



Community Health Care Association of New York State

Defining New Directions

Testimony of the

**Community Health Care Association of New York State
(CHCANYS)**

presented at the invitation of the

**New York State Department of Health,
State Hospital Review and Planning Council Planning Committee,
and
Members of the Public Health Council**

regarding

Health Planning and Certificate of Need

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Good afternoon. My name is Elizabeth Swain and I am the Chief Executive Officer at the Community Health Care Association of New York State, CHCANYS.

CHCANYS is New York's primary care association and the statewide association of community health centers, also known as federally qualified health centers or FQHCs. New York's health centers serve as the family doctor and healthcare home for over 1.1 million New York State residents at more than 425 sites, rural and urban. Community, migrant and homeless health centers offer comprehensive primary care including family medicine, pediatrics, obstetrics and gynecology, dental, laboratory, mental health and substance abuse services. Health centers are located in designated underserved communities and provide an array of services targeted at those who are the hardest to reach. Most health center patients have family incomes below the federal poverty level, 74 percent are racial or ethnic minorities, 43 percent are covered by Medicaid and 28 percent are uninsured.

Health centers are, by design and by law, community-based and patient focused. That is because every federally qualified community health center has a board that is composed of patients of the health center. The majority of every community health center board must be patients of the health center, ensuring that each health center is both patient-focused and truly community-based.

We appreciate the Department of Health and the State Hospital Review and Planning Council's (SHRPC) sincere efforts to assess and improve the CON process and to take a fresh look at revitalizing health planning. We've got a health care system that is disjointed, inefficient and inequitable. CON reform and improvements in health planning are important pieces of the puzzle in reforming health care in New York State in order to improve access and quality while reducing costs and disparities. We appreciate the opportunity to be involved in the State's efforts to improve health care for all New Yorkers.

In anticipation of this hearing, we surveyed community health centers across New York State to gain a more complete understanding of their "on the ground" responses and recommendations. My testimony will summarize and reflect upon our thinking about the CON and health planning. The survey responses have been compiled and synthesized and are included in an addendum to my testimony.

The CON Process

For safety net primary care providers like community health centers, it rarely feels as though there is a level playing field. We are often smaller than other institutions and we are, by design and mandate, located in areas where we do not have significant opportunity for revenue generation. The CON process itself was clearly developed with larger inpatient facilities in mind, rather than primary care clinics. Small entities with few resources frequently do not have staff members that are fluent in the CON process and they have limited funds available to hire private consultants to shepherd a project. The process can be lengthy, time consuming and draining on limited resources.

Health care providers must operate like any other business and, like other businesses, the regulatory environment can either support or drag down the business. In our survey, many health centers cited that the process is incredibly slow, requires too many steps from submission to approval, there are too many forms and often, the forms are needlessly held up on someone's desk. When CON applications take 6 months to complete, providers are waiting and losing ground. It then becomes difficult for them to respond to changes in the community a timely fashion.

In a new CON process, some types/sizes of projects should be subject to a streamlined application and undergo a simpler, speedier review. These might include, for example, expansion of existing services such as primary care, renovation projects under a certain amount, equipment generally available in a physician's office and the addition of new office-based preventive care services (i.e. dental, mental health, specialty office-based consultations). In addition, an automatic approval time requirement should be added so that certain CON requests should be deemed approved automatically within a short time frame (i.e. 60 days) if action is not taken.

Providers that are willing to take all patients, regardless of insurance status or ability to pay should be rewarded, particularly if they exist in or are moving into underserved areas. This is one way that the State can facilitate improved access. We propose rewarding applications from safety net providers that take all patients by expediting the approval process, establishing higher thresholds for projects to qualify for administrative review, providing assistance in preparation and data research, prioritizing expansion approval, and giving reductions in any associated fees. In addition, the State should enforce uninsured sliding fee rules and ensure that they are posted in visible places within institutions. The process should also reward applicants that meet priorities established by NYSDOH, such as improving access to primary care and extending hours of primary care in an effort to reduce unnecessary emergency room usage and costs.

Projects that are focused on addressing extraordinary needs -- unique rural needs, increased utilization of community-based care, health disparities and other similar factors -- also should receive special CON consideration. These are factors in developing a comprehensive needs plan and local health planning should include this type of data review and the plan presented should meet some of the required criteria.

Health Planning, Data and the CON

The CON process should take into consideration and support local, regional and statewide health planning goals. Organized, coordinated, properly funded community health planning should inform State policy regarding the CON process and local planning, though we are not suggesting that local health planning entities conduct reviews of specific CON applications. Effective health planning should provide the foundation for establishing the "need" and aid in simplifying and shaping the CON process.

There are three important issues with regard to data for local health planning:

- **Addressing data gaps.** There are large gaps in the health data that is available in New York and there is consensus that we need better data on non-physician clinicians, including practice settings. To date, there is a relative abundance of data on inpatient care and little data on the

ambulatory care provided in clinics or physician offices. Comprehensive community-level data is needed that includes information on health disparities, payers, high-needs patients (including those best served in a language other than English), costs and utilization.

- ***Ensuring that health data is publicly available at the smallest geographic unit (census, zip).*** Because of the large populations and land areas of most counties, county-level data frequently mask significant differences within and between communities.
- ***Ensuring that local agencies can access and understand the data.*** In order to ensure community involvement, data should be accessible to community users, especially those lacking technical skills.

