Virginia Department of Health

Center for Quality Health Care Services and Consumer Protection

Comments Received on the Proposed State Medical Facilities Plan

Definitions – complete 5/10/2006

Item No.	Section	Comment	VDH Analysis	Discussion Points	Outcome
1	10	"hospital-based" is too broad, suggest deleting "legally associated with" "hospital-based" should include: whether located on the hospital's campus or at a site not on the hospital's campus.	The definition has been amended.	Committee discussed joint ventures, remote site ERs and diagnostic imaging services.	No consensus, deferred to service specific discussion
2		"Lithotripsy;" should distinguish between renal and orthopedic lithotripsy.	While we believe the proposed definition does distinguish between renal and orthopedic lithotripsy, the definition was amended to provide clarification.		Committee consensus
3		230-10: Suggest retaining the definition of "accessibility" from the current SMFP 230-10: Suggest "Accessibility read: "the ability of a population or segment of a population to obtain appropriate and available services. This ability is determined in part by temporal, economic, cultural, locational and architectural factors that may be barriers or facilitators to obtaining services. It is also determined by the ability of people to obtain the services within a reasonable time in relation to	The definition has been amended.		Committee consensus

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		their medical need.			
4		"pediatric" references should be for 15 and under, not 21	The definition was amended to reflect Virginia's legal age of 18.		Committee consensus
5		"hospital" should include outpatient surgical hospitals and delete reference to "community" to make consistent with licensure regulation "Hospital:" should refer to and be consistent with § 32.1-123	The definition was amended accordingly.	Additional amendment: Insert "hospital" after "inpatient" for clarity	Committee consensus on the additional amendment
6		"uninsured" should be deleted.	The definition has been amended.	Suggest "uninsured" be inserted after 12 VAC 5-230-10 in the definition; Question: what if insured for service A, but not service B?	No consensus; further discussion deferred to discussion on charity care Comment regarding VHI counting NICU beds will be relayed to the Commissioner
7		"inpatient beds" should include long term acute care beds	The definition was amended to include that phrase.	Add definition of LTAC and reference to neonatal special care	
8		"MRI relevant patients" should be	The definition has been		Committee

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		deleted	amended.		consensus
9		"Nursing facilities" should include nursing facility beds	The definition of "nursing facility beds" was deleted.		Committee consensus
10		"Charges" are not properly defined. charges would be the prices set by the provider.	The definition of "charges" has been amended.		No consensus; Deferred to discussion on charity care
11		Include a definition of operating room. "Operating room" means a room located in a fully controlled sterile nvironment specifically designed for the performance of surgical procedures and involving the administration of anesthesia. This would include open-heart surgery and trauma rooms, but not include endoscopy, cystoscopy, C-section and procedure rooms. "Operating rooms" There are many interpretations of operating rooms. Recommend: "a room, located in a fully controlled sterile environment, specifically designed for the performance of surgical procedures,	A definition was included in the draft; as a result of comments received it has been amended for clarification. We have chosen to use the definition found in the AIA Guidelines for Design and Construction of Hospitals and Healthcare Facilities, an impartial resource mandated by the passage of HB2366 and SB1024 (2005), which also responds to other comments received regarding consistency.	Applicability to surgery performed in physician offices Whether some current Ors would be excluded under the new definition or vice versa	No consensus; Deferred to service specific discussion

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		meeting the minimum requirements and conditions of the Virginia Code, and involving the administration of anesthesia." The definition should explicitly exclude minor procedure rooms such as gastrointestinal and endoscopy suites.			
12		"Radiation therapy" delete "ingestion of isotopes" and add implantation of isotopes Ingestion of isotopes is appropriately used in diagnostic procedures, not therapeutic use.	The definition was amended as suggested.	Insert: "including radioisotope therapy," after clinical specialty; insert "or other conditions" after cancer	
13		"Stereotactic radiosurgery" as radiotherapy meaning more than one session of fractionalization. Radiosurgery is a one-session process. "Stereotactic radiosurgery:" delete "non-invasive" as it is considered an invasive procedures. Also a cyber-knife" does not use an external frame. Also suggest additional review needed as recent technology has made terms less meaningful and confusing when applying standards	The definition was amended for clarification.		No consensus; Deferred to service specific discussion

