

HRMP 2016:

Revising Delaware's Health Resources Management Plan

**Delaware Health Resources Board
December 17, 2015**

Certificate of Need / Certificate of Public Review History

- **1964:** NY begins regulating hospital construction via the Metcalf-McCloskey Act
- **1968-1969:** MD, RI, CA, and CT adopt a similar Certificate of Need (CON) approach
- **1969-1972:** American Hospital Association (AHA) lobbies for federal CON legislation

Certificate of Need / Certificate of Public Review History

- **1974:** Federal health planning programs and CON regulations officially enacted via the National Health Planning Resources Development Act (NHPRDA)

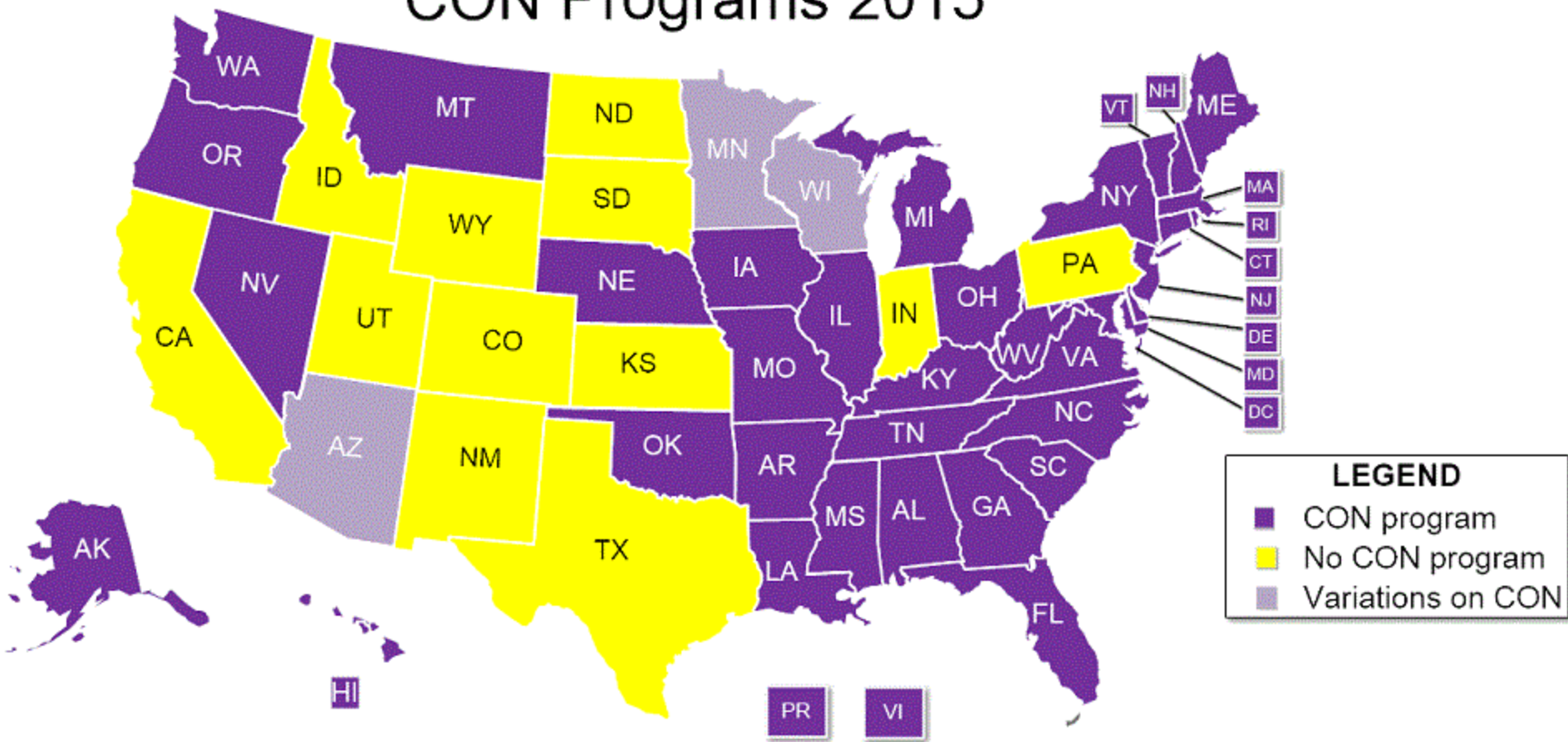
Requires states to establish oversight agencies to review proposals for any major capital spending on health care resources (e.g., new construction, building expansions, new technology)

