

HRMP 2016:

Revising Delaware's Health Resources Management Plan

VERSION B

**Delaware Health Resources Board
January 28, 2016**

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

- Originally intended to be a **flexible** document, with the ability to **evolve** alongside the larger health care infrastructure
- Recognize shift toward health service delivery in **least restrictive setting**
- Support the **“Triple Aim Plus One”** framework
 1. Improved population health
 2. Improved patient experience (quality & satisfaction)
 3. Reduced costs
 4. Enhanced provider experience
- **Align** Delaware’s health planning framework with **statewide SIM initiatives**
- **Respond to changes** in the post-ACA patient population

	“Old” HRMP	HRMP 2016
1. Acute Care	✓	✓
2. Nursing Homes	✓	✓
3. Behavioral Health		✓
4. Ambulatory Surgery Centers	✓	✓
5. Comprehensive Rehabilitation		✓
6. Acquisition of Imaging Equipment	✓	✓
7. New Medical Technology		✓
8. Capital Expenditures	(Included in Del. Code, but no HRMP guidelines)	✓
<i>Home & Community-Based Services</i>		<i>Core Component: Guiding Principles</i>
<i>Telemedicine</i>		<i>Core Component: Guiding Principles</i>
<i>Obstetrics</i>	✓	<i>Potential “Women’s Health” Category</i>

