From: Zerman, DJ
To: DHSR.SMFP.Petitions-Comments
Subject: OR Methodology Workgroup ~ Comments
Date: Thursday, October 27, 2016 11:46:46 AM

OR Methodology Workgroup,

Thank you for the opportunity to provide comments to the OR Methodology Workgroup.

We are in the process of evaluating the inclusion of ASA PS Status Classification System (American Society of Anesthesiologists Physical Status Classification System) and IP / OP status into the Methodology, which would allow for some consideration of acuity. With technology and advancements in healthcare, the lines between IP and OP blur a bit. In the past 10 years more cases have gone from IP to OP due to changes at CMS and less procedures being IP only. As technology has advanced, more patients can have their cases done on an OP extended stay basis. However, OP doesn't necessarily equate to a shorter case time. Less invasive techniques allow the patient to go home quicker, but again that doesn't necessarily translate to shorter time in the OR. Additionally, as some cases have moved to procedure rooms, such as cataracts, these shorter cases that were diluting the longer OP case times are removed from the OR case times so the average OR case time goes up.

Applying the ASA PS Classification System and IP / OP status can better reflect actual patient acuity which translates to case time. For example, a lot of UNCH's IP ASA level 1's are joint replacements for people who are healthy but need hip or knee replacement. But we also have some joint replacement patients that are assigned other ASA levels. If the person is "sicker" then using the ASA and patient status would assign more time to that case, which is a better correlation of what actually happens as opposed to just saying it's an IP case and assigning 3 hours.

Below is one possible example of how this could be applied:

For Discussion Only

ASA Description	OP	ASA Rating Code	Hours	IP	ASA Rating Code	Hours
Healthy		1	1.5		1	2.5
Mild Systemic Disease		2	1.5		2	2.5
Severe Systemic Disease		3	2		3	3.5
Incapacitating Disease		4	2		4	3.5
Moribund		5	3		5	4.5
Brain Dead		6	3		6	4.5

The above "hours" per ASA and IP / OP are the result of reviewing some of several entity's actual case times and they do not include room turnover time. ASA Rating Codes for surgical cases and procedures do not currently appear to be included in the Truven data.

An item of note is that although the OR cases on an LRA may be decreasing, the doesn't mean that

the facility's surgical program volume is actually decreasing, as many facilities are moving OR cases to procedure rooms in order to "free up" more licensed OR time. A decrease of surgical cases used in the SMFP Tables can be the result of relocating cases from ORs to procedure rooms, but the surgical *program's* volume hasn't declined.

Additionally we'd support exploring the addition of a 2nd Tier to the OR Need Methodology, similar to that found in the ESRD Need Methodology which employs a "county need" methodology and a "facility need" methodology, thereby allowing an existing facility to submit a CON application to expand and add additional operating rooms once certain criteria are met.

Another concern with the existing methodology is related to unutilized/closed operating rooms (not just the facility being "underutilized" but operating rooms being closed within a facility) in a county while other growing entities cannot adequately serve their patient's needs. Data is difficult to obtain on this issue, but perhaps there are ways these unused and closed operating rooms can be tracked. Allowing these unutilized/closed operating rooms to be given the weight of used and open operating rooms falsely presents the needs within a county.

We would welcome the opportunity to present more information on using the ASA Rating Code and other ideas at the upcoming November meeting.

Respectfully,

Dee Jay Zerman

Dee Jay Zerman, MBA| System Director of Regulatory Planning
Strategic Planning and Network Development
UNC Health Care
Hedrick Building, 211 Friday Center Drive, Suite G015, Chapel Hill, NC 27517
p (984)974-1210| f (984)974-1312
DJ.Zerman@unchealth.unc.edu

----- Confidentiality Notice -----
The information contained in (or attached to) this electronic message may be legally privileged and/or confidential information. If you have received this communication in error, please notify the sender immediately and delete the message.