- **1987:** NHPRDA repealed

Certificate of Need / Certificate of Public Review History

- **1987:** Delaware's **state-level** CON program established
- **1995:** Original edition of HRMP adopted in Delaware
- **1999:** Delaware Senate Bill 74 replaced CON with CPR

CON Programs 2015



National Conference of State Legislatures (NCSL), 2015

Certificate of Need: State Health Laws and Programs

<http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

HRMP 2016: A Timely Revision

Adopted: Oct 1995

Effective: Dec 1995

Updated: Mar 1996

Jun 1997

Apr 1998

May 1999

Jul 1999

May 2000

Jul 2000

Nov 2001

Oct 2002

Jul 2003

Dec 2008

Revised: Jun 2009

Updated: Mar 2010

Revised: **HRMP 2016**



- Since 1995, Delaware's HRMP has undergone 12 updates, but only one major revision
- No changes have been made to Delaware's HRMP in nearly 6 years

HRMP 2016: A Timely Revision

- Original (1995) version of HRMP describes itself as a “**flexible**” document, with the ability to evolve alongside the larger health care infrastructure

- Shift toward health service delivery in least restrictive setting
 - Expansion of Home and Community-Based Services (HCBS)
 - Telemedicine
 - Technology as a tool

- Triple Aim
 - a. Improved population health
 - b. Improved patient experience (quality & satisfaction)
 - c. Reduced costs

