



Healthcare Planning and Certificate of Need

State Health Coordinating Council Meeting and Public Hearing

DRAFT Minutes

March 2, 2016

10:00 a.m. – 12:00 p.m.

Brown Building, Raleigh, North Carolina

<p>Members Present: Dr. Christopher Ullrich, Chairman, Mr. Trey Adams, Mr. Peter Brunnick, Mr. Stephen DeBiasi, Dr. Mark Ellis, Dr. Sandra Greene, Mr. Kurt Jakusz, Ms. Valarie Jarvis, Mr. Stephen Lawler, Mr. Kenneth Lewis, Mr. Bryan Lucas, Dr. Robert McBride, Ms. Denise Michaud, Dr. Jeffrey Moore, Dr. Prashant Patel, Dr. T.J. Pulliam</p>
<p>Members Absent: Mr. Donald Beaver, Dr. Richard Akers, Ms. Christina Apperson, Senator Ralph Hise, Ms. Kelly Hollis, Representative Donny Lambeth, Dr. Jaylan Parikh, Mr. Jim Burgin</p>
<p>Healthcare Planning and Certificate of Need Section Staff Present: Elizabeth Brown, Paige Bennett, Shelley Carraway, Tom Dickson, Amy Craddock, Martha Frisone, Lisa Pittman, Jane Rhoe-Jones, Mike McKillip. Bernetta Thorne-Williams, Fatimah Wilson, Julie Halatek</p>
<p>DHSR Staff Present: Mark Payne</p>
<p>AG's: Bethany Burgon, Derek Hunter</p>

Agenda	Discussion	Motions	Recommendations/ Actions
<p>Welcome & Introductions</p>	<p>Dr. Ullrich welcomed Council members, staff and visitors to the first meeting of the planning cycle for the 2017 State Medical Facilities Plan (SMFP). Dr. Ullrich explained the meeting had two parts; The first is a business meeting that was open to the public, but not a public hearing. The second part will allow for a public hearing for anyone asking to address the State Health Coordinating Council (SHCC) and make comments on issues they wish to bring before the Council. He noted that this was the first of seven public hearings held this year with the other six to be held this summer, following the adoption of the Proposed 2017 SMFP.</p> <p>All Council members introduced themselves, stating their workplace and position on the council.</p> <p>Mr. Mark Payne thanked all the Council members for serving on the SHCC and thanked Chairman Ullrich and the Chairs of the three standing committees for their leadership. Mark stated he is the Assistant Secretary for Audit and Health Service Regulation. Mr. Payne stated he looked forward to working with the Council. Mr. Payne ask that staff and the Attorney General's staff to introduce themselves.</p>		
<p>Review of E.O. No. 46, Reauthorization of</p>	<p>Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Dr. Ullrich inquired if any member had a conflict of</p>		

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State Health Coordinating Council	interest, needed to declare if they were deriving a financial benefit from any agenda matter, or if any members intended to recuse themselves from voting on any agenda item. No member affirmed having a conflict of interest, potentially deriving a financial benefit from any matter on the agenda and no member recused himself or herself from voting on any agenda item. Dr. Ullrich requested that if a conflict of interest arose for a member during the meeting, the member would make a declaration of the conflict.		
Approval of Minutes from October 7, 2015	A motion for approval of the October 7, 2015 minutes presented and second for approval.	Mr. Lawler Dr. Greene	Motion approved
Agency Recommendations for 2016 SMFP: Operating Room Need Determinations	<p>Dr. Craddock reviewed the agency recommendation regarding the 2016 Operating Room Need Determinations.</p> <p>On February 17, 2016, Novant Health notified the Division of Health Service Regulation’s Acute and Home Care Licensure and Certification Section that Novant Health Rowan Medical Center’s 2015 License Renewal Application (LRA) included inaccurate data. Specifically, Cardiac Catheterizations and Special Procedures/Angiography Equipment procedures were included as surgical procedures. Novant Health submitted a corrected LRA that removed these non-surgical procedures from the count of inpatient and ambulatory surgical cases and adjusted the counts to include only surgical procedures.</p> <p>Novant Health Rowan Medical Center is the only facility in the Rowan County service area that provides surgical services. Because of the corrections to the LRA, the Rowan County service area now has a surplus of 2.78 operating rooms rather than a need for one operating room. Dr. Craddock shared Table 1 that showed the original figures from Table 6B of the 2016 SMFP as well as the corrected figures submitted by Novant Health.</p> <p>Dr. Craddock noted, for ease of presentation, columns M through R from Table 6B have been removed. These columns show the number of each type of operating room in the planning inventory. The total planning inventory is in column S.</p> <p>Chapter 2 of the 2016 SMFP describes the process for Amendment of Approved Plans to correct errors. Pursuant thereto, the agency recommends that the SHCC conduct a public hearing and consider recommending to the Governor removal of the need determination for the Rowan County operating room service area in the approved 2016 SMFP.</p> <p>Dr. Ullrich provided details on the process and timeframes of the special public hearing and a subsequent SHCC meeting if the Council voted to conduct the hearing. The Council discussed the various options available, including voting to keep the need in the 2016 SMFP and removing the need. Members also discussed the effect of erroneous data and setting future precedent.</p>		

