



2026 Iowa Certificate of Need (CON) Application

Instructions: 1. Complete all the sections below. 2. Provide concise, evidence-based responses, with supporting documentation or data as needed. 3. Reference Iowa Code 10A.714, as needed, to complete the application. 4. Upload additional documentation, as needed.

Primary Contact

Mrs. Mallory Meier

Primary Contact Employer

Compass Memorial Healthcare

Primary Contact Email

mmeier@compassmemorial.org

Facility Name

Marengo Memorial Hospital d/b/a Compass Memorial Healthcare

Facility Address

300 W May Street, Marengo, Iowa 52301

Project Title

Purchase Robotic-Assisted Surgical System for Orthopedic Procedures

Project Type

New Equipment

Would you like to request a summary review?

Yes

1. Applicant and Facility Overview

a. Project Purpose and Objectives:

Marengo Memorial Hospital d/b/a Compass Memorial Healthcare (CMH), a 25-bed Critical Access Hospital located in Marengo, Iowa. CMH respectfully submits this Certificate of Need application to acquire and implement the Stryker Mako SmartRobotics™ System for total joint arthroplasty procedures, including knee, hip, and shoulder replacements.

As the only hospital in Iowa County, CMH serves as the primary healthcare provider for a rural, multi-county service area encompassing Iowa, Washington, Poweshiek, and Benton counties. This population is characterized by an aging demographic, higher prevalence of chronic musculoskeletal conditions, and significant barriers to accessing specialty surgical care, including transportation limitations and long travel distances to urban centers such as Cedar Rapids and Iowa City.

The purpose of this project is to expand access to high-quality, advanced orthopedic surgical care within the local community by introducing robotic-assisted joint replacement technology. Currently, many patients within CMH's service area must travel up to 60 minutes or more to receive robotic-assisted orthopedic procedures, creating delays in care, increasing the burden on patients and their families, and in some

cases leading patients to delay or forgo necessary surgical treatment. By implementing a robotic-assisted orthopedic surgical system, CMH will provide state-of-the-art orthopedic surgical services locally, reduce travel burden, improve timely access to care, enhance surgical precision and patient outcomes, and strengthen the hospital's ability to sustain and grow orthopedic services in a rural setting.

The Stryker Mako SmartRobotics™ System is an advanced robotic-assisted surgical platform that enables orthopedic surgeons to perform joint replacement procedures with a high degree of accuracy and personalization. The system utilizes CT-based 3D modeling to create a patient specific surgical plan, allowing the surgeon to precisely determine implant size, alignment, and positioning prior to surgery and to execute bone preparation with robotic arm assistance during the procedure. This technology also provides real-time intraoperative data, enabling adjustments that further optimize outcomes. This system supports total knee, total hip, and shoulder arthroplasty procedures and represents a widely adopted standard of care in many urban and tertiary orthopedic programs.

Robotic-assisted orthopedic surgery offers several clinically significant advantages over traditional surgical techniques. These include improved surgical precision and implant alignment, reduced variability in outcomes, and less disruption to surrounding soft tissue. These improvements contribute to shorter hospital stays, faster recovery times, reduced postoperative pain, and a lower likelihood of complications or revision surgeries. These benefits are especially important in rural populations, where access to follow-up care and rehabilitation services may be more limited and where improved initial outcomes can have a substantial impact on long-term health.

Based on current orthopedic surgical volumes, regional demand, and population demographics, CMH projects an initial annual volume of approximately 100 to 150 robotic-assisted joint replacement procedures, with growth to 150 to 200 procedures annually within two to three years of implementation. It is anticipated that approximately 85 to 95 percent of these patients will originate from rural ZIP codes within CMH's primary and secondary service areas. These projections are supported by existing orthopedic demand within the organization, the current outmigration of patients seeking robotic procedures in urban centers, and the continued growth in need for joint replacement services associated with an aging population.

b. Relationship to Long-Range Development Plan:

The proposed acquisition of a robotic-assisted orthopedic surgical system is directly aligned with CMH's long-range strategic plan, which prioritizes strengthening rural access to care, retaining essential services locally, and delivering high-quality care within the communities we serve. CMH is committed to reducing barriers to care by expanding local capabilities and minimizing the need for patients to travel outside the region for advanced treatment. This project supports that commitment by bringing advanced orthopedic surgical services closer to home.

