



**Department
of Health**

Proposal to Incorporate Public Health Provisions into Certificate of Need Process

Joint Meeting of the Planning and Public Health
Committees of the Public Health and Health Planning
Council

December 6, 2017

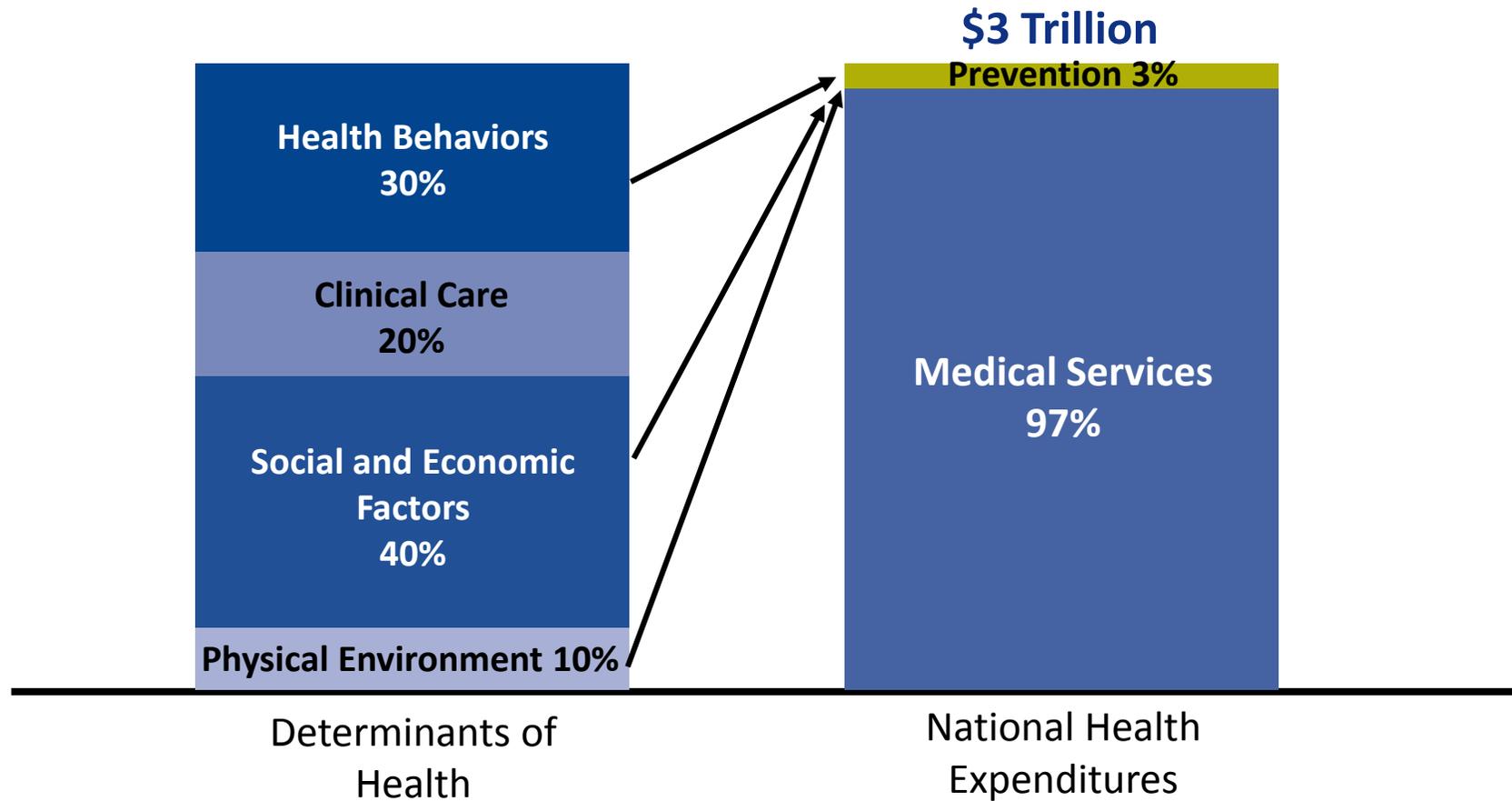
December 5, 2017

Recommendations for Consideration from September 2017 PHHPC Retreat

PUBLIC HEALTH

- Public health would become part of the CON review process and considered by PHHPC under “such other matters” authority. OPH and OPCSHM will develop recommendations for implementation
- Make Health Across All Policies and Healthy Aging the framework for next iteration of the Prevention Agenda, and at local level, **require** local health departments and health systems to align their community health improvement plans

Determinants of Health and Health Spending



Source: Booske BC, Athens JK, Kindig DA, Park H, Remington PL. County Health Rankings working paper: different perspectives for assigning weights to determinants of health. University of Wisconsin Population Health Institutes. 2010. Available at: <http://uwphi.pophealth.wisc.edu/publications/other/different-perspectives-for-assigning-weights-to-determinants-of-health.pdf> (Accessed September 20, 2016).

Source: National health expenditure accounts: methodology paper, 2014 definitions, sources, and methods. Centers for Medicare & Medicaid Services. 2014. Available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/dsm-14.pdf> (Accessed September 20, 2016).



