

Proposal for Elective PCI Planning Areas Within the Certificate of Need Framework

**Washington State Department of Health Rule-Making Process
Non-Emergent Percutaneous Coronary Interventions (PCI)
The Stakeholders Committee
March 4, 2008**

The Relationship Between “Planning Areas” and Certificate of Need Criteria

Planning areas are the primary unit of analysis essential for:

- Determining whether a need exists through the application of utilization rates**
- Considering what is the available supply to address any existing need**
- Identifying the existing providers who may be impacted if a proposed new service is approved**
- Analyzing the linkages that should be in place to satisfy structure and process of care criteria**

Three Key CN Policy Questions

1. What is the “planning area” that is used to evaluate need? (4 HSAs, counties or some logical groupings, 54 sub-county areas)
2. What is the minimum program threshold used to establish a need? (400 versus 200)
3. How should the state account for existing program volumes of SOS hospitals within the same planning area when determining whether a new program is authorized (use actual volumes or allow them to be reduced to the minimum program threshold?)

Practical Implications

How these questions are answered will determine how many new programs might be authorized: Smaller “Planning Areas” combined with lower “Minimum Program Thresholds” and an explicit reduction in volumes for existing providers yields more potential programs.

Washington State Health Service Areas & Locations of Open Heart Surgery Hospitals, 2008



What We Found: If state policy applied the use rate of 1.9 PCIs/1000 population to the 4 HSAs, used 400 as a minimum program threshold, and did not reduce existing PCI volumes provided by SOS hospitals within the HSAs there was a net need for one elective PCI program.

Washington State Health Service Areas & Locations of Open Heart Surgery Hospitals, 2008



What We Found: If state policy applied the use rate of 1.9 PCIs/1000 population to the 4 HSAs, used 200 as a minimum program threshold, and reduced existing PCI volumes provided by SOS hospitals to 200 there was a net need for 43.6 new elective PCI programs.

Recommended Planning Area Criteria

- Our Criteria
 - Foster linkages to SOS hospitals
 - Recognize the need for timely access to a SOS hospital
 - Look at high-circulation traffic routes for access and patient transport
 - Take into account population centers
 - Maintain geographic “integrity” and data sources and attempt to site planning areas within the existing HSA boundaries

Our Model

- Balanced need, quality, and cost containment in a reasonable fashion: Avoid proliferation and weakened linkages to SOS hospitals while allowing some reasonable growth
 - Use rate of 1.9/1000 population applied to the planning areas
 - Used 400 as a minimum program threshold
 - Maintain current quality and preserve the infrastructure at existing referral centers by not reducing volumes at SOS hospitals to any new program threshold

Results of Our Modeling

- 13 planning areas
- 5 new programs when taking into account projected date for commencement of operations
- Does not require any planned reduction in existing PCI volumes at SOS hospitals including the UWMC