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		and criteria.			
14		Definition of "competing applications" limits competition to planning districts, where some types of services call for evaluation on a regional basis.	The definition was amended for clarification.	Additional amendment: Insert "for projects reviewed on a regional basis" after or planning region	Committee consensus with the additional amendment
15		230-10: Suggest including definitions of "cardiac capacity," cardiac capacity for open heart surgery programs" be included.	A definition of diagnostic equivalent procedure has been added to 12 VAC 5-230-10.		Committee consensus
16		"Positron emission tomography" should include: imaging modality after invasive diagnostic"	The definition was amended as suggested.	Suggest moving "PET/CT" after positron emission tomography; technical amendments to PET/CT definition	Committee consensus with the additional technical amendments
17		"planning year" should include and services after "which bed"	The definition was amended as suggested.		Committee consensus
18		"Stereotactic radiosurgery" insert: one session after "means a"	The definition has been amended for clarification.		Deferred to service specific discussion
19		"Computed tomography:" retain current definition; under proposed definition MRI also fits the definition	The definition has been amended for clarification.		Committee consensus

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		of a CT.			
20		MRI relevant patients:" delete	The definition was amended as suggested.		Committee consensus
21		"Network:" as defined is confusing, suggest referring to a planning district or make the definition flexible depending on whether a particular application is reviewed on a planning district or health planning region basis.	The definition has been amended.	Consistency of definition with actual business operations.	Deferred to charity care discussion
22		"Off-site replacement:" delete "within the same planning district"	The definition was amended as suggested.	Whether to reinstate "within the same planning district"	Deferred to institutional need discussion
23		"Physician:" suggest including allopathic or osteopathic medicine.	The definition has been deleted as unnecessary.	No consensus. Question whether "physician" includes DDS and others referred to OAG.	
24		"Positron emission tomography:" suggest striking the 2nd sentence as not all PET scanners contain both elements.	The definition has been amended to address both types of PET machines.		Committee consensus
25		"indigent and uninsured": the term "uninsured" should be deleted because it does not necessarily mean that a patient is indigent. Support language that reflects the amount of	References to "uninsured" and "underinsured" were deleted, as those terms are not used in law. However, it was at the request of the ad hoc committee		Deferred to charity care discussion

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		uncompensated care being provided rather than strictly defining it as a percentage of the federal poverty guidelines.	convened specifically to discuss the issue of charity care that the standard was capped at 200% of the federal poverty level. Reference to the income levels defined in 12 VAC 5-200 as been clarified.		
26		The list of definitions of service, facilities and processes related to COPN needs to be expanded substantially and revised.	There seems to be some confusion regarding the purposes of the definition section. Without further clarification of what the commenter would like to have defined, it is difficult to respond. However, each definition in the current SMFP was carefully screened for applicability in the revision. Those definitions that had no application in the proposed SMFP were deleted. The commenter should also be aware that a regulatory definition section will not contain definitions of general understanding or definitions that can be located in a dictionary in general circulation.		Committee consensus
27		There is no definition of “regional standard” and there is no means to verify the financial information	It does not appear that a definition of “regional standard” is necessary since the		Comments pertaining to VHI data collection

