

TASK FORCE ON HEALTH PLANNING REFORM

A Framework for Discussion and Recommendations Based upon statutory requirements contained in PA 95-005

According to the enacting legislation, the Task Force shall gather information and make recommendations relating to at least the following topics in relation to the Illinois Health Facilities Planning Act:

Health Planning Vision in Illinois

(Our Philosophical Direction)

OVERALL IMPACT

- “The impact of health planning on the provision of essential and accessible health care services;
- prevention of unnecessary duplication of facilities and services;
- improvement in the efficiency of the health care system;
- maintenance of an environment in the health care system that supports quality care;
- the most economic use of available resources; and
- the effect of repealing this Act.”

(1) Please explain your point of view on how health planning affects the overall health care system in Illinois. Address each of the above points. Consider both health planning in general and/or the health planning system currently in place in Illinois.

REFORMATIONS

“Reforms to the Illinois Health Facilities Planning Board to enable it to undertake a more active role in health planning to provide guidance in the development of services to meet the health care needs of Illinois, including identifying and recommending initiatives to meet special needs.”

(2) In what ways do you recommend changing the Health Facilities Planning Board to enable it to more actively address health care needs? What end product should the Board provide? How should the Board communicate with the health care industry and policy-making leaders?

“Reforms to ensure that health planning under the Illinois Health Facilities Planning Act is coordinated with other health planning laws and activities of the State.”

(3) In what ways should the Health Facilities Planning Act be linked to other areas of health planning policy and activities? What are the other activities at national, state, regional, and local levels? What is priority and what role does the Health Facilities Planning Act play?

“Reforms that will enable the Illinois Health Facilities Planning Board to focus most of its project review efforts on "Certificate-of-Need" applications involving new facilities, discontinuation of services, major expansions, and volume-sensitive services, and to expedite review of other projects to the maximum extent possible.”

(4) In what ways do you recommend prioritizing the efforts of the Board? What should the primary focus be? How would you recommend the process operate to reflect the Board’s priority?

“Reforms that will enable the Illinois Health Facilities Planning Board to determine how criteria, standards, and procedures for evaluating project applications involving specialty providers, ambulatory surgical facilities, and other alternative health care models should be amended to give special attention to the impact of those projects on traditional community hospitals to assure the availability and access to essential quality medical care in those communities.”

(5) In what ways do you view the specialty providers, ambulatory surgical facilities, and other alternative health care models interacting with the traditional hospital community? What is the impact of each category on access to quality care? How should the Health Facilities Planning Board evaluate these projects in light of the above two questions?

“Implementation of policies and procedures necessary for the Illinois Health Facilities Planning Board to give special consideration to the impact of the projects it reviews on access to "safety net" services.”

(6) In what ways do project applications of all kinds affect existing safety net services? Based upon the potential impact of various project types on access to safety net services, how should the Health Facilities Planning Board consider project applications? Should different consideration be given to different projects?

“Changes in policies and procedures to make the Illinois health facilities planning process predictable, transparent, and as efficient as possible; requiring the State Agency (the Illinois Department of Public Health) and

the Illinois Health Facilities Planning Board to provide timely and appropriate explanations of its decisions and establish more effective procedures to enable public review and comment on facts set forth in State Agency staff analyses of project applications prior to the issuance of final decisions on each project.”

(7) In what ways should the overall planning process of the Health Facilities Planning Board and/or the Department of Public Health be communicated with the public? How much information should be available regarding project applications and in what format? In what ways should the Health Facilities Planning Board accept comments from the public on project applications? What consideration should be given to communication to and from the public?

“Reforms to ensure that patient access to new and modernized services will not be delayed during a transition period under any proposed system reform; and that the transition should minimize disruption of the process for current applicants.”

(8) During a period of implementing new policies and procedures, in what ways should the Health Facilities Planning Board mitigate the changes for applications already in the pipeline? How can the timeline for transition ensure continued patient access to services?

“Identification of the resources necessary to support the work of the Agency and the Board.”

(9) What resources are necessary to the Health Facilities Planning Board? What resources are necessary to the Department of Public Health? Are the resources provided at state, regional, or local levels? How will the resources be provided?

Health planning policies and procedures for Illinois

(The Nuts and Bolts)

According to the legislation, the Task Force shall recommend reforms regarding the following:

RECOMMENDATIONS

“The size and membership of current Illinois Health Facilities Planning Board. Review and make recommendations on the reorganization of the structure and function of the Illinois Health Facilities Planning Board and the State Agency responsible for health planning (the Illinois Department

of Public Health), giving consideration to various options for reassigning the primary responsibility for the review, approval, and denial of project applications between the Board and the State Agency, so that the "Certificate-of- Need" process is administered in the most effective, efficient, and consistent manner possible in accordance with the objectives referenced above.”

(1) What is the optimal size of the Health Facilities Planning Board? What is the optimal number of support staff and agency leadership to assist the Board? Based on the reformations as described above (previous section), in what ways do you recommend the Board and support staff be organized to achieve the goals of the Board? In what ways will your suggestions ensure the Board and State Agency will be efficient, effective, and consistent with the outlined goals?

