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Transcript

00:00:05 Speaker 1

All right. Good morning, everyone. Thank you all for joining us to talk about the reproductive health and labor and delivery within the statewide healthcare facilities and services plan. My name is Boyd Jackson. I'm the director of legislation and regulation at the Office of Health Strategy. I'm I'm joined by Andrea.

00:00:23 Speaker 1

Harrison, who is one of our analysts in the CON program.

00:00:26 Speaker 1

I oversee our legal department, our certificate of Need program and our legislative and regulatory affairs. And I'm also joined by Corey Ryan from Altera who has been our consultant during this process and really done the deep dive into all of our data that we have to understand where we are.

00:00:47 Speaker 1

Currently as well, excuse me as to help us think through our our real plan for the future and to look at what other states are doing in the in their CON.

00:00:59 Speaker 1

Grams. Uh and and to to make sure that we understand where we're different and how and why that may be. So this is our 4th stakeholder advisory group. I'm going to share where we are in this process here.

00:01:19 Speaker 1

So you'll see we're here in the reproductive health section.

00:01:23 Speaker 1

Everyone can see, yes.

00:01:25 Speaker 1

No. Ohh that's because I didn't press the share button. All right? We are in the fourth uh meeting here for reproductive health and labor and delivery. We still have imaging later this week. Next week we'll have acute care. Inpatient bed need methodology and then we'll wrap up with just a general overview.

00:01:46 Speaker 1

And comments time. What kind of forum for folks to contribute as they would like.

00:01:53 Speaker 1

I'm a little bit about the process, so you know, obviously a lot has gone into putting out the preliminary report.

00:02:03 Speaker 1

We are now in the stakeholder engagement phase where we're hearing directly from you all and from other providers in the area. We'll take written comments through the end of September sent to OHSU by mail or by e-mail. We can share that information a little bit later.

00:02:23 Speaker 1

UM.

00:02:25 Speaker 1

So written comments to the end of September with the goal of having an updated final draft around the end of October. Corey will probably touch on this a little bit also, but another goal during this kind of comment phase and update will be updating based on data that became available.

00:02:45 Speaker 1

Kind of. While the plan was being developed, obviously there had to be a cut off at some point where the plan had to be developed and of course some of the more recent data came out after that. So we'll be updating all of the data in this to make sure that we have everything up to date.

00:03:05 Speaker 1

Any other logistical things that I have forgotten? This is the 4th one now, so I'm scared that I am thinking I said something but actually said it yesterday we will be taking notes. Everything you say Will will be considered and weighed, but we definitely encourage written comments as well.

00:03:24 Speaker 1

UM.

00:03:26 Speaker 1

I will turn it over to Corey for a little bit of introduction and then we'll open it up for advisory group folks to share some comments.

00:03:38 Speaker 2

Wonderful. Thank you. Bud, can you see my slides?

00:03:42 Speaker 2

OK, fantastic. Hi all thanks everybody for taking time to join us today. As Boyd said, I'm Corey Ryan, I'm with altarum. I'm a research director with our health, economics and policy team and we've been working with Connecticut for about the last 18 months or two years on the development of the

statewide facility and services plan draft. Very excited to have it out in the public and to be receiving some of your review and some of your comments today.

00:04:03 Speaker 2

So we're going to talk specifically about the reproductive health and labor and delivery components of the plan as been laid out. As Boyd mentioned, there are lots of other advisor groups where we talk about different topics. So I will try and point you to some of the key findings and results that are in the plan currently around these topics. And then I have a set of discussion questions, but really really just want to open up the floor to experts on the call.

00:04:23 Speaker 2

Here to talk about the way that we presented the information and the plan, the data that we've collected on these topics, how these topics relate to OS decision making and then how we can further improve potentially the information that's been provided and and how it's been reflected in the plan as written so far. So excited for your feedback and comments today.

00:04:42 Speaker 2

I will give you a little bit of a very quick overview. I know folks are generally probably familiar with this, but we're talking today about the Connecticut facility and services.

00:04:49 Speaker 2

Plan.

00:04:49 Speaker 2

This plan is a document that gets produced by the Office of Health Strategy every two years, and this is the the first time in the last 10 years that we're going through and doing a full re redevelopment of the text in the plan.

00:05:02 Speaker 2

As a partner with OHS.

00:05:05 Speaker 2

The plan in general is what I would consider like a dual purpose document. It's a document that serves as a resource for policymakers and staff at OHSU to help them when they're making decisions in their certificate of need process and provides information directly to applicants about how to contribute to this process and and how to best guide their applications towards.

00:05:25 Speaker 2

What OHS needs as far as information and making their decisions?

00:05:29 Speaker 2

And it also serves as a public document, a document that.

00:05:32 Speaker 2

Provides general information to leaders and the public in the state of Connecticut around the current use of healthcare facilities and services around projections of future need for those services and how need for those facility and services relates to other healthcare trends and other healthcare needs and policies that are going on within the state.

00:05:49 Speaker 2

The overall goals of.

00:05:50 Speaker 2

The facility and services plan is to right size and provide fair and equal and and full access to services to for different types of healthcare facilities and service types within the state of.