Iterative HRMP Drafts

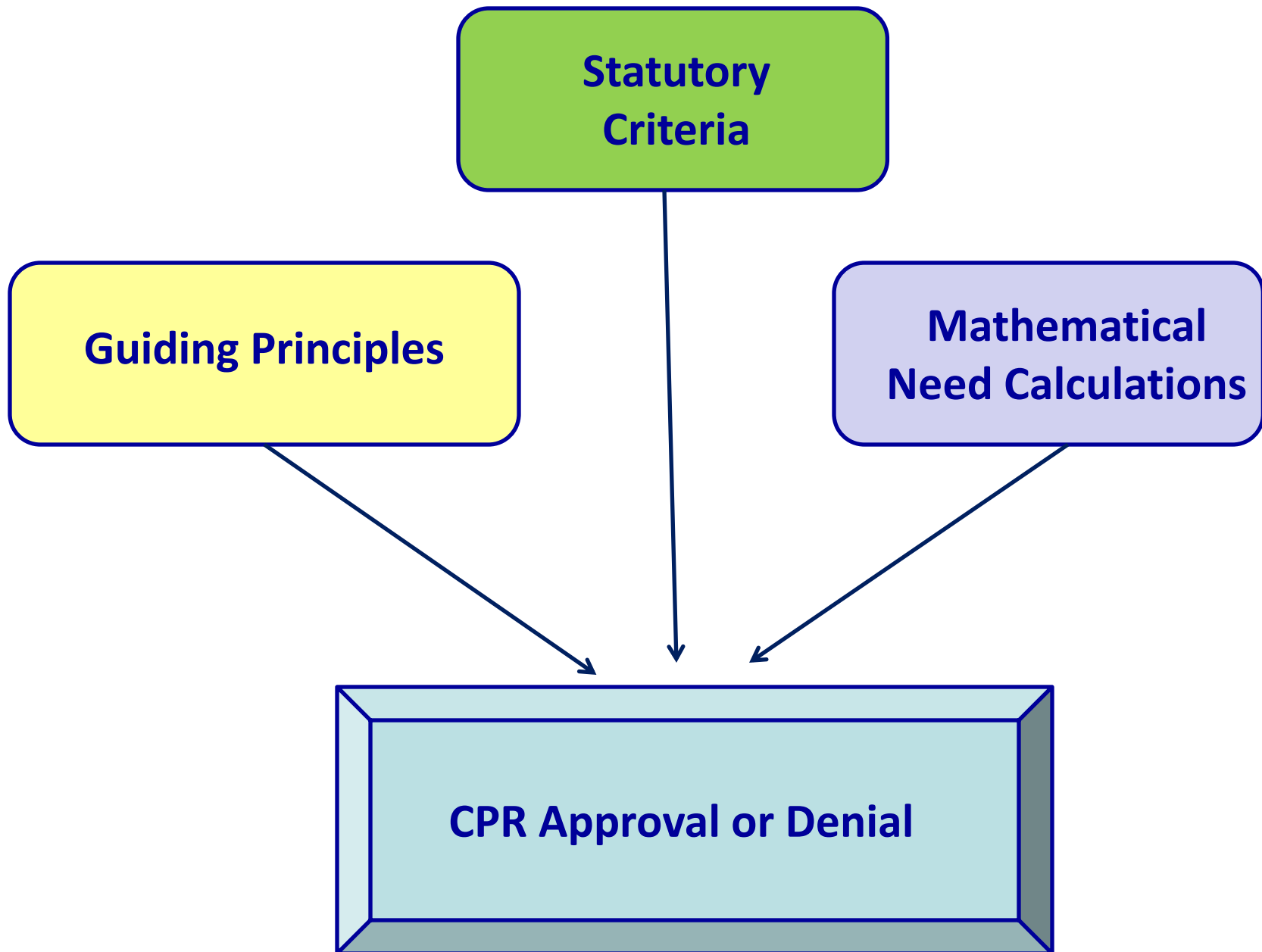
- **December 2015:**

- Introduction
- Activities Subject to Review
- CPR Application Procedure
- CPR Common Review Considerations
- Supporting Resources and Documents
- 1. Acute Care
- 2. Nursing Homes

- **January 2016:**

All sections from December 2015 draft, plus

- 3. Comprehensive Rehabilitation
- 4. Ambulatory Surgical Centers
- 5. Acquisition of Imaging Equipment
- 6. New Medical Technology



Statutory Criteria

In accordance with Delaware Code (Chapter 93, Title 16, § 9306), the HRB reviews CPR proposals according to the following seven Statutory Criteria :

1. The relationship of the proposal to the HRMP.
2. The need of the population for the proposed project.
3. The availability of less costly and/or more effective alternatives to the proposal.
4. The relationship of the proposal to the existing health care delivery system.
5. The immediate and long-term viability of the proposal in terms of the applicant's access to financial, management, and other necessary resources.
6. The anticipated effect of the proposal on the costs of and charges for health care.
7. The anticipated effect of the proposal on the quality of health care.

Guiding Principles

Guiding principles align with Delaware's statewide health care reform efforts and capture the vision outlined in the State Health Care Innovation Plan.

1. The essential challenge faced by the HRB is striking an appropriate balance in its consideration of access, cost, and quality of care issues. Evidence that this challenge has been seriously embraced by the applicant should permeate every CPR application.
2. The problem of medical indigence is extremely complex. CPR applicants are expected to contribute to the care of the medically indigent.
3. Historically, health care delivery has too often been episodic and disjointed. Projects which support a managed, coordinated approach to serving the health care needs of the person/population are to be encouraged.