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	<p>Council Recommendation A motion made and second that the SHCC conduct a public hearing and consider recommending to the Governor removal of the need determination for the Rowan County operating room service area in the approved 2016 SMFP.</p>	Mr. Lawler Dr. Pulliam	Motion approved
<p>Nursing Home Methodology Workgroup Report</p>	<p>Dr. Pulliam provided a follow up report on the Long Term Behavioral Health Committee Report on the Nursing Home Methodology Workgroup. Dr. Pulliam reported:</p> <p>The Nursing Home Methodology Workgroup met once after the October Council meeting, on November 4, 2015 with preceding meeting dates of April 10th, May 1, July 29, and September 4th. There was one Data Subgroup meeting on April 22nd.</p> <p>The following is an overview of the Committee’s recommendations for the nursing home policies and methodology, Chapters 4 and 10, of the 2017 State Medical Facilities Plan (SMFP).</p> <p>The workgroup’s proposed changes include:</p> <ul style="list-style-type: none"> • One use rate (no age groups) calculated by county with annual change rate projection of 36 months. • Smoothing of average change rate applied to each county with substitution of the state rate at ½ standard deviation (SD) above and below the mean. • Vacancy factor applied to bed utilization summary (95%). • For need determinations, use of the higher between the median occupancy rate among all facilities in a county or the county weighted average. • Alignment of all exclusions for beds and occupancy • One hundred percent exclusion for Continuing Care Retirement Communities (NH-2) beds. • Maximum bed need for each service area of 150 beds. • Policies (Chapter 4) <ul style="list-style-type: none"> -Elimination of NH-1, NH-3, NH-4, and NH-7 -Wording changes to NH-2, NH-6, and NH-8 		
<p>Update on Joint Legislative Oversight Committee on Health and Human Services</p>	<p>Mr. Mark Payne provided an update to the SHCC on the Joint Legislative Oversight Committee on Health and Human Services. In his summary, he indicated Ms. Shelley Carraway provided a presentation on the overview of the 2016 SMFP to the Committee on February 9, 2016.</p>		

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	<p>Mr. Payne stated the Committee’s focus in relation to DHSR was the need determination in the SMFP for Adult and Child Adolescent Psychiatric and Substance Abuse Beds. Ms. Carraway’s presentation included the need determinations for 2015 and 2016 and noted the applications for adult beds were less than the determined need and there were no applications received for the child and adolescent beds. Mr. Payne stated the General Assembly is concerned about the care of mental health patients in the emergency departments and hospitals, along with the impact the CON process might have on this.</p>		
Recess Business Meeting	<p>A motion made and second to recess the business meeting and convene the public hearing.</p>	<p>Mr. Jakusz Mr. Adams</p>	<p>Motion approved</p>
Convening of the Public Hearing Regarding the Proposed 2017 SMFP	<p>Dr. Ullrich called the public hearing to order.</p> <p>Two speakers signed up to speak.</p> <p>Dr. Jim Zidar – UNC Rex Healthcare Rex requested to change the cardiac catheterization need determination methodology. The proposed change would extend the facility-specific approach to cardiac catheterization need determinations to the entire state, rather than just to the majority of providers, and ensure the need determination is generated when additional capacity is needed.</p> <p>Dr. Jamie Jollis – UNC Rex Healthcare Rex requested to change the cardiac catheterization need determination methodology.</p> <p>The Council discussed the request with the presenters. Topics covered in the discussion include: the changing nature of healthcare; physician association with health systems; physician privileges and call; and scrutiny of procedures and appropriate use of care (AUC). The presenters also acknowledged a meeting with WakeMed, another healthcare system in the county, that was to take place in the coming weeks.</p>		
Recess Public Hearing	<p>Dr. Ullrich concluded the public meeting.</p>		
Reconvening of the Business Meeting	<p>Dr. Ullrich called the Council Meeting back to order.</p> <p>Dr. Ullrich noted the deadline for petitions to be received is March 2, 2016, by 5:00 p.m.</p>		
Adjournment	<p>With no other business, Dr. Ullrich adjourned the business meeting.</p>		