

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (MDCH)
OPEN HEART SURGERY
STANDARD ADVISORY COMMITTEE (OHSSAC) MEETING**

September 6, 2012

Capitol View Building
201 Townsend Street
MDCH Conference Center
Lansing, Michigan 48913

APPROVED MINUTES

I. Call to Order

Chairperson Sell called the meeting to order @ 9:35 a.m.

A. Members Present:

Kourash Baghelai, M.D. Lakeland Healthcare
Craig Banasiak, Chrysler Group
Kevin Birchmeier, Covenant Healthcare
Alonso Collar, M.D. Sparrow Hospital
Alphonse Delucia III, M.D. Bronson Methodist Hospital
Duane DiFranco, M.D. BCBSM
John Fox, M.D. Priority Health
Ali Kafi, M.D. The Detroit Medical Center
Jan Penney, MidMichigan Medical Center
Gaetano Paone, M.D. Henry Ford HS
Richard Prager, M.D. University of Michigan arrived @ 9:36 a.m.
Dagmar Raica, **Vice-Chairperson**, Marquette General HS
Timothy Sell, M.D. **Chairperson**, Oakwood Healthcare
Francis Shannon, M.D. Beaumont Health System arrived @ 9:43 a.m.

B. Members Absent:

Charlie Heckman, AFSCME Local 999

C. Michigan Department of Community Health Staff present:

Tulika Bhattacharya
Scott Blakeney
Sallie Flanders
Natalie Kellogg
Andrea Moore
Beth Nagel

Tania Rodriguez
Brenda Rogers

II. Review of Agenda

Motion by Mr. Birchmeier, seconded by Dr. Kafi, to modify the agenda to add discussion on the project delivery requirements draft language presented by the Department and accept the modified agenda. Motion Carried.

III. Declaration of Conflicts of Interests

None.

IV. Review of Minutes from August 7, 2012

Motion by Dr. Kafi, seconded by Dr. Prager, to accept the minutes as presented. Motion carried.

V. Dirk Bloemendaal, VP of Government Affairs, Amway

Mr. Bloemendaal gave a brief verbal presentation on the proposed need for an Open Heart Surgery program within West Michigan, specifically for Metro Hospital.

Discussion followed.

VI. Open Heart Coalition Presentation

A. Possible Impacts of Closing OHS Programs

Melissa Cupp and Karen Yacobucci gave a presentation on “Preserving the Strength of Michigan’s Open Heart Programs” (see Attachment A).

Discussion followed.

B. Proposed use of STS Composite Scores

Melissa Cupp and Donna Long gave an overview of how a programs STS Composite Scores could be used as a measurement for quality (see Attachment B).

Discussion followed.

VII. Charge II Subcommittee

A. Quality Measures Approach Discussion

Dr. Paone gave a brief verbal presentation and asked for further discussion on the options for quality measures that should be drafted within the OHS standards that were presented by Ms. Cupp and Ms. Long (see Attachment B).

Discussion followed.

Break 11:30 a.m. - 11:51 a.m.

VIII. Review and Discussion of Potential Initiation Volume requirements- Other States OHS Programs

Dr. Shannon gave a presentation of other state OHS programs (see Attachments C).

Discussion followed. It was suggested that the weights should be updated with no change to the methodology.

IX. Review of OHS Codes

Dr. Prager gave a verbal presentation outlining the issues and imperfections that exist using ICD-9 codes for the basis for OHS maintenance volumes.

Discussion followed.

Motion by Dr. Prager, seconded by Dr. Shannon, to utilize the STS database for cardiac procedures to reflect accurate maintenance volume reports. Motion carried in a vote of: 13- Yes, 0- No, and 0- Abstained.

Dr. Fox introduced 3 draft motions (see attachment D).

Motion by Dr. Fox, seconded by Dr. DiFranco, all current and future open-heart surgery programs shall be required to:

- a. Participate with the STS and the Michigan Society of Thoracic & Cardiovascular Surgeons (MSTCVS) quality collaborative
- b. Submit STS and MSTCVS data to the department.

Motion Carried in a vote of 13- Yes, 0- No, and 0- Abstained.

X. Public Comment

None.

XI. Next Steps and Future Agenda Items

It was agreed that Motion 3 will be submitted to the OHSSAC members for consideration at its next meeting.

XII. Future Meeting Dates

A. October 2, 2012

XIII. Adjournment

Motion by Dr. Sell, seconded by Dr. Fox, to adjourn the meeting at 12:55 p.m.
Motion Carried.

