

**MEETING MINUTES**

**Acute Care Services Committee Meeting**

April 7, 2020

**\*\*NOTE:** Due to COVID-19 this meeting was conducted via WebEx. Members of the public were allowed to attend by phone only.

**ATTENDEES**

<b>SHCC Members</b>	<b>Staff</b>	<b>PDA, Inc.</b>
Sandra Greene, PhD	Martha Frisone	Nancy Lane
Allen Feezor	Amy Craddock, PhD	Kelly Ivey
Charul Haugan, MD	Elizabeth Brown	
Hon. Gale Adcock	Trenesse Michael	
John Young	Gloria Hale	
Robert McBride, MD	Tom Dixon	
Brian Floyd	Andrea Emmanuel, PhD	
Christopher Ullrich, MD	Fatimah Wilson	
Lyndon Jordan, MD	Lisa Pittman	
	Bethany Burgeon (AG)	

<b>Issue</b>	<b>Discussion</b>
Business Meeting Introduction	<p>Dr. Greene called the meeting to order at 10am.</p> <p>Committee member Introductions.</p> <p>Introductions of all Division of Health Service Regulation staff members in attendance.</p> <p>Review of Executive Order No. 46.</p> <ul style="list-style-type: none"> <li>In response to Executive Order No. 46, Allen Feezor alerted the committee to the fact that he does receive retirement funds from an Academic Medical Center. Should it be deemed necessary, he will recuse himself from voting.</li> </ul>
Business Meeting – 2021 SMFP	<p>Approval of meeting minutes from September 17, 2019; approval carried unopposed with no discussion.</p>
Chapter 5: Acute Care Hospital Beds	<p>Dr. G recognized Andrea Emmanuel, PhD, Planner for the Healthcare Planning Section.</p> <p>Dr. E reviewed Policy AC-1 recommending no changes.</p> <p><u>Policy AC-3</u>                      The Agency proposed new language for Policy AC-3 seen here.</p> <p>Discussion ensued regarding the qualifications and purpose of the policy language. Mr. Feezor suggested that a work group be convened to review the language and perception of the entire policy.</p> <p>Dr. G agreed with Mr. Feezor stating that there are no definitions associated with the policy.</p> <p>Mr. Floyd recognized he may need to recuse himself from voting. However, recognized there to be a lot of interest that could warrant input from interested parties.</p> <p>A motion by Mr. Floyd to delay the discussion until the next ACS meeting was seconded by Dr. McBride. Dr. G opened the floor for discussion.</p>

Issue	Discussion
	<p>Mr. Young asked for clarification that the requested language change was only related to the date proposed in the policy.                      Dr. Craddock and Ms. Frisone clarified that by eliminating the date, all entities that met the qualifications set forth in the policy could benefit from its use, not just those entities that were in place before 1990.</p> <p>Dr. U clarified that there was not enough time this year – especially in light of COVID-19 – to convene a work group. If the item is table, it would be tabled until 2021 for update in the 2022 SMFP.                      Dr. G agreed.</p> <p>The vote carried unopposed.</p> <p>Dr. E resumed review of policies AC-4, -5, and -6, as well as the acute care hospital bed methodology.</p> <p>Dr. McBride made a motion seconded by Mr. Feezor to accept the policies and methodology as written. The vote carried unopposed with no discussion.</p> <p><u>Vance – Franklin County Merger</u>                      In 2019, the Agency recommended merging Vance and Franklin counties into one combined service area. This was based on DLP Maria Parham Medical Center in Vance County acquiring Franklin Medical Center in Franklin County. These hospitals now submit one combined hospital license renewal application to the state.</p> <p>At that time, the SHCC voted to refer back to committee for discussion and vote in 2020. Since then, the Agency has received additional clarifying information and now recommends leaving the counties as separate service areas.</p> <p>Dr. G thanked Dr. E for the clarification stating a vote was not needed to leave the service areas as is.</p>
<p>Chapter 6 – Operating Rooms</p>	<p>Dr. E reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes related to operating rooms.</p> <p>Ms. Adcock made a motion seconded by Dr. McBride to accept the policies and methodology as written. The vote carried unopposed with no discussion.</p> <p><u>Petition: Vallegate Dental Surgery Centers</u>                      One petition was submitted related to Chapter 6. Vallegate Dental Surgery Centers (“VDSC”) own and operate three of the four Dental Only Single Specialty Ambulatory Surgery Center Demonstration Projects across the state. VDSC requested an interpretation of a condition of the project that would allow ENTs to participate in dental surgery cases as appropriate.</p> <p>Dr. E reviewed the Agency report – seen here – recommending denial of this petition.</p> <p>Mr. Feezor made a motion seconded by Mr. Floyd to accept the Agency recommendation. Dr. G opened the floor for discussion.</p> <p>Mr. Young reiterated some comments made in the Full SHCC meeting that this request could be a “slippery slope to multi-specialty ambulatory surgery centers, even though it could be the right thing for patients.”</p> <p>The vote carried unopposed.</p>

