



**North Carolina State Health Coordinating Council  
Single Specialty Ambulatory Surgery Work Group Meeting Minutes**

*Monday, January 26, 2009*

**10:30 am - 12:30 pm**

Council Building

MEMBERS PRESENT: Dr. Cutchin, Dr. Greene, Mr. Hauser
MEMBERS ABSENT: none
STAFF PRESENT: Mr. Horton, Ms. Brown, Ms. Hoffman, Ms. McClanahan, Ms. Fisk

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTIONS/CONCLUSIONS
1. Welcome & Introductory Remarks	Dr. Cutchin welcomed attendees and work group members.	
2. Minutes Review	Work group members reviewed the minutes and recommended one change: addition of the criteria used to determine where the demonstration project facilities would be located.	Minutes approved, contingent on addition of location criteria.
3. 11.17.08 Meeting Review	Dr. Cutchin summarized the discussion and recommendations from the 11.17.08 work group meeting and reviewed the agenda for this meeting.	None
4. Review and Discussion of Payer Mix Data	<p>Ms. McClanahan reviewed the attached payer mix data drawn from the 2008 License Renewal applications. Discussion included:</p> <ul style="list-style-type: none"> <li>• Charity care requirements should be set for surgical cases and facility revenue</li> <li>• Combine charity care and Medicaid when setting indigent care requirements</li> <li>• Use Medicare allowable as the basis when determining amount of charity care revenue provided</li> <li>• The Medicare allowable minus what is paid by any source will be considered charity care</li> <li>• Indigent care provision will be monitored through Thomson data, provided by the Sheps Center</li> <li>• Compare demonstration project facilities to other surgical providers in the area to determine if demonstration project facilities offer better access, quality and value – consider this as a future initiative</li> </ul>	<ul style="list-style-type: none"> <li>• The sum of the facility's number of charity care and Medicaid surgical cases shall be at least seven percent of each facility's total number of surgical cases; and</li> <li>• The sum of the revenue for charity care and Medicaid surgical cases shall be at least seven percent of the facility's total revenue; and</li> </ul> <p>At least five percent of each facility's total number of surgical cases shall be charity cases and at least five percent of each facility's total revenue shall be for charity care surgical cases.</p>
5. Review and Discussion of ASC Related Recent	Ms. McClanahan reviewed a sample of other states recent Ambulatory Surgical Center related regulatory activity. Dr. Greene noted that after Ohio repealed CON in 1997, the number of Ambulatory Surgery	None

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CON Activity - Other States	Facilities increased from 27-198.	
6. Discussion of Demonstration Project CON Conditions/ Requirements Criteria for Project Approval Conditions for Project Continuation	<p>Work group discussed demonstration project CON conditions and requirements related to project approval and continuation. Discussion included:</p> <ul style="list-style-type: none"> <li>• Better to have the providers define quality indicators</li> <li>• Medication errors and post-op infection rates are quality indicators common to all types of surgery</li> <li>• Accreditation criterion not necessary since there is an existing CON accreditation criterion</li> <li>• Encourage communication and ease of data collection, which could be accomplished with electronic records</li> <li>• Encourage innovations that don't currently exist such as integration with other providers</li> <li>• Encourage open access to surgeons</li> <li>• Require facilities to obtain a license within two years of obtaining their CON</li> <li>• Allow facilities five years to become fully operational and meet all criteria</li> <li>• Require facilities to submit data annually demonstrating compliance with criteria</li> <li>• Do preliminary evaluation three years after each facility is licensed and provide feedback to facilities and to the SHCC related to each facility's compliance with criteria</li> <li>• Take license away from facilities which fail to meet all criteria after five years. Accomplish this through a contract between the Agency and the facilities, which states that a facility will voluntarily give up its license if it is not meeting criteria</li> <li>• Recommendation that Agency either withdraw license or CON, whichever is more feasible, if a demonstration project facility fails to meet criteria</li> <li>• Recommendation that terms of demonstration project be changed if a facility is making a good faith effort and is close to, but not meeting, all criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Each facility shall develop a system to measure and report patient outcomes to the Agency for the purpose of monitoring the quality of care provided in the facility.</li> <li>• If patient outcome measures are available for a facility's particular surgical specialty, the facility shall identify those measures and may use them for reporting patient outcomes.</li> <li>• If patient outcome measures are not available, the facility shall develop its own patient outcome measures that will be reported to the Agency.</li> <li>• Facilities shall submit annual reports to the Agency regarding the results of patient outcome measures. Examples of patient outcome measures include: wound infection rate, post-operative infections, post-procedure complications, readmission, and medication errors.</li> <li>• Discuss with AG's office the suggestion to contract with demonstration project facilities.</li> </ul>
7. Next Steps	Develop summary of recommendations and provide to work group members for review.	