

Michael L. Freeman Vice President Strategic Planning

Telephone: (336) 716-5097 Fax: (336) 716-2879 freeman@wfubmc.edu

> Dr. Dan A. Myers, Chairman State Health Coordinating Council Division of Health Service Regulation 2714 Mail Service Center Raleigh, NC 27699-214

August 1, 2008

DFS HEALTH PLANNING RECEIVED

JUL 3 1 2008

Medical Facilities
Planning Section

RE: Comments Regarding Quality, Access, and Value Principles

Dear Dr. Myers,

I would like to take this opportunity on behalf of Wake Forest University Baptist Medical Center (WFUBMC) to continue to thank the SHCC and State Medical Facilities Planners for all time and effort they have committed toward updating the Basic Principles. WFUBMC respects the work of the Quality, Access and Value Work Group and believes the restatement and further definition of each of the three principles represents excellent progress. However, WFUBMC would like to express its specific comments on each principle:

<u>Safety and Quality Basic Principle</u>: WFUBMC believes in the importance of systematic and ongoing improvement in the quality of healthcare services. Appropriate measures of quality and safety vary by type of provider and by service. The SHCC needs to take into account how each type of service provider, i.e. Amsurg, defines quality and recognize that each may be different in definition and scope. Additional work will need to be done to ensure all are comparable. NCBH further agrees with the draft Principle requirement that "Patient satisfaction measures should be quantifiable." However, it is imperative that a patient satisfaction and improvement system be developed that is *benchmarked against peer providers*.

<u>Access Basic Principle</u>: WFUBMC believes in the equitable access to timely, clinically appropriate and high quality healthcare for all people of North Carolina. However, the definition of value is not the same for all providers, patient and payers. WFUBMC also believes that by focusing on maximum population based health care value it is possible the State could deny the entry of a new technology into the market that is yet unproved from a large population base, but is one that could provide a great benefit to the whole population in the future. WFUBMC believes the SHCC will need to ensure access to advance a new technology into North Carolina's healthcare market.

<u>Value Basic Principle</u>: WFUBMC is very supportive of the statement that encourages the development of value-driven health care by promoting collaborative efforts to create common resources. North Carolina Baptist Hospital, Moses Cone Health System and High Point Regional Medical Center have developed a Health Care Alliance in part to improve the promotion of coordinated services that reduce duplicative and conflicting care.

WFUBMC supports NCHA's comments that all CON applicants with a documented history of service accessibility to the medically underserved should not be penalized if higher costs result from these activities as evident in a CON application.

Wake Forest University Health Sciences

North Carolina Baptist Hospital

Likewise the costs related to quality improvement activities and programs should be recognized as valid costs of doing business in a CON application review.

WFUBMC would also like to recommend that a separate workgroup be appointed for each value principle in order to address in greater detail the concepts proposed in each. This will also allow an opprotunity to include more experts and to create a more specific timeline and set of operational measures and action steps.

In conclusion, Wake Forest University Baptist Medical Center appreciates the ability to comment on the Quality, Access and Value principles. Thank you for the opportunity to voice my concerns through these comments.

Sincerely,

Michael L. Freeman - pue

Vice President, Medical Center Strategic Planning

Wake Forest University Baptist Medical Center

Michael L. Fran