A key focus of CMH's long-range plan is the retention and growth of core service lines that are at risk of outmigration to urban providers. Orthopedic surgery is a critical service in a rural population with increasing demand due to aging demographics. By implementing robotic-assisted surgical technology, CMH will strengthen its ability to retain these procedures locally, improve continuity of care, and support the long-term sustainability of rural healthcare services.

This investment also advances CMH's goal of delivering high-quality care comparable to that available in larger markets. The addition of advanced surgical technology enhances clinical precision, patient outcomes, and overall patient experience, helping to reduce disparities between rural and urban healthcare access.

Finally, access to modern technology is essential for recruiting and retaining high-quality providers in rural areas. This project supports CMH's efforts to attract and sustain specialty providers by offering the tools necessary to practice at a high level, while also creating opportunities to expand access to additional specialties over time.

c. Description of Proposed Service/Program:

The proposed project includes the procurement, installation, and training for a Stryker Mako SmartRobotics™ System. The program will enable CMH's orthopedic surgeons to perform advanced joint replacement procedures utilizing robotic-assisted technology that integrates preoperative planning with intraoperative guidance.

Currently, a portion of patients in the CMH service area requiring more complex or technology-assisted joint replacement procedures must be referred to larger regional hospitals that have robotic-assisted capabilities. These include patients who would benefit from robotic-assisted total knee replacements, partial knee replacements, and total hip replacements where enhanced precision and implant alignment are critical to achieving optimal outcomes.

With the implementation of robotic-assisted surgical capabilities, CMH will be able to retain these procedures locally and expand the scope of services offered. This includes performing robotic-assisted total knee replacements, partial knee replacements, and total hip replacements within the community. In addition, CMH is supported by an orthopedic surgeon who is specially trained in and focuses on shoulder procedures, bringing a high level of expertise to this area of care. With the addition of robotic-assisted surgical technology, CMH will be able to fully utilize this specialized skill set to perform robotic-assisted shoulder arthroplasty locally. This advancement will position CMH as the only facility in Iowa currently offering robotic-assisted shoulder surgery, expanding access to highly specialized orthopedic care for rural patients.

d. Target Population: Specify geographic and demographic areas.

The target population for the proposed robotic-assisted orthopedic surgical program includes residents within CMH's primary and secondary service areas, encompassing Iowa, Washington, Poweshiek, and Benton counties, as well as surrounding rural communities. This geographic region represents a largely rural population of approximately 83,000 individuals who rely on CMH as their primary access point for healthcare services.

Demographically, the target population is characterized by an aging population with a higher prevalence of degenerative joint conditions, including osteoarthritis, which drive the need for joint replacement procedures. The population also includes lower-income households, as well as those with limited transportation.

By focusing on this geographic and demographic population, the proposed service will improve access to advanced orthopedic care, reduce outmigration, and ensure that patients within CMH's rural service area can receive timely, high-quality surgical treatment close to home.

e. Relation to Existing Provider Network: Summarize relationship with other health care providers/services in the region.

CMH maintains strong partnerships with regional healthcare organizations to expand access to services and improve care coordination across its rural service area. These partnerships support a collaborative approach to delivering care locally while ensuring patients have access to appropriate services when needed.

A key example is CMH's surgical outreach relationship with Virginia Gay Hospital, where CMH's surgeon provides general surgery services and performs procedures within that community. This partnership demonstrates CMH's commitment to extending specialty care beyond its main campus and improving access for rural populations through coordinated service delivery.

CMH maintains established relationships with regional specialty providers, including UnityPoint Health for pulmonology and urology coordination, Mercy Medical Center for cardiology services, and ENT Medical Services for ear, nose, and throat care. Additional partnerships with organizations such as Innovative Radiology for imaging interpretation, Cedar Valley Pathology for pathology services, and Shared Medical

for mobile PET imaging further enhance CMH's ability to provide comprehensive care locally while leveraging regional expertise.

