Task Force on Health Planning Reform
Summary of Discussion, September 15, 2008

Do we repeal the Act authorizing the IHFPB?

No: 5	(Lyne, Schaps, Lenhoff, Ruddick, Barnett)
No, with qualifications: 5	(Althoff, Robbins, McNary, Gaynor, Dugan)
Yes, with qualifications: 1	(Brady)

Qualifications offered by Task Force members

- Re-examine mission and process; goals and objectives
- Refocus to include health planning
- Define important issues and prioritize functions
- Streamline less important issues
- Enhance competition
- Eliminate corruption
- Increase expertise
- Decide what CON should cover
- Address sunset provision (per J. Mark)

Do we keep the board itself or do we close the board and give its functions to another entity?

Options discussed included the following:

- Close Board vs maintain Board
- Use IHFPB for CON only
- Use IHFPB for health planning only
- Use another entity for CON
- Use another entity for health planning
- Expand functions of IHFPB

Group ended this discussion prior to finalizing their answers. Decided to outline the functions before deciding what entity should do the functions. Some points made in the discussion were as follows:

  - Expand scope of IHFPB
  - Need better resources for planning
  - Address accessibility and safety net: some asked for focus on funding mechanism for safety net; Senator Brady noted that charity care should be a function of the legislative and executive branch.

Statewide Health Planning – Function Description

Core components

- Inventory: Mapping the state for growth, population shifts, and available healthcare resources in an area
  - Determine areas of shortage
- Evaluation: Recommendations for the needs identified by the planning process
  - Ensure access to affordable, high-quality care for all
  - Set priorities for serving underserved and preserve safety net

    - Avoid duplication
    - Protection from discontinuation or unnecessary competition
    - Balance the free market with preservation of services in economically challenged areas
    - Legislative recommendation based on shortage of services
- Implementation: Process to rectify needs identified
    - Incentives to build in areas of need – low interest loans, outreach to providers
    - Disincentives to not build where not needed
    - Penalties
- Updates to planning process: Yearly? Every 5 years?
- Broader than health facilities planning. Address additional issues:
    - Funding
    - Workforce
    - Education
    - Rural
    - Mental health
    - Quality
    - Preservation of the safety net
    - LTC and relationship to assisted living
    - Coordination with local, state, regional and national governments
- Structure options
    - Health Planning Board that is either separate entity or subcommittee of larger board
    - Health Planning separate from CON, but coordination between planning and CON process
    - Predictable, transparent and efficient
    - Include public comment
    - Silo planning with synthesis at a higher level
    - Expert Board members and professional staff
    - Criteria for Board members
    - Consistency

Entity to conduct statewide health planning: Does health planning stay at IHFPB level, or get enhanced and done by another entity (e.g. IDPH)?

Either separate entity or separate unit under IHFPB: 7	(Lang, Schaps, Garrett, Dugan, Gaynor, Robbins, Lenhoff)
Separate entity: 3	(Brady, Barnett, Lyne)

Note on IDPH: Lang is opposed to government agency doing the planning. Lyne would like the process more accessible and the data better communicated if IDPH does it.

Additional Point Raised During Facilitated Discussion

Note – The section outlines additional points that came up while discussing the key questions listed above. The notes below are in chronological order and further information is also in the 9/15/08 minutes. Speakers are identified by their initials. The CON process and the IHFPB structure will be discussed in detail at the 10/8/08 meeting.

