
Acute Care Services Committee
Recommendations to the North Carolina State Health Coordinating Council
June 2, 2021

The Acute Care Services Committee met twice this year, first on April 6th and again on May 18th.

Topics reviewed and discussed at the April 6th meeting included:

- the current Acute Care Services policies and methodologies; and
- the acute care bed data and ambulatory surgical facility OR data related to COVID-19 that were presented at the February 23, 2021 Interested Parties meeting.

Topics reviewed and discussed at the May 18th meeting included:

- a comparison between hospital licensure and Hospital Industry Data Institute (HIDI) acute care bed days of care data;
- preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters; and
- recommendations for adjustments to the Acute Care Bed Need Methodology and OR Need Methodology calculations based on utilization during the height of the COVID-19 pandemic.

The following is an overview of the Committee's recommendations for Acute Care Services for the Proposed 2022 SMFP.

Chapter 5: Acute Care Hospital Beds

- At the April meeting, the Committee reviewed the policies and methodology. At the May meeting, Licensure and HIDI acute days of care were reviewed for discrepancies exceeding $\pm 5\%$. Staff will work with the Sheps Center, HIDI, and the hospitals during the summer to improve discrepant data. Resolution of discrepant data may change need determinations. Staff will notify the Committee if need projections change.
- Committee members reviewed draft tables. Swain and Columbus Counties initially had very large need determination because of the number of days of care reported to HIDI. These numbers were considerably higher than the days of care the facilities in Swain and Columbus reported on their license renewal applications. Moreover, the HIDI data appeared to include days of care other than acute care days of care. Thus, staff used the lower days of care in calculations congruent with the current need methodology.
- Initially, the days of care during March through of June 2020 resulted in lower annual utilization overall and minimal need determinations when the current need methodology

was applied. Therefore, the staff investigated ways to adjust for the decrease in days of care during those months.

To address the effects of the COVID-19 pandemic on acute care bed utilization during March through June of 2020, staff prepared five test models for adjusting the Acute Care Bed Need Methodology calculations. The Committee considered these models, public comments received regarding the models, the need determinations resulting from each of the models, and comparisons to previous years' needs. At the May meeting, staff recommended adjusting calculations by computing days of care for FFY 2020 using weights based on average days of care over the previous three years. The Committee approved the staff recommendation. The selected test model resulted in the following need determinations, for a total of 314 bed needs:

- 73 beds in Buncombe/Graham/Madison/Yancey service area
- 21 beds in Cumberland County
- 67 beds in Durham/Caswell service area
- 67 beds in Mecklenburg County
- 43 beds in Pitt/Greene/Hyde/Tyrrell service area
- 43 beds in Wake County

Chapter 6: Operating Rooms

- At the April meeting, the Committee reviewed the methodology. To begin considering adjustments to the OR Need Methodology calculations, the committee reviewed AMSU OR data related to COVID. Hospital OR data was not yet available.
- During the May 18th meeting, the Committee reviewed draft tables. At the time of the meeting, application of the current need methodology resulted in no need determinations for ORs.
- The Committee reviewed both the AMSU and hospital data related to ORs and COVID. Staff recommended that in the absence of strong patterns in the data, the OR Need Methodology calculations should not be adjusted. Rather, staff recommended that people use the summer petition process if they feel that their service area needs additional ORs. Further, they recommended that the requirement that a facility must have a deficit of at least 2 ORs to trigger a need should be suspended for the 2022 SMFP only. The Committee approved these recommendations.
- The Committee reviewed proposed clarifications in the narrative regarding the OR methodology's calculation of health system deficits and surpluses and rounding of health system deficits.

Chapter 7: Other Acute Care Services

- At the April meeting, the Committee reviewed the policy and methodologies for open-heart surgery, burn intensive care, and bone marrow and solid organ transplantation services.
- At the May meeting, staff presented draft tables for this chapter. There are no need determinations for these services at this time.

Chapter 8: Inpatient Rehabilitation Services

- The Committee reviewed the methodology and draft utilization table.
- Application of the standard methodology indicated no need for additional inpatient rehabilitation beds in the state at this time.

Chapter 9: End-Stage Renal Disease Dialysis Facilities

- During the April 6th meeting, the Committee reviewed the policy and methodologies.
- At the May 18th meeting, staff presented draft ESRD data tables. At the time of the meeting, application of the county need determination methodology resulted in no need determinations anywhere in the state. The facility need determination methodology calculations showed needs for 604 dialysis stations across 96 dialysis facilities throughout the state.

Committee Recommendation Regarding Acute Care Services:

The Committee recommends that the SHCC accept the Acute Care Services policies, methodologies, draft tables, and staff recommendations to need methodology calculation adjustments. The Committee makes this recommendation with the understanding that staff will make updates to data and chapter narratives as needed.