

Cardiac Workgroup Meeting Summary December 10, 2020

Meeting Date	Meeting Time	Location
December 10, 2020	10:30 am -12:00 pm	Online Conference Call (via Zoom)

Participant Name and Attendance

Cardiac Workgroup Members					
James Iacobellis, Esq.	X	Howard Haronian, MD	X	Scott Martin, M.D.	
Barbara Durdy	X	Amanda Gunthel	X		
Rod Acosta, MD	X	Lisa Winkler	X		
Nihar Desai, MD	X	Claudio Capone	X		
Stephen Widman, MD	X	Micheala Mitchell	X		
Sally Herlihy	X	Steven Lazarus	X		
Others Present					
Members Absent					

Meeting Information is located at:

	Agenda	Responsible Person(s)
1.	Welcome and Introductions	Steven Lazarus
2.	Public Comment	Steven Lazarus
	There was no public comment.	
3.	Discussion on Material Submitted by Dr. Haronian	Group Discussion
	<ul style="list-style-type: none"> • Dr. Haronian reviewed the summary/overview of the materials he had submitted for this workgroups review. The material was as follows: <ul style="list-style-type: none"> ○ 2011 ACC AHA SCAI PCI Guidelines ○ 2014 SCAI ACC AHA Expert Consensus Update PCI Without Surgical Backup ○ 2015 PCI Without Surgical Backup Meta-Analysis Update Circulation ○ ACCF-AHA SCAI 2013 Update of the Clinical Competence ○ SCAI Position Statement on the Performance of PCI in ASC in 2020 ○ Selective Literature Review 	

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- The discussion on the what the documents contained and clarification questions from the group.
- Questions was asked regarding how OHS views these consensus documents and how and when does OHS update its documents.
- It was pointed out that in 2012, OHS (under its predecessor agency set a standard for applicants of cardiac CON to meet. How does it get changed now?
- It was noted that ACA was invited to join this workgroup, but ACA declined.
- OHS pointed out that they do not have clinical members on staff, and therefore lack the clinical insight to these guidelines and changes occurring on the clinical side.
- Discussion then moved towards the quality aspect and the need to set quality standards. OHS staff discussed the quality aspects that the agency focuses on, versus Department of Public Health. Additionally, the fact that OHS has limited resources to add new responsibilities or functions to monitor these facilities and programs for quality. Hence the purpose for OHS and its predecessor agency using nations ACA cardiac standards for quality.
- The current OHS priorities and focus were also discussed, and which includes focus on Quality, Access, and Cost.
- Group members then shared the industry's focus, similar to the State's priorities changing, the industry has now pivoted to a System Approach, instead of hospital focused. It was noted that not just in Connecticut but also nationwide. Other industry members of the group agreed with the new health care industry approach.
- One of point of views that was brought up was that one of the proposed approaches (to plan systemwide for cardiac services) ignores the present guidelines in order to facilitate system expansion into secondary markets.
- Returning to quality benchmarks, it was suggested that OHS should focus on quality, but not by gathering additional data or material from applicants and facilities, but rather requiring the facilities/program to join certain national quality associations, that require high quality standards. This way, no additional resources would be required for OHS.
- OHS staff shared with the workgroup that the current efforts at OHS, including those of the Quality Council and other workgroups that are working on "quality" benchmarks, but many of those are months away from being finalized.
- It was also noted that CMS has approved some reimbursement for freestanding ASCs. Although not currently, but sometime in the future, soon, CMS will be approving more cardiac procedures for reimbursement, and the landscape may begin to change. Off hospital campus, the cost is lower, and quality with certain protocols in place, can be maintained)
- The workgroup facilitator (Steven Lazarus) summarized the today's discussion as the following items:
 - Current OHS Guidelines vs. How to account for the updates and consensus documents (when OHS will review its guidelines).
 - Site Specific Programs vs. Health System Wide shared programs
 - System Operations vs. Freestanding.

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4.	Next Steps	Steven Lazarus
	<ul style="list-style-type: none"> • Workgroup members to research and share with OHS and group, some of the quality benchmarking standards that could be used to require cardiac related facilities and programs to adhere to. • OHS staff to get OHS leaderships feedback on the eventual program per site, versus, program per health system, to fill in unmet need in the community. • OHS has shared its cardiac data from 2002-2019 with the Connecticut Hospital Association (CHA). The hope is that over next couple of weeks, OHS and CHA data staff will collaborate on a combined final, verified document that can be shared with the group to review. • Next meeting will be scheduled for 2nd or 3rd week of January 2021. 	
5.	Adjourn	Steven Lazarus
	<ul style="list-style-type: none"> • Meeting adjourned at 11:45 am. 	