November 15, 2019

Mr. Matthew Gilman, MPPA
Facilities Planning and Safety Program Manager
Health Care Regulation and Quality Improvement | Certificate of Need
Oregon Health Authority
800 NE Oregon Street, Suite 465
Portland OR 97232

Dear Mr. Gilman:

RE: Supplemental Response to Oregon Health Authority Questions Regarding NEWCO's Request to Establish a 100-Bed Inpatient Psychiatric Hospital in Washington County (CN #682)

On behalf of Fairfax Behavioral Health and Universal Health Services, I am pleased to provide a supplemental response to the Oregon Health Authority ("OHA") question included in your letters dated July 25, 2019 regarding Cedar Hills Hospital's patient admission and deflection data.

I would be happy to answer any questions you have on the above responses. I can be reached at ron.escarda@uhsinc.com or at 425.821.2000.

Sincerely,

Ron Escarda
CEO & Group Director of the Pacific Northwest
Universal Health Services

Cedar Hills Hospitals, Admissions and Deferrals, January 2018 to June 2019

In screening question number two from July 25, 2019, the OHA requested further information regarding Cedar Hills Hospital deferrals over the 2018 to 2019 time period. Specifically, information regarding referral source or client location, potential payer, age, reason for deflection, and disposition of referral if not admitted. In our response we indicated we would provide this information as soon as possible.

This document represents the information available on Cedar Hills Hospital admits and deflections, presented according to the requested variables for client referral location, age, potential payer, intake disposition, and deflection reason. The data we present in this response reflects all patient requests and admissions for inpatient psychiatric care. The statistics presented below differ from the data presented in our application. Since the employee responsible for producing the original data included in our application is no longer employed by Cedar Hills, we are unfortunately unable to verify their filtering method and determine the subset of programs or patients selected. The data presented below reflects all care inquiries for inpatient psychiatric care, aggregated across the time periods January 2018 to June 2018, July 2018 to December 2018, and January 2019 to June 2019.

Although the data we present here differs from that in our application, it tells the same story. Namely, requests and deflections at Cedar Hills Hospital for inpatient psychiatric care have increased over the last two years, driven primarily by capacity constraints and increasing lengths of stay.[1] Furthermore, the number and proportion of patients refusing action has fallen, suggesting that alternative patient options to Cedar Hills Hospital have become more limited. These data are presented overall, and by source agency location, payer, age, intake disposition, and reason for deflection in the tables below. Table 1 presents Cedar Hills Hospital patient requests for the period January 2018 to June 2019.

Table 1: Cedar Hills Hospital Patient Requests, by Admission or Deferral Status, January 2018 to June 2019

Admission Summary	Period Total			Per month		
	Requests	Admits	Deflections	Requests	Admits	Deflections
January through June 2018	2,745	1,093	1,652	458	182	275
July through December 2018	2,872	924	1,948	479	154	325
January through June 2019	3,241	833	2,408	540	139	401
Total	8,858	2,850	6,008	492	158	334

Source: Cedar Hills Hospital Calls by Patient Characteristics

Notes: “Period total” represents the total across the period specified for each row. “Per month” represents the period total divided by the number of months in the period (6). Average Length of Stay for these three periods, based off of Cedar Hills Discharges, was equal to 8.97 for the period January to June 2018, 9.77 for the period July to December 2018, and 10.81 for the period January to June 2019.

[1] Average Length of Stay, based off of Cedar Hills Discharges, was equal to 8.97 for the period January to June 2018, 9.77 for the period July to December 2018, and 10.81 for the period January to June 2019.

From Table 1, requests for inpatient care grew from 458 requests per month in the first half of 2018 to about 540 requests per month in the first half of 2019. Concurrently, driven by increasing lengths of stay, admissions per month fell between 2018 and 2019. Together, these trends have driven significant increases in the number of deflections between 2018 and 2019.

Patient care requests, admissions, and deflections by patient age are presented in Table 2.

