



**State Health Coordinating Council Meeting**  
**Minutes**  
**May 25, 2011**  
**10:00 am – 12:00 Noon**  
**Brown Building, Raleigh, North Carolina**

<p><b>MEMBERS PRESENT:</b> William Wainwright, Chair; Bill Bedsole; Greg Beier; Dr. Richard Bruch; Dr. Dennis Clements; Johnny Farmer; Anthony Foriest; Dr. Sandra Greene; Harold Hart; Laurence Hinsdale; Daniel Hoffmann; Dr. John Holt, Jr.; Dr. Eric Janis; Dr. Brenda Latham-Sadler; Dr. Leslie Marshall; Frances Mauney; Dr. Prashant Patel; Dr. T.J. Pulliam; Dr. Deborah Teasley; Pam Tidwell; Dr. Christopher Ullrich; Dr. Zane Walsh; John Young</p>
<p><b>MEMBERS ABSENT:</b> Don Beaver; Dr. Don Bradley; Ted Griffin; Zach Miller; Jerry Parks</p>
<p><b>Medical Facilities Planning Section Staff Present:</b> Patrick Baker; Elizabeth Brown, Erin Glendening; Carol Potter and Kelli Fisk</p>
<p><b>DHSR Staff Present:</b> Drexdal Pratt, Craig Smith, Martha Frisone, Angie Matthes; Carol Hutchison; Lisa Pittman</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p><b>Welcome &amp; Announcements</b></p>	<p>Representative Wainwright welcomed Council members, staff and visitors to the second meeting of the planning cycle for the <u>N.C. 2012 State Medical Facilities Plan</u>. He acknowledged this meeting is open to the public but it is not a public hearing. Representative Wainwright stated that the public hearings for the summer will be in the months of July and August and asked members to participate in these public hearings. He stated that information about public hearing dates and locations was available in the back of the meeting room and encouraged everyone to get a copy before they left the meeting today.</p>		
<p><b>Review of Executive Order No. 10 &amp; 67</b></p>	<p>Representative Wainwright gave an overview of the procedures to observe before taking action at the meeting. Representative Wainwright inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Representative Wainwright asked members to declare conflicts as agenda items come up. There were no recusals.</p>		
<p><b>Introductions</b></p>	<p>Representative Wainwright asked members to introduce themselves; all members stated their name and their profession/employer and SHCC appointment type.</p>		
<p><b>Approval of Minutes from March 2, 2011</b></p>	<p>The Council members approved the minutes of March 2, 2011.</p>	<p>Initial motion by Seconded by</p>	<p>Dr. Ullrich Dr. Marshall</p>

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<p><b>Recommendations from the Acute Care Services Committee</b></p>	<p>Dr. Sandra Greene reviewed the recommendations from the Acute Care Services Committee. The Acute Care Services Committee met on April 13, 2011 &amp; May 20, 2011. The Committee considered policies, assumptions, methodologies and petitions for Acute Care Hospital Beds, Operating Rooms, Other Acute Care Services, and Inpatient Rehabilitation Services for the <u>Proposed 2012 State Medical Facilities Plan</u>.</p> <p>The Committee makes the following report of actions and recommendations regarding the <u>Proposed 2012 State Medical Facilities Plan</u>.</p> <p>During the Spring cycle, the Committee received three petitions, two concerning Policy AC-3, and one dealing with open heart surgery services and heart-lung bypass machines. Prior to discussing the AC-3 petitions, the Committee Chairperson noted the number of Committee members who might have a conflict of interest per Executive Orders 10 and 67. The Committee decided not to take formal action on either AC-3 petition, and referred this to the full Council for action at a later time.</p> <p><u>Recommendations Related to the Acute Care Beds Chapter 5:</u> There were no petitions or comments for Chapter 5. The Committee recommended the current policies, assumptions and methodology be accepted for the Proposed 2012 SMFP. Also, references to dates advanced one year as appropriate.</p> <p>Updated inventory based on available information to reflect changes, and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information available at the time of the meeting, resulted in draft need determination for 27 beds in Cumberland/Hoke, 27 beds in Orange, 97 beds in Pitt/Greene/Hyde, and five beds for Yadkin. Need determinations are subject to change.</p> <p><u>Recommendations Related to the Operating Rooms Chapter 6:</u> There were no petitions or comments. The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate.</p> <p>Updated inventory based on available information to reflect any changes, and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information available at the time of the meeting resulted in no draft need determinations. Need determinations are subject to change.</p> <p>The Pediatric OR Work Group met three times since January to work on its charge to investigate and develop recommendations about the need for the operating room standard methodology to</p>		