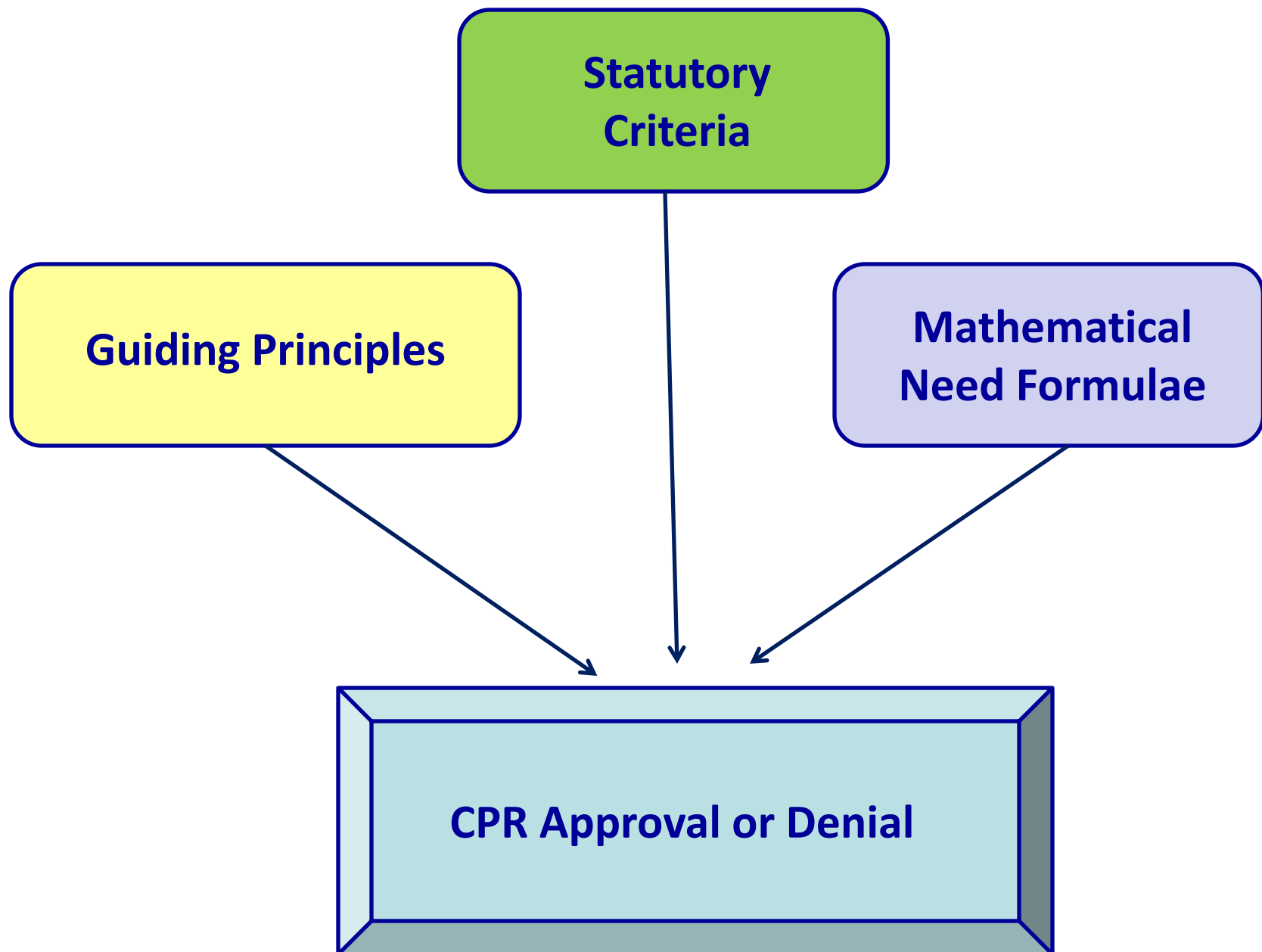
HRMP 2016: A Timely Revision

- Align Delaware's health planning framework with current statewide SIM initiatives
- Reflect changes to the patient population following roll-out of the Affordable Care Act provisions

HRMP 2016:

The Basics

	“Old” HRMP	HRMP 2016
Acute Care	✓	✓
Obstetrics	✓	
Nursing Homes	✓	✓
Home & Community-Based Services		✓
Behavioral Health		✓
Free-Standing Surgery Centers	✓	✓
Comprehensive Rehabilitation		✓
Telemedicine		✓
Medical Technology	✓	✓
Capital Expenditures	(included in Del. Code, but no HRMP guidelines)	✓



HRMP 2016: The Basics

- **Shifts burden of establishing need further in the direction of applicant**
- **Multi-faceted approach to decision-making**
 - Promotes contextual consideration of applications and well-reasoned CPR approval or denial decisions
 - Extends relevant “shelf life” of HRMP in a constantly-changing health care environment
 - Consistent with peer states

HRMP 2016:

The Details

HRMP 2016: The Details

- **Joint Sunset Committee 2012 Final Report Recommendations**

- ✓
 - Streamline operations
- ✓
 - Simplify CPR application process
- ✓
 - Specify timelines/deadlines for CPR review
- ★
 - Update CPR application fees and fee structure
- ★
 - Strengthen charity care requirements
- ✓
 - Publish list of equipment triggering a review
- ✓
 - Update categories for CPR review

✓ = addressed in current draft of HRMP 2016


★ = in progress

HRMP 2016: The Details

- **Joint Sunset Committee 2012 Final Report Recommendations**

- ✓
 - Establish rules and regulations published in accordance with Title 29 Chapter 101 (Administrative Procedures Act) for reviewing CPR applications
- ✓
 - Clarify that only for-profit acquisitions of a non-profit health care facility require CPRs

✓ = addressed in current draft of HRMP 2016


 = in progress

HRMP 2016: The Details

- **Joint Sunset Committee 2012 Final Report Recommendations**

- ✓
 - Support development of cost-effective services
- ✓
 - CPR program meets consumer needs and respects consumer voice
- ✓
 - Ensure that the standards for a CPR are appropriate
- ✓
 - Specify options available for applications to be reconsidered if denied
- ✓
 - Provide a general timeline to complete each application step
- ✓
 - Ensure that CPR program is aligned with the state's health policy goals

✓ = addressed in current draft of HRMP 2016

 = in progress

HRB Subcommittee Recommendations to Revise Nursing Home Bed Need Criteria, 2014

- ✓ • Address allocation methods of three DHSS LTC facilities
 - Delaware Hospital for the Chronically Ill
 - Emily P. Bissell Hospital
 - Governor Bacon Health Center
- ✓ • Address allocation of Delaware Veterans Home beds
- ✓ • Transition to five-year bed projections
- ✓ • Incorporate growing capacity of and access to HCBS in future CPR reviews



= addressed in current draft of HRMP 2016



= in progress

HRMP 2016:

The Plan

HRMP 2016: The Plan

- **Dec – February 2016: HRMP Draft Iterations**
 - Health Resources Board
 - Lend expertise and experience
 - Provide draft feedback
 - Assist in decision-making discussions

- **March 2016: Public Comment**

- **April – May 2016: Tiered Approvals**
 - HRB Approval → DHCC Approval → DHSS Secretary Approval

- **June – July 2016: Legislative Approval**

THANK YOU!