The Economic Alliance for Michigan
CON Commission Public Hearing – 9 a.m. Wednesday October 31, 2007

PROPOSED CHANGES IN OPEN HEART SURGERY STANDARDS

Open Heart Surgery Methodology for predicting need for additional programs.

1. The Economic Alliance for Michigan members –business and labor -- strongly believe that there is not a need for any additional Open Heart Surgery programs, anywhere in Michigan. Adding more programs, especially when the utilization of open heart surgery is steadily declining, would be a bad outcome in producing lower quality and higher costs. We wish that the refined methodology would not allow for any additional programs. However, given the extensive time and effort given to this Standard our Health Group concluded that EAM should support the MDCH revised methodology as a reasonable compromise.
2. The refinements to the OHS methodology for projecting the need for additional OHS programs in Michigan –proposed by MDCH -- were developed pursuant to the strong requests by the SAC and the Commission.
3. Those refinements have made much progress in simplifying and have gone a long way to simplify and improve the predictability of this process.
4. The MDCH staff members involved with developing these refinements to the methodology for projecting the need for new programs should be commended for their efforts and knowledge.
5. In our detailed review we did identify some other minor corrections in the (S-3) Impact Report that need to be made. Those have been shared with MDCH staff but we want to provide these suggestions in this public forum so that all might react to them.

   Sec. 6 of the CON Standards have long provided that CON-approved or operational Open Heart Surgery hospitals cannot provide data for commitment to other potential new programs. That section would require recognition that Mid-Michigan and Foote Hospitals data can not be included in the respective HSA totals of available data. Removing their data for the totals for their HSA will not have a material impact upon the results, but it is technically required.

   - In our judgment the total discharge data points available for HSA 1 appear to have been understated by about 50. This appears to have resulted from an over-subtraction of data previously committed. This would increase the number available from 555 to approximately 605.

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Other SAC Recommendations Under Review

Cardiac Cath Standards

The EAM members support the recommended changes to the CON standards for Cardiac Catherization. Of particular note are the following:

1. Requiring facilities providing Cardiac Services in Michigan being required to participate in the American College of Cardiology National Cardiovascular Data Registry's CathPCI Registry.

2. Requiring facilities proposing to initiate a pediatric Cardiac Cath service to meet certain guidelines of the American Academy of Pediatrics.

3. Maintaining the limitation to maintain the provision of the CON Standards that Elective Angioplasty should only be done at hospitals with **on-site** Open Heart Surgery.

Open Heart Surgical Centers

The EAM members support the recommended changes to the CON standards for Open Heart Surgical programs. Of particular note are the following:

1. Facilities providing OHS in Michigan will be required to participate in the Society of Thoracic Surgeons database and the program's state-wide auditing.
2. Maintaining the minimum volume for new programs at 300 per year
3. Increasing the minimum volume for attending physicians from 50 to 75/ year.
4. Consulting hospitals will be required to perform a minimum of 400 cases per year for at least three consecutive years.
5. Limiting hospitals ability to commit their OHS discharge data to only the data not previously committed. Thereby eliminating the ability to hospitals to re-cycle this data every 7-years.
6. Refinements of the methodology for projecting need for new programs.

7. However, at the September Commission meeting, the Attorney General office did question the validity of the proposed standard to allow hospitals to use their own previously committed data for starting their own OHS program. We believe that this AG opinion will require the striking of Section 6 (1) (B), lines 154 – 158 of the recommended OHS standards. This will allow for equal application of the regulations to every provider.

Additional Written Comments:

Additional written comments regarding the above recommended changes in the CON Standards will be submitted on behalf or our members by:

Mr. Wayne Cass, Business Representative of the International Union of Operating Engineers and the Michigan AFL-CIO and,

Marsha Manning, Manager-SE Michigan Health Care Initiatives, General Motors Corp.

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Methodology to Predict Adult Open Heart Surgery Cases
Economic Alliance for Michigan

Background:

- The (CON) Commission is tasked with identifying the need for each of the services regulated by the CON program. In Open Heart Surgery Services, the Commission has adopted a methodology using inpatient discharge data provided thru the Michigan Inpatient Data Base (MIDB) to predict open heart procedures (cases). This basic methodology was adopted by the CON program over 20 years ago.
- The 2007 OHS SAC was asked to review this methodology but was unable to complete this change because the necessary final analytic data was not available. The SAC had great concern about the codes used in the methodology and the resulting over-projection of need for new programs. As a result, the SAC, facing the 6 month statutory deadline, asked MDCH staff to develop refinements of the methodology to simplify and insure accuracy.
- From when the SAC ended in July to the September Commission meeting the MDCH made noteworthy progress in resolving most of the data concerns and simplifying the process.
- The CON Commission on September 18 approved the OHS SAC recommendations as modified by MDCH. However, the Commission expressed concern about the methodology and wanted further refinements that would reduce the over-prediction problem

Methodology Refinement:

- The OHS SAC preliminary recommendation, adopted at the 9/18/2007 Commissioner's meeting, changed the list of procedure codes that define what constitutes an open heart surgery procedure (consistent with current Open Heart Surgery Standards).
- This revised set of procedure codes were then incorporated into the computation of the weights applied to discharge diagnoses to predict the number of open heart surgeries.
- Examination of this output, when matched against actual open heart surgical procedures at hospitals with open heart surgery programs, showed projections that are substantially less than the actual number of open heart procedures performed. Conversely, hospitals that did not have open heart surgery programs showed unrealistically high projections.
- To address this process weakness, MDCH staff proposed two separate sets of weights, one for Principal Diagnoses and the other for Non-Principal Diagnoses
- In addition, the computation of the weights was limited to using the data from only those hospitals that currently have open heart surgery programs. This strengthens the predictive value of the weights since they are directly associated with actual open heart procedures and discharge diagnoses.
- The current methodology included many diagnostic codes that had statistically insignificant volumes or whose predictability value was very low (in some cases 1% or less). To simplify the methodology and improve its predictive value, the number of diagnostic codes was reduced by applying a series of decision rules.
- The first decision rule applied to these codes was that there had to be at least 100 cases per year and the "weight" had to be greater than 10% to be considered a "Category" in the methodology.
- The second and third decision rules, established to identify which codes should remain in the "All Other Heart Conditions" category, is (2) that there must be at least ten cases per year and the weight greater than one percent and (3) that there must be at least 100 cases per year (no minimum weight criteria).
- Differences between the volumes calculated by the refined methodology were than adjusted to actual OHS volumes for each HSA. This is similar to the approach used by CON for eliminating the over projections of the need for Megavoltage Radiation Therapy treatments, based on cancer diagnoses resulting from the same patient with the same diagnosis being discharged from multiple hospitals.
- The refined methodology is to be run annually, following the release of the MIDB data-set.