



North Carolina State Health Coordinating Council Minutes

Wednesday, October 8, 2008

Medical Facilities Planning

10:00 am - 12:00 Noon

McKimmon Center

MEMBERS PRESENT: Dr. Dan Myers, Chair, Bill Bedsole, Greg Beier, Dr. Don Bradley, Dr. Richard Bruch, Dr. Dennis Clements, Dr. Dana Copeland, Dr. Lawrence Cutchin, Senator Anthony Foriest, Dr. Sandra Greene, Ted Griffin, Charles Hauser, Laurence Hinsdale, Ken Hodges, Daniel Hoffmann, Dr. John Holt, Frances Mauney, Mac McCrary, Dr. William McMillan Jr., Jack Nichols, Stephen Nuckolls, Jerry Parks, Timothy Rogers, Michael Tarwater, Rep. William Wainwright, Dr. Zane Walsh
MEMBERS ABSENT: Donald Beaver, Dr. T.J. Pulliam, Dr. Christopher Ullrich
Staff Present: Elizabeth Brown, Floyd Cogley, Victoria McClanahan, Dr. Carol Potter, Kelli Fisk

Standing Agenda	Discussion	Motion/ Seconded	Recommendations/ Actions
Welcome & Introductions	Dr. Myers welcomed Council members, staff and visitors to the meeting. Dr. Myers stated this meeting, like all State Health Coordinating Council (SHCC) meetings, is open to the public, but that the meeting did not include a Public Hearing; therefore, discussion would be limited to members of the Council and staff, unless questions were directed specifically to someone in the audience. Dr. Myers stated this meeting would be the final SHCC meeting for 2008.		
Approval of Minutes	Review of minutes. Minutes approved.	Dr. McMillan Mr. Nuckolls	The motion was unanimously approved.
Acute Care Services Committee	Mr. Tarwater made a motion for approval of the following recommendations for the Acute Care Committee. Mr. Nichols seconded the motion. Chapter 5: Acute Care Beds: <ul style="list-style-type: none"> • Approve Chapter 5, Acute Care Beds, including updates and corrections to Chapter 5 tables and narrative, as needed. • Indicate with a note in the 2009 SMFP that Columbus County Hospital's data were not reconciled and that Acute Care Bed Need would not have been affected if the data had been changed. • Carolinas HealthCare System, Novant Health, Carolinas Medical Center-Union Petitions: <ol style="list-style-type: none"> 1. Create a work group to review the Acute Care Bed Need methodology; 2. Deny the petitions. • Approve the adjusted need determination petition for 18 additional acute care beds, to be designated 	Mr. Tarwater Mr. Nichols	

