STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Application of Copley Hospital Construction of New Surgical Suite	)	GMCB-015-13con

STATEMENT OF DECISION AND ORDER

Introduction

Copley Hospital (Copley, or the applicant) is a critical access hospital located in Morrisville, Vermont. Copley seeks to construct a new 19,560 square foot (sq. ft.) surgical suite to replace the existing surgical suite built in 1979. For the reasons outlined below, we approve the application subject to the conditions as set forth in the certificate of need issued pursuant to this decision and order.

Procedural Background

On June 17, 2014, Copley filed a certificate of need (CON) application with the Green Mountain Care Board to construct a new surgical suite to replace its existing suite (the project). On July 11, 2014, the Office of the Health Care Advocate (HCA) intervened in this CON as an interested party. Fletcher Allen Partners (since renamed University of Vermont Health Network (UVHN)) requested interested party status on July 15, 2014; the Board denied the request and issued an order granting UVHN amicus curiae status on July 30, 2014.

After a series of requests for information by the Board and responses from the applicant, on May 6, 2015, the applicant filed a revised application. Because it contained significant changes from the earlier version, the Board recommenced the statutory review period and requested supplemental information to support the revised application on June 10, July 1, July 30, September 9, and September 23, 2015. Prior to responding to the final set of questions, the applicant filed a letter with the Board requesting that the Board close the application and set the matter for hearing. The application was closed on October 16, 2015. On October 27, 2015, the applicant provided responses to the final set of questions from the Board.

The Board initially set a hearing date of November 19, 2015, which was rescheduled to December 2, 2015. At hearing, Melvyn Patashnick (CEO), Nancy Putnam (Chair, Board of Trustees), Rassoul Rangaviz (CFO), Dr. Bryan Huber (Chief of Surgery), Roger Gruneisen (Senior Manager, Quorum Health Resources), Art Mathisen (COO), Terry Phillips (RN) and Greg Ward (VP of Support and Ancillary Services and project manager for the surgical suite) presented testimony on behalf of the applicant. The Board accepted public comment at close of hearing from sixteen supporters of the project. In addition, the Board accepted written public comment through December 28, 2015.

Findings of Fact

1. Copley is a not-for-profit critical access hospital in Morrisville that has been serving Lamoille County and northern Vermont since 1932.

2. Copley's existing surgical suite was built in 1979. Updating the suite has been part of Copley's "strategic vision" for at least a decade. Transcript (TR) at 9 (planning for new surgical suite contemplated "long before" CEO's nine years at Copley); *id*. at 13 (project was discussed fifteen years ago). Copley began to formalize its plans for the current project in 2012, and filed its initial application on June 17, 2014. *Id.* at 9.

3. Currently, Copley's surgical suite is located on Floor 2 of the hospital and consists of three operating rooms (ORs). ORs 1 and 2 are each 375 sq. ft. and OR 3 is 260 sq. ft. The suite also has a post-anesthesia care unit (PACU), central sterile supply, storage, and a pre-operative unit located thirty feet across a public corridor from the OR unit. Copley's 13 pre- and post-op beds are located on Floors 1 and 2. Revised Application (Application) at 6-7.

4. Copley has two procedure rooms, two infusion rooms, and three pre-procedure and recovery bays located in the ambulatory care unit (ACU) on Floor 1. Application at 2-3. Patient registration, outpatient services, staff lockers, and the reception and waiting area for family members are also located on Floor 1. TR at 15.

5. The configuration of services between Floors 1 and 2 creates inefficient patient flow and logistical issues for physicians and staff. As a result, Copley currently performs approximately 300 minor procedures annually in the ORs that would normally be performed in a procedure room. Response to Questions (Responses) (9/27/15) at 1-2.

6. The central sterile supply and support spaces are small and the existing storage space crowded. To extract OR equipment for surgeries, staff must first remove other items to access the needed equipment and then replace the unneeded items back in storage; the process is performed again when equipment is returned to storage. The process has been described as a "well-choreographed dance" that is "hard on staff . . . and on equipment" and one which potentially increases the risk of infection. TR at 17-18.

7. None of the three existing ORs meets FGI guidelines that recommend a minimum room size of 600 sq. ft. for orthopedic ORs. *See* FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities (2014) Section 2.2-3.2.1. Of the 1,813 surgeries performed at Copley in 2013, 1,078 were orthopedic. Application at 47.