00:06:01 Speaker 2

You get and the plan does this by ensuring that there is neither the development of excess capacity or duplication of services within the state, particularly related to the overuse or kind of over provision of medical facilities, but also is a plan that serves to identify where there are gaps in services and where there are unmet needs either in particular geographic areas of the state.

00:06:22 Speaker 2

Or particular types of services, or different types of care, or for particular populations. And so we try and gather as best data that we can. Understanding the use of healthcare services within the state of Connecticut, what those trends look like and where there might be either oversupply or undersupply of existing care to help OHSU in their decision making around right sizing and guiding the.

00:06:42 Speaker 2

The correct level of of care and for individuals within the state.

00:06:47 Speaker 2

So the plan provides clear guidelines for where adding services or removing services should be considered for particular types of care provides underlying data as far as what is known about the current capacity for different types of care within the state of Connecticut, and then provides information to foster, fair competition and better access to services for all Connecticut residents. So that's the type of information that we're looking to provide and the overall goals of.

00:07:10 Speaker 2

What the plan is trying to accomplish.

00:07:13 Speaker 2

The plan as written right now is broken down into 10 chapters. You can see here chapter one beginning with an overall introduction and a certificate of need overview.

00:07:22 Speaker 2

Chapter 2. Then looking at overarching trends and and policy that is going on within the state of Connecticut that impacts access to care or the need for different types of care more broadly across the state.

00:07:33 Speaker 2

Chapter 3 through 7. Then drill down into different categories of care and different types of care within the state of Connecticut, detailing both the underlying data on the current use of those services, the existence of those services within the state of Connecticut, and then attempts to understand where there might be either oversupply or undersupply of existing facilities and services within the state.

00:07:52 Speaker 2

Chapter 3 looks at acute care and particularly acute care, hospital beds and bed need. Chapter 4 looks at outpatient surgery facilities. Chapter 5 looks at imaging, for example MRI's and CT scans, and then other types of new technology.

00:08:06 Speaker 2

Chapter 6 looks at behavioral healthcare services.

00:08:09 Speaker 2

Chapter 7 looks at primary care and also some other types of workforce related needs. We're going to talk a little bit today in that chapter around some labor and delivery and maternity care workforce sections that are included in Chapter 7.

00:08:20 Speaker 2

Chapter 8 includes information on long term services and.

00:08:23 Speaker 2

Or soon post acute care and then Chapter 9 looks at a broader set of recommendations, description of data and next steps for OHS as a result of the plan.

00:08:33 Speaker 2

So, as I noted, there's a few different sections in this report where reproductive health and labor and delivery services are relevant. We're going to talk through both sections, 3.1 and 3.2, where you have information on hospital care, utilization and acute care, maternity beds as contained within those data sets, and then chapter 7.5 where we have some greater detail on gaps and access and on that need.

00:08:52 Speaker 2

Specifically related to maternity services and labor and delivery services within the state. So these are the sections that I will kind of point you to as we go to look and talk about comments potentially on data that are included in these sections and how we describe need and and capacity in these in these areas.

00:09:07 Speaker 2

But certainly there are other sections too, and if you have other topics that you want to talk about related to the plan today related to reproductive health and labor and delivery services.

00:09:14 Speaker 2

We're more than happy to talk about that as well.

00:09:17 Speaker 2

I will give you a very quick overview of some of the.

00:09:19 Speaker 2

Findings.

00:09:19 Speaker 2

Of these sections you can see here just as the top line. Looking at the data that had been extracted based on hospital use by different types of service lines within the state of Connecticut. And I'm highlighting here from the tables the 3.3 details on trends in the service lines for Women's Health and newborn.

00:09:37 Speaker 2

Services you can see here, or between 2016 and 2021 you see a small decline in the use of both of these services as measured by the number of patient days within the state of Connecticut. Over time. As Boyd mentioned, it's important to note that the last two years of the series are coming from 2020 and 2021. Of course, years that were impacted by the COVID-19.

00:09:58 Speaker 2

Pandemic and and general changes in the provision of services and access to care over that time period. We are working right now. Thankfully some new data have come out in the process of the development of this plan for 20/20.

00:10:09 Speaker 2

To and we were looking to incorporate that and we'll add that to this report when that is available. So that may change this trend slightly, but I think still holds consistent with a a small decline in the use of both Women's Health and newborn services. As far as hospital patient days goes over time within the.

00:10:24 Speaker 2

State of Connecticut.

00:10:27 Speaker 2

Also included in this report is details on looking at the use of of hospital services by different patient categories.

00:10:33 Speaker 2

You can see here looking at trends and discharges by race and ethnicity of of individuals within the state of Connecticut, and I apologize, that's a little bit of a big table, but you can see Women's Health about halfway down here looking at trends among the Hispanic and Latino population versus non Hispanic, black and African American population compared to non Hispanic white and then other categories. And this is showing a trend.

00:10:53 Speaker 2

Number of discharges per population within within the state of Connecticut and so you can see the relative use of different types of services, both Women's Health and the newborn services at the bottom here among different Connecticut populations.

00:11:07 Speaker 2

We do the same here, then looking at trends and discharges per population based on different types of insurance. So we are similarly are looking here and looking at trends and discharges across commercial insurance, Medicaid Insurance and Medicare insurance. Perhaps no surprise both Women's Health and newborn services most prevalent among the Medicaid population and then secondarily.

