

December 2, 2016



2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

Drs. Ullrich and Greene,

Thank you for the opportunity to submit comments on the operating room methodology for discussion by the workgroup. We, at Novant Health are in the process of reviewing the changes proposed to date and believe that there is an additional opportunity to look at the current capacity assessment, in particular the planning target used for determining a need. We support further analysis of this component of the current OR need methodology and believe adjustment of this in a tiered approach may provide a simpler approach to modernize the OR method and better reflect planning for OR needs. The current 80% target planning threshold reflects the point at which a surgical facility already faces internal scheduling difficulties. As utilization of existing operating rooms increases, scheduling becomes considerably more challenging. We believe using an 80% target utilization understates the need for additional operating rooms in a service area, because the data utilized in the planning process is 2 years old when the annual SMFP is published. With the additional 7 to 17 months to get a CON (depending on the designated review cycle), the problem of patient access worsens. We are testing the impact of adjusting, and/or tiering, this factor and would be interested in providing our results at a future meeting.

In addition, we at Novant Health support using Truven data in the future once we have more information on the variances between LRA and Truven data, as well as a better understanding on how Truven defines OR cases. We feel that a subgroup comprised of clinical operational representatives and Truven experts would be beneficial in developing standard definitions. To assure that the data reported accurately reflects surgical utilization at all surgical facilities across North Carolina, we envision phasing Truven in by the 2020 SMFP at the earliest. This would allow time to define, compare and test the impact of shifting to Truven data without putting an unnecessary burden on the DHSR Health Planning Staff.

We look forward to further discussion regarding these issues and other variables previously proposed once we have completed our internal analysis.

Thank you again for the opportunity to comment.

Leslie Barrett

A handwritten signature in cursive script that reads 'Leslie Barrett'.

Leslie Barrett, CRNA, MBA/MHA  
VP Surgical and Anesthesia Services Novant Health  
(704)316-1449  
(704)572-0135 (cell)