



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 135.63, as needed, to complete the application. 4. Upload additional documentation, as needed.

Primary Contact

Mrs. Kara McEntee

Primary Contact Employer

Van Buren County Hospital

Primary Contact Email

KARA.MCENTEE@VBCH.ORG

Facility Name

Van Buren County Hospital

Facility Type

Hospital

Facility Address

304 FRANKLIN STREET, Keosauqua, Iowa 52565

Project Title

Van Buren County Hospital In-house MRI

Proposed Project

Acquisition of in-house MRI and suite remodel

Total Project Cost

2,100,000

Equipment Cost

1,600,000

Project Type

New Equipment

Project Start Date

7/1/2026

Project End Date

7/30/2027

Would you like to request a summary review?

Yes

1. Applicant and Facility Overview

a. Project Purpose and Objectives:

Van Buren County Hospital (VBCH) would like to install an in-house MRI. Currently VBCH contracts with a mobile unit to come to the hospital 1 time per week. The addition of this piece of equipment will add a much-needed component that will enable us to continue building the vision of bringing a state-of-the-art

imaging center to the citizens of southeast Iowa. In line with the Healthy Hometowns initiative of developing hub and spoke models throughout rural Iowa, we believe that with the addition of the MRI machine to our imaging technology suite, we are uniquely positioned in our region to provide images in several specialty areas for both our own and neighboring service areas.

The MRI that the hospital intends to purchase is a state-of-the-art machine that will include components that are unique not only to our county but to any contiguous county. These include:

- CardioMaps and Advanced CVWorks Cardiac Imaging
- Neocoil with Breast Imaging (1 bordering county does offer this imaging)
- Neocoil with Prostrate Imaging

The demographic profile of Van Buren County—older age, higher disability rates, lower median income, and higher poverty—amplifies the effects of distance decay. For many VBCH patients, long-distance travel is not merely inconvenient but prohibitive. As a result, some patients delay or forgo recommended imaging entirely, particularly when multiple trips are required or when transportation options are limited.

By establishing a permanent, full-time MRI service onsite, VBCH will directly mitigate distance decay by removing a significant structural barrier to care. Local access to MRI will increase completion of recommended diagnostic studies, improve timeliness of care, and support earlier detection and intervention—particularly in cancer and cardiovascular disease—thereby advancing health equity for rural residents in southeast Iowa.

b. Relationship to Long-Range Development Plan:

For the past 5 years the Van Buren County Hospital strategic plan has taken an aggressive stance on increasing local access. This is a top priority of the administrative team and one that is universally embraced across the facility. In Van Buren County we aren't just caring for patients, we are literally caring for our family, friends, and neighbors. While this argument could possibly be made for any place classified as rural, we feel it is particularly true when county populations dip below 10,000. When ranked in terms of population size, Van Buren County currently ranks 90th in the state at 7,217.

Our close-knit community also inspires strong support amongst staff to be able to provide as many things as we can within our own service area. Even when staff don't initially know patients personally, it doesn't take long for them to develop a deeper level of care and concern when they personally treat the same individual for many years. These types of patient/caregiver relationships are excellent motivators for staff to take pride in what we offer and support the hospital through the change and growth phase that we are currently experiencing.

Our unofficial motto for this Local Access priority has become, "Safely get to yes." If there is a way to safely offer a service here in our community, and it will benefit our patients, we want to figure out how to make it happen. Our administrative team understands the ongoing cost burden of offering MRI in our community and would be remiss if we didn't acknowledge it in this application. Details of our plan to ensure ongoing service are included in the Sustainability section on page 13.

Our radiology department itself is led by Betsy Caviness, Radiology Department Manager and 32-year employee of VBCH. During Betsy's tenure at the hospital our radiology department has seen tremendous growth in capabilities, and she and her staff continue to bring additional diagnostic and screening options to our patients. In 2023 Betsy successfully lead the procurement, installation, and training processes for a new CT scanner, X-ray room, and mammography machine.

While we do not have any radiology technologists that are currently certified for MRI, Betsy has identified talented staff members who are willing to gain the additional training needed for certification if we are chosen. Our proposed timeline supports training these additional staff and the hospital is prepared to make the investment needed to allow them to gain the needed certifications. Training and testing will take

approximately 4-6 weeks for each individual, and the hospital is committing to get at least two technologists certified before the MRI installation in summer of 2027.

