

Minutes of Meeting
Health Services Council
Project Review Committee-I

DATE: 18 September 2007 **TIME:** 2:30 PM

LOCATION: Conference Room B
Department of Administration

ATTENDANCE:

Council: **Present:** Edward F. Almon, Robert S.L. Kinder, MD, Amy Lapierre, Thomas M. Madden, Esq., Robert J. Quigley, DC, (Chair), Robert Ricci, Larry Ross

Not Present: Victoria M. Almeida, Esq. (Vice Chair), Joseph V. Centofanti, MD, Robert Whiteside

Excused Absences: John W. Flynn

Staff: Valentina D. Adamova, Michael K. Dexter, Joseph G. Miller, Esq.

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 were available to any member who may have a conflict. No minutes were available. 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 seven in favor and none opposed (7-0) 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: Almon, Kinder, Lapierre, Madden, Quigley, Ricci, Ross.

2. General Order of Business

The first item on the agenda was the application of **Rhode Island Hospital** for a Certificate of Need to establish pediatric and adult bone marrow transplantation (BMT) services. Harvey Zimmerman, President of Spectrum Research Service, Inc. presented a report "The Need for Bone Marrow Transplantation Services in Rhode Island." Mr. Zimmerman estimated the projected need for adult transplant services in the greater Rhode Island area in 2010 to be 94.3 transplants. At an 80% occupancy rate, this would require (9.4 beds rounded to) 10 BMT beds for adults. Additionally, Mr. Zimmerman estimated the projected need for pediatric transplant services in the greater Rhode Island area in 2010 to be 8.1 transplants. 41.2 inpatient days per pediatric transplant were projected, requiring 334 inpatient days. Given the variability of length of stay and the life-threatening severity of the conditions requiring BMT beds, 2 pediatric beds are needed.

Ms. Freedman, legal counsel for the applicant addressed some questions to Mr. Zimmerman, following his presentation. She noted that Roger Williams Medical Center (RWMC) performed 6 BMTs between October 2006 and September 2007. She stated that in Mr. Zimmerman's analysis of need for BMT services in Rhode Island he assumed RWMC would perform 23.6 transplants per year going forward and inquired if RWMC only performed 6 – 10 transplants per year whether that would have an impact on the needs analysis in terms of additional patients to be treated. Mr. Zimmerman agreed. Ms. Freedman indicated that there was no pediatric program at RWMC, to which Mr. Zimmerman stated patients 14 years and older are treated at RWMC, producing some overlap. Ms. Freedman inquired if RWMC had ever performed a pediatric BMT, to which Mr. Zimmerman indicated he was not certain. She acknowledged Mr. Zimmerman's presentation indicated that studies demonstrate BMT is a treatment for non-malignant diseases. Ms. Freedman inquired if the projected need included advances in technology and medicine or if the projections were conservative. Mr. Zimmerman stated that he projected constant technology and that it was fair to say numbers could rise for treatment of non-malignant diseases with BMT.

Mr. Madden, addressing Ms. Freedman, stated that one point made was RWMC only performed 6 BMTs since October. He inquired if, in fact, that was the time period that the three doctors running the program were hired away and up until that point RWMC had been averaging 23 transplants per year. Ms. Freedman stated that they were not hired away, and that all left at different times.

Ms. Freedman inquired if it was fair to say that the treatment time was six weeks. Mr. Zimmerman agreed. Ms. Freedman stated that the cost associated for the patient was not just the length of stay in the hospital but the treatment time requiring them to be away from home.

Mr. Normand, legal counsel for RWMC, stated there are services provided for those families required to seek treatment in Boston (Ronald McDonald House charges only \$10 per night, up to \$200 per month).

Mr. Normand stated the capital costs (\$5.6 million) and annual operating costs (\$10.2 million) need to be weighted against the number of patients to be treated. Mr. Normand noted the applicant projected to treat 40 adult patients and 8 pediatric patients per year. He acknowledged these numbers are inclusive of HIO/BMT and it would be helpful to the process (particularly in determining affordability and need) if the applicant were required to separate the cost associated with pediatric BMT and adult BMT as opposed to lumping costs together. He argued without this information it is difficult for council to make an informed decision.

The Chair, after hearing from both parties, stated the Committee was interested in a collaborative and cooperative approach which would yield a product benefiting both parties. He suggested that the parties revisit collaboration and inquired if the Committee was in support of that proposition. Ms. Lapierre indicated she was in support of hearing more about the collaborative efforts made to date as well as see further efforts to collaborate in light of the recent report of the Community Hospital Taskforce which encouraged hospitals to work in a more collaborative and cooperative effort. Additionally other members of the Committee spoke in support of further efforts to collaborate.

Mr. Madden stated the hearing of the application should proceed expeditiously and not be delayed by this request. Mr. Miller, legal counsel to the Department, responded that there should be a time limit and the parties should be required to report in a short time as to whether or not both are agreeable to the collaborative effort. If at some point a decision is reached that collaboration is not an option, the parties should notify the Committee and hearing of the application would proceed.

Mr. Madden asked if RWMC felt it was counter to achieving collaboration for the Committee to proceed hearing the application expeditiously. Mr. Normand stated that practically a discussion would take place relatively soon as to whether or not collaboration is an option so there would not be an extensive time delay.

Mr. Miller suggested a date be fixed for the continuation of the hearing and that parties be asked to do all they can to arrive at some kind of meaningful collaboration, reporting back to the Department within three weeks as to whether or not collaboration discussions would be entertained. RIH requested four weeks as key players would be unavailable in three weeks.

A motion was made, seconded and passed by a vote of six in favor and one opposed (6-1) that the parties be asked to return to discuss and explore a collaborative relationship and inform the Committee within four weeks. Those members voting in favor were: Almon, Kinder, Lapierre, Quigley, Ricci, Ross. Those opposed: Madden.

3. **Adjournment**

There being no further business the meeting was adjourned at 4:37 PM

Respectfully submitted,

Loreen Angell