DRAFT Meeting Notes

Statewide Health Care Facilities and Services Plan Advisory Body

December 12, 2013

9:30 a.m.

Agenda Item	Discussion	Action/Results
Item I Opening Remarks and introductions	Kimberly Martone reconvened the Statewide Facilities and Services Plan Advisory Body and introduced the consultants from Health Resources in Action ("HRiA), who will facilitate the next phase of the Plan. The HRiA consultants are Rose Swenson, Director of Strategic Planning and Organizational Effectiveness, Lisa Wolff, Director of Research and Evaluation, and Amanda Ayers in Organizational Effectiveness.	Place meeting handouts on OHCA website. Click on the December 12, 2013 meeting listed at http://www.ct.gov/dph/cwp/view.asp?a=3902&q=469574 to access the handouts.
Item II Data Gathering and Planning Processes: Roles & Responsibilities, Timelines, and Deliverables	Rose began by going over the power point presentation. • The consultants' plan for building off the 2012 Plan includes: o An inventory of the availability and accessibility of services and facilities; o An assessment of unmet need; o Projections of future demands in order to do a demand, capacity gap analysis and feed that into the planning portion with recommendations for expansion, modification or reduction. This process will be aligned with the CT State Health Improvement Planning Process. Having one consultant being involved in both projects will help with the alignment. Rose went over the timeline: December is the Kick-Off meeting; January-May 2014 will be for Data Collection and Analysis; June-September 2014 will be the Recommendations/Planning Process with most intensive planning in June and August; October 2014 will be the completion of the Plan. There will be four in-person meetings facilitated mostly by HRIA to activate the work groups and look through the data and flesh out recommendations for the updated Plan. Amanda Ayers spoke on the Roles and Responsibilities. Department of Public Health will take the lead on this effort. There may be interns to help with the	Timeline for the updated Plan will be January 2014 through October 2014. Meetings and conference calls with HRIA will be scheduled during this timeframe.

	survey. HRIA will be working with the interns, writing the report and facilitating the planning process. The Advisory Body and Work Groups will be getting together to provide feedback, work on methodology, suggestions/contacts for survey administration, and participate/provide input in planning process during the summer of 2014.	
Item III Study Methodology and Plan Outline	Lisa Wolff spoke about the overarching issues and the outline of the plan. The 2012 Plan is the foundation for the 2014 Plan and the next plan will be more of a supplement/update. Focus will be on what has changed since 2012, what are the implications regarding the progress from 2012 and an update of the inventory and how some of the recommendations from 2012 are being responded to. Lisa went over the Draft Outline of the table of contents handed out at the meeting, indicating that this is an initial stab and they will be looking for feedback. They will be diving into deeper discussion around methodology and looking for feedback on this as well as some insight on next steps. The overview of the CON process would examine what has changed from the 2012 Plan. The relationship of the Plan to Healthy People 2020 and CT State Health Improvement Plan or any other plan is the alignment piece. Where does this plan fall within other planning processes in Connecticut? A brief discussion of the 2012 Plan and implications for moving forward to the 2014 Plan. How the supplemental piece fits in and builds upon what was previous. **Methods and Approach:** o It might be helpful to have a guiding framework discussion in the beginning of the plan (rather than at the end in the 2012 version), particularly with a look at vulnerable and at risk populations with emphasis on unmet need, which is a focus of the upcoming Plan. o The Methodology (data sources that would be used, survey that would be administered and then the analysis of the projections of future demand and unmet need).	