Planning Area 1

Clallam, Jefferson, Kitsap Counties



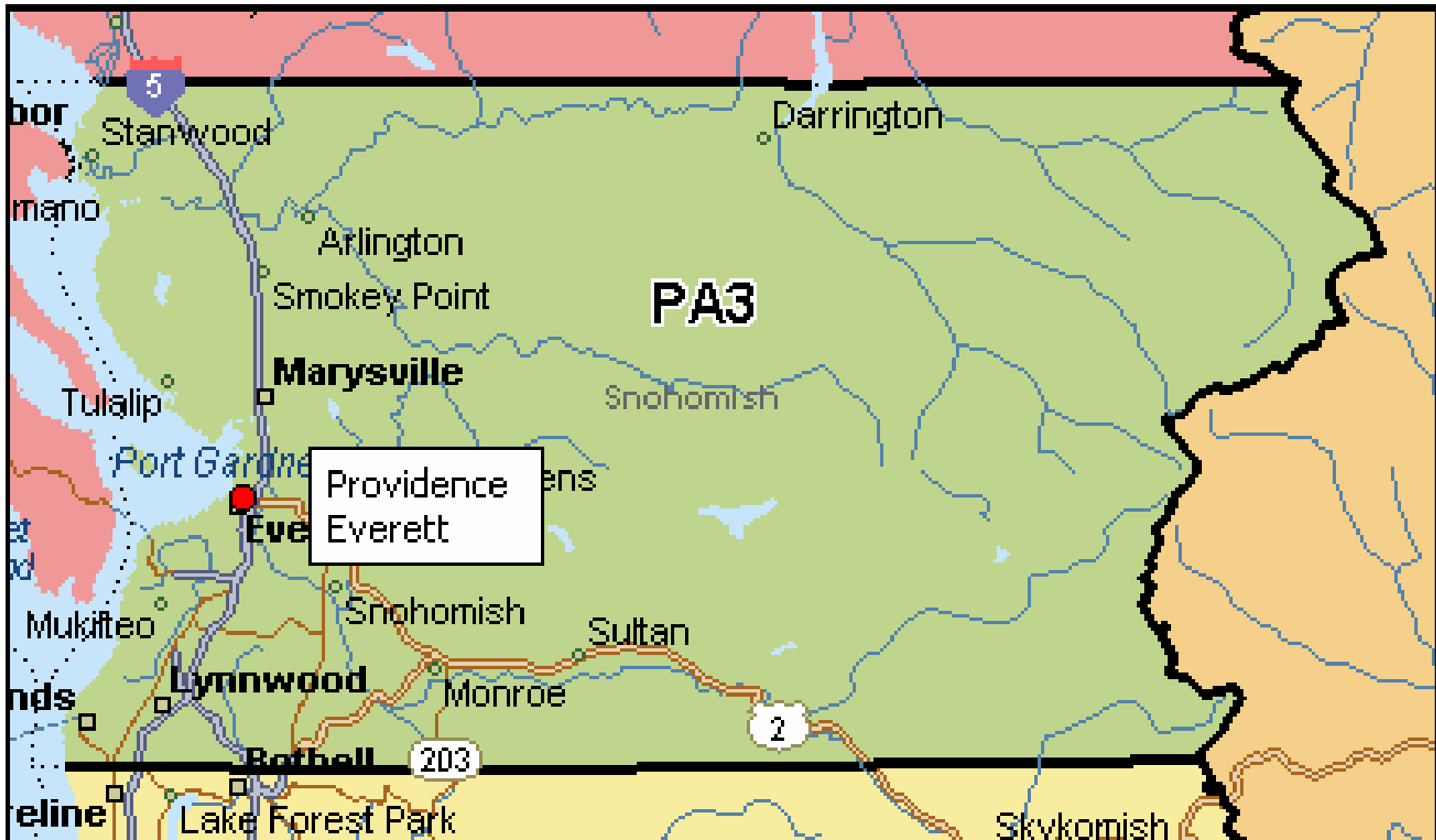
Planning Area 2

Island, San Juan and Skagit Counties



Planning Area 3

Snohomish County