00:11:27 Speaker 2

Among the commercial insurance population with very limited use among the Medicare population for these groups.

00:11:35 Speaker 2

Additionally, there is information in our acute care bed need information specific to both maternity and pediatric beds. What we have in this acute care bed need calculation and these tables are included in the report is both a description of the total number of beds that are expected to be needed by region within the state of Connecticut, but also an underlying.

00:11:55 Speaker 2

Detail category of the use of current types of beds within the state, or the use of the type of service lines within the state, and So what you can see here in the second line and I know this is a little.

00:12:04 Speaker 2

Small is the average number of patient days in the last three calendar or in the last three fiscal years among maternity bed categories of care. Looking at then how that utilization of patient days can be translated into an average daily census and then expecting the total number of beds that are needed based on an expected.

00:12:25 Speaker 2

Organ occupancy that would be sought for maternity beds. One thing we can talk a little bit about today and the way that maternity beds are incorporated and the larger acute care bed need modeling.

00:12:34 Speaker 2

And the fact that we set with this target occupancy rate, this expected rate that we would want to see given an adequate number in in order to ensure an adequate number of maternity beds within Connecticut hospitals across the state and across these different regions. You will note here one thing in particular is that we set a lower maternity target rate than some of the other types of beds, setting it at 50% rather than 80%.

00:12:55 Speaker 2

Indicating that you want to keep a larger buffer of maternity beds relative to the average daily census that would be expected for individual hospitals and individual Rep.

00:13:04 Speaker 2

Now that's something that we can talk about and something that we want to make sure is an accurate assumption and one that makes sense given the way that care is being provided today. This is consistent with what we see in other that need modeling that's done in, in other states, but would again appreciate your feedback as as experts on this as well. The other thing that I would note is that in our conversations around this acute care.

00:13:25 Speaker 2

That need modeling what we have noted is that there is a desire to do a better job in the future in trying to understand how we can track both the utilization of types of beds within different parts of the.

00:13:38 Speaker 2

Eight, but also looking at the capacity of these beds as they exist within hospitals right now, what Connecticut is able to track through IHS right now is a total number of licensed beds at individual hospitals and within individual regions. What that doesn't allow us to do very well is understand not only what the use of maternity beds that are pediatric beds are within an existing hospital.

00:13:58 Speaker 2

And and an existing region, but also what number of beds are currently being denoted towards these needs. And so OHSU, I think would appreciate an understanding of being able to better understand how this utilization of beds compares to what the current provision of those beds are and how those beds are labeled with individual hospitals and individual.

00:14:17 Speaker 2

Regions to try and do a better understanding of not only whether or not there's a need for hospital beds more broadly, but also how those beds are being utilized within within district hospitals across the state and how specifically for maternity care relative to this discussion of whether or not there's an oversupply or undersupply of maternity beds in different regions across the state. So I think we'd like to talk a little bit about where that data might be available and how we might be able to further capture that in this report.

00:14:44 Speaker 2

I will then move to section 7.5 where we have information on healthcare workforce and overall gaps and potential gaps in access for reproductive health topics. This is in our access and unmet needs section and in here we talk about workforce related topics specifically here talking about the number of.

00:15:04 Speaker 2

Of OBGYN's within the state of Connecticut, noting that in general there does appear to be an adequate supply of OBGYN's based on a couple different studies that we cited in the report. One of this is this Doximity report and another analysis that was done using BLS data. Looking at the number of OBGYN's in Connecticut and compare.

00:15:21 Speaker 2

Strength. The number of OBGYN's relative to the number of births within the state. So curious of your feedback on that finding and umm and how those data are presented in that section.

00:15:31 Speaker 2

Also then interested in some of the data that we've gathered around current access to birthing centers and and birthing hospitals within the state. Looking at, for example, this March of Dimes data that was collected in in assessing the number of counties in Connecticut that have access to maternity care, the average travel time and distance for individuals to receive maternity care within the state and.

00:15:51 Speaker 2

Trends that are occurring in that in that labor and delivery availability overtime.

00:15:58 Speaker 2

I will note here, down at the bottom that we noted that the date of collection from the March of Dimes were from 2021. Again, we will be looking to update this where possible.

00:16:05 Speaker 2

And there also have been Connecticut hospitals that are proposed to terminate their labor and delivery services. Some of those are still ongoing. Some of those decisions have been made. And I think this is an open discussion that OS would like to have around what is going on and and what to consider when there are hospitals that propose to terminate labor and delivery services if those occur in the future and how will we just should go about looking at the data.

00:16:26 Speaker 2

That are available to decide whether or not those those termination of those services would or would not impact access to patient care.

00:16:35 Speaker 2

Lastly, here I will note some data that we collect from hersa on maternity care target areas and their scores related to access to care. I've down at the bottom here. I notice score greater than 15 means

that a certain hipster region qualifies as a maternity care desert so well in general we do see reasonable.

00:16:54 Speaker 2

And adequate access to maternity care and labor and delivery services within the state of Connecticut. Right now, there are some indications for particular subsections of these county popular.

00:17:03 Speaker 2

Where we have MBTA scores that are that are above 15, indicating some some lack of access related to different types of of triggers that are raid raised by different areas. So some of these could be contributed by population to provider issues, but also social determinant of health factors such as percentage of women below the poverty line.

