



# Ambulatory Services Recommendations

Health Planning Committee

November 20, 2013

*(Revised November 29, 2013)*

# Guiding Tenets

- Recommendations developed with consideration for:
  - Patient Safety and Quality
  - Transparency to Consumers
  - Stabilization of the Medical Home
  - Support of Safety Net
  - Health Information Technology Integration

# Presentation Format

- Define the service
- Present recommendations
- Discuss proposed mechanism to achieve necessary level of oversight



# Retail Clinic Recommendations

# Limited Services Clinics: Focused, Episodic Care

- Provide a limited set of services that require only a focused history and physical examination intended for episodic care related to an illness or for immunizations.
- The Limited Services Clinics are not intended to be patient-centered medical homes or a source of continuing care.

# Establish Naming Convention

- “Limited Services Clinics”. Require use of the term Limited Services Clinic in the name at the retail site. For example, “MinuteClinic, a Limited Services Clinic”.
- Conveys the narrow scope of services provided.
- Educates the general public that the full range of services offered by other clinics is **NOT** provided.
- Mirrors name chosen by Massachusetts which will assist in customer recognition.

# Define Limited Services Clinics

- Involves episodic care that requires only a focused history and physical examination related to an illness or for certain immunizations.
- Offer unscheduled, walk-in appointments. Typically includes extended business hours.
- Services are of a nature that may be provided within the projected duration of patient encounters, using available facilities and equipment.
- Excludes surgical services, dental services, physical rehabilitation services, mental health services, substance abuse services, or birth center services.

# Define Scope of Services

- Prescribed set of pre-identified diagnostic and treatment services that includes certain immunizations.
  - Does not include venipuncture or the prescribing of controlled substances.
- Prohibit services to patients twenty-four months of age or younger.
  - Infants may have special health care needs. Visits afford pediatricians the opportunity to catch up on immunizations, discuss other potential problems and facilitate patient/provider relationship.
- Prohibit childhood immunizations (excluding influenza vaccine).
  - The requirement is intended to ensure that children 18 years of age and younger have contact with their regular primary care physician at least once per year.

# Disclosures to Consumers

- Make clear to the consumer which services are and are not offered by the Limited Services Clinic:
  - Require signage to be prominently posted that states the services provided.
  - Where applicable, require signage to indicate that prescriptions and over the counter supplies, etc., can be purchased from any business and do not need to be purchased on-site and prohibit any incentive, inducement and payments to clinical staff for referring or recommending to patients' items or services provided at the site or by the host provider.

# Accreditation

- Secure third party accreditation by a national accreditation organization approved by the Department.
  - If a provider loses its accreditation, the provider and the accrediting body would be required to report such change to the Department of Health in a timely fashion.

# Patient Safety and Quality

- Require policies and procedures for referring patients whose needs exceed services provided and to ensure continuity of care.
- Require policies and procedures that specify staffing pattern.

# Stabilization of Medical Home

- Maintain an up-to-date roster of primary care providers accepting new patients within a reasonable geographic area of the provider. The list must identify preferred providers who are a PCMH or Advanced Primary Care Model and a description of what this designation means. To ensure continuity of care, the following steps are required:
  - Provide the list to each patient who indicates they do not have a primary care provider.
  - Recommend every patient schedule an initial or annual appointment with a primary care provider.
  - If indicated, recommend a follow-up visit with a primary care provider.
- Roster must include Federally Qualified Health Centers and other providers who serve Medicaid and low-income patients, people with disabilities, and identify cultural and linguistic capabilities when available.

# Stabilization of Medical Home

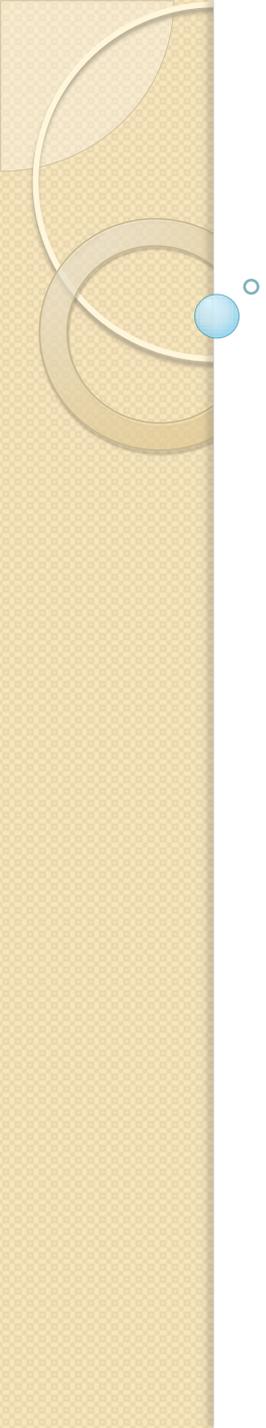
- Develop policies and procedures to identify and limit the number of repeat encounters with patients.