These partnerships create an integrated network of care that supports timely diagnosis, treatment, and follow-up services for patients across the region. The addition of robotic-assisted orthopedic services will further strengthen this network by expanding local surgical capabilities, reducing the need for external referrals, and enhancing CMH's role as a coordinating provider for advanced care within its rural service area.

f. Funding Sources and Financial Resources: Identify and document sources of funding and financial viability.

The total cost of the proposed robotic-assisted orthopedic surgical system, including equipment acquisition, installation, minor facility modifications, and staff training, is \$2,230,454. This capital investment will be fully funded through the Iowa Department of Health and Human Services Rural Health Transformation Fund (RHTF) grant.

Ongoing service and maintenance costs associated with the system are estimated at \$135,000 annually and will be funded through CMH's operating budget. These recurring costs are expected to be supported by the expansion and growth of the orthopedic service line, including increased surgical volume, improved case retention, and the reduction of patient outmigration to external providers.

Current # of Beds (if changing)

Current bed type (if changing)

Requested # of Beds (if changing)

Requested bed type (if changing)

Document Upload

2. Community Need and Service Gaps

a. Description of Need:

CMH serves a predominantly rural, multi-county population. This service area is characterized by an aging population, a higher prevalence of chronic musculoskeletal conditions such as osteoarthritis, and well-documented barriers to accessing specialty surgical care, including transportation limitations and extended travel distances to urban centers. These factors contribute to delayed treatment, increased patient burden, and disparities in access to advanced orthopedic services.

The need for expanded orthopedic surgical capabilities at CMH is driven by both current demand and projected growth in joint replacement procedures. As the population ages, the incidence of degenerative joint disease continues to increase, resulting in a higher demand for total joint arthroplasty, including knee, hip, and shoulder replacements. At present, a portion of this demand is not being met locally due to the absence of robotic-assisted surgical technology, which has become an expected standard of care for many patients and referring providers.

Without access to robotic-assisted orthopedic surgery at CMH, patients who would benefit from these procedures are frequently referred to or elect to seek care at larger regional hospitals. This results in a measurable outmigration of cases, fragmentation of care, and additional financial and logistical burdens on patients and their families. Travel times of up to 60 minutes or more create barriers that can delay surgical intervention, particularly for elderly patients or those with limited transportation options. In some cases, these barriers contribute to patients postponing or foregoing necessary procedures, negatively impacting health outcomes and quality of life.

The implementation of robotic-assisted surgical capabilities at CMH will directly address these access gaps

by allowing patients to receive advanced orthopedic care within their local community. This will reduce travel burden, improve timely access to care, and enhance continuity between surgical services and local pre- and post-operative care. It will also align CMH's orthopedic program with current clinical expectations and patient preferences, ensuring that rural populations have access to the same level of technology and care available in urban settings.

In addition, the project addresses an important workforce and sustainability need. The availability of advanced surgical technology is increasingly essential for recruiting and retaining qualified orthopedic surgeons and specialists in rural areas. Without such capabilities, rural hospitals face challenges in maintaining specialty services, which can further exacerbate access issues over time.

Overall, the proposed project responds to a clearly identified community need by improving access to essential orthopedic services, reducing outmigration, supporting timely and appropriate care, and ensuring the long-term viability of surgical services within CMH's rural service area.

b. Assessment of Existing Services and Gaps:

Orthopedic surgical services are currently available at CMH; however, the absence of robotic-assisted surgical technology limits the scope and competitiveness of these services compared to those offered in larger urban markets. While CMH provides standard joint replacement procedures, patients who are candidates for or prefer robotic-assisted techniques are often referred to or elect to seek care at regional hospitals in Cedar Rapids, Iowa City, and other metropolitan areas. As a result, there is a clear gap between the services available locally and the level of advanced orthopedic care accessible within the community.

c. Alternatives Analysis:

CMH considered multiple alternatives to address the growing demand for advanced orthopedic surgical services within its rural service area, including continuing with conventional joint replacement procedures, referring patients to tertiary care centers, and acquiring a robotic-assisted surgical system.