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	<p>as licensed neonatal beds, for Wake County in the 2009 SMFP.</p> <p>Chapter 6: Operating Rooms:</p> <ul style="list-style-type: none"> • Approve Chapter 6, Operating Rooms, including updates and corrections to Chapter 6 tables and narrative, as needed. • Accept Randolph Hospital's corrected surgical case data resulting in one additional operating room in Randolph County. • Approve the Agency recommendations related to the Trauma/Burn Center ORs (shown below): <table border="1" data-bbox="275 508 1455 922"> <tr> <td data-bbox="275 508 869 565">Recommendations for the 2009 SMFP:</td> <td data-bbox="873 508 1455 565">Additional Recommendations for Consideration in the Future:</td> </tr> <tr> <td data-bbox="275 568 869 732">When determining need for additional operating rooms, exclude one OR at each Level I and Level II designated trauma center and one additional OR at each designated burn intensive care unit and also exclude the associated cases performed in these operating rooms.</td> <td data-bbox="873 568 1455 625">Develop a standard definition for the excluded trauma and burn cases.</td> </tr> <tr> <td data-bbox="275 760 869 867">Continue to request trauma/burn case data from the trauma/burn centers only when a need is determined in an operating room service area with a designated trauma/burn center.</td> <td data-bbox="873 651 1455 922">Explore sources of trauma/burn case data and if accurate readily accessible data is available, use that data to exclude trauma/burn cases at each designated Level I and Level II trauma center and at each designated burn intensive care unit. If accurate readily accessible data is not available, continue to request trauma/burn case data from the trauma/burn centers only when a need is determined in an operating room service area with a designated trauma/burn center.</td> </tr> </table> <p>Additionally, the Committee recommended directing staff to:</p> <ul style="list-style-type: none"> ○ Work with hospital planners to develop a draft definition of the trauma and burn cases to be excluded when determining need for additional operating rooms; ○ Collect trauma/burn case data using the draft definition; ○ Provide to the ACS Committee for their review and approval the draft definition and the trauma/burn case data using the draft definition. • For the 2009 Plan, do not adopt the tiered methodology for determining need for additional operating rooms but continue to evaluate the tiered approach. • Affordable HealthCare and Carolina Ophthalmology Petitions: Deny both petitions. <p>Chapter 7: Other Acute Care Services:</p> <ul style="list-style-type: none"> • Approve Chapter 7, Other Acute Care Services, including updates and corrections to Chapter 7 tables and narrative, as needed. • Approve corrected Table 7A. 	Recommendations for the 2009 SMFP:	Additional Recommendations for Consideration in the Future:	When determining need for additional operating rooms, exclude one OR at each Level I and Level II designated trauma center and one additional OR at each designated burn intensive care unit and also exclude the associated cases performed in these operating rooms.	Develop a standard definition for the excluded trauma and burn cases.	Continue to request trauma/burn case data from the trauma/burn centers only when a need is determined in an operating room service area with a designated trauma/burn center.	Explore sources of trauma/burn case data and if accurate readily accessible data is available, use that data to exclude trauma/burn cases at each designated Level I and Level II trauma center and at each designated burn intensive care unit. If accurate readily accessible data is not available, continue to request trauma/burn case data from the trauma/burn centers only when a need is determined in an operating room service area with a designated trauma/burn center.		
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	<p>Chapter 8: Inpatient Rehabilitation Services:</p> <ul style="list-style-type: none"> • Approve Chapter 8, Inpatient Rehabilitation Services, including updates and corrections to Chapter 8 tables and narrative, as needed. • Rex Hospital Petition: Deny the Rex Hospital petition. • Novant Health and Rowan Regional Medical Center petition: Deny the petition. <p>Dr. Copeland made a motion to consider the Randolph Hospital petition separately from the other recommendations. Mr. Rogers seconded the motion.</p> <p>Mr. Hauser made a motion to consider the Novant Health/Rowan Regional Medical Center (RRMC) petition separately from the other recommendations. Mr. Nuckolls seconded the motion.</p> <p>Randolph Hospital petition for three ORs: Dr. Copeland noted no opposition to the petition and support from the community physicians. He also noted the difficulty for an ambulatory surgical facility with only one OR to be profitable. However, it was also noted that an OR could be transferred from Randolph Hospital to the new ambulatory surgical facility, resulting in two ORs in the new facility. Dr. Copeland countered that it would be more expensive to move an OR than to construct a new OR and that this new ambulatory surgical facility exemplifies collaboration, which is part of the Basic Principles governing development of the SMFP.</p> <p>Dr. Copeland moved that two ORs be approved for Randolph Hospital. Mr. Hauser seconded the motion.</p> <p>Dr. Bruch noted the difficulty in attracting surgeons to a community without an ambulatory surgical facility and that surgery provided in an ambulatory surgical facility is less expensive for patients and payers than surgery provided in a hospital. Mr. Hauser noted support for the petition from SHCC members at a summer public hearing. It was also noted that many patients were leaving Randolph County for surgery. Mr. Tarwater noted that assumptions were being made about the cost of moving an OR versus building a new one.</p> <p>Novant Health and Rowan Regional Medical Center petition to adjust the need determination in the Draft 2009 State Medical Facilities Plan to include ten inpatient rehabilitation beds at the Elizabeth C. Stanback Rehabilitation Unit at RRMC in Rowan County: The following points were made related to this petition:</p> <ul style="list-style-type: none"> • For people in Salisbury, the alternative to receiving care at RRMC is to travel to Charlotte. • Since the beds at RRMC are already built, there is no additional cost to approving the petition. • This is a contractual issue and not within the SHCC's purview. 	<p>Dr. Copeland Mr. Rogers</p> <p>Mr. Hauser Mr. Nuckolls</p> <p>Dr. Copeland Mr. Hauser</p>	<p>Motion passed 16-6</p>