8. Copley solicited input from patients, providers, nurses, building professionals and consultants during the project's planning stage. TR at 24. The first architect hired by Copley designed a 32k sq. ft. facility. After reevaluating the project in light of the hospital's needs, Copley hired a new architect and scaled back the size and scope of the project. TR at 72-73.

9. To determine the appropriate project scope, Copley contracted with Quorum Health Resources (Quorum)[1] to perform a capacity utilization analysis of its existing surgical suite and to project the hospital's needs into the future. Quorum recommends that Copley maintain three ORs which results in utilization of just under 60 percent; if the number of ORs were reduced to two, Quorum projects utilization of 86.1 percent, exceeding industry benchmarks. Application at 10; Responses (6/23/15), Attachment A (Quorum Report) at 6; Responses (9/9/15) at 2. Quorum also recommends reducing the number of procedure rooms from two to one and increasing the number of infusion rooms from two to four. Application at 10, 13; Quorum Report at 15-18; 20-24; TR at 21-23.

10. Copley considered three construction options before deciding on the project's site and configuration. Option A comprised 7,106 sq. ft. of renovation and 3,737 sq. ft. of new construction. Copley rejected this option because the surgical suite would have remained undersized pursuant to FGI guidelines, construction would have significantly disrupted the existing surgical suite, and the design would not have located the pre-op, procedure and waiting rooms contiguous to the ORs. Because of these deficiencies, Copley did not estimate the cost of Option A. Application at 42-45; Responses (6/23/15) at 6.

11. Option B combined renovation and new construction of 19,500 sq. ft. on the north side of the hospital for a total estimated cost of $12.5 million. Copley rejected Option B because it did not optimize patient and workflow, might have required the relocation of utilities, raised potential storm water drainage issues, and did not cost less than the selected choice, Option C. *Id*.

12. Copley selected Option C which combines renovation and new construction of a 19,560 sq. ft., single story structure attached to the south side of the hospital in an area now used for parking. The project will satisfy FGI guidelines, is expected to improve patient flow and staff workflow, address patient privacy concerns, and potentially reduce Copley's already low (under one percent) infection rates. Option C will cause little disruption to Copley's operations during construction. Copley projects the cost of Option C at $12.5 million. *Id.*

13. The surgical suite will co-locate three ORs, one procedure room, twelve pre-and post-op beds, a waiting area, a patient consultation room, an isolation room and storage space. In contrast to the current surgical suite, the new suite includes one oversized pre-op bay and a cubicle to specifically accommodate bariatric patients. Application at 2-3; 47.

14. Copley's two existing infusion rooms cannot accommodate peak volumes, even if the workload was leveled. The project includes renovation of vacated space to allow Copley to expand the number of infusion rooms to four, thereby reducing utilization to an acceptable level consistent with industry benchmarks. Application at 13; Quorum Report at 20-24. In addition to the infusion rooms, Copley will construct a receiving area for supplies, a break room, a bathroom and an office. Application at 2-3.

15. Copley plans to designate one of its existing operating rooms as an obstetric delivery room for vacuum extractions, vaginal deliveries of twins and emergent C-sections. Application at

[1] At the time Copley filed its initial application in this docket in 2014, Copley had retained Trinity Health Group as its consultant.

5. Copley will also use renovated space as a family waiting area for the birthing center, director's office, locker rooms and storage, physician on-call room, expansion of cafeteria seating, office space for the information technology department, and for additional storage. The project includes rebuilding the 58-year old elevator. *Id.* at 2-3, 17.

16. The three new ORs will meet FGI guidelines for orthopedics at 629 sq. ft., 625 sq. ft., and 616 sq. ft., respectively. With one less procedure room, Copley projects that in 2017 it will perform 441 additional minor procedures in the ORs, but that overall OR utilization will not significantly increase.[2] Consistent with its current charge structure, Copley will not vary the cost of a minor procedure that is performed in the OR, rather than in the procedure room. Responses (8/6/15) at 3, ¶ 5; TR at 21.

17. The project adds no new services and projects only a small increase in surgical utilization (0.5 percent) to account for population growth in its service area. Application at 71-72; TR at 29.

18. Recently, Copley piloted a successful Shared Decision Making Program that informs and educates surgical patients of all their surgical and non-surgical options and is expected to improve patient outcomes. TR at 13.

