Governor's CON Taskforce

Working Group D

Update

Friday, December 2, 2022

Members:

- Jean Ahn
- John Brady
- Patrick Charmel
- Nancy Heaton
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Questions/Topics

Changes to the Office of Health Strategy's long-term, state-wide health plan to include an analysis of services and facilities and the impact of such services and facilities on equity and underserved populations.

Guaranteed local representation of communities on hospital boards.

Giving the Office of Health Strategy the authority to require an ongoing investment to address community needs.

Working Group D – Preliminary Recommendations

Changes to the Office of Health Strategy's long-term, state-wide health plan to include an analysis of services and facilities and the impact of such services and facilities on equity and underserved populations.

- The working group learned that OHS had already been authorized, funded, and has contracted with a firm, ALTARUM to conduct and write a new statewide healthcare facilities and services plan that will include analysis on equity and underserved populations. There may be an opportunity for interested community members to join the OHS Advisory Board that will be formed for the 2nd Phase of the report project.
- It would be helpful for all members of the CON Taskforce to learn more about the methodology and the expected deliverables of this study, as well as how the plan will be used and or incorporated in future CON applications and decisions. (For example, will a racial and equity impact review be required in all applications, etc.).
- Primary question for discussion: Should applicants be compelled to locate proposed facilities/services in communities/locations that the Statewide Health Facilities Service plan identify as "underserved" , or where there are socially vulnerable populations (i.e. high SVI communities) access barriers and/or demonstrated health disparities? If so, how do we reconcile that with the need for the service to be financially viable? And if so, what role/support/or(?) does the state then need to play or contribute to ensure these services are sustainable?
- Suggestion for discussion: Analysis in this plan should consider (a) minimal volume thresholds (based on national benchmarks) for safe provision of care; (b) a realistic focus on long-term sustainability particularly where projections forecast very low utilization but extensive 24/7 support is necessary to provide the given service/program/ deliverable; and (c) the inventory of State/ Community resources/grants available to help close gaps and address/substantially contribute to the various DEI-related needs.

Working Group D – Preliminary Recommendations

Guaranteed local representation of communities on hospital boards.

- The Group learned that some local hospitals do not have their own Boards but rather have a regional Boards. In either case, it is important that members of those usually self-perpetuating Boards represent and reflect the local population and be organized in such a way that it is welcoming to all.
- While it seems clear that the community Boards of local hospitals have little to no authority over strategic decisions that involve their hospital, it would benefit the taskforce members to better understand the actual governance structures that currently exist in CT Hospitals and the logic behind those structures and how multiple hospital systems utilize the local insights or expertise to inform their strategic decision-making. Inviting an expert on the topic of health system governance would be helpful.
- Question for discussion: Should local community or regional hospital Boards be directly responsible for the required Community Needs Assessment and its local implementation plan as the community representatives who would know their communities the best?

Working Group D – Preliminary Recommendations

Giving the Office of Health Strategy the authority to require an ongoing investment to address community needs.

- There seems to be consensus that hospital need to do better than "government program underpayment" in regard to community benefit, and that there needs to be more transparency, guidelines and definitions about "community benefits.
- However, these is not consensus within in the group around what this looks like and in setting specific requirements (dollar amounts or percentages or values related to tax exemption, etc.)
  - Hospitals, while admitting they have a role in improving the health and wellbeing of the communities they operate in, report that it would be very difficult to capture the value of their community work and to meet specific spending targets.
  - Community advocates on the working group, however, not only seek more clarity and transparency about what is included in a particular hospital's community benefit report but feel that there should be some fixed spending goal or guidelines that Hospitals should spend in exchange for their non-profit status.
- The working group received a strong presentation from Brent Miller of OHS on his analysis of all Hospitals Community Benefit spending as reported on the IRS 990 Form H. The report revealed a lot of variation among the hospitals and the lack of clear guidelines about what can or should be included on the Form.
- Awaiting a report on the legislative intent and background regarding the proposed community benefit legislation of last legislative session which may give us more insight into this question.
- <u>Suggestion for discussion</u>: Strengthen OHS oversight authority regarding CHN Assessments, ensuring that these assessments are tied to their Implementation plan and that any resources that the hospital expends on the implementation plan are recorded and easily tied to their community benefit report.
- <u>Suggestion for discussion</u>: OHS authority should be expanded to include all healthcare provider organizations, not just hospitals, if it is truly seeking to contain costs and address health equity issues across the state.