



Acute Care Services Committee Minutes

April 7, 2020
10:00 AM – 12:00 PM
WebEx Event

DRAFT

MEMBERS PRESENT: Dr. Sandra Greene, (Chairperson); Rep. Gale Adcock, Mr. Allen Feezor, Mr. William (Brian) Floyd, Dr. Cheryl Haugan, Dr. Robert McBride, Dr. Christopher Ullrich (<i>ex officio</i> , did not vote on any motions), Mr. John Young, Dr. Pam Oliver (SHCC member, non-voting)
MEMBERS ABSENT: Mr. Mark Werner
HPCON Staff Present: Dr. Amy Craddock, Ms. Elizabeth Brown, Dr. Tom Dickson, Dr. Andrea Emanuel, Ms. Martha Frisone, Ms. Gloria Hale, Ms. Fatimah Wilson, Ms. Melinda Boyette, Ms. Lisa Pittman, Ms. Trenesse Michael
Attorney General’s Office: Ms. Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	<p>Dr. Greene welcomed members, staff, and the public to the first Acute Care Services Committee meeting of 2020. This meeting was held remotely via a WebEx event due to the COVID-19 outbreak. Dr. Greene asked Committee members and staff in attendance to introduce themselves. Dr. Greene explained that the meeting was open to the public, but discussions, deliberations and recommendations would be limited to members of the Acute Care Services Committee and staff.</p> <p>Dr. Greene stated that the purpose of this meeting was to review the policies and methodologies for the <i>Proposed 2021 State Medical Facilities Plan (SMFP)</i>.</p>		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order No. 122 Extending the State Health Coordinating Council	<p>Dr. Greene reviewed Executive Orders 46 and 122 with committee members and explained procedures to observe before taking action at the meeting. Dr. Greene inquired whether any member had a conflict of interest or needed to declare that they would derive a financial benefit from any matter on the agenda. She asked if any member intended to recuse themselves from voting on any agenda item.</p> <p>Allen Feezor, John Young and Brian Floyd recused themselves from voting on the issue specific to Policy AC-3.</p>		
Approval of minutes from the September 17, 2019 Meeting	A motion was made and seconded to approve the September 17, 2019 minutes.	Mr. Feezor Rep. Adcock	Minutes approved

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Acute Care Hospital Beds – Chapter 5	No petitions or comments were received pertaining to Chapter 5.		
	Dr. Andrea Emanuel reviewed the four general policies in Chapter 4 that apply to all health services. She then reviewed the policies and methodology specific to Chapter 5.		
	The Agency proposed a revision to Policy AC-3 to remove the January 1, 1990 date stipulation. The Committee decided to revisit the policy at a later date to conduct a more in-depth review of the Policy.	Mr. Floyd Dr. McBride	Tabled (3 recusals)
	<p><u>Committee Recommendation</u> A motion was made and seconded to carry forward the Acute Care Bed policies and need determination methodology without changes.</p>	Dr. McBride Mr. Feezor	Motion approved
Operating Rooms – Chapter 6	There are no OR policies for Chapter 6. Dr. Emanuel reviewed the methodology.		
	<p><u>Committee Recommendation</u> A motion was made and seconded to carry forward the OR need determination methodology.</p>	Rep. Adcock Dr. McBride	Motion approved
	<p>One petition was received for Chapter 6. Dr. Emanuel presented the report.</p> <p><i>Petitioners: Valleygate Dental Surgery Center Holdings, LLC</i> Valleygate requests that the SHCC review the Dental Single Specialty Ambulatory Surgical Facility Demonstration Project Criterion 3 as described in the 2016 SMFP. This criterion states that facilities in the demonstration project “shall provide only dental and oral surgical procedures requiring sedation.” In the original petition, the Petitioner requested that the SHCC interpret this criterion such that services at demonstration sites include the participation of non-dental and non-oral surgical specialties generally. However, during the comment period, they submitted a letter to the Agency in which they specified adding ENTs only, and only as needed for dental cases. A CON is needed to add a specialty to a specialty ambulatory surgical program. So, for this to happen, the SHCC would need to grant approval to CON for it to consider applications to add</p>		

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	<p>ENTs. Although the petitioner asked that this request be handled by a declaratory ruling or material compliance, this request is not in line with the CON law.</p> <p>If the petition were approved, in order to ensure that this aim is being met for both ENT- and non-ENT involved cases, a clarification would need to be offered in future SMFPs regarding Criterion 9 so that the Agency can monitor payor mix separately for dental-only and ENT-involved cases at relevant facilities. Also, if this were approved, the staff will include language in Chapter 6 specifying the changes in Criteria 3 and 9 from the 2016 SMFP and the new text would be submitted to Dr. Greene for approval as technical edits.</p> <p>The Agency recommended that dental demonstration project facilities be allowed to submit a certificate of need application proposing to allow ENT specialists to provide surgical services as needed to complete dental cases. The Agency further recommended the following stipulations: 1) the project facility will not allow ENT specialists to have block time at the facility; and 2) the project facility will not permit ENT specialists to perform ENT-only surgical cases.</p>		
	<p><u>Committee Recommendation</u> A motion was made and seconded to approve the Agency recommendation regarding the Petition from Valleygate Dental Surgery Center Holdings, LLC.</p>	Mr. Feezor Mr. Floyd	Motion approved
Other Acute Care Services - Chapter 7	<p>There were no petitions or comments received regarding the policies and methodology for Chapter 7. Dr. Emanuel reviewed the policy pertaining to this chapter and the need determination methodologies for Burn Intensive Care Services and Transplantation Services.</p>		
	<p><u>Committee Recommendation:</u> A motion was made and seconded to carry forward the current methodologies for the Other Acute Care Services.</p>	Rep. Adcock Dr. McBride	Motion approved
Inpatient Rehabilitation Services – Chapter 8	<p>There were no petitions or comments received for Chapter 8. There are no policies specific to Chapter 8; Dr. Emanuel reviewed the need determination methodology.</p>		
	<p><u>Committee Recommendation:</u> A motion was made and seconded to carry forward the current methodology for Inpatient Rehabilitation Services.</p>	Mr. Young Rep. Adcock	Motion approved

