



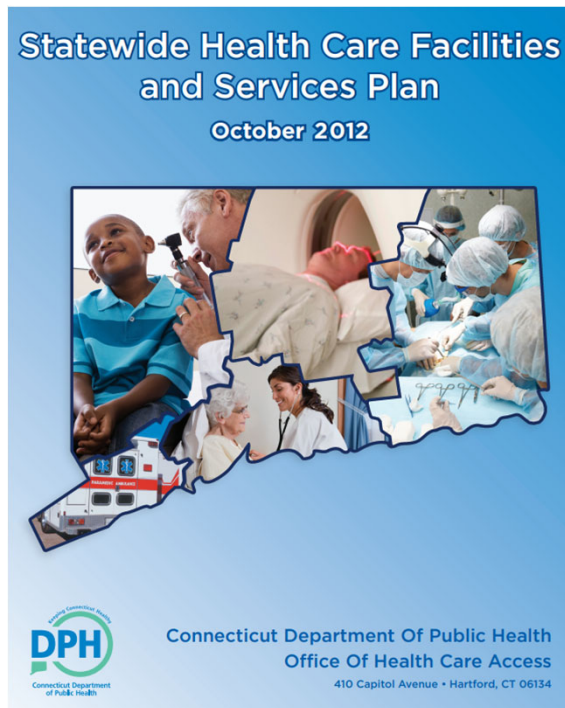
2024 Connecticut Statewide Health Care Facility and Services Plan

Connecticut Health Care Cabinet Meeting
September 27, 2023

Introductions

- **Corey Rhyan, Research Director, Health Economics and Policy**
- **George Miller, Research Fellow, Health Economics and Policy**
- **Altarum**, a health-focused nonprofit organization that works to improve the health of individuals who have fewer financial resources and populations disenfranchised by the health care system.

Previous 2012 FSP Plan

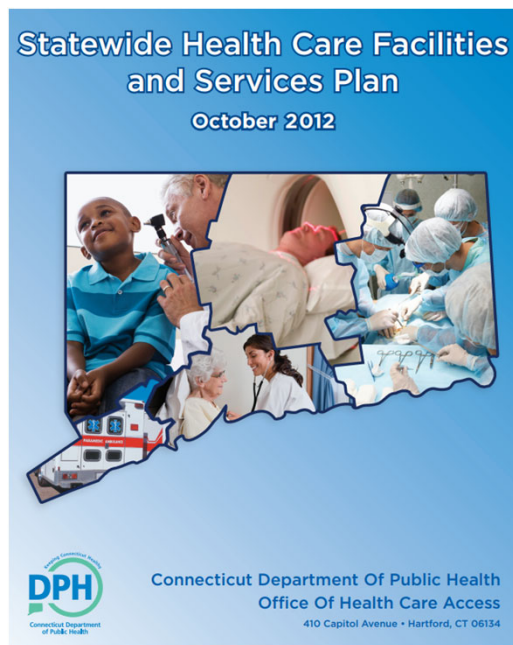


Overview of the CT Facilities and Services Plan (FSP):

- The plan is an advisory document and a blueprint for health care delivery in Connecticut
- It serves as a resource for policymakers and those involved in the certificate of need (CON) process
- It provides information, policies, and projections of need to guide planning for specific health care facilities and services

Previous 2012 FSP Plan

Goals of the FSP:



- Preventing excess capacity, duplication of services, and under-utilization of medical facilities
- Identifying gaps in services and unmet need
- Providing clearer rules for adding services
- Fostering fair competition and a level playing field for entry into the most profitable services
- Limiting the proliferation of services that would undermine community providers' ability to maintain financial viability
- Promoting shared service arrangements
- Providing better access to services through planned geographic distribution
- Enhancing primary care access

Previous 2012 FSP Plan

• 2012 Plan components:

Inventories

- Health care facilities, services, and equipment

Overarching Issues / Health Sector Trends

- Insurance Coverage, Community Benefit, Reimbursement, Technology, Staffing

Standards/Guidelines for CON Review Process

- Acute Care Bed Need, Outpatient Surgery, Cardiac Services and Imaging Services/Equipment

