## Department of Public Health Office of Health Care Access (OHCA) Sub-Committee on Acute Care and Ambulatory Surgery Services

## **Regional Service Areas**

Please see attached matrix offering a comparison of current service area definitions (Appendix A).

- Service areas should consider both <u>in-migration</u> and <u>out-migration</u>. This may vary based on specific service lines and should be evaluated on a case by case basis.
- In general, a <u>broader geographic definition</u> is preferable existing HSA Regions or DEMHS should be considered for consistency.
- Existing focus is primarily on Inpatient Acute Care the changing delivery landscape will dictate
  increased access to a variety of outpatient services the definition of regions should reflect this
  need.
- A <u>standard definition of Primary Service Areas (PSA)</u> should be considered. This definition should be consistent with Stark definitions of 80% as follows:
  - Incoming "physicians" must come from the outside of the hospital's service area, which
    is defined as the lowest number of contiguous postal zip codes from which the hospital
    draws 75% of its inpatients

## Exclusions/exceptions should be considered for:

- Exceptions to the 80% definition need to be considered for the following:
  - Service Lines such as Cardiac Surgery, Transplant, etc.
  - o Outpatient services
- Postal codes that have a low number population that would be not representative of the entire town

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Not included - OPM CT Regional Planning: (5) Planning agencies, (3) Council of Elected Officials, (7) Councils of Governements

Factors to consider:
Population density
State borders
# Providers
Provider networks
Urban vs. rural