# Health Information Technology

- Overall continuity of care will be facilitated by requiring ambulatory services providers to connect to the larger health care delivery system through the following:
  - Require utilization of a certified electronic health record (EHR), connected to the Statewide Health Information Network for New York (SHIN-NY) for sharing of patient information to all authorized clinicians.
  - Provide a copy of medical records to the patient consistent with current Public Health Law.
  - Require structured interoperable health IT systems, policies, procedures and practice to support creation, documentation, execution, and ongoing management of a plan of care for every patients.
  - Require ePrescribing.

# Statutory and Regulatory Amendments

- Amend Section 2801-a of the public health law to add “Limited Services Clinics” (LSC) under the category of Article 28 diagnostic or treatment centers.
  - Statutory authority will allow corporations to provide professional services that are currently prohibited. The statute does not preclude private physician offices from providing professional services in a retail setting.
- Add statutory language to exempt LSCs from Certificate of Need review.



# Urgent Care Recommendations

# Define Urgent Care Providers: Acute, Episodic, Non-Life Threatening

- Episodic illness or minor traumas that are not life-threatening or permanently disabling.
- Urgent care is not intended to be a patient-centered medical home or a source of continuing care.
- Urgent care is not intended for emergency intervention for major trauma, life threatening or potentially disabling conditions and is not intended for monitoring and treatment over prolonged periods.
- Urgent care services do not include surgery, mental health, substance abuse, dental or birth center services.

# Define Urgent Care Scope of Services

- Minimum characteristics/services that a provider must have in order to be considered an urgent care provider include:
  - Accepts unscheduled, walk-in visits typically with extended hours on weekdays and weekends
  - X-Ray and EKG
  - Phlebotomy and Lab Services (CLIA waived tests)
  - Administration of oral (PO), sublingual (SL), subcutaneous (SC), intramuscular (IM), intravenous (IV), respiratory, medication and IV fluids
  - Uncomplicated laceration repair
  - Crash Cart Supplies and Medications; ACLS and PALS protocol capable, as evidenced by staff holding current certification
- All training, equipment, medication and protocols must be appropriate for the population served, including the pediatric population.

# Establish Naming Convention

- Restrict use of the term “Urgent Care” and its equivalents to those providers offering urgent care services as defined and approved by the Department.
- Urgent care providers cannot use the word “emergency” or its equivalent in their names.
- If specializing in pediatric urgent care, providers must so indicate in the practice name.

# Disclosures to Consumers

- Make clear to the consumer which services are and are not offered by the urgent care provider:
  - Require signage to be prominently posted that states the services provided.
- If applicable, require signage to indicate that prescriptions and over the counter supplies, etc., can be purchased from any business and do not need to be purchased on-site and prohibit any incentive, inducement and payments to clinical staff for referring or recommending to patients' items or services provided at the site or by the host provider.

# Patient Safety and Quality

- Require policies and procedures for referring patients whose needs exceed services provided and to ensure continuity of care.
- Require policies and procedures that specify staffing pattern.

# Stabilization of Medical Home

- Maintain an up-to-date roster of primary care providers accepting new patients within a reasonable geographic area of the provider. The list must identify preferred providers who are a PCMH or Advanced Primary Care Model and a description of what this designation means. To ensure continuity of care, the following steps are required:
  - Provide the list to each patient who indicates they do not have a primary care provider.
  - Recommend every patient schedule an initial or annual appointment with a primary care provider.
  - If indicated, recommend a follow-up visit with a primary care provider.
- Roster must include Federally Qualified Health Centers and other providers who serve Medicaid and low-income patients, people with disabilities, and identify cultural and linguistic capabilities when available.

# Stabilization of Medical Home

- Develop policies and procedures to identify and limit the number of repeat encounters with patients.

# Health Information Technology

- Overall continuity of care will be facilitated by requiring ambulatory services providers to connect to the larger health care delivery system through the following:
  - Require utilization of a certified electronic health record (EHR), connected to the Statewide Health Information Network for New York (SHIN-NY) for sharing of patient information to all authorized clinicians.
  - Provide a copy of medical records to the patient consistent with current Public Health Law.
  - Require structured interoperable health IT systems, policies, procedures and practice to support creation, documentation, execution, and ongoing management of a plan of care for every patients.
  - Require ePrescribing.

# Statutory Action

- Through statute, define urgent care providers and scope of services.
- Only providers meeting the definition (see slide 3 “Define Urgent Care Scope of Services”) can use the name "Urgent Care".
- To be approved to use the name, providers will need to meet specified criteria demonstrated through certification (Art 28) or accreditation (non-Art 28) by accrediting organizations approved by the Department.

# Article 28 Urgent Care Requirements: Operating Certificates

- Existing Article 28 hospital or D&TC providers providing Urgent Care Services must go through a limited review to have urgent care identified on their operating certificate.
- Establishment of new Article 28 hospital or D&TC providers wishing to provide Urgent Care Services must go through full CON review and have urgent care identified on their operating certificate.