00:17:23 Speaker 2

Social vulnerability and other maternal health indicators as well.

00:17:27 Speaker 2

So curious if thoughts in the way these data are presented, whether or not they seem accurate, and whether or not they seem to indicate the proper areas of of of high need for maternity and delivery services within the state of Connecticut.

00:17:40 Speaker 2

So that brings me to my general set of topics for the Republic, for the reproductive health discussion, I have a couple other slides I can go through some detailed questions. But first and foremost, I think I'd like to open the floor and and let folks give comments on the sections that I've highlighted in the report so far. So boy, I'll turn it back to you for a bit and then I can certainly jump in if there is a need.

00:17:59

The.

00:18:01 Speaker 1

Thank you, Corey. So we will open up the conversation to the advisory group members and we'll have about an hour of discussion, then we'll open it up for any public comments for about 1/2 an hour and then we'll use the remainder of the time for any responses to the public comments or.

00:18:21 Speaker 1

General conclusion statements. So based on these topics or any other thoughts you have on the sections that we've.

00:18:32 Speaker 1

Discussed any comments from the advisory group members and I will ask that you please use the raise hand function in zoom and rather than go around the room, the virtual room to do introductions. If you could just introduce yourself.

00:18:53 Speaker 1

The entity that you're representing and your position there. That would be great for introductions. Anyone wants to kick us off with some comments.

00:19:15 Speaker 1

All right, Lisa.

00:19:19 Speaker 3

Hi, my name is Lisa Butchers. I'm a maternal child health epidemiologist at the Department of Public Health. I just had a few general comments. Overall, I thought I thought the report was written very well. I was just wondering if you were, excuse me, familiar with the CDC preferred.

00:19:38 Speaker 3

Terms, for instance, I noticed in and I can also drop the the link to the website in the chat.

00:19:46

I'm.

00:19:47 Speaker 3

Yeah, I'm sorry.

00:19:50 Speaker 3

For instance, there were some some points in the report where you talked about low income individuals or uninsured individuals. The CDC preferred terms suggest that you use like individuals with lower income or individuals who are uninsured or underinsured.

00:20:11 Speaker 3

The links to the facilities in chapter I can't. I should have wrote down the page. There was like a links to the facilities. For instance under. I think it was under the family planning. When I click on the links to the facilities like I didn't see a specific like family planning spreadsheet.

00:20:29 Speaker 3

So I don't know if I missed that or if that like if it's not or if it's like embedded in a different spreadsheet. They just thought that was like a little confusing.

00:20:40 Speaker 3

That overall, those are those are my comments.

00:20:44 Speaker 3

Thank you.

00:20:45 Speaker 2

OK. Thank you very much. Yep, we'll we'll check on both of those. I'm not sure for that particular link if that was missing or if it is embedded in a in a prior sheet, but we can definitely guide the readers based on the footnote to a more.

00:20:55 Speaker 2

Detailed description of where those data lie. Thank you.

00:21:01 Speaker 1

Thank you. Uh, Mary.

00:21:04 Speaker 4

Yeah. Thanks, Mary. Love you, VP of Women's Health for events health. I also had an issue finding that link. So I appreciate you bringing that up. I also thought it was very well done. There were a few things I just thought were missing or would be helpful to add the when you look at the OBGYN's across the state.

00:21:25 Speaker 4

It would be nice to know how many midwives we have in the state as well, since they also add to matern.

00:21:30 Speaker 4

Daycare and I just didn't see that with student anywhere and it would also be helpful to have the maternity services across the state by level, so it'd be good to know you know, how many level one hospitals do we have, how many Level 3, level 4? And similarly you know Nick used first Level 3, Nick use Level 4.

00:21:50 Speaker 4

Because then it can kind of help inform.

00:21:52

Oops.

00:21:53 Speaker 4

What could potentially close what couldn't close what do we really need? Do we need more level threes, do we need?

00:21:58 Speaker 4

More.

00:21:59 Speaker 4

Level ones and with the reference to freestanding birth centers, you know where are the freestanding birth centers as compared to level one, hospitals versus Level 3 hospitals since that will inform how we.

00:22:12 Speaker 4

Look at things across the state.

00:22:18 Speaker 4

Just looking at my notes here.

00:22:20 Speaker 4

The other thing was just there wasn't much other reference to Women's Health beyond maternity care. There wasn't a lot of gynecological care listed. Women's Health specifically isn't a chapter. It's kind of embedded in a few other different areas. And it would be nice to highlight the.

00:22:41 Speaker 4

The specialty care that's needed for Women's Health and find out a little bit more about what we have already in the state and.

00:22:47 Speaker 4

What might need to be added?

00:22:49

Thanks.

00:22:49

Thank you.

00:22:55 Speaker 1

Thank you.

00:22:57 Speaker 1

Yeah, I I won't speak for Cory on on designing the.

00:23:05 Speaker 1

Which chapters are highlighted? But I know that much of that is is based on.

00:23:13 Speaker 1

Capacity constraints and a focus on.

00:23:19 Speaker 1

Key issues for the certificate of Need program UM, so a lot of this is guiding that work, but I hear you on highlighting other key aspects that even if they're not directly related to certificate of need decisions that are important when we're thinking holistically about laying out a plan.

00:23:41 Speaker 1

For the overall.

