

MEETING MINUTES

Full SHCC Meeting

March 4, 2020

ATTENDEES

SHCC Members

Christopher Ullrich, MD
 Glendora Brothers
 Kelli Collins
 Steve DiBiasi
 Allen Feezor
 Brian Floyd
 Sandra Greene, PhD
 Charul Haugan, MD
 Valerie Jarvis
 Lyndon Jordan, MD
 Cooper Linton

Robert McBride, MD
 Hon. Barbara McKoy
 Denise Michaud
 Vincent Morgus
 Pam Oliver, MD
 Dwight Perry, MD
 Tim Rogers
 Quintana Stewart
 Mark Werner
 John Young

Staff

Martha Frisone
 Amy Craddock, PhD
 Elizabeth Brown
 Trenesse Michael
 Gloria Hale
 Tom Dixon
 Andrea Emmanuel, PhD
 Fatimah Wilson
 Mark Payne
 Greg Yakaboski
 Julie Faenza

PDA, Inc.

Nancy Lane
 Kelly Ivey
 Monica Martinez

Issue	Discussion
Business Meeting Introduction	Dr. Ullrich called the meeting to order at 10am. Committee member Introductions; special attention to those members new this year. Introductions of all Division of Health Service Regulation staff members in attendance. Review of Executive Order Nos. 46 and 122
Business Meeting – 2021 SMFP	Approval of meeting minutes from October 2, 2019; approval carried unopposed
Special Presentation	<p>Dr. Ullrich provided a special presentation titled “Patient Migration Trends Impacting Hospitals, Physicians, Communities, and the State Medical Facilities Plan”</p> <p>Presentation slide can be found here. Discussion post-presentation ensued:</p> <p>Brian Floyd: The numbers presented for bed occupancy look low; as a hospital administrator (Vidant), actual experience is much higher 90-95%. Is Cone Hospital deflated?</p> <p>Dr.U: agreed, the data for daily census is calculated at midnight; so frequently actual numbers are higher because of significant patient shift that happens during the day; also data in the presentation is delayed as current data is not yet available.</p> <p>Allen Feezor: seems as though this data does not account for patient migration out of state, for instance western NC that may go to Chattanooga, TN or northeastern that may go to Norfolk</p>
Healthcare Planning Proposal	<p>Dr. Amy Craddock, Asst. Chief of Healthcare Planning presented two proposals to the committee for discussion and approval.</p> <p><u>Statewide Service Area</u> Many chapters in the SMFP have specific service areas that apply to the need determinations. For a few, those service areas are statewide, meaning the need determination applies to the entire state versus a single county or multi-county grouping. Currently these SSAs apply to only need determinations in Chapter 17,</p>

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	<p>Technology and Equipment. However, it is in discussion that Psychiatric Inpatient / Substance Abuse Beds may change this year to a SSA as well. For that reason, Dr.C chose to present this proposal to the entire committee.</p> <p>The proposal is a definition change that clarifies “statewide service area” applies to the need determination only; it does not provide specification as to where the service should be provided. The location of service is a burden of proof for the applicant in the CON process.</p> <p>Motion to accept by McBride; seconded by Greene; vote carried unopposed.</p> <p><u>Appendix B</u> Dr. C explained the Appendix B of the SMFP is no longer relevant and recommends removal.</p> <p>Minimal discussion ensued. Vote to remove carried unopposed.</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.</p> <p>Some discussion ensued regarding where online the tables would be available. Parties across the state that collect / provide this data to the Agency – i.e., hospice and home health agencies – use it regularly in planning purposes. Stakeholders want to be sure that the information remains easily accessible. Suggestions include:</p> <ul style="list-style-type: none"> • Providing the website link on the page where the table has been removed; • Providing the tables in PDF form to avoid data changes; and, • The Agency being available to work closely with parties as the transition is made. <p>Dr. U suggested that the vote be tabled and that further discussion be held in individual committee meetings in April. He also requested that whatever the committees decide, that the decision be uniform.</p> <p>Martha Frisone, Chief of Healthcare Planning and Certificate of Need Section of DHR presented a change to policies.</p> <p><u>Policy GEN-1 and GEN-2</u> MF reviewed each policy – see here – and suggested that GEN-2 be eliminated and that GEN-1 be clarified.</p> <p>Mr. Feezor made a motion seconded by Mr. Rogers to accept the change. Discussion was opened, Mr. Feezor asked when this would be effective; MF replied in the 2021 SMFP.</p> <p>The vote carried unopposed.</p>
Business Meeting – 2021 SMFP	<p>This concluded the business portion of the meeting. Dr. Jordan made a motion seconded by Ms. Jarvis to recess the business meeting to the Public Hearing portion.</p>

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Public Hearing	<p>Three petitions were presented to the SHCC.</p> <p><u>Petition 1: Valleygate Dental Surgery Centers</u> Valleygate Dental Surgery Centers (“VDSC”) own and operate three of the four Dental Only Single Specialty Ambulatory Surgery Center Demonstration Projects across the state. VDSC is requesting an interpretation of a condition of the project that would allow ENTs to participate in dental surgery cases as appropriate. See the full petition here.</p> <p>Dr. McBride asked the presenter to provide an example of a case in which this would be appropriate. He further expressed concern that this would be a “slippery slope to a multi-specialty ASF.”</p> <p>Dr. U thanked the presenter and said further discussion and review would occur at the Acute Care Services Committee meeting in April.</p> <p><u>Petition 2: Raleigh Radiology</u> Raleigh Radiology requested that an amendment be made to Policy TE-3 allowing non-hospital health service facilities who have MRI services through an unrelated third party vendor to apply for an MRI without a need determination. See the full petition here.</p> <p>Dr. U thanked the presenter and said further discussion and review would occur at the Technology and Equipment Committee meeting in April.</p> <p><u>Petition 3: DaVita</u> DaVita requested that instead of a methodology for ESRD creating a need determination for additional dialysis stations, that the Agency develops Policy ESRD-3. See the full petition here.</p> <p>Dr. U thanked the presenter and said further discussion and review would occur at the Acute Care Services Committee meeting in April.</p>
Business Meeting – 2021 SMFP	<p>Mr. Rogers made a motion seconded by Dr. Jordan that the business meeting return from recess and adjourn.</p> <p>The vote carried unopposed.</p>

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.