

Hello Mr. Paul,
Below is an individual comment on the draft regulations.
Thank you for the opportunity.
Don Bartnick

April 4, 2017

Paul Parker
Director, Center for Health Care Facilities Planning & Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Mr. Parker:

Thank you for the opportunity to participate in the work group process with you and the Maryland Healthcare Commission staff. As a consequence of participating, I am able to take away not only information of value in my professional life but also with an appreciation for the participatory process and the privilege of making a contribution to healthcare in our state.

I have read and endorse the comments from Andrea Hyatt on behalf of the Maryland Ambulatory Surgery Association. I would like to reinforce and add greater detail for an alternative to using only room utilization time as a measure for approving a second OR in existing POSCs and/or other ASFs.

I have previous experience as administrator of orthopedic surgery at Johns Hopkins and am currently the CEO of an ophthalmology group practice. I have seen the efficiency of having two ORs for a single surgeon allowing the surgeon to move room-to-room with his surgical team while the other room is turned over and the patient prepped for the next case. At the Good Samaritan Hospital (when it was staffed by Johns Hopkins orthopedics) the orthopedic surgeons were regularly provided with adjoining ORs so they could move room-to-room. While this may seem to be an underutilization of resources, it in fact enabled the surgeons to perform many more cases within the surgery day than would have been possible with only one dedicated OR. In ophthalmology, I have personally observed the same efficiency in the ASC owned by Dr. David Brown in Fort Myers Florida. In ophthalmology, population predictions indicate that the demand for ophthalmic services (e.g. cataract surgery) will be increasing by 5% per year as the Baby Boomers age. In addition, predictions are that there will be no increase in the number of ophthalmologists. As a consequence, it is essential that we enable surgeons to be more and more efficient to be able to care for more patients. Allowing two ORs for room-to-room utilization is one such method.

I believe that the CON process was probably begun in order to utilize scarce resources most efficiently and effectively. When begun, the process was probably intended to protect and conserve dollars invested in the healthcare system. It has become apparent that surgeons, especially in certain specialties, are now the scarce resource we need to protect as well.

Having personally witnessed the efficiency offered by this OR utilization, I would propose that there be an alternative consideration to room utilization time to accommodate an improved surgeons utilization style.

Donald C. Bartnick, CEO