



Oregon Health Authority

## Capital Project Reporting Form (CPR-1)

### Reporting Entity Identification and Contact

#### Facility

**Name:** Asante Health System  
**Federal Tax ID#:** 93-0223960  
**Address:** 2650 Siskiyou Blvd  
**City:** Medford **State:** OR **Zip Code:** 97504

#### Individual completing form

**Name:** Katrina Bywater  
**Title:** Manager of Finance  
**Email:** [katrina.bywater@asante.org](mailto:katrina.bywater@asante.org)  
**Phone:** 541-789-5985  
**Fax #:** 541-789-5588

*If address is different than facility listed above, please provide:*

**Address:** 731 Black Oak Drive  
**City:** Medford **State:** OR **Zip Code:** 97504

### Capital Project Qualitative Information

#### 1. Provide a brief description of the project.

Construct a new, licensed 80,160-square-foot outpatient cancer center east of the Asante Rogue Regional Medical campus to meet the growing demand for cancer services in Southern Oregon and Northern California, providing a one-stop shop for outpatient cancer services and general infusion.

#### 2. Proposed start date: December 2019

#### 3. Date of approval by board:

#### 4. Expected completion date: January 2022

#### 5. What is the expected project cost? \$64 million

#### 6. Describe the expected benefits to the community that your facility serves. Include both direct financial benefits such as charity care as well as qualitative benefits such as access to care and quality improvements. Attach additional pages if needed.

The project will:

- offer expanded, coordinated and integrated services to our patients, all in one location;
- serve the growing pool of newly diagnosed cancer patients, which is expected to increase by 18 percent from 2020 to 2028; and
- allow us to replace aging radiation oncology equipment, without a lengthy downtime, while providing vaults that will accommodate today's advanced technology

#### 7. In what ways may this project negatively impact the community that your facility serves? Include direct cost such as bonds as well as indirect impacts such as service interruptions. Attach additional pages if needed.

No negative impact is expected to the community. As a stand-alone, "greenfield" project, construction will have no impact on the hospital campus. Tax exempt bonds will be used to finance much of the project.

**8. How has your facility evaluated the need for this project within the community that you serve?**

Master site planning which began in 2016, considered current and future demand for health care, and evaluating the current condition of the existing facilities. During specific planning for this project, Asante hired an oncology consultant who did detailed analysis for each service line, to project the service-line-specific demand.

**9. Are the medical services created by this project already available in the community that your facility serves?**

The project is expected to enhance and expand medical services currently provided in the community.

**Public Notice and Comment**

**1. Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.**

<https://www.asante.org/patients-visitors/construction/>

**2. Describe your facility’s method of collecting and reviewing public comments on the capital project. Attach additional pages if needed.**



<b>*Signature:</b>	
<b>Date:</b>	

*\*Entry of name connotes signature*

Please **email** the completed form to: [HDD.Admin@dhsola.state.or.us](mailto:HDD.Admin@dhsola.state.or.us)

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