Discussion Guide for General Hospitals Workgroup Meeting #2

1. Policies

- Refer to handout #1 with the revised draft policies to be discussed.

    a. Do the changes in Policy 2 effectively address the feedback from the first workgroup meeting? If not, how should Policy 2 be modified?

    b. Are there other suggested changes to any of the policies?

2. Information Regarding Charges

- Refer to handout #2 with the current standard related to providing charge information.

- The consensus of the workgroup in the first meeting seemed to be that the federal requirements are sufficient and the current requirement for maintaining a representative list of charges for services is unnecessary.

    a. Is it important to maintain requirements that a hospital shall have procedures for promptly responding to individual requests for current charges for specific services/procedures? and requirements for staff training?

    b. Is it important to maintain requirements for staff training to ensure that inquiries regarding charges for its services are appropriately handled?

3. Quality

- The current standard is outdated. MHCC staff's current approach is to ask an applicant to identify any quality measures publicly reported as "below average" in the most recent report and explain how the hospital is taking steps to improve its performance. A list of performance measures included in public reporting for hospitals is shown in handout #3. The results for individual hospitals are available at: https://healthcarequality.mhcc.maryland.gov/

    a. Should the current method used by MHCC staff be maintained and included in an updated and revised standard?

    b. What is the most important purpose that quality standards should serve, in the context of Certificate of Need reviews for acute care general hospitals?

c. Are there any suggested changes to how quality is measured and evaluated for acute care general hospitals?

d. Is it important to include a quality standard that promotes reducing disparities, as a goal that hospitals should work towards? If performance on specific measures are not available or would not be an appropriate tool in the context of CON reviews, is there another approach that is recommended?

4. Patient Safety

- The current standard requires that that an applicant take patient safety into consideration and document the manner in which the planning and design of the project took patient safety into account, as shown in the quoted text below from COMAR 10.24.10.04B(12).

> *The design of a hospital project shall take patient safety into consideration and shall include design features that enhance and improve patient safety. A hospital proposing to replace or expand its physical plant shall provide an analysis of patient safety features included for each facility or service being replaced or expanded, and document the manner in which the planning and design of the project took patient safety into account.*

a. Is this standard important to include? Does it have much influence on a hospital's design decisions?

5. Geographic Accessibility

- The current standard is shown as quoted text below from COMAR 10.24.10.04B(1).

> *A new acute care general hospital or an acute care general hospital being replaced on a new site shall be located to optimize accessibility in terms of travel time for its likely service area population. Optimal travel time for general medical/surgical, intensive/critical care and pediatric services shall be within 30 minutes under normal driving conditions for 90 percent of the population in its likely service area.*

a. Is 30 minutes the right about of time to define as optimal travel time?

b. Should a revised standard define circumstances when a reduction in geographic access would be acceptable?

- Based on the discussed changes to Policy 2, acknowledging that barriers to access may be factors other than geographic and financial access, it seems appropriate to consider having an access standard that reflects these changes.

    c. How should a hospital be expected to demonstrate that it is addressing access barriers for underserved populations?

6. Adverse Impact

- Given changes in the HSCRC rating setting system and statutory changes, references to charge per case are outdated and the new capital thresholds for hospital projects should be incorporated.

    a. Should the standard reflect that access and availability may be reduced through adding services, not just eliminating, downsizing, or modifying an existing service?

    b. Should the population considered only be the population in the primary service area of the applicant hospital?

    c. How important it is to consider the impact on existing providers?

    d. Are there suggested changes to this standard?

7. Cost-Effectiveness

    a. How well has the current standard been working?

    b. Are there suggested changes to this standard?