Department of Health

Proposal Purpose

NYS is incorporating public health provisions into the CON review process to advance the health of communities, to support achievement of Prevention Agenda goals, and to support the goals of Health Across all Policies and making NY an age friendly state.

Draft Proposal – Who?

Options to consider regarding WHO the public health review **would apply** to:

- ✓ All application review types:
 - Full CON Review;
 - Admin CON Review;
 - Limited Review Applications;
 - Construction Notices;

- ✓ All provider activities:
 - Establishment -new operators
 - Construction - New programs or services or expanded services
 - Construction - modernization (no change in service and no expanded service)

- ✓ All provider types: hospitals, nursing homes, ASCs, ESRD, home care ,hospice



Draft Proposal – Who?

Recommendation: Public health review **would apply** to:

- ✓ Full Review CONs brought before PHHPC, which would include:
 - Establishment CONs for new providers including merger, active parents, and acquisitions.
 - Construction CONs for existing providers proposing to add a new service or significantly expand capacity of existing service.
 - Construction CONs with project costs that trigger Full review:
 - Hospitals – over \$30M or 10% operating costs up to \$100M.
 - All Others – over \$15M or 10% operating costs up to \$25M.
- ✓ It would **not apply** to Admin CONs, Limited Review applications or Notices.
- ✓ It would **not apply** to all DTCs - ASCs and ESRDs would be **excluded**.

Draft Proposal- Who?

There were 133 Full Review CONs in 2016 and 123 in 2015 from the following provider types:

FULL REVIEW CONS		
	2016	2015
Provider Type		
Hospitals	42	30
Nursing Homes	43	46
DTC - Primary/specialty	10	6
DTC -ASCs	22	19
DTC -ESRD	5	18
Other (CHHAs, hospice)	11	4
	133	123

Draft Proposal – WHAT?

GENERAL CON APPLICATION QUESTIONS:

- ✓ How does the CON project proposed advance local Prevention Agenda priorities identified by the community in the most recently completed CHIP/CSP?
 - If the Project does not, what is the plan and timetable for your organization to begin to advance the local Prevention Agenda priorities?

In your response please describe:

- ✓ Is your organization a member of the local Prevention Agenda coalition?
- ✓ What evidence based interventions has your organization or is your organization planning to implement to support local PA goals?
- ✓ Has your organization engaged local community partners including the local health department? Please describe the types of organizations you engaged.
- ✓ What data from the Prevention Agenda dashboard and/or other metrics you are using to track progress to advance local Prevention Agenda goals?

Draft Proposal – WHAT ?

Additional question FOR HOSPITALS:

- How is your hospital investing community benefit dollars in community health improvement and in DSRIP Domain 4 to support local Prevention Agenda goals?

Draft Proposal – WHAT ?

Examples for HOSPITALS:

- Phase out sale of all sugar sweetened beverages in retail dining, vending, catering, on site food vendors and patient food service operations
- Support provision of tobacco cessation services in the community
- Underwrite farmer's markets in hospital and community settings
- Support construction and maintenance of safe sidewalks, bike lanes, recreational facilities, parks and other amenities for employees, patients and communities surrounding the hospital (Example: Buffalo Niagara campus)

Draft Proposal – WHAT ? FOR NURSING HOMES, HOME CARE, HOSPICE:

- How are you promoting age friendly policies as defined by the AARP in your organization and the communities to be served:

AARP Domains of Livability
Outdoor Spaces and buildings
Transportation
Housing
Social participation
Respect and social inclusion
Civic participation and employment
Communication and information
Community support and health services

Draft Proposal – WHAT ?

Examples FOR NURSING HOMES, HOME CARE, HOSPICE:

- For Nursing Homes: Is there a space that could be made available to the community for events? Is there a community garden incorporated into the design ?
- For Home Care and Hospice: how does the project fit into the overall age friendly approach in the community? Is there community education on caregiver issues? Is their participation in local efforts on advance care planning?

Draft Proposal – WHAT ? FOR DTCs –PRIMARY/SPECIALTY CARE:

- What role is your organization playing in the local Prevention Agenda coalition in the community you serve?
- What specific actions is your organization taking or going to take to support local Prevention Agenda goals?

Draft Proposal – WHAT ?

Examples for DTCs –PRIMARY/SPECIALTY CARE:

- Increase access to evidence-based self-management and physical programs for diabetes, asthma and arthritis by supporting training and participant fees.
- Engage community and local political partners to support local breastfeeding coalitions and baby cafes.
- Implement evidence based injury prevention programs
- Participate in local coalitions working to make communities tobacco free.

Draft Proposal- How?

- Applicants would be asked to complete questions as part of the CON application submission.
- Public Health staff would evaluate and summarize the applicant CON responses and report out in staff report to PHHPC.
- When necessary, staff would engage/ask questions of applicant regarding the Prevention Agenda plans and timetables.
- PHHPC would consider applicant's Prevention Agenda plan in its CON approval, and members could request more information from applicants during EPRC public meeting.
- The Prevention Agenda, Health Across all Policies and Age Friendly policies would become part of public discussion of the benefits of the CON project to community.
- DOH staff would provide webinar for providers to illustrate PA plan best practices for each provider type.

Discussion