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	<p>include a determination of need for dedicated pediatric operating rooms in the SMFP. The work group will have recommendations for consideration by the Acute Care Services Committee and the SHCC at a later date.</p> <p><u>Recommendations Related to Other Acute Care Services Chapter 7:</u> The policy related to Other Acute Care Services begins on page 24 of the <u>N.C. 2011 State Medical Facilities Plan</u>. The chapter begins on page 98. Data tables for this chapter were not available for review by Committee members; tables will be included in the Proposed 2012 Plan.</p> <p><u>Open Heart Surgery:</u> There was one petition related to this section of this chapter, which is described below with the section on Heart-Lung Bypass Machines.</p> <p>The Committee recommends the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate.</p> <p>Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.</p> <p><u>Heart-Lung Bypass Machines:</u> The Committee recommended the current policy, assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate.</p> <p>Application of the methodology based on data and information available at the time of the meeting resulted in no draft need determinations. Need determinations are subject to change.</p> <p>There was one petition filed for this section of the chapter of the Plan. The petitioner, Duke University Health System requested “that the need methodologies for open heart surgery services and heart-lung bypass equipment be modified... to allow for determinations of need for bypass equipment based on the utilization of such equipment for <i>all</i> procedures, including both those defined as open-heart and other procedures.”</p> <p>The Committee recognizes doctors use heart-lung bypass machines in many other procedures, but that the Hospital License Renewal Application does not include questions related to other uses of the machines. The Committee recommended the SHCC establish a workgroup to review what additional data to incorporate into the need determination methodology, and other aspects of heart-lung bypass machines.</p> <p><u>Burn Intensive Care Services:</u> There were no petitions or comments on this section of this chapter. The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate. Data are pending with this section of the chapter; it will be included in the Proposed 2012 SMFP.</p>		

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	<p><u>Transplantation Services:</u> There were no petitions or comments on this section of this chapter. The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate. Data are pending with this section of the chapter; it will be included in the Proposed 2012 SMFP.</p> <p><u>Recommendations Related to the Inpatient Rehabilitation Services Chapter 8:</u> The chapter begins on page 110 of the Plan. There were no petitions or comments. The Committee recommends the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate. Data are pending with this section of the chapter; it will be included in the Proposed 2012 SMFP.</p> <p><u>Other Action:</u> The Committee noted the data presented is in draft form and is subject to change. Dr. Greene expressed serious concerns about the absence of some data prior to the Committee and SHCC meetings. The Committee authorized staff to update narratives, tables and need determinations for the Proposed 2012 Plan as new and corrected data are received.</p> <p>Representative Wainwright asked for a motion to approve the Acute Care Services Committee recommendations. Council members approved the Acute Care Services Committee recommendations.</p>	Initial motion by Seconded by	Dr. Patel Mr. Bedsole
<b>Policy AC-3 N.C. Hospital Association - Update</b>	<p>Mr. John Young provided an update on Policy AC-3.</p> <p>Mr. Beier requested a SHCC workgroup be formed so all providers and citizens are involved with Policy AC-3 and not just the N.C. Hospital Association. Representative Wainwright stated he would discuss this request with DHSR staff.</p>		
<b>Recommendations from the Technology &amp; Equipment Committee</b>	<p>Dr. Christopher Ullrich provided the Technology &amp; Equipment Committee Report. The Committee met on May 11, 2011 to consider policies, assumptions, methodologies and petitions for Linear Accelerators, Positron Emission Tomography (PET) Scanners, Lithotripsy, Gamma Knife, Magnetic Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2012 State Medical Facilities Plan.</p> <p><u>Recommendations Related to the Linear Accelerators:</u> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. References to dates advanced one year as appropriate; data was pending with this section of the chapter and will be included in the Proposed 2012 SMFP.</p> <p>There was one petition filed for Linear Accelerators from Cape Fear Valley Health System requesting the SHCC to approve a change in the methodology to redefine service areas to be consistent with Acute Care Beds Service Areas, and to assign linear accelerator volume accordingly.</p>		

