

Minutes
Community Health System 2020 Meeting
February 25, 2008
Finger Lakes Health Systems Agency

Present: Stephen Ashley (Chair), Len Redon (Vice-Chair), Nancy Adams (tel.), Mark Cronin, Bonnie DeVinney, Robert Dobies (tel.), H. Taylor Fitch, John E. Garvey, Susan Holliday, Augustín Melendez, the Rev. George Nicholas, Michael Nuccitelli, Edward Pettinella, Thomas Richards, Robert Thompson

Absent: Gary Bonadonna, Thomas Flynn, Clay Osborne,

Staff: Fran Weisberg, Sally Trafton, Art Streeter, Patricia Healey, Tori Toliver

CALL TO ORDER

The Chair called the meeting to order at 4:00PM.

WELCOME & INTRODUCTIONS

The Chair asked members who were attending the meeting for the first time to introduce themselves.

PUBLIC COMMENT PERIOD

No members of the public attended the meeting.

REVIEW AND APPROVAL OF THE MINUTES FROM JANUARY 29, 2008

The January 29, 2008, meeting minutes were approved by the Commission.

REVIEW OF REVISIONS TO GUIDING PRINCIPLES

It was debated whether the mission statement is too broad and not specific enough on the Commission's duties. Two main concerns were voiced. First, the Commission's final product is unclear. Second, there is ambiguity regarding the scope of the Commission's work, whether it applies to the near future or on the region's long term needs. It was clarified that Commission members were recruited to examine near term needs in the knowledge that its decisions will impact future events. Concerns were raised about whether the modernization piece is too broad for the Commission to complete by the June deadline. Some members felt that a review of the three Certificate of Need Applications (CONAs) could be completed by the end of June 2008, but that the broader goals as laid out in the Charter and Guidelines may take longer and require the formation of another commission. The question was raised whether the Commission's charge was two-phased: 1) review the CONAs, and 2) planning for the region's needs for a more distant future. Additional clarification from the state needs to be requested regarding the Commission's timeline for providing a recommendation to the Department of Health. The Charter and Guidelines should be revised for greater clarity.

APPLICABILITY OF OPEN MEETING REQUIREMENT

FLHSA staff, the Chair, and Vice-Chair have done a considerable amount of work since the January 29th meeting in clarifying the issue of whether the Commission needs to hold open meetings. FLHSA staff consulted agency counsel, who identified written opinions supporting the need to hold open meetings. It was decided that, the Commission will follow the NYS Open Meetings Law and alert the public of upcoming meetings and invite it to attend. In the future, notice of the meetings will be sent out at least seven days prior to the next meeting. The meeting schedule will also be posted on the 2020 Commission webpage. We are seeking more advice from counsel regarding meeting procedures and process. It was questioned whether members could participate in executive sessions by telephone. The members opined that it was permissible so long as individuals affirmed they were alone and in a closed room. It was also questioned whether the meetings of the Acute Bed Study Task Force were open to the public. It was explained that while the meetings were not open, all individuals who wished to attend Task Force meetings were allowed to do so.

The health systems will be invited to attend a meeting each to present their applications and related subjects to the Commission. The purpose of this is so that the Commission is directly informed of the systems' rationale for their applications and for the Commission to ask questions during the presentations. The Commission will develop a format to structure the system's presentations such that they are organized in a similar fashion.

FLHSA ACUTE BED NEED TASK FORCE REPORT

The Chair of the Acute Bed Need Task Force introduced a presentation on acute care bed needs in the Rochester area. She noted that the Task Force deliberated over a number of factors influencing bed need in six counties over approximately seven months. She also announced the final vote was 16 assenting, 3 dissenting, and 1 abstaining. Two of the dissenting votes were from hospital systems. These entities first approved of the report with the condition that they would write minority reports, which would be included in the final report. Later, it was decided that some changes would be made in the narrative of the report and a letter of transmittal listing their concerns would be issued in lieu of the minority reports.

