

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

**DATE: 4 March 2008**

**TIME: 2:30 PM**

**LOCATION: Health Policy Forum  
Department of Health**

**ATTENDANCE:**

**Committee I: Present: Victoria Almeida, Esq. (Vice Chair), Edward F. Almon, John W. Flynn, Amy Lapierre, Thomas M. Madden, Esq., Robert J. Quigley, D.C. (Chair), Larry Ross**

**Not Present: Joseph V. Centofanti, M.D., Robert Ricci, Robert Whiteside**

**Staff: Valentina D. Adamova, Loreen Angell, Michael K. Dexter, Jenna Ferraro (intern), 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 Chair noted that conflict of interest forms are available to any member who may have a conflict. 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 timeframe provided for under the Open Meetings Act. Those members voting in favor were: Almeida, Almon, Flynn, Lapierre, Madden, Quigley, Ross.**

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

**The first item on the agenda was the application of Kent County Memorial Hospital [Care New England Health System] to establish a primary angioplasty program to service patients with acute myocardial infarction. Staff noted that members should have copies of letters and responses, including a hard copy of Harvey Zimmerman's presentation. In addition, the applicant provided responses to the letter from Jeffrey Borkan, MD, PhD, Chair of Primary Care Physicians Advisory Committee and to the letter from Ralph Racca, Administrator, Department of Human Services. Staff stated that the applicant's variance has been extended.**

**Ms. Lapierre, referencing the correspondence between Mr. Racca and Kent Hospital regarding the outstanding cost reports and settlements, clarified that Mr. Racca was not withdrawing the requested condition of approval, but rather extended the time period**

for the submission of the cost reports. Mr. Crevier, President and CEO of Kent, responded that outstanding costs are in the double digits and a long-term payment plan would be necessary. After extensive conversation regarding outstanding costs, it was determined that the debt of Kent to DHS is somewhere around \$13 million, and that outstanding cost reports will be turned in as they are completed by Kent, no later than April 30th.

Mr. Almon inquired if the hospitals are overpaid when Medicaid reimburses hospitals on a cost to charge basis, as the charges are always more than the costs. Ms. Lapierre responded that this was the case and hospitals typically owe money back at the end of the period.

Mr. Almon stated he was concerned that with the ongoing economic state of Rhode Island, Medicaid may reduce their reimbursements, which would diminish cash flow to Kent and increase their debt. Ms. Lapierre responded that it was her understanding that Kent had requested a lower reimbursement rate for the future. It was noted that Kent has debt going back to 2003. It was determined that settlement agreements should be worked on while not impeding the progress of the application. Staff added that if \$13 million is an appropriate estimate, the Committee could use this number in the mean time to deliberate.

Mr. Zimmerman presented a report on the need for a primary PCI program at Kent Hospital. Mr. Zimmerman indicated volume-outcome and time delay-outcome relationships exist when considering

success of PCI procedures. He discussed the pros and cons of transferring patients to PCI-capable hospitals with onsite cardiac surgery. He referenced several studies and applied them to Rhode Island, given that Rhode Island is a much smaller state with shorter drive times. Mr. Zimmerman discussed physician requirements and program requirements.

Mr. Ross inquired if pre-hospital EMS transfer would be an option. Mr. Zimmerman answered that this option mirrored the first proposed possible option which would continue the current arrangements whereby PCI patients are transferred to PCI-capable hospitals. Mr. Ross asked if the observed decline in cardiac catheterizations and PCIs is occurring nationally. Mr. Zimmerman stated that it is and can be partially attributed to a decrease in smoking and the use of stents (which avoid re-doing angioplasties). However, he stated, more than 50% of the United States population has elevated cholesterol, so there is room for continued improvement.

Mr. Flynn inquired what the hours of operation were for the cardiac catheterization lab utilization as demonstrated in Mr. Zimmerman's data. Mr. Zimmerman stated the hours varied amongst the hospitals. Mr. Flynn inquired how many interventional cardiologists would be on call at Kent to which Mr. Crevier stated they would have five, meeting the volume requirements. Mr. Zimmerman added that Mission Lifeline recommends that there be at least four.

**Mr. Madden asked how the data was chosen that was used for review of patient transfer to PCI-capable hospitals with onsite surgery. Mr. Zimmerman stated that the systems used for data were chosen because they were the most recent data, all recorded in 2007. Mr. Madden inquired why Sturdy was not included in local hospital data. Mr. Zimmerman replied that Sturdy does not have a cardiac catheterization lab.**

**Dr. Dacey, from Kent, asked Mr. Zimmerman to clarify how far away the hospitals were in the Ottawa Study. Mr. Zimmerman replied that the farthest hospital is 37 miles away, with one hospital connected by a tunnel. Dr. Dacey inquired if 90-minute door-to-balloon time was achieved in this study, to which Mr. Zimmerman answered no. Mr. Crevier asked what the science is behind the projected drop in PCIs, as it has not been his experience that the drop is so severe. Mr. Crevier cited the aging population and the increase in childhood smoking and obesity. Mr. Zimmerman reiterated the statistics on cholesterol and stents, and also noted that trends do not go on forever. A representative from Kent asked if Mr. Zimmerman had looked at the Massachusetts' three-year study on primary PCIs and mortality rates. Mr. Zimmerman replied that this study was an extension of the C-PORT study from his presentation.**

**Mr. Ross asked if Kent could provide the breakdown of elective versus primary PCIs per physician. Mr. Crevier answered that Kent was unable to get this data from Rhode Island Hospital (RIH) and**

**Miriam Hospital. He added that he could obtain an estimate, but inquired if this would be appropriate for public record. The Chair stated Kent should come back with their best estimate if this information was not available. Staff asked if Kent could at least obtain fiscal year 2007 number of procedures by physician. Mr. Crevier answered that they have that information from Miriam Hospital and Dr. Thomas, but have not been able to obtain the numbers from RIH.**

**Kathy Swann, a member of the public and a resident of Kent County, spoke on her experience when her husband recently had a heart attack, stating his door to balloon time was 3 and a half hours. Mrs. Swan stated this is an unsafe and unacceptable window of time for heart attack patients. Additionally, she stated, the roundtrip drive from Kent County to RIH often leaves local communities without ambulances. Lastly, Mrs. Swan noted that all three primary PCI programs are clustered in the northern part of the state, which is problematic to southern residents.**

**The Chair thanked Mrs. Swann for her comments and noted the transport issue is a concern of the Committee and others and is being reviewed in order to improve outcomes.**

**There being no further business the meeting was adjourned at 4:27 PM.**

**Respectfully Submitted,**

**Loreen Angell**