Table 2: Cedar Hills Hospital Patient Admits and Deflections, by Age, January 2018 to June 2019

Age Group	Counts			Ratios		
	Requests	Admissions	Deflections	Requests	Admissions	Deflections
Unknown	1	0	1	0.0%	0.0%	0.0%
0 to 4	86	0	86	1.0%	0.0%	1.4%
5 to 9	1	0	1	0.0%	0.0%	0.0%
10 to 14	2	0	2	0.0%	0.0%	0.0%
15 to 17	6	0	6	0.1%	0.0%	0.1%
18 to 24	1578	503	1,075	17.8%	17.6%	17.9%
25 to 29	1111	365	746	12.5%	12.8%	12.4%
30 to 34	992	321	671	11.2%	11.3%	11.2%
35 to 44	1,710	596	1,114	19.3%	20.9%	18.5%
45 to 54	1,492	494	998	16.8%	17.3%	16.6%
55 to 64	1,267	419	848	14.3%	14.7%	14.1%
65+	612	152	460	6.9%	5.3%	7.7%
Subtotal, 18+	8,762	2,850	5,912			
Total	8,858	2,850	6,008			

Source: Cedar Hills Hospital Calls by Patient Characteristics

From Table 2, nearly two thirds of inpatient care requests are from persons between the ages of 18 and 44. Given that Cedar Hills Hospital does not have the resources to treat child or adolescent patients, and is not a geriatric-only facility, this is as expected. Although Cedar Hills does not treat child or adolescent patients, it nevertheless receives care requests for persons in these age groups. Most care requests for children and adolescents are returned to their referral source, some refused care to go elsewhere, and some were referred to other outpatient care providers. Other than for the child and adolescent age groups, the age distributions of care requests, admissions, and deflections were very similar over the period January 2018 to June 2019.

For the remaining tables, we present data only for persons aged 18 and over. Table 3 presents requests, admissions, and deflections by agency referral source for persons 18 and over.

Table 3: Cedar Hills Hospital Patient Admits and Deflections by Source Agency Location for Persons Aged 18+, January 2018 to June 2019

Agency Name	Requests	Admits	Deflections
OHSU ED	651	160	491
Kaiser Sunnyside EPS	565	154	411
Providence Portland	555	145	410
Adventist Medical Center	539	154	385
Cedar Hills Hospital	489	258	231
Providence St. Vincent	450	126	324
Providence Milwaukie Hosp	379	87	292
Unity Center	345	146	199
Peacehealth SW Medical Ct	296	64	232
Kaiser Westside	290	80	210
Self	258	120	138
Providence Willamette Fal	221	65	156
Internet Wesbite Unk	213	71	142
Legacy Salmon Creek	207	74	133
Asante Rogue Regional MC	201	45	156
Willamette Valley Med Cnt	185	76	109
Legacy Mt. Hood Med Centr	157	42	115
Providence Newberg	156	64	92
Mercy Medical Center	152	47	105
Legacy Emanuel Hospital	147	43	104
Legacy Good Sam Hospital	132	40	92
Peacehealth Riverbend	126	37	89
Legacy Meridian Park	121	29	92
Family Member/Friend	115	38	77
Adventist Health ED	111	39	72
Other	1,701	646	1,055

Source: Cedar Hills Hospital Calls by Patient Characteristics

Notes: Data presented reflects statistics for the top 25 agency referral sources based off total number of requests

From Table 3, the most common agency referral source was the ED of Oregon Health & Science University. This is followed by Kaiser Sunnyside, Providence Portland, Adventist Medical Center, Cedar Hills Hospital, Providence St. Vincent, Providence Milwaukie, and the Unity Center for Behavioral Health. In general, most agency referral sources are hospitals and medical centers, although a number of requests come from individuals, internet websites, and family members. We observe fewer than 200 requests originate from government mental health organizations, and fewer than 50 requests originate from courts, correctional facilities, or probation officers.

Table 4 presents potential payer data for inpatient care requests, admissions, and deflections.

Table 4: Cedar Hills Hospital Patient Admits and Deflections by Payer for Persons Aged 18+, January 2018 to June 2019

Payer	Admits	Deflections	Requests
Medicare/Medicaid/CCO	521	908	1,429
Commercial/Health Care Contractor/HMO/Third Party	740	927	1,667
Other Government/Military	98	93	191
Self-pay/Unfunded	1,491	3,984	5,475
Total	**2,850**	**5,912**	**8,762**

Source: Cedar Hills Hospital Calls by Patient Characteristics

Notes: CCO stands for "Community Care Organization." HMO stands for "Health Maintenance Organization. Payers sorted into the above categories based off of abbreviated payer names, so above table may not perfectly reflect the actual payer distribution. It is also for this reason that it is not possible to differentiate between Medicare and Medicaid.