Another important factor to mention in our plan to ensure operational readiness is the upgrading of our PACS system in summer of 2026. PACS stands for Picture Archiving and Communication System, and it is the digital system used to store, retrieve, and share medical images. A high-quality PACS system is imperative for Critical Access Hospitals who often rely on radiologists in other locations to read their patient images.

As mentioned in our organizational history, VBCH has been an affiliate of MercyOne since 2020. MercyOne was acquired by Trinity Health in the fall of 2022 and through this partnership VBCH is gaining access to new tools and resources. One of these resources is the Visage 7 PACS. This system has the reputation of being the Cadillac of PACS due to its ability to deliver ultra-fast rendering of images. Even very large CT or MRI studies can be transmitted almost instantaneously. The system is also known for having virtually zero down time due to its cloud architecture, multi-site support, and integrations with existing EMRs, including EPIC. Migrating all of our imaging equipment to this PACS will ensure that we can not only provide state of the art imaging but start of the art service when it comes to image read time and feedback.

c. Description of Proposed Service/Program:

An MRI (Magnetic Resonance Imaging) is a noninvasive medical imaging test that uses powerful magnets, radio waves, and a computer to create highly detailed pictures of the inside of your body. Unlike X-rays, MRIs do not use radiation, making them especially safe for looking at soft tissues, organs, and the skeletal system. An MRI can differentiate between healthy and unhealthy tissue, allowing doctors to diagnose diseases, monitor treatments, and evaluate internal structures. VBCH wants to bring new high technology services to Southeast Iowa to help with cardiovascular health, cancer diagnosis for breast and prostate, and more emergent items than needed just 1 time per week. The outcomes are that diagnosis can be completed much earlier than waiting or traveling to other sites if the patient does not have the means or resources to get there.

d. Target Population: Specify geographic and demographic areas.

To understand why local access is such an important key for us, it is important to understand the demographics of Van Buren County. The United States Census Bureau provides many key data points that are an important representation of our story. The Census Bureau estimates that as of July 2024 the population in Van Buren County was 7,217, putting our county at number 90 in terms of population ranking. Furthermore, the Census Bureau estimates that 24.1% of the county population is ages 65+, in comparison with the overall state of Iowa whose total senior population is 18.9%. What makes our senior data particularly striking, however, is our statistic around senior disability. Across the state of Iowa, 8.7% of seniors are estimated to have a disability, in Van Buren County that number jumps to 14.9%.

The median household income in Van Buren County is \$60,183, lagging behind the state average of \$73,147. Within our community it is estimated that 14.8% of our population lives in poverty, once again putting us on the wrong side of the state average which is 11.3%. Our own statistics tell us that 45.4% of our patients are covered by either Medicare or Medicare Advantage plans, 12.2% are covered by Medicaid insurance plans, and 15.3% are uninsured. (It is worth noting that our county has a significant Amish population. Members of the Amish community do not participate in traditional insurance plans and are all considered uninsured.)

The Iowa Health and Human Services County Snapshot for Van Buren County summarizes more important information about the county's healthy behaviors and outcomes. In Van Buren County 41% of adults have an unhealthy BMI compared to the 37.3% average across the rest of the state. We have 850 individuals experiencing food insecurity, equating to 11.7% of our population.

e. Relation to Existing Provider Network: Summarize relationship with other health care

providers/services in the region.

VBCH has great relationships with neighboring health care providers and services in the region. VBCH has a complex care network that was set up to help facilitate care for patients with multiple chronic conditions that need to navigate the healthcare system through multiple locations of specialists, different socio-economic barriers, and understanding of healthcare. This network is made up of three Critical Access Hospitals (CAHs) in southeast Iowa, Jefferson County Health Center, Davis County Hospital, and Van Buren County Hospital, 3 public health departments for Jefferson, Davis, and Van Buren Counties, the Iowa Department of Aging, Ismile of Lee County Health Department, local nursing homes, and others are added monthly. We would love to work with all area hospitals on how we can help in the MRI area.

Currently Davis County and Jefferson County Hospitals do have MRIs, but they do not have the cutting-edge screenings for cardiovascular, breast and prostate cancer diagnosis technology. With the exception of one facility that offers breast imaging, none of the facilities in bordering counties currently offer any of the above screenings as part of their MRI service. Depending on which part of our service area they live in, patients are traveling anywhere from 50 to 120 minutes to access the above exams. When you factor in the transportation issues that many of our patients' experience, we can share anecdotally that some patients simply do not end up receiving the recommended imaging service.