Continuing with conventional procedures would not meet evolving patient expectations or current standards of care and would likely result in continued outmigration of orthopedic cases. Referring patients to tertiary centers would provide access to robotic-assisted surgery but would not address travel burdens, access barriers, or continuity of care for the rural population served by CMH.

The selected approach, acquiring a robotic-assisted surgical system, provides the most effective solution by expanding local access to advanced orthopedic care while supporting service line growth and long-term sustainability.

d. Accessibility Considerations:

Without the implementation of robotic-assisted orthopedic surgical services at CMH, patients from our rural service area will continue to face significant travel related barriers when seeking advanced orthopedic care. These challenges include lack of reliable transportation, time away from work, caregiving responsibilities, financial constraints associated with travel, and difficulties managing post-operative recovery and follow-up care at distant facilities.

By implementing robotic-assisted orthopedic surgical services locally, CMH will significantly improve accessibility by reducing travel distances and allowing patients to receive advanced care within their community. This enhances convenience, supports continuity of care with local providers, and ensures that rural populations have more equitable access to modern surgical services regardless of geographic location.

e. Community Input/Support:

CMH is strongly supported by the communities it serves, as evidenced by consistent patient feedback and

engagement across its service area. Patients frequently express appreciation for having access to progressive, high-quality healthcare services close to home, particularly in a rural setting where access to advanced care is often limited. This project reflects the needs and expectations of the community to maintain and expand local access to modern medical technology and specialty services.

In addition to patient support, CMH has received broad-based community and stakeholder endorsement for this project. Letters of support have been provided by the State Representative and State Senator representing the service area, the City of Marengo and its governing board, the Iowa County Board of Supervisors, local nursing homes, Iowa County Community Development, and healthcare providers throughout the region. These letters reflect a shared recognition of the importance of expanding local access to advanced orthopedic care and the role CMH plays in supporting the health and vitality of the surrounding communities.

This demonstrated support underscores the community need for the proposed service and affirms CMH's position as a trusted and essential healthcare provider within its rural service area.

Document Upload (if needed)

Letter of Support - City of Marengo.pdf

Letter of Support - Dr Miller.pdf

Letter of Support - Dr Phelps.pdf

Letter of Support - ICCD.pdf

Letter of Support - Iowa Co Supervisors.pdf

Letter of Support - John Hinshaw.pdf

Letter of Support - Presbyterian Homes.pdf

f. Non-discriminatory Access:

Services will be provided without discrimination and will be available to all clinically appropriate patients regardless of payer source. Care will be delivered in accordance with established credentialing and privileging processes and in compliance with medical staff bylaws, including both allopathic and osteopathic standards of practice.

3. Impact on Existing Providers

a. Impact Assessment:

The proposed project is not expected to result in unnecessary duplication of services, as robotic-assisted orthopedic surgery is currently unavailable within Iowa County and the immediate service area. Rather than duplicating existing services, the project addresses a gap in advanced surgical capabilities and aligns local service offerings with current standards of care.

Currently, a portion of orthopedic procedures originating from CMH's service area are performed at regional facilities, reflecting outmigration due to the absence of robotic-assisted technology locally. By introducing this capability, CMH will retain these cases within the community, strengthening the rural care continuum while maintaining appropriate relationships with regional providers for higher-acuity or specialized care needs.

The project is not anticipated to have a negative impact on other providers or healthcare organizations. Instead, it supports improved access, continuity of care, and stability for rural populations. No relocation of services is proposed as part of this project, and there will be no adverse impact on the populations served by other facilities. Overall, the project represents an appropriate and efficient enhancement of existing services without creating redundancy within the regional healthcare system.

b. Community and Economic Impact: Broader system effect and value-added to the community.

The proposed project will provide meaningful value to the community by strengthening access to advanced healthcare services within the local area. By expanding orthopedic capabilities and retaining procedures that are currently performed outside the region, CMH will help ensure that patients can receive high-quality care close to home. This supports improved health outcomes, reduces travel-related burdens, and reinforces the hospital's role as a central provider of care within the community.

