Committee Charge

CON Redesign

June 2, 2012: Adoption of Recommendations

Administrative Streamlining of CON

Fall 2012: Issuance of Report

Repurpose and Reform of CON

Connecting to Payment and System Delivery Reform
Table-Setting for 2013
Rationale for CON
2011

Rein in Excessive Capital Investment
Promote Alignment of Health Care Services with Community Need
Promote Health Care Quality
Promote Access to Needed Services
Benefits, Drawbacks, and Shortcomings

A. Benefits

- Potentially powerful tool to align health care resources with community need
- Curbs unnecessary capital investment that drives up costs and utilization
- Stimulates beneficial collaboration
- Protects certain providers that provide public goods
- Promotes quality by concentrating volume and expertise
Benefits, Drawbacks, and Shortcomings

B. Drawbacks

• Creates delays in necessary development and construction ...and in responding to system change

• Incurs costs for providers and DOH

• Reduces competition that may drive improvements in quality and cost

• Potential stifling of innovation
c. Possible Shortcomings

- Reactive not proactive
- Lacks integration with OMH and OASIS
- Quality not given adequate consideration
- Need methodologies are out of date
- Population health considerations are not weighed appropriately

(Cont’d)
C. Possible Shortcomings (Cont’d)

- Physician practices are not subject to CON and may not be factored into calculation of need.
- Review standards do not address needs of integrated systems, particularly in light of new risk-based reimbursement mechanisms.
- Passive parent relationships are not subject to established approval.
- Insufficient local/regional health planning.
- Insufficient public notice of Council agendas.
Administrative Streamlining

Draft Suggestions for DOH Review

- Eliminate CON process for construction projects (i.e., not additions of beds or services)
- Revise process to facilitate the integrated provision of physical and behavioral health services (co-location/ co-licensure/ multi-agency licensure)
- Consider co-location of D&TCs with nursing facilities
- Streamline process for amendments to approved CONs based on cost by processing administratively

(Cont’d)
Draft Suggestions for DOH Review (Cont’d)

• Shift to self-certification for architectural/engineering compliance and physical plant inspection

• Create a process for updating CON reviews of technology acquisitions to account for a given piece of equipment becoming standard of care

• Create timeline for reviews
Additional (undigested) Ideas

• Why bring LHCSAs to the Council?
• Permit administrative extension of limited life, if provider meets high-quality standards and has satisfied conditions
• Create a new process for large, complex projects
• Create Technical Advisory Group on architecture/engineering with pre-submission conference
• CON fees should support CON staffing; reduction in process should not trigger reduction in staff

(Cont’d)
Additional (undigested) Ideas (Cont’d)

• Streamlining should be linked to broadening scope of CON to encompass physician practices
• Established provider acquiring another provider should not have to file new 2As for board members
• Process needs to be more proactive - solicit applications, batch, etc.
• Strengthen local input/planning
Committee Activities

Next Steps

Special Meeting: March 21
- Repurposing of CON
- Refining Recommendations for Streamlining

Regular Meeting: March 22
- Health Service Integration: A Colloquium
  Commissioners Burke, Hogan, Shah and Sanchez