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	<p>The Committee discussed the Agency's concern that such a change in the methodology might limit counties in meeting the three criteria for determination of a need for a linear accelerator, which include serving a percentage of patients from outside the service area. The Committee voted to deny the petition, and to update service areas only as indicated.</p> <p><u>Recommendations Related to Positron Emission Tomography (PET) Scanners:</u>  The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate. Updated inventory based on available information to reflect any changes, and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on available data and information resulted in no draft need determinations. Need determinations are subject to change.</p> <p>There was one petition filed requesting the development of new methodology to determine the need for additional mobile PET scanners. The petitioner proposed that need for an additional mobile PET scanner be generated when an existing mobile PET scanner performs 2,400 procedures in the previous year. The Committee discussed the Agency report stating that there is sufficient availability of fixed and mobile PET services, which does not warrant changing the standard methodology. The Committee voted to deny the petition.</p> <p><u>Recommendations Related to Lithotripsy Services:</u>  There were no petitions or comments on this section of this chapter. The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate. Updated inventory based on available information to reflect changes, and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on available data and information resulted in no draft need determinations. Need determinations are subject to change.</p> <p><u>Recommendations Related to Gamma Knife Services:</u>  There were no petitions or comments on this section of this chapter. The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate. Application of the methodology based on available data and information resulted in no draft need determinations. Need determinations are subject to change.</p> <p><u>Recommendations Related to Magnetic Resonance Imaging (MRI) Scanners:</u>  There were no petitions or comments on this section of this chapter. The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate. Updated inventory based on available information, and included placeholders when applicable. The inventory is subject to</p>		

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	<p>further changes. Application of the methodology based on available data and information resulted in no draft need determinations. Need determinations are subject to change.</p> <p><u>Recommendations Related to Cardiac Catheterization Equipment:</u> There were no petitions or comments on this section of this chapter. The Committee recommended the current assumptions and methodology be accepted for the Proposed 2012 Plan. Also, references to dates advanced one year, as appropriate. Data was currently pending with this section of the chapter, and will be included in the Proposed 2012 SMFP.</p> <p><u>Other Action:</u> The Committee authorized staff to update narratives, tables and need determinations for the Proposed 2012 Plan as new and corrected data are received.</p> <p>Representative Wainwright asked for a motion to approve the Technology &amp; Equipment Committee recommendations. Council members approved the recommendations of the Technology &amp; Equipment Committee.</p>	Initial motion by Seconded by	Mr. Young Mr. Foriest
<p><b>Recommendations from the Long-Term &amp; Behavioral Health Committee</b></p>	<p>Dr. Pulliam provided the report for the Long-Term and Behavioral Health Committee.</p> <p>The Committee met on May 6, 2011 and considered policies, assumptions, methodologies and petitions for nursing care facilities (nursing homes), adult care homes, Medicare-certified home health services, hospice services, end-stage renal disease dialysis facilities, psychiatric inpatient services, substance abuse inpatient residential services (chemical dependency treatment beds), and intermediate care facilities for the mentally retarded for the <u>Proposed 2012 State Medical Facilities Plan</u>.</p> <p>All data presented are in draft form and subject to change.</p> <p>The Committee also deliberated over the results and recommendations of the Long-Term Care Nursing Home Beds Work Group.</p> <p>The Committee made the following recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of the <u>Proposed 2012 State Medical Facilities Plan</u>.</p> <p><u>Recommendations Related to the Nursing Care Facilities Chapter:</u> There were no petitions or comments.</p> <p>Current policies, assumptions and methodology be accepted for the Proposed 2012 Plan and references to dates be advanced one year as appropriate.</p> <p>Continue to update inventory based on available information to reflect any changes, include placeholders when applicable.</p>		