	Current Context and Health Care Reform: o What does it mean for health care and health care facilities? o What does it mean for ACA implementation and increase in insurance coverage for the population of CT? o Context related to Health information Technology and Workforce development issues. **Overview of Current CT Services and Facilities Plan**: o This is not the detail of inventory. This was a big chunk in 2012, for 2014 it will be what has changed and what are the critical issues to address and the relationship to CON, a little bit about the overview of the status of facilities, utilization and patient composition. o They are hoping to provide some data in this section but not at the nitti gritty facility level. Instead will look at what are the big take-a-ways around each of these areas that will provide the context of what is the state of facility and services in CT. o A lot of the data will be coming from reviewing secondary sources, surveys and any other document review that is undertaken. o Looking at what has already been written in the other planning processes. Providing an overview of the population groups in CT. o This could be regional differences, social demographic issues, economic issues and insurance coverage. How we define at risk and vulnerable populations may be broad. We would be looking through broad lenses to decide who is at risk for unmet need of services. o A lot of data on different population groups in CT, much of this we are already collecting for the State Health Assessment in which HRIA is involved with and where the alignment will come into place. **At-Risk and Vulnerable Populations**: o We may go deeper into specific vulnerable populations. We are looking into insurance coverage, income level or specific geographic difference, age group differences, racial ethnic differences. How we define vulnerable and at risk population will be one of the key conversations moving forward.	

	Future Projections of Capacity, Need and Unmet Need: OHCA will be involved in this through their analysis. Talking about what is available, where do we see the future going and whose needs might not be met with services, specifically related to inpatient acute care hospital services and vulnerable populations**.** **Next Steps and Recommendations:** Building off of the OHCA report we will be looking at Primary Care, Acute Care/Ambulatory Surgery, Behavioral Health and Imaging. These are the areas that fall under CON and build off the recommendation piece of the 2012 Plan. In the summer, the first piece of the outline will be presented to the advisory groups. The four 2 hour meetings in the summer work groups will be working on recommendations moving forward. Fleshing out recommendations and moving forward, what is feasible, where is there potential partnership, where can we leverage existing work that is already happening. What 2012 recommendations need to be revisited, what is new and surprising in the data found now, what are new recommendations. **Inventory of Facilities and Providers**: Based on the data from the survey and other data resources out there we will be fleshing out the state of CT in a specific way by facility, hours of operations, patient composition, services provided (this will be the last appendix of the report.) Things might change but this is the initial overview and would like some feedback. **Questions/feedback from overview/outline**: **1)** Jim Iacobellis of CHA requested an explanation of the alignment of the state health assessment. Lisa responded that from a data perspective we would want to look at consistency between data sources from the health assessment because there is currently a lot of data being compiled on different population groups (socio, economic, health and demographic data). Keeping all the reports consistent and make sure we have all them up to date and in one voice. Rose noted that for the planning piece making sure that the language is similar and the strategies align. There	

	are specific health equity targets that we want to make sure match up the whole health equity, vulnerable population piece of the assessment and specific strategies around with health systems or environmental pieces that align with whatever comes out of the plan. **2)** Jim also asked if there a plan to coordinate or align this with the SIM Grant proposal? HRIA does not know much about the SIM Grant, there is a DPH representative on the committee and information is on Access Health CT. Throughout the conversation on data analysis and planning conversations that will happen over the summer months we will be relying on experts to make sure those pieces are connected. We do not want to recreate or duplicate so we would like to incorporate in conversations going forward. A question came up regarding the workforce. HRIA responded with looking at provider population ratios, supply of providers out there (primary care, specialists). Who is providing care in what kind of settings and for what types of populations? What is out there related to mandates of workforce development related to health care providers? What is particularly related to the ACA? This would not be a lengthy section, it will be more highlights. When we talk about the facility piece we would understand where the workforce issues have moved since 2012. It will give the reader a better context of the bigger picture when looking at the data. **3)** Question came up about the summer work groups. The workforce issue cuts across all the work groups, may want to bring that out in the work groups and get a better handle on the workforce issues. HRIA agreed this is critical and the way the meetings will be structured over the summer is to have a joint meeting to identify the cross cutting issues, then meet as groups and then come back together. **4)** Question was brought up about data collection and survey. There were multiple surveys and as surveys went out it was harder to get responses back. It was suggested to be more planful to reduce the number of surveys. In updating	