00:23:43 Speaker 1

Health system I will note also that there is a.

00:23:48 Speaker 1

The.

00:23:49 Speaker 1

Kind of a Part 2, a stage two of this process, which is the state health improvement plan, which will also be touching on more.

00:24:00 Speaker 1

More pieces of the total healthcare landscape. So it may be that some of that comes up there because some some of this did have to be narrowed down. We were the the I think the reports 258 pages and and believe it or not it's been it's been whittled down from the initial drafts.

00:24:20 Speaker 1

But thank you for highlighting that.

00:24:28 Speaker 1

Anyone else have initial thoughts?

00:24:46 Speaker 1

So one of the things that we've discussed in prior meetings, especially with the cardiac services group yesterday, it was really around how to assess need.

00:25:00 Speaker 1

Did UM and so one of the things that we're interested in are guidelines and information about, you know.

00:25:11 Speaker 1

Appropriate distances to be in the labor and delivery context. If we're thinking about what's a reasonable distance for a pregnant parent to drive or.

00:25:24 Speaker 1

Or you know how many labor and delivery beds you need per a certain amount of population, or any kind of things that OS might consider when thinking about the distribution geographically and and what the need is for labor and delivery services.

00:26:17 Speaker 4

I think you referenced the AKI recommendation for 30 minutes of access to an ORI think that's generally a good guideline because I think we all follow that clinically. But there are certainly areas in the country where if you're not 30 minutes from the hospital, depending on where a person lives.

00:26:49 Speaker 2

Mary, I think you referenced it would be good to include greater information on the different levels of care that are available within the state. I think that's a great idea. You know any any further detail, I think you know maybe it's embedded within those ACOG recommendations of access to different levels of care, you know and making sure that both we represent that in the report and.

00:27:05 Speaker 2

Then, if there is a way to again provide more information to OHS of you know, are there different thresholds or different capacity limits, you know that would be expected for those different levels of care and how do we make sure that that there is an adequate amount right now or that you know if there would be a change in the number of facilities in different?

00:27:23 Speaker 2

Areas of how that would impact that access.

00:27:26 Speaker 4

Yeah, I do think.

00:27:28 Speaker 4

It should be listed in there somewhere that you have a relationship with the next level of hospital or that you have a process and you know how quickly can you get to the next hospital cause usually either you're flying, you know, through a helicopter or you're driving and you just want to make sure you have that process all laid out, which all of our hospitals do. But that's an important part of the process.

00:27:35 Speaker 2

OK.

00:27:49 Speaker 4

And then similarly when you're starting to look at freestanding birth centers, how close are they to a hospital? And we want to make sure that they have a collaborative relationship with their nearest hospital and they have a good transfer process. So it might be helpful to add just a sentence or two of language about that, that really integrated care system between freestanding birth center.

00:28:09 Speaker 4

To level 1 to level 2-3 and four is really important. And then when you talked about bed access, it would be really interesting to know.

00:28:19 Speaker 4

So do we have too many level ones and not enough level threes? So our level threes are all full level three and four, but are you know ones we have a lot of space or vice versa because I'm guessing that I'll I'll beds are not created equal based on the the table that you gave and it's possible you know some hospitals are very tight.

00:28:39 Speaker 4

In terms of space and some are not, and that may.

00:28:41 Speaker 4

Be based on levels.

00:29:12 Speaker 2

Other thoughts, but I can jump down to a couple of specific questions here if that would make sense.

00:29:16 Speaker 1

Sure, go ahead.

00:29:19 Speaker 2

And I think we've already started to touch on on some of these, but I I wanted to just highlight some things that we've considered as we've been looking to gather data and and represent access to care. I think we we've talked about travel time a little bit here and and distance to travel for care. I think we got a good recommendation there around around 30 minutes being a a good recommendation as a proxy to try and better understand.

00:29:39 Speaker 2

Whether or not there is a sufficient closeness of a of a facility for individuals looking to seek care, we've talked about different levels, which is great. We'll try and capture that data a little bit better and and incorporate that into the.

00:29:50 Speaker 2

As well, I'm curious in in the way that we've represented both the the data that were collected through the March of Dimes report and and also through these, these hersha categories of do the data make sense and what we're highlighting as areas of need across the state and do these kind of metrics align with your expertise as far as what you think about when trying to identify areas of highest need or areas where there might be a greater need?

00:30:15 Speaker 2

For labor and delivery services or other types of attorney services as well, just just curious thoughts on the way those data were.

00:30:20 Speaker 2

Presented.

00:30:38 Speaker 4

I'm happy to let other people speak, but when I looked that up it really looked like mostly FQHC areas that.

00:30:46 Speaker 4

Had a high M CTA score and they were in densely populated areas, I thought so I thought that was very interesting and likely related to insurance access and not so much when you think of maternity care deserts. You think of like areas where you just can't access care, there's nobody else there. But these were in more populated areas so I don't know if there's like an extra sentence or two you could just.

00:31:09 Speaker 4

Kind of indicate that to clarify it because it's a bit confusing compared to the previous data that says we have enough providers here, it's totally fine.

00:31:19 Speaker 4

But clearly there is still an issue in terms of access to care for some some of the patients in the the state.