CON Process

- To completely eliminate CON would be short sighted, but we could phase it out – PA
- Decide what CON should be involved in. ASTCs and LTC, etc. are needed. My goal is to eventually let the private sector handle it but we need to fund Medicaid appropriately first – BB
- Board should give more time for public comment and clear answers to decisions made on applications – WM
- If we want CON to function well, it should be closely connected to planning process – MS
- The [statewide health] plan will inform the actions that CON takes – SL
- One core function of the CON Board is to be responsive to the planning board (that also has professional staff). CON criteria includes relationship to planning. Or planning could even be done by staff, and then Board members approve applications based on compliance with overall health plan. PG
- CON should somehow balance the free market with preservation of economically challenged areas to preserve services. BB
- Regarding core functions, Citizens Action has viewed CON certificates as a gift from the state, and thus we believe that the state should expect an investment in charity care and community based initiatives. Prioritize preservation of safety net hospitals. WM

IHFPB Structure

- Refocus the whole mission to planning - PA
- Significant re-examination of mission and process to make sure the efforts of the planning board are focused on important issues. Streamline less important issues - KR
- Abolish it as it is today. I would hope that from what we've learned we can develop a system to enhance competition, eliminate corruption, bring more expertise – BB
- Deal with getting rid of the sunset or extend it for a long enough period of time for the staff to develop the board. 1-year and 6-month sunsets create dysfunction – JM
- I would like to discuss closing the board, keeping the Act in place, but using a different entity to provide healthcare planning – SG
- I don't want to close the board, but I want to give them different responsibilities from the planning end. Personally, I think the board should do more planning and another entity should do CON. I don't know what that entity is yet. Leaning towards having the IHFPB as an appeals Board instead of the decision making board – LD
- I would reverse it- the board is not doing planning now but they are doing the CON process. I would like to have that discussion, but I would vote to have them continue CON but have another entity do planning - MS
- I would vote to keep the board if they are doing their charges correctly. Expand scope of IHFPB to answer 4 questions:
    - How can the IL health facilities planning process make healthcare more affordable?
    - Create Better access?

    - Adequately compensate medical institutions, especially those that get Medicaid and Medicare reimbursement?
    - Provide adequate levels of charity care? (WM)
- I don't think we appoint any board to deal with charity care- it should be a function of the legislative and executive branch directive. Way too big of an issue to delegate that function. I don't think the board operates the best it could, with all due respect to participants - BB
- Seems like it would be easier to keep the current structure of the board - HR
- Who does the situational analysis? Not the Board – the Board does the directives. If you have say 11 board members, do we expect them to do the research and come up with all the requirements for health planning? The statute would be compiled by another entity and the board would provide directives based on the statute put before them. SG
- If in the statute we have the directives of what needs to be done with planning, I feel the Board should oversee that process. I don't know of a board that does that much work creating reports. I strongly suggest that IDPH update the health planning info on a yearly basis through statute, and have the Board oversee it. SG
- I am completely opposed to IDPH being the health planning agency. I don't think any agency directly under the governor should do health planning. Have a completely separate unit or part of the board that operates as an independent unit. LL
- Sometimes when were refer to the IHFPB we are referring to just the board members and sometimes we mean the professional staff as well. Some sort of professional staff need to do that planning work as the board members can't be expected to that much work. HR
- Planning and CON should be separate functions that interact. They ought to be properly funded, properly staffed with professionals, and offer pay for Board members if we decide on it. Board can deal with CON but we should limit what the Board does. Take the whole CON process out of the governor's office. Streamline the application process. Planning board power to do outreach and incentivize healthcare providers. LL
- The Board should promote access to quality care by protecting needed services from discontinuation or unnecessary competition, and take a more proactive role to promote and enhance services for underserved. HR
- Important for entity to be consistent and identify needs consistently, and ensure we don't inhibit free market from responding to those needs, and assists or guides when needs aren't met by the free market. PA
- There ought to be a separate organization from IHFPB to create a plan that focuses on access and quality and that provides guidance for CON decisions made by the IHFPB. GB
- I can save my comments on whether or not [statewide health planning] sits inside or outside of the IHFPB for another time. The board could make legislative recommendations based on where there are shortages of services. KR
- I want to define a hierarchy. Illinois Public Health Institute, which is separate from IDPH, could do the health planning. The IHFPB could oversee that and make sure it's responsive. There is separation of power. Conflict of Interest for board to come up with a health plan AND making application decisions. SG