

**Minutes of Meeting
Health Services Council
Project Review Committee-I**

DATE: 23 May 2006

TIME: 3:00 PM

LOCATION: Health Policy Forum

ATTENDANCE:

Committee I: Present: Victoria Almeida, Esq., (Vice Chair), Edward F. Almon, Joseph V. Centofanti, MD, John W. Flynn, Richard Lepine, Robert J. Quigley, DC, (Chair)

Not Present: Robert Whiteside, John Young

Excused Absence: Robert L. Bernstein, John Keimig, Robert S.L. Kinder, MD, Robert Ricci

Other Members: Present: Larry Ross

Staff: Valentina D. Adamova, Michael K. Dexter, Joseph G. Miller, Esq., Jeffrey Garber (Intern)

Public: (Attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms and Time Extension for the Minutes Availability

The meeting was called to order at 3:05 PM. The Chairman noted that conflict of interest forms are available to any member who may have a conflict. The Chairman requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of six in favor and none opposed (6-0) that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting in favor were: Almeida, Almon, Centofanti, Flynn, Lepine, Quigley.

2. General Order of Business

The first item on the agenda was the application of Rhode Island Hospital for a Certificate of Need for a bed upgrade through the construction of the addition of three floors above the Bridge building, renovation of the Jane Brown North building and 10th floor of the Main building, and decanting of the Jane Brown South building.

The applicant reviewed the responses to questions and addressed staff and Committee's questions. With regards to question #1, the applicant noted that renovations would be undertaken after the

construction is completed because those spaces proposed to be renovated would be vacated. Regarding staffing, question #3, the applicant stated that the increase in staffing levels is related to the projected increase in patient volume. The applicant projected an increase in patient census. To question #8, the applicant stated that the bond issue has been spent. As part of question #11, staff reviewed applicant's revisions to the application. Staff noted that both the operating and capital costs were slightly revised and that these new numbers would be accepted as the final numbers. In response to comments about question #13, the applicant stated that the depreciation method was reviewed by the auditors. The applicant discussed its volume projections as part of question #18.

Patricia Leddy, representing the Rhode Island Department of Human Services, noted that DHS was concerned about the access to specialty care and thought that there is a two-tiered system for access to specialty care for uninsured Medicaid versus private insurance patients.

Dr. Amaral responded and noted:

-that RIH is recognized for being one of the only providers in the state that is actually doing their fair share and that RIH is the only place to access specialty clinics.

-that a two-tiered system occurs in non-specialty care as well because the majority of those patients are being cared for by community health centers as opposed to private physician offices.

- that there is no mechanism in place for community health center type of enterprise for multi-specialty clinics.**
- that the Foundations provide oversight to the residents who are in clinics.**
- that the clinic work hours are determined by the AANC work hour guidelines, which limit people to 80-hour per week, likely to go down in again, but they are limited to 80-hour work weeks.**
- that one can't simply count on residents to cover clinics because you have to add residents in terms of covering all the services as an education experience, so when you do that you may have to add 5 residents to cover 1 clinic.**
- that we have added physician coverage to our GI clinic, for example, in order to get more patients endoscoped but there is a high no-show rate for that population of patients.**
- that all patients are screened on the basis of how sick they are.**
- that the Foundations are providing care that is overseeing what goes on in the clinics.**
- that the clinics are the responsibility of the hospital to staff based on the resident work hours that we have available to us.**
- that the hospital does not want to compete with private physicians.**
- that he doesn't disagree that there are two types of care delivered in our state and the hospital has taken a lot of measures to make its clinics be like a doctor's office in terms of scheduling and environment and to renovate these clinics in trying to make them more efficient.**
- at the adult specialty clinics we saw 33,931 patient visits. That's**

approximately 1/3 what all community health centers in the state of Rhode Island saw.

Ms. Leddy noted that there are two kinds of clinics, the primary care clinics and the specialty clinics.

-at the primary care clinics where we have a lot of Medicaid and RlTeCare patients and a lot of uninsured patients.

-we pay for a lot of emergency room care for patients that you have primary care responsibility because they are enrolled in those clinics as primary care patients.

-there is a program called the Open Access, same day, extended hour kind of practice.

-that is something that is really seen as a need in the hospitals in particular because of the fact that they use the emergency room as their after hours on call.

-as far as specialty clinics are concerned I do give credit to Rhode Island Hospital for having these clinics on site.

-my concern is that the physicians who staff these clinics who supervise the residents, or whatever these arrangements are, also have practices in the community and what they are doing whenever a patient at a private clinic requires specialty care they screen them according to insurance and if they're uninsured, Medicaid, or on RlTeCare they send them to the clinics at Rhode Island Hospital which have much more of a wait time than at private clinics.

The Chairman stated that he thought this was a good discussion and

that he thought that the Director of Health as well as the Insurance Commissioner are concerned with these issues too and are trying to address themt.

Ms. Almeida thanked Ms. Leddy for coming to the meeting and representing the Department of Human Services.

With regards to question #37, the applicant stated that if the hospital continues to see the surge in the level of activity the hospital may be back in a couple of years with another facilities project. There are projects related to technology, such as radiology, for which the hospital may be back sooner. Dr. Amaral noted that the hospital is considering applying for a bone marrow transplant program and that relates to the pediatric patients. He stated that the applicant is also looking at radiation therapy because their machine keeps breaking down.

A motion was made, seconded and passed by a vote of six in favor and none opposed (6-0) to recommend that the application be approved. Those members voting in favor of the motion were: Almeida, Almon, Centofanti, Flynn, Lepine, Quigley.

Staff noted that the next Health Services Council meeting is scheduled on 30 May 2006 at 2:30 PM.

There being no further business the meeting was adjourned at 4:10

PM.

Respectfully submitted,

Valentina D. Adamova