



**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

October 17, 2006

Ms. Francis S. Bonardi, RN, MBA  
Vice President of Patient Care Services  
Lawrence & Memorial Hospital  
365 Montauk Avenue  
New London, CT 06320

Re: Certificate of Need Determination, Report Number 06-30844-DTR  
Referral of insured OB/GYN clinic patients to other providers  
Lawrence & Memorial Hospital

Dear Ms. Bonardi:

On October 3, 2006, the Office of Health Care Access ("OHCA") received a response to its request for information regarding the above referenced project. This CON determination inquiry was initiated by OHCA and is being reviewed under Report Number 06-30844-DTR. Please be advised that OHCA has reviewed the information and makes the following findings:

1. Lawrence & Memorial Hospital ("Hospital") is a non-profit acute care hospital located at 365 Montauk Avenue in New London, Connecticut. The Hospital operates an obstetrical/gynecological ("OB/GYN") clinic at its main hospital campus. It came to OHCA's attention that the Hospital recently restructured the OB/GYN clinic and OHCA commenced a CON determination inquiry to ascertain pertinent facts in this matter.
2. The Hospital has recently begun to have GYN clinic patients sign a form which indicates that they have been given a list of providers from the New London and Groton area and that it is the patient's responsibility to follow up gynecology care with another provider. The patients were given contact information for nine area private practice OB/GYN offices as well as for Planned Parenthood in New London and Norwich and Community Health Center in New London and Groton. The patients were also given a chart illustrating what insurance plans the private OB/GYN providers currently participate in.
3. Regarding the changes to services available for obstetrical patients:
  - a. As of January 2006, Hospital no longer accepts obstetrical patients into the clinic who have insurance, including patients with Medicaid coverage.

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- b. Obstetrical patients with Medicaid coverage come to the Clinic for a screening exam. If they are an uncomplicated pregnancy, they can select an OB provider on the Hospital's staff. If there are any issues or concerns regarding the patient, she will be cared for through the clinic.
  - c. The Clinic continues to provide care for self-pay patients, teens and insured high risk patients.<sup>1</sup>
  - d. Obstetrical care continues to be provided at the clinic by Drs. Amdur and McKnight and their nurse midwife.
  - e. The clinic is currently caring for 110 pregnant women.
4. Regarding the changes to services available for gynecology patients:
- a. As of July 2006, the Hospital began to refer privately insured women to the GYN providers in the community.
  - b. The Hospital met with the leadership of Planned Parenthood about referring self-pay as well as insured women to them. The Hospital indicates that, because funding for Planned Parenthood is tied to volume, they were enthusiastic about these potential referrals. In addition, their physician, Dr. Edward Watson, also a member of the Hospital's Medical Staff, performs procedures similar to what is done in the Hospital's clinic.
  - c. As annual appointments become due, the referral is made. Patients who are not able to make the transition will continue to be seen at the Clinic for GYN care.
  - d. Because of the reduction in insured patients seen in the clinic, the clinic will be open thirty-two hours per week versus forty hours per week.
5. The Hospital provided the following visit data for FY 2004 – FY 2006<sup>2</sup>:

	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>
Visit OB Service	4,320	4,211	3,679
Visit GYN Service	1,413	1,140	1,143
Total	5,733	5,351	4,822

6. The Hospital indicates that it instituted this restructuring in order to return “*to the original mission of the OB Clinic, which is to provide care for women who are without resources*”.
7. The OB/GYN clinic remains in operation and provides all of the services it provided previous to the restructuring of the clinic. Under the obstetrical service component, the Hospital continues to provide OB screening, OB visits and RN visits. Under the gynecological service component, the Hospital continues to provide GYN visits, Colposcopy, Cryo Procedures, Endometrial Biopsy, and Depo Provera Injections.

<sup>1</sup> High risk includes patients with complex medical and social issues.

<sup>2</sup> Fiscal Year is October 1<sup>st</sup> through September 30<sup>th</sup>.

Based on the above findings, OHCA has determined that the restructuring of the Hospital's OB/GYN clinic is not a termination of services pursuant to Section 19a-638 of the Connecticut General Statutes. Therefore, this restructuring does not require Certificate of Need authorization.

It must be noted, however, that on May 4, 2005, OHCA denied the Certificate of Need proposal of the Hospital under Docket Number 04-30348-CON to discontinue its OB/GYN clinic in its entirety. In this decision OHCA clearly expressed concerns regarding access to OB/GYN services for all patients, regardless of the patient's payer source, should the clinic be closed. The basis of this denial was related to the concern that equal or better access to such services was not proven and it did not differentiate the uninsured patient from those with insurance. The fact that the Hospital proceeded to restructure the OB/GYN clinic and, in effect, ceased treating privately insured patients and most Medicaid patients where were part of the scope of the CON decision is of concern. This action by the Hospital deprived OHCA of the opportunity to review the proposed reconfiguration and evaluate the impact on access to care and quality of health care delivery prior to the implementation of the proposal. In the future OHCA expects that the Hospital will notify OHCA prior to undertaking similar activities.

Although OHCA does not find that a termination of services has occurred which would require a CON under Section 19a-638 of the Connecticut General Statutes, OHCA requires the Hospital to keep OHCA informed over the next twelve months regarding continuing access to OB/GYN services at the clinic as well as at the other providers to which patients are referred. OHCA requires the Hospital to file each quarter, a list of all services provided at the Hospital's OB/GYN clinic, its hours of operation and staffing levels and a list of all providers to which referral are made for the OB/GYN services and what insurance plans they participate in. The Hospital should also identify the number of patients referred from the clinic to each separate physician/physician group or provider for OB and GYN services by quarter. Such quarterly reporting will be due by December 31, 2006, March 31, 2007, June 30, 2007 and September 30, 2007.

If you have any questions concerning this letter, please contact Karen Roberts, Compliance Officer, at (860) 418-7001.

Sincerely,

*Signed by Commissioner Vogel on October 17, 2006*

Cristine A. Vogel  
Commissioner

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