

CERTIFICATE OF PUBLIC NEED WORK GROUP MINUTES

JUNE 11, 2019

East Reading Room, Patrick Henry Building

1111 E. Broad Street Richmond, VA 23219

10:00am – 4:00pm

Members Present: Erik Bodin, Secretary Daniel Carey, Melina Davis, Mike Gentry, Ty Henry (for Sarah Allen), Daniel Herlihy, Joe Hilbert, Claiborne Irby, Bruce Kupper, Depak Madala, Freddy Mejia, Michael McDermott, Dean Montgomery, Melissa Peeler, Corey Perdue, Andy Randazzo, Mark Rubin, Mike Shook, Chris Thompson (for Michael Elliott), Lauryn Walker (for Ellen Montz), Thelma Watson, Marilyn West, Deborah White (for Michael Lundberg), Tracey White (for Tim McManus), Ross Wiltzus

Absent: Tony Keck, Mary Anne Turner

- I. Welcome -- Secretary of Health and Human Resources Daniel Carey  
Secretary Carey gave brief opening remarks welcoming individuals and outlined the Governor's commitment to this process
- II. Introductions – Decision Makers and Individuals serving as resources who were present introduced themselves (Appendix A). Mark Rubin introduced himself.
- III. Discussion of Process
  - A. Mark Rubin walked through the Memorandum of Agreement with the decision makers. A further discussion will be held at the next meeting and decision makers will be asked to sign the document.
  - B. Mark Rubin stated there is an open chair at the decision maker table for others to provide input and comment.
  - C. Mark led a discussion on the proposed work plan (Appendix B) and provided the decision makers input in the proposed work plan. Decision Makers reviewed and agreed to the plan with opportunities to shift depending on the progress and needs of the group.
- IV. Negotiating in an Interest Based consensus process – Mark provided an overview of best practices for consensus based decision making and reviewed:
  - A. Listening and Questioning with empathy and understanding
  - B. Speaking in the future tense to solve problems
  - C. Working based on Interests rather than Positions
- V. Identification of Interests  
The decision makers and those serving as resources identified the interests of the Commonwealth of Virginia in COPN as well as the interests of stakeholders. A summary of those interests is found in Appendix C.
- VI. Lunch
- VII. What should the purpose of COPN be going forward?  
Mark led a discussion on the past perceived purpose of COPN. The initial planning purpose of COPN could and was beneficial, that shifted when reimbursement goals and

models changed, underneath the planning was a focus on access, quality, and affordability – looking at things within systems (regions of the state), former process was to control the growth and make decisions on who got to do what, protect essential healthcare services for the community both with quality and ensuring enough volume but also actual services, rationalize services within certain regions (bring order to chaos)

- Mark reviewed current regulations 12VAC5-230-30 which outline guiding principles for COPN.
- Mark facilitated a discussion about the future purpose of COPN which included the following considerations: To help ensure Virginia is the premiere place to be for high quality, accessible, and affordable health care, VA is the second safest state in the country, weaker in quality satisfaction (performance of system isn't necessarily lagging), Costs or affordability – reflex to talk about a single transaction rather than looking at overall cost, should be looked at overall economic cost or expense, ensuring increased access or calling out the need to protect medically underserved, right sizing up or down based on community needs and quality of services provided, protecting financial viability and what is that definition and should COPN even be involved in maintaining

Mark began to find consensus around the following purposes for consideration and further discussion at the next meeting:

- Protect access to essential health services that the market won't support for Virginians that need them.
- Promote the availability and accessibility to evidence based and appropriately utilized services to all Virginians regardless of ability to pay
- Encourage innovation of services and technology
- Encourage the reallocation of resources to meet evolving community needs *and to ensure quality care*
- Promote the geographical distribution of services and facilities
- *Financial viability – some disagreement on what this means and is it the Commonwealth's responsibility and should this be a purpose. Discussion on preserving the essential community providers (safety net)*
- *Provide a regional planning tool to meet the needs of the community with public input (HOLD)*

Mark will lead a further discussion on purposes and whether the purposes of COPN should be in the code at the next meeting

#### VIII. Work Groups

Mark outlined that there will be three sub work groups during this process. Individuals that are not decision makers are able to attend and participate. The three work groups are: COPN Process, COPN Conditions, and COPN Additions and Subtractions.

#### IX. Next steps

Preparation for the next meeting – we will post minutes and have further discussion on interests and purposes. The main focus of the June 27<sup>th</sup> meeting will be on updating the data needed for COPN decision making. Erik Bodin will give a brief overview of the State Medical Facilities Plan and COPN process

#### X. Adjourn –Mark gave closing remarks and shared the next meeting will be June 27<sup>th</sup> at the Perimeter Center 9960 Mayland Drive Henrico, Virginia at 10:00am