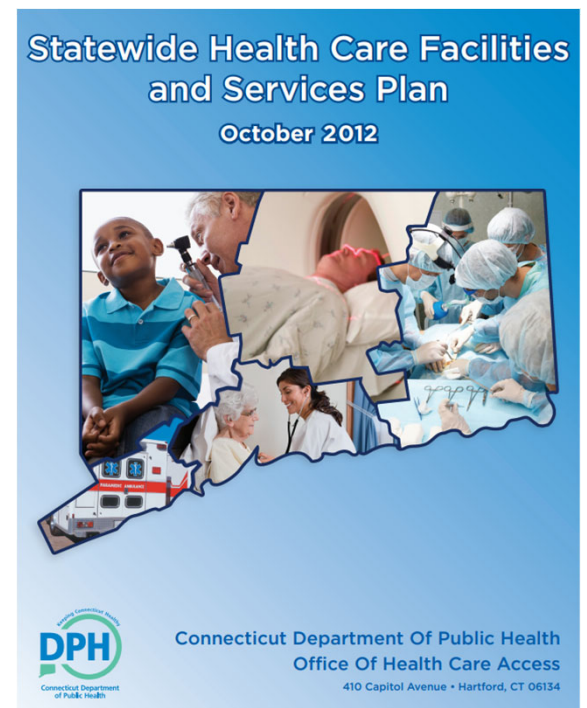
Gaps in Access / Unmet Need

- Calculations of current supply and need for health care services

Data Recommendations

- Discussions of limitations and future data needs

Detailed Methodological Appendices



Plans for 2024 FSP Updates

1. Review and update the previous components
2. Revise current supply and need modeling, using new data
3. Incorporate new findings on topics of consolidation and ownership
4. Integrate FSP findings with prior State Health Assessment and State Health Improvement Plans

Plans for 2024 FSP Updates

Requests for the Health Care Cabinet today:

1. Feedback on the components proposed for the 2024 Facility and Services Plan
2. Feedback on the individual health care services proposed for supply/need modeling
3. Suggestions for data/methods to be used in FSP analyses
4. Suggestions for overarching policy topics/key issues to be investigated

2012 Plan Uses, Feedback, and Suggestions

- **Discussion of the 2012 Plan:**

Health Care Cabinet members current use of the 2012 Plan and subsequent inventory updates:

- What is most useful about data/findings in the 2012 Plan?
- What about the 2012 Plan isn't working?
- What is missing from the 2012 that should be incorporated in the update?
- What should be changed in the new updates to provide better information?

2024 Plan Components – Key Trends/Policy Discussions

- **Key issues to review and incorporate into findings:**
 - Payment models, bundled payments, and value-based payment
 - Health IT/technology trends
 - Aging population trends
 - Overall health workforce needs
 - Telemedicine
 - Changing care delivery locations (from inpatient to outpatient settings)
 - New options for primary care delivery
 - COVID-19 Impacts

2024 FSP Primary Focus Areas

Cost/Affordability

- Trends in cost of care (informed by consolidation analysis)
- Trends in affordability and impacts on access

Access/Need

- Provider and facility access, health care supply (e.g. workforce capacity)
- Guidelines for new facilities, services, and equipment for CON determinations
- Availability of care for populations, geographies, and treatments

Quality

- Proper care for conditions
- Sufficient access to preventative care
- High patient satisfaction with care
- Performance Measures (population health outcomes and hospital metrics)

Equity

- Assessments of variability in access, affordability, and quality
- Calculation of changes health/outcomes disparities

2024 Plan Components – Inventories and Maps

- Inventories and maps:
 - General and children’s hospitals and lines
 - Outpatient surgical facilities
 - Imaging facilities and equipment
 - Residential, assisted living, chronic care homes
 - Behavioral health care facilities and services
 - Primary care and outpatient clinics
 - Other types of specialty care

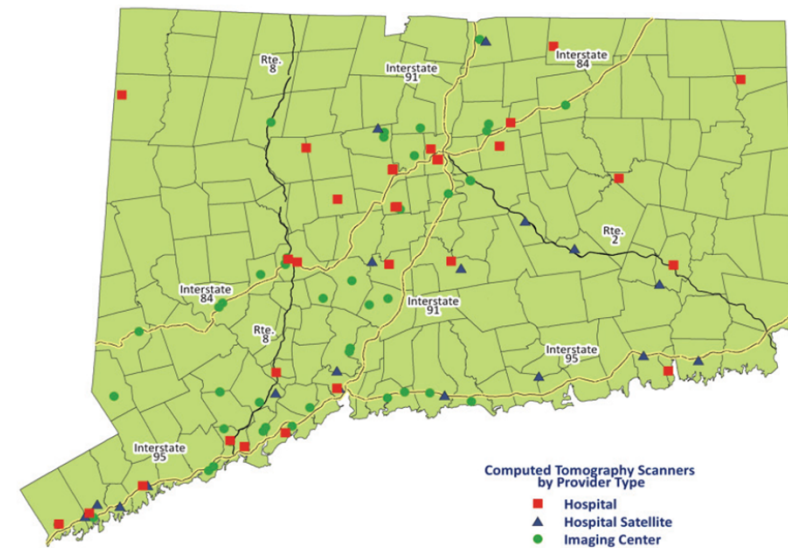
2024 Plan Components – Inventories and Maps

