



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

WASHINGTON STATE
CERTIFICATE OF NEED PROGRAM
Meeting Summary – Hospice Services
WAC 246-310-290

A meeting regarding the Certificate of Need (CoN) hospice services rules convened on April 26, 2016. The meeting was held at the Department of Health, 111 Israel Road SE, in Town Center 2, Conference Room 158, Tumwater, WA 98501.

PRESENT: Frank Fox, Providence
Barb Hansen, WSHPCO
Leslie Emerick, WSHPCO
Peg Isenhower, MultiCare
Gina Drummond, Hospice of Spokane
Patty McCarty, Volunteer Long Term Care Ombudsman
Nancy Field, Field Associates
Mark Rake-Marona, Franciscan
Candace Chaney, Assured/LHC Group
Gary Castillo, Tri-City Chaplaincy

STAFF PRESENT: Bart Eggen, Executive Director
Jan Sigman, Program Manager
Kathy Hoffman, Policy Analyst
Beth Harlow, Analyst

9:00am – Open Meeting, welcome and introductions

Overview

Kathy Hoffman – goals for current workshop, review of March 17, 2016 workshop accomplishment and updates to consensus document.

Nancy noted that length of stay should be unduplicated, and she may have indicated otherwise in last meeting. Also, Nancy noted a potential error in average hospice size in notes from January 17, 2016. Kathy will review notes and tape from that meeting and update accordingly.

ADC Presentation

Frank and Mark presented their analysis of 2014 CMS cost report data, specifically volume and performance statistics for freestanding hospice agencies. Analysis visualization was presented by way of a document containing two tables: one representing all agencies and the other eliminating agencies with a margin over or under 50%. Frank explained relevant details of columns within the tables, and the bottom line – based on this analysis, the minimum threshold, or “ADC” should be adjusted downward from 35 to 25

Recurrent theme throughout:

Once consensus has been reached on a topic, that topic is off the table.

Group Discussion - Presentation

- Brief discussion regarding use of freestanding facilities vs. provider based data. The latter may have been more challenging.
 - Question whether the proposed threshold number had any effect on methodology. Frank reports that it was tested in methodology, and has virtually no effect.
 - Discussion of whether a lower threshold would address rural vs. urban issue; greatest limiting factor with rural is staffing, so reduction of ADC may address access concerns but economic concerns remain. Cost is high for rural care.
 - Discussion of capping admissions and its relationship to survivability of agencies. For rural counties, might want to include something other than simply numeric need. Might be basis for exception.
 - Group tested application of 25 ADC in current methodology. Need was shown in only a few additional counties. Result strengthened exception argument.
 - Discussion regarding multiple county CoN, and associated issues related to multiple-county applications, such as public hearings.
- **CONSENSUS:** We will reduce current ADC from 35 to 25.
- **CONSENSUS:** We will look at exceptions for counties that have single or no provider, as well as what the exception criteria would look like when numeric methodology would suggest there is no need for additional service.

Group Discussion –General

- Discussion of whether an adjustment to should be made to projected numbers so capacity would be accounted for. Front-end adjustment to account for people receiving hospice but discharged alive.

- Percentage discussed – 11.2% - seemed a high adjustment rate, but may decrease the estimated demand.
- Revisit prior discussion of national versus statewide length of stay. Difference is a couple of percentage points, between state and national average; difference is not material.
- Length of stay discussion, including whether to calculate unduplicated deaths or patient admissions.
- Discussion of use rates and consumption of healthcare services between east and west coast, healthcare practice pattern variations, and how this influences use rate and length of stay.

Group Discussion – Abt Report (shared by Nancy Field)

- Group reviewed report
- Discussion of data used for report, moved to discussion of CMS data regarding performance/quality used for report, and usefulness to group in later work.
- Performance statistics could also be used to support exception requests.

Group Discussion – Status of Rulemaking

- Suggestion to delay rulemaking to coincide with release of CMS data availability, whether such data will make any difference in new methodology.
- Further discussion as to what CoN program can do to “move the needle” regarding access to healthcare; adding more provider may not be the solution; Washington penetration rate compared to national average.
- Discussion putting CMS data into perspective – usefulness, when valid, purpose. Status of quality data won’t change CoN at this point.
- There is reason to update rules with work that has been completed so far. Methodology has been updated, change in ADC is significant, and definitions have been revised.
- *Confirmation: Draft methodology and rule set will be ready for meeting in June. In general, group wants to move forward with rulemaking process. One member does not want to go forward unless Death with Dignity and other policy issues discussed.*

Group Discussion –Death with Dignity

- Nancy proposes to make Death with Dignity a requirement of CoN approval. Feels that group should honor choice and codify it, make it part of what is expected for hospices in Washington.
- Discussion of whether Death with Dignity should be a policy issue addressed by legislature. Unless there is something in statute requiring CoN compliance with Death with Dignity Act, outside scope of this rulemaking process.

- Discussion regarding whether any hospice agencies are restricting or creating a systemic barrier to Death with Dignity. Questions regarding how violation would be proven if happening.
 - This can be added as part of the application process as a superior alternative. But it does not rise to the level of an exception. Does not need to be a change to the rule; might be part of something the department looks at with competing applications.
- **MAJORITY CONSENSUS:** Death with Dignity will be considered as part of the evaluation process but does not require a change in the rule.

Group Discussion – Exceptions

- Group has identified exceptions in prior meetings, but not definitively come up with a definition.
 - Death with Dignity may fall into the same nature of services (like pediatric services) that would be considered an exception. Could be included in an examination of depth/breadth of services.
 - Group discusses identifying age range for pediatrics; considers OFM age range.
- **CONSENSUS:** Regarding exceptions for pediatrics: age range is 0 – 14 with a three year lookback; will rely on OFM as a data source.

Conclusion:

- **May 24, 2016 meeting is cancelled.**
- Program will work on draft rules and Kathy will circulate to workgroup prior to next scheduled workshop on June 22, 2016.