## APPENDIX

### Appendix A

#### Certificate of Public Need Work Group

Decision Makers		
First	Last	Affiliation
Andy	Randazzo	Anthem
Anthony	Keck	Ballad Health
Michael	Elliott	Centra Health
Marilyn	West	M.H. West & Company
Thelma	Bland Watson	Senior Connections
Ellen	Montz	Department of Medical Assistance Services
Tim	McManus	HCA Virginia Health System
Michael	McDermott	Mary Washington Healthcare
Bruce	Kupper	MEDARVA
Melina	Davis Martin	Medical Society of Virginia
Lornel	Tompkins	Old Dominion Medical Society
Claiborne	Irby	OrthoVirginia
Corey	Perdue	Privia Health
Mike	Gentry	Sentara Healthcare
Freddy	Mejia	The Commonwealth Institute
Daniel	Herlihy	VCU Health
Erik	Bodin	Virginia Department of Health
Deepak	Madala	Virginia Poverty Law Center
Mary Anne	Turner	American College of Radiology - Virginia Chapter
Daniel	Carey	Secretary of Health and Human Resources
Ross	Wiltzius	BWX Technologies

Resources		
First	Last	Affiliation
Joe	Hilbert	Virginia Department of Health
Sarah	Allen	Office of the Attorney General
Sarah	Staunton	Division of Legislative Services
Melissa	Peeler	Office of the Governor
Mike	Shook	Department of Planning and Budget
Michael	Lundberg	Virginia Health Information
Dean	Montgomery	Health Systems Agency of Northern Virginia

## Appendix B

### COPN DECISION MAKERS GROUP WORKPLAN OVERVIEW

#### June

June 11 meeting of Decision Maker Group

The first meeting will focus on organizational issues and discussion of the purpose of COPN Formation of Work Groups

June 27 meeting of Decision Makers Group

- A. Follow up on purpose of COPN purpose discussions
- B. Updating data on which COPN process relies
  1. What should the purpose of the SMFP be? What interests should it meet?
- C. What should the process be for keeping the data current?
  1. Who should do it?
  2. How often?
- D. What should the process be for reviewing the application form in light of discussions of the purpose of the SMFP?
- E. What needs to be in the Code regarding "SMFP"?

#### July

Two meetings of the Decision Maker Group

Focus will be on the process for approving certificates of public need

- A. What interests should the process meet?
- B. What is the "value" of each major step in the current process?
  1. Is it necessary in light of the purpose of COPN?
  2. Role of health planning agency in process
- C. Resource issues
- D. What should the COPN process look like going forward?
  1. Should the process have a forum for discussion between applicants and objectors to determine whether agreement can be reached?
  2. Should there be a bifurcated process for certain types or sizes of projects?
- E. What needs to be in the Code regarding the process?

Meetings of work groups on COPN process, conditions, and additions and subtractions of services

#### August

Two meetings of the Decision Maker Group

Focus will be on possible additions and subtractions of the services subject to COPN

- A. What should the criteria be for inclusion?
- B. Review of definitions of project and medical facility
- C. Are there services that should be excluded from or added to COPN process?
- D. Is there an alternative process for certain services that could meet the purposes of COPN ?
- E. What needs to be in the Code?

Review of drafts of legislation based on prior discussions

Meetings of work groups on additions and subtractions and conditions

#### September

Two meetings of the Decision Maker Group

Focus will be on conditions --

- A. Review of purposes of COPN as informing discussion of conditions
- B. Conditions may be "charity care", scheduling, costs, or ....
- C. Monitoring, enforcement
- D. What effect does Medicaid Expansion have on this discussion?

Further review of legislation drafted based on prior discussions

October

One or two meetings of the Decision Maker Group

Focus will be on tying up loose ends of prior discussions, finalizing legislation

Determining whether consensus exists on the final legislative draft

## Appendix C

### INTERESTS

#### Commonwealth's Interests:

- Access
  - Timely access to needed treatment
  - Access to full scope of services for all Virginians and especially for Medicaid
  - Access through many portals for all Virginians
  - Access for older adults and disabled Virginians – enough Medicare providers
- Affordable healthcare
- Quality healthcare
- Appropriate use of technology
- Elevate the state as a premier healthcare state
- Choice of setting
- Support economic wellbeing of the commonwealth – health care = economic driver, healthcare jobs
- Innovation – research, models
- Strengthen safety net
- Evidence based medicine and services
- Consolidation – interest in how that affects access and other aspects
- Support the supply of providers who work in the safety net
- The Commonwealth as an employer – vested interest in the cost and provision of care
- Care for the uninsured population
- Promote wellness
- Process:
  - Fair
  - Practical and predictable
  - Transparent
  - Objective
  - Adequate resources to administer the program

#### Stakeholder Interests:

- COPN a solution for what
- Fairness
- Competition
- Ability to disrupt the market
- Change and innovation
- Quality
- Choice of services
- Maintain essential resource intensive services
- Financial viability
- Availability of services in underserved areas – equitable
- Process:
  - Cost of process for the applicant
  - Transparency
  - Use of current data – reflecting changes in technology

- Predictable process for planning purposes

Consumer specific interests:

- Out of pocket costs
- Quality of care

**Trade Offs and Tensions:**

- Access vs. affordability
- Protection and to have those essential services that the market won't provide vs innovation (disruption) and entrepreneurship