

**D R A F T**

**Meeting Notes**

**The Acute Care/Ambulatory Surgery Subcommittee of the  
State-Wide Health Care Facilities and Services Plan Advisory Body**

**September 8, 2011 at 10:30 a.m.**

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action/Results</b>
I. Opening Remarks – Karen Goyette	Karen opened the meeting and stated that the process put in place whereby the group meets without OHCA staff prior to the meeting is working well.	The group will continue to meet in private prior to the start of the subcommittee meeting.
II. Subcommittee Recommendations to OHCA on Ambulatory Surgery Standards/ Guidelines	<p>The Subcommittee presented a summary document that included an overview of the current ASC landscape and responded with specific feedback solicited by OHCA. Several issues were identified as being more relevant to hospitals than ASCs – service area, capacity and optimum utilization (a fixed planning or service area is not necessarily relevant to an ASC in the same way it is to a hospital; ASCs are not open 24/7 as hospitals are; some ASCs do as few as 40 PX/year whereas others may do over 10,000 annually). It was indicated that time and/or distance from an acute care hospital (within 25 miles) is important as is a transfer agreement. The definition of an OR in the current draft of RCSA 19a-36-D19 was submitted as a definition.</p> <p><b>Comments/concerns raised by the subcommittee:</b></p> <p>Concern was expressed that any criteria specific to OSFs be harmonized with and be an outgrowth of the general CON principles in CGS 19a-639. More specifically, that OHCA be mindful in developing the plan that there is continued growth in surgical services in the OP setting, that OSFs are cost effective, efficient and have proven patient satisfaction benefits. The CT Association of Ambulatory Surgery Centers (CAASC) would support general criteria requiring every new approved OSF be certified by Medicare or a national accrediting body permitted by Medicare and would support a requirement that every OSF in CT be mandated to join an approved patient safety organization (PSO). CAASC is concerned about set volume thresholds and service areas that are not necessarily reflective of OSF volume among single-/multi-specialty providers or expected volume of cases from actual or prospective physicians. CAASC also offered OHCA possible criteria considerations with respect to financial strength of the health care system; improved quality, accessibility and cost effectiveness of health care delivery; past and proposed provision of health care services relevant to patient population and payer mix; demonstrated population to be</p>	<p>OHCA will review the summary document submitted by the subcommittee.</p> <p>OHCA will review the documents submitted by the subcommittee.</p>

	served and need for proposed services; and unnecessary duplication of existing/approved services/facilities. CAASC offered to work with OHCA in developing such criteria.	
III. Presentation on New Technology	Steve Lazarus presented on New Technology. A CON is required for the acquisition of equipment utilizing technology that has not been previously utilized in the state. OHCA does not currently have a definition for new technology. Historically, OHCA has reviewed on a case-by-case basis. Most states with plans have not defined and have no specific guidelines. However, Kentucky's definition includes "...new technology where the medical literature indicates that certain utilization levels or procedural volumes are necessary to achieve desirable patient outcomes." Kentucky's review criteria include applicants documenting efficacy and that the equipment is certified through the FDA; preference is given to multi-institutional proposals and those that place equipment in teaching or research facilities; applicants must have supportive diagnostic and treatment services available and must demonstrate that relevant staff are qualified and trained; and applicants must report utilization and demographic data necessary to evaluate the technology and facilitate state planning. New York's research on new technology CON review is specific to proton beam technology and recommends that a CON review include: detailed background and description; availability nationally and internationally; outcomes based on clinical studies; citation in professional journals; discussion of comparative effectiveness; evaluation of public need based on disease incidence rates; advantages/disadvantages of consortium approach; evaluation of cost and reimbursement aspects; the option of a demonstration project. OHCA would like the group to develop a definition of new technology, and consider new vs. advancement, evolution/proliferation of technology and review guidelines.	The subcommittee will review material presented by OHCA and will provide feedback as requested.
IV. Update on Ambulatory Surgery Survey	Karen Roberts distributed a handout detailing the status of survey responses to date. 97.7% of all OSFs have responded and OHCA is still awaiting responses from CT Ortho Specialists in Hamden and Leif Nordberg's Office in Stamford. 83% of hospitals have responded and OHCA is still awaiting responses from Charlotte Hungerford, Harford, St. Raphael's, Norwalk and Waterbury Hospitals.	Subcommittee members will follow up with non-respondents to encourage submission of survey responses.
V. Discussion on Bed Need and New Technology -- Subcommittee Members only		
VI: Next Steps	The new address for the OHCA website is <a href="http://www.ct.gov/dph/ohca">www.ct.gov/dph/ohca</a> . To access all information about the Plan, meeting presentations, materials, agenda and schedule, click on the <a href="#">CT State-Wide Health Care Facilities and Services Plan Advisory Body</a> link.	

**Attendees:** Karen Goyette, Jean Ahn, Louise Dechesser, Dennis McConville, Beth Chaty, Betty Buzzuto, Lisa A. Winkler, Sally Herlihy, Patrick Charmel

**Attendees from OHCA:** Kaila Riggott, Steve Lazarus, Brian Carney, Laurie Greci

**Absentees:** Carl Scheissl