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 #6¹

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 Use:** 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.