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	<ul style="list-style-type: none"> • There is pending litigation related to this petition, which should preclude the SHCC from taking action now. • If petition approved, facility could continue treating patients; if petition denied, patients would have to leave the county to receive inpatient rehabilitation treatment. • Inpatient rehabilitation beds are planned for in the SMFP on an HSA wide, not a county wide basis. The inpatient rehabilitation beds which are the subject of the petition will remain in the HSA for which they were planned and approved. • If petition approved and ten inpatient rehabilitation beds were put in the SMFP, anyone in HSA III could apply for them and the successful CON applicant would have to demonstrate conformance with all relevant CON criteria. • This is an opportunity for the SHCC to help patients. • Whereas the SHCC is a health policy body, its role is to look at policy and overall patient needs but not to look at individual patient needs. • Need to let the CON process work because it serves the citizens well. • It is not part of the SHCC's role to inject itself into the legal process and doing so could potentially damage the CON system. • It is important that the integrity of the health planning process is maintained. <p>Mr. Hauser moved to approve the petition. Mr. Griffin seconded the motion.</p> <p>A vote was taken on Mr. Tarwater's previous motion to approve the rest of the Acute Care Services Committee recommendations.</p>	<p>Mr. Hauser Mr. Griffin</p>	<p>Motion failed 6-8 Recused from voting; Mr. Tarwater, Mr. Beier, Mr. Hinsdale, Mr. McCrary, Dr. Clements and Dr. Cutchin.</p> <p>Motion unanimously approved.</p>
<p>Technology and Equipment Committee</p>	<p>Dr. Bill McMillan presented the following recommendations from the Technology and Equipment Committee:</p> <p>Lithotripsy</p> <ul style="list-style-type: none"> • No need exists for additional lithotripters anywhere in the State and that, apart from data updates, no substantive changes will be reflected in the Final 2009 SMFP. <p>Gamma Knife</p> <ul style="list-style-type: none"> • No need exists for an additional Gamma Knife anywhere in the State and that, apart from data 		

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	<p>updates, no substantive changes will be reflected in the Final 2009 SMFP.</p> <p>Linear Accelerators</p> <ul style="list-style-type: none"> • No need based on the regular methodology exists for any additional linear accelerators anywhere in the State unless there are adjusted need determinations that are approved based on petitions. • Deny petition from Parkway Urology, PA, d/b/a Cary Urology PA (Cary Urology) • Deny petition from Thomas and Brooks, PLLC <p>Positron Emission Tomography (PET) Scanners</p> <ul style="list-style-type: none"> • No need exists for any additional fixed dedicated PET scanners, mobile dedicated PET scanners or additional coincidence circuitry anywhere in the State. <p>Magnetic Resonance Imaging (MRI) Scanners</p> <ul style="list-style-type: none"> • Authorize staff to continue to update data and tables. Approved revised Tables 9J, 9L and the need determinations Table 9M. • Deny the petition from Carolinas HealthCare Systems • Due to corrections to Table 9J, which resulted in a need determination in Guilford County, the petition from Greensboro Orthopaedics, P.A. was no longer applicable. <p>Cardiac Catheterization Equipment</p> <ul style="list-style-type: none"> • No need exists for additional units of fixed or shared fixed cardiac catheterization equipment anywhere in the State, and mobile cardiac catheterization equipment and services shall only be approved for development on hospital sites. <p>Motion to accept the Technology and Equipment Committee report.</p> <p>Motion to carve out the Cary Urology Petition for discussion.</p> <p>Discussion:</p> <p>Mr. Hauser expressed concern that NC has an above average mortality rate due to prostate cancer compared to the rest of the country, which may be attributable in part to a high incidence of prostate cancer among African American men in NC. Mr. Hauser explained that the Agency's recommendation is to deny the petition, and include a statewide need determination for a linear accelerator that is part of a demonstration project for a model prostate cancer center focused on outreach to and treatment of men with prostate cancer, particularly African American men.</p> <p>Motion to accept Agency recommendations regarding the Cary Urology Petition.</p> <p>Discussion:</p> <p>Dr. Bruch spoke in favor of the motion, and noted that by including both outreach and comprehensive treatment in one program, the demonstration project is likely to be successful in</p>	<p>Dr. McMillan Dr. Clements</p> <p>Mr. Hauser Mr. Beier</p> <p>Mr. Hauser Dr. Bruch</p>	<p>Motion passed 22-0. Mr. Daniel Hoffmann did not vote as he is in a non-voting position on the SHCC.</p>

