
Statewide Health Care Facilities and Services Plan

The Statewide Health Care Facilities and Services Plan, along with a biennial inventory of all Connecticut health care facilities and services, serves as an advisory document and a blueprint for health care delivery in Connecticut. The plan provides a resource for policymakers to understand Connecticut's health care landscape and informs OHS's evaluation of Certificate of Need (CON) applications. **OHS highlights key updates in the 2024 plan below and requests comment on the sections most relevant for evaluation of CON application.**

Summary of plan findings

Health care trends impacting utilization and affordability of health care facilities and services in Connecticut

- above average rates of health insurance coverage
- Medicaid expansion to new populations, including the CoveredConnecticut program
- rising cost of healthcare coverage / shifts in costs from employers to employees
- healthcare consolidation
- entry of private equity and other investors marketplace
- continued racial and ethnic disparities in healthcare utilization and health outcomes
- growing emphasis on health-related social needs as key drivers of health and health care
- workforce deficits in key sectors including primary care and geriatrics
- health provider shortage areas (HPSAs) for primary, dental and mental health care / avoidable emergency department visits

Connecticut's aging population will further challenge the healthcare workforce where projected demand for healthcare services to meet the needs of this population will increase between now and 2030.

Acute care services

Acute care hospital bed use declined from 2016 to 2021 for many service lines indicating a shift to outpatient alternatives and highlighting the impact of the COVID-19 pandemic on elective services. Less use of surgical lines by persons of color and individuals with Medicaid coverage could indicate barriers to access for certain types of care.

The Connecticut Acute Care Bed Need Model projects that by 2030:

- eight (8) of the nine (9) Connecticut Planning Regions (CPRs) will have an excess number of acute care hospital beds, although shortages could remain for specific service lines
- South Central Planning Region is the only region expected to need more acute care beds given current licensed beds and after incorporating population growth and inpatient discharge trend adjustments

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Summary of plan findings

Acute care services (continued)



Use of **acute care cardiac services** held mostly constant between 2016 and 2021 with total discharges declining slightly and total patient days increasing slightly.

- rate of performed percutaneous coronary interventions (PCI) per 100,000 residents is lower in Connecticut compared to other states and below the national average
- just over one third of PCIs took place in an outpatient setting in 2021



Need for **behavioral health care services** in Connecticut has increased significantly over the past decade including higher rates of mental health conditions and substance use disorders.

- number of specialized treatment facilities, inpatient and outpatient have increased
- unmet need remains in many parts of Connecticut



Assessment of **magnetic resonance Imaging (MRI), computed tomography (CT) and positron emission computed-tomography (PET-CT) imaging** shows that many machines in the state operate above the total capacity per scan thresholds used in the 2012 facilities and services plan.

- the 2024 plan sets new thresholds for imaging capacity based on observed use of imaging machines by type and ownership
- significant variation in the percent utilization of regional scanner capacity is noted
- many regions/subpopulations in Connecticut use imaging at higher rates than national averages



Maternity Care Target Areas in Connecticut suggest that access to maternity services may be an issue in some areas of the state, despite March of Dimes data indicating all counties have "full access" to maternity care as of 2023.



Consolidation among Connecticut health care providers, particularly hospital consolidation continues in the state and is likely contributing to **higher health care prices**, especially among privately insured patients. Impacts of consolidation on the availability of care are less severe, although consolidation does appear to lead to fewer low-profitability services being provided in hospital settings.