Also, VBCH is part of the Mercy network. VBCH has been an affiliate of MercyOne since 2020. MercyOne was acquired by Trinity Health in the fall of 2022 and through this partnership VBCH is gaining access to new tools and resources. One of these resources is the Visage 7 PACS (Picture Archiving and Communication System). This system has the reputation of being the Cadillac of PACS due to its ability to deliver ultra-fast rendering of images. Even very large CT or MRI studies can be transmitted almost instantaneously. The system is also known for having virtually zero down time due to its cloud architecture, multi-site support, and integrations with existing EMRs, including EPIC. Migrating all of our imaging equipment to this PACS will ensure that we can not only provide state of the art imaging but start of the art service when it comes to image read time and feedback.

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

The MRI that the hospital intends to purchase is a state-of-the-art machine that will include components that are unique not only to our county but to any contiguous county. These include:

- CardioMaps and Advanced CVWorks Cardiac Imaging
- Neocoil with Breast Imaging (1 bordering county does offer this imaging)
- Neocoil with Prostrate Imaging

The total estimated cost for this project is \$2.1 million dollars. VBCH was awarded in January 2026 \$1.9 million dollars from the RHT Best and Brightest Equipment grant and intends to provide the remaining \$200,000 needed out of hospital funds.

The largest cost is of course the MRI itself. The MRI system, including software and all components needed to provide the services immediately listed above is \$1.6 million dollars. We are estimating the cost of building renovations to be approximately \$450,000. We are requesting that the grant cover \$300,000 of this with the hospital providing the \$150,000 remainder. While the cost of remodeling the space may seem high, many specialized components are needed to make sure an MRI can be run safely in a facility. The renovation costs will include completely gutting 1,500 sq. ft. of space in the current OR suite, hiring specialized contractors to install the needed copper lining, working with an architecture firm to ensure all OSHA and ADA space considerations are properly evaluated and included, purchasing other hospital grade materials required to meet necessary safety regulations, additional HVAC considerations, and the finish materials necessary to complete the space. The remaining \$50,000 that the hospital will be contributing will go toward the cost of training existing radiology team members to pass their MRI certification requirements and the specialized supplies needed for the space. These supplies include things like MRI safe wheelchairs, walkers, and a specialized crash cart.

VBCH's current reimbursement rates for MRI are \$1,700 to \$2,000 per MRI. Simply keeping the base level of MRIs that we completed this past year with our mobile unit would allow us to comfortably maintain the service while realizing a profit margin of approximately \$100,000 per year. As shown in the table on page 10 we are forecasting that we can increase our current number of scans by 112, which even at the lowest level of reimbursement translates to an additional \$190,400, in the first full year of operation. As a non-profit entity this additional profit will all be reinvested back into patient care through strategic investment in our people, physical plant, and needed equipment. We are projecting this additional margin will continue to grow over the first few years of operations and should also allow us to strategically save for equipment refurbishment or replacement which will be needed approximately every 10-years.

The MRI capabilities, and generated revenue, will also help us grow and sustain other specialty service lines that are current targets of the hospital. In addition to cardiovascular health and cancer prevention and care, which we share as service line growth targets with the state, this service will also be a great benefit to our growing orthopedic service line which targets both joint repair and replacement as well as chronic arthritis conditions. (Given our communities high level involvement in both the manufacturing and agriculture industries, we see many patients who experience chronic pain from both joint issues and arthritis.)

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:

Like many healthcare organizations in the state, Van Buren County Hospital is also keeping an eye on the cancer data coming out from the Iowa Cancer Registry. Van Buren County is fortunate to have one of the lower rates in the state for new cancer incidences in 2025, however we are not so lucky when it comes to cancer deaths. When looking at cancer death statistics we have one of the higher rates. While there are likely many contributing factors that lead to the difference in these statistics, they are concerning. We are committed to doing what is within our power to lower the rate of cancer deaths in our community. One of the most immediate areas that can be impacted is increasing the number of preventative screenings that are performed in our community. Doing this will hopefully catch more cancer in the early stages and reduce our overall cancer deaths. The drive to do this is one of the main inspirations to make sure we are offering premier imaging services in Southeast Iowa.

To be a premier imaging center, you really must be able to provide your patients with consistent, high-quality MRI images.

While there are neighboring hospitals with MRI services, the unit we are proposing to purchase is capable of providing several specialized services that are unavailable in our neighboring facilities.