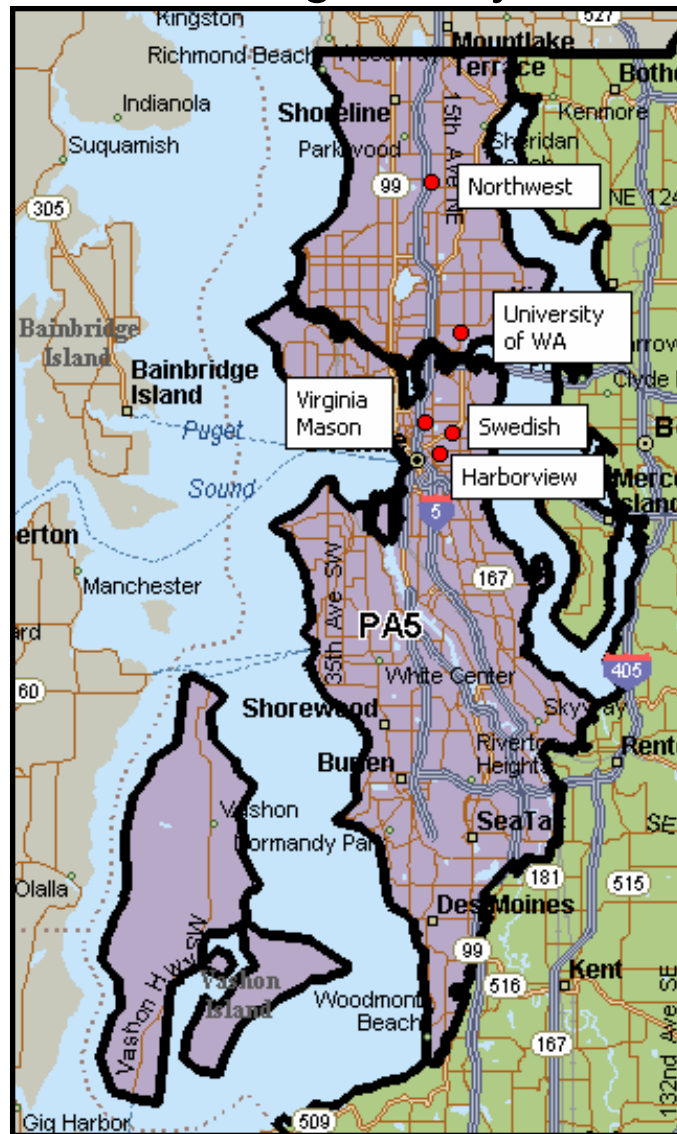
Planning Area 4

Whatcom County



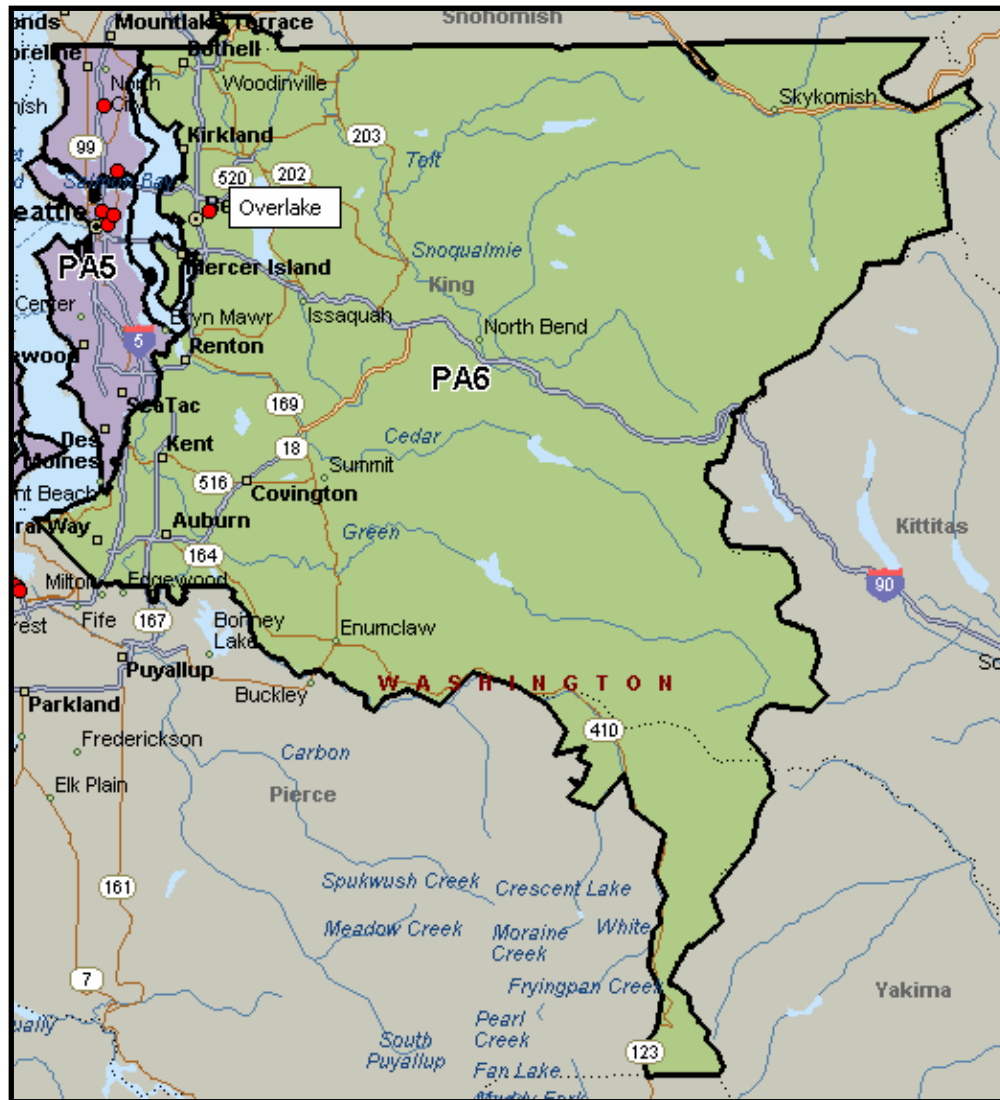
Planning Area 5

North, Central and Southwest King County Planning Area Sub-areas



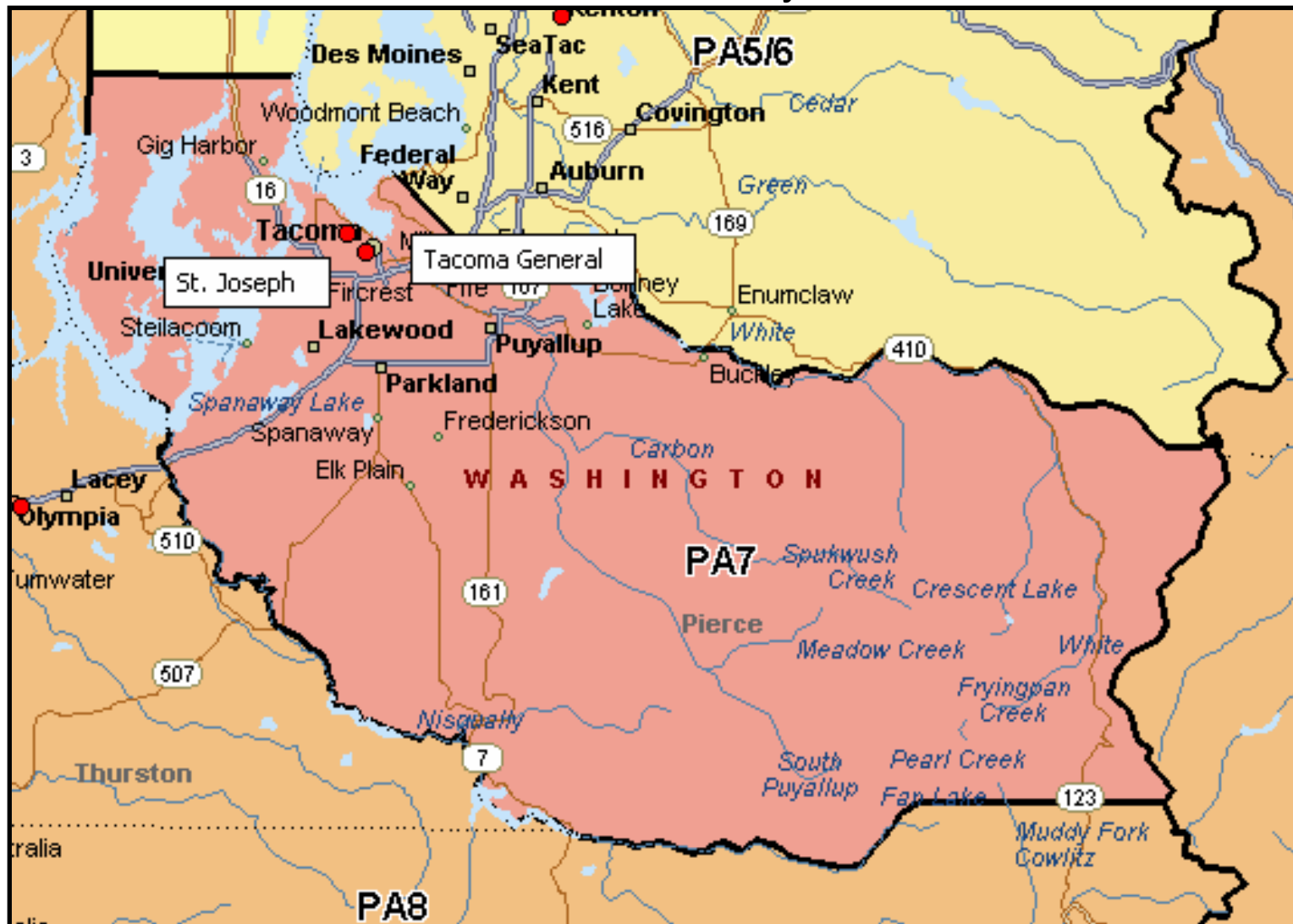