Preserving the Strength of Michigan's Open Heart Programs

Open Heart
Standard Advisory Committee
September 6, 2012

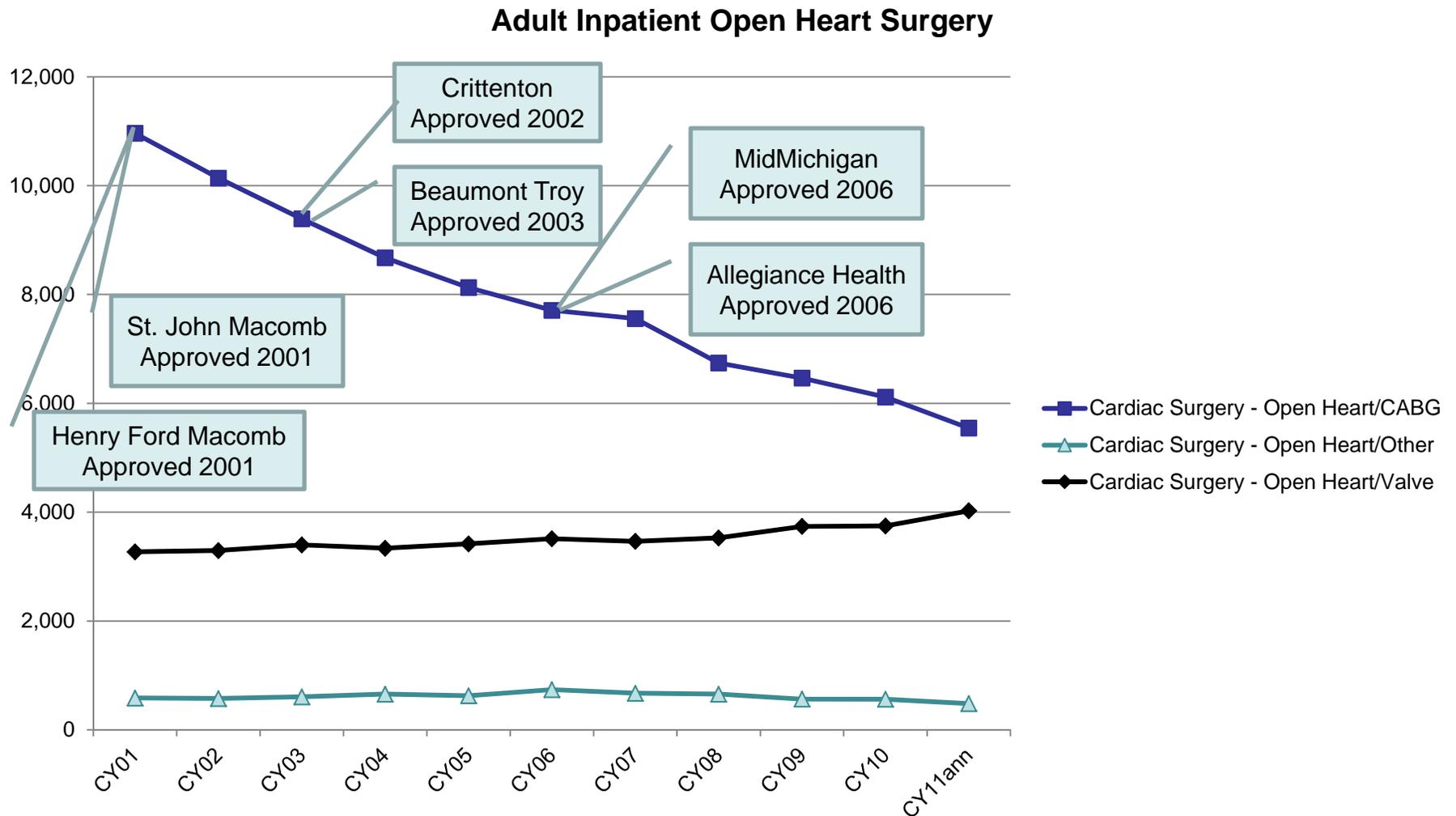
Misperceptions

- Myth:
 - There was a failure to plan
- Truth:
 - Programs were approved because they met program initiation criteria based on MIDB data
 - MIDB data is audited and commitments are verified by Department and MHA

Misperceptions

- Myth:
 - Data in CON application was inaccurate
- Truth:
 - Programs not meeting minimum volume for many reasons:
 - Recent or subsequent approvals
 - Approvals just before the major decreases in volume nationally
 - Methodology shortcomings

Adult Cardiothoracic Inpatient Surgery Discharges, by Type, from Michigan Hospitals 2001 - 2011



Source: MHA MIDB

Question

- What reasons are there to close a high quality?
 - None when cost, quality, and access issues are considered

Purpose of Certificate of Need

- A state regulatory program intended to balance:
 - Cost
 - Quality
 - Access

and ensure that only needed services and facilities are developed in Michigan

Cost

- Closing programs based on volume does not reduce healthcare costs
 - Capital cost has already been invested and paid for by hospitals
 - To absorb the 10% volume other programs would need to add cost
- Concern should not be cost alone
 - Delivering and receiving healthcare cost money – resources are involved
 - Real concern is are we getting high quality in return

Medicare payment data supplied by Cleverley + Associates. They are a privately owned, professional service organization specializing in core financial strength services for the hospital industry. They provide independent, objective information to hospitals and to organizations serving the healthcare industry.

No correlation
between volume
and payment

Facility No.	Hospital	2011	Avg Payment/Case DRGs 235-6
63-0070	Crittenton Hospital	97	27,595
83-0450	Sinai-Grace Hospital	114	46,574
38-0010	Allegiance Health (Jackson)	132	23,674
50-0060	Mt. Clemens General Hospital	132	24,839
74-0020	Port Huron Hospital	139	23,753
11-0050	Lakeland Medical Center - St. Joseph	143	25,343
52-0050	Marquette General Hospital	152	30,084
63-0140	St. Joseph Mercy Hospital - Oakland	173	32,586
73-0050	St. Mary's of Michigan	194	27,953
83-0220	Harper Hospital	195	54,974
50-0070	St. John Macomb Hospital	195	28,222
39-0020	Bronson Methodist Hospital	201	31,676
24-0030	Northern Michigan Hospital	220	25,818
33-0020	Ingham Regional Medical Center	226	26,506
56-0020	Mid-Michigan Medical Center	228	25,147
33-0060	Edward W. Sparrow Hospital	229	29,777
63-0130	Providence Hospital	235	32,266
25-0072	Genesys Regional Medical Center	250	33,512
61-0020	Mercy General Health Partners	250	25,272
50-0110	Henry Ford-Macomb, Clinton Twp	256	27,218
83-0420	St. John Hospital & Medical Center	282	33,253
73-0020	Covenant Medical Center - North	282	26,049
63-0160	William Beaumont Hospital - Troy	290	28,350
25-0050	McLaren Regional Medical Center	339	36,073
83-0190	Henry Ford Hospital	356	36,347
39-0010	Borgess Medical Center	360	27,760
09-0050	Bay Medical Center	537	22,401
82-0120	Oakwood Hospital & Medical Center - Dearborn	552	31,129
81-0030	St. Joseph Mercy Hospital	559	26,492
28-0010	Munson Medical Center	564	26,298
63-0030	William Beaumont Hospital - Royal Oak	765	31,244
81-0060	University of Michigan Hospitals	934	35,427
41-0040	Spectrum Health - Butterworth	1045	30,972
	All US		29,951
	Michigan		24,936

Quality

- Closing programs based on volume does not mean patients will be redirected to higher quality programs
- We have access to real quality data, we can stop relying on volume as a proxy for quality
 - Michigan Society of Thoracic & Cardiovascular Surgeons



