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Meeting Notes

The Acute Care/Ambulatory Surgery Subcommittee of the

State-Wide Health Care Facilities and Services Plan Advisory Body

September 22, 2011 at 10:30 a.m.

Agenda Item	Discussion	Action/Results
I. Opening Remarks – Kaila Riggott	Kaila welcomed the group.	
II. Subcommittee Recommendations to OHCA Bed Need Methodology, Regions and New Technology	**Concerns/comments raised by the subcommittee:** Bed Need: • In many cases, licensed beds are "non-substantiated" due to the redistribution of patient care floors and units to other purposes; demand for future beds will be dependent upon future hospital consolidation, healthcare reform and the unclear impact of an aging population and chronic disease incidence; thus redistribution of beds will self-correct based on these factors. • Bed need should be based on licensed beds • Consideration should be given to variances by service; size of facility and ability to flex with demand; changes in delivery landscape and or surge capacity; complexity of patients; and seasonal fluctuations. • Utilization rates should include at a minimum a 3-year historical review and include projected utilization of a minimum of 5 years; the baseline model should be updated at least every 5 years; the move toward ACOs and bundled payments have not been included and could lead to a need for SNFs and other LTC utilization; consideration should also be given to market demand and increased need for access to isolation and/or single gender rooms; and reduced readmission associated with improved quality measures and value based purchasing. • Exclusions should be considered for observations beds, same day surgery < 24 hours; and newborn/bassinets. Planning Area: The subcommittee submitted a matrix comparing current service area definitions. • Both in- and out-migration should be considered. • A broader geographic definition is preferable either existing HSAs or DMHAS regions should be	OHCA will review the feedback and recommendations of the subcommittee and provide comment.

	• Existing focus is primarily on IP care – the changing delivery landscape will dictate increased access to variety of OP services and the area selected should reflect this • A standard definition of PSA should also be considered and should be consistent with the Stark definitions of 80% • Exceptions to the 80% definition should be considered for service lines such as cardiac, transplant, etc.; outpatient services; and postal codes with low population that would not be representative of the entire town New Technology definition: The following should be considered when developing a definition: • Should apply to clinical and imaging; applied to direct patient care unless an exception exists; should be entirely new to the state; potential for increased risk to patients; no prior authorization for utilization/purchase of equipment; under FDA review. • Exceptions should be considered for information systems; facility infrastructure (e.g., HVAC, plumbing); and evolution of new technology (e.g., imaging upgrades).	
III. Presentation on Operating Rooms – Laurie Greci	Laurie Greci presented on ORs. There are no standardized guidelines or regulations concerning how to determine the number of ORs needed in a new Outpatient Surgical Facility (OSF) or when more than two ORs need to be added within a three-year period at an OSF or an acute-care hospital. OHCA proposes to develop guidelines and regulations to address: the number of ORs appropriate by facility or in the region; projected future demand for additional OSFs or ORS; the current accessibility to ambulatory surgery; and unmet need. OHCA reviewed the State Health Plans of the following states that have guidelines on ORs. Many of the states have utilized common elements and incorporate: fixed planning areas; target utilization rates; distance from an acute care hospital; and requirements for number of ORs. Laurie reviewed relevant facility plan information on ORs from the following states: South Carolina, Mississippi, Kentucky, Vermont, North Carolina, Alabama, Maryland, Michigan, Alaska and Georgia. Details from those states were provided in Laurie's PowerPoint presentation which will be available on OHCA's website page dedicated to the Plan http://www.ct.gov/dph/cwp/view.asp?a=3902&q=469574. OR issues in need of feedback from the subcommittee include: service area; definitions for OR and procedure room; capacity; optimum utilization (%); requirements to add ORs to an acute care hospital and/or to OSF; physician referral patterns; time and/or distance from an acute care hospital; and exceptions.	

V. Discussion on Operating Rooms – Subcommittee Members only		
VI. Next Steps	The subcommittee will caucus to determine how to handle ED and cardiology services, the two outstanding pieces. The new address for the OHCA website is www.ct.gov/dph/ohca. To access all information about the Plan, meeting presentations, materials, agenda and schedule, click on the CT State-Wide Health Care Facilities and Services Plan Advisory Body link.	The subcommittee will meet separately to develop feedback.

Attendees: Jean Ahn, Margie Guglin (with Jean Ahn), Louise Dechesser, Carl Scheissl, Beth Chaty
Attendees from OHCA: Kaila Riggott, Steve Lazarus, Brian Carney, Laurie Greci
Absentees: Karen Goyette, Sally Herlihy, Patrick Charmel, Dennis McConville, Betty Buzzuto, Lisa A. Winkler