Planning Area 6

East and southeast King County Planning Area Sub-areas



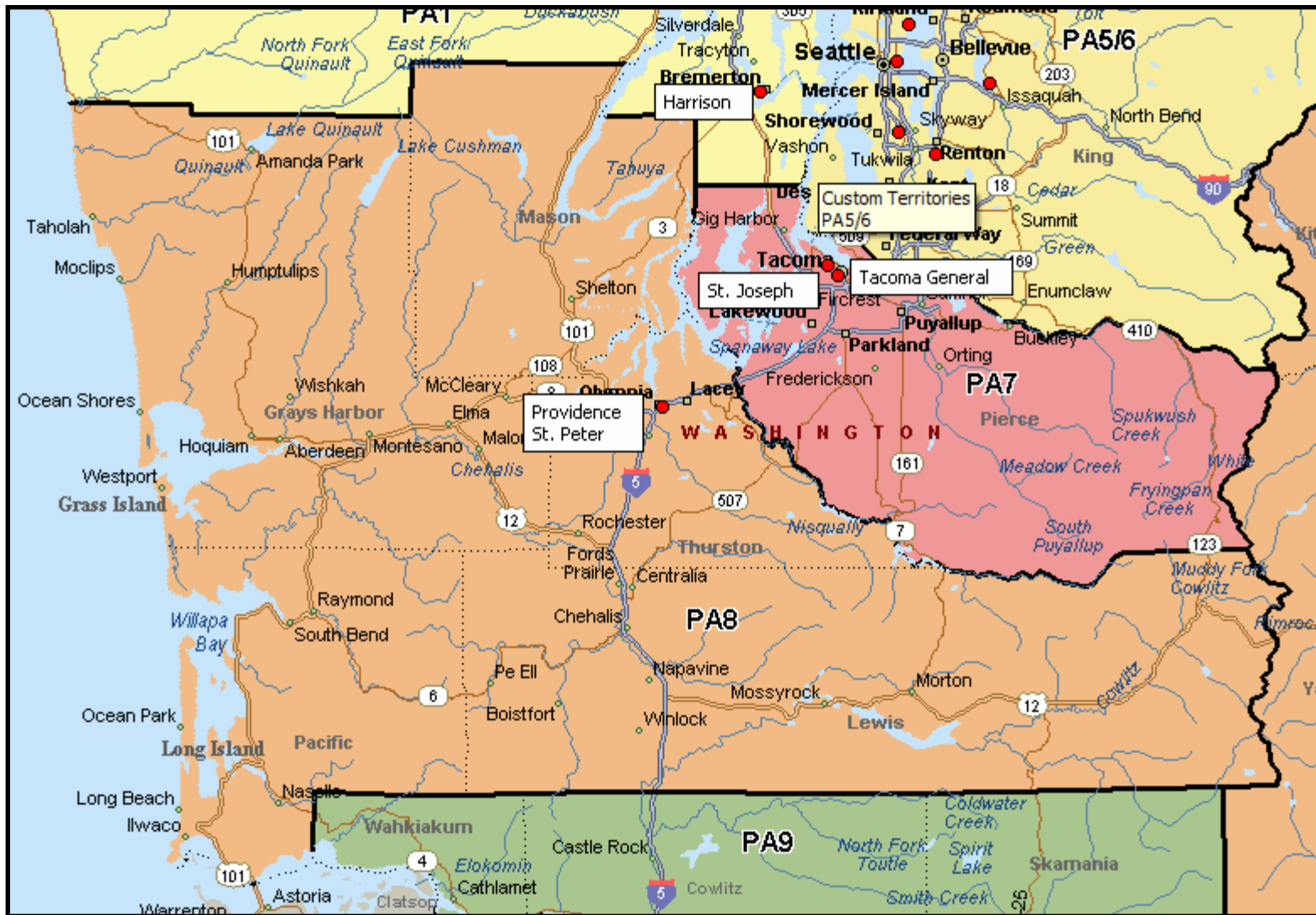
Planning Area 7

Pierce County



Planning Area 8

