



MARYLAND HEALTH CARE COMMISSION

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**Cardiac Services Advisory Committee Meeting
Thursday, November 30, 2017
7:00 p.m.- 9:00 p.m.**

Agenda

I. Revision of CON Policies and Standards for Cardiac Surgery – Staff Recommended Changes

- The financial feasibility of a proposed cardiac surgery program should be assessed on the proposed program's impact on the financial viability of the hospital. The requirement that a cardiac surgery program generate excess revenue over expenses within three years is not logical under the global budget model and the HSCRC's treatment of volume shifts.

II. Revision of Standards for Evaluation of Certificates of Ongoing Performance-Discussion Items

- The patient outcome measure for primary and elective PCI services, the all-cause 30-day risk-adjusted mortality rates cannot be obtained in a timely manner, if MHCC relies on the National Death Index from the Centers for Disease Control. There is a one-year lag for the release of the final data for the previous calendar year, and additional time is required to analyze the data. Are there alternative approaches we should consider? For the STS data, hospitals are expected to follow-up and track 30-day mortality rates.
- Should alternatives to the current patient outcome measures for PCI services that requires a hospital to maintain a 30-day risk-adjusted all-cause mortality rate for PCI services that is within the acceptable margin of error be considered?
- Should the performance measure for cardiac surgery programs, the all-cause 30-day risk-adjusted operative mortality rates be modified to span a rolling two or three year period?
- Staff recommends that additional performance metrics for cardiac surgery programs be adopted because isolated CABG cases compose only a portion of the volume performed

by cardiac surgery programs. What additional performance metrics should be considered?

III. Revision of Standards for Evaluation of Certificates of Ongoing Performance – Staff Recommendations

- When PCI services are unexpectedly not available, the hospital notice should be required to notify MHCC within two business days of the unexpected downtime. Hospitals are required to have PCI services available 24 hours of the day and seven days a week.

IV. ICD-10 Cardiac Surgery Codes

- Only limited feedback was obtained by the requested deadline.
- MHCC staff will provide consolidated feedback on the ICD-10 codes prior to the next meeting.

IV. Next Steps