• Inventories and maps:

Appendix T
Acute Care General Hospital Psychiatric Days, Discharges and Beds, FFY 2011

General Hospital	Patient Days Ages 0-17	Patient Days Ages 18+	Patient Days Total	Discharges Ages 0-17	Discharges Ages 18+	Discharges Total	Staffed* Beds Ages 0-17	Staffed Beds Ages 18+	Staffed Beds Total	Available* Beds Ages 0-17	Available Beds Ages 18+	Available Beds Total
Backus	0	4,597	4,597	0	634	634	0	18	18	0	20	20
Bridgeport	0	5,985	5,985	0	705	705	0	17	17	0	19	19
Bristol	0	4,640	4,640	0	1,038	1,038	0	14	14	0	16	16
Charlotte Hungerford	16	4,205	4,221	3	696	699	0	14	14	0	17	17
Conn. Children's	0	0	0	0	0	0	0	0	0	0	0	0
Danbury	53	6,217	6,270	14	732	746	1	18	19	1	22	23
Day Kimball	0	4,097	4,097	0	685	685	0	14	14	0	15	15
Greenwich	0	0	0	0	0	0	0	0	0	0	0	0
Griffin	0	3,989	3,989	0	500	500	0	11	11	0	16	16
Hartford	8,493	28,341	36,834	1,102	3,140	4,242	24	78	102	29	94	123
Hospital of Central CT	0	6,838	6,838	0	790	790	0	22	22	0	24	24
John Dempsey	0	5,683	5,683	0	809	809	0	16	16	0	25	25
Johnson	0	3,492	3,492	0	562	562	0	17	17	0	20	20
Lawrence & Memorial	0	4,800	4,800	0	374	374	0	18	18	0	18	18
Manchester	1,348	8,284	9,632	198	1,218	1,416	5	26	31	10	26	36
MidState	0	1,835	1,835	0	283	283	0	6	6	0	6	6
Middlesex	0	6,026	6,026	0	733	733	0	17	17	0	20	20
Milford	0	0	0	0	0	0	0	0	0	0	0	0
New Milford	0	0	0	0	0	0	0	0	0	0	0	0
Norwalk	6	3,245	3,251	1	506	507	0	9	9	0	22	22
Rockville	0	0	0	0	0	0	0	0	0	0	0	0
Saint Francis	4,755	10,686	15,441	461	1,457	1,918	20	55	75	20	55	75
Saint Mary	0	3,999	3,999	0	597	597	0	12	12	0	12	12

Appendix P
Map of Computed Tomography (CT) Scan Providers



2024 Plan Components – Review of CON Guidelines

- The Office of Health Strategy leads the Certificate of Need (CON) process
- The FSP must be taken into consideration when reviewing each CON application to identify community need and assess current capacity
- The CON process:
 - Guides the establishment of new health care facilities and services
 - Ensures new facilities/services best serve public needs
 - Ensures that high quality health services are provided
 - Prevents unnecessary duplication of health care facilities and services
 - Promotes cost containment
- A CON is required for:
 - Establishment of certain new health care facilities (e.g., hospitals, behavioral health treatment facilities, emergency departments, outpatient surgical facilities)
 - Transfer of ownership of certain health care facilities
 - Acquisition of some new equipment like imaging (e.g., CT, MRI, PET scanners)
 - Adding of capacity for some service lines (e.g., beds, cardiology services)

2024 Plan Components – Review of CON Guidelines

- **Review and update of standards/guidelines used in CON determinations:**

- Acute care and bed need methodology
- Outpatient surgery
- Imaging services/equipment
- Cardiac care
- Cancer care
- Long-term care