00:31:28 Speaker 2

Yeah, that's that's a very good clarification. It is because it's a broader definition. I think that it's looking at, for example, social and economic factors that might be contributing to greater risk individual, you know, lower income individuals, those, those types of other characteristics. So I think noting why those might be and you're right kind of aligning that with what might somebody might think of as a maternity care desert, just a lack of availability of services may not be the case in those examples.

00:31:50 Speaker 2

Based on where you right where they were think that's great advice. I can I can add the sentence there for that.

00:32:04 Speaker 2

Other thoughts on the current representation of access to care?

00:32:18 Speaker 2

OK, I will jump a little bit to talk about the measurement of the current workforce. Again, I think this is a story where we demonstrated through the studies that we found that they're in general is a is a

reasonable supply of OBGYN's within the state of Connecticut. Curious in the couple of studies. And then the way we represented that in the in the data that were provided there, I think great advice about the.

00:32:38 Speaker 2

Adding a little bit of information here around midwives and the potential impact that that has on access to care and and how that might differ from the trends that we're seeing in the number of OBGYN specifically.

00:32:49 Speaker 2

Within the state, but curious any thoughts in the workforce related data that were provided and and how this was presented and if that aligns with your perspectives of of how that contributes to access to care within the state.

00:33:07 Speaker 4

Did want to add? It would be nice to have a number of doulas and lactation consultants in the state, since that's something we're looking to expand.

00:33:17 Speaker 2

That's a good point.

00:33:20 Speaker 2

Do you know who might be collecting that information? That's a harder one, because as we go down the the scale, you know they're not they. They probably probably is a licensure. I guess I'm not exactly sure the way that that process works, but I'm trying to think of how to gather that data. If you have any advice for us.

00:33:33 Speaker 4

Yeah. Connecticut is actually licensing duas now. Yeah. Yeah, it's not required. But you can become licensed. And in order to get reimbursement, you would need to be licensed. So that I think you got from the state. And then the ICC's you could get.

00:33:37 Speaker 2

They are OK.

00:33:42

Hot text.

00:33:50 Speaker 4

If you looked just at Ibcs, although there's different types of lactation consultants, we get IBCLC certification data, probably from the certifying organization IB Cle.

00:34:02

OK.

00:34:28 Speaker 2

I can jump to a little bit in the way we're presenting the data around trends in bursts across the state and the way that those bursts are geographically distributed and we don't do a lot of projection in the report right now, but I think I'm trying to use current trends that we see in the way the number of births have changed over time.

00:34:46 Speaker 2

We'll get. As I mentioned, that kind of newer data around the use of.

00:34:50 Speaker 2

Of of hospital beds for labor and delivery through 2022 and and better represent those trends. But any other data or anything we're missing in the way that we're kind of projecting forward trends in in inverse over time and and how that impacts other needs for maternal healthcare use also good point that there's other kind of Women's Health topics that that could be brought in or or?

00:35:10 Speaker 2

Other specialty care that would be related to that, but curious specific in the way that we're trying to gather data and use that to provide OS and a set of information around first trends across the state.

00:35:25 Speaker 4

I think we'll see high risk births increasing. So even if the birth numbers are going down, the utilization of care is actually potentially going up. So I don't know if there's a way that you could do a percentage or a proxy on high risk information.

00:35:40 Speaker 4

To show that services are still needed.

00:35:43 Speaker 2

Is that based on I mean high risk birth could potentially be captured in in like a in like a claims perspective looking at specific diagnosis that would be contributing to that or or is age a significant factor of that, what are ways that we can kind of represent those trends?

00:35:56 Speaker 2

In high risk versus increasing over time.

00:35:59 Speaker 4

Yeah, I think age diagnosis, as you're saying, obesity.

00:36:05 Speaker 4

DF rates preterm birth rates.

00:36:07

Hmm.

00:36:08

MHM.

00:36:11 Speaker 4

And then pre clamp shad diabetes.

00:36:14 Speaker 4

Those types of things.

00:36:17 Speaker 2

I think some of that might end up getting captured a little bit more in that second phase as Boyd was talking about too, where we talk about some of those birth outcomes as as some key factors that we want to track in the data that maybe are less related specifically to the facilities work. But yeah, that's that, that's all good advice. I think those are things that I know have been captured by the state before, might not.

00:36:34 Speaker 2

End up in this plan, but may end up in the second phase two.

00:36:36

Hmm.

00:36:37 Speaker 4

Yeah, and it.

00:36:37 Speaker 4

Might be related to if we look at Level 3 and level 4 high schools. If they're all really full of level one hospitals or not, that could be part of that high risk trend that more patients need to be delivering at Level 3 and level 4 hospitals because they have more high risk conditions.

00:36:53 Speaker 2

Excellent point. Yep. Thank you.

00:37:01 Speaker 2

Sorry, I'm just taking notes here.

00:37:16 Speaker 2

Any other thoughts on this topic?

00:37:31 Speaker 2

OK, this is somewhat related, but more specific to the way the acute care bed need modeling incorporates maternity beds into it. I had kind of referenced earlier on when I showed that table, which I know is a large and complex table that's included in the report the way that we incorporate the need for maternity care, specifically into the model.

00:37:51 Speaker 2

Looking at a different capacity, expected capacity threshold that is used in those calculations, what that capacity?