- ❑ “Changes in policies and procedures that will charge the Illinois Health Facilities Planning Board with developing a long-range health facilities plan (10 years) to be updated at least every 2 years, so that it is a rolling 10-year plan based upon data no older than 2 years. The plan should incorporate an inventory of the State's health facilities infrastructure including both facilities and services regulated under this Act, as well as facilities and services that are not currently regulated under this Act, as determined by the Board.
- ❑ The planning criteria and standards should be adjusted to take into consideration services that are regulated under the Act, but are also offered by non-regulated providers.
- ❑ The Illinois Department of Public Health bed inventory should be updated each year using the most recent utilization data for both hospitals and long-term care facilities including 2003, 2004, 2005 and subsequent-year inpatient discharges and days. This revised bed supply should be used as the bed supply input for all Planning Area bed-need calculations.
- ❑ Ten-year population projection data should be incorporated into the plan.
- ❑ Plan updates may include redrawing planning area boundaries to reflect population changes.
- ❑ The Task Force shall consider whether the inventory formula should use migration factors for the medical/surgical, pediatrics, obstetrics, and other categories of service, and if so, what those migration factors should be.
- ❑ The Board should hold public hearings on the plan and its updates.
- ❑ There should be a mechanism for the public to request that the plan be updated more frequently to address emerging population and demographic trends.

- ❑ In developing the plan, the Board should consider health plans and other related publications that have been developed both in Illinois and nationally.
- ❑ In developing the plan, the need to ensure access to care, especially for "safety net" services, including rural and medically underserved communities, should be included."

(2) How should the reformations as described in the previous section incorporate the above listed points, such as long range health planning, bed inventory and use data, populations projections, potential planning area changes, and migration factors? In what manner should the Board communicate changes to the public? What are your recommendations to address emerging trends after the plan has been established? Are other states' health plans applicable to Illinois? If yes, identify the plan and in what ways could it apply? What considerations should be given to accessing safety net services? Should consideration be uniform or regionally specific?

"Changes in regulations that establish separate criteria, standards, and procedures when necessary to adjust for structural, functional, and operational differences between long- term care facilities and acute care facilities and that allow routine changes of ownership, facility sales, and closure requests to be processed on a timely basis. Consider rules to allow flexibility for facilities to modernize, expand, or convert to alternative uses that are in accord with health planning standards."

(3) How should the Health Facilities Planning Board and the Health Facilities Planning Act reflect the inherent differences in long term care and acute care facilities? Are there enough similarities to warrant uniform treatment within the health planning process? Are there enough differences to create separate criterion under the health planning process? In what ways should the Board evaluate changes of ownership, facility sales, and closures according to facility type? How should the modernization, conversion, or expansion of facilities be prioritized?

"Changes in policies and procedures so that the Illinois Health Facilities Planning Board updates the standards and criteria on a regular basis and proposes new standards to keep pace with the evolving health care delivery system. Proton Therapy and Treatment is an example of a new, cutting-edge procedure that may require the Board to immediately develop criteria, standards, and procedures for that type of facility. Temporary advisory committees may be appointed to assist in the development of revisions to the Board's standards and criteria, including experts with professional competence in the subject matter of the proposed standards or criteria that are to be developed."

(4) Do you recommend that the Health Facilities Planning Board update policies and procedures as a reaction to emerging trends in healthcare? If so, how do you determine which trends warrant updating the procedures and by what process does the change occur? In what ways would the Board receive communications from the public on emerging trends? Would re-evaluation of trend-oriented changes be necessary?

“Changes in policies and procedures to expedite project approval, particularly for less complex projects, including standards for determining whether a project is in "substantial compliance" with the Board's review standards. The review standards must include a requirement for applicants to include a "Safety Net" Impact Statement. This Statement shall describe the project's impact on safety net services in the community. The State Agency Report shall include an assessment of the Statement.”

(5) Based on the prioritization of projects, how should the Health Facilities Planning Board evaluate applications containing varying degrees of complexity? Should varying levels of the review process be instituted in relation to more and less complex projects? What would constitute “substantial compliance” for a project? How do you recommend the project applications reflect the impact on safety net access? What would a Safety Net Impact Statement need to include? Who would verify the accuracy and completeness of the Safety Net Impact Statement?

“Changes to enforcement processes and compliance standards to ensure they are fair and consistent with the severity of the violation.”

(6) In what way do you envision enforcement and compliance matters be addressed by the Health Facilities Planning Board or the Health Facilities Planning Act?

“Revisions in policies and procedures to prevent conflicts of interest by members of the Illinois Health Facilities Planning Board and State Agency staff, including increasing the penalties for violations.”

(7) Considering the size and make-up of the Board and agency support staff, what policies and procedures do you recommend to avoid conflicts of interest? In what ways should the Board, State Agency, or the Act address potentially conflicting matters? Should a system be established to hear the concerns of the public on such potential conflicts of interest? What penalties are appropriate?

“Other changes determined necessary to improve the administration of this Act.”

(8) What other recommendations do you propose which will assist the Health Facilities Planning Board, Department of Public Health, Board support staff, and/or the Health Facilities Planning Act in achieving the vision and goals for health facilities planning in Illinois?

TASK FORCE ON HEALTH PLANNING REFORM TIMELINE

According to the statute, as amended by HB 5017 (PA 95-0771):

“The Task Force may submit findings and recommendations to the Governor and the General Assembly as may be necessary at any time and shall submit a final report by **November 3, 2008**, including any necessary implementing legislation, and recommendations for changes to policies, rules, or procedures that are not incorporated in the implementing legislation.”

“The Task Force is abolished on **December 31, 2008**.”

The Illinois Health Facilities Planning Act is repealed on **July 1, 2009**.”