

Meeting Notes
State-Wide Health Care Facilities and Services Plan Advisory Body
November 7, 2011
9:00 a.m.

Agenda Item	Discussion	Action/Results
Item I Opening Remarks	Opening remarks were given by Kimberly Martone. Commissioner Jewel Mullen joined the group and added her support.	
Item II Updates by Subcommittee Facilitators	<p>Presentations by Subcommittee Facilitators</p> <ul style="list-style-type: none"> • Karen Goyette gave an update on the Sub-Committee on Acute Care and Ambulatory Services. A power point presentation was given. OHCA was given feedback on Bed Need, Regions, New Technology, Ambulatory Surgery, Operating rooms. It would be more appropriate to use DEMHS regions for planning purposes. There are Five DEMHS Planning regions. The target bed need occupancy rate should be 80% with some exceptions. Evaluation of utilization should include a three year historical and five year projected minimum, baseline should be evaluated every five years at a minimum. Definition for primary services area should be 80%, knowing that specific services lines will draw from further areas, as well as, outpatient services. • Lisa Winkler gave an update on the Ambulatory Surgery Standards and Guidelines. A power point presentation was given. Other state standards and guidelines were discussed by the subcommittee to see if any could be incorporated into ours. Some of the standards and guidelines that were addressed were Service Area, Capacity, Utilization, Requirements to add a new ASC, etc. The subcommittee developed draft recommendations. • Al Bidorini gave an update on Behavioral Health Subcommittee. A conference call was made three weeks ago with Value Options. Their Medicaid provider file has some limitations. They have facilities but not private practitioners. Other databases to be used were Wheeler Clinic, DMHAS and other state agencies. Subcommittee members are looking at need and capacity issues. Services will be described by substance abuse vs. mental health, and children vs. adults. In order to make it easier to understand it was suggested one can look at 2 disciplines, 2 groups and 2 access points. The committee is struggling with having to meet into the New Year. • Evelyn Barnum gave update on Primary Care Subcommittee. Definition of Primary Care was discussed <i>“ Primary Care is that care provided by licensed independent practitioners specifically trained by and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the “undifferentiated patient”) not limited by problem origin (biological, behavioral or social), organ system or diagnosis.”</i>¹ After a discussion regarding why some words were used such as <i>“undiagnosed”</i> it was decided that the subcommittee would go back and take another look at the definition focusing on other key words. Evelyn updated on the final process for the CT Primary Care Access Committee of which she is a member. Seven final recommendations were given. The seventh recommendation was on All Claims Database for CT. Kimberly Martone noted that NAHDO and New Hampshire would be coming to Connecticut to present on this the fourth week of December. There is a lot of momentum regarding the all claims database. There would probably be legislation proposed in 	<p>Subcommittee will continue to meet. Draft recommendations for review by subcommittee.</p> <p>Subcommittee is working on additional recommendations in key areas. Group will meet again at the end of November. Feedback will be put into Standards and Guidelines</p> <p>Subcommittee will continue to meet and move forward.</p> <p>Subcommittee will plan to meet again in December</p>

¹This definition used is from the Journal of American Medical Association, May 18, 1994.Vol.271, No 19

	<p>February.</p> <ul style="list-style-type: none"> • Andrew Lawson gave an update on the Imaging Workgroup. Radiological Society was the only group member to respond to OHCA's request for comments on standards and utilization. The Radiological Society had two issues with respect to the proposed regulations. The first concern was that a physician be on-site and immediately available when contrast is administered in connection with a CT or MRI scan. The regulation should allow any practitioner who is legally authorized to administer/manage contrast within his/her scope of practice to be available for on-site emergency response. The second concern is that the applicant is expected to demonstrate that the utilization of capacity in the primary service exceeds 85% or if the applicant has a scanner in the primary service area that utilization of its current capacity exceeds 85%. It was suggested that if the Applicant is unable to demonstrate clear public need for the proposed scanner the applicant may rely upon any other relevant factors to demonstrate need among the population it intends to serve. Older scanners may be used for different purposes and may not need replacement. 	Andrew Lawson offered to assist OHCA in obtaining responses to the imaging survey from providers who haven't yet responded.
Item III Approval of Minutes	Kimberly Martone asked if there were any concerns regarding the proposed meeting notes of October 12, 2011	Hearing no concerns the minutes were approved.
Item IV Update on Inventory Database	<p>Karen Roberts gave an update on the Inventory Database. Survey of outpatient surgical facilities is complete in terms of collection of information.</p> <p>Karen handed out a sample survey using one hospital as an example of the next survey going out. For the new survey going out regarding data collection of hospital service lines OHCA has decided to do the survey ourselves with information we have in order to make it easier on the hospitals and only have hospitals verify it.</p> <p>The Imaging Survey is not yet complete.</p>	<p>Ambulatory survey will be posted on OHCA's website within the next couple of weeks for viewing. However, you will not be able to view the utilization with identifiable codes.</p> <p>Completed Service Lines Survey will go out to key person at the hospital to verify that information is correct.</p> <p>Andrew Lawson offered his help in getting the imaging survey completed.</p>
Item V Update on Facilities Plan Progress	Kaila Riggott gave an update on the Facilities Plan progress. Continue to review all the information given. Working on Chapter 3 and Chapter 9. All the suggestions given were reviewed by the Acute Care and Ambulatory Surgery Services Subcommittee and a conference call was placed regarding the information.	Additional information is being requested.
Item VI Next Steps	Kimberly Martone noted that there will be one more meeting of the Advisory Body before going on hiatus for four months. OHCA staff will continue to move forward.	Next Advisory Body Meeting is December 14, 2011. Subcommittee members will continue to meet.

Attending in person: Karen Goyette, Al Bidorini, Kennedy Hudner, Lisa Winkler, Evelyn Barnum, Stan Soby, Kaila Riggott, Karen Roberts, Kimberly Martone, Melanie Dillon

Also attending: Andrew Lawson, Comr. Jewel Mullen

Conference call-in: Jean Ahn, Sally Herlihy

Absent: Jim Iacobellis, Ken Ferrucci, Lauren Siembab, Linda Kowalski, Lisa Davis, Meg Hooper, Paula Chenail, Stuart Markowitz, Wendy Furniss, Yvette Highsmith Francis