There were three main areas where those who dissented took issue with the Acute Bed Need report. First, it was felt that because the occupancy in Lakeside Hospital did not meet the 85% occupancy rate criterion, its lower occupancy distorted the calculation of bed need in Monroe County. Second, it was felt that the Task Force did not adequately address the issue of patients from outside the region who come to Monroe County for highly specialized care. Third, there was some contention regarding trends in discharge rates and length of stay as they apply to in-migration. The Task Force recommendations, as well as these and other factors, were presented to the Commission for further examination.

It was questioned whether a regional white paper was submitted from rural hospitals to the FLHSA voicing their concerns. While no white paper had yet been received, FLHSA staff met several times with rural representatives to review their issues. These were included in the Acute Bed Need report.

After the introduction, Art Streeter of the FLHSA made a presentation of acute care bed needs in the Rochester area. During the question and answer session, many issues were raised. One major concern was that the presentation cited data only up to 2006. It was explained that the data for 2007 are not yet available – for example, one system has not completely finished its report to the NYS Statewide Planning and Research Cooperative System (SPARCS). These data are typically finalized and distributed between 12 to 18 months after they are sent to the state.

Another concern raised was the fact that the Acute Bed report did not factor in race or poverty into its calculations of bed need. It was explained that while a race ratio was built into the model, the analysis was deferred to another date in order to assemble the data. It was cautioned that this information may not be very accurate, particularly the ethnicity data.

The effect of in-migration on capacity was a major concern, particularly in regards to the low occupancy rate in Lakeside Memorial Hospitals and rural hospitals. The Acute Bed Need analysis kept the in-migration constant because patient choice greatly influences in-migration and the Task Force felt it could not accurately predict how this would change. It is estimated that approximately 25% of Strong Memorial Hospital's tertiary cases could be treated at other hospitals; these data may be available at Strong. Another factor influencing patient migration is physician supply, which is at the crux of rural hospitals' ability to treat patients in their communities. The question was raised whether trauma cases were contributing to patient in-migration. While a portion of in-migration may be attributed to trauma protocols, it is likely not to significantly impact it. Emergency Medical Services (EMS) may have data illustrating this, as well as the University of Rochester. It was noted that the consultants will delve further into this issue.

The scope of the consultants' work was questioned. First, their ability to provide national and state benchmark data is valuable for its ability to help the Commission consider regional questions. It was strongly felt the consultants should build their analysis off of the Acute Bed Need report rather than write a new report. It was questioned whether the Commission could review past similar work done by the consultants and hear whether their analysis matched reality. It was agreed that the consultants will bring to bear their experience but will also bring outside data to help the Commission understand the region in a national and state context. Furthermore, it was stressed that the consultants will help with the CON review process but will also help with the modernization part of the project.

After concluding the presentation, it was questioned whether the consultants would build on the results of the Acute Bed Need report or essentially write a new report. It was clarified that the consultants will review the findings of the report and will build upon those in their recommendations to the Commission.

ACTION ITEMS

SELECTION OF CONSULTANT

- It was agreed that FLHSA staff would schedule a time for the finalist to come to Rochester for a working session prior to the next Commission meeting. The Chair and Vice-Chair will also meet with the finalist at that time.
- Fran Weisberg will update the Commission on the contract negotiations.

CHARGE DOCUMENTS

- FLHSA staff will revise the Guiding Principles to reflect compliance with the Open Meetings Law.
- FLHSA staff will review whether the systems' presentations need to be open to the public.
- FLHSA staff will revisit the Charter and give clarification re: the study scope and deliverables.
- FLHSA staff will confirm with the NYSDOH regarding the deadline for local input into its CON approval.

ADMINISTRATIVE ISSUES

- Members are to turn in their conflict of interest forms to FLHSA staff, who will compile them into a document to distribute among Commission members.

OTHER BUSINESS

The Chair asked members to consider calling into a meeting if they cannot physically attend. At least half of the members must attend in order to achieve quorum. It was questioned whether the March 13th meeting might be cancelled due to low attendance. This would enable the consultant to begin working and present their findings to the Commission at the subsequent meeting.

The Chair thanked everyone for participating. The meeting concluded at 5:30 PM.

The next meeting is scheduled for March 13, 7:30-9:00 AM at FLHSA.