WAC 246-310-745 Need forecasting methodology. ~~For~~The following definitions are only applicable to the ~~purposes of the~~PCI need forecasting ~~method~~methodology in this section~~, the following terms have the following specific meanings~~:

(1) "Base year" means the most recent calendar year for which December 31 data is available as of the first day of the application submission period from the ~~department's CHARS~~Clinical outcomes assessment program (COAP) data from the Foundation for Health Care Quality reports or successor reports.

(2) "Current capacity" means the sum of all PCIs performed on people (aged fifteen years of age and older) by all certificate of need approved adult elective PCI programs, or department ~~grandfathered~~legacy programs within the planning area. To determine the current capacity for those planning areas where a new program has operated less than three years, the department will measure the volume of that hospital as the greater of:

(a) The actual volume; or

(b) The minimum volume standard for an elective PCI program established in WAC 246-310-720.

(3) "Forecast year" means the fifth year after the base year.

~~(4) "Percutaneous coronary interventions" means cases as defined by diagnosis related groups (DRGs) as developed under the Centers for Medicare and Medicaid Services (CMS) contract that describe catheter-based interventions involving the coronary arteries and great arteries of the chest. The department will exclude all pediatric catheter-based therapeutic and diagnostic interventions performed on persons fourteen years of age and younger are excluded. The department will update the list of DRGs administratively to reflect future revisions made by CMS to the DRG to be considered in certificate of need definitions, analyses, and decisions. The DRGs for calendar year 2008 applications will be DRGs reported in 2007, which include DRGs 518, 555, 556, 557 and 558.~~

~~(5)~~(4) "Use rate" or "PCI use rate," equals the number of PCIs performed on the residents of a planning area (aged fifteen years of age and older), per one thousand persons.

~~(6)~~(5) ~~"Grandfathered~~"Legacy programs" means those hospitals operating a certificate of need approved interventional cardiac catheterization program or heart surgery program prior to ~~the effective date of these rules~~December 19, 2008, that continue to operate a heart surgery program. For hospitals with jointly operated programs, only the hospital where the program's procedures were approved to be performed may be ~~grandfathered~~treated as a legacy program.

~~(7)~~(6) The data ~~sources~~source for adult elective PCI case volumes include:

~~(a) The~~Clinical outcomes assessment program (COAP) data from the Foundation for Health Care Quality, as provided to the department. If COAP data is no longer available for department use, the department will rely on the comprehensive hospital abstract reporting system (CHARS) ~~data from the department, office of hospital and patient data;~~

~~(b) The department's office of~~and certificate of need utilization survey data~~ as compiled, by planning area, from hospital providers of PCIs to state residents (including patient origin information, i.e., patients' zip codes and a delineation of whether the PCI was performed on an inpatient or outpatient basis); and~~

~~(c)~~(a) ~~Clinical outcomes assessment program (COAP) data from the foundation for health care quality, as provided by the department~~.

~~(8)~~(7) The data source for population estimates and forecasts is the office of financial management medium growth series population trend reports or if not available for the planning area, other population data published by well-recognized demographic firms.

~~(9)~~(8) The data used for evaluating applications submitted during the concurrent review cycle must be the most recent year end data as reported by ~~CHARS or the most recent survey data available through the department or~~ COAP data for the appropriate application year. The forecasts for demand and supply will be for five years following the base year. The base year is the latest year that full calendar year data is available from ~~CHARS. In recognition that CHARS does not currently provide outpatient volume statistics but is patient origin-specific and COAP does provide outpatient PCI case volumes by hospitals but is not currently patient origin-specific, the department will make available PCI statistics from its hospital survey data, as necessary, to bridge the current outpatient patient origin-specific data shortfall with CHARS and COAP.~~COAP.

(9) All hospitals approved to perform elective PCI must submit annual PCI volume data to COAP but October 1 of each year.

(10) Numeric methodology:

Step 1. Compute each planning area's elective PCI use rate calculated for persons fifteen years of age and older, including ~~inpatient and outpatient~~only elective PCI case counts.

(a) Take the total planning area's base year population residents fifteen years of age and older and divide by one thousand.

(b) Divide the total number of elective PCIs performed on the planning area residents over fifteen years of age by the result of Step 1—(a). This number represents the base year elective PCI use rate per thousand.

Step 2. Forecasting the planning area demand for elective and non-elective PCIs~~ to be performed on the residents of the planning area~~.

(a) Take the planning area's elective use rate calculated in Step 1—(b) and multiply by the planning area's corresponding forecast year population of residents over fifteen years of age per 1,000. This represents projected planning area resident demand for elective PCIs.

(b) Take the number of non-elective PCIs performed by planning area hospitals in the Base Year. This represents projected planning area demand for non-elective PCIs.

(c) Add the results from Step 2(a) and Step 2(b) together for total planning area forecast PCI demand.

Step 3. Compute the planning area's current capacity for non-elective and elective PCIs.

~~(a)~~ Identify all ~~inpatient procedures at certificate of need approved hospitals within the planning area using CHARS data;~~

~~(b)~~ (a) ~~Identify all outpatient~~non-elective procedures at ~~certificate of need approved~~ planning area hospitals~~ within the planning area using department survey data; or~~.

~~(c)~~ (b) ~~Calculate the difference between total PCI~~Identify all elective procedures ~~by~~from planning area residents at certificate of need approved hospitals within the planning area ~~reported to COAP and CHARS. The difference represents outpatient procedures~~.

~~(d)~~ (c) Sum the results of (a) and (b~~) or sum the results of (a) and~~).

(d) ~~This total~~Calculate the product of the number of existing CN approved elective PCI programs in the planning area multiplied by the minimum volume standard for an elective PCI program established in WAC 246-310-720.

~~(c).~~ (e) Select the greater of the results of (c) and (d). This is the planning area's current capacity which is assumed to remain constant over the forecast period.

Step 4. Calculate the net need for additional adult elective PCI procedures by subtracting the calculated capacity in Step 3 from the forecasted demand in Step 2. If the net need for procedures is less than two hundred, ~~the department will not approve a new~~there is no numeric need for an additional PCI program.

Step 5. If Step 4 is greater than two hundred, calculate the need for additional programs.

(a) Divide the number of projected procedures from Step 4 by two hundred.

(b) Round the results down to identify the number of needed programs. (For example: 375/200 = 1.875 or 1 program.)

[Statutory Authority: RCW 70.38.135 and 70.38.115. WSR 18-07-102, § 246-310-745, filed 3/20/18, effective 4/20/18. Statutory Authority: RCW 70.38.128. WSR 09-01-113, § 246-310-745, filed 12/19/08, effective 12/19/08.]