From: Catharine Cummer
To: Craddock, Amy D
Subject: RE: February 15 OR Workgroup meeting
Date: Monday, February 13, 2017 11:04:38 AM
Attachments: image001.png
Duke OR model -- revised.xlsx

Amy,

Thanks for the clarification on the model. I have revised the attached model accordingly, so that there is no case time substitution for outliers for AMCs, with the resulting need of 37 statewide. Thanks again for helping me understand the factors appropriately. As set forth previously, on behalf of the Duke University Health System, here are some reflections on the assumption used in this (revised) model:

1) This model proposes using grouping by availability with outlier substitution, but with an exception for academic medical centers. The number of academic medical centers is low, and variability among them may be reasonably anticipated based on their volumes of respective transplant and other highly specialized services. For other categories, outlier substitution provides a check against potential inefficiency or reporting discrepancies. As a practical matter, it did not appear that grouping AMCs separately from other large hospitals had an effect on the outcome if AMCs were not subject to outlier substitution, but this model uses a separate AMC grouping in any event.
2) In our experience, expecting large hospitals (including AMCs) to have ORs available an average of 10 hours per day is reasonable, with smaller hospitals and AMCs available lower hours.
3) All facilities should be expected to provide services 5 days/week before generating need for additional rooms. This model proposes all hospital ORs available 260 days/year, and ASCs to be available 250 days/year to account for additional holidays on which ASCs may be expected to close compared to hospitals.
4) A 75% utilization threshold is appropriate for all facilities. Waiting until a facility reaches 80% to allow for a potential need determination imposes too great a delay to meet the need, as there is a several-year lag between submission of the data and the implementation of an approved project.
5) Population growth rather than case growth appears to generate a more reasonable distribution of need. Providers who believe that case growth creates unique circumstances in their service areas could file special need adjustment petitions.

I am looking forward to the work group discussion. Please let me know if you have any questions. Thanks very much.

Catharine

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2016-2017 Operating Room Methodology Workgroup
Models Template

		Model Components									
Model	County Need Determination	I	II	III	IV	V	Case Times (Section 1 only)	Availability		Percent	SD Substitution (Section 2 only)
								Hours Per Day	Days Per Year		
Duke	***37***	C	A	A	A	A		0: 10	0: 260	75	A
								1: 10	1: 260	75	
								2: 9	2: 260	75	
								3: 8	3: 260	75	
								4: 8	4: 250	75	