

SMFP Task Force Minutes

March 25, 2009
10:00am – 1:00pm

Board Room 2, 2nd Floor Perimeter Center Conference Center
9960 Mayland Drive, Richmond, Virginia

Present: C. Durrer, E. Bodin, C. Eddy, D. Harris, A. Randazzo, D. Anderson, M.A. Harkins, D. Suddreth, J. Grizzard, T. Noe, L.P. Wright, G. Phillips, A. Honeycutt, K. Edmiston, A. Truong, J. Janson, and by telephone; J. Kauffman, J. Edmondson and K. Harris

- The meeting was convened at 10:15am.
- It was announced that the SMFP has “Gone Live” and that the correction to the bed need formula (sections 540, 550, and 560) will be effective as of April 1, 2009
- The Sub-committees offered a brief review/update of their work
 - Radiation Therapy
 - Dr. Grizzard noted that this is a much more complex issue than it would appear on the surface. Initial work by the sub-committee focused on “if we know the incidence of cancer, that proportion treatable with radiation and the mechanical capacity of the equipment then we can determine the number of machines needed. But; changes in the reported incidence of cancer is a function of changes in screening and in lifestyle habits, and is a dynamic number, 1 cancer case does not necessarily equal 25 radiation treatments, many cancers are treatable with brachytherapy radiation and don’t require external beam, etc...
 - Focus of the sub-committee is shifting to examining a need methodology based more on the utilization of the existing machines compared to mechanical capacity.
 - Proprietary Data Sources
 - Ms. Eddy reported that VDH has recently entered into a contract with Claritas and the sub-committee is investigating how, and if, that contract can be accessed for COPN needs.
 - Emerging Technologies
 - Ms. Noe reported that much of the work has been devoted to defining the issue, and outlining an approach known emerging technologies and one to deal with unknown emerging technologies. One approach is to develop relationships with panels of experts to provide ad hoc guidance to the Department.
 - Dr. Anderson offered to share the “Missouri Rulebook” which has a chapter that deals with emerging technologies fairly well.
 - Rehabilitation – has not yet met

- Inpatient Beds – has not yet met
- It was agreed that meetings of sub-committees should continue to be paired with two per day, as Radiation Therapy and Emerging Technologies has done.
- Use of Michigan’s complex weighted methodology
 - Mr. Phillips noted that the Michigan methodology is an interesting academic exercise, but that it is impracticably complex, especially when compared to the relative simplicity of North Carolina’s approach. The Michigan method was left on the table.
- HB 1598, Impact on COPN review and the SMFP
 - Mr. Harris reported that HB 1598, which had not yet been signed by the Governor (but was signed the same day as the Task Force meeting), had eight major areas of impact or change;
 - Changes to the terminology used in describing various radiation therapy projects
 - Added an expedited review process for capital expenditures not otherwise defined as a project
 - Reduced the required considerations from 21 to 8, eliminating duplicate and generally not applicable or outdated criteria
 - Includes psychiatric services under the request for applications process
 - Establishes the process for complying with conditions on certificates
 - Provides a process to maintain community input in the absence of a Regional Health Planning Agency
 - Requires reporting of utilization data by all providers of COPN regulated services
 - Includes an emergency enactment clause making it effective as soon as it is signed.
- Establish priorities / section review schedule
 - It was suggested that we wait until a complete cycle of projects had been reviewed under the new SMFP before priorities and schedule were set, giving the Department and applicants experience with the new criteria first.
 - It was agreed to wait six months before setting priorities and schedule.
- Other Issues
 - It was suggested that the SMFP may be a place to include guidance regarding how letters of public support (and opposition) would be considered.
 - It was also suggested that the SMFP should include guidance on how competition should be considered in determining need.
- Schedule next meeting
 - It was agreed that the Task Force would meet three times a year. The following dates were set; July 22, 2009, November 18, 2009 and March 24, 2010.

- Sub-committees will set their own schedule with meetings between the meetings of the full Task Force sufficient to meet their goals.
 - It was agreed that Radiation Therapy and Emerging Technologies sub-committees would meet on the same day and that Inpatient beds and Rehabilitation would meet on the same day and that Data Sources could complete their work by conference call.

- The meeting was adjourned at 1:05pm.