In addition, the project enhances the local healthcare system by supporting the recruitment and retention of specialized providers and creating opportunities to expand access to additional specialties over time. By bringing advanced surgical capabilities to a rural setting, CMH contributes to the long-term stability of healthcare services, supports the local economy through retained healthcare spending, and strengthens the overall viability of rural healthcare delivery in the region.

c. Efficiency in Use of Resources: Shared/cooperative arrangements to maximize efficiency.

The proposed project represents an efficient use of resources by strengthening an existing orthopedic service line and maximizing the capabilities of current staff, facilities, and regional partnerships. As a rural hospital with one full-time orthopedic surgeon, the addition of robotic-assisted technology will improve surgical precision, implant positioning, and alignment, which is expected to enhance outcomes and reduce the likelihood of revision procedures, thereby improving overall resource utilization.

In the short term, the program is operationally viable through the enhancement of existing surgical volumes and the retention of cases that would otherwise be referred outside the community. In the long term, the project supports sustainability by aligning services with growing demand driven by an aging population and increasing rates of joint disease.

The expansion of orthopedic services to include robotic-assisted procedures also allows for a broader range of cases, including partial knee replacements, more complex primary joint procedures, and future advancements such as shoulder applications. As the orthopedic program grows, the technology will serve as a foundational tool for program development rather than a standalone investment. CMH's orthopedic surgeon anticipates performing approximately 120 robotic-assisted joint replacement procedures annually within three years of implementation, supporting both clinical and operational efficiency.

Overall, the project leverages existing infrastructure and provider capacity while enhancing service capabilities, ensuring an efficient and sustainable approach to meeting community healthcare needs.

4. Financial and Operational Feasibility

a. Financial Projections and Feasibility:

The total project cost for the robotic-assisted orthopedic surgical system, including equipment, installation, minor facility modifications, and training, is \$2,230,454 and will be fully funded through the Iowa Department of Health and Human Services Rural Health Transformation Fund grant. Ongoing annual service and maintenance costs of approximately \$135,000 will be supported through operating revenues generated by the expanded orthopedic service line.

A balance sheet and three-year financial projections have been provided as supporting documentation.

Document Upload (3-year budget projections)

2026-02 Balance Sheet.pdf

CMH Robotic Surgery 3-Year Forecast.xlsx

b. Staffing and Operations:

The proposed robotic-assisted orthopedic surgical program will be supported through existing clinical and

operational infrastructure at CMH, with no additional full-time equivalent (FTE) staff required. The program will be led by CMH's full-time orthopedic surgeon, Dr. Ross Doehrmann, DO, a fellowship-trained orthopedic surgeon specializing in shoulder and elbow surgery, who will perform procedures and oversee clinical implementation. Existing surgical services staff, including operating room nurses, surgical technologists, anesthesia providers, and perioperative support staff, will support the program as part of current operations.

Staff will receive specialized training related to the robotic-assisted system to ensure safe and effective use of the technology. This training will be incorporated into implementation planning and ongoing competency requirements. The program will operate within CMH's established surgical services structure, utilizing existing operating room capacity, scheduling processes, and care coordination workflows.

Administrative oversight will be provided through CMH's leadership team, including surgical services management, with integration into existing quality, credentialing, and performance monitoring processes. The program will leverage current partnerships and support services, including imaging, rehabilitation, and care coordination, to ensure comprehensive pre- and post-operative care.

c. Short and Long-term Viability:

In the short term, the proposed robotic-assisted orthopedic surgical program is expected to be viable through the retention of cases that are currently referred to external providers, as well as increased utilization driven by patient preference for advanced surgical technology. The program will leverage existing staff, facilities, and surgical volumes, allowing for efficient implementation without additional staffing costs.

In the long term, the program is sustainable due to continued growth in demand for joint replacement procedures associated with an aging population. The addition of robotic-assisted capabilities strengthens CMH's competitive position, supports provider recruitment and retention, and enables expansion into a broader range of orthopedic procedures. As surgical volumes increase, the program will generate sufficient revenue to support ongoing operating costs while reinforcing the stability and growth of the orthopedic service line.