- In the area of cardiovascular health - CardioMaps and Advanced CVWorks Cardiac Imaging – This component will allow us to extend cardiac assessment capability and provide a higher level of care to cardiovascular patients within our care. Within the last year VBCH was able to add an experienced cardiology provider to our specialty clinic rotation. Dr. Muhammad Ansari sees patients 2-3 times per month at our rural health clinic and is very interested in assisting us with growing our services at VBCH. Having the ability to do advanced cardiac imaging onsite will allow Dr. Ansari to provide more complex diagnostic services without requiring our patients to leave the community for advanced imaging.

- Cancer - Neocoil with Breast Imaging – Thanks to the Iowa Cancer Registry we know that breast cancer is the most diagnosed cancer in Iowa. We were fortunate to be able to add a new 3D mammography machine to our radiology department in 2023. We have been working hard in 2025 to raise the funding for an Automated Breast Ultrasound machine and anticipate placing that order in first quarter of 2026. If we are able to add the capability to do a breast MRI, we will have all levels of breast cancer screening available within our imaging center. Our ultimate goal would be to open a clinic capable of doing evaluations for patients identified as high risk for breast cancer.

- Cancer - Neocoil with Prostrate Imaging – According to the Iowa Cancer Registry, prostate cancer is also one of the most commonly diagnosed cancers in Iowa. Our visiting Urologist, Dr. Robert Remis, who sees patients at VBCH twice per month frequently orders prostrate MRIs that we must refer on to other locations.

With the exception of one facility that offers breast imaging, none of the facilities in bordering counties currently offer any of the above screenings as part of their MRI service. Depending on which part of our service area they live in, patients are traveling anywhere from 50 to 120 minutes to access the above exams. When you factor in the transportation issues that many of our patients' experience, we can share anecdotally that some patients simply do not end up receiving the recommended imaging service.

In addition to these specialized images, the MRI the hospital intends to purchase would of course be capable of all standard images. Having an MRI permanently onsite will greatly enhance the hospital's ability to provide greater access to patients when their immediate need arises or at a time that is convenient for them. Examples of these scenarios include:

- Emergent needs for images from the ED. Currently we have mobile MRI onsite only once per week. Unless the patients' emergency need happens to arise during this short window of time, we are unable to provide emergent MRI images. Any patient in need of an emergent MRI must be transferred to another facility, most often either in Iowa City (90 miles away) or Burlington (55 miles away).

- Having the service available only at a set time once per week also greatly limits availability for patients who have work or other commitments that make it difficult to schedule only on a Wednesday.

- Patients who are seeing specialists may need to make multiple visits in order to receive images and see their physician. With an MRI onsite, imaging and specialist visits can be combined into only one trip in many scenarios.

The geographic service area of Van Buren County Hospital is primarily comprised of Van Buren County and the neighboring counties of Davis, Jefferson, Lee, Henry, and Wapello. We also have patients that travel from northeastern Missouri, primarily from Clark county.

In calendar year 2025, VBCH performed 379 MRIs in our facility. The below table shows a comparison of where patients are from who accessed this service:

Home County # of Patients Served

Van Buren	265
Davis	33
Jefferson	21
Lee	15
Wapello	11
Henry	7
Clark, MO	12
Other	15
Total	379

While we don't anticipate that our general service area would change, we do predict that our own patients

would no longer need to travel out of our service area to other facilities for diagnostic images. From outmigration data that we have access to, we know that in fiscal year 2025 (July 1, 2024 – June 30, 2025) 372 patients from Van Buren County received MRIs in other locations. While it is not realistic to project that we would capture 100% of these patients if we added our own full-time MRI, we would expect to pull around 50% of that number back to our facility within the next 3-years.

We would also anticipate that we would pick up additional patients from surrounding counties that would choose to travel the shorter distance to our facility for the unique image capabilities not offered in their own communities. Dependent on their location within the bordering county, most would have a shorter travel distance to our facility rather than a facility in Burlington, Iowa City, or Des Moines. Our involvement with the Southeast Iowa Complex Care Network will help us spread the word to our neighboring facilities about our increased capabilities. The below table illustrates the number of MRIs we would project performing in the first three years of service:

Image Type	Year 1 Projections	Year 2 Projections	Year 3 Projections
Emergent Images	52	52	52
Cardiac Images	12	18	24
Breast Images	24	32	40
Prostate Images	24	32	40
All Other Images	379	435	469
Total	491	569	625

b. Assessment of Existing Services and Gaps:

Like many rural hospitals, VBCH’s first attempt at expanding local access to MRI imaging was to bring in a mobile unit. Our mobile unit currently visits our facility once per week and is here for approximately 5-6 hours. Currently the majority of our non-emergent patients who need a standard image are receiving them through this mobile MRI service. While this solution is certainly better than not having MRI imaging onsite at all, there are still limitations with this service. In our facility, the most notable limitations include the following:

