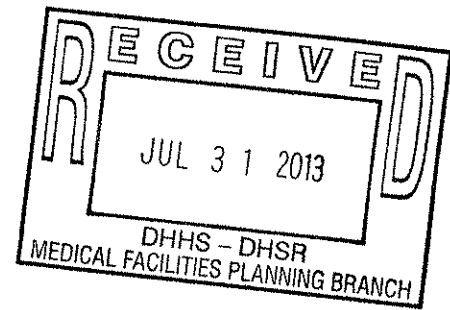


Comments to State Health Coordinating Council  
Submitted by John Thoma, CEO, Hospice of Wake County, Inc.



Public Hearing  
Raleigh, North Carolina  
July 31, 2013

**Background**

In March 2013, I submitted a petition to the State Health Coordinating Council to revise Step 7 in the Hospice Inpatient Bed Need Methodology. The petition recommended reducing the inpatient hospice days as a percent of total hospice days from 6% to 3.5%. This change reflects the current hospice inpatient utilization averaged across all counties and all hospice programs. The change will prevent an artificially inflated need for hospice inpatient beds in future State Medical Facilities Plans.

**Long-Term and Behavioral Health Committee Recommendations**

According to LTBH Committee meeting minutes from April 17, "A motion was made and seconded to deny the petition and to recommend to the SHCC that the Committee, with some additional subject matter experts, study the Hospice Inpatient Bed Need Methodology and make recommendations."

**Comments to Draft Plan**

**Although the petition was denied, I urge the State Health Coordinating Council to work with the Long-Term and Behavioral Health Committee to follow through with their recommendation to study the Hospice Inpatient Bed Need Methodology and make recommendations for changes for the 2015 plan.**

According to the data and analysis in my petition, I believe that the hospice inpatient bed needs identified in the draft 2014 State Medical Facilities Plan, 15 beds in Guilford County and 7 beds in Lee County, are artificially inflated and are not representative of the true hospice inpatient need. A thorough study of the hospice inpatient methodology should include a detailed analysis of all hospice inpatient day utilization, not just inpatient utilization within freestanding hospice facilities, and will prevent inflated hospice inpatient bed need determinations in future plans.

Thank you.