00:38:00 Speaker 2

Well, does is that it says based on the number of observed days and patients that we see at an existing time within a hospital, we assume that we don't want the the hospital to be at 100% capacity on average because that would obviously obviously indicate that during many periods of the year you would have an under supply and an over over potential overuse of those beds.

00:38:20 Speaker 2

Or or an run out of those beds.

00:38:22 Speaker 2

So we set that threshold at 50% currently. So what we say is that when we look at the average number of days that are being used, we would like to have a hospital in a region more broadly have at least an average capacity of 50% or twice as number of those beds available. That as I said, is consistent with what we've seen in other similar modeling that's been done before.

00:38:44 Speaker 2

But curious thoughts here from this group of whether or not that makes sense as far as using a different expected capacity threshold from attorney bets in particular and whether or not that 50% ratio seems reasonable in the way that's incorporated into those calculations?

00:38:57

Mm-hmm.

00:39:19 Speaker 2

I know, Boyd, we've also had some conversations with folks before this call around the way that we're tracking maternity specific beds and if there's more information we can gather around trying to understand not only the total need for beds.

00:39:30 Speaker 2

Than hospitals, but specifically looking at labor and delivery or maternity specific beds and how better we could represent that. I think there is a concern in many areas of the state.

00:39:39 Speaker 2

That there could be an adequate total number of supply of hospital beds, but if those beds are not sufficiently allocated towards maternity care, you could end up in shortages and maternity care. Maria, I think your point specifically around different levels of hospitals is a good point. But even more broadly, I think there's a concern around the way that those beds are categorized. So curious folks, if have any perspective and either the way the data are presented right now or how we could do a better job in trying to track.

00:40:01 Speaker 2

Where maternity beds specifically are available across the state and how that compares to the current utilization.

00:40:07 Speaker 2

Or boiled anything else that I missed there? No.

00:40:10 Speaker 1

No, that was good. I will just add, we do have our general bed need discussion next week, but.

00:40:19 Speaker 1

The the data that we have is self reported hospital data of the Form 400 annually hospital submit their total number of license beds, how those beds are allocated across various service lines and.

00:40:39 Speaker 1

Various hospitals report, you know that maybe it doesn't fully reflect the the.

00:40:48 Speaker 1

The story at any particular time because things change over the course of a year as beds are moved around or reallocated. So yeah, any information.

00:41:01 Speaker 1

Any information on?

00:41:04 Speaker 1

That.

00:41:08 Speaker 1

How we might bolster that data or use that?

00:41:16 Speaker 4

Just to clarify then. So you're saying these are dedicated maternity beds or these are flex beds that could be used for other specialties?

00:41:26 Speaker 4

Or it's not clear from the data that you have.

00:41:30 Speaker 1

Sorry, can you say that again?

00:41:33 Speaker 4

The number of beds you have listed here, they're dedicated labor and delivery beds or you're saying they could be flexed to other specialties?

00:41:42 Speaker 2

What we show in the report right now is just a total number of licensed beds and that is under the assumption that those beds are flexible, can be transitioned from General Medical surgical beds into a maternity bed. What we show is the utilization. And so the utilization is based on what we observe as far as hospital discharges for different reasons and different purposes.

00:42:01 Speaker 2

And then we're projecting the need based on different levels of need and different expected capacity thresholds for different types of care. Boy, I think that's a good question of how much granularity you get in that form from the hospitals and whether or not and how we could show that different.

00:42:18 Speaker 2

Ah, different how where that capacity compares for different bed types as currently prescribed. If that data is available and how reliable that is because of your point, the hospital may change the the designation of a bed over time. If it is a flexible bed, depending on individual needs within a particular day or maybe a particular you know I you know again I don't know exactly kind of how much that changes over time or how representative your data are of the complete picture there.

00:42:40

Hmm.

00:42:41 Speaker 4

That's just that doesn't usually change for labor and delivery like we have, you know, unique rooms with unique things that you need in them. That other specialties don't need. So you usually have dedicated labor and delivery only beds.

00:42:55 Speaker 4

So you wouldn't be able to just use like.

00:42:57 Speaker 4

A medical bed.

00:42:59 Speaker 4

For a labor patient and then it would be interesting to know how many hospitals have LDRP models versus labor and delivery and separate maternity units.

00:43:10 Speaker 4

Because that also changes your bed capacity. If you have an LDR P versus 2 separate units.

00:43:22 Speaker 2

We'll take that back, see what we have in our data or see what else we can collect.

00:43:25 Speaker 2

Directly from the hospitals. Thank you.

00:43:40 Speaker 2

I know this is a topic related to potential labor and delivery closures and how oh should go about decision making within these processes. I think we're trying to provide data both in understanding of where there are different levels of capacity and different levels of need.

00:43:56 Speaker 2

For labor and delivery services across the state, I'm just curious, other data that should be considered and I think we already talked about the freestanding delivery centers.

00:44:03 Speaker 2

But other data that should be considered for OS and making decisions around whether or not labor and delivery closures would substantially impact access to care or quality of care we we kind of know that this is a topic that has come up is coming up in many areas across the country and is potentially an area where OS decision making will be needed in the future.

00:44:24 Speaker 2

We want to make sure this plan reflects the best available data that helps assist OHS in deciding how to make these decisions were relevant and also assist applicants in in understanding where the highest areas of need are or where there might be greater or lower areas of need for labor and delivery across the.

