Meeting Notes

The Acute Care/Ambulatory Surgery Subcommittee of the

State-Wide Health Care Facilities and Services Plan Advisory Body

July 28, 2011 at 9:00 a.m.

Agenda Item	Discussion	Action/Results
I. Opening Remarks	Karen Goyette reminded members that they can call in to participate and requested that members provide written feedback to OHCA.	Members are to email Kaila Riggott with written comments and/or research related to bed need methodology by next Thursday August 4, 2011 to allow time for OHCA to compile the information for the August 11 meeting.
II. Presentation on Cardiac Standards – Steven Lazarus III. Review and Discussion of Cardiac Standards Presentation	Overview: Despite legislative changes that occurred last year, cardiac services remain one of a group of services that continue to require certificate of need (CON) for expansion, termination or implementation of a new program. Currently CON decisions on cardiac services are made on a case-by-case basis utilizing American College of Cardiology/American Heart Association (ACC/AHA) & Advisory Council for Cardiothoracic Surgeons (ACCS) guidelines; commissioner/deputy commissioner review; and applicants making the case for unmet need and/or gaps in availability of cardiac services. The CT experience with respect to provision of invasive cardiac services mirror national trends which have seen declines over the years, mainly because of increased use of drug eluting stents. To aid standardized decision-making with respect to cardiac services, OHCA reviewed plans from a number of states. Commonalities include: utilizing ACC/AHA and ACCS guidelines, planning areas, demographics and utilization trends. Distinct methodologies from three states, South Carolina, Illinois and Tennessee were presented as they are representative of the variety of other states' approaches. **Concerns/comments raised by the subcommittee:** • Stamford, Yale New-Haven and Danbury Hospitals pull in significant cardiac volumes from out of state therefore the focus on in-state utilization volume remains a concern. • Did any state include quality outcomes as part of the review process? Most commonly the review	OHCA to email and post presentation on the web. The new location is www.ct.gov/dph/ohca. To access all information about the Plan click on the link CT State-Wide Health Care Facilities and Services Plan Advisory Body OHCA to email the methodologies from the three states to members for additional review and comment. Members to develop list of possible exceptions. This will be added to list of meetings and topics.

	focuses on physician/operator volumes instead of institution volume since most operators provide the services at multiple sites. Currently, OHCA sets up quarterly meetings with providers that show low institutional volume to make sure that they have and implement plans that ensure high quality standards are maintained despite low volume. • Planning areas are used in bed need methodologies and require further discussion by the subcommittee. Some states defined the areas per service, others had fixed planning areas. In CT, fixed planning areas used for different health care needs include health service areas, counties, Department of Emergency Management and Homeland Security (DEMHS) regions and Department of Mental Health and Addiction Services (DMHAS) regions.	Members will use one of the meetings to focus on planning areas.
IV. Update on Bed Need – Brian Carney V. Further Comments/ Feedback on Bed Need Methodology	Brian Carney presented on bed need methodology as a follow-up to concerns members raised at the July 14th meeting. He provided members with copies of his findings. **How the three states arrived at target occupancy rates:** In some cases the paper trail did not go far enough for OHCA to determine how rates were established. Basically, states chose a reasonable number and over time increased or decreased the rate based on historical trends and hospitals' experiences. **Replicate the Illinois model that incorporates in/out migration and determine if the overall results vary from the three states presented:** The estimates derived (which used partial data for in-migration), did not lead to different results. **Concerns/comments raised by the subcommittee:** • A target occupancy rate of 65% for obstetrical beds is not effective and causes a lot of problems. • The IL model is counterintuitive and uses in/out-migration to rebalance planning areas. It was suggested that people who work out of state tend to receive hospital care in the host state, therefore hospitals such as those in the Fairfield County area need to plan for capacity that may include New York residents. • At present, many hospitals use scatter beds for observation stays. Current licensing levels allow for this practice. It was recommended that the CT model should factor in observation beds in the bed need methodology.	Jean Ahn will send copies of research and comments on bed need methodology to Kaila Riggott. Brian Carney will incorporate NY in-migration data provided by Karen Goyette into IL model and OHCA will post on web. OHCA will request clarification and elaboration on the occupancy rate for obstetrical beds comment at next meeting. Members to provide literature, feedback or comments on how to best handle observation beds.

	• Surge capacity allows for contingency planning for disasters and it was suggested that it be factored in the CT model. ▪ Look to health care reform on how hospital stays will be bundled, acute versus sub-acute. That is, how hospitals, as opposed to transferring patients to other facilities for step down care, will manage such care with sub-acute beds. • Because of value-based purchasing, hospital admissions are expected to decline, reducing inpatient utilization and bring more attention to outpatient care. • As the group may not ultimately agree on recommendations and since it is advisory in nature, members are asked to provide written feedback/ opinions for consideration by the group. These will be summarized, presented to the Advisory Body and Kim Martone, and ultimately to the Deputy Commissioner/Commissioner for consideration.	Members to provide literature, feedback or comments on surge capacity.
VII. Other Business: VII: Next Steps	Lisa A. Winkler provided three ambulatory care surveys from the previously non-responding ambulatory surgery facilities to Karen Roberts. Issues for feedback: 1. Planning regions/areas 2. Bed need methodology 3. Data or Information on in/out migration to and from CT hospitals 4. OHCA to make the CT estimates and the three models under study available to the group 5. Cardiac services guidelines 6. Exceptions Logistics: The group will be meeting at 10:30 a.m. on August 11, August 25, September 8 and September 22 at the same venue. The new location 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.	Karen Goyette will follow-up with members via email to remind them to email feedback and comments to Kaila Riggott by next Thursday August 4, 2011 to allow time for OHCA to compile information together for the August 11 meeting. Additional meeting topics: 1. Planning areas 2. Exceptions

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