From Table 4, most patient requests, admissions, and deflections derive from self-pay or uninsured persons. In addition, the ratio of deflections to admits is also highest for these individuals, at about 2.7 deflections for every admission. The ratio of deflections to admissions is also above one for the payer categories Medicare/Medicaid/CCO and Commercial/ HMO/Third Party, with ratios of about 1.75 and 1.25, respectively. Requests from patients insured by government and military organizations have a ratio of deflections to admissions about equal to one. The relatively high ratio of deflections to admissions for self-pay and unfunded patients has primarily resulted from the capacity constraints faced by Cedar Hills. In 2018, Cedar Hills received approximately 255 patient care requests per month from self-pay and unfunded patients. In 2019, this number rose to over 400. In fact, over the observed time period, patient care requests increased only for self-pay and unfunded persons, while patient care requests from persons within in all other payer categories fell. The large increase in self-pay patients in 2019 led towards more of these individuals facing bed or staff shortages in their efforts to obtain care.

The reasons for deflection across all patient care requests for persons aged 18 and over is presented in Table 5.

Table 5: Cedar Hills Hospital Patient Deflections, by Reason for Deflection for Persons Aged 18+, January 2018 to June 2019

Reason not admitted	January to June 2018	July to December 2018	January to June 2019	Total
Information Only	47	83	130	260
Not Clinically Qualified, All	101	306	368	775
Not Clinically Qualified - Behavior Issues	2	4	64	70
Not Clinically Qualified - Lacks Acuity	34	144	112	290
Not Clinically Qualified - Medical Issues	34	97	123	254
Not Clinically Qualified - Program Not Offered	3	13	46	62
Not Clinically Qualified - Other	28	48	23	99
No appropriate bed	26	427	1,111	1,564
No or insufficient MD coverage	0	0	1	1
No show patient	85	63	82	230
No or insufficient staff	0	0	66	66
Refused Action, All	1,363	1,036	617	3,016
Refused Action - Wants to go elsewhere	69	129	83	281
Refused Action - By Family	3	5	3	11
Refused Action - Financial	7	6	6	19
Refused Action - Other	1,226	819	458	2,503
Refused Action - By Patient	58	77	67	202
Total	1,622	1,915	2,375	5,912

Source: Cedar Hills Hospital Calls by Patient Characteristics

From Table 5, the primary reason for the increase in deflections at Cedar Hills is a lack of appropriate bed. Other reasons for the increase include more individuals contacting Cedar Hills for information only, insufficient staff, and more individuals requesting care who were not clinically qualified as a result of behavioral or medical issues. On the other hand, the number of persons who were not admitted as a result of refusing action declined by over 50 percent across the three time periods. Although there can be different reasons for a person to refuse care, and thus different reasons for the numbers of these persons to decline, a reasonable explanation for this phenomenon is that persons requesting care had fewer quality options available to them outside of Cedar Hills. Furthermore, this explanation is consistent with mental crisis facing Oregon outlined in our original application.

For the persons deflected from Cedar Hills, we present their disposition of referral in Table 6.

Table 6: Cedar Hills Hospital Patient Intake Dispositions for Non-Admitted Persons Aged 18+, January 2018 to June 2019

Intake Disposition	January to June 2018	July to December 2018	January to June 2019	Total
Admitted	1,093	924	833	2,850
Non-Clinical Referral - No Clinical Care Recommend	10	20	55	85
Referred to Chemical Dependency Treatment	2	3	1	6
Referred to Inpatient Non-UHS Facility	26	102	88	216
Referred to Managed Care Organization	1	0	1	2
Referred for Medical Clearance / Treatment	2	10	7	19
Referred to Outpatient Non-UHS Facility	25	28	27	80
Referred to Outpatient UHS Facility	11	24	31	66
Referred to Support Group	0	7	0	7
Referred to Inpatient UHS Facility	2	1	2	5
Patient Refused Action - No Referral	158	172	363	693
Returned to Referral Source	1,385	1,548	1,800	4,733

Source: Cedar Hills Hospital Calls by Patient Characteristics

From Table 6, most persons not admitted were returned to their referral source. This was the case across all three time periods, and became proportionately more so between January to June 2018 and January to June 2019. Some persons were referred to other inpatient or outpatient facilities, while others refused action and Cedar Hills was unable to provide a referral. Given non-admission, there tended to be increases over time across all of the intake disposition categories, although these were most pronounced for the categories of non-clinical referral, patient refused action, and returned to referral source.