00:44:39 Speaker 2

So how have these data been presented in the report so far, and what other things should be considered when these types of proposals are made? If these proposals are made, is something we're interested in?

00:45:00 Speaker 4

I think the.

00:45:00 Speaker 4

Number, number of total births versus quality is something to consider cause even if.

00:45:06 Speaker 4

You know, it's important to have a hospital in that area if they do, very few births, then the.

00:45:12 Speaker 4

Level of safety and quality may be lower because they're just not getting the same experience of, you know, regularly doing the work.

00:45:18 Speaker 3

Right.

00:45:19 Speaker 4

So that's something to consider.

00:45:23 Speaker 2

Yeah, I know there was just a study in an economic journal. I think that looked at the impact of Labor and delivery closures that I read that looked at more negligible impacts than I expected of of local labor and delivery closures because it tends to lead women even though they have to travel, travel further distance, they tend to also go to potentially higher quality or more robust delivery centers. And so as a result of that quality of care and at least as measured by birth outcomes.

00:45:45 Speaker 2

Didn't seem to change as much as. Maybe I would have expected, given the the desire to have a local, you know and and accessible birth center. So Connecticut being a small state, this is even maybe a smaller issue a little bit compared to more rural areas of the country.

00:45:57 Speaker 2

But I think it's something we still want to consider and make sure that there's adequate.

00:46:00 Speaker 2

Access to care for individuals.

00:46:02 Speaker 2

Other characteristic we've talked about level, I think, I think that's a good one. Other characteristics of of Labor and delivery centers or birth centers that should be reflected in making sure that patient preferences are being met and that access to the right type of care is being made available.

00:46:43 Speaker 2

OK. Any other insight, folks, have you're more than welcome to put into written comments for us and we will incorporate at that time too. So that's just a general good reminder.

00:46:50 Speaker 2

Well, we're opposing a lot of these questions today and certainly don't need immediate responses if folks have time to gather the thoughts on this and would like to submit written comments, it's absolutely something OHSU would, would appreciate and even written comments about specific to the the the discussions we're having today would be really valuable for OS to have provided a directly to us. So we can respond.

00:47:11 Speaker 2

And capture those most completely.

00:47:17 Speaker 2

The last point here I will make is is just around the discussion of social and economic factors that contribute to health, and this is of course, a discussion that impacts healthcare delivery and and use more broadly. But I think it's particularly important related to maternal and newborn health outcomes as Boyd had kind of mentioned, there will be a second report, the state health Improvement plan related.

00:47:36 Speaker 2

Document that will attempt to tie some of the broader social and economic factors driving health outcomes to the facility and services plan as well. That document is currently being worked on and and there will be more feedback sessions potentially available for that document as well.

00:47:50 Speaker 2

The reason why the two pieces are separated is just because the facility and services plan is so narrowly focused on related to the provision of and the adequacy of the existing facility and services supply within the state and doesn't effectively and even with its length, effectively capture all the other social and economic factors and public health contributors that drive healthcare needs within the state of Connecticut.

00:48:12 Speaker 2

And so there will be a separate document where we both look at tracking trends.

00:48:16 Speaker 2

In some of those social determinants of health and and broader health drivers, and particularly the way that those factors impact different types of care and the quality of care and the outcomes of care that Katrina Kennedy is is providing as well, so a little bit of an opportunity here. Well, that document is still in development of key factors that we should think about when we look at what are the key drivers of maternal and.

00:48:36 Speaker 2

Newborn health outcomes.

00:48:38 Speaker 2

How we can report on those for different Connecticut populations and and what might particular high risk or high need populations be and make sure we reflect those in the data and in in the discussion around reproductive health would be useful as well.

00:49:09 Speaker 4

No, no. If it's helpful to include state programs on there like do we have Nurse family partnership here and the diaper drives program and things like that that we currently have and things that we don't have like do we have home visits available for every you know patient that goes home.

00:49:26 Speaker 4

Or other things that other states have that we don't.

00:49:45 Speaker 1

Thank you.

00:49:49 Speaker 1

So I do want to open it up. We have a number of folks on the call who may or may not be formal members of the advisory group, but we can take public comment so.

00:50:06 Speaker 1

If anyone on the call has additional.

00:50:09 Speaker 1

Ohh.

00:50:10 Speaker 1

Comments, thoughts, questions of Corey about some of the things that we looked at and anything that we can address here to get that conversation going to make sure that everyone has an opportunity to share or an opportunity to raise any questions that may influence written comments.

00:50:31 Speaker 1

Down the road.

00:50:33 Speaker 1

So any?

00:50:35 Speaker 1

Public comments from anyone else on the call.

00:51:08 Speaker 1

All right, well, I'm. I don't think we have any other specific discussion questions that right, Corey.

00:51:17 Speaker 1

So if no one else has comments at this point, then we will eagerly await any written comments and feedback. So thank you all very much for joining and engaging with us. As I said, you can submit written comments through the end of September.

00:51:38 Speaker 1

We will review and compile all of those and do our best to incorporate where appropriate and respond, and then we will put out a final report and plan sometime around the end of October. So thank you all very much and we look forward to any written comments you have.

00:51:59 Speaker 4

Thank you.