Guiding Principles

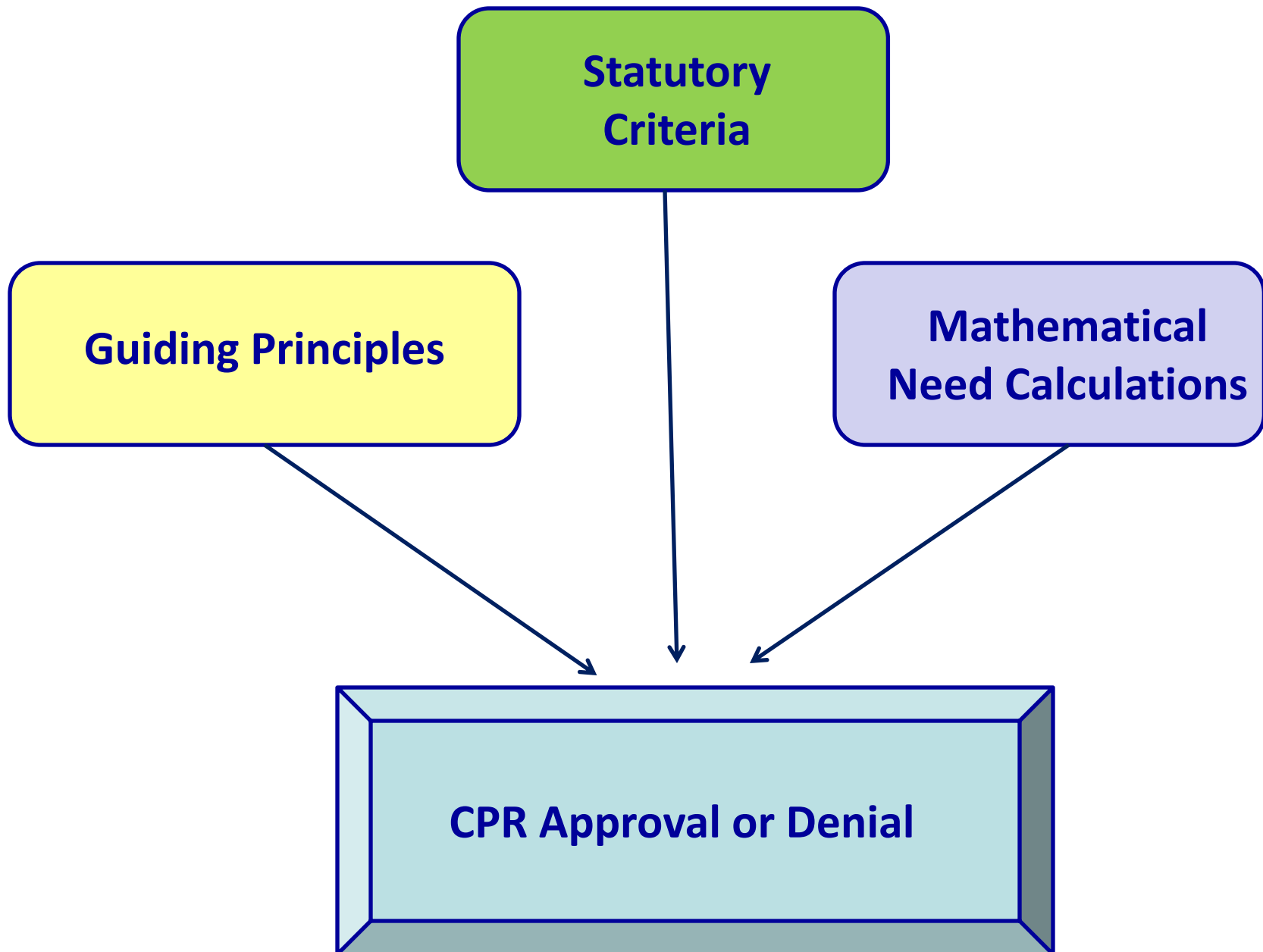
4. Given Delaware's small size and close proximity to major metropolitan referral centers, every health care service need not be available within its borders. CPR applicants are expected to take into account the availability of out-of-state resources.
5. Historically, our cost-based reimbursement system has provided little incentive for financial restraint. Projects which reflect or promote incentives for over-utilization (including self-referral) are to be discouraged.
6. Strengthening market forces is a central theme in the statewide health care reform strategy, a theme which is embraced by the HRB. Projects resulting from or anticipated to enhance meaningful markets are to be encouraged. In meaningful markets there must be a sensitivity to elements of both cost and quality.
7. Prevention activities such as early detection and the promotion of healthy lifestyles are essential to any effective health care system. The potential for a project to bring about progress in these areas will be viewed as a very positive attribute.

Mathematical Need Calculations

The majority of activities requiring a CPR in Delaware are associated with one or more **project-specific** mathematical need calculations -- quantitative guidelines used to estimate Delaware's need threshold related to the proposed project.

However, estimating Delaware's future health care needs cannot be accomplished with the precision that mathematical need formulae often imply. While such formulae are essential to the CPR review process, health infrastructure planning requires more than mathematical calculations. Thoughtful deliberation must occur.

Thus, project-specific mathematical need calculations represent a necessary but not sufficient component of the CPR review process. HRB members will consider project-specific mathematical need calculations in conjunction with statutory criteria and guiding principles.



HRMP 2016: The Basics

- **Established defined criteria that applicants must meet for CPR approval**
- **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 Plan

- **Dec – February 2016: HRMP Draft Iterations**
- **March 2016: Retreat**
- **March 2016: Public Comment**
- **April – May 2016: Tiered Approvals**
 - HRB Approval → DHCC Approval → DHSS Secretary Approval
- **June – July 2016: Legislative Approval**

HRMP RETREAT

- **WHEN:** TBD March

- **WHY:** Opportunity for HRB members to provide feedback on the specific CPR Common Review Considerations for each area of oversight

An occasion to review draft HRMP prior to public review process

Thank You