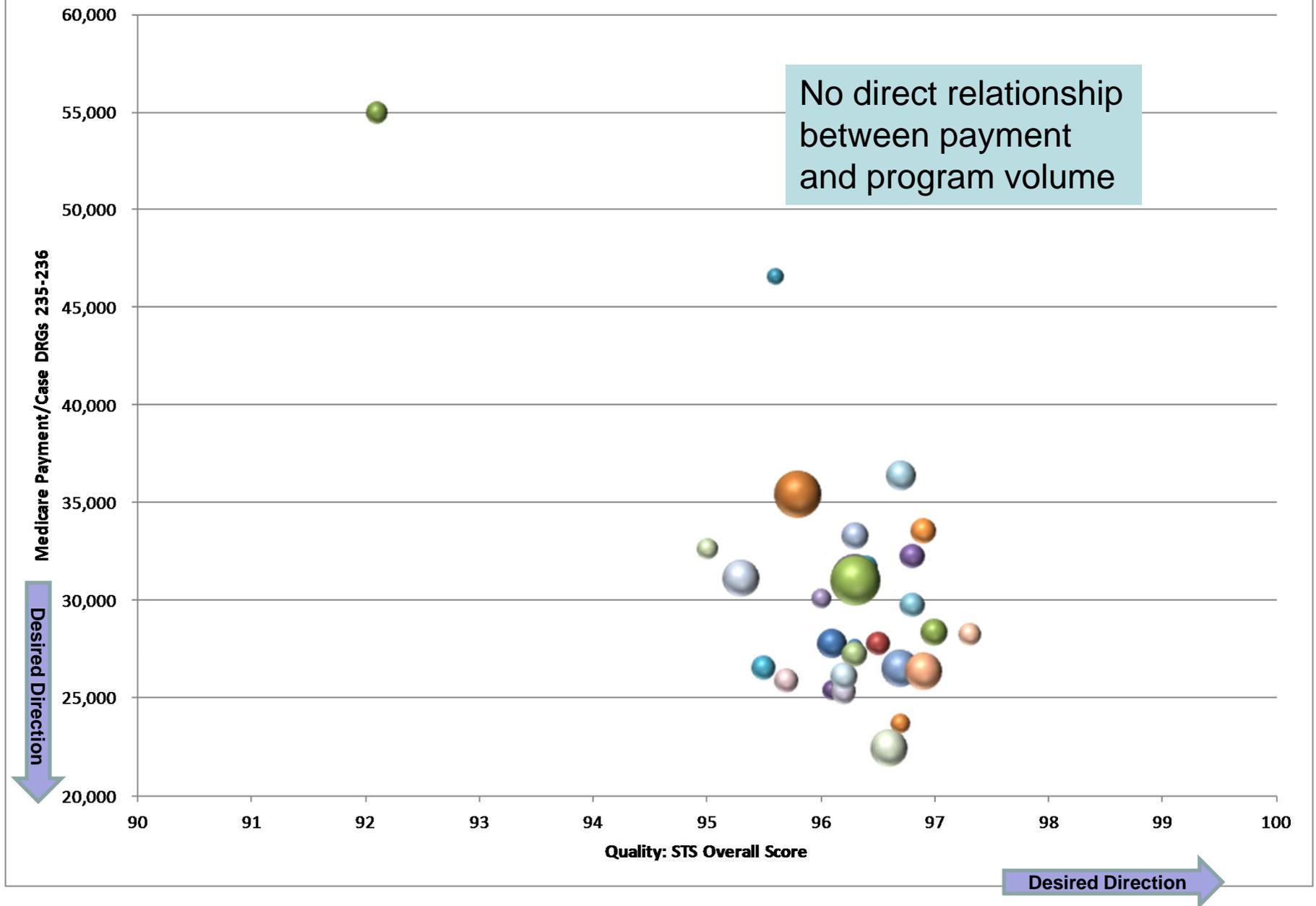
The Society
of Thoracic
Surgeons

Publicly Available Quality Data

Name ▲	Overall Composite Score (?)	Absence of Operative Mortality (?)	Absence of Major Morbidity (?)	Use of Internal Mammary Artery (?)	Receipt of Required Perioperative Medications (?)
Bay Regional Medical Center <i>Bay City, MI</i>	★★	★★	★★	★★★★	★★★★
Borgess Medical Center <i>Kalamazoo, MI</i>	★★	★★	★★	★★	★★
Bronson Methodist Hospital <i>Kalamazoo, MI</i>	★★	★★	★★	★★	★★★★
Covenant HealthCare <i>Saginaw, MI</i>	★★	★★	★★	★★	★★
Crittenton Hospital Medical Center <i>Rochester, MI</i>	★★	★★	★★	★★	★★
Detroit Medical Center-Harper University Hospital <i>Detroit, MI</i>	★	★★	★	★★	★★
Genesys Regional Medical Center <i>Grand Blanc, MI</i>	★★	★★	★★	★★	★★
Henry Ford Hospital <i>Detroit, MI</i>	★★★★	★★	★★	★★	★★★★
Henry Ford Macomb Hospital <i>Clinton Township, MI</i>	★★	★★	★★	★★	★★★★
Lakeland Healthcare <i>Saint Joseph, MI</i>	★★	★★	★★	★★	★★
Marquette General Health System <i>Marquette, MI</i>	★★	★★	★★	★★	★★
McLaren Greater Lansing <i>Lansing, MI</i>	★★	★★	★★	★★	★★
Mercy General Health Partners <i>Muskegon, MI</i>	★★	★★	★	★★★★	★★★★
MidMichigan Medical Center - Midland <i>Midland, MI</i>	★★	★★	★★	★★	★★★★
Munson Medical Center <i>Traverse City, MI</i>	★★	★★	★★	★★★★	★★★★

Name ▲	Overall Composite Score (?)	Absence of Operative Mortality (?)	Absence of Major Morbidity (?)	Use of Internal Mammary Artery (?)	Receipt of Required Perioperative Medications (?)
Northern Michigan Hospital <i>Petoskey, MI</i>	★★	★★	★★	★★	★★★★
Oakwood Hospital and Medical Center <i>Dearborn, MI</i>	★★	★★	★★	★★	★★
Providence Hospital <i>Southfield, MI</i>	★★	★★	★★	★★	★★★★
Saint John Hospital and Medical Center <i>Detroit, MI</i>	★★★★	★★	★★★★	★★	★★★★
Saint John Macomb Hospital <i>Warren, MI</i>	★★★★	★★	★★	★★	★★★★
Saint Joseph Mercy Oakland <i>Pontiac, MI</i>	★★	★★	★★	★★	★★
Sinai-Grace Hospital <i>Detroit, MI</i>	★★	★★	★★	★★	★★
Sparrow Hospital <i>Lansing, MI</i>	★★	★★	★★	★★	★★★★
Spectrum Health - Meijer Heart Center <i>Grand Rapids, MI</i>	★★	★★	★	★★	★
St. Joseph Mercy Hospital <i>Ann Arbor, MI</i>	★★★★	★★	★★	★★★★	★★★★
University of Michigan Hospital and Health Centers <i>Ann Arbor, MI</i>	★★	★★	★★	★★	★★
W. A. Foote Memorial Hospital <i>Jackson, MI</i>	★★	★★	★★	★★	★★★★
William Beaumont Hospital - Royal Oak Campus <i>Royal Oak, MI</i>	★★	★★	★★	★★	★★★★
William Beaumont Hospital - Troy Campus <i>Troy, MI</i>	★★	★★	★★	★★	★★★★

