

The following represents suggestions from the Certificate of Need Program staff regarding the health care facilities and services plan and the health care data resources plan. These suggestions are meant to generate discussion.

b. A health care facilities and services plan that assesses the demand for health care facilities and services to inform state health care planning efforts and direct certificate of need determinations for those facilities and services subject to certificate of need.

The plan shall include all of the following:

(1) An inventory of each geographic region's existing health care facilities and services.

It is recommended that the six public health regions will be used to divide the state for the inventory purposes.

However, for purposes of defining affected persons with respect to an application for a Certificate of Need the "appropriate geographic service area" will continue to be determined by rule approved by the Health Facilities Council and the Department as directed in Iowa Code section 135.61(1)"c."

Suggested facilities to include in the inventory are:

The asterisk indicates which types of facilities are subject to the CON program.

Hospitals, including the number of beds (Critical Access Hospitals will be so identified)*
Long term acute care hospitals (LTAC)*

Hospitals with swing beds*

Nursing facilities, including the number of beds

Free-standing skilled nursing facilities (SNF)*

Free-standing nursing facilities/skilled nursing facilities (NF/SNF)*

Free-standing nursing facilities (NF)*

Licensed only facilities*

Hospital based nursing facilities (HSP-NF)*

Hospital based distinct part skilled nursing facilities (HSP-SNF)*

Hospital based skilled nursing facilities/nursing facilities (HSP-SNF/NF)*

Chronic confusion or dementing illness (CCDI) units (*if new beds)

Residential care facilities (RCF)

Assisted living programs (AL)

Assisted living programs for people with dementia

Elder group homes

Intermediate care facilities for the mentally retarded (ICF/MR)*

Residential care facilities for the mentally retarded (RCF/MR)

Psychiatric units in hospitals (*if new beds)

Psychiatric medical institutions for children (PMIC)*

Intermediate care facilities for persons with mental illness (ICF/PMI)*

Residential care facilities for persons with mental illness (RCF/PMI)

3-5 bed RCF/MR/MI/DD

Community mental health centers*

Comprehensive out-patient rehabilitation facilities (CORF)*
Rehabilitation agencies
Rehabilitation agencies in hospitals

End stage renal disease (ERSD)
Ambulatory surgical centers (ASC)*
Rural health clinics

Suggested services to include in the inventory are:

Adult day services
Home health agencies
Hospice care
Cardiac catheterization services*
Radiation therapy services*
Open heart surgery*

(2) Projections of the need for each category of health care facility and service, including those subject to certificate of need.

Projections of need for several of the facilities and services subject to CON are contained in the CON standards, IAC 641—Chapter 203. These standards need to be updated, see (3) below and the recommendation for the development of standard advisory committees. Projections need to be revisited on a periodic basis (every 5 years?) as services evolve and the utilization of facilities changes. For example, the average length of stay in hospitals has decreased and over 75% of surgeries are now performed on an outpatient basis.

Nursing facilities are experiencing shorter stays of residents as the aging population has other alternatives for their living arrangements, such as home care assistance and assisted living facilities. Nursing homes are being utilized more for shorter term rehabilitation services and hospice care. Several facilities have as many new admissions each year as they have beds, indicating a greater turn over than in years past.

Projections of need for certain services can change based on advancements in technology. The throughput time for diagnostic equipment can change with these advancements affecting the number of patients that may be screened in a day.

In addition to the inventory of existing facilities and services as required above, data regarding the utilization of the existing facilities and services needs to be collected in order to project future need. Population projections also need to be factored in to need projections.

(3) Policies to guide the addition of new or expanded health care facilities and services to promote the use of quality, evidence-based, cost-effective health care delivery options, including any recommendations for criteria, standards, and methods relevant to the certificate of need review process.

Cost, quality and access criteria are built into the CON review process and criteria.

It is recommended that “standard advisory committees” be appointed to provide advice on CON standards.

Standard Advisory Committees (SAC)

A Standard Advisory Committee may be appointed by the Department. The purpose of the SAC would be to advise the Department and the Health Facilities Council regarding development of proposed CON review standards. The SAC would develop draft standards within 6 months of appointment.

The Committees would be composed of a two-thirds majority of experts in the subject matter, representatives of health care provider organizations concerned with licensed health facilities or licensed health professions, and representatives of organizations concerned with health care consumers, and the purchasers and payers of health care services. An individual could not serve on more than two SACs in any two-year period.

(4) An assessment of the availability of health care providers, public health resources, transportation infrastructure, and other considerations necessary to support the needed health care facilities and services in each region.

The workforce plan contains some of this assessment.

c. A health care data resources plan that identifies data elements necessary to properly conduct planning activities and to review certificate of need applications, including data related to inpatient and outpatient utilization and outcomes information, and financial and utilization information related to charity care, quality, and cost.

The plan shall provide all of the following:

(1) An inventory of existing data resources, both public and private, that store and disclose information relevant to the health care planning process, including information necessary to conduct certificate of need activities. The plan shall identify any deficiencies in the inventory of existing data resources and the data necessary to conduct comprehensive health care planning activities. The plan may recommend that the department be authorized to access existing data sources and conduct appropriate analyses of such data or that other agencies expand their data collection activities as statutory authority permits. The plan may identify any computing infrastructure deficiencies that impede the proper storage, transmission, and analysis of health care planning data.

Annual Survey of Hospitals from IHA (a portion of this survey contains questions from the Department)

The Department of Inspections & Appeals maintains database on facilities they license.

There is a need for reliable, consistently collected utilization data. Utilization data should be collected on a regular basis so utilization trends may be developed.

(2) Recommendations for increasing the availability of data related to health care planning to provide greater community involvement in the health care planning process and consistency in data used for certificate of need applications and determinations. The plan shall also integrate the requirements for annual reports by hospitals and health care facilities pursuant to section 135.75, the provisions relating to analyses and studies by the department pursuant to section 135.76, the data compilation provisions of section 135.78, and the provisions for contracts for assistance with analyses, studies, and data pursuant to section 135.83.

Annual reports need to include utilization data. Also, it is suggested that follow-up on CON projects should continue beyond the completion of the project to obtain utilization data and compare it to the projections in the application.

d. An assessment of emerging trends in health care delivery and technology as they relate to access to health care facilities and services, quality of care, and costs of care. The assessment shall recommend any changes to the scope of health care facilities and services covered by the certificate of need program that may be warranted by these emerging trends. In addition, the assessment may recommend any changes to criteria used by the department to review certificate of need applications, as necessary.

New Medical Technology Advisory Committee

The Department could establish a New Medical Technology Advisory Committee which would assist in the identification of new medical technology or new medical services that may be appropriate for inclusion as a CON covered service in the earliest possible stage of its development.

Suggested committee membership:

- Representative of a healthcare provider organization concerned with licensed health facilities or licensed health professions.
- Persons knowledgeable in medical technology.
- Representative of a healthcare consumer organization.
- Representative of a healthcare purchaser.
- Representative of a third party payer organization.
- Faculty member of a school of medicine in the State of Iowa.
- Faculty member of a school of osteopathy in the State of Iowa.
- Faculty member of a school of nursing in the State of Iowa.