

Minutes of Meeting
Health Services Council
Project Review Committee-I

DATE: 10 October 2006 TIME: 2:30 PM

LOCATION: Health Policy Forum

ATTENDANCE:

Committee I: Present: Edward Almon, John W. Flynn, Robert S. L. Kinder, M.D., Amy Lapierre, Robert J. Quigley, DC, (Chair)

Not Present: John Keimig, Robert Ricci

Excused Absence: Victoria Almeida, Esq., (Vice Chair), Joseph Centofanti, M.D., Robert Whiteside

Other Members: Present: Larry Ross

Staff: Valentina D. Adamova, Michael K. Dexter, Joseph G. Miller, Esq., Jennifer Morgan (Intern), Donald Williams

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 2:30 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 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: Almon, Flynn, Kinder, Lapierre, Quigley.

2. General Order of Business

The first item on the agenda was the application of South County Hospital Healthcare System for a Certificate of Need to Establish a Diagnostic Cardiac Catheterization Service. Staff reviewed the handouts that were provided. A letter from the Medical Director of Westerly Hospital's cardiac catheterization lab noted the low volume generated by South County's staff and he does not feel that establishing a lab at South County Hospital ("SCH") will have any effect. Staff noted that Director of Health has reinitiated the Tertiary Care Advisory Committee ("TCAC") and noted areas to be discussed by the TCAC which included diagnostic cardiac catheterization.

Harvey Zimmerman of Spectrum Research Services, Inc. made a presentation of his report to the Committee. Looking at the utilization of cardiac angiography in Rhode Island from 2001 to 2005 there has been a leveling off in the amount of angiographies performed. It is estimated that it will continue to decrease in 2006. If Rhode Island hospitals maintain the same number of cardiac catheterization labs as they have now and if they have the same utilization as they reported for the first 11 months of FY 2006 they will only use 76% of their capacity (at 1,200 angiography-equivalents per year.) They would use 61% of their capacity at 1,500 angiography-equivalents per year.

Harvey Zimmerman continued his analysis by looking at the need for and supply of cardiac catheterization labs in RI. In 2006 it is estimated that 9.9 catheterization labs will be needed and there are currently 13 labs present which yields a 3.1 unit surplus. The analysis continued up until 2011 where 11.2 catheterization labs will be needed which will yield a surplus of 1.8 units.

The applicant stated that one year does not make a trend.

Mr. Ross noted that this creates a concern as to what would happen if another catheterization lab were to be built. He recommended that the Committee might wish to extend the analysis to see what changes in volume might occur.

The applicant stated the data clearly shows a decrease statewide but an increase in South County's primary service area. Currently 70% of SCH's patients have to travel to Rhode Island Hospital ("RIH") to have these procedures done.

Mr. Zimmerman noted that in 2001 there were 552 patients from South County area and in 2006 there were 556 patients, which is essentially flat. The trend of the primary market area has gone down and back up again.

Mr. Ross noted that he thinks that the analysis should be extended for another six to nine months to see what happens and see the direction that the volume is going to take.

Mr. Almon stated that as a Council this group is charged with determining the need, affordability and accessibility of a project. Lacking a statewide plan the Council decides each case on a stand-alone basis. The department commissioned Harvey Zimmerman to do an analysis of the study. The study shows that part of the state is "over-equipped" while a segment of the state is not only underserved but is un-served. Instead of looking at this on a statewide basis the council has an area that is completely over served and an area that is completely un-served. Recognizing the fact that we are in a competitive system, the Council needs a definition of what a community hospital is and are the services being performed. The idea of postponing the decision is not going to accomplish

anything if the Council looks at the study through the same parameters. His suggestion is to look at the state as a whole and see if we are serving all of the pockets of population.

To a question, Mr. Zimmerman noted nine more months would be more than enough to give six months of data and it would take until May to survey the data.

The applicant requested time to review Mr. Zimmerman's report. It was noted that any questions to Mr. Zimmerman by the applicant would be carried out in an open forum.

It was noted that the next time the Council will be able to meet is on 14 November 2006.

There being no further business the meeting was adjourned at 4:00 PM.

Respectfully submitted,

Valentina D. Adamova