- Access difficulty for patients with mobility issues. VBCH serves a high proportion of geriatric patients, several of whom struggle with mobility issues. In order to access the mobile MRI, patients do have to go outside our building and into the MRI. While there is a lift to help those who have difficulty with stairs, inclement weather can add levels of discomfort and difficulty when accessing the machine. That factor would be removed with an internal stationary unit.
- Limitations on available scans. While the images produced by the mobile MRI that comes to our facility are high quality, as detailed in other sections of the grant there are certain images that cannot be run on the mobile unit, these include the cardiac, breast, and prostate images.
- Timeliness. Having the MRI onsite only once per week does create issues of timely access. Beyond just emergent issues, the mobile MRI does completely book some weeks. This means that patients that choose to wait on our machine may be waiting up to 2-weeks to have their images taken. Specialists who may only be at our facility a couple of times per month cannot often view same day images, meaning that patients are waiting much longer to receive follow-up and next step direction in their care.

To the north, west, and east of us the hospitals in Jefferson, Davis, and Lee counties do all provide some level of MRI service. The big differentiator between our request and what is available in these communities are the capabilities for specialized scans. To bring a strong emphasis on cancer prevention and cardiovascular health to our region, there is a need for a machine that is capable of doing specialized images. This machine would be the first in our contiguous counties to have these advanced capabilities.

Currently in order to receive the type of scans we are proposing, patients would need to travel to Burlington (55 miles), Iowa City (90 miles), or Des Moines (130 miles). The other alternative, and the one that is most troublesome, is that patients forgo the scans all together. Please see the accessibility considerations section for more on this topic.

The demographic profile of Van Buren County—older age, higher disability rates, lower median income, and higher poverty—amplifies the effects of distance decay. For many VBCH patients, long-distance travel is not merely inconvenient but prohibitive. As a result, some patients delay or forgo recommended imaging entirely, particularly when multiple trips are required or when transportation options are limited.

c. Alternatives Analysis:

VBCH considered continuing to utilize the mobile service. Currently VBCH cannot get more days with the mobile unit at VBCH. This alternative while it doesn't have the upfront investment in the equipment, has additional costs that are paid to the mobile unit company for travel, maintenance, and overall administration. It has been mentioned that there are a lot of factors that show the cons of having the mobile units. They are not very accessible to patients that have mobility issues. There are stairs and a lift available, but in the harsh Iowa winters this is not ideal care. There are also limitations on scans from the mobile MRI, and the timeliness of the scan is not always ideal.

Currently, if a provider orders a scan, an insurance prior authorization would need to be completed, which could take up to 2 weeks, then it may take another week before the mobile unit is at VBCH for the scan. If patient's need an MRI before 3 weeks, we would have to send them somewhere else for a scan. Also, there are some patients that we have to send to other facilities for only MRI scans if that is the best test for diagnosis and it is an emergency. VBCH will transport them to other facilities via ambulance and bring back after the scan is complete. This is not ideal for patient healing and care.

d. Accessibility Considerations:

As illustrated in our community's demographic information, several of our patients struggle with poverty, disability, age related limitations or a combination of the three. These things combined with their rural location, do raise the risk that our patients will not receive the diagnostic images that they really need. In addition to our own experience seeing patients not move ahead with referral orders, national research on rural health disparities also support this statement.

A substantial body of research demonstrates a phenomenon known as “distance decay,” in which utilization of health care services declines as travel distance or travel time increases (Mseke et al., 2024; Nemet & Bailey, 2000). This effect is particularly pronounced in rural communities, where residents routinely travel two to three times farther than urban populations to access specialty services and advanced diagnostic testing (Larson et al., 2006). As travel burden increases, patients are significantly less likely to complete specialty visits, diagnostic imaging, and recommended follow-up care.

Van Buren County Hospital (VBCH) experiences the impact of distance decay firsthand. Patients in our service area often must travel 55–130 miles one way to access advanced MRI services in Burlington, Iowa City, or Des Moines. National studies consistently show that rural residents facing these travel distances are less likely to undergo MRI and other advanced diagnostic imaging, contributing to delayed diagnoses and poorer outcomes (Syed et al., 2013). Recent population-based research has shown that rural residents are up to 35% less likely to receive MRI imaging compared to urban counterparts, highlighting geography as a primary driver of diagnostic disparities (Journal of the National Cancer Institute, 2024).