19. Copley's Community Health Needs Assessment survey does not indicate that there is a need for a new surgical suite; instead, respondents to the survey identified more generalized health care concerns.[3] At hearing, Copley's CEO explained that the absence of general surgery in the survey is not indicative of the absence of need, and that the general surgery program is integral to the hospital's operations and the needs of the community. TR at 45 ("[W]ithout general surgery you can't have an OB program . . . you can't back up the ED.").

20. Copley previously employed three surgeons, two of whom have retired. TR at 53. Dr. Don Dupuis, Copley's staff general surgeon since August 2015, commented at hearing that deficiencies in the existing surgical suite make it difficult to hire additional surgeons. TR at 107-110; Responses (9/9/15) at 5.

21. Copley schedules its ORs using "block scheduling" based on surgeons' historical utilization and projected volumes. Responses (9/5/15) at 2-3; TR at 55. If a surgeon does not fill his or her block time 72 hours prior to a surgery date, the time slot is deemed open and available for use by another surgeon. The hospital reports block time statistics on a quarterly basis to the OR Committee, which adjusts the scheduling for optimal OR utilization. Responses (9/5/15) at 2-3; TR at 55-56.

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[2] Table 7 of the application indicates a jump in OR procedures in 2017 and 2018. As explained at hearing, Copley is not performing more surgeries; the rise is a direct result of more minor procedures being performed in the OR, rather than the procedure room. TR at 40-41.

[3] In the September 2015 survey, respondents identified the top five areas of concern: access to health care; lifestyle and prevention; health care costs; chronic health conditions; and social and family connections and support. *See* 2015 Community Health Needs Assessment, *available at* https://www.copleyvt.org/wp-content/uploads/2015/09/Copley_CHNA_2015.pdf.

22. The project will add one full-time employee (FTE) in 2017 and 1.2 FTE in 2018. The additional staffing will be for housekeeping and maintenance of the new square footage. Revised Table 9, Staffing Projections (10/26/15).

23. Copley views this project as essential to its survival as a surgical center and as a hospital. TR at 64-65. Copley's surgical department is its most profitable unit, generates approximately half of Copley's annual revenue, and subsidizes and supports other needed service areas such as the birthing center and emergency department. Application at 7; TR at 67 -68.

24. Copley intends to fund the estimated $12.5 million project with a $7 million loan payable over twenty years, $2.3 million in working capital, and $3.2 million in fundraising, 75 percent of which it has already raised. If unable to raise sufficient funds as planned, Copley will use savings or funds from non-CON capital spending. Application at 68, Tables 1, 2; TR at 29.

25. As evidenced during the 2016 hospital budget process, Copley will decrease its FY 2016 rates by 4.0 percent due to exceeding the Board's net patient revenue (NPR) cap. For FY 2017 and FY 2018, Copley projects a 2.0 percent rate increase each year while maintaining a 3.0 percent NPR growth cap. TR 29-30.

26. The project will add $1 million in expenses annually, more than half of which is depreciation, to Copley's operating budget of approximately $60 million. Application at 55-56; TR at 28; 79 ("[O]ut of the 60 some odd million dollar, 63 million dollar . . . budget we're talking about one percent, one and a half percent.").

27. Copley projects operating losses in FYs 2017 and 2018 resulting in a flat margin (revenue over expenses) in FY 2018. Application, Financial Tables 3A (Income Statement, Project Only); 3B (Income Statement with Project). At hearing, however, Copley's recently hired COO expressed confidence that Copley will achieve savings not reflected in its projections by implementing operational efficiencies. For example, Copley will standardize electronic health records, work to reduce the number of unnecessary visits to the emergency department, and will continue to partner with Community Health Services of Lamoille Valley, the area's federally qualified health center (FQHC). TR at 36.

28. Copley has received significant community support for the project. Sixteen members of the public spoke at hearing to express their appreciation of the hospital in general or in support of the project specifically. The Board received more than fifty written comments during the public comment period, the majority of which discuss the need for Copley's presence and participation in the community.

Standard of Review

Vermont's certificate of need process is governed by 18 V.S.A. §§ 9431-9446 and Green Mountain Care Board Rule 4.000: *Certificate of Need*. The applicant bears the burden to satisfy the relevant criteria set forth in 18 V.S.A. § 9437. Rule 4.000, § 4.302(3).

Conclusions of Law

Section 9437 of Title 18 contains criteria that must be satisfied before the Board may issue an applicant a certificate of need. Here, the applicant has demonstrated that it meets each of the relevant criterion, which we address in turn.