Issue	Discussion
Chapter 7 – Other Acute Care Services	<p>Dr. E reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to other acute care services.</p> <p>Ms. Adcock made a motion seconded by Dr. McBride to accept the policies and methodology as written. The vote carried unopposed with no discussion.</p>
Chapter 8 – Inpatient Rehabilitation Services	<p>Dr. E reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to inpatient rehabilitation services.</p> <p>Mr. Young made a motion seconded by Ms. Adcock to accept the policies and methodology as written. The vote carried unopposed with no discussion.</p>
Chapter 9 – End-Stage Renal Disease Dialysis Facilities	<p>Dr. G recognized Elizabeth Brown, Planner for the Healthcare Planning Section.</p> <p>EB reviewed the policies and methodology for ESRD.</p> <p><u>New Assumption</u> EB presented Assumption #6, and addition to the ESRD methodology, seen here.</p> <p>Mr. Young made a motion seconded by Ms. Adcock to accept the new assumption. Dr. G opened the floor for discussion.</p> <p>Martha Frisone alerted the committee that the version presented during the meeting was not the same as that posted on the DHSR website. There were discrepancies related to the phrase “small” and “new.”</p> <p style="padding-left: 40px;">Dr. G suggested approval of the assumption with the caveat that Agency staff could make technical edits.</p> <p style="padding-left: 40px;">Dr. U suggested that the Agency staff make the appropriate edits and the committee review and vote at the next meeting in May.</p> <p style="padding-left: 40px;">Mr. Feezor withdrew his motion to accept as written.</p> <p>The vote was tabled until May.</p> <p>EB conclude review of the policies and methodology.</p> <p>Mr. Feezor made a motion seconded by Dr. McBride to accept the policies and methodology as written. The vote carried unopposed with no discussion.</p> <p><u>Proposed Policy ESRD-3</u> EB presented Agency proposed Policy ESRD-3: Development of Outpatient Dialysis Facilities on a Hospital Campus, seen here. This policy is a result of a petition written and submitted in 2019 by UNC Hospitals. That petition for a special need determination was approved.</p> <p>Mr. Young made a motion seconded by Dr. McBride to approve the policy. Dr. G opened the floor for discussion.</p> <p>Dr. Haugan asked for clarification of condition #3; who are the patients in question? EB explained that most are pediatric patients who are no longer inpatient at the hospital, but also too small to qualify for outpatient ESRD treatment.</p> <p>The vote carried unopposed.</p> <p><u>Petition 1: Wake Forest Baptist Health</u> Wake Forest Baptist Health requested to establish a need determination methodology for home hemodialysis training stations for outpatient in-center dialysis facilities.</p>

Issue	Discussion
	<p>EB reviewed the Agency report – seen here – recommending denial of the petition.</p> <p>Mr. Feezor made a motion seconded by Dr. McBride to accept the Agency’s recommendation of denial. Dr. G opened the floor for discussion.</p> <p>Mr. Feezor asked if there had been any information received after the Agency’s deadline. EB clarified there was none.</p> <p>The vote carried unopposed.</p> <p><u>Petition 2: DaVita</u> DaVita requested creation of Policy ESRD-3 “Addition of Dialysis Stations Based on Facility Need.”</p> <p>EB reviewed the Agency report – seen here – recommending denial of the petition.</p> <p>Mr. Feezor made a motion seconded by Dr. McBride to accept the Agency’s recommendation of denial. The vote carried unopposed with no discussion.</p> <p><u>Petition 3: Fresenius Medical Care</u> Fresenius Medical Care requested an amendment to the ESRD CON application review schedule and currently published in the 2020 SMFP.</p> <p>EB reviewed the Agency report – seen here – recommending denial of the petition.</p> <p>Dr. McBride made a motion seconded by Mr. Young to accept the Agency’s recommendation of denial. The vote carried unopposed with no discussion.</p>
Other Business	<p>Dr. G recognized Amy Craddock, Assistant Chief of Healthcare Planning for a special proposal.</p> <p><u>Patient Origin Tables</u> Dr. C explained that Tables 9A, 12A, and 13A provide patient origin data for ESRD, Home Health, and Hospice. The tables, while they provide important information, the data is not used in the methodologies for need determinations. Recommendation that the data be found online only and not included in the hard copies of the SMFP. This was presented to the Full SHCC in March. At that time, the committee recommended that the affected committees discuss the change internally and vote.</p> <p>Mr. Feezor made a motion seconded by Dr. McBride to accept the change as presented. Dr. G opened the floor for discussion.</p> <p>Mr. Feezor recounted there was substantial discussion surrounding this topic during the March 4<sup>th</sup> meeting, but that the affected parties seemed willing to adapt to the change. Dr. G agreed and stated that reduction in size of the printed SMFP is advantageous.</p> <p>The vote carried unopposed.</p> <p>No other business was presented.</p>
Business Meeting – 2021 SMFP	<p>Dr. Haugan made a motion seconded by Mr. Feezor that the business meeting adjourn at 11:50a.</p> <p>The vote carried unopposed.</p>

Acute Care Services Committee Meeting Minutes

April 7, 2020

Page 5

These minutes are believed to be an accurate account of the meeting held. If there is any understanding to the contrary, please contact the undersigned within seven (7) days of receipt of these minutes.

Submitted by:

Kelly Ivey

PDA, Inc.