The demographic profile of Van Buren County—older age, higher disability rates, lower median income, and higher poverty—amplifies the effects of distance decay. For many VBCH patients, long-distance travel is not merely inconvenient but prohibitive. As a result, some patients delay or forgo recommended imaging entirely, particularly when multiple trips are required or when transportation options are limited.

By establishing a permanent, full-time MRI service onsite, VBCH will directly mitigate distance decay by removing a significant structural barrier to care. Local access to MRI will increase completion of recommended diagnostic studies, improve timeliness of care, and support earlier detection and intervention—particularly in cancer and cardiovascular disease—thereby advancing health equity for rural residents in southeast Iowa.

e. Community Input/Support:

VBCH does not have letters of support but has discussed in many open forums with local leaders, employers, and organizations and they have all been very supportive of having this in our area. More to come with public hearings or information.

Document Upload (if needed)

f. Non-discriminatory Access:

Van Buren County Hospital takes pride in offering all services to all patients without discrimination. The in-house MRI will actually be more inclusive of patients with mobility barriers as it is safer to have an MRI without traveling outside in the weather to get the test and travel back inside after. Van Buren County Hospital non-discrimination summary follows: Van Buren County Hospital:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - o Qualified sign language interpreters.
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters.
 - o Information written in other languages.

If you need appropriate auxiliary aids and services or language assistance services, contact Gladiola Moore,

Patient Access Manager, at 319-293-8736 or gladiola.moore@vbch.org.

If you believe that Van Buren County Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Gladiola Moore, Patient Access Manager, 304 Franklin St., Keosauqua, IA 52565, 319-2938736, fax 319-774-0382, gladiola.moore@vbch.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Gladiola Moore, Patient Access Manager, is available to help you.

3. Impact on Existing Providers

a. Impact Assessment:

The analysis that VBCH has completed really is conservative to show that some of the patients from our current service area are going elsewhere. There won't be significant impact to those larger areas if some of those services come back to VBCH for MRI. As mentioned, VBCH thinks there are patients in the current service area that will not travel so they do not get the service. The enhanced services will allow faster and more accurate diagnosis for patients in rural Van Buren County and Southeast Iowa.

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

Overall, it is estimated that besides bringing more care locally and more resources to the local economy, the true value-added is the faster diagnosis for patients including for cancer as Van Buren County's numbers show that there is one of the highest death rates from cancer. Patients are not getting diagnosed early enough to get treatment that works. This will also affect the economy as more people may choose to live in rural Van Buren County if it shows the great level and quality of healthcare available.

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

Van Buren County Hospital enjoys many strong partnerships within our local community and neighboring counties. Those that are most relevant to this project include:

Van Buren County Hospital Foundation – The Van Buren County Hospital Foundation exists solely to support the mission of Van Buren County Hospital. Its board is dedicated to raising funds to support needed equipment purchases at the hospital as well as ongoing programmatic support when appropriate. Currently the Foundation is raising funds specifically to support the goal of providing a state of the art imaging center right here in southeast Iowa. Over the past 7-months the Foundation has successfully raised \$140,000 in local grants and private donations to go toward the purchase of an Automated Breast Ultrasound machine. This machine will be utilized in our Radiology Department to provide next stage screenings to women with dense breast tissue and is set to be ordered in the first quarter of 2026. An added benefit to this campaign has been an increase in awareness of the screening services needed in our community to increase early detection of breast cancer. If VBCH is chosen to receive this award, we will also be able to add the third and final level of best practice breast cancer screening, breast MRI. This will make VBCH the only organization within a 40-mile radius to offer all three levels of imaging.

Southeast Iowa Complex Care Network (SICCN) – This network was formed in 2023 utilizing a federal HRSA planning grant and a Center of Excellence grant from the state of Iowa. It has brought organizations from four counties together to provide more focused services to older patients with multiple complex health conditions. In addition to Van Buren County Hospital, staff from Jefferson County Health Care Center and Davis County Hospital and Clinics are also involved in the initiative. One goal of the partnership is to enhance sharing of services amongst neighboring counties so that if patients do have to travel they do not have to travel as far. Partners in the consortium meet together every other month to talk about the sharing of services and how we can all do a better job supporting the patients in our care.

Engage Keosauqua, Keosauqua Rotary, and Villages of Van Buren – VBCH enjoys strong partnerships with multiple local economic development and service organizations. These partnerships are great communication tools and hospital staff meet regularly with representatives of all groups to let them know about new service lines at the hospital. The groups all do a great job promoting local healthcare and helping us spread the word about services to the larger community.

