

# Health Care Planning and Accountability Advisory Council

Meeting  
January 27, 2012



# How Health Planning may be used by State Government

# WHY CON?

The Certificate of Need Act (RIGL 23-15)

**23-15-3 Purpose.** The purpose of this chapter is to provide for the development, establishment, and enforcement of standards for the authorization and allocation of new institutional health services and new health care equipment.

# Certificate of Need (CON)

## ◆ A CON is required:

- To offer new specialty care services
- To establish a new health care facility
- To purchase health care equipment >\$2.25M
- For Capital projects >\$5.25M

## ◆ Review Criteria

- Needs of the population served
- Affordability
- Financial viability
- Impact on health care system

# Rhode Island Trends in Utilization Between 2001 and 2010

◆ 1406 to 749 -- Open Heart Surgeries

◆ 12,709 to 11,166 – Births

# Delivery System Impacts

- ◆ Increased Need for Primary Care
  - What models should we encourage?
  - What disciplines should be included?
  - Where should sites of care be located?
- ◆ How will hospitals and other facilities be affected?
- ◆ How will achieving “Triple Aim” be assured?
  - Improved Outcomes
  - Decreased Cost
  - Best personal experience of care



# History of Health Planning

**Beginning in 1974 all state Health Departments had federal funding for health planning.**

- ◆ Supported data-driven state health planning
- ◆ Allowed states to set limits on services which were already in adequate supply
- ◆ CON enforced these limits on supply

**In 1986, federal health planning funding for states was eliminated.**

**Today's presentation will be an update, and will cover:**

- ◆ 2006 Coordinated Health Planning Act
- ◆ 2007 Coordinated Health Planning Report
- ◆ 2011 Amendment to the Coordinated Health Planning Act



# Health Planning

## 2006 Coordinated Health Planning Act

### Authorized Appointment of the Health Care Planning and Accountability Advisory Council

#### Charge

- Conduct a Data-Driven, Participatory, Goal Oriented Health Planning Process
- Assess
  - ◆ Population health care needs
  - ◆ Health services supply & utilization
  - ◆ Optional models of delivery
- Develop a process for establishing appropriate supply and allocation of resources to meet population needs effectively, efficiently and affordably
- Make recommendations to the Governor and General Assembly

# Health Planning

## 2006 Coordinated Health Planning Act

**Director of Health charged a Subcommittee to write a plan of action for the Health Care Planning and Accountability Advisory Council**

- ◆ Broad membership, met over 6 months
- ◆ Assessed existing state capacity and authority to perform coordinated statewide health planning
- ◆ Plan for the development and revision of health planning documents to improve the state's health care system

# Health Planning

## 2006 Coordinated Health Planning Act

### Subcommittee Key Findings: “2007 Coordinated Health Planning Report”:

- **Health Care System Transformation:**
  - The health care system has not and will not transform without a robust, collaborative, health planning process.
- **Health Planning Capacity:**
  - The state does not have sufficient capacity to establish a comprehensive health planning process.
- **Authority:**
  - The state does have the authority to establish a health planning process; however additional authority is recommended to implement the process as envisioned in the report.

### Vision, Values , Principles and Objectives

**“Every Rhode Islander should have access to high quality, affordable health care, delivered at the most appropriate time and place.”**

**WWW. Health.ri.gov -Publications -Health Care**

# Health Planning Coordinated Health Planning Act, Revised 2011

## Statutory Revisions 2011

- Funding Allocated: \$150,000 for one year
- EOHHS and OHIC are Co-chairs
- HEALTH provides staff support, in coordination with EOHHS and OHIC
- Annual Report Due Every July

## Progress to Date

- Advisory Council appointments almost complete
- Issued RFP for Gap Analyses
- Received 5 bids last Friday

# Health Resources Inventory and Bench Marking

## ◆ Two Brown University Public Health Students beginning Comprehensive Health Care Resource Inventory

1. Supply of Professionals, Facilities and Technology through Licensure data & where possible provide Utilization data
2. Benchmarks of supply and utilization from National Literature and *American Health Planning Association*.





# Coordinated Health Planning Request for Proposals

# RFP for a Coordinated Health Planning Project

Produce one or more “Gap Analyses” for the following services:

1. Primary Care Services (preferred)
2. Hospital Inpatient Services (preferred)
3. Hospital Out Patient Services
4. ED Services
5. Acute Technology Services
6. Surgi-center services
7. Nursing Facilities
8. Assisted Living residences
9. Home and Hospice care Services
10. Behavioral Health care Services
11. Health Care Workforce Development
12. Impact of environmental issues on health status



# RFP for a Coordinated Health Planning Project

## Some Components of a Gap Analysis

- Describe current status of service delivery
- Evaluate alternative patterns of service delivery
- Determine factors that may influence volume and use
- Review national and state standard for evaluating services
- Forecast trends in service funding and utilization
- Describe delivery strategies that target “best practices”
- Provide findings on necessary revisions in policy and priorities
- Support findings and recommendations with quantitative data
- Provide qualitative information thru focus groups and surveys

# RFP for a Coordinated Health Planning Project

## Status

- Received 5 proposals on Jan 20
- Review begins next week
- Targeting March for Contract award
- This year's budget \$150,000—What level of funding is needed to do a comprehensive analysis?