Grays Harbor, Lewis, Mason, Pacific and Thurston Counties



Planning Area 9

Clark, Cowlitz, Klickitat, Skamania and Whakium Counties



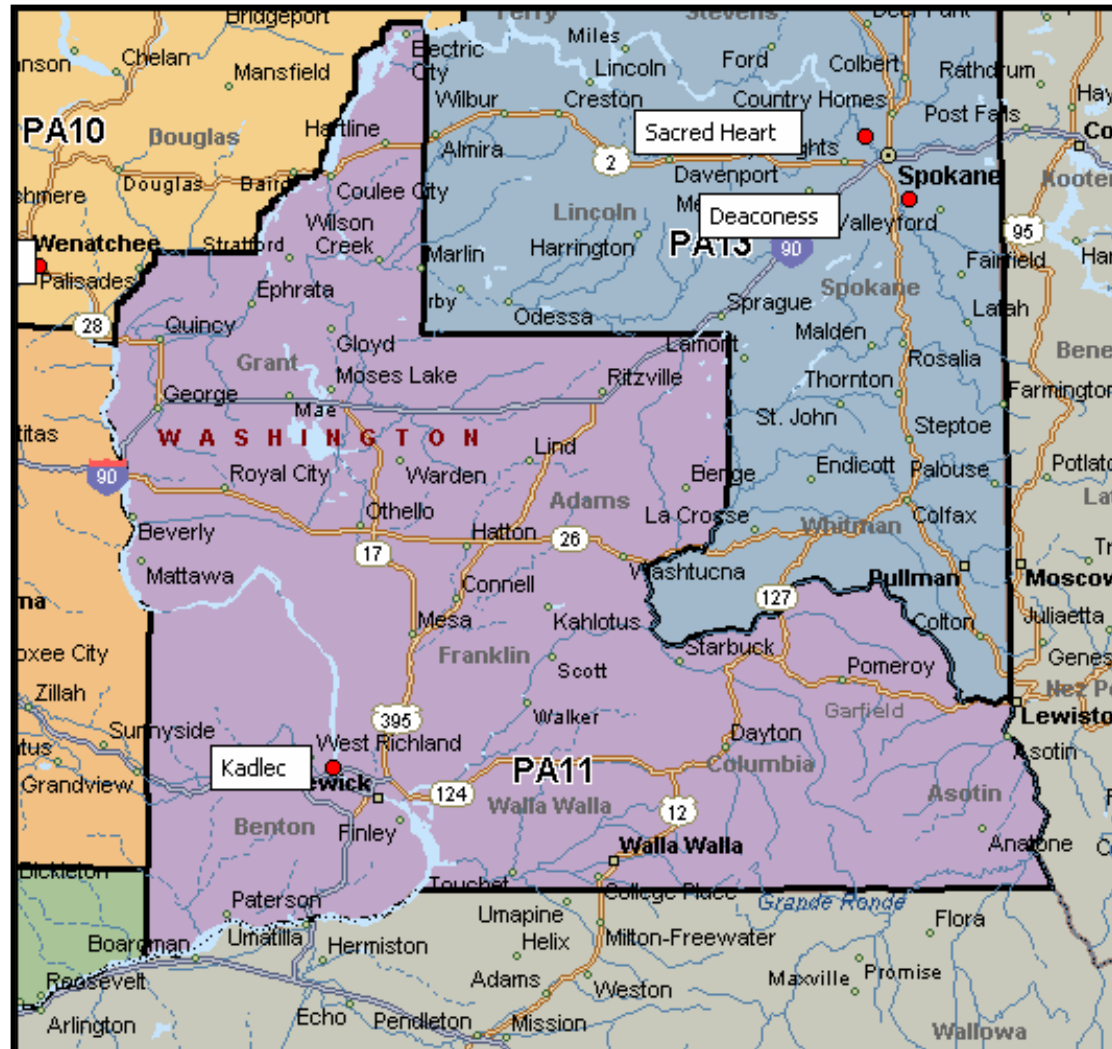
Planning Area 10

Chelan, Douglas and Okanogan Counties



Planning Area 11

Adams, Asotin, Benton, Columbia, Franklin, Grant, Garfield and Walla Walla Counties



Planning Area 11

Adams, Asotin, Benton, Columbia, Franklin, Grant, Garfield and Walla Walla Counties