University of Iowa – We partner with the University of Iowa in several ways, but one of the most impactful is through our EMR (electronic medical record). We were the pilot site for their satellite EPIC program and have been utilizing this EMR since 2012. VBCH was the first Critical Access Hospital in the state of Iowa to implement this EMR and one of the first in the country. Utilization of this system greatly enhances our ability to share information with our patients quickly and to coordinate care across healthcare systems.

Radiology Partners – Radiology Partners is a national radiology practice. They have been a partner of VBCH for the past six years and are responsible for reading all of the imaging that requires radiologist interpretation at our facility. If our grant application is approved, this will include our MRI images. With the assistance of U.S. Representative Mariannette Miller-Meeks, Van Buren County Hospital was fortunate to receive Community Project Funding through the federal Department of Health and Human Services in 2023. With this funding we were able to purchase state of the art X-Ray, CT, and Mammography equipment along with a new Chemistry Analyzer for our lab and IT equipment to enhance our digital security systems.

4. Financial and Operational Feasibility

a. Financial Projections and Feasibility:

VBCH's current reimbursement rates for MRI are \$1,700 to \$2,000 per MRI. Simply keeping the base level of MRIs that we completed this past year with our mobile unit would allow us to comfortably maintain the service while realizing a profit margin of approximately \$100,000 per year. As shown in the table on page 10 we are forecasting that we can increase our current number of scans by 112, which even at the lowest level of reimbursement translates to an additional \$190,400, in the first full year of operation. As a non-profit entity this additional profit will all be reinvested back into patient care through strategic investment in

our people, physical plant, and needed equipment. We are projecting this additional margin will continue to grow over the first few years of operations and should also allow us to strategically save for equipment refurbishment or replacement which will be needed approximately every 10-years.

Document Upload (3-year budget projections)

b. Staffing and Operations:

VBCH's Radiology team is currently made up of six full-time Radiology Technologists, one of whom serves as the department manager and has 30+ years of experience at VBCH, 1 part-time Radiology Technologist, and 1 full-time Ultrasound Technologist. Two additional Ultrasound Technologists serve in a PRN (as needed) capacity. One of these technologists specializes specifically in cardiac ultrasound and provides this service at our facility once per month. Two of these six Radiology Technologists are studying to be trained MRI technologists, and they are looking forward to that. VBCH has also looked at possibly hiring another trained MRI technologist as well.

c. Short and Long-term Viability:

The administrative team is well aware of the ongoing expenses of taking on the MRI service line. MRI is something that we have been evaluating periodically over the course of the last 10 years. While we believe we have a strong plan to fund continued operations of the equipment, the large upfront cost has prevented us from making the initial purchase given the physical plant needs we have been systematically addressing during this same time period throughout the hospital.

When looking at the ongoing expense, you must factor in both the ongoing maintenance and service agreement needs, as well as the cost to maintain the space and fund credentialed staff. The ongoing maintenance and service agreements needed to maintain the equipment will easily be \$450,000 per year. Factoring in the space maintenance and extra staff costs to retain MRI trained technologists, will add an additional \$100,000 per year for a total operational cost of \$550,000 per year.

The MRI capabilities, and generated revenue, will also help us grow and sustain other specialty service lines that are current targets of the hospital. In addition to cardiovascular health and cancer prevention and care, which we share as service line growth targets with the state, this service will also be a great benefit to our growing orthopedic service line which targets both joint repair and replacement as well as chronic arthritis conditions. (Given our communities high level involvement in both the manufacturing and agriculture industries, we see many patients who experience chronic pain from both joint issues and arthritis.)

At a time when many rural hospitals are struggling, Van Buren County Hospital is starting to thrive. We have seen in recent years the positive effects of investing in new local service lines both from a financial aspect and more importantly a patient care perspective.

As often happens in small communities, when our wound program opened word quickly spread and slots filled based on provider referrals and word of mouth alone. We did very little formal advertising in the first 18-months of operation. It is likely that word of mouth will also quickly spread if we are able to obtain an MRI.

However, given the greater access capabilities of the MRI, we do also have a plan to formally market the service. This plan includes social media, radio, and television spots promoting the unique capabilities of this particular MRI. Radiology Manager, Betsy Caviness, will meet individually with both in house providers and visiting specialists to make sure they are aware of the imaging capabilities that will now be capable in house. Through the Southeast Iowa Complex Care Network we will make neighboring facilities aware of the specialized imaging capabilities with this machine that are not available in their own facilities. We also plan to host local partner groups to tour the newly renovated space so that they can share with their members and other contacts about the new imaging capabilities.