# Non-Article 28 Urgent Care Requirements: Accreditation

- Private physician offices wishing to provide Urgent Care Services need to obtain accreditation by a national accrediting organization approved by the Department. No CON review required.

# Additional Accreditation Requirements

- If a non-Article 28 provider loses its accreditation, both the accrediting body and the provider would be required to report such change to the Department of Health in a timely fashion.
- A non-Article 28 provider that wishes to provide an Urgent Care Service that requires more than minimal sedation or local anesthesia must seek Office Based Surgery accreditation (pending evaluation of urgent care accreditation requirements for equivalence with OBS accreditation).



# Urgent Care Discussion



# **Free Standing Emergency Department Recommendations**

# Establish Naming Convention and Definition

- “Hospital-Sponsored Off-Campus ED”
  - Name used in regulation to describe an emergency department that is hospital-owned and geographically removed from a hospital campus.
  - In alignment with language used and model supported by CMS
  - Latitude given for the facility name held out to the public
  - Should use the name of the hospital that owns the facility and “Satellite Emergency Department”

# Define Standards and Scope of Services

- A Hospital-Sponsored Off-Campus ED will be subject to the same standards and requirements as a hospital-based ED with regard to:
  - Minimum training of providers
  - Staffing
  - Array of services provided
    - It is noted that off-campus EDs do not have the capacity to handle the full scope of traumas and life-threatening conditions as a hospital-based ED (e.g. surgery and conditions requiring inpatient admission)
- Must demonstrate compliance with CMS Hospital Conditions of Participation

# Define Hours of Operation

- Hours of operation will generally be 24/7
- Part-time operation will be allowed, subject to CON approval
  - Must operate at least 12 hours a day
  - Consideration will be made for distance to the nearest hospital-based ED

# Stabilization of Medical Home

- Maintain an up-to-date roster of primary care providers accepting new patients within a reasonable geographic area of the provider. The list must identify preferred providers who are a PCMH or Advanced Primary Care Model and a description of what this designation means.
  - Provide the list to each patient who indicates they do not have a primary care provider.
  - Recommend every patient schedule an initial or annual appointment with a primary care provider.
  - If indicated, recommend a follow-up visit with a primary care provider.
- Roster must include Federally Qualified Health Centers and other providers who serve Medicaid and low-income patients, people with disabilities, and identify cultural and linguistic capabilities when available.

# Disclosures to Consumers

- Require clear nomenclature, signage and a communication plan for off-campus EDs
- Communication plan should include:
  - Collaborative planning with regional emergency medical services
  - Public information campaign for informing the public about capacity and hours of operation

# Patient Safety and Quality Requirements

- Receive ground ambulance patients.
- EMS protocols for transfer of patients requiring higher levels of care.

# Health Information Technology

- Overall continuity of care will be facilitated by requiring ambulatory services providers to connect to the larger health care delivery system through the following:
  - Require utilization of a certified electronic health record (EHR), connected to the Statewide Health Information Network for New York (SHIN-NY) for sharing of patient information to all authorized clinicians.
  - Provide a copy of medical records to the patient consistent with current Public Health Law.
  - Require structured interoperable health IT systems, policies, procedures and practice to support creation, documentation, execution, and ongoing management of a plan of care for every patients.
  - Require ePrescribing.

# Accreditation

- Secure accreditation from a national accrediting body. The accrediting review must include an on-site review of the off-campus ED.
  - If a hospital loses its accreditation, the hospital and accrediting body would be required to report such change to the Department of Health in a timely fashion.
  - If a hospital is not accredited by a third party, the off-campus ED would be surveyed by the Department of Health.

# Regulatory Amendments

- Amend Title 10, Section 720.1 pertaining to General Hospital Accreditation requirements.
- For those hospitals with off-campus Emergency Departments, accreditation reviews must include the off site facility.

# Regulatory Amendments

- Amend Title 10, Section 700.2 to establish a definition of Hospital-Sponsored Off-Campus Emergency Department.
- Allow establishment of hospital owned off-campus EDs and prohibit non-hospital owned FEDs.
  - Full CON review including approval by the PHHPC will be required.

# Regulatory Amendments

- Develop a need methodology for establishment of Hospital-Sponsored Off-Campus Emergency Departments.
- Amend Title 10, Section 709 to include specific need criteria.
  - Ensures appropriate type, number and distribution of facilities
  - Guards against excess capacity

# Regulatory Amendments

- Update and revise Title 10 Section 405.19 that addresses standards for emergency services to include requirements that are specific to Hospital-Sponsored Off-Campus EDs:
  - Scope of services
  - Minimum hours of operation
  - Criteria for part-time operation
  - Capacity to receive ground ambulance patients
  - Transfer and referral protocols

# Considerations for Approval of Part-time Operation

- Criteria to be specified in Title 10, Section 405.19
  - Regional need
  - Proximity to nearest hospital
- Require Full CON Review for a new off-campus ED that will operate part-time
- Require Administrative CON Review for an existing full-time ED proposing a reduction in hours of operation



# Free Standing Emergency Department Discussion