I.

Under the first criterion, the project must be consistent with the health resource allocation plan (HRAP). Last published in 2009, the HRAP identifies needs in Vermont's health care system, resources to address those needs, and priorities for addressing them on a statewide basis. *See* 18 V.S.A. § 9437(1). As requested by Board staff at the commencement of the application process, Copley addressed HRAP standards 1.4, 1.5, 1.6, 1.7, 1.9, 1.10, 1.11, 1.12 and 3.4. On review, we find that standards 1.4 and 1.5 are not applicable, and therefore review the application for consistency with the remaining specified HRAP standards.

Standard 1.6 requires that applicants collect and monitor health care quality and outcomes data related to the proposed project, which should align with related data collection and monitoring efforts to the extent practicable. Copley's hospital-wide quality assurance program, led by its quality management department, collects data on a regular and ongoing basis. Notably, Copley's surgical infection rates are consistently low (under one percent) compared to national infection rates, and Copley meets or exceeds patient satisfaction benchmarks. In addition, Copley has instituted a shared decision-making program to improve patient outcomes. Application at 33-35; Finding ¶ 18. Based on the information provided, we conclude Copley has met this standard.

Standard 1.7 requires that applicants show that the project is consistent with evidence-based practice. Copley has satisfied this standard by designing the project to meet current FGI guidelines; in addition, Copley has demonstrated that its current adherence to evidence based practice has produced low infection rates despite surgical ORs that are limited in size and which fall below current standards. Based on the information provided, Copley has satisfied Standard 1.7, as well as Standard 1.12 (requires compliance with FGI Guidelines). Application at 35-36; 46-52.

Standard 1.9 requires applicants to demonstrate that the costs and methods of construction are necessary and reasonable, that the project is cost-effective, and that reasonable energy conservation measures were taken. We agree that the applicant meets this standard regarding cost effectiveness, the substance of which we discuss more fully in our analysis of CON statutory Criterion 2, below. We also conclude that the applicant took reasonable energy conservation measures that include consulting with Efficiency Vermont, as fully outlined in its application and in satisfaction of this requirement and of Standard 1.10.[4]

Standard 1.11 requires that applicants proposing construction projects demonstrate that new construction is more appropriate than renovation. We agree that renovation alone would not solve Copley's need for a sufficiently sized, FGI compliant clinical area, with contiguous space

[4] HRAP Standard 1.10 states:

> Applicants proposing new health care projects requiring construction shall show such projects are energy efficient. As appropriate, applicants shall show that Efficiency Vermont, or an organization with similar expertise, has been consulted on the proposal.

for storage and supplies, that is capable of servicing its projected volumes. The construction as currently planned will help eliminate workflow inefficiencies and operational challenges that renovation would not resolve. *See* Findings of Fact (Findings) ¶¶ 12, 16.

Last, Standard 3.4 requires that hospitals demonstrate that the project has been included in their budget submissions or show why inclusion is not feasible. Copley outlined its plan to apply for a CON in its FY 2014 budget. Its operating impact was not included in its FY 2014 or FY 2015 budgets however, because the application had not been approved and there was consequently not yet an impact on operations. TR at 53. Once the project commences, Copley will need to include its impact in its budget submissions.

Based on the above, we conclude that the applicant has met the first CON criterion.

II.

Under the second criterion, Copley must demonstrate that the cost of the project is reasonable, that it can sustain any financial burden likely to result from the project, that the cost of care will not unduly increase, and that less expensive alternatives are not feasible or appropriate. 18 V.S.A. § 9437(2). We conclude that Copley has met this criterion, but condition this CON on the continued reporting of projected and realized savings to address operating losses in FYs 2017 and 2018 and an expected flat margin in 2018.

Copley relied on its submitted financial information, its consultant's report and on witness testimony at hearing to demonstrate the reasonableness of project scope and cost. Having scaled back from earlier plans to build a much larger facility, the project is not "overbuilt" and therefore costlier than required. The project does not increase the number of ORs, reduces the number of procedure rooms, and reduces the number of pre- and post-op beds. Finding ¶ 13. The project adds only one FTE in 2017 and 1.2 in 2018. Finding ¶ 22. Given the project's scope and Copley's prudent decision to reduce its size from initial plans, we find the cost is reasonable.

