DFS HEALTH PLANNING RECEIVED

TO: Victoria McClanahan, Planner

AUG 26 2009

Medical Facilities Planning Section

Medical Facilities
Planning Section

NC Division of Health Service Regulation

FROM: Mike Vicario, Vice President of Regulatory Affairs

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SUBJECT: Comments received/Single Specialty Ambulatory Surgery Demonstration Project

NCHA has reviewed comments submitted to the State Health Coordinating Council during the summer public comment period for the Proposed 2010 State Medical Facilities Plan. Please see our comments on the submitted petitions and comments below.

- 1. The demonstration project should not be restructured to include any more capacity than the description in the Proposed 2010 State Medical Facilities Plan, three surgery centers of two operating rooms each. Additional surgery centers or procedure rooms were not proposed, discussed or recommended by the Acute Care Committee and should not be included in these proposals. NCHA is willing to work with data from existing ambulatory surgery centers and endoscopy centers to supplement the evaluation of single specialty ambulatory surgery centers.
- Encouragement of open access to physicians will help a proposal demonstrate that it is a more accessible alternative. Facilities can establish bylaws and written criteria for granting privileges while still maintaining an open staff.

- 3. One commenter suggests giving priority status to proposals with greater differences between their rates and those of hospital outpatient surgery centers. Ambulatory surgery center rates and hospital outpatient rates are based on numerous factors and will differ by specialty. A comparison of rates proposed by an applicant with hospital rates may be irrelevant, and should certainly not be used as a sole determinative factor in approving or disapproving an application.
- 4. The Committee has worked hard to develop criteria that will be used in evaluating these projects. There is no reason to discriminate against hospitals as applicants, or against proposals from partnerships between hospitals and physicians. Such partnerships should be encouraged.
- 5. One commenter suggests that only physicians with at least 2,000 cases should be included in the demonstration. NCHA does not believe that a physician that is able to move a high surgical caseload from an existing facility should be more eligible for approval than any other physician. And while letters of support are important in helping to demonstrate community support, they should not be required for approval of a certificate of need application.

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