

MEETING MINUTES

Summer Public Hearing #2

July 10, 2020

Due to the COVID-19 pandemic, Summer Public Hearings are being held via WebEx. This session was to be held in Greensboro, NC.

ATTENDEES

SHCC Members	Staff	PDA, Inc.	Attendees	Presenters
John Young	Amy Craddock	Kelly Ivey	Jason Desai	Luke Santillo
Allen Feezor	Elizabeth Brown	Nancy Lane	Kevin Smith	S Luo
Dr. Ullrich	Tom Dickson		Nicholle Karim	Kimberly Hoffman
Quintana Stewart	Andrea Emmanuel		Robin Gage	Joanne Watson
Steve DiBiasi	Trenesse Michael		Rodney Skelding	Elizabeth Runyon
	Martha Frisone		Tina Henshaw	Amanda Allen
			Catherine Durham	

Issue	Discussion
Public Hearing Introduction	<p>John Young opened the hearing as the presider. He explained that the meetings are being held via WebEx; that no presentations will be debated at the hearing; any persons wishing to speak can and will be required to submit written versions of all presentation to Amy Craddock.</p> <p>JY recognized AC who called roll of all SHCC members and Agency staff present.</p>
Presenters	<p>Sandy Godwin – Cape Fear Valley Health</p> <ul style="list-style-type: none"> • Adjusted need to removed acute care beds in Cumberland • Has recently received CON for 34-beds at CFVMC and new 65-bed hospital • Other satellite sites are taking overflow • COVID has halted all capital outlay through 2021; furloughed staff, seen drop in patient use; • Will submit formal petition July 29 • DrU questions: <ul style="list-style-type: none"> ○ Moving elective to outpatient settings to make inpatient more efficient ○ 60% decrease in all surgeries ○ Impact on bed availability? In Clt move spine to amsu ○ Beginning to see real shift in a lot surgery become outpatient; a lot in ortho as well <p>Joy Health, Anderson Shackleford, Laura Fussell, David French,– Williams Mullin on behalf of Alliance</p> <ul style="list-style-type: none"> • No industry participants • No discussion; no questions; most of the T&E cmte recused itself from voting • Opposed to TE4 on behalf of Alliance • Eliminates competition; could be more widely used than intended • Creates extra capacity and unnecessary duplication • If not enough capacity will trigger a need determination • Legal issues – no definitions – “provider” “unrelated person” • Show contracted scanner doesn’t move – no time parameter • How do you define “treated as fixed”

Issue	Discussion
	<ul style="list-style-type: none"> • How do you define “unable to apply” what if the applicant misses the need determination? Still apply later claiming “couldn’t” • Wording wasn’t properly vetted that could have detrimental long term effects • No limits on how many time provider can use in one year • Policy assumes that providers “are unable to apply” – no precedent • Agency report failed to disclose Raleigh Radiology had apps under review, didn’t need policy to submit recently successful CON • Agency report Pinehurst doesn’t need because was a JV that has been bought out • Agency report fails to acknowledge the high number of underutilized scanners in the state AF – could LF provide suggested definitions? <p>Questions</p> <ul style="list-style-type: none"> ○ JH – don’t believe there is opportunity now to change it because voted into the draft, reason why petition to remove is what should occur; don’t think can go back to drawing board now and clean up and add definitions. ○ DrU currently open processes obtain by competitive and terminate; undermines idea that increases the denominator; Unlikely that alliance would find another high volume site – any insight? JH – #8 assumption should trump the policy; believe the policy is unnecessary because of this; ○ DrU do you believe owning majority of grand mobile mags in state competitive advantage over other providers? JH – lawfully provides services and competes for services over other, high satisfaction and quality scores, not unfair or uncompetitive as it exists and has for years. ○ DrU is alliance willing to constructive engage to refine policy TE4? JH – yes willingness to look at issues. Message is that first stab is not good and revisit in 2021 ○ DrU is alliance wiling to report site-specific scan data to SHCC and state going forward? JH – have to ask client; DrU Agency and SHCC def want more granular data from client ○ MF – is a definition of fixed MRI and related entity in the rules ○ MF – JH and AS are mistaken in interpretation of #8, does not say that have to ask for adjusted need determination; JH, correct correction “unrelated person”
Other Business	Thanked all participants and recognized no further business. Meeting adjourned at 2:30p

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.