SHRPC Representation

The SHRPC could be more thorough by diversifying its membership in a variety of ways, including bringing on more community, ambulatory and non-institutional members. CHCANYS' members, New York's community health centers, care for a patient population that is extremely diverse: 35% are Hispanic or Latino, 34% are Black/African American, 26% are White and 5% are Asian/Pacific Islander. More than one in four health center patients are best served in a language other than English. And by design, community health center Boards and staff are reflective of the communities they serve. CHCANYS is eager to work with the SHRPC and policy leaders to ensure representation that is diverse in terms of:

- Health care sector experience and expertise
- Race
- Ethnicity
- Gender
- Geography

Thank you for the opportunity to comment. CHCANYS and its members look forward to continuing to work with you to ensure that all New Yorkers, and particularly those living in underserved communities, have access to high quality community-based health care services.

Addendum -- Additional Comments

What are effective ways to notify interested stakeholders about pending certificate of need applications that are actively under review?

Effective ways to notify interested stakeholders about pending certificate of need applications that are actively under review include:

- Requiring applicant to post public notices in local media, public spaces such as lobbies and waiting rooms. Notices should be in multiple languages.
- Inform all licensed facilities within the market area that the applicant is interested in commencing services that an application is pending.

- Better utilize forms of notification: e-mail, regular mail, website postings, media such as newspapers, fax blasts.
- Prioritize direct notice to FQHC's, Rural Health Networks and other safety net providers currently providing services in the proposed service area in the CON application.

How can DOH support the development of collaborative efforts to assess community health needs and make recommendations to develop and/or deploy efficiently and effectively the health care system resources needed to address those needs?

- Allocate funding directly to collaborating community agencies through grants. This could include, but not be limited to, reinventing and adequately funding HSAs.
- The state should provide access to funding when identified needs surface.
- NYSDOH can further optimize governmental influences to foster community health needs assessments and the deployment of resources. The State could better utilize the County DOHs. County Commissioners can be utilized for their expertise in identifying the needs of the community.
- Through e-mailings, web seminars, community surveys or hosting local events or seminar/meetings, the State can facilitate engagement among affected providers and people prior to decisions being made.

What are effective local health planning models DOH should consider?

Suggested examples of effective local health planning models for examination include:

- Primary Care Consortia
- Bronx Committee for the Community's Health
- Rural Health Networks
- A reinvented version of Health Services Agencies with authority to enforce recommendations. HSAs should equally incorporate the input of all health care providers in a specific area, bringing together hospitals, CHCs, ambulatory surgery centers, diagnostic testing centers, etc. with equal representation from all organizations.
- Rockland County DOH's Health Planning Committee is a model for assessing need and supporting efforts to meet the needs of the community.
- Adirondack Rural Health Network coordinates 6 county public health assessments.

How can the DOH encourage more collaboration among health care providers in order to achieve economies of scale, avoid duplicative services, and improve access to care and quality?

- Provide incentives for this collaboration via vendor discounts, subsidies, etc.
- Make collaboration easier by streamlining the overall approval process.
- Include in the CON process a section where coordination and availability of services is required and then make decisions (approvals/denials) based in part on that criteria.
- Work on ways to improve reimbursement so that it is fair/timely and demonstrates effective reporting requirements that is results driven. The reimbursement model should be modified so that high costs invasive care is no longer favor at the expense of care coordination.
- Use State regulatory authority to bring parties together before approving applications.
- Reinstate HSAs.

Are there ways in which the CON review process could be streamlined and to what effect?

The vast majority of health centers felt that the CON review process could be streamlined and gave the following recommendations:

- Implement an expedited process for federally funded efforts. For example, exemption of health centers with federal approval from the start of construction or some other way to move forward with renovation/construction during the CON review process. Ideally, there would be automatic approval of CONs for federally approved FQHC (or FQHC look-alike) sites.
- Improve/update the forms. Although there have been positive changes made in the application process, many of the forms remain archaic and confusing. Consider reducing forms requirement and making the forms more user friendly via internet access.
- A “cheat sheet” of who to talk to at NYS DOH who are knowledgeable and helpful with the forms and process.
- Reduce layers of review by eliminating some of the individual department reviews or for some projects, perform the reviews simultaneously.
- Improve processing time for all projects that do not increase the cost of care by creating an expedited review process.
- Streamline application requirements such as the A/E part of the process. Reduce/eliminate need for the process for primary care and/or projects less than a set dollar amount. The time it takes to complete full review is problematic and sometimes leads to loss of local approvals or changes in access to capital financing.
- Make the process more transparent. For example, requirements for other department reviews/sign offs should be detailed in the application and requested ahead of time. For example, CHCs are authorized to provide and bill for mental health visits; however this requires a sign off from the Office of Mental Health. This requirement is not requested or detailed in the application and so the CHC can not help to expedite the request or even understand what the requirement is.
- Make realistic and very specific timelines for review and approval. The timelines should be developed, articulated, published and adhered to by the State. For example, applications should be submitted on the first of the month, with an acknowledgement of receipt within two weeks. After 60 days, there should be feedback given to the organization outlining whether or not additional information is necessary. There should be feedback every 30 days until all requested information is submitted. A final decision should be made in no more than 3 months. If this timeline is not adhered to by DOH then the project should receive approval.