

# **Minutes of December 8, 2010 Advisory Body meeting**

## **Department of Public Health, Office of Health Care Access State-Wide Health Care Facilities and Services Plan Advisory Body**

**Wednesday, December 8, 2010 at 9:00 AM**

*410 Capitol Avenue, Hartford, Connecticut*

*Commissioner Hearing Room*

*3<sup>rd</sup> Floor, OHCA Office*

**Attendance:** Karen Buckley-Bates, Lisa Winkler, Laura Jordan, Evelyn Barnum, Ken Ferrucci, Kimberly Martone, Kaila Riggott, Lauren Siembab, Kennedy Hudner, Stuart Markowitz, Paula Chenail, Wendy Furniss, Melanie Dillon, Karen Roberts, Stan Soby

**Absent:** Yvette Highsmith Francis, Meg Hooper, Al Bidorini

**Notes:** Barbara K. Olejarz

Kimberly Martone, Director of Operations of the Office of Health Care Access at DPH welcomed everyone and minutes of November 10, 2010 meeting were approved. Kimberly Martone informed the workgroup that there now is a link on the OHCA website for the Advisory Body. Kim went over the agenda items.

### **Item II: A discussion of the draft inventory survey documents related to ambulatory surgery and imaging**

Karen Roberts, Principal Health Care Analyst, at OHCA went over the surveys for inventory for Ambulatory Surgery and Imaging and the process of distribution of these initial surveys. Karen informed the group that the resources used in developing the survey for imaging were the ACR accreditation, OHCA's CON database and websites. It was indicated that CT DEP was also a source for CT providers. The survey is for the 2010 calendar year data and information. The survey would go out every two years for updates. Prior to mailing to providers, a draft of a listing of imaging providers will be sent to Connecticut Hospital Association and Connecticut Radiology Society for their review. The Connecticut State Medical Society also requested to be involved with the review prior to the letter being sent out. Karen informed the group that an introductory letter to providers would be mailed with instructions on how to go onto the website and find the link to the survey for completion. The imaging survey would go to known providers and there would be one questionnaire for both the hospitals and the radiologists. Input was given regarding what the surveys for Imaging and Ambulatory Surgery were to include and who would receive them. Questions were asked regarding mobile imaging services without a specific owner and also whether the survey located on the web would be fillable. It was indicated that there might be more responses received if they were. Suggestions were made to include the age of the equipment, specify the provider (not owner) should complete the questionnaire, and state that the volume table should be for each modality at each site. Questions were asked about why include primary payer source and clinical staff in the questionnaires. Kimberly Martone stated that research organizations such as Mathematica and Agency for Healthcare Research and Quality (AHRQ) identify

gaps in services, underserved populations and unmet need by utilizing proxies such as mortality rates, wait times, and the percentage of population uninsured. Possibly asking for a percentage versus number of patients uninsured by location would be adequate. The number of clinical staff may be utilized to determine utilization rates and capacity of physicians in an underserved area. Discussion involved providing a list of clinical staff utilized versus contracted or samples to avoid duplication.

There was discussion of the difference in the terms operating rooms and procedures rooms and surgical suites. Lisa Winkler offered to work on how these terms might differ and if there is a source that can be used for defining or differentiating these terms for the survey. Also the members discussed the broad categories of surgery types in the questionnaire. A suggestion was made to request the number of procedures by CPT code. Members will submit their suggestions. In two weeks a tentative listing of the imaging providers will be released to CHA, Radiology Society and Medical Society for comment. In January, these initial surveys will be finalized and testing will occur prior to wide release.

### **Item III. A discussion of the overview of other states' criteria/standards/methodologies**

Kaila Riggott, Planning Specialist at OHCA presented an overview of what standards, criteria and methodologies are contained in other state plans and presented specific examples from other states, for illustrative purposes only. Kimberly Martone noted that imaging standards are being looked at in another group. A discussion continued on whether there might be other areas we need to look at beyond CON jurisdiction. OHCA will look into setting up a link on the website so members can view other state plans in their entirety. In the months ahead, the committee will really need to look at the clinical needs and there may possibly be a need to bring in experts.

The group inquired as to whether or not medical surgical and pediatrics are looked at separately or combined. Pediatrics is separated for OHCA in its inpatient discharge database (for licensure purposes only beds and basinet are separate).

### **Item IV. Discussion of possible next steps for Advisory Body and identification of next meeting date/time.**

The next meeting is scheduled for January 12, 2011 at 9:00 am in the DPH 3<sup>rd</sup> floor hearing room located at OHCA. Guiding principles and ways to look at unmet need will also be discussed at the January meeting. Demographic data on chronic disease from the Planning division of DPH may be shared with the advisory body as well. OHCA staff will present acute care service regions and possible bed need methodologies at the February meeting.

### **Item V. Other Business**

It was brought up that once the survey is sent out there may be a need to send the survey a couple of times after that as a reminder in order to ensure maximum survey completion. Other groups will also follow up by reminding their members about the importance of the survey.

Kimberly Martone closed the meeting.