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		provided to VHI from which the regional standard is developed. While this may be difficult to address in the context of the SMFP revision, it needs to be addressed by VDH to insure accuracy and fairness of the standard to be used.	commenter notes that VHI data is used to determine such standards. There in no practical method to "verify the financial information provided" that would not be considered government intrusion into private business practices. However, COPN holders are required to certify that the information provided regarding charity care is accurate and true.		will be relayed to the Commissioner; further discussion deferred to charity care discussion
28		230-10: "Hospital-based" should also include <u>any entity, facility or location that qualifies under Medicare to bill under the Medicare provider number of the hospital to which such entity, facility or location is "hospital-based.</u>	We disagree – Medicare is a federal reimbursement program. The intent of the standard is to address the proximity of hospital services, not reimbursement.	Issues relates to remote sites that are part of hospital ERs.	Deferred to service specific discussion
29		"Open heart surgery" should be modified to cover those procedures requiring the use of heart-lung bypass machines and those that require the bypass to be immediately available.	We disagree. Such a requirement is not part of a definition, but of the applicable standards. It stands to reason that providers offering open-heart surgery will have the needed and necessary equipment available to conduct the surgery, including bypass pumps.		Deferred to service specific discussion
30		"Charges" should be <u>costs</u>	We disagree; however, we amended the definition of		Deferred to charity care

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			"charges" for clarification.		discussion
31		The definition of "quality of care" should be retained	We disagree for the reasons previously discussed.		Deferred to quality of care discussion
32		The revision contains only a few general definitions without the service-specific guidelines. Suggest these sections be left in so that applicants and DCOPN have a mutual understanding.	Without further clarification of the "deleted" definitions, it is difficult to respond. However, each definition in the current SMFP was carefully screened to applicability in the revision. Those definitions that had no applicability were deleted. The commenter should also be aware that a regulatory definition section will not contain definitions of general understanding or definitions that can be located in a dictionary in general circulation.		Committee consensus
33		230-10: "Costs" s/be defined as in the current SMFP	Without further clarification of why the commenter believes costs needs to be included, it is difficult to respond. The commenter should be aware that a regulatory definition section will not contain definitions of general understanding or definitions that	SMFP should include definition of costs, i.e., capital development, and operating expenses related to project cost	Costs relevant to charity care deferred to charity care discussion

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			can be located in a dictionary in general circulation. Such is the case with costs, and since it would not have different usage that common understanding we do not believe it is necessary to include a definition.		
34		"Indigent or uninsured:" suggest adding: or underinsured	We disagree, as "underinsured" is not contained in COPN law.		No consensus; Deferred to charity care discussion
35		Suggested defining appropriate as: suitable for the purpose intended.	Disagree: "appropriate" is generally understood or its definition can be located in a dictionary in general circulation.		Committee consensus
36		"Magnetic resonance imaging:" use the current definition, as studies indicate the MRIs may be invasive.	That is not correct, while the MRI may be used to assist in conducting invasive procedures; the MRI itself produces images external to the patient's body.		Committee consensus
37		"Open-heart surgery:" suggest also referred to as advanced cardiac surgery, means operations on the valve and septa of the heart, coronary artery bypass procedures, implantation of heart and circulatory assist systems, or any other procedures that would require availability of the heart-lung bypass machine or pump.	We disagree, The proposed definition came from the current SMFP and we believe it is sufficient for the purposes of the proposed SMFP.		Deferred to service specific discussion

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38		"Study or scan:" please clarify as the draft uses "single patient visit" while VHI collects "procedures" Hence during a patient encounter, multiple procedures, studies or scans may be performed.	Such discussion is beyond the scope of this project. We suggest that the issue of VHI's data collection practices be discussed with the State Health Commissioner, who has oversight responsibility for VHI.	Definition needs further clarification.	Comments pertaining to VHI data collection will be relayed to the Commissioner;
39		The definition of inpatient beds has been expanded, believe this will result in a skewed computation of need in this category.	We disagree; the definition has not be expanded, terminology has, however, been updated, perhaps causing the confusion.	Technical amendment differentiate between LTC beds and LTAC beds.	Committee consensus
40		Recommend the SMFP include a definition of "uncompensated care costs" and that the median value of this measure be used to form the base for the regional standard.	We disagree as there is no reference to uncompensated care in COPN law.		Deferred to charity care discussion