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End-Stage Renal Disease Dialysis Facilities – Chapter 9	<p>Ms. Brown reviewed the policy and methodologies for End-Stage Renal Disease (ESRD). She presented a new policy, ESRD-3. The policy allows licensed acute care hospitals to apply for a CON to develop or expand an existing Medicare-certified outpatient kidney disease treatment center without regard to a county or facility need determination if all the stipulations (1-4) are true. Minor edits were proposed for the narrative. They will be handled at the May meeting.</p>		
	<p><u>Committee Recommendations:</u> A motion was made and seconded to carry forward Policy ESRD-3: Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus.</p>	<p>Mr. Young Dr. McBride</p>	<p>Motion approved</p>
	<p>Three petitions were received for Chapter 9. Ms. Brown summarized the Agency Report for each petition.</p> <p><i>Petitioner: Wake Forest Baptist Health</i> Wake Forest Baptist Health requested a need determination methodology for home hemodialysis training stations for outpatient in-center dialysis facilities in the <i>North Carolina 2021 SMFP</i>.</p> <p>It is the Agency’s position that the proposed methodology pertaining to the need for “dedicated” home hemodialysis training stations cannot be implemented, given that CMS does not designate certified dialysis stations by task (i.e., in-center versus home training). When an in-center home hemodialysis station is not being used to train a new home hemodialysis patient it may be used for an in-center hemodialysis patient. The Petitioner requested a methodology that simply cannot be implemented, based on how CMS certifies dialysis stations. Therefore, the Agency recommended denial of the Petition.</p>		
	<p><u>Committee Recommendation</u> A motion was made and seconded to approve the Agency recommendation to deny the Petition from Wake Forest Baptist Hospital.</p>	<p>Mr. Feezor Dr. McBride</p>	<p>Motion approved</p>
	<p><i>Petitioner: DeVita, Inc.</i> DaVita requested a policy approach in place of the facility need methodology. This Petition is similar to the one they submitted in the Summer of 2019.</p> <p>The ACS Committee and the SHCC agreed that the modified facility need methodology will be evaluated 1 year after implementation. The first time that</p>		

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	<p>dialysis patient data derived from the modified methodologies in the 2020 SMFP will be available for review is at the ACS Committee meeting in May 2021. The Agency sees no reason to change the original plan to review the modified methodology after its first year of implementation. The Agency recommended denial of the Petition.</p>		
	<p><u>Committee Recommendation</u> A motion was made and seconded to approve the Agency recommendation to deny the Petition from DaVita.</p>	<p>Mr. Feezor Dr. McBride</p>	<p>Motion approved</p>
	<p><i>Petitioner: Fresenius Medical Care (FMC)</i> The Petitioner requested the SHCC amend the review schedule for Category D reviews as published in Chapter 3 of the 2020 SMFP. This request is outside the purview of the SHCC; the Healthcare Planning and Certificate of Need Section Chief (or designee) sets the CON review schedule. The Petitioner did not request any changes to Policy ESRD-2 or to the dialysis station need determination methodologies. The Agency, therefore, treated this petition as a comment on the SMFP. CON may choose to respond directly. The Agency recommended denial of the Petition.</p>		
	<p><u>Committee Recommendation</u> A motion was made and seconded to approve the Agency recommendation to deny the Petition from FMC.</p>	<p>Dr. McBride Mr. Young</p>	<p>Motion approved</p>
<p>Healthcare Planning Proposal to Post Patient Origin Reports Online</p>	<p>Dr. Amy Craddock presented a proposal to post patient origin tables online, rather than including them in the SMFP. Of the 3 tables in the SMFP, Table 9A falls under the purview of this committee.</p>	<p>Mr. Feezor Dr. McBride</p>	<p>Motion approved</p>
<p>Other Business</p>	<p>None. Dr. Greene announced that the next meeting of the Committee is Tuesday, May 19, 2020 at 10:00 am and the next SHCC meeting is Wednesday, June 10, 2020. The location of the meetings was unknown given the COVID-19 pandemic. Staff will notify members and the public as information becomes available.</p>		
<p>Adjournment</p>	<p>Dr. Greene adjourned the meeting.</p>	<p>Dr. Haugan Mr. Feezor</p>	<p>Motion approved</p>