



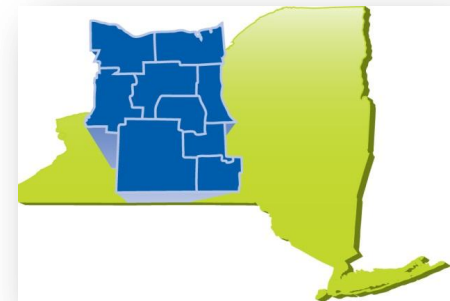
Finger Lakes Health Systems Agency

**Planning and Managing
Delivery System Capacity
Thomas Mahoney, M.D.
Co Executive Director**

**NRHI Summit
February 7, 2013**

About FLHSA

- An independent, non-profit community health planning organization
- Working collaboratively with multi-stakeholder groups to:
 - Improve health quality, access
 - Eliminate health care disparities
- Serve nine-county Finger Lakes region



Rochester's Collaborative Model

- 1,115 people in our community involved in local health planning efforts
 - Representing 390 organizations
 - Actively involved in 20+ major committees, coalitions
 - Informing and supporting FLHSA analytics through:
 - Community education
 - Community mobilization
 - Grassroots advocacy for change



FLHSA's Roles

Catalyst

- Help stakeholders explore best practices and launch community-wide, evidence-based approaches to health improvement

Convener

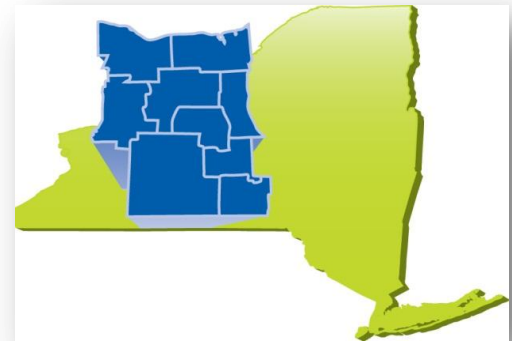
- Host the “community table”

Community Champion

- Identify funding; collaborate with community leaders to secure it

“Nudge”

- Help keep intervention projects moving forward



Current Activities: Capacity Planning & System Improvement

Community Technology Assessment Advisory Board (CTAAB)

CON application reviews

2020 Performance Commission

Sage Commission

Public Health Rationale for Capacity Management

- Cost
- Quality
- Access
- System Development Objectives



History of Capacity Management in Rochester Area

- Marion Folsom and hospital fundraising project
- CON in New York State
- End of rate-setting/
changes in CON
- Establishment of
Community Technology
Assessment Advisory
Board (CTAAB) in 1993



FLHSA Activities: Capacity Planning & System Improvement

Mission

- Augment and provide an independent, professional, and community-oriented appraisal to the health care planning process
- Advise payers, providers, and other interested parties on the need for or efficacy of certain health care services and technologies by providing non-binding recommendations



CTAAB Scope

Determine whether:

- Additional health service capacity is warranted, taking into account geographic location, access, cost effectiveness, quality, and other community issues (most of our work now)
- An application of a new technology or service or a novel application of an existing technology or service represents appropriate evidence-based medical practice (looking to reinvigorate this work)

CTAAB Screening Criteria

For review of additions to service capacity

- \$750,000 for capital equipment or annual incremental community expenditure
- Significant community issues that are always reviewed, including:
 - Cardiac catheterization labs
 - Operating rooms
 - Hospital beds
 - MRI units
 - PET scanners
 - CT scanners
 - Sleep labs
 - Lithotripters
 - Hyperbaric Oxygen Therapy

CTAAB Results

20 projects reviewed in 2011-2012, representing:

- More than \$29 million in capital costs
- Nearly \$32 million in incremental annual community cost

Cost savings

- More than \$10 million in capital costs
- Approximately \$8.4 million in annual operating costs

CON Case Study: 2020 Commission

2020 recommendations:

- To support plans for three Monroe County hospitals to modernize - each hospital benefits from updated facilities.
- To reduce the number of new hospital beds from 278 to 152.
- Future expansion could be approved on a fast-track basis, but only if the hospitals worked collaboratively to reduce avoidable admissions

Case Study: 2020 Commission

- **278 New beds proposed**
152 New beds approved
- **\$126M Capital savings**
- **\$20 M Annual operating savings**



Current Activities: Capacity Planning & System Improvement

CMMI \$26.6M Grant

Three-Pronged Approach

- Support primary care
- Address the social and behavioral effects on health
- Create a primary-care payment model that rewards better outcomes



Current Activities: Community Engagement

- FLHSA-RBA High Blood Pressure Collaborative
- Healthi Kids
- African American Health Coalition
- Latino Health Coalition
- Coalition to Prevent Lead Poisoning
- Partnership on the Uninsured



**Let's
MAKE
LEAD
HISTORY**



Keys to Replicating Our Work

- Community-based health planning
 - Serves as a valuable link between policymakers in local stakeholders, and health care consumers
 - Policymakers benefit from local expertise
 - Effective planning is a collaborative, not regulatory, process
- Multi-stakeholder processes
 - Stakeholders must be involved from beginning to end
 - They must agree to participate ... help establish objectives and the process ... and define results
- Identify and secure funding sources for capacity management projects



Finger Lakes Health Systems Agency

The triangle represents our agency's role as a fulcrum—the point on which a lever pivots—boosting the community's health by leveraging the strengths of all stakeholders. The fulcrum is also a point of equilibrium, reflecting our ability to balance the needs of consumers, providers and payers on complex health matters. The inner triangle also evokes the Greek letter delta—used in medical and mathematical contexts to represent change—with a forward lean as we work with our community to achieve positive changes in health care.

Give me a lever long enough and a fulcrum on which to place it,
and I shall move the world. —Archimedes

1150 University Avenue • Rochester, New York • 14607-1647
585.461.3520 • www.FLHSA.org