Copley has also demonstrated that it can sustain any financial burden likely to result from the project. Copley chose not to fund the project with a bond because it would cost more than a loan, and instead chose to borrow a portion of the funds and use working capital and fundraising for the remainder. Finding ¶ 24. As of the date of hearing, Copley had reached three-quarters of its fundraising goal; if it cannot raise sufficient funds, it will use non-CON capital or savings. Finding ¶ 24. Copley projects that it can maintain a 3.0% NPR without requiring a cumulative rate increase for FYs 2016 (a 4.0 percent rate decrease) through 2018 (a 2.0 percent increase for each of FYs 2017 and 2018). Finding ¶ 25. Although Copley projects an additional $1 million in annual operating expense, the additional cost constitutes only a small percentage of its overall budget. Finding ¶ 26.

We echo our concern, however, as voiced by several Board members at hearing, that Copley will experience operating losses in FYs 2017 and 2018 and flat operating margin in FY 2018. *See, e.g.,* TR at 57 (Dr. Ramsay); 78-79 (Chair Gobeille). Based on the testimony presented, we conclude that Copley can and must achieve sufficient savings to minimize risk and raise the margin to an acceptable level. After operating for a period of time with the position

vacant, Copley has recently hired an experienced IT director who is focusing on streamlining electronic medical records to become more efficient. TR at 36-37. Copley's new COO has identified areas where operational efficiencies can be achieved; for example, Copley is working with community health care partners to reduce unnecessary emergency department visits by referring patients to the Blueprint for Health and to primary care providers. Finding ¶ 27; TR at 47. We are also persuaded, based on the credible testimony at hearing, that Copley recognizes and is preparing for the financial challenges it and other Vermont providers may soon face as the state navigates its way through emerging health care reforms and initiatives. *See* TR at 57-58 ("[W]e can't go into a reimbursement reform taking-on-risk kind of situation without going through the exercise of making sure that we are as lean and mean as we possibly can be"); TR at 76-80 (Copley explains ability to achieve savings despite reimbursement reforms).

Copley has affirmed that the cost of care will not increase as a result of this project. Copley will supplement project funding, if required, with non-CON capital spending or with savings it intends to capture through operational efficiencies, rather than raising rates, which are not projected to cumulatively increase from FY 2016 through FY 2018. Findings ¶¶ 23, 24. Although Copley will be moving more of its minor procedures into the OR, Copley's charge for a given procedure will not vary based on where it is performed. Finding ¶ 16. Copley has committed to cutting expenses by streamlining and standardizing operations to minimize the risk of operating losses and a flat margin in 2018. Finding ¶ 26.

Last, Copley must show that less expensive alternatives are not feasible or appropriate. Copley's application identifies and discusses the merits and limits of three construction alternatives. Although its cost analysis is sparse—for example, Copley did not obtain nor provide the cost of renovation as opposed to cost of new construction—at hearing Copley explained that renovation alone would not accommodate new, FGI-compliant ORs due to the lack of square footage. Finding ¶ 10. Further, the project comports with Quorum's analysis of historical and projected utilization and its recommendations that the hospital construct three ORs and increase the number of infusion rooms to four. If Copley were to reduce the project size to include only two ORs, the percentage of capacity used would rise above the industry benchmark, and Copley would be limited in its ability to secure necessary staff to work expanded hours. Finding ¶ 9.

Accordingly, we find that the applicant has satisfied all of the requirements of the second statutory criterion.

III.

Pursuant to the third criterion, Copley has shown a need for this project and that the service is appropriate for it to provide. 18 V.S.A. § 9437(3). The evidence shows that the existing surgical suite does not meet modern standards and that there is a need for enlarging and updating the facility. Services in the existing surgical suite are spread over two floors, the ORs are small and do not meet FGI guidelines, equipment storage and space for supplies is limited, infusion utilization is high and increased growth is projected, and maintaining patient privacy and sterile conditions is a challenge. Findings ¶¶ 5, 6, 7. The project addresses these concerns by enlarging the ORs to meet industry standards and co-locating the ORs, procedure room, pre- and post-op beds, storage space, and waiting area so that workflow is enhanced, patient privacy and family engagement is maximized, and risks of infection kept to a minimum. Although the project adds

to the number of infusion rooms, the two existing rooms are inadequate to meet growing volumes, even if the workload was better managed. Finding ¶ 14.

