



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 October 14, 2015. The meeting was held at the Department of Health, 310 Israel Road SE, in Point Plaza East, Conference Room 153, Tumwater, WA 98504.

PRESENT: Zosia Stanley, WSHA
Frank Fox, Swedish/Providence
Lisa Everson, WASCA
Susie Tracy, WASCA
Ana Anderson, Perkins Coie
Christine Kiefer, Harborview/UW Medicine
Nick Shepard, MultiCare Health System
Emily Studebaker, WASCA
Jody Corona, HFPD
Ross C. Baker, Virginia Mason

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

9:12AM – Open Meeting

Agenda Item #1 and #2

- Welcome, Introductions, agenda overview, review of prior workshop meeting notes – Kathy Hoffman
- Attendees did not comment on prior meeting notes or current agenda. No items were added to current agenda for discussion.

Agenda Items #3 through #6

- Group discussion and prioritization of topics related to WAC 246-310-270.
- Attendees opted to discuss developed topics in the order identified and listed on September 16, 2015. Those topics were discussed as follows:

1. Planning Area

- Discussion included sub-county planning areas.
- USPS zip codes, county growth and zip code updates.
- OFM population data.
- In/out migration and related issues.
- Participants would like sub-county areas to be explicitly defined by zip code. Any updates to zip code would ideally be updated and regularly posted to CoN or DOH website. Updates are important to participants to account for specialty procedures and in/out migration.

2. Projection Horizon

- Discussion of 5 year and 10 year post actuals.
- Discussion of different planning horizons for an expansion project versus an “out of the ground” project – what should drive the difference other than cost?
- Methodology relies on foundational concepts around projection horizon.

3. Capacity

- Discussion of what should be excluded from methodology, not certificate of need.
- Develop multiple types of application approaches for unique single specialties – something for general procedures and something for specialty procedures.
- Discussion of whether to give thought to single specialty providers and how they project either independently or are added to a multi-specialty facility that is also going to provide single-specialty services.
- Discussion of consistent definitions.
- Discussion of how to define pediatrics. Projection method is based on population identified, but sometimes there is cross-over.

- For single specialty, we want different methodologies, potentially different or added. We will recognize that in our methodology.
- Need to quantify what the need is for outpatient surgery in both hospital and ASF environments because appropriateness of setting varies from patient to patient.
- Discussion of freestanding, HOPD, ASC and rates; existing capacity and level playing field.
- Survey discussion: process and data collection difficulties.

4. Exception/Not Ordinarily

- Exceptions should be well-defined.
- Typically applied in the absence of the projection of numeric need.
- Flexibility for applicants is important.

5. What is in/out of methodology

- Discussion of how to survey between entities – hospitals, ASC – procedures, times, licensed.
- Turnaround time is different for different facilities.
- Alignment of FGI guidelines and CoN process

6. In/out Migration

- Discussed as part of capacity, data and other subtopics.

7. Case definition (how surgical procedure is defined)

- Does national data provide case count according to procedure under ICD-10? Will that be procedure based coding?
- Discussed cases versus procedure, how to count, examples of multiple procedures per case.
- Agreement to group items 7 (case definitions) and 9 (data and data sources) together for further discussion.

8. Mixed Use OR

- Group needs better understanding as to how hospital OR are used.
- Discussion of how OR is used versus how OR is counted for purpose of projecting additional OR capacity.

9. Data and data sources

- No uniform data set. Second best approach is best way to address issue since one of the challenges is survey responses.
- Discussion of developing a way to show need based on specialty use.
- Discussion of available: NCHS
- Agreement that this is an area participants need to work on.

10. Single specialty

(See Capacity discussion overview)

11. OR use expectations

- Discussion of actual utilization versus actual capacity
- Discussion of whether facility has decided to operate at less than 5 days per week, impact on community capacity and how to count.
- Discussion of unused capacity.
- Agreement to explore issue more thoroughly.

Areas of General Consensus:

1. *Keep planning areas the same.*

2. *Projection horizon:*

Projection should be different for expansion vs out of the ground; 5 vs 10 years, clear articulation as to the why of the year.

3. *Capacity:*

Clearly define single specialty services: GI, pain, dental, pediatrics (0-14), plastics.

- Definitions for procedures, etc. based on existing sources/documentation so we aren't reinventing the wheel.
- For single specialty, we want different methodologies, potentially different or added, and we're just going to recognize that in our methodology.

- Hospital OR are somehow different, need to be understood and at what capacity they should be counted? This subject needs exploration.

4. *Data:*

Need consistent, reliable data.

- Annual, increase response rates, where available should be published.
- If we use survey, should be annual, increase response rates of those surveyed, make sure we have clearly defined data elements.
- May be national data sources that people would be willing to defer to as establishing credible data for us. Might be able to get some use rates from a national data source. We would adjust it based on CHARS as a proxy. If we're going to do any kind of adjustments for migration, CHARS hospital inpatient data would be the source that we use.

5. *Mixed Use*

Different from OR to ASF, and we need to further discuss how we should incorporate that into methodology.

Agenda Item #7

Wrap up:

- Case definitions and data and data sources will be the topic of the next workshop scheduled for November 19, 2015 in Town Center 2, Room 158 from 9AM to 4PM.
- Nick will prepare high level bullet points and examples of what is contained in the Wisconsin data.
- Frank will gather information with respect to NCHS.
- Notes and summary will be distributed to the group for review the week of October 19.
- Meeting schedule can be accessed [here.](#)