5. Community and Economic Impact

a. Community Engagement:

CMH actively engages its service area through ongoing outreach, patient feedback, and collaboration with community stakeholders to ensure services align with local needs. Input from patients, providers, and community partners consistently reflects a desire for expanded access to advanced healthcare services close to home, particularly for specialty care that would otherwise require travel outside the region.

CMH is committed to serving all populations within its rural service area, including elderly individuals, underserved populations, and those facing transportation and financial barriers. Services are designed to be accessible and responsive to these needs, with an emphasis on reducing disparities in access to care.

The development of this project reflects direct responsiveness to community concerns regarding access, travel burden, and the need to maintain local healthcare services. Ongoing engagement with local leaders, healthcare partners, and community organizations ensures that CMH continues to adapt its services to meet the evolving needs of the populations it serves.

b. Resource Availability:

CMH has the necessary staff, management structure, and facility resources in place to support the proposed robotic-assisted orthopedic surgical program. The program will be led by Dr. Doehrmann, MD, orthopedic surgeon, and supported by existing surgical services staff, including operating room personnel, anesthesia providers, and perioperative care teams. Administrative oversight, quality monitoring, and

credentialing processes are already established within CMH's current operational framework and will extend to this program.

The project will utilize existing operating room space, imaging capabilities, and care coordination resources, ensuring that the addition of robotic-assisted technology is an efficient use of current infrastructure. The training required for clinical staff will be incorporated into implementation without disruption to ongoing operations.

Alternative uses for these resources were considered; however, maintaining current service levels without advancement in technology would not fully meet community needs and would allow continued outmigration of orthopedic cases. The proposed project represents the most appropriate use of available resources by enhancing an existing service line, improving care quality, and expanding local access to advanced surgical services.

c. Organizational Relationships:

The proposed robotic-assisted orthopedic surgical program will be fully integrated within CMH's existing network of ancillary and support services, including imaging, laboratory, anesthesia, rehabilitation, and care coordination. These services are already established and will support all phases of care, from pre-operative evaluation through post-operative recovery, ensuring a seamless patient experience within the local healthcare system.

CMH also maintains collaborative relationships with regional specialty providers and non-local healthcare entities to support comprehensive care delivery. These include partnerships for specialty consultations, referrals, and diagnostic services, as well as coordination with tertiary care centers when higher-acuity services are required. Existing relationships with organizations such as UnityPoint Health and Mercy Medical Center further strengthen care continuity across the region.

These organizational relationships enhance CMH's ability to deliver advanced services locally while maintaining appropriate referral pathways and access to specialized care beyond the community when needed. The addition of robotic-assisted orthopedic surgery will complement these arrangements by expanding local capabilities and reinforcing CMH's role as a coordinating provider within an integrated rural healthcare network.

6. Project Planning

a. Project Timeline:

Pending CON approval, CMH will immediately commence the equipment ordering process. Upon approval of the purchase order, delivery and installation of the robotic-assisted surgical system is expected within 30 to 60 days. Following installation, staff training, system testing, and workflow integration will be completed. CMH anticipates initiating robotic-assisted orthopedic procedures in fall 2026, with full operational readiness achieved shortly thereafter.

b. Innovative Components:

Not applicable

c. Regulatory Compliance:

The proposed project will be implemented in full compliance with all applicable federal, state, and local regulatory requirements. CMH will obtain all required approvals prior to procurement, installation, and operation of the proposed equipment, including CON approval from the Iowa HHS.

CMH will comply with all applicable licensure requirements for hospital-based surgical services, including standards established by the Iowa Department of Inspections, Appeals, and Licensing, the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals, and

applicable accreditation standards. All providers delivering services under this program will maintain appropriate professional licensure in the State of Iowa and comply with all applicable state and federal regulatory requirements. All clinical services will be delivered in accordance with hospital policies, medical staff bylaws, credentialing and privileging requirements, and applicable scope-of-practice regulations.