5. Community and Economic Impact

a. Community Engagement:

Physicians and Advanced Practice Providers (APPs) have requested an in-house MRI for many years. The project will help VBCH attract and recruit new providers and specialists that have the ability to have MRI services 7 days a week. Most specialists who come from larger urban areas do not want to practice where there is not this capability. When discussing this project with the local Rotary Club, many organizational leaders were very grateful for being able to have this opportunity to have an in-house MRI. It has also been discussed at the Southern Iowa Complex Care Network. Finally, with all of the discussion regarding cancer rates in Iowa, the local community is very thankful for the MRI opportunity.

b. Resource Availability:

VBCH feels they have very qualified staff currently. VBCH will be sending staff to train for the MRI technologist certifications and is willing to look at hiring another full-time MRI technologist as well. While they are not doing MRIs, they can be trained in other Radiology Modalities for our local patients.

c. Organizational Relationships:

As mentioned, VBCH is affiliated with MercyOne, also VBCH has their electronic medical record through the University of Iowa Hospitals and Clinics, has many specialty providers who come from Premier Specialty Network, and works with Dermatology Residents and has medical students who rotate with some of the family practice physicians.

6. Project Planning

a. Project Timeline:

February 2026 – Found out VBCH selected for Best and Brightest Medical Equipment award

July 2026 – Upgrade PACS to Visage 7

August 2026 – Begin work on the new OR/Infusion addition

Sept. 2026 – Staff works with architecture firm to plan the renovation for the MRI

Sept. 2026 – Staff works with DIAL to ensure appropriate safety planning is incorporated into renovation

January 2027 – Send first radiologic technologist to MRI training

March 2027 – Refresh quotes for MRI

May 2027 – Send second radiologic technologist to MRI training

May 2027 – OR moves into new space, MRI ordered

May-June 2027 – Old OR space renovated for MRI

June-July 2027- Radiology meets with providers to review the specialized capabilities of the MRI

July 2027 – MRI installed and staff oriented

July 2027 – Marketing plan commences

August 2027 – MRI services open to patients

b. Innovative Components:

The MRI that the hospital intends to purchase is a state of the art machine that will include components that are unique not only to our county but to any contiguous county. These include:

- CardioMaps and Advanced CVWorks Cardiac Imaging
- Neocoil with Breast Imaging (1 bordering county does offer this imaging)
- Neocoil with Prostrate Imaging

c. Regulatory Compliance:

In the fall of 2026 VBCH quality and radiology staff will work with the appropriate staff members at Iowa Department of Inspection and Appeals (DIAL) to ensure that all safety measures are being adequately planned for and incorporated in the MRI space renovation. The hospital's architecture firm, Invision, is also well versed on safety and regulatory requirements in hospital spaces as this is a core component of their business. They will be responsible for helping VBCH staff ensure all OSHA safety requirements are

accounted for and met.

7. Special Criteria for Specific Services:

a. Alternative Consideration (135.63(2)"a"):

The goal of the RHT is to allow rural communities to offer healthcare services close to patient's homes as is VBCH's strategic goals. If the CON is not approved, VBCH will forfeit the funding and continue to work with the mobile service to at least give current services to patients.

b. Utilization of Similar Facilities (135.63(2)"b"):

MRIs are considered the definitive gold standard and diagnostic standard of care for visualizing soft tissue, central nervous system disorders, and complex joint injuries. Many CAH's have in-house MRIs. There is need for consistent and more timely standards in rural Van Buren County.

c. Construction/Modernization (135.63(2)"c"):

VBCH would love to share and partner with other healthcare facilities throughout the region and has shown this with programs such as the Complex Care Network and growing Wound clinic. This MRI will also bring additional services throughout the region as mentioned on additional diagnosis that patients will not have to travel 50 - 100 miles for if it is in Southeast Iowa.

d. Access Concerns (135.63(2)"d"):

As mentioned, VBCH fears that the cancer deaths will continue to increase in Van Buren County if additional diagnostic testing cannot be implemented in the community. Distance decay is explained earlier in the application and VBC sees this often with patients. They either can't afford or can't physically travel the 50 - 100 miles for testing. Keeping this standard test local 7 days a week, will help patients in Van Buren County.

e. UIHC Special Role (135.63(3)):

N/A

Signature

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

Additional Supporting Documents Upload