



Lifespan

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Mark Montella
Senior Vice President

Dear Secretary Costantino and Commissioner Koller:

Thank you for the opportunity to provide feedback on the work plan and research questions for the Health Care Planning and Accountability Advisory Committee.

Research Questions

1.) How do the different ways of organizing our primary care infrastructure impact Rhode Island's need for hospital services?

In addition to understanding the how changes in primary care infrastructure impact the need for hospital services, we encourage the inclusion of a broader set of providers including sub-specialty care. Without broadening the review of all physician types, it will be difficult to truly determine the impact on inpatient hospitalization in the future. Consideration must also be given to how physician groups align and the impact new payments methodologies will have on utilization across the system.

2.) What are the ideal number, location, and type of hospital beds that yields the best outcomes at the lowest cost? What is the cost of excess capacity?

A study aimed at right-sizing the inpatient infrastructure for Rhode Island is a complex task, which requires the consideration of multiple factors in the delivery of health care. These include assumptions about the demand (i.e., the demographics, age distribution, growth, and disease level of the population) and how the incentives for utilization of specific services will likewise impact the need of inpatient capability. In addition, an examination that looks at beds would need to include factors such as expertise and staffing of different type beds (i.e., ICU, CCU, step down, to name a few) as well as levels of specialty care (burn, stroke, level I trauma) provided at different institutions. Consideration also needs to be given to the disparity in safety net functions of hospitals. Also considered should be utilization of hospital days across institutions

during last six months of life. Lastly, a review of the appropriate distribution of academic and community beds as well as the economic impact of the reconfigured system must likewise be considered. Data we have seen suggests that the economic impact of an academic bed varies considerably than that of a community bed. A delivery system that is both affordable and comprehensive must have the right balance of community and academic beds to function at its optimal clinical and economic levels.

Work Plan

January 2013 Discuss recommendations regarding modifications of the Hospital Conversion Act (HCA) and the Certificate of Need (CON) Program

As was raised in the last meeting of the Council, we have concerns that the time frame for draft recommendations for the Hospital Conversion Act and the Certificate of Need Program may not be sufficient. In order to propose meaningful recommendations, the Council will have to go beyond hospital capacity to address the proper functioning of the state's health system. Although both the HCA and CoN program are critical elements, we may need to explore a whole new regulatory scheme to meet the changing needs of the state in an era of healthcare reform as envisioned under the Affordable Care Act. It is also important to note that CoN program applies to not only hospitals, but other free standing facilities and it is necessary to understand the interaction of the free standing entities in relation to hospitals to address comprehensive reform.

Thank you for the opportunity to provide these comments.

Sincerely,



Mark Montella
Senior Vice President

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