	inventory give them what is already there and ask them to update what is not there. In the health equity piece what would be different from the 2012 report. HRIA thought it would be using language that would be more transparent for the reader. Health equity would be one of the lenses for the report but may not be the only lens. HRIA really would like to get some insight and feedback from the group into the survey piece. There is going to be a lot of work coming up and a lot of time was spent on the inventory piece in 2012 and would like some insight and feedback on next steps. Data gathering focused on the survey piece (analysis, projections of unmet need and possible other data sources to fill in gaps where needed). The survey will help develop the inventory and that is where providing feedback and guidance will be needed. The goal is to develop an inventory of the availability and accessibility of services through the outpatient surgical services, imaging, primary care and behavioral health services. We will try to conduct the survey on line because it is easier for people to fill out and lessens the step of data entry. Follow up by telephone or email when needed. **5)** The 2012 plan was at the facility and not the practitioner level. It was offered because of the possible low response rate from practitioners for the survey that it might be good idea to try and get information from what other groups are collecting prior to a doing a survey. Kim noted that after researching other groups, other than SIM Grant, it seems that the response rate was low. You can't look at unmet need without getting to the practitioner level. **6)** A question was presented that possibly there is a list of administration or leadership that we could access and ask those people to respond to the survey. It was suggested to reach out to the Connecticut Medical Group Management Association for this. Ken will email Kim a contact for that group. For the SIM Grant it was suggested to reach out to Mark Schaefer. HRIA is looking for suggestions to get the data other than through the practitioner level and take the	

	steps to get to the provider level in the future. **7)** The last question from HRIA who asked for any suggestions or feedback for lessons learned or best practices from the 2012 efforts. Thinking about the facility level piece and what we could employ moving forward for 2014 to maximize the response rate and gathering accurate information or any other suggestions looking back in hindsight. The online survey is still a possible suggestion and a point was made to be cognizant of who the email will be coming from in order to get the best responses and the introduction to the survey should be basic contextually. Also, who the person the survey is being sent to is important to make sure it gets to the right person, for this you may need to have organizational involvement.	
Item IV Work Group on Standards and Regulations	Kevin Hansted spoke about the Standards and Regulations. He briefly went over the regulations that are being drafted, deadlines and the timelines. The three main areas are Bed Need Methodology, Imaging Equipment and Outpatient Surgical Facilities and within those three categories we are looking at need analysis, volume assumptions and quality and accessibility. OHCA is looking to the advisory body and subcommittees to obtain feedback. We would like to address the issues up front so that when we get to the public comment and public hearing we will not have to go back and make a lot of changes to the regulations. The timeline proposed is to work with the subcommittees from January through April to flesh out the regulations and the meet with the Advisory and Subcommittee as a group in April to address any concerns and go over what was done. By the end of June we would have the draft regulations finalized, in July publish our notice of our intention to adopt the regulations and file fiscal note. Month of August is allotted for public comment and then in September we will hold a public hearing. Then we will send notice to those whose folks who have given written and oral statements that we have made changes per their suggestions or that our regulations are proceeding with the regulations as originally drafted. In September we will submit the regulations to Attorney General's Office for their review and then the final regulation will be submitted the first week in October to the Regulations Review Committee. A copy of the guide for drafting regulations	Timeframe for Regulations will be from January through October 2014. Meetings with Advisory Body and Subcommittee members will occur during this time.

	will be PDF'd and emailed to everyone. A draft of the regulations will be expected to be sent out to the subcommittee members in January 2014. It was noted that the health care environment is changing pretty rapidly and we do not want to tie the department's hands in what they can or cannot look at but also do not want to limit flexibility amongst providers to accomplish some of the goals of the Affordable Care Act and the SIM Grant and everything else that is going on. Kevin noted he fully understands this and is receptive to any education given to him regarding this.	
Next Steps.	HRIA will be scheduling conference calls with Bob Aseltine from UCONN regarding survey response rate; Mark Schaefer and Vickie Veltri regarding SIM Grant and Ken Ferrucci and Mark Schuman regarding survey participants.	These calls will be scheduled

Attending in person: Karen Roberts, Kaila Riggott, Lisa Wolff, Rose Swenson, Amanda Ayers, Carol Bower, Jeffrey Walter, Paula Chenail
Conference call-in: Nancy Rosenthal, Karen Weeks, Ken Ferrucci, Kara Koss, Lisa Winkler, Steven Cowherd, Jim Iacobellis, Yvette Highsmith Francis