CON Redesign: Proposed Recommendations of the Health Planning Committee

Health Planning Committee
Public Health and Health Planning Council
November 19, 2012

Regional Health Planning

- **□** Recommendation #1:
- □ In this time of rapid change, health planning should be reinvigorated on a regional basis through multi-stakeholder collaboratives to promote improvements in the patient experience of care (including quality) and the health of populations and reductions in the per capital cost of care.

Regional Health Planning

- **□** Recommendation #2:
- □ PHHPC recommends the creation of multi-stakeholder Regional Health Improvement Collaboratives (RHICs) to conduct regional planning activities.
- **□** Recommendation #3:
- □ PHHPC recommends the creation of 11 geographic planning regions.
- **□** Recommendation #4:
- □ Each RHIC should be responsible for advancing each dimension of the Triple Aim in its region.
- **□** Recommendation #5:
- □ The PHHPC should consult with the RHICs concerning the regional health and health care environments, unmet needs, and effective planning strategies and interventions that could be disseminated statewide.

Driving Performance through CON and Licensure

- **□** Recommendation #6:
- □ PHHPC recommends eliminating CON for primary care facilities, whether D&TCs or hospital extension clinics. Retain licensure.
- **□** Recommendation #7:
- Projects approved and funded through timesensitive State Department of Health grants should be exempt from public need review and subject to limited financial review.

Driving Performance through CON and Licensure

- **□** Recommendation #8:
- □ DOH should enter into a contract with a research institute to evaluate emerging medical technologies and services that might be appropriate for CON.
- **□** Recommendation #9:
- □ Retain CON for hospital beds at least in the short run and reconsider in the next three to five years.

Driving Performance through CON and Licensure

- **□** Recommendation #10:
- Use Certification of ACOs to Promote Appropriate Distribution of Facilities and Services and SHIP Goals
- **□** Recommendation #11:
- **□** Update the CON Process for Hospice
- **□** Recommendation #12:
- □ Update the CON Process for Pipeline Projects

Update CON and Licensure to Reflect Complexity of Physician Practices

- **□** Recommendation # 13:
- □ Update the Criteria that Trigger the Facility Licensure Requirement and Equalize Treatment of Physician Practices and Facilities Under CON, Based on Recommendations to be Provided to PHHPC within 6 Months.

Promoting Improvements in Quality and Efficiency through Governance

- **□** Recommendation #14
- □ Rationalize "Taint" to Eliminate Barriers to Integration and Recruitment of Experienced Governing Body Members.
- **□** Recommendation #15:
- □ Streamline Character and Competence Reviews of Established Not-for-Profit Corporations.
- **□** Recommendation #16:
- □ Streamline Character and Competence Reviews of Complex Proprietary Organizations (e.g., publiclytraded, private-equity-owned) and New, Complex Notfor-Profit Systems.

Promoting Improvements in Quality and Efficiency through Governance

- **■** Recommendation #17:
- □ Align "Passive Parent" Oversight with Powers Exerted by Parents and Promote Integrated Models of Care
- □ Recommendation #18:
- Improve Transparency of Major Changes in Board Membership
- **□** Recommendation #19:
- □ Strengthen DOH Authority to Respond to Failures in Governance

Incorporate Quality and Population Health into CON Reviews, Streamline Financial Feasibility Reviews, Promote Innovative Payment Arrangements

- **□** Recommendation #20:
- □ Consider performance on quality benchmarks and relationship to the SHIP, when reviewing applications to expand services or sites.
- □ Recommendation #21:
- □ Pursue a more calibrated approach to financial feasibility reviews.
- **■** Recommendation #22:
- □ Relax the prohibition on revenue sharing among providers that are not established as co-operators to facilitate collaborations and innovative payment arrangements.