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Request for comment

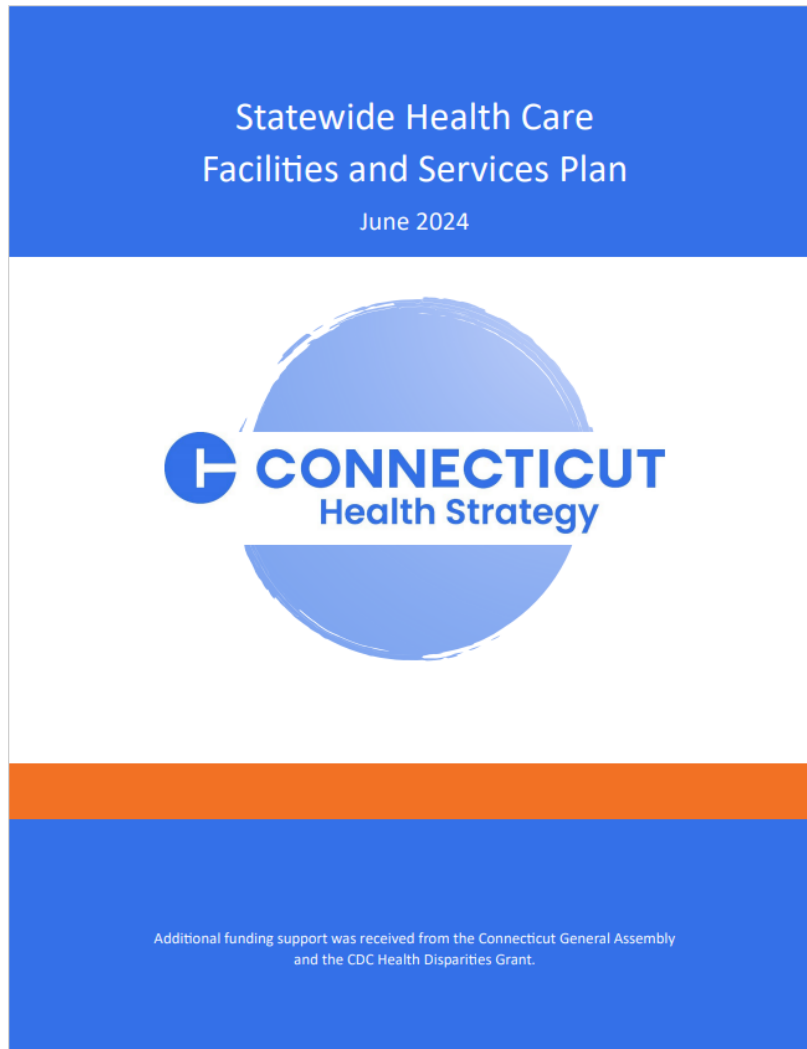
OHS requests comment on this proposed 2024 Statewide Health Care Facilities and Services Plan. OHS welcomes input on all aspects of the plan and is particularly interested in comments and feedback from the Connecticut public and stakeholders on the following content in the report:

1. The proposed capacity targets described in the CON Standards and Guidelines sections for hospital beds, outpatient surgery facilities (OSFs), and imaging equipment that set a target share of existing capacity that is used (e.g., the 80% capacity target for OSFs and hospital beds, and 85% capacity target for imaging equipment).
2. The projections of future need for health care services, based on expected population change, trends in how care is delivered over time, and other factors affecting need for services.
3. The application of the reference documents and literature used to establish CON Standards and Guidelines quality, operational, and financial considerations for expanding existing capacity.
4. The use and weighting of OHS utilization and population data to compute the current use of existing capacity (e.g., the average daily census of hospital beds) and other utilization considerations in estimating total need (e.g., the impact of observation beds on hospital bed capacity).
5. Potential use of, and data available to define, targets for maximum time and distance for all Connecticut regions regarding access to critical health care services (e.g., cardiac services, emergency department beds, and labor/delivery services).
6. Considerations of proposed service areas for new capacity that include patients and utilization of capacity from residents of neighboring border states and how this utilization should be considered in capacity thresholds.
7. Feedback on the data recommendations and plans for future data collection to improve the calculations of available capacity and use of health care services by Connecticut subpopulations.

Written comments on the plan must be received by the Office of Health Strategy by September 30, 2024, attention: Boyd Jackson, Director, Legislation and Regulation, Office of Health Strategy, PO Box 340308, 450 Capitol Avenue MS#510HS, Hartford, CT 06134-0308 or by email to ohs@ct.gov with the subject line *Facilities and Services Plan – Public Comment*.

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Data on utilization of health care services in Connecticut shown in this release of the plan includes information from OHS data feeds through the year 2021, which was the most current data available at the time of writing and producing this report. New data for the years 2022 and 2023 from OHS databases, including the Hospital Discharge Database and Outpatient Ambulatory Surgery Database, have become available, and staff are working to incorporate these new data into report figures and tables over the next month. This updated data should provide a more complete perspective of state utilization in years further removed from the most severe periods of the COVID-19 pandemic.



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