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	<p>reaching the community for which it is intended. Dr. Copeland spoke in favor of the motion, and to the merits of trying a new approach to the detection and treatment of prostate cancer in NC. Senator Foriest, Dr. Walsh, Dr. Bradley, and Representative Wainwright expressed their support of the motion. Mr. Hauser pointed out the relationship between the demonstration project and the language proposed by the Quality, Access and Value Work Group regarding the value of collaboration and innovative approaches in health care delivery. There being no further discussion, a vote was taken.</p> <p>Motion to accept the Technology and Equipment Committee recommendations.</p>	<p>Senator Foriest Ms. Mauney</p>	<p>Motion was unanimously approved.</p>
<p>Long Term and Behavioral Health Committee</p>	<p>Mr. Jerry Parks made a motion for approval of the following recommendations from the Long-Term and Behavioral Health Committee. Mr. Rogers seconded the motion.</p> <p>Nursing Care Facilities Chapter 10:</p> <ul style="list-style-type: none"> • Deny the petition from Jason R. Bartell. • Approve the nursing care facilities policies, assumptions, methodology and need determinations. <p>Adult Care Homes Chapter 11:</p> <ul style="list-style-type: none"> • Approve the adult care homes policies, assumptions, methodology and need determinations. <p>Home Health Services Chapter 12:</p> <ul style="list-style-type: none"> • Approve, in part, the petition from Personal Home Care of NC, LLC with conditions to be placed on the certificate of need if one were to be issued. The committee recommended that there be a need determination in the 2009 Plan for one home health agency in Mecklenburg County to address the special needs of the non-English speaking, non-Hispanic population and that qualified applicants should show evidence of fluency in multiple languages other than Spanish. The committee further recommended that the conditions outlined on the draft Table 12D, which had been mailed with the Committee's report, be placed on the certificate of need. • Approve the home health policy, assumptions, methodology and need determinations. <p>Hospice Services Chapter 13:</p> <ul style="list-style-type: none"> • Approve the petition from Hospice of Davidson County. • Approve the petition from Community Home Care of Vance County, Inc. d/b/a Community Home Care and Hospice. • Approve the petition from Hospice of Union County. • Approve the petition from Hospice and Palliative Care Center of Alamance-Caswell. There would be a need determination for five beds in the 2009 Plan, based on the petition, unless revised data results in a need determination for six or more beds. 	<p>Mr. Parks Mr. Rogers</p>	<p>The motion was unanimously approved.</p>