Medicare Payment, Quality, Volume



Access

- Closing programs based only on volume will create access issues
 - Geographic
 - Transfer costs
 - Risk future hospital closure(s)
 - Underserved patients
 - Increasing health disparities

Impact

- Patient and Family
 - Family are an important aspect to healing
- Community economy
 - Job losses, includes tax revenue and local spending
- Community perception
 - Most are non-profit, money belongs to community
- Future financial vitality
 - Halo effect on remaining services provided

A Case Example: Impact at Allegiance Health



*An additional case example from St. John Macomb and Crittenton available in the Appendix



Allegiance Health – Cost

- Investment: Open Heart - \$5.5M
- Reduces transfer costs
 - Duplicative testing
 - Ambulance and helicopter costs
 - From 600 cardiovascular transfers in 2007 to 31 in 2011
- Reduces patient and family driving costs
 - Carol presented in the ED and lives in Jonesville, MI
 - 40 min to AH vs. 80-90 min to Lansing or Ann Arbor



Allegiance Health – Quality



- Ranked Among the Top 10% in the Nation for Coronary Interventional Procedures in 2012
- Ranked Among the Top 10 in MI for Cardiac Surgery in 2012 (Ranked 7 in 2012)
- Recipient of the HealthGrades Distinguished Hospital Award – Clinical Excellence™ for 3 Years in a Row (2010 – 2012)
- Recipient of the HealthGrades Patient Safety Excellence Award™ for 4 Years in a Row (2008 – 2012)

Designated as a

**Blue
Distinction
Center®**



**Blue Cross
Blue Shield
Blue Care Network
of Michigan**

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

for **Cardiac Care • Knee and Hip Replacement • Spine Surgery**

- Designated as a Blue Distinction Center® for Cardiac Care from Blue Cross Blue Shield of Michigan and Blue Care Network
- Blue Distinction Centers for Specialty Care® designations are awarded to facilities that have demonstrated a commitment by consistently meeting the highest standards for patient care and safety
- Designation as a Blue Distinction Center® means this facility's overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations.



MEDICAL EXCELLENCE
Top 10% in Nation Award

OVERALL SURGICAL CARE

2012 CARECHEX.COM

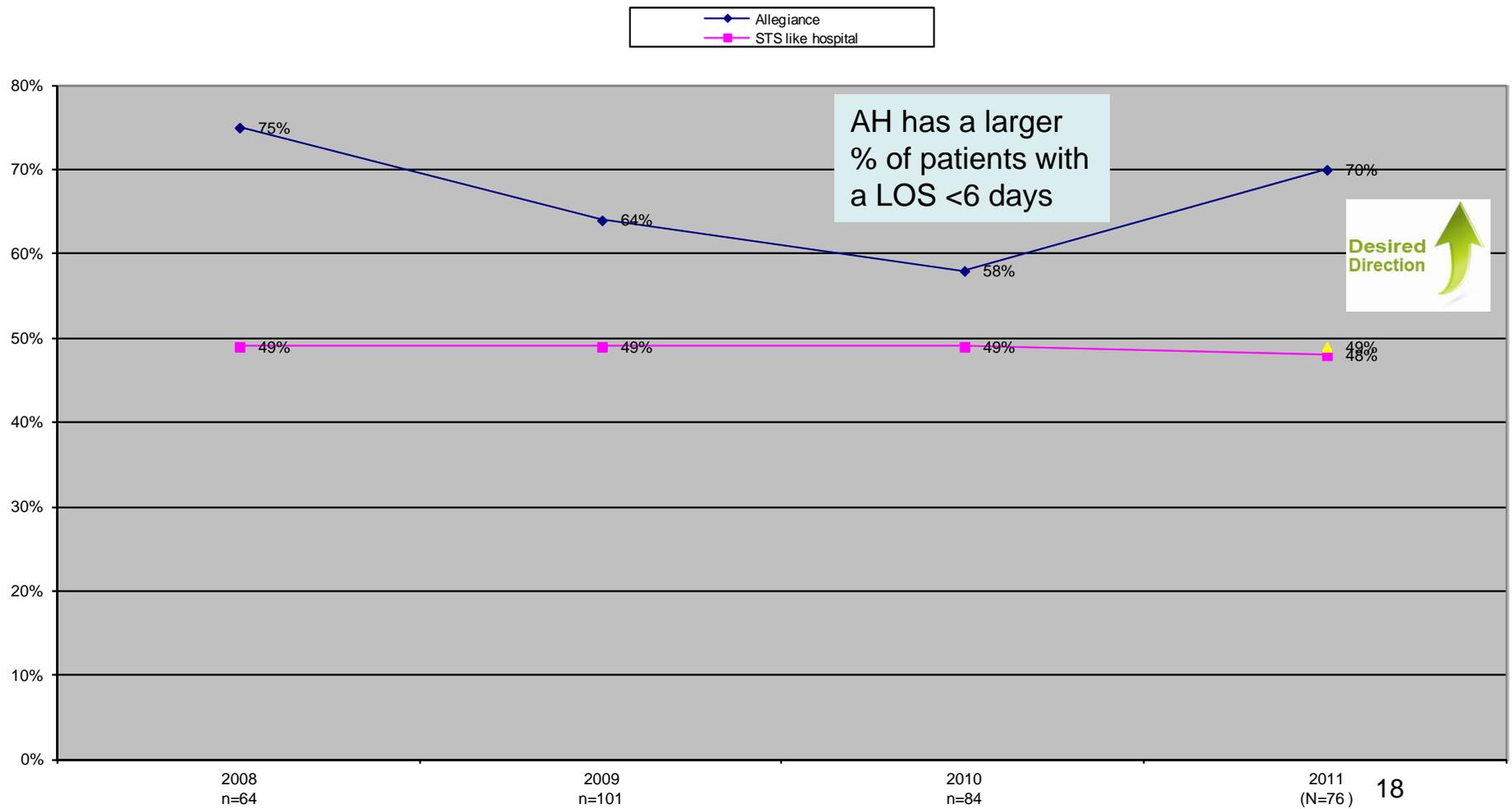
- Top 10% in the Nation for Overall Surgical Care
- Top 10% in the Nation for Coronary Bypass Surgery
- Top 10% in the Nation for Heart Attack Treatment

