

**Task Force on Health Planning Reform
Wednesday October 8, 2008, 10am-2pm**

Discussion Questions

1. How should the CON process be changed?

Note to Task Force members to guide their answers: The statutory language for the Task Force specifically asks the Task Force to consider the following reforms and recommendations – please use these ideas as a guide when answering the above question. Some preliminary thoughts are also in the minutes and the discussion summary from 9/15/08.

- Enable IHFPB to focus most of its project review efforts on CON applications involving new facilities, discontinuation of services, major expansions, volume-sensitive services, and expedited review (including “substantial compliance” standard); (p. 2 and p. 6, Discussion Framework)
- 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. (p. 2, Discussion Framework)
- Implementation of policies and procedures necessary to give special consideration to the impact of the projects it reviews on access to “safety net” services, including whether review standards should have a requirement for a “safety net” impact statement. (p. 2 and p. 6, Discussion Framework)
- Changes in policies and procedures to make the Illinois health facilities planning process predictable, transparent, and as efficient as possible (p. 2-3, Discussion Framework). Consider changes to communication, ex-parte, and technical assistance policies and procedures.
- 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 (p 5, Discussion Framework)
- Changes in policies and procedures so that the IHFPB updates the standards and criteria on a regular basis and proposes new standards to keep pace with the evolving health care delivery system (p. 5, Discussion Framework)
- Changes to enforcement processes and compliance standards to ensure they are fair and consistent with the severity of the violation (p. 6, Discussion Framework)

2. How should statewide health planning be done by the State of Illinois?

Note to Task Force members to guide their answers: A summary of the discussion at the 9/15/08 Task Force meeting has been provided. Please use the summary, the 9/15/08 meeting minutes, as well as the statutory language for the Task Force as a guide when answering the above question.

- Overall Impact: (p. 1 Discussion Framework)
 - 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
- Undertaking 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 (p. 1 Discussion Framework)
- Ensure that health planning is coordinated with other health planning laws and activities of the State (p. 1 Discussion Framework)

3. **Should the IHFPB be re-structured, and if so, how?**

Note to Task Force members to guide their answers: A summary of the discussion at the 9/15/08 Task Force meeting has been provided. Please use the summary, the 9/15/08 meeting minutes, as well as the statutory language for the Task Force as a guide when answering the above question.

- Review structure and function so that the CON process is administered in the most effective, efficient, and consistent manner possible (p. 4-5, Discussion Framework)

Function

- Health Planning
 - 1) 10 yr health facilities plan, to be updated at least every 2 years, incorporating health plans and other related publications developed in Illinois and nationally.
Incorporate:
 - an inventory of the State’s health facilities infrastructure, including those currently regulated and those not currently regulated
 - IDPH bed inventory updated each year
 - 10-year population projection data
 - potential for redrawing planning area boundaries
 - migration factors
 - need to ensure access to care, especially for “safety net” services, including rural and medically underserved communities
 - Public hearings on the plan and its updates, with mechanism for public to request more frequent updates
- CON
Note: CON will be discussed by the group in Question #1 above. More to be added here as needed.

Structure

- The size and membership of the current IHFPB (p. 3, Discussion Framework)
- Policies and procedures to prevent conflicts of interest by members of the IHFPB and State agency staff, including increasing penalties for violations (p. 6, Discussion Framework)
- Communication, including ex-parte and technical assistance
 - 1) Communication among staff and applicants
 - 2) Communication among Board members and applicants
 - 3) Communication among Board members and staff