STATE OF WASHINGTON
DEPARTMENT OF HEALTH

WASHINGTON STATE
CERTIFICATE OF NEED PROGRAM
Meeting Summary – Ambulatory Surgery Rule
WAC 246-310-270

A meeting regarding the Certificate of Need (CoN) ambulatory surgery rules convened on September 16, 2015. The meeting was held at the Department of Health, 111 Israel Road SE, in Town Center 2, Conference Room 158, Tumwater, WA 98504.

PRESENT:

Zosia Stanley, WSHA
Frank Fox, Swedish/Providence
Lisa Everson, WASCA
Terry Hawes, ASC Compliance Solutions
Susie Tracy, WASCA
Michael McClain, Eveia Health Consulting
Ana Anderson, Perkins Coie
John Brunsman, FCA ASF
Emily Studebaker, WASCA
Jody Corona, HFPD

STAFF PRESENT:

Bart Eggen, Executive Director
Janis Sigman, Program Manager
Beth Harlow, Analyst
Katherine Hoffman, Policy Analyst

10:35 – Open Meeting

Agenda Item #6[1]

Presentation of various state ASF methodology – Katherine Hoffman

[1] The agenda for the September 16, 2015 stakeholder meeting combined agenda for morning and afternoon sessions in one document, separated by two specific topics. Agenda items are listed, and appear in this summary, numerically consistent with the combined agenda.

- State ASF methodologies reviewed and presented were Delaware, Connecticut, Michigan, North Carolina and Maryland.
- Participants discussed varying state methodologies, including strengths, weaknesses, identification of gaps in information and where additional research may be of benefit to the group.
- Participants discussed data sources; population based versus planning area based methodologies.

Agenda Item #7

Open Discussion

- The department addressed and discussed with participants questions identified at the August 17, 2015 rules meeting pertaining to WAC 246-310-270 as follows:

  *Mixed Us*e: participants generally viewed defining mixed use as an important to this rule set. Participants discussed time usage, need for quantifiable definition, type of procedure and character of population as elements of mixed use.

  ASF or ASC?: Participants were uncertain whether a distinction should be made. Generally, ASF or ASC identification should be consistent with statutory language.

  Specialty ASF: Group identified specialty offices, and specialty areas that may be considered problematic:

  GI
  Pain
  Dental
  Eyes
  Gastric bypass (maybe not, too much “spill room”
  Podiatric – tends to be single specialty
  Pediatric – should be separated from these – ages 15 and under
  Pediatric Level II – all ASC perform service regardless of age?
  (Service provided to child depends on what facility deems “safe”)

  Department staff encouraged participants to begin conceptual thinking with respect to methodology.

- Topics developed for further discussion were identified as follows:

  Planning areas
  Projection horizon
  Capacity – what is included
  Exception/not ordinarily

What is in/out of method
In/out migration
Case definition (how surgical procedures are defined)
Mixed use ORs
Data and data sources
Single specialty
OR use expectations

- Participants brainstormed and each of these topics, with the exception of in/out – mixed use. This was held for a future meeting.

Meeting adjourned at 3:30PM.