AH Detailed Quality Summary





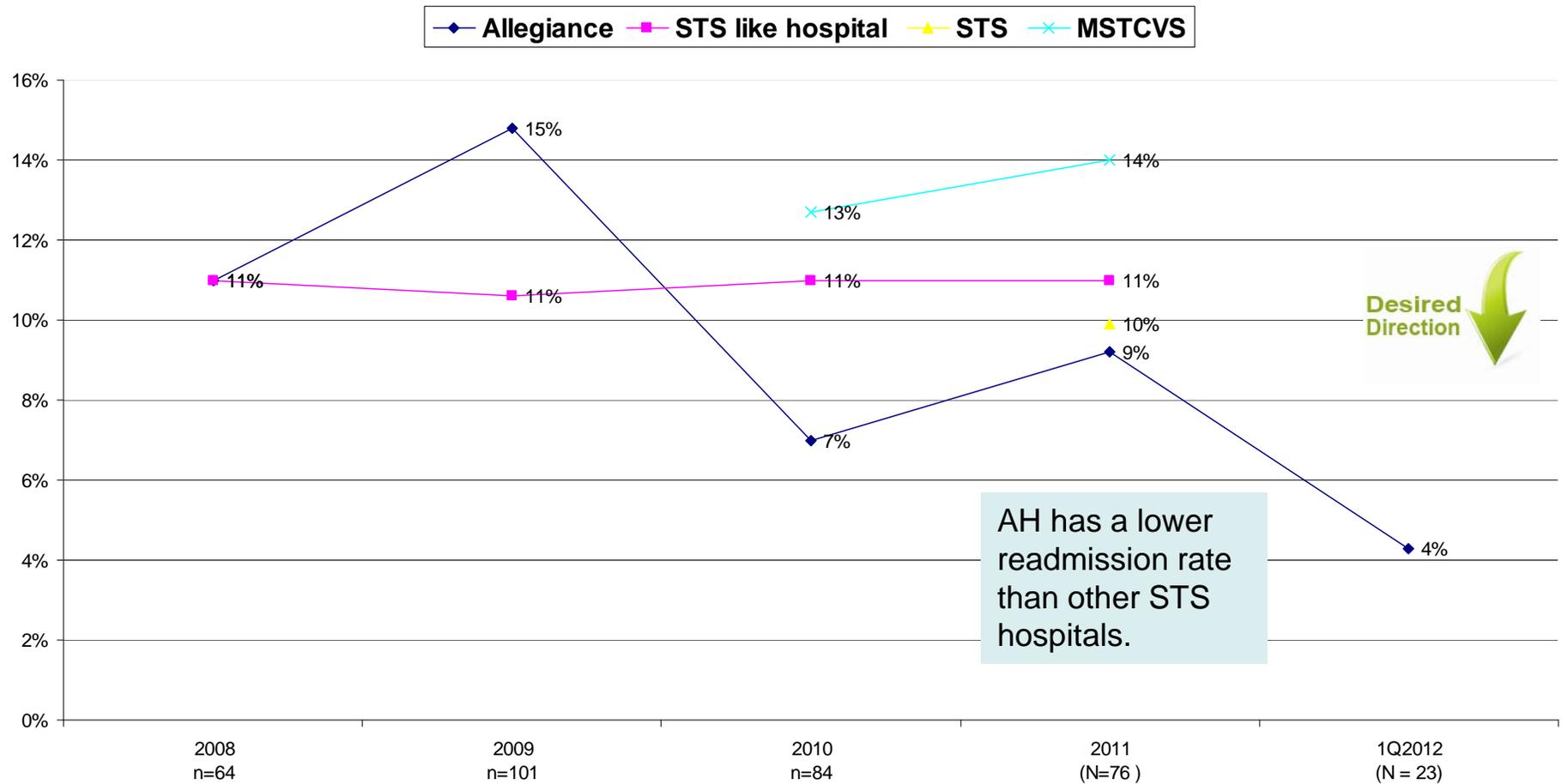
Post Procedure: LOS < 6 days





Readmission: 2010 Quality Initiative

Readmissions



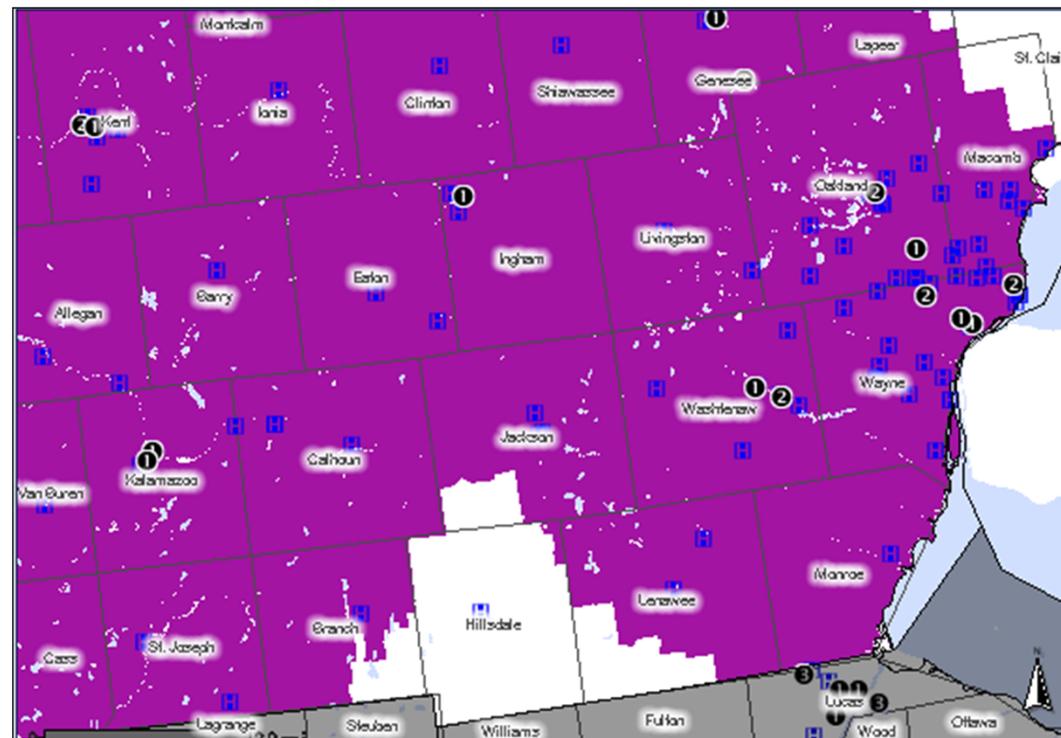
AH has a lower readmission rate than other STS hospitals.