Frequent components of standards/guidelines

Definitions

Service Area Descriptions

Current Utilization Data

Population Need Methodology

Quality and Accessibility

Financial Criteria

Other Factors for Consideration

2024 Plan Components – Review of CON Guidelines

2012 example of standards/guidelines (MRI imaging equipment)

1. Definitions

1. “Magnetic resonance imaging” or “MRI” means the use of magnetic fields and radio waves to produce cross sectional images similar to those displayed by computed tomography (CT);
2. “Magnetic resonance imaging scanner” means the magnetic resonance system consisting of an integrated set of machines and related equipment necessary to produce the images and/or spectroscopic quantitative data from scans, or any equipment that is classified by the United States Food and Drug Administration as a magnetic resonance diagnostic device;

2024 Plan Components – Review of CON Guidelines

2012 example of standards/guidelines (MRI imaging equipment)

2. Service area guidelines

- a. Identify the Primary Service Area;
- b. Identify existing services (i) of the applicant, and (ii) of other providers in the Primary Service Area;
- c. Provide capacity of existing services identified in subsection (1)(b), if available;
- d. Explain the likely impact on existing services identified in subsection (1)(b);
- e. Provide actual and proposed hours of operation for services;
- f. Provide 3 year projection of utilization, with reasonable assumptions on MRI scan volume and capacity; and
- g. Demonstrate need as described in 2 and 3 below.

2024 Plan Components – Review of CON Guidelines

2012 example of standards/guidelines (MRI imaging equipment)

3. Need analysis

- a. “Utilization Rate per Capita” means the number of scans/1,000 population as determined by data collected and published by the Office of Health Care Access division of the Department of Public Health through its data collection and survey processes. If such data is not available from the Office, the applicant is responsible for including reliable statistics, with citations, to establish the utilization rate;
- b. “Utilization Rate” means procedure per year for the PSA calculated by multiplying the Utilization Rate per Capita by the population in the PSA using the most recently available census data;
- c. “Current Estimated Capacity” means 4,000 scans/year multiplied by the number of scanners in the PSA at the time of the application; and
- d. “Percent Utilization of Current Capacity” means the “Utilization Rate/Current Estimated Capacity.”

2024 Plan Components – Review of CON Guidelines

2012 example of standards/guidelines (MRI Imaging Equipment)

3. Need Analysis

The Applicant shall demonstrate that the proposed scanner meets either of the following criteria:

- a. The applicant is expected to demonstrate that the Percent Utilization of Current Capacity in the Primary Service Area exceeds 85%.
- b. If the applicant has an MRI scanner in the Primary Service Area, the applicant is expected to demonstrate that its Percent Utilization of Current Capacity exceeds 85%.

If the applicant is unable to demonstrate a clear public need for the proposed scanner based upon the assumptions and need methodology in subsection (3)(a) and the requirements of subsection (3)(b) have been met, the Applicant may rely upon any other relevant factors, including those described in subsection 7, to demonstrate need among the population it intends to serve.

2024 Plan Components – Review of CON Guidelines

2012 example of standards/guidelines (MRI imaging equipment)

4. Quality and accessibility

The Applicant shall demonstrate that the proposal meets the following criteria:

- a. Hospital applicants shall be accredited by the Joint Commission on Accreditation of Healthcare Organizations or certified by Medicare directly or through a deeming agency;
- b. Non-hospital facilities shall obtain accreditation from the American College of Radiology within eighteen months of the date on which imaging activities are first conducted;
- c. A full-time board certified radiologist, who is a member in good standing with the American College of Radiology, shall be responsible for managing the operation of the MRI scanner and for the written interpretation of the MRI scan;
- d. Personnel shall be trained, consistent with guidance of the American College of Radiology, in the use of the MRI scanner and the safety procedures to follow in the event of an emergency;

2024 Plan Components – Review of CON Guidelines

2012 example of standards/guidelines (MRI imaging equipment)

5. Financial criteria

The Applicant shall demonstrate that it has sufficient capital to finance the project and provide projections concerning the revenue and expenses for the first three years of the proposal.

