

VIRGINIA DEPARTMENT OF HEALTH

CERTIFICATE OF PUBLIC NEED

Notes from the State Medical Facilities Plan Task Force Meeting December 10, 2008

This was the second meeting of the State Medical Facilities Plan Task Force (SMFP TF) pursuant to HB396 (2008). The purpose of the TF is to complete a review of the SMFP updating or validating existing criteria at least every four years.

Subcommittee update.

Radiation therapy: The subcommittee is still looking at the projected rate of new cases as requested by a COPN holder who believes the rate of cancer is decreasing, not increasing. Draft legislation to amend COPN law to include stereotactic radio services was circulated by VHHA, as a courtesy to task force members. The next meeting of the subcommittee is Thursday, Dec 18.

Use of Proprietary data: CLARITAS, already used by some COPN applicants, was contacted to determine suitability for use such data as travel time and population cohorts. It was reported that other COPN states currently use their own state data, though one expressed a desire to use proprietary data. The subcommittee is still working on this topic. The subcommittee was asked to assure financial accessibility by smaller providers.

Stand alone providers reporting to VHI: As a courtesy to committee members, VHHA circulated planned legislation requiring all COPN holders to report statistical data to VHI. Currently, only providers licensed by VDH are required to report such data. However, not all COPN holders are licensed entities. This will assist in more accurate utilization data for determining need for COPN reviewable projects.

Emerging technologies: The first meeting of this subcommittee is Thursday, Dec. 18 after the radiation therapy subcommittee.

Use of ICD-9 and CPT codes: This committee has not yet been able to meet.

Discussion continued of the comments remaining from the proposed SMFP.

General: Members requested that VDH staff prepare a 'decision matrix' of the committee's actions for tracking purposes.

Action: The matrix will be posted under the SMFP Task Force header on the 'Regulatory Projects' page of the OLC web site.

Inpatient bed formula and midnight census: Members were provided a copy of the suggested revision to the inpatient bed formula. Some members felt that the break out of services in the revised SMFP (i.e., med/surge, pediatric, intensive care) presented a false picture of actual bed usage, as hospitals could move beds as needed between service units based on patient demand. In support of that contraindication, VHI data no longer identifies bed type. Members stated that age cohorting may be more appropriate for purposes of determining need. Members stated that COPN decisions based on a midnight census was not reflective of a hospital's daily operating conditions or fluctuations in 'peak census' based on the various services provided by a hospital. For instance, peak census may be at 3 pm or 7pm. However, members also recognized that midnight is the nationally accepted standard. Members asked how patients in observation beds count in bed need calculations.

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Action: A subcommittee will look at the need to revise the inpatient bed formula. Members: Deb Anderson, Mary Anne Harkins, Lori Wright, and Theresa Noe.

New format for CT, MRI, PET, Inpatient, Litho sections: Since the revised SMFP has not yet been tested in practice, Members decided to allow the revised format of these sections to remain intact to see if a formatting revision was needed.

Reconsideration of the Litho volume criteria: Members agreed that lowering the volume standard was appropriate, since the value to continuing lithotripsy as a COPN reviewable project could not be supported.

Note: Removing lithotripsy as a COPN reviewable project is beyond the scope of the task force.

Separate formula for determining LTACHs: Since OLC is currently revising the inpatient hospital regs that will contain a section on LTACHs, members deferred a decision until a later date.

Use of Michigan's complex weighted methodology: Discussion of this was postponed as the member advocate was not present.

Ten year planning horizon: Members agreed that a 10 year planning horizon was not realistic.

Adoption of Florida bed need methodology and 20 bed minimum size requirements: These 2 topics needed further review prior to the full committee making a decision.

Action: A subcommittee will review these 2 related topics. Members: Mary Lynne Bailey, Anne Truong, Theresa Noe, Don Harris, and Darrel Johnson.

Other issues

Diagnostic imaging equipment in emergency departments: A member requested that whether diagnostic imaging equipment located in freestanding emergency departments (FEDs) could be used for elective procedures, rather than restricted to emergency use only. Members were concerned that the language in the revised SMFP appeared to provide automatic approval of diagnostic equipment for FEDs was a back-door way for a hospital to establish a diagnostic imaging center, without benefit of COPN review required of other providers.

Diagnostic imaging formulas: A member stated it may be proper to include additional time in the imaging formulas to address the needs of pediatric patients. However, it was acknowledged that this may be addressed via proposed legislative changes to the 21 Considerations. Members deferred a decision at this time.

Schedule next meeting

The next meeting for the task force will be after the 2009 session of the General Assembly.