Allegiance Health – Access

- Improves access
 - Next to a rural county that is >60 min drive to another program



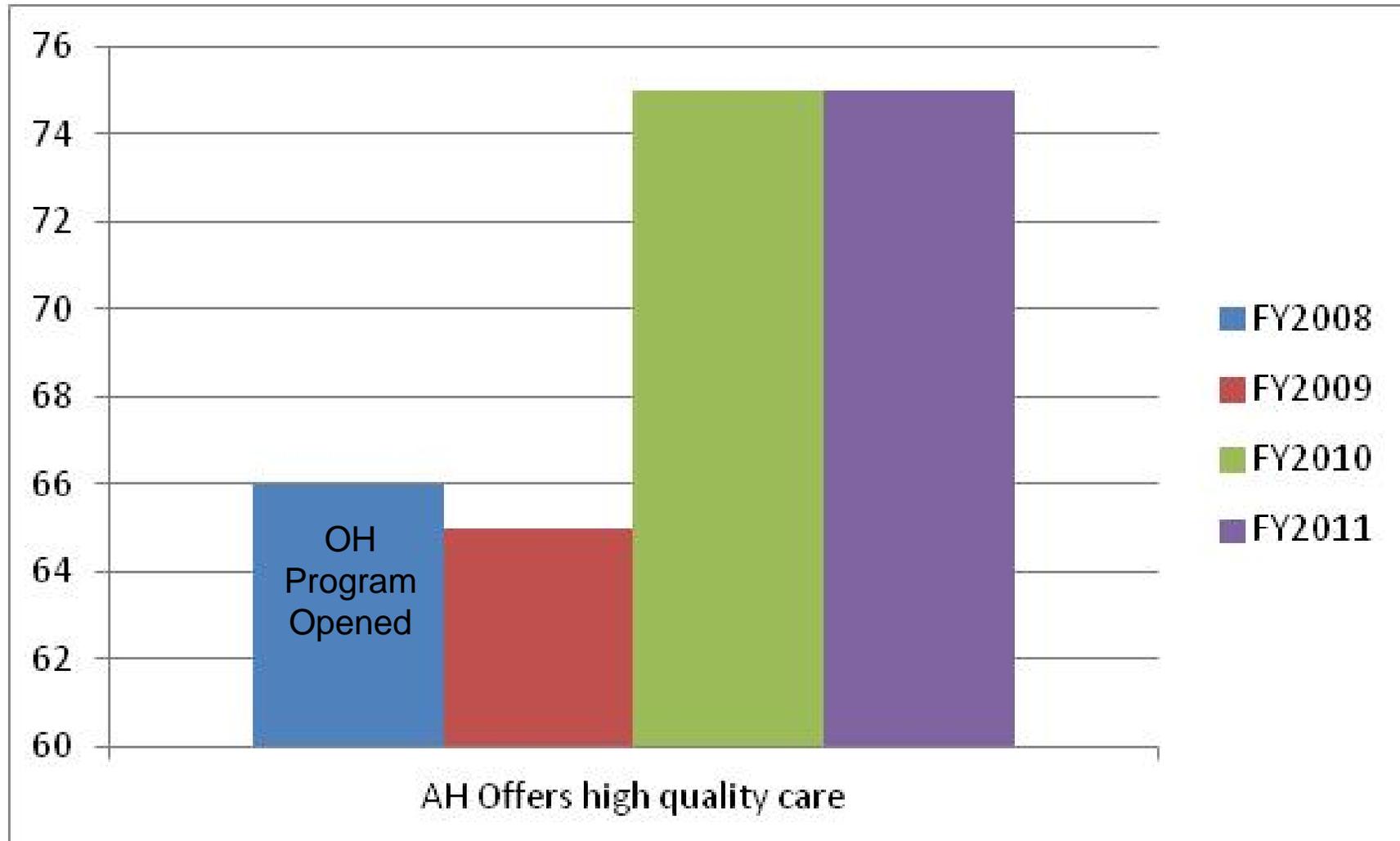


Allegiance Health – Impact

- Community
 - Jobs
 - 40 FTEs throughout the system
 - Taxes, purchasing power
 - Lost opportunity cost
 - Michigan Purchasers Health Alliance support:
 - “Program has been a very positive quality experience for Jackson and surrounding Communities”
- Patient
 - Healing process with family close by
- Future financial vitality

