Meeting Focus: Case Definitions/Data/Data Sources

Agenda:

1. 9:00am – Welcome and Introductions

2. 9:05am – Agenda overview; review of prior meeting accomplishments; current meeting goals - Kathy Hoffman

3. 9:15am – Presentation: Analysis of Use Rate Options including NCHS – Frank Fox

4. 9:45am – Presentation: Wisconsin Data – Nick Shepard (Tentative – not yet confirmed)

5. 10:15am – BREAK**

6. 10:30am – Group Discussion

7. 12:00pm – Break for lunch*

8. 1:00pm – Continued Group Discussion

9. 3:45pm – Conclusion, next steps, asks, future agenda items – Kathy Hoffman

10. 4:00pm - Adjourn

*Meeting conclusion may vary based on content, progress and group consensus.

**Refreshments are available for purchase at the coffee shop located across the parking lot next to the DOH parking structure. There are also a variety of restaurants within walking distance.
ASF Developed Topics List as of September 16, 2015

1. Planning area-
   1. Need to have some
   2. Need to recognize in/out migration
   3. If we have, clearly defined

2. Projection horizon
   1. Timeline
   2. Zero, 3 yr, 4 yr, 5 yr
   3. Are there differences in green build or expansion?

3. Capacity-What’s included
   1. Should ALL ORs be counted?
   2. How do we consider single specialty?
   3. How do we consider within the physical confines of a hospital?
   4. Is there a difference in physical confines vs connected via skyway/tunnel
   5. How do we consider mixed use ORs?
   6. Dedicated Peds vs Adult
   7. Dedicated ORs in general? Is it limited to how they are being used or could be used?
   8. How do you count an existing provider that does not return a survey (if used) and is not in ILRS (Integrated Licensing and Regulatory System)? Are they counted at all? Use last reported?

4. Exception/Not ordinarily
   1. Define?

5. What is in/out of methodology

6. In/out migration

7. Case definition (how surgical procedure is defined)
   1. Case could have multiple procedures
   2. Minutes- is that information collected
   3. How hard is it for providers to collect that information?
   4. If minutes used-need to define

8. Mixed use ORs
   1. Define
   2. In or out of methodology
   3. Data on their use
   4. Need to meaningfully contribute to outpatient use.

9. Data and data sources
1. Verifiable
2. Published
3. Current information
4. Across all providers
5. 3rd party?
6. DoH publish projections
7. Scope?
8. State level or National level?

10. Single specialty
   1. Separate methodologies?
   2. If separate-need to define single specialty
   3. Potential use of the room—does that make a difference?

11. OR use expectations
   1. Minimum use standard of existing CoN approved before new approved.
   2. Maximum use standard
   3. Is there a difference between a new facility and an exempt converting to a non-exempt?
   4. Is there a maximum # of surgeries /cases that would be counted in the method?