

**MINUTES OF THE MEETING  
HEALTH SERVICES COUNCIL**

**DATE: 6 February 2007      TIME: 2:30 PM**

**LOCATION: Health Policy Forum**

**ATTENDANCE:**

**Council: Present: Victoria M. Almeida, Esq. (Vice Chair), Edward F. Almon, Joseph V. Centofanti, M.D., Raymond C. Coia, Esq., John W. Flynn, Wallace Gernt, Catherine E. Graziano, R.N, PhD, John Keimig, Amy Lapierre, Thomas M. Madden, Esq., Denise Panichas, Robert J. Quigley, DC, (Chair), Larry Ross, Reverend David F. Shire (Secretary)**

**Not Present: Rosemary Booth Gallogly, Maria R. Gil, Robert Ricci, Robert Whiteside**

**Excused Absence Robert S.L. Kinder, M.D.**

**Staff: Valentina Adamova, Michael K. Dexter, Joseph G. Miller Esq., Donald C. Williams, Jessica Chaput (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 2:35 PM. The Chairman noted that conflict of interest forms are available to any member who may have a conflict. Minutes of the 30 January 2007 meeting of the Health Services Council were approved as submitted. 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 thirteen in favor and none opposed (13-0) 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, Coia, Flynn, Gernt, Graziano, Keimig, Madden, Panichas, Quigley, Ross, Shire. The Chairman introduced Thomas M. Madden, Esq. as a new member and welcomed him to the Health Services Council.**

## **2. General Order of Business**

**The first item on the agenda was the report of the Nominating Committee of the Health Services Council by committee member Larry Ross. Robert J. Quigley, DC, was nominated for Chair, Victoria M. Almeida, Esq. was nominated for Vice Chair, and Reverend David F. Shire was nominated for Secretary. The elections will be held at the next meeting.**

The next item on the agenda was the presentation by David R. Gifford, MD, MPH, Director of Health and Christopher Koller, Health Insurance Commissioner. Dr. Gifford thanked the council and proceeded to address the council and noted that the CON, CEC and IL applications are powerful tools that should be utilized to the maximum amount. Dr. Gifford then addressed the council, giving them guidance on where he thinks the priorities should be and where the council should concentrate when reviewing applications. Dr. Gifford listed five main priority areas on which the department would like to focus on and he believes that CONs, CECs, ILs are strategies that can be used when possible to drive these priority areas. The five priorities are:

### **Healthcare Disparities**

There are huge disparities between race, gender and age populations. The question is, “how do we incorporate decisions to help reduce this problem?”

### **Health Information Technology**

We are moving into a health information technology (HIT) world. Dr. Gifford would like the Health Services Council to consider the question of how will it be integrated into and be involved in an information technology world when these decisions come before them.

## **Obesity**

**Dr. Gifford noted that obesity is driving much of healthcare costs and it is another issue that needs to be addressed.**

## **Nursing Homes**

**Nursing Homes are another important area. Many of the problems in the Public Health Department are occurring in nursing homes. We have a healthcare system that costs \$600 million a year for a service that people beg never to receive. We need to look at how to reform nursing homes. One of the big problems is that they are very institutionalized. How can we make it more patient-centric and less provider-centric? Many of the nursing homes are old and need to be rebuilt. It is necessary that a consumer-centric model be built into the decision.**

## **Emergency Preparedness**

**Emergency preparedness is another significant issue that needs to be addressed.**

**Dr. Gifford then proceeded to talk about the need to try and get broader input into decision-making. Usually there is only the applicant and the most interested competitor and or party that are present during the review council meetings. However, later on many e-mails and letters are received from the public, upset about decisions that have been made. It is imperative to get early on, broader input. PRC dates are going to be mailed early with requests**

**to get involved early on in the decision making process. Prevention, wellness and primary care are really key. How do we look to bring this back into our model?**

**Dr. Gifford would also like the members of the committee to not only look at the merits of the application, but also the history of the provider, the travel and convenience and the number of patients needed to treat to achieve the desired outcomes.**

**Christopher Koller subsequently presented. Mr. Koller began by targeting five areas: wellness, balanced health care delivery system, information technology, health purchasing and decreasing erosion of employer based health insurance.**

**Mr. Koller demonstrated how there are many people out there who need to make sacrifices to buy health insurance. According to Mr. Koller we need to change the underlying structure. In the United States we get what we pay for, and there is an abundance of highly technical treatments. However, the greater social value isn't addressed. We need to try to find ways to pay primary care doctors. We need to be engaged in affordable plans. Mr. Koller agreed with Dr. Gifford that the health system is relying too much on pen and paper and more information technology needs to be utilized. The health system is too fragmented and doctors are not able to communicate efficiently. He continued saying how he believes it's necessary that the state become more proactive in purchasing and regulating. There**

is a need to expand on hospital reporting. Quality care that is provided should be measured. It is also important that we muster the coordination of resources and align payment. Mr. Koller also acknowledged that the members of the Council should be provided with more resources. It is necessary that they know what the community's needs are. There needs to be more information in order to evaluate the health care systems.

A member of the committee raised a question regarding charity care. Dr. Gifford answered by saying that charity is an artifact of the dysfunction of the healthcare system. The number of uninsured and underinsured is rising. One solution to help these people is through charity care. Many argue that some health care providers are unfairly required to provide while others don't. If they are required to provide charity care, they may not always meet the required number. Dr. Gifford continued saying that we should look to see if we could expand charity care to all providers. As of now, the committee is making case-by-case decisions and it is difficult.

Another question was raised by a Council member, regarding the system itself, and how the resources are beginning to diminish tremendously. As a result of this there is pressure on all sides. Who then, pays for this system? How do we design a system in which we can all work to make rational and logical decisions? Dr. Gifford and Mr. Koller noted it is paid through taxes. It is important to see how much we are spending for some individuals. A way to help resolve

**this issue is to address ways to reimburse healthcare.**

**Another member of the committee asked a question regarding reducing disparities in healthcare delivery. Dr. Gifford and Mr. Koller noted that applicants that are coming in prefer higher paying patients.**

**That means that individuals who don't have jobs that offer health insurance, or patients that have high deductibles will not have access to these services. There are different ethnicities getting different care. A question that we need to keep in mind is how are we going to bring a balance to this issue.**

**Another committee member raised a question of access vs. convenience. Many people many have access to a particular service however it may not be "convenient" for the patient.**

**Dr. Gifford then proceeded to talk about how it is important to look at the redesign of healthcare facilities. Not only can buildings be designed to help reduce infections, but also how they can change the facilities to help conserve heat, light, and electricity. It is important to not only know about the ongoing operating cost, but also how the overall cost will impact the whole system.**

**There was a comment from the public that there are procedures that are being done and tools that are being used today that didn't exist until recently. The population has aged and we haven't rationed anything.**

### **3. Adjournment**

**There being no further business the meeting was adjourned at 3:45 PM.**

**Respectfully submitted,**

**Michael K. Dexter**