



Public Hearing Comments

Petition to Change Statewide Hospice Inpatient Bed Methodology

Presented by

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Tim Rogers, President & CEO, Association for Home & Hospice Care of North Carolina

CM: Good morning. My name is Carol Meyer and I am the President and CEO of The Carolinas Center for Hospice and End of Life Care. With me is Tim Rogers, who is the President & CEO of the Association for Home & Hospice Care of North Carolina. We are here to speak on behalf of our petition to change the statewide hospice inpatient bed methodology in the 2016 State Medical Facilities Plan.

Our two organizations represent 99% of the hospice provider agencies across North Carolina combined, serving over 40,000 North Carolinians each year. Our member organizations have a mission to provide excellent care for patients with a life-limiting illness, and support for their families.

Petition

TR: After two petitions were submitted to the SHCC and were not approved, both AHHC and TCC organized an industry workgroup to evaluate the SMFP hospice inpatient bed need methodology and to consider possible changes to ensure the methodology is consistent with current utilization patterns, and most relevant to medical facilities planning efforts in North Carolina. This effort was done with the encouragement of both the full SHCC and LTBH Committee.

The workgroup included a broad representation of hospice organizations from across North Carolina. We also included presentations to our group from both of the previous Petitioners. We met throughout 2014, and the result of those meetings is the petition we are submitting to the SHCC today. Our petition is straightforward: we propose to modify Step 7 of the SMFP hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate, rather than maintaining the static six percent rate currently in the SMFP methodology. As explained in the petition, we believe that this simple, but significant proposed change will enable the hospice inpatient bed methodology to most accurately reflect current hospice inpatient utilization patterns in North Carolina.

CM: Our petition explains the reasons for the proposed update, summarizes the alternatives the workgroup considered, and discusses the adverse effects of not updating the hospice inpatient bed methodology. There is no need to summarize the petition here. However, we feel it is important to state that we believe our petition is consistent with the Basic Principles governing the development of the State Medical Facilities Plan. Our petition is consistent with the foundational principle that it is essential to provide equitable access to timely, clinically appropriate and high quality health care for all people of North Carolina. It reflects the importance of systematic and on-going improvement in the quality of health services. And, the petition supports the

basic principle of maximizing health benefits for the entire population while avoiding unnecessary and expensive capital costs.

Conclusion

TR: In conclusion, our petition is the result of a collaborative work group, which used a consensus-building process to garner support from many North Carolina hospice provider organizations. Hospice care is the model for quality and compassionate care for people facing a life-limiting illness or injury. Hospice care is an essential part of a quality continuum of care in North Carolina, and continues to gain awareness among physicians and other care providers, as well as with the general public. As a result, together our organizations seek a change to update the SMFP hospice inpatient bed methodology.

CM: We ask for your support in our collective efforts by approving this petition to update and modernize the hospice inpatient bed methodology. Thank you for providing us with this opportunity to present this petition to improve the planning of hospice care for North Carolina citizens.