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	<ul style="list-style-type: none"> • Approve the petition from Home Care Services of Haywood Regional Medical Center. • Approve the petition from Hospice of the Carolina Foothills. • Approve the petition from Hospice of Scotland County. • Approve the petition from Hospice of Wake County. • Approve the hospice assumptions, methodologies and need determinations <p>A Hospice Methodologies Task Force will be convened to fully evaluate the hospice home care and hospice inpatient need determination methodologies for the Proposed 2010 Plan.</p> <p>End-Stage Renal Disease Dialysis Facilities Chapter 14:</p> <ul style="list-style-type: none"> • Approval of the Proposed 2009 Plan Dialysis Chapter with inventory update. <p>Psychiatric Inpatient Services Chapter 15:</p> <ul style="list-style-type: none"> • Approve Tables 15A, 15B and 15C, which were revised because of the July 2008 merger of the Foothills Local Management Entity (LME) with the Smoky Mountain Center LME. • Deny the petition from Crossroads Behavioral Healthcare. • Approve Psychiatric Inpatient Services chapter policy, assumptions, methodologies and need determinations. <p>Substance Abuse Inpatient and Residential Services Chapter 16:</p> <ul style="list-style-type: none"> • Approve Table 16B, which was revised because of the July 2008 merger of the Foothills LME with the Smoky Mountain Center LME. • Approve the Substance Abuse Inpatient and Residential Services chapter assumptions, methodologies and need determinations. <p>Intermediate Care Facilities for the Mentally Retarded Chapter 17:</p> <ul style="list-style-type: none"> • Approve the Intermediate Care Facilities for the Mentally Retarded Chapter assumptions, methodologies and need determinations. <p>Other:</p> <ul style="list-style-type: none"> • The committee recommended authorizing staff to update narrative, tables and need determinations as data are received between the committee meeting and the Council meeting. 		
Quality, Access and Value Work Group	<p>Dr. Copeland provided an overview of the QAV Work Group's progress and made the following points:</p> <ul style="list-style-type: none"> • Current Basic Principles needed to be updated to reflect changes in the healthcare system since the original principles were written. • In revising the Basic Principles, the parts of the Principles related to process and implementation were carved out. The mechanisms to further refine implementation of the Basic Principles will be 	<p>Mr. Griffin Mr. Nichols</p>	<p>The motion was unanimously approved.</p>

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	<p>developed over the next several years.</p> <ul style="list-style-type: none"> The petition writing instructions in the SMFP were changed to include a requirement that petitioners show evidence that their request is consistent with the Basic Principles. <p>Mr. Griffin made a motion to approve the QAV Work Group report. Mr. Nichols seconded the motion.</p> <p>Dr. Myers noted that it is a difficult process to make the transition to implementing the revised Basic Principles and that it is important to make the transition in a thoughtful way. Dr. Myers recommended creating an additional SHCC standing committee to oversee implementation of the Basic Principles. This new committee would be comprised of current SHCC members.</p> <p>Dr. Myers made a motion to add a fourth Committee to the State Health Coordinating Council, this committee would be called the Basic Principles Committee.</p>	<p>Dr. Myers Dr. Greene</p>	<p>The motion was unanimously approved</p>
<p>Other Announcements</p>	<p>Dr. Myers announced that an Acute Care Bed Need Methodology work group will be formed. The work group is expected to begin meeting the first quarter of 2009.</p> <p>Dr. Myers announced that a Single Specialty Ambulatory Surgery Operating Room work group had been formed, with Dr. Cutchin and Dr. Greene, co-chairs and Charles Hauser, member. The work group is expected to begin meeting before the end of the year.</p> <p>Dr. Myers announced that a Hospice Methodologies Task Force has been formed. It will be chaired by Dr. Pulliam. Mr. Parks reviewed the Task Force membership.</p> <p>Lee Hoffman addressed the Tentative Certificate of Need review schedule.</p>		
<p>Adoption of the 2009 North Carolina State Medical Facilities Plan</p>	<p>Dr. Myers asked for a motion to approve adoption of the Final 2009 North Carolina State Medical Facilities Plan, including all recommendations from the three standing committees and recommendations regarding the Quality, Access and Value Work Group.</p>	<p>Dr. Clements Mr. Nichols</p>	<p>The motion was unanimously approved</p>
<p>Adjournment</p>	<p>Dr. Myers spoke on the upcoming workgroups; Single Specialty OR Work Group which will be chaired by Dr. Sandra Greene and Dr. Lawrence Cutchin and a Hospice Work Group that will be chaired by Dr. Thomas J. Pulliam.</p>		

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	Dr. Myers adjourned the meeting.		