



## MARYLAND SOCIETY OF ANESTHESIOLOGISTS

April 3, 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](mailto:paul.parker@maryland.gov)

**RE: 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 opportunity to review this draft document that will make changes to the State Health Plan for Facilities and Services. This is the guiding document for the Maryland Health Care Commission (MHCC) policy decisions and particularly with Certificate of Need (CON) decision making.

As stated in "Section A. Purposes", the MHCC has prepared this document "to help meet the current and future health system needs of all Maryland residents." The MSA echoes this commitment to meeting the healthcare needs of all Maryland residents. 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. As the health care system undergoes change with respect to patient care in and outside of the hospital, so too are our practice patterns and

techniques must adapt. What won't change is our commitment to patient safety. It is in this vein that we provide the following comments.

Maryland hospitals continue to align operations consistent with the goals and requirements of Hospital All-Payer Model agreement with CMS. The MSA is keeping vigilant as trends show a shift of procedures from the hospital setting to out of hospital settings. To this end, 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.

However, the increase in volume and acuity of care must be balanced by increased monitoring of the numbers and types of procedures that are being moved. The MSA has embarked on a multi-year review of surgical cases in Maryland and where they are occurring. Our data shows a distinct increase in volumes in the non-hospital setting. Coupled with our data showing the increase in volume is a noticeable increase in disease comorbidity. Any harms, if present, will not be adequately represented by the yearly MHCC ambulatory survey whose results are not published for at least one year.

We suggest immediate reporting of the following for monitoring by the MHCC:

1. Admissions
2. Deaths
3. Significant adverse outcomes such as MI, Stroke, Pulmonary complications, etc.

As changes occur in our health care system 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.

Thank you for your attention to these comments and we look forward to working 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