It is also appropriate for Copley to provide the services included in the project. Copley currently performs approximately 1,800 surgeries annually, and does not project any appreciable change in projected surgical volumes over the next several years as a result of the project. Findings ¶ ¶ 7, 16, 17. Income from surgical services helps support other, less profitable hospital services. Finding ¶ 23. Copley also provides approximately 1,400 infusions per year. With only two infusion rooms, Copley exceeds optimal utilization on peak days and will add two additional rooms to meet the demand. Finding ¶ 14.

Accordingly, it is appropriate that Copley continue to provide these services, and we find that Copley has met the third criterion.

IV.

The fourth criterion requires that applicants demonstrate that either the quality of, or access to, health care by Vermonters will improve as a result of the project. 18 V.S.A. § 9437(4). We conclude that Copley has shown that the project fulfills both aspects.

As we heard from Copley's witnesses, from members of the public who spoke at hearing, and as demonstrated in the record, the quality of care at Copley is high. For example, despite undersized ORs and a non-contiguous surgical suite, Copley has been able to achieve very low infection rates. While we commend physicians and staff for this accomplishment, we recognize that it is "hard on the staff" who have nonetheless "adapted" to their working environment. Finding ¶ 6; TR at 18. By constructing ORs large enough for today's equipment and technology and co-locating the ORs, procedure room, and pre- and post-op beds, Copley can minimize the risk of infection and potentially further reduce already-low infection rates. The new facility design optimizes patient and work flow, both of which positively impact the quality of care. Findings ¶ ¶ 12, 13.

In addition, Copley's two infusion rooms are inadequate to meet its increased demand for infusion services. By adding two more infusion beds, the project will bring utilization to a more acceptable level, and increase both the quality of and access to care. This addition will minimize the use of pre-op and recovery beds, and will help ensure that patients will not have to travel elsewhere, farther from their homes, for needed treatment. Finding ¶ 14.

There are other aspects of the project that positively affect both quality of and access to care. For example, the project includes one oversized pre-op bay and a cubicle to accommodate bariatric patients, who may otherwise have sought services elsewhere if Copley were unable to devise alternative in-house arrangements for their care. Finding ¶ 13. In addition, the newly constructed and configured surgical suite will enhance patient privacy, and help foster family involvement in a patient's healing process.

Copley has satisfied the fourth criteria.

V.

Next, we conclude that Copley has shown that the project will not adversely affect other services offered by the applicant and that the project serves the public good. 18 V.S.A. § 9437(5) (project cannot have undue impact on other services); 18 V.S.A. § 9437(6) (project must serve the public good). Copley is offering no new services, and by updating the surgical suite to comply with current standards, it can continue to operate and support other less profitable hospital services.

As we have discussed throughout this decision, the project will serve the public good by bringing the surgical suite to current standards. Patient experience is expected to improve, the work of staff and physicians will be made easier in rooms large enough to accommodate needed equipment, the risk of infection will be minimized, and infusion services will be expanded to meet demand.

Accordingly, Copley has satisfied criteria 5 and 6.

VI.

Finally, we conclude that Copley has satisfied the seventh statutory criterion. 18 V.S.A. § 9437(7) (applicant must consider accessible transportation services). Copley is not changing the location of its surgical services. Patients in Copley's service area may continue to access the same services currently available, rather than traveling farther from home to receive treatment.

Conclusion

Based on our review of the application and evidence presented in this proceeding, we conclude that the applicant has demonstrated that each applicable statutory criterion has been met,[5] and issue a certificate of need on this date.

Order

Pursuant to 18 V.S.A. § 9440(d), the Green Mountain Care Board approves the application of Copley Hospital and a certificate of need shall issue, subject to the requirements and conditions therein.

SO ORDERED.

Dated: February 12, 2016 at Montpelier, Vermont

[5] We do not address the eighth CON criteria because it is not relevant to this proceeding. 18 V.S.A. § 9437(8) (requires conformance with health information technology plan if application is for purchase of new health information technology).

s/ Alfred Gobeille	)	
	)	
s/ Cornelius Hogan	)	GREEN MOUNTAIN
	)	CARE BOARD
s/ Jessica Holmes	)	OF VERMONT
	)	
s/ Betty Rambur	)	
	)	
s/ Allan Ramsay	)	

Filed: February 12, 2016

Attest: s/ Janet Richard
Green Mountain Care Board
Administrative Services Coordinator