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	<p>Application of the methodology based on data and information available, resulted in a draft need determination for 10 beds in Camden County. Need determinations are subject to change.</p> <p>The Long-Term Care Nursing Home Beds Work Group reviewed the following:</p> <ul style="list-style-type: none"> <li>• Policies, assumptions and application of the methodology;</li> <li>• Historical changes to the chapter from 1990 to current;</li> <li>• Inventory, exclusions, utilization history and projection of need formulas;</li> <li>• Projection of need scenarios by current Methodology, Metropolitan/Micropolitan Statistical Areas, Council of Government Areas, Health Service Areas and by Individual County.</li> </ul> <p>Upon review of the report and the recommendations presented by the Work Group, the Committee suggested the following to the SHCC:</p> <ul style="list-style-type: none"> <li>• First, no changes to the nursing care beds need methodology;</li> <li>• Second, to initiate a Work Group to review Policy NH-2 for the 2013 SMFP;</li> <li>• Third, to initiate a Work Group to review potential of applying an incremental rate/step increase applied for high population growth counties with large bed deficits so that new beds would be released, per benchmark amounts of either 90 or 120 beds for the 2013 SMFP.</li> </ul> <p><u>Recommendations Related to the Adult Care Homes Chapter:</u> Current policies, assumptions and methodology be accepted for the Proposed 2012 Plan and references to dates be advanced one year as appropriate.</p> <p>Continue to update inventory based on available information to reflect any changes, include placeholders when applicable.</p> <p>Application of the methodology based on data and information available, resulted in draft need determinations for 40 beds in Chatham County and 30 Beds in Perquimans County. Need determinations are subject to change.</p> <p>There were two petitions, two resolutions and one comment filed for this chapter of the Plan. The Committee deliberated on the following two petitions.</p> <p>The first petition concerned the reallocation of adult care home bed need from Perquimans County to Gates County. The petition requested 30 beds from Perquimans County be reallocated to Gates County, in order to build a new 70 bed facility in Gates County to serve residents of both counties.</p> <p>Both Perquimans County and Gates County Boards of Commissioners were involved this petition and submitted resolutions of support for the petition. Based on historical to present pattern of unapplied need determinations for a number of counties in this part of North Carolina, including</p>		

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	<p>but not limited to Gates and Perquimans County, the Committee recommended the SHCC approve this petition.</p> <p>The second petition concerned a requested 50 bed adult care home demonstration project for Meridian Senior Living to be initiated on the campus of the now closed former Alexander County Hospital, that would offer a statewide alternative to psychiatric commitment for residents of Special Care Units with Alzheimer's disease who display violent behavior and require supervision beyond that which a normal Special Care Unit can provide, in order to create a level of care between Special Care Units and psychiatric inpatient hospitals.</p> <p>One comment was submitted for this petition by a hospital, which provides psychiatric inpatient services. The comment was against approving the petition.</p> <p>Based on growth and continued expansion of Special Care Unit beds in North Carolina, (2,505 in May of 2006 to 5,857 as of October 2010), which included but was not limited to facilities with 100 percent Special Care Unit beds, petition lacked quantitative information defining the problem, petition lacked evaluative criteria for measurement of success and proposal of utilizing a non-centrally located former hospital facility for a statewide project which has been closed for a number of years, the Committee recommended the SHCC deny this petition.</p> <p><u>Recommendations Related to the Medicare-certified Home Health Services Chapter:</u> Current policy, assumptions and methodology be accepted for the Proposed 2012 Plan and references to dates be advanced one year as appropriate.</p> <p>Continue to update inventory and patient origin based on available information to reflect any changes, include placeholders when applicable.</p> <p>Continued data verification was in process for determining need projections for the Proposed 2012 SMFP.</p> <p><u>Recommendations Related to the Hospice Services Chapter:</u> There were no petitions or comments.</p> <p>Current assumptions and methodology be accepted for the Proposed 2012 Plan and references to dates be advanced one year as appropriate.</p> <p>Continue to update inventory and patient origin data based on available information to reflect any changes, include placeholders when applicable.</p> <p>Additional required data is currently pending with this chapter, and will be included in the Proposed 2012 SMFP.</p> <p><u>Recommendations Related to the End-Stage Renal Disease Dialysis Services Chapter:</u> There were no petitions or comments.</p>		