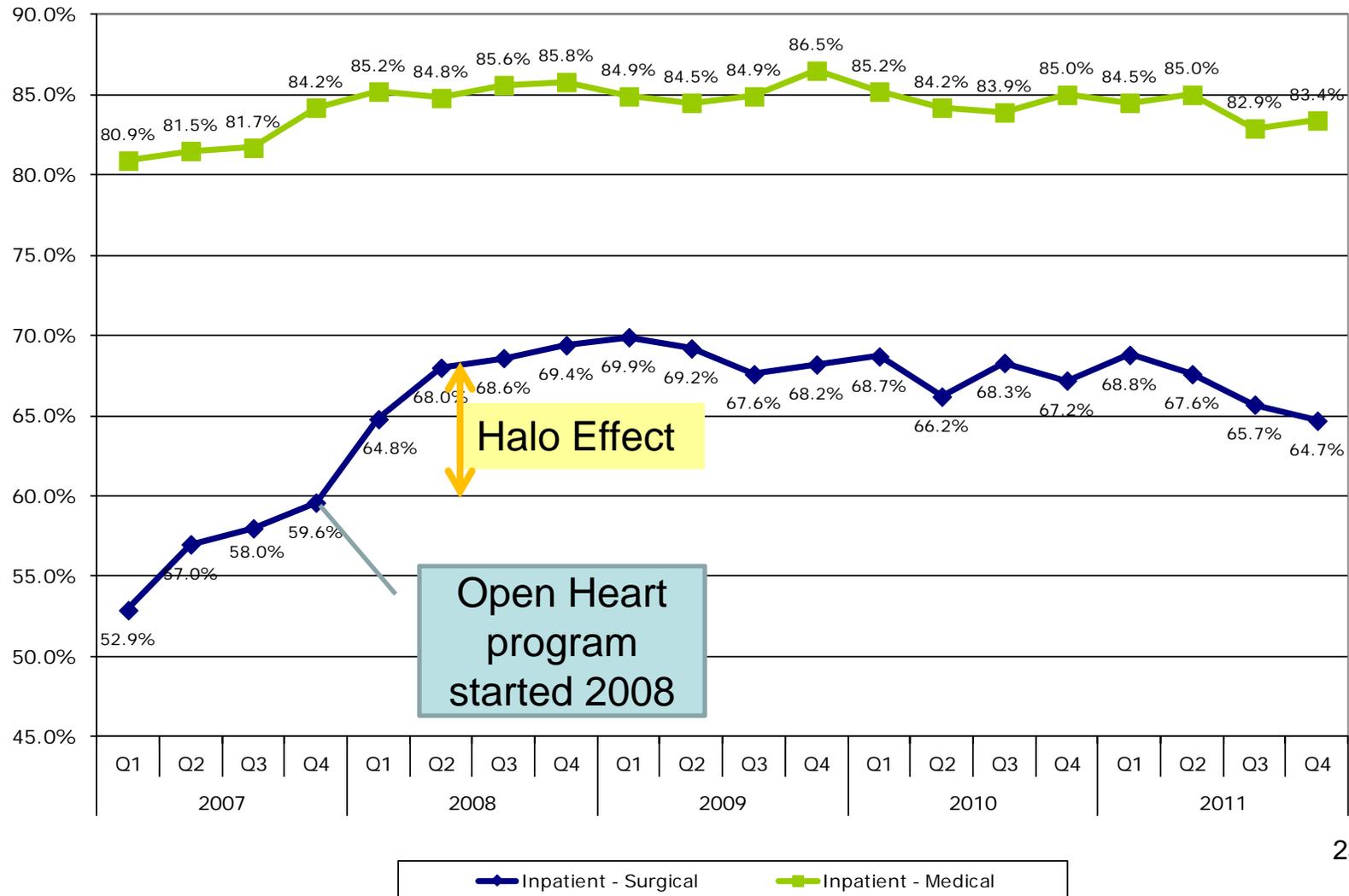


Community Reputation Survey



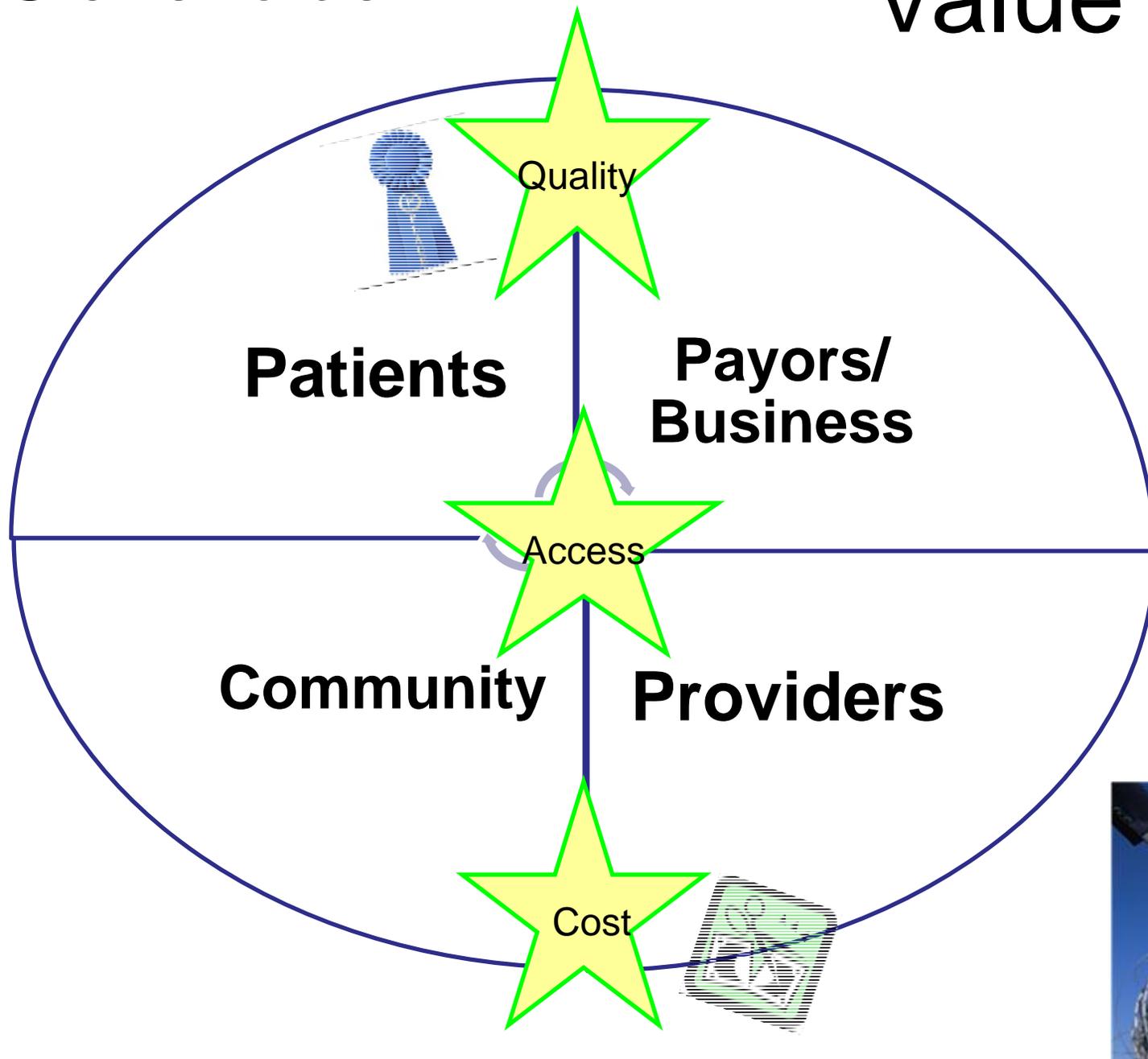


Allegiance Health



Key Stakeholder

“Value”