6. Other factors

The office may also take the following criteria into consideration during its review of an application:

- a. The capabilities of the proposed CT scanner as compared to existing scanners;
- b. The ability of the applicant to serve an underserved population and not jeopardize the financial viability of the project;
- c. The impact on existing services, including avoiding delays in timely diagnosis or treatment;



2024 Plan Components – Supply/Need Modeling

- **Assessment of current need for and supply of:**

- Acute hospital beds
- ED beds/visits
- Outpatient surgery
- Cardiac care
- Cancer care
- Imaging
- Primary care
- Behavioral health (mental health and substance use disorder)
- OB/GYN (prenatal and delivery)

- **Based on the following factors:**

- Facility locations
- Providers/workforce
- Geographic distribution
- Utilization by payer
- Affordability
- Other barriers to access
- Equity

2024 Plan Components – Supply/Need Modeling

2012 example of supply/need modeling (primary care)

Table 9.1: Number of Primary Care Practitioners with an Unexpired Connecticut License, August 2012

Primary Care Practitioner	Number
Physicians (M.D. and D.O.) ^a	7,302
1. Internal Medicine	4,310
2. Family Practice	696
3. Pediatrics	1,260
4. Obstetrics and Gynecology	748
5. Homeopathic Medicine	9
6. Naturopathic Physicians	279
Licensed Nurse Midwives (LNM)	217
Advanced Practice Registered Nurse (APRN)	3,664
Physician Assistants (PA)	1,867
Total	13,050

Source: DPH online practitioner license database at <https://www.elicense.ct.gov/>

^aAbout 1% (or 76) physicians are licensed in more than one primary care specialty

The SPCAA also noted in its report that the problem is not how many primary care practitioners there are but how they are distributed throughout the state relative to the population and its health care needs.

2024 Plan Components – Supply/Need Modeling

2012 example of supply/need modeling (primary care)

Table 9.3: Ratio of Primary Care Physicians per 100,000 of Population to Uninsured Rate by County, 2010-2011

County	Population Density People/Mile ^a	% Racial/Ethnic Minority	% Medicaid Beneficiaries	% Uninsured	Primary Care Physician (PCP)/100,000	Ratio of Uninsured Rate to PCP/100,000
Fairfield	1,430.2	30.2	11.9	13.4	129.93	0.1166
Hartford	1,192.2	30.2	17.6	11.8	130.04	0.1019
Litchfield	204.7	7.6	11.0	10.7	77.34	0.1503
Middlesex	444.5	12.0	9.9	10.8	93.74	0.1303
New Haven	1,396.0	29.3	18.1	11.5	143.84	0.0888
New London	401.5	18.4	13.9	10.1	75.01	0.1391
Tolland	361.3	11.0	7.8	11.4	69.09	0.1795
Windham	228.3	12.5	18.7	11.1	57.85	0.1856
Connecticut	738.1	22.4	17.0	11.9	105.5	0.1126

Source: HRSA Area Resource File 2010-2011 data and U.S. Census 2010*

2024 Plan Components – Supply/Need Modeling

- **Identification of current supply**
 - Facilities, by geography
 - Workforce
- **Calculation of current need/utilization**
 - Need by geography, payer, patient type
- **Identification of differences between supply and need**
 - Oversupply
 - Unmet need/gaps in access
- **Discussion of other gaps in access**
 - Affordability
 - Other barriers to care

2024 Plan Components – In-depth Assessments

- **Behavioral health care services:**
 - Mild, moderate and severe conditions
 - Substance use disorder treatment and facilities
 - Inpatient, outpatient, intensive outpatient options
- **Primary Care Services:**
 - Physician offices, workforce supply
 - Mix of provider types
 - FQHCs and other options
 - Ownership of Practices
- **Consolidation and Ownership:**
 - Findings from prior work
 - Review of data and methods to track

2024 Plan Components – Alignment with SHA/SHIP

- **Use of key health/health outcome measures**
 - Life expectancy, causes of death, health, health conditions, maternal/child outcomes
- **Access/affordability issues**
 - Insurance coverage, insurance trends, affordability metrics
 - State health spending and prices trends
- **Economic factors**
 - Income, inequality, employment
- **Housing/healthy food**
 - Food security, diet quality, segregation, transportation, violence
- **Community strength/resilience**
 - Social/community factors

2024 Plan Timeline

- **Inventory review and CON determination review**
 - September 2023 – December 2023
- **Supply/need data review and modeling**
 - November 2023 – February 2024
- **Key issue and policy review**
 - December 2023 – January 2024
- **In-depth analyses**
 - December 2023 – February 2024
- **SHIP/SHA data and alignment**
 - January 2024 – February 2024
- **FSP final report and review**
 - February 2024 – March 2024

Health Care Cabinet Feedback

- **Questions, comments, suggestions**