

# NEW YORK STATE DEPARTMENT OF HEALTH

## INTEROFFICE MEMORANDUM

**TO:** Members of the Health Planning Committee  
Public Health and Health Planning Council

**FROM:** Christopher Delker  
Director, Grants and Support Group  
Division of Health Facility Planning

**SUBJ:** Ambulatory Surgery

**DATE:** May 18, 2012

This is to recommend that the approval of existing ambulatory surgical centers (ASCs) to add selected single specialty procedures be accomplished through administrative review rather than full review and without the solicitation of comments from hospitals that applies to the conversion of single-specialty ASCs to full multi-specialty status.

### **Background**

Current policy requires that proposals to add one or more surgical specialties to single-specialty ASCs undergo full review by the Council. As with applications for new ASCs, this policy also requires the Department to offer hospitals in the ASC's service area the opportunity to comment on any adverse impact the proposed added service would have on their own surgical services and revenues (a sample of this hospital questionnaire is attached). However, the Department believes that certain aspects of the need for and delivery of ophthalmology and endoscopy services warrant the re-examination of this policy for these two surgical specialties:

- Physical Plant - Ophthalmological and endoscopy surgical procedures do not require major operating rooms or the larger investment in physical plant typical of more elaborate single specialty ASCs (e.g., orthopedics) and of multi-specialty ASCs.
- Disease Prevention and Access to Care – Elimination of PHHPC review for requests by single-specialty ASC's to add ophthalmology or endoscopy, and of associated

requests for supplemental information from hospitals, would facilitate access to these services by reducing CON review time. In the case of endoscopy, this would serve the public health goal of increased age-appropriate screening for colon cancer as set forth in the Department's Prevention Agenda and as recommended by the American Cancer Society. For ophthalmology, a more streamlined review process would help meet the need for access to cataract removal and other procedures for age-related eye disorders for an increasingly older State population.

- **Hospital Comments** - Hospital comments on proposals for the establishment of new single-specialty ophthalmology or endoscopy ASCs have been rare. It is therefore reasonable to expect that proposals for the addition of these services singly to existing single-specialty ASCs would not prompt hospitals to oppose such applications.

We also note that established multi-specialty ASCs can add either endoscopy or ophthalmology (or any other single specialty) to their current array of services without Department or PHHPC review and without the Department's associated notification to area hospitals.

To help streamline the CON review process and to facilitate access to ophthalmology and endoscopy surgical services, the Department proposes the following:

- Existing single-specialty ASCs should be allowed to add either ophthalmology or endoscopy, but not both, to their existing service through the submission of an administrative review CON application. The review of these applications would not require the solicitation of comments from area hospitals.
- If approved, ophthalmology or endoscopy would be added to the operator's existing ASC operating certificate as a second single specialty. The addition of a second specialty would not result in the ASC being certified as a multi-specialty facility.
- A request for the addition of a third single specialty would be treated as a request for conversion of the applicant ASC to a multi-specialty surgery ASC and would require approval by the PHHPC, preceded by the solicitation of comments from hospitals and by the standard questions for supplemental information from the applicant (see attached sample letter).

### **Addition of Other Single Specialties**

The Department proposes that the addition of other single specialties to existing single-specialty ASC's remain subject to approval by the PHHPC and to the solicitation of comments from hospitals and supplemental information from the applicant. Some single specialties, such as pain management, may be less discreetly defined than ophthalmology and endoscopy, while others, such as orthopedics, encompass a broad range of procedures which, when proposed for delivery in an ASC setting, have drawn considerable hospital comment. Applications for the addition of these and other types of

more elaborate single-specialty services to existing single-specialty ASCs should remain subject to the fuller discussion afforded by the full CON review process.

### **Establishment of New Single Specialty Facilities**

The establishment of new single specialty ASCs for ophthalmology and endoscopy, like the establishment of all other new ASCs, would remain subject to full review, as required by Article 28. Review of these applications would also continue to involve the solicitation of comments from hospitals and the solicitation of additional information from the applicants themselves.

We look forward to our discussion of this recommendation.