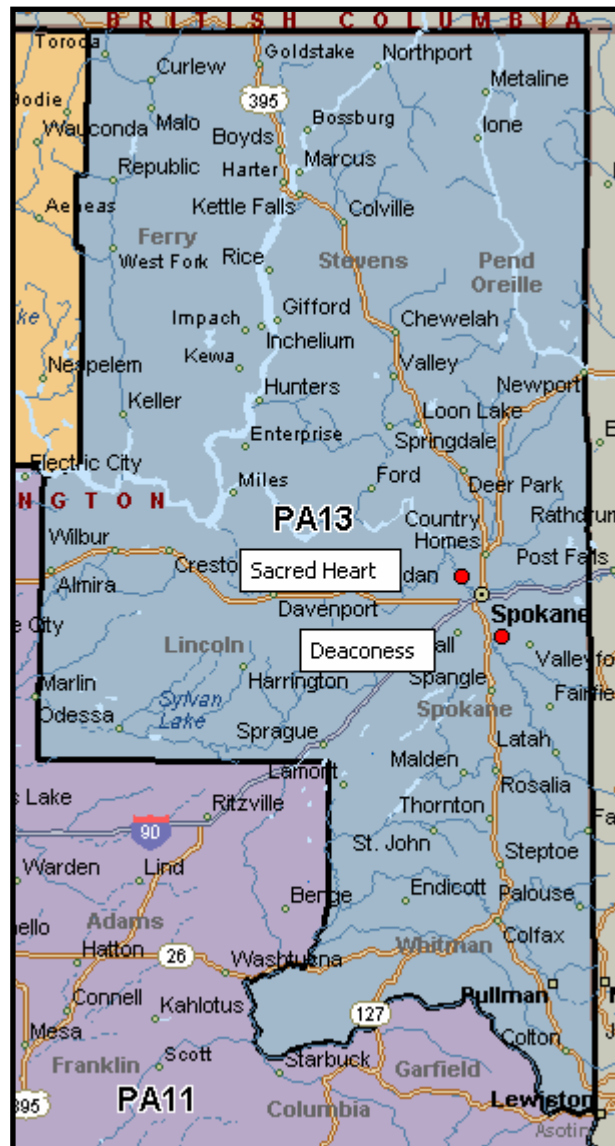
Planning Area 12

Kittitas and Yakima Counties



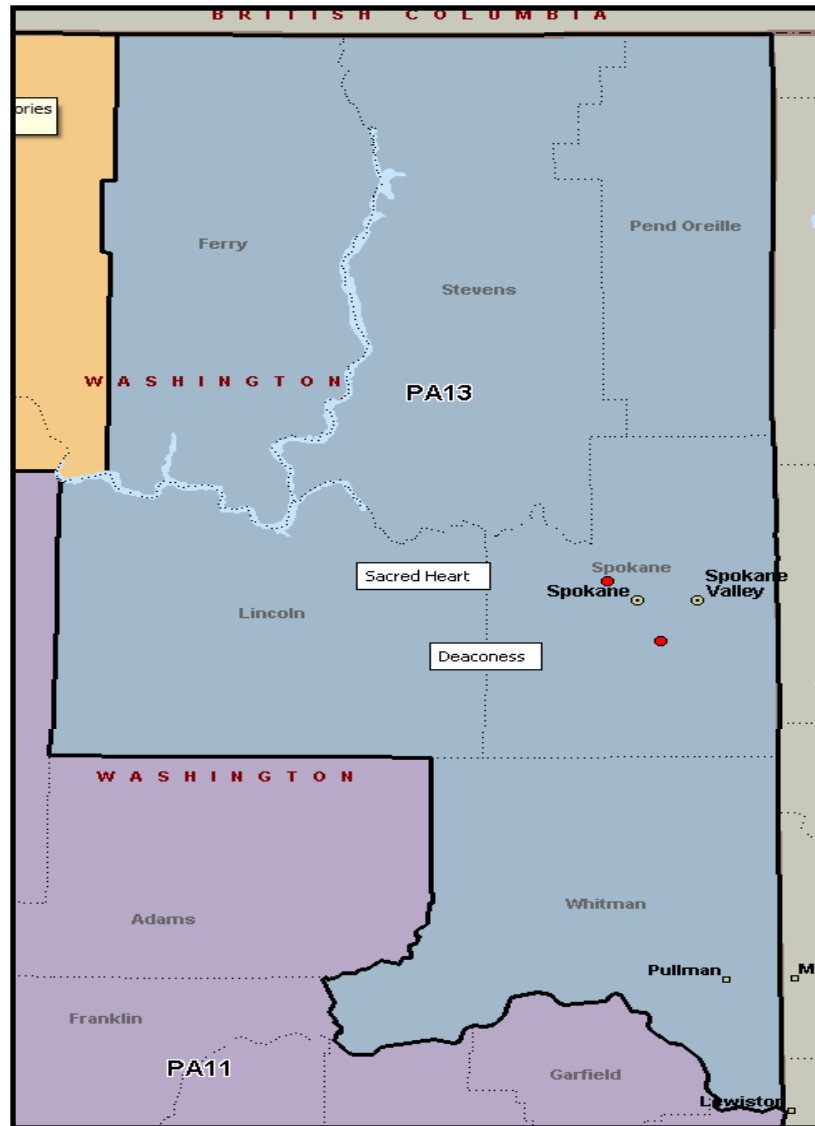
Planning Area 13

Ferry, Lincoln, Pend Oreille, Spokane, Stevens and Whitman Counties



Planning Area 13

Ferry, Lincoln, Pend Oreille, Spokane, Stevens and Whitman Counties



The Overall Results

County	Planning Area Count	New Net Program Need for Elective PCI	
Clallam			
Jefferson			
Kitsap			
<i>Subtotal</i>	1	0	
Island			
San Juan			
Skagit			
<i>Subtotal</i>	2	1	
Snohomish			
<i>Subtotal</i>			3
Whatcom			
<i>Subtotal</i>			4
King North; Central; Southwest	5	0	
King East & Southeast	6	2	
Pierce	7	0	
			25

The Overall Results

County	Planning Area Count	New Net Program Need for Elective PCI
Grays Harbor		
Lewis		
Mason		
Pacific		
Thurston		
<i>Subtotal</i>	8	0
Clark		
Cowlitz		
Klickitat		
Skamania		
Wahkiakum		
<i>Subtotal</i>		
Chelan		
Douglas		
Okanogan		
<i>Subtotal</i>		

The Overall Results

County	Planning Area Count	New Net Program Need for Elective PCI
Adams		
Asotin		
Benton		
Columbia		
Franklin		
Grant		
Garfield		
Walla Walla		
<i>Subtotal</i>		
Kittitas		
Yakima		
<i>Subtotal</i>		

The Overall Results

County	Planning Area Count	New Net Program Need for Elective PCI
Ferry		
Lincoln		
Pend Oreille		
Spokane		
Stevens		
Whitman		
<i>Subtotal</i>		
Washington		5

Questions?