

Minutes of Meeting
Health Services Council
Project Review Committee-I

DATE: 19 February 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, Robert J. Quigley, DC (Chair), Larry Ross

Not Present: Joseph V. Centofanti, MD, Thomas M. Madden, Esq., Robert Ricci, Robert Whiteside

Excused: Robert S.L. Kinder, MD

Committee-II: Present: Wallace Gernt, Sen. Catherine E. Graziano, RN, PhD, Reverend David Shire (Secretary)

Staff: Valentina Adamova, Loreen Angell, 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 Chair noted that conflict of interest forms are available to any member who may have a conflict. Minutes of the 28 August 2007, 30 October 2007, and 22 January 2008 Project Review Committee-I meetings were approved as submitted. 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 timeframe provided for under the Open Meetings Act. Those members voting in favor were: Almeida, Almon, Flynn, Lapierre, Quigley, 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 services.

George Vecchione, President and CEO of Lifespan, stated he met with Kenneth Belcher, President and CEO of Roger Williams Medical Center (RWMC), on two occasions since the last Committee meeting to discuss collaboration. Mr. Vecchione noted he and Mr. Belcher hold different opinions on the need for BMT services. He went on to say that a freestanding BMT program at Hasbro

without the complement of adult BMT beds at Rhode Island Hospital (RIH) would not be financially sustainable nor allow for nationally recognized pediatric BMT leadership recruitment.

Mr. Vecchione outlined the proposed collaborative agreement as presented by Lifespan to RWMC. The Lifespan collaborative agreement proposed: cross-coverage for evening hours, emergent circumstances and potential weekend call; standardization of all medical and transplant protocols, standard operating procedures and medical and transplant quality outcomes; and reporting to the Center for International Blood and Marrow Transplant Research (CIBMTR) across campuses. Additionally, it was proposed that there be one Program Director across all sites, and one co-director for each individual site. Lifespan suggested the Program Director be Dr. Peter Quesenberry, given his national prominence and history. Mr. Vecchione suggested all sites of the program would use the stem cell laboratory at RWMC and if necessary, Lifespan would explore the need for BMT/stem cell specific software packages or access to BMT clinical and academic databases. It was also proposed that a Case Conference Committee be established between RIH and RWMC in addition to a Standard Operating Procedures Committee to review outcomes and provide guidance and oversight. Mr. Vecchione stated the collaboration would foster clinical bone marrow transplantation research while providing enhancements such as a re-engineered fellowship program.

Lastly, two economic collaborations were proposed. The first option detailed a two-site economic collaboration between RWMC and RIH, in which activity would be combined and the net profit shared based on the inpatient volumes at each site. RIH recommended that for the next 15-year period, RWMC's percentage never dip below 10%. Option two allowed RWMC to make a passive investment in RIH and receive up to 10% interest in the program.

Staff asked about the governance of the venture. Mr. Vecchione stated that beds at Hasbro and RIH would be licensed at RIH and beds at RWMC would be licensed at RWMC with a single clinical director overseeing the collaboration between the sites. The Chair asked if this collaboration would be considered a center of excellence. Mr. Vecchione answered that from a qualitative perspective, the collaboration should drive up the benefit of the program, and reach the guidelines of center of excellence status. There was extensive discussion regarding criteria for becoming a center of excellence. It was determined that a center of excellence exhibits high volume and outstanding quality, yet numeric qualifications differ across insurance companies.

Mr. Flynn asked why the collaboration could not add adult beds at RWMC and pediatric beds at RIH. Mr. Vecchione stated that it is not appropriate to have a pediatric unit without an adult unit in the same facility. Cindy Schwartz, MD, Director of Pediatric Hematology/Oncology at Hasbro Children's Hospital, added that a combined site has further expertise and allows specialists to be shared between the units.

Mr. Gernt inquired why the patients should not be sent to Boston where facilities are better equipped, given the small volume expected at the program. Dr. Schwartz stated that while there are a smaller number of child oncology cases than adult oncology cases, continuity of care is preferable. Additionally, she stated Boston is not as close as it seems when constant trips are necessary. Fred Macri, Executive Vice President and Chief Operating Officer of Lifespan, added that the pediatric volumes expected are consistent with other successful pediatric oncology programs.

Ms. Lapierre questioned the disparity in presentations between Mr. Vecchione, who mentioned this collaboration frequently, and Dr. Schwartz, who did not mention it at all. It was clarified that Dr. Schwartz was referring to immediate situations, where on-site assistance is needed, while Mr. Vecchione was referring to Committee workings and cross-coverage across sites. Staff asked how

referrals would be determined. Mr. Vecchione stated they do not have control over referrals, but would expect both sites would inform physicians of the services at their sites so physicians would refer to them. Staff asked if this 'marketing' to physicians would be joint or separate. Lifespan answered that a forum with joint information is feasible, yet the referral itself is still the decision of the physician.

