<sup>1</sup> Available online at <http://www.reuters.com/article/2013/03/21/us-usa-health-clinics-idUSBRE92K04W20130321>

Providing quality urgent health-care services to an underserved population and reducing area medical costs (*see* § 10, *infra*).

We anticipate a delivery model as follows:

- No appointment necessary to see a medical provider;
- Evening and weekend operating hours;
- Radiology on site;
- Capability to perform Emergency Medical evaluation and treatment, procedures like suturing, emergent dental pain treatment, splinting and casting;
- Medical stabilization and transport to regional hospitals.

**10. Anticipated impact on health care costs, access and quality:**

**Impact on Costs:** Center anticipates that its services would reduce health-care costs, by allowing Manchester residents (and visitors to this high-tourist-traffic area) to avoid unnecessary emergency room visits. An estimated 13.7 to 27.1 percent of all emergency department visits could take place at an urgent care center or a retail clinic, generating a potential cost savings (nationally) of approximately \$4.4 billion annually, according to a 2010 study in Health Affairs. Weinick, R. M., Burns, R. M., and Mehrotra, A. “Many Emergency Department Visits Could Be Managed At Urgent Care Centers and Retail Clinics.” *Health Affairs*. September 2010.<sup>2</sup>

**Impact on Access and Quality:** We are two licensed emergency-care physicians with 8 years of experience each. Dr. Sterling is also a certified Vermont Air National Guard Flight Surgeon and Dr. Kittredge is the medical director of an urgent care facility. We expect to be able to service our patients effectively and rapidly, offering wait times substantially under those of area hospitals. For context, sixty-nine percent of urgent care centers nationally have wait times of less than 20 minutes; 28 percent have wait times between 21 and 40 minutes; and only 3 percent have more than a 40-minute wait. Urgent Care Association of America. “2012 Urgent Care Benchmarking Survey Results.” Urgent Care Industry Information Kit. 2013. From our experience, these wait times are far superior to the majority (if not all) regional hospitals.

**11. Estimated beginning and completion date:**

- a. Beginning October, 2016
- b. Completion July, 2017

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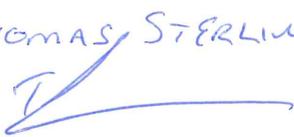
<sup>2</sup> Available online at <http://content.healthaffairs.org/content/29/9/1630.abstract>

**Certification of Accuracy**

I certify that the information contained in this application, and all documents that have been submitted with this application, are accurate and complete to the best of my knowledge. I understand that any false statements or failure to disclose information may be sufficient grounds for the Board to deny Certificate of Need approval.

**Name** THOMAS STERLING

**Signature**



**Title** MAJOR USAF, DC

**Date** Aug 30 2016