



Medical Facilities Planning

Acute Care Services Committee Minutes

April 10, 2013

10:00 – 12 Noon

Brown Bldg. Room 104

MEMBERS PRESENT: Dr. Sandra Greene, Greg Beier, Dr. Don Bradley, Dr. Brenda Latham-Sadler, Michael Nagowski, Dr. Prashant Patel, John Young,
MEMBERS ABSENT: Dr. Leslie Marshall, Mr. Bill Bedsole
MFPB Staff Present: Nadine Pfeiffer, Shelley Carraway, Robin Krizan, Kelli Fisk
DHSR Staff Present: Drexdal Pratt, Craig Smith, Martha Frisone, Lisa Pittman
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Greene welcomed members, staff, and the public to the first Acute Care Services Committee meeting of 2013. Dr. Greene asked that Committee members and staff in attendance to introduce themselves. Dr. Greene explained that the meeting was open to the public; however, discussions, deliberations and recommendations would be limited to members of the Acute Care Services Committee and staff. Dr. Greene stated that the purpose of this meeting was to review the policies, methodologies for the Proposed 2014 State Medical Facilities Plan (SMFP), to discuss the petition received and vote on a recommendation for the State Health Coordinating Council (SHCC) and to provide an update on the status of the need methodology workgroup.		
Review of Executive Orders No. 10 and 67 Ethical Standards for the State Health Coordinating Council	Dr. Greene reviewed Executive Orders 10 and 67 Ethical Standards for the SHCC with committee members and explained procedures to observe before taking action at the meeting. Dr. Greene inquired if 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. There were no recusals. Dr. Greene requested members to make a declaration of the conflict if a conflict of arose for a member during the meeting.		

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Approval of minutes from the September 18, 2012 Meeting	A motion was made and seconded to approve the September 18, 2012 minutes.	Dr. Bradley Mr. Nagowski	Minutes approved
Acute Care Hospital Beds – Chapter 5	Policies and Need Methodology Review Ms. Pfeiffer reviewed policies AC-1 through AC-5 from Chapter 4 of the 2013 SMFP and the methodology to project the number of acute care beds needed by service area. There were no petitions or comments received regarding the policies and methodology for Chapter 5. Update on Need Methodology Workgroup Dr. Greene discussed the Bed Need Analysis using data from SMFPs 2004-2013. In illustrating Wake County for the discussion, it was noted that there was an uptick in the growth rate in 2011. In 2011, the methodology was changed from using a statewide growth rate to a county growth rate. Dr. Greene believed there was not enough data to determine the impact of beds opening in a county on that county's growth rate. Discussion ensued on issues which included a county's growth rate being effected from a repositioning of patients who are using new beds who were served elsewhere; growth rates and bed need given changes in health care reimbursement; concern regarding bed need related to demographics, changes in practice patterns and health care reform; the inclusion of quality, value and access in the planning process; the liberalization of adjusted need determination petition approvals; clarification of the awarded but unopened beds in the methodology. After further discussion, the members were in favor of the initiation of a work group to look further into the need methodology, however, no action was taken.. Committee Recommendations A motion was made and seconded to carry forward the Acute Care Bed policies and need determination methodology without changes.	Mr. Beier Mr. Young	Motion approved
Operating Rooms – Chapter 6	Need Methodology Review There being no operating room policies in Chapter 4, Ms. Pfeiffer reviewed the operating rooms need determination methodology, and stated Table 6A		

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	demonstrated the operating room inventory and utilization, and Table 6B the resulting operating room need projections. Mr. Beir asked for a status report on the Single Specialty Ambulatory Surgery demonstration projects. The CON Section will provide an update to the committee at the next meeting on the one operational project. Petition: MedCapital Advisors, LLC Requested that Certificate of Need (CON) and licensure exceptions be applied to all ambulatory surgical facilities regardless of medical/surgical specialty and that orthopedic surgery, ophthalmology, urology, OB/GYN, general surgery, and other medical/surgical specialties be allowed to develop and operate single specialty ambulatory surgical facilities, not subject to the requirements of CON and state licensure, equally as plastic surgery, oral maxillofacial surgery, and otolaryngology (ENT) do presently. Ms. Krizan reviewed the petition and agency report, which recommended denial of the petition. The committee discussed the petition and agreed with the agency decision. The group discussed concerns identified in the petition regarding cost-effectiveness and the topic of quality, access and value was raised. Discussion followed over the reasons for reinstating the Quality, Access and Value Committee, the benefits of doing so and identified resources for it. Committee Recommendation: A motion was made and seconded to deny the petition. The petition was outside the purview of the SHCC and consequently denied. However, the members of the Acute Care Committee would like to express concern about the ramifications of the legislation referenced in the petition that would remove the health planning and CON process from ambulatory surgery facilities. The potential impact of such a change is far reaching. Studies have shown that increasing ambulatory surgical centers without regard for need would increase utilization and cost for overall health care services. While the current CON and planning process is not perfect, we should continue to build on our current system and processes and work towards improvements in quality, access, and value. A motion was made to recommend to the SHCC that it reactivate the Quality,	Dr. Bradley Mr. Young Dr. Bradley	Motion approved Motion approved

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	Access and Value Committee. An amendment to the motion was made to recommend to the SHCC to reinstate the Quality, Access and Value Committee as a sub-committee of the SHCC and to seek alternate resources to move forward. A motion was made and seconded to carry forward the current methodology for Operating Rooms.	Dr. Lathan-Sadler Mr. Beier Dr. Lathan-Sadler Mr. Young Mr. Beier	Motion approved Motion approved
Other Acute Care Services - Chapter 7	Policies and Need Methodology Review Ms. Pfeiffer began the review of Chapter 7 methodologies by discussing open-heart surgery services. She noted that the SMFP no longer included a need determination methodology for heart-lung bypass equipment, and that one policy was located in Chapter 4 regarding heart-lung bypass machines. She continued by explaining briefly the need determination methodologies for burn intensive care services, transplantation services, including bone marrow transplants and solid organ transplants. There were no petitions or comments received regarding the policies and methodology for Chapter 7. Committee Recommendation: A motion was made and seconded to carry forward the current methodology for the Other Acute Care Services.	Dr. Bradley Mr. Nagowski	Motion approved
Inpatient Rehabilitation Services – Chapter 8	Need Methodology Review Ms. Carraway reviewed the Inpatient Rehabilitation Services methodology steps, and explained that need determination was calculated by Health Service Area (HSA). There were no petitions or comments received regarding the policies and methodology for Chapter 8.		

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	Committee Recommendation: A motion was made and seconded to carry forward the current methodology for Inpatient Rehabilitation Services.	Mr. Young Dr. Lathan-Sadler	Motion approved
Other Business	There was no other business. The next meeting of the Committee is Wednesday, May 8, 2013 at 10:00 a.m.		
Adjournment	Dr. Greene adjourned the meeting.		

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