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	<p>No “carry-over issues” regarding the Dialysis Chapter and no petitions or comments seeking revisions were received. Based on review of policy, basic principles, and methodology, no substantive changes are recommended for the Proposed 2012 SMFP.</p> <p>Data in the “Summary of Dialysis Station Supply and Utilization” to continue to be updated and references to dates advanced by one year, as appropriate. Methodology requires Semiannual Dialysis Reports (SDRs) to be issued in January and July of 2011 and projected need determinations are not to be included in the Proposed 2012 SMFP.</p> <p><u>Recommendations Related to the Psychiatric Inpatient Services Chapter:</u> There were no petitions or comments.</p> <p>Current policies, assumptions and methodology be accepted for the Proposed 2012 Plan and references to dates be advanced one year as appropriate.</p> <p>Continue to update inventory based on available information to reflect any changes, include placeholders when applicable.</p> <p>For Adult Services, application of the methodology based on data and information available, resulted in draft need determinations for the following LME areas: Smoky Mountain - 22 beds; Pathways - 3 beds; Mecklenburg - 5 beds; Crossroads - 2 beds; Five County - 3 beds; Wake - 38 beds and Onslow-Carteret - 5 beds. Need determinations are subject to change.</p> <p>For Child/Adolescent Services, application of the methodology based on data and information available, resulted in draft need determinations for the following LME areas: Smoky Mountain - 7 beds; Piedmont - 2 beds; Crossroads - 1 bed; Durham - 1 bed; Five County - 4 beds; Cumberland - 4 beds; Southeastern Center - 1 bed and Beacon Center - 1 bed. Need determinations are subject to change.</p> <p><u>Recommendations Related to the Chemical Dependency (Substance Abuse) Inpatient and Residential Services Chapter:</u> There were no petitions or comments.</p> <p>The Committee recommended current policy, assumptions and methodology be accepted for the Proposed 2012 Plan and references to dates be advanced one year as appropriate.</p> <p>Continue to update inventory based on available information to reflect any changes, include placeholders when applicable.</p> <p>For Adult Services, application of the methodology based on data and information available, resulted in no draft need determinations for any Mental Health Planning Regions. Need determinations are subject to change.</p>		

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	<p>For Child/Adolescent Services, application of the methodology based on data and information available, resulted in no draft need determinations for any Mental Health Planning Regions. Need determinations are subject to change.</p> <p><u>Recommendations Related to the Intermediate Care Facilities for the Mentally Retarded (ICF/MR) Chapter:</u> There were no petitions or comments.</p> <p>The Committee recommended current policies, assumptions and methodology be accepted for the Proposed 2012 Plan and references to dates be advanced one year as appropriate.</p> <p>Continue to update inventory based on available information to reflect any changes, include placeholders when applicable.</p> <p>Using the standard methodology and data and information available, and in reference to the Agency's position on need, there continues to be no need for additional beds anywhere in the State.</p> <p><u>Other Action:</u> The Committee authorized staff to update narratives, tables and need determinations for the Proposed 2012 Plan as new and corrected data are received.</p> <p>Representative Wainwright asked for a motion to approve the Long-Term &amp; Behavioral Health Committee recommendations. Council members approved the LTBH Committee's recommendations.</p>	Initial motion by Seconded by	Mr. Farmer Dr. Sadler
<b>Comments Regarding the Public Hearings and Next SHCC Meeting</b>	Ms. Elizabeth Brown reviewed the six public hearings and locations that will take place beginning July 13 with the final public hearing on August 1, 2011. Ms. Brown encouraged members along with the public to attend these public hearings. Ms. Brown stated the August 1, 2011 Public Hearing would be at the Brown Building and not the McKimmon Center. Ms. Brown also announced that the next SHCC meeting would be September 28, 2011 and take place at the Brown Building located on Dorothea Dix Campus.		
<b>Adoption of the Proposed 2012 State Medical Facilities Plan</b>	<p>Representative Wainwright asked for a motion to adopt the <u>Proposed 2012 State Medical Facilities Plan</u>, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan.</p> <p>Council members unanimously approved the motion to adopt the <u>Proposed 2012 SMFP</u> and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan.</p>	Initial motion by Seconded by	Dr. Pulliam Dr. Greene
<b>Adjournment</b>	There being no further business, Representative Wainwright asked for a motion to adjourn the meeting. All Council members approved the motion to adjourn the meeting.	Initial motion by Seconded by	Dr. Marshall Dr. Pulliam