



MARYLAND SOCIETY OF ANESTHESIOLOGISTS

August 25, 2017

Paul Parker, Director
Center for Health Care Facilities Planning & Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215
VIA EMAIL TO: paul.parker@maryland.gov

RE: July 20th Draft State Health Plan for Facilities and Services: General Surgical Services – COMAR 10.24.11

Dear Paul,

The Maryland Society of Anesthesiologists (MSA) is a State component society of the American Society of Anesthesiologists (ASA). The MSA represents physician anesthesiologists throughout the State of Maryland, and advocates policy that preserves the appropriateness and safety of the delivery of anesthesia care in Maryland. The Society is comprised of the physician anesthesiologists who practice within the State of Maryland. The MSA has an obligation to our members and more importantly our patients to play an active role in the upholding of the standard of quality medical care.

We appreciate the continued opportunity to comment on the State Health Plan for Facilities and Services: General Surgical Services. As stated in our previous comments on the April draft physician anesthesiologists are uniquely positioned in the health care delivery system. Our services extend across the care spectrum from surgical services to labor & delivery to critical care to pain management and beyond. We care for patients both in the hospital and at many ambulatory surgical facilities in Maryland. From this vantage point we are in a great position to evaluate ambulatory trends.

Our prime objective is to provide the safest care possible for our patients at all times in all manner of delivery models and settings.

Changes are rapidly occurring to health care delivery in Maryland as hospitals continue to align operations consistent with the goals and requirements of the Hospital All-Payer Model agreement with CMS. We feel that revising CON requirements is acceptable and encouraged to ensure that these nonhospital settings meet the safety standards embodied in the State Health Plan.

As these shifts occur we continue to stress the need for more robust data collection and reporting to assess any impact changes to CON may have. For example, reporting hospitalizations within 48 to 72 hours after ASC surgical procedure. Such data will be essential to fully inform the decision-making occurring now and for continued changes and evolution in health care in the future.

We stand ready to work with the MHCC and other agencies on appropriate mechanisms and methods to allow and encourage such reporting and data collection.

Thank you for your attention to these comments and we look forward to our continued work with the MHCC on this very important subject. For additional information please contact us at 410-269-1503.

Sincerely,

Michael Webb

Michael Webb M.D.
President

Amar Setty

Amar Setty M.D.
Immediate Past President