Fred Schiffman, MD, Medical Director of Lifespan's Comprehensive Cancer Center, stated he does not refer to RWMC for a variety of reasons including: the infrastructure of the program; physician availability in the evening; expertise in subspecialties of hematology/oncology; and the lack of neuro or thoracic surgery. He stated the enormity of the infrastructure could not be underestimated when caring for the sickest of patients was considered. Mr. Gernt suggested it could be argued that Mr. Schiffman was part of the problem since he has not been referring patients to RWMC thereby inhibiting the development of necessary infrastructure. Dr. Schiffman stated that he would not experiment with his patients by sending them to an organization that did not have the resources or programs necessary to care for them. He indicated this opinion is held by a majority of oncologists in the state. Dr. Schiffman stated if things were fixed and major effort exerted, he would consider referring to the program. The Chair noted that what was expected out of the collaboration was a seamless transition of patients whereby quality and standards would be comparable and there would be no separation or distinction between the programs. He inquired if Dr. Schiffman would refer to the program at that point. Dr. Schiffman stated that he would have to see a major sea change in the infrastructure and standards at RWMC to feel comfortable referring there. Ms. Lapierre stated the points within Lifespan's collaboration proposal did not address Dr. Schiffman's concerns regarding why he and other physicians do not refer to RWMC and unless those areas were addressed in the collaboration the result would be two programs functioning separately.

Kenneth Belcher, President and CEO of RWMC, submitted a response to the Lifespan proposal. He stated his first concern was whether a need for additional adult BMT beds existed in Rhode Island, noting RWMC has supported the addition of pediatric beds at RIH but believes approving a second, possibly unnecessary, unit would only add to the state's economic deficit.

Mr. Belcher added that RWMC has had several patients who were referred to Boston by Lifespan physicians, rather than being told about the BMT program in Rhode Island. In addition, he stated, Dr. Quesenberry, the proposed director of the new joint program, was the former director of the program at RWMC and, when he left RWMC to join RIH, he told staff in the BMT unit that he would no longer refer to the RWMC's program. Mr. Belcher stated RWMC has the support systems to take care of their patients, and claims by RIH that RWMC does not have the skill sets were unfounded.

Joseph Espat, MD, Assistant Chief of Surgery at RWMC, spoke of the strengths of the BMT program at RWMC, stating the claims of Dr. Schiffman regarding the lack of surgical coverage and services at RWMC were inaccurate. Abby Maizel, MD, Chairman of Laboratory Medicine at RWMC, spoke on laboratory protocol, indicating the program at RWMC was strong. He added that he found the comments from Dr. Schiffman inappropriate. Mr. Belcher noted RWMC has the designation of a nation marrow donor program which was not easy to obtain, and concern regarding collaboration is whether need for additional beds in the system exists.

Mr. Flynn noted that the Health Services Council should be focused on need and affordability for the purpose of cost reduction. He believed that collaboration would only add cost to the system, as he was not convinced there was a need for beds or that the collaboration would be successful.

Mr. Ross inquired what Mr. Belcher's points of contention were regarding the collaborative proposal set forth by RIH. Mr. Belcher stated that the beds at RWMC are sufficient to handle the 90 patients annually as numbers have not been seen to demonstrate the need to add beds to the system. Additionally, he stated single directorship under Dr. Quesenberry was not supported.

Mr. Gernt stated it is the responsibility of the Committee to build a strong BMT program in the state for the patients and that the Committee should be focusing on what is in the best interest of the patients. Mr. Vecchione responded to the concerns regarding Dr. Quesenberry as director, stating RIH had considered him in 1999, prior to his employment at RWMC. He also stated costs incurred by adding physicians would not be passed on to Rhode Island citizens, but rather commercial insurance companies. There was continued discussion around costs, particularly the concern that Medicaid would be covering more than their fair share, which would increase the state deficit.

It was suggested by the Committee that both RIH and RWMC make a summation presentation on their main points to be discussed at the next meeting, and that the full Health Services Council be invited to the next meeting. RIH made it clear that at this point, RWMC has rejected the collaboration proposal. It was decided that the Committee would meet again on this proposal with additional attempts at making the collaboration work, given that many Committee members are optimistic about the collaboration.

There being no further business the meeting was adjourned at 4:25 PM.

Respectfully Submitted,

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