The robotic-assisted orthopedic surgical system will be installed and maintained in accordance with manufacturer specifications, safety standards, and infection control requirements. Clinical staff will complete all required training and competency validation prior to use. Ongoing quality monitoring, utilization review, and patient safety oversight will be conducted through CMH's established clinical governance and quality assurance processes.

7. Special Criteria for Specific Services:

a. Alternative Consideration (10A.714(2)(a)):

CMH evaluated practical alternatives to the proposed project, including continued use of existing surgical technology, modernization of current equipment, and reliance on shared resources through referral arrangements with regional providers. While these approaches would allow continued access to orthopedic services, they would not fully address the identified gaps in access to advanced surgical technology within the local service area.

Modernizing existing equipment without adding robotic-assisted capability would not meet current clinical expectations or reduce the outmigration of patients seeking advanced procedures. Similarly, reliance on shared resources through referral relationships would continue to require patients to travel outside the community, maintaining existing barriers related to distance, transportation, and continuity of care.

The selected approach, acquiring a robotic-assisted surgical system, represents the most practical and effective solution by expanding local capabilities, improving access, and strengthening the sustainability of orthopedic services within the community.

b. Utilization of Similar Facilities (10A.714(2)(b)):

No other facilities within CMH's service area currently offer robotically assisted orthopedic surgery. As a result, patients requiring these procedures must seek care at regional facilities outside the area.

CMH demonstrates appropriate and efficient use of existing local and regional healthcare resources through established referral relationships and coordinated care delivery. Regional facilities are appropriately utilized for advanced services not currently available within CMH's service area; however, their geographic distance limits accessibility for rural patients.

The proposed project will not duplicate underutilized services within the immediate service area but will instead address a gap in local availability of robotic-assisted orthopedic surgery. By expanding capabilities at CMH, appropriate cases can be managed locally while continuing to utilize regional facilities for higher-acuity or specialized care beyond the scope of a Critical Access Hospital.

This approach ensures efficient use of healthcare resources by aligning patient needs with the most appropriate care setting, reducing unnecessary travel, and strengthening the overall regional system of care without adversely impacting the utilization of similar facilities.

c. Construction/Modernization (10A.714(2)(c)):

The proposed project minimizes the need for new construction by utilizing existing operating room space and infrastructure at CMH. Only minor facility modifications, if any, will be required to accommodate the robotic-assisted surgical system, ensuring an efficient and cost-effective approach to implementation.

Modernization of existing equipment without the addition of robotic-assisted technology was considered;

however, this approach would not address the identified need for advanced surgical capabilities or reduce outmigration of orthopedic cases. The selected approach represents a targeted modernization of the orthopedic service line by integrating advanced technology into existing facilities. This level of modernization also supports the recruitment and retention of specialized providers, as access to advanced technology is increasingly essential for providers seeking to practice at the top of their training in a rural setting.

To the extent practicable, CMH will continue to leverage established partnerships and shared resources with regional providers for services beyond its scope, while expanding local capabilities where appropriate. This approach supports efficient use of resources, avoids unnecessary construction, and enhances access to care within the community.

d. Access Concerns (10A.714(2)(d)):

Without the proposed project, patients within CMH's rural service area will continue to face significant access barriers to advanced orthopedic surgical care. The absence of robotic-assisted surgical capabilities locally requires patients to travel to distant urban facilities, creating challenges related to transportation, time away from work, caregiving responsibilities, financial burden, and post-operative follow-up.

These barriers increase the risk of delayed or deferred care, particularly for elderly and underserved populations, and contribute to ongoing outmigration of orthopedic services. Over time, continued outmigration may also impact the sustainability of local orthopedic services, further limiting access within the community.

The proposed project mitigates these risks by expanding local access to advanced surgical care, improving timeliness of treatment, and supporting continuity of care within the rural healthcare system.

e. UIHC Special Role (10A.714(3)):

Not applicable.

Signature

A handwritten signature in black ink that reads "Mallory Meier". The signature is written in a cursive, flowing style.

Additional Supporting Documents Upload