Certificate of Need Technical Advisory Committee Meeting
April 13, 2006
Meeting Minutes

TECHNICAL ADVISORY COMMITTEE MEMBERS PRESENT

Donna Goodwin
Elle Hamburger
Jean Pfeifer
Sim Rubenstein, MD
Jon Smiley

TECHNICAL ADVISORY COMMITTEE MEMBERS ABSENT

Jody Corona
Bill Hagens
Debra Hatfield
Mike Kelly, MD
Gil Rodriquez, MD
Sue Sharpe

STAFF PRESENT

Nancy L. Fisher, MD, MPH, HCA
Linda Glaeser, RN, MS, HCA
Tom Piper, Consultant
Pat Maley
Bev Skinner, HCA

RESOURCE EXPERTS

Renee Turner-Bailey
Bart Eggen
Joyce Stockwell

INTERESTED PUBLIC PARTIES

Stacey Baker
Cynthia Forland
Gail McGaffick
Rob Menaul
Ellie Menzies
Deb Murphy
Scott Plack
David Weber

Topic	Discussion/Decision	Follow-up
Welcome & Introductions Agenda review Review of minutes	Members, staff and public introduced themselves. Resignations of Debra Hatfield and Mike Kelley were reported. The agenda was reviewed and the minutes approved as written.	
Report of 3/29/06 Task Force Meeting	Jon Smiley shared with the TAC that the recommendations for the general review criteria received a good reception at the Task Force (TF) March 29 meeting and that the TF was apprised of the need for CON as it relates to home health care and hospice. There was discussion regarding the fact that the process for revising the scope of coverage list is not defined. The TAC can recommend to the TF that a defined process for reviewing the scope of coverage list and related criteria needs to be formalized.	Incorporate recommendation related to process for periodic review of scope of coverage and related criteria.
Template for Service and Facility Specific Policies	Tom Piper reviewed the Template and noted the only item changed is *Who is going to be the CON decision maker?* There was discussion regarding CON being a permit for entry vs. an oversight function, and the possibility that a separate agency ensures compliance with the CON rules. According to CON staff, home health and hospice are not monitored by CON after the final awarding of the certificate. What should the connection be between CON and licensure? Start with planning and CON, and then follow up with licensure. Currently, there is active communication between DOH & DSHS but no formalized process of collaboration. For Item C it was suggested to add Public Health as #12. Discussion took place on charity care, non-profit and for profit, and public funding by the community and subsidization. III. D. When are the decision making timeframes and what are are the related considerations? CON decisions should be transparent:	State comparisons will be sent to the TAC. The TAC should send any additional comments on the Template to the HCA

	however, the process needs to be determined. The policy issue of financial thresholds was discussed, and it was suggested to change the wording of how thresholds are modified or removed.	
Overview of Compliance Monitoring Options and Opportunities	Renee Turner-Bailey gave a follow-up presentation on criteria as it relates to quality, oversight and compliance monitoring, and resources that are available to CON in Michigan: • In Michigan CON is a regulatory function administered by the Dept. of Community Health. • The Commission is responsible for creation of the standards utilized by the CON staff in the review of applications. • Michigan reviewed 380 applications in 2005, with about $2 billion in new facilities and capital expenditures. • Michigan does not have a defined list of criteria for determining what goes on the list, but there are evaluation criteria within the individual/specific categories. If a service falls under a category that already exists, then it would be included in CON. • Language was included in Michigan's CON process requiring a CON applicant to participate in Medicaid, but there is no stated percentage amount required. Charity care is not addressed, but Medicaid data is collected. Organizations that are delving into quality and patient safety include: NQF, Leapfrog, Bridges to Excellence, etc. There is a potential link or measure to quality and cots. At the National level through the National Quality Forum (NQF), there is a lot of activity around quality measurement and reporting criteria that can serve as the basis for quality measurement and reporting for CON.	

	The question should be asked, "How broadly should CON be applied, not whether it should exist?"	The TAC can advise the TF that the decisions made were based on limited data.
Michigan Experience related to Compliance Monitoring and Related Data Systems, Q & A	Renee called attention to the fact that quality reporting and evaluation is an important component and should be continually demonstrated. Michigan re-evaluates applicants annually thru data, but has the ability to do further on-site inspection if warranted. CON in Michigan is funded in part by the state budget, but most funding comes from the varying fee structures for the user application. In contrast, Washington has approximately 50 applications per year with fees varying from $9,000 to $24,000 with no general revenue support.	
Mechanisms to Monitor Ongoing Compliance	Renee Turner-Bailey outlined the following options as ways to monitor compliance: 1. Ongoing progress reports. 2. Conditions of the award/approval = something the state adds on and then requires reporting. 3. Staged monitoring, e.g., construction and operation. In those situations where there is linkage between CON and licensure, if the applicant does not live up to the criteria, the license is lost as well as the CON approval. Discussion took place on defining the length of time a CON is applicable, not having compliance reports on home health and hospice due to the limited access issue, and allowing consumers to help with the oversight and compliance. A consumer complaint system for CON is needed. From the Policy Question H - What data sources are used to monitor health services? The TAC agreed that there should be one data system for retrieving data for a CON application. CHARS is only	

	hospital inpatient data, and a mechanism is needed to capture the outpatient data, which is where the utilization cost changes and growth are happening.	
Request from Task Force: Language for Potential Revision of RCW/WAC	Jon Smiley gave a review of the Task Force meeting, and minor comments on the recommended language changes for RCW & WAC. The TF suggests that the Preamble is for a State Health Planning process, but not the CON process. Also, that it be considered to have a separate bullet for Medicaid, under criteria for CON, and the recommendation to not replace the word charity care with uncompensated care, because there is a definition in statute that defines charity care. Charity care and uncompensated care may overlap, but are not the same thing. On the Worksheet of Health Services and Situations Eligible for CON Review, it was requested to move Hospital Based Ambulatory Surgery Center under Proposed as New Consideration under Surgery. Discussions continued on the issues of financial thresholds, oversight is not happening for CON, growth is in the free-standing outpatient setting, but does that growth does not necessarily need to be subject to CON.	1. Parking Lot- Should there be a specific CON definition? 2. Check with DOH on the quality standards for personnel for air ambulances. Elle Hamburger will send language on Medicaid and charity care.
Public Comment	Gail McGaffick thanked staff for their hard work and Elle Hamburger for her comment on deferring adopting the current list of policies from the Discussion Template for Service and Facility Specific Policies. Gail is particularly concerned about section F 4 in the handouts. The language should be looked at carefully; choice is important when there is sufficient volume to justify choice. All involved need a good understanding of the IOM Quality Initiatives and measurable performance as related to health outcomes, but what are measurable outcomes for hospice?	

	These are significant changes affecting CON, and they should have more review; and Gail requested more opportunities for public comment and more frequent "health breaks."	
Meeting Wrap-up	The next TAC meeting is May 25 and May 17 is the next Task Force meeting	
Adjourn	4:25 pm	