



Finger Lakes Health Systems Agency

FLHSA 2020 Commission

May 6, 2008

STROUDWATER ASSOCIATES

Agenda

- **Input from Clinicians**
- **Framework for 2020 Commission Decision Making**
- **Tenets for Setting Bed Need**
- **Next Meeting**
- **Other Business**
- **Executive Session**
- **Adjourn**

Framework For Decision Making Orientation

The 2020 Commission's unique role is to offer a **regional** rather than individual hospital/system perspective on the best investment strategy for the region.





- The NYSDOH's decision to batch the applications creates a context and need for establishing a regional perspective.
- The three CON applications understandably do not reflect a coordinated regional perspective that incorporates the other two CONs and the other healthcare resources in the region.
- The 2020 process will consider the collective resources of the region in recommending the size and configuration of inpatient beds.

• *Timetable for Remaining 2020 Commission Meetings*

Meeting Date	Constituency Presentation (Hour 1)	Commission Discussions (Hour 2)
May 16	Finalize Short and Long Term Bed Need	
May 21	Rural Hospital Group Presentation (Plus: Possible Rural Medical Society Presentation)	Define CON Investment Options
June 5	Regional Master Facilities Assessment (Dominic Pesce)	Evaluate CON Options (Application of Criteria)
June 17	Latino & African American Health Coalition/Future Framework (George Nicholas)	Longer Term Regional Initiatives
June 30	Review of Draft Recommendations/ Final Report Development Process	

Framework for Decision Making

Developing explicit recommendations to NYSDOH requires a progression of decisions, each of which informs the next.

- | | |
|---|-------------------------------|
| <i>1. Key Tenets for Setting Bed Need</i> | <i>May 6</i> |
|  | |
| <i>2. Finalize Bed Need [Short and Long-term]</i> | <i>May 12?</i> |
|  | |
| <i>3. Define Investment Options</i> | <i>May 21</i> |
|  | |
| <i>4. Evaluate Options [Application of Criteria]</i> | <i>June 5 & 17</i> |
|  | |
| <i>5. Recommend Option, Including Requirements for Success</i> | <i>June 30</i> |

Inputs for Finalizing Bed Need

Finalizing the bed need is a linchpin to the 2020 process. Policy direction is needed from the Commission* to set the bed need.

- Demographics – population growth, age
- * Utilization – inpatient admission rates, length of stay
- * Market share/distribution
- Occupancy rates



Key Tenets for Setting Bed Need

We will develop recommendations on today's demonstrated best practices in terms of inpatient hospital utilization.

- √ Achieving 2005 inpatient bed use best practices for Medicare patients only in 4 common diagnostic areas reduces regional bed need by 36 beds.
- √ Best practices will further reduce inpatient utilization during the next decade.

Key Tenets for Setting Bed Need

We will base bed need on utilizing rural bed capacity as a resource for addressing Rochester inpatient demand, recognizing that is a “bed is not always a bed.”

- √ Admitting all 5,030 lower acuity cases in the 5 Central Finger Lake 5 counties would reduce Monroe County bed need by 45 beds.
- √ RGH – Newark Wayne example.

Key Tenets for Setting Bed Need

We will define the short -term bed need by targeting 85% - 90% occupancy and bed availability 99% of the time.

√ Assume the drivers of inpatient demand **will not change.**

- Inpatient admissions per 1,000 population
- Length of stay
- Low acuity patients referred from the five central Finger Lakes Counties.
- Changes in inpatient demand related to changes in population by 2012.