Appendix: Supporting documents

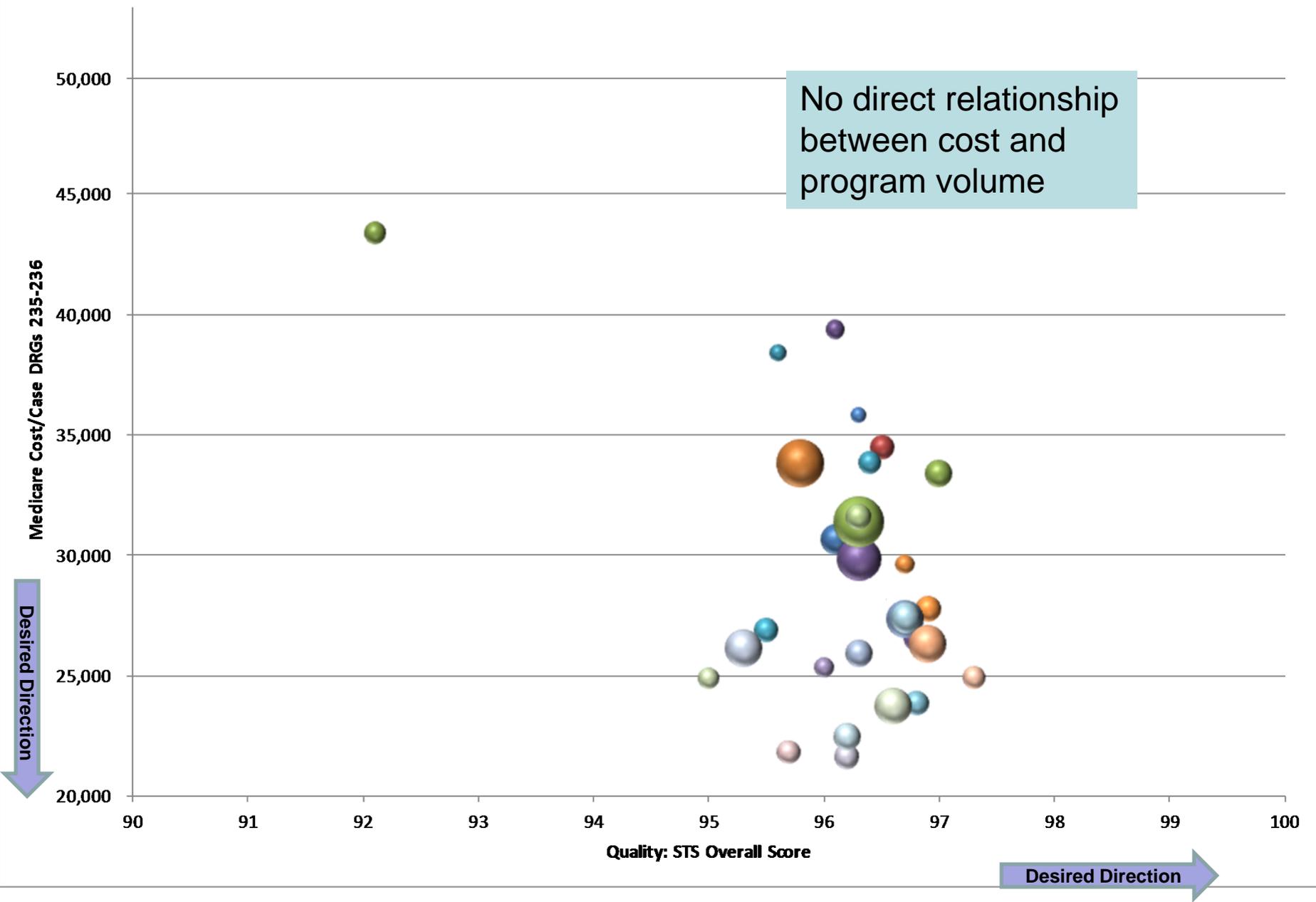
Open Heart Surgery Initiation

- Sec. 3 Initiation Criteria (consistent through all standards in effect since February 13, 1993 with minor variations)
 - Operate or approved for diagnostic & therapeutic cardiac catheterization services
 - Consulting agreement with existing open heart surgery program
 - Project 300 adult open heart surgical procedures/cases OR 100 pediatric open heart surgical procedures/cases

Open Heart Surgery Initiation

- Projections (General concept has remained consistent, but methodology has become more complicated over the years.)
 - Department uses MIDB data from existing open heart surgery programs to determine the rate of incidences of open heart surgery in each diagnosis category.
 - Applicant calculates number of patients in each diagnostic category from MIDB data and uses the rate of incidence to project the number of open heart surgeries anticipated from those discharges.
 - Applicant can obtain commitments of MIDB data from other hospitals in their planning area that do not already have open heart surgery services and have not committed to another existing open heart surgery service in the past (if they have then the service committed to must have started operations more than 7 years before).

Medicare Cost, Quality, Volume



St. John Maccomb-Oakland Hospital

Providing High Quality
Open Heart Surgery
in Warren, MI



A Passion for Healing


**STS CABG Composite Quality Rating
Rating Trend**
**Participant 30316
STS Period Ending 12/31/2011**


Quality Domain	Participant Rating ¹			
	Jul 2009 - Jun 2010	Jan 2010 - Dec 2010	Jul 2010 - Jun 2011	Jan 2011 - Dec 2011
Overall	★ ★	★ ★	★ ★ ★	★ ★ ★
Avoidance of Mortality	★ ★	★ ★	★ ★	★ ★
Avoidance of Morbidity ²	★ ★	★ ★	★ ★	★ ★
Use of IMA ³	★ ★ ★	★ ★	★ ★	★ ★
Medications ⁴	★ ★ ★	★ ★ ★	★ ★ ★	★ ★ ★

¹ - Participant performance is significantly lower than the STS mean based on 99% Bayesian probability

² - Participant performance is not significantly different than the STS mean based on 99% Bayesian probability

³ - Participant performance is significantly higher than the STS mean based on 99% Bayesian probability

⁴ - Regulator Recognition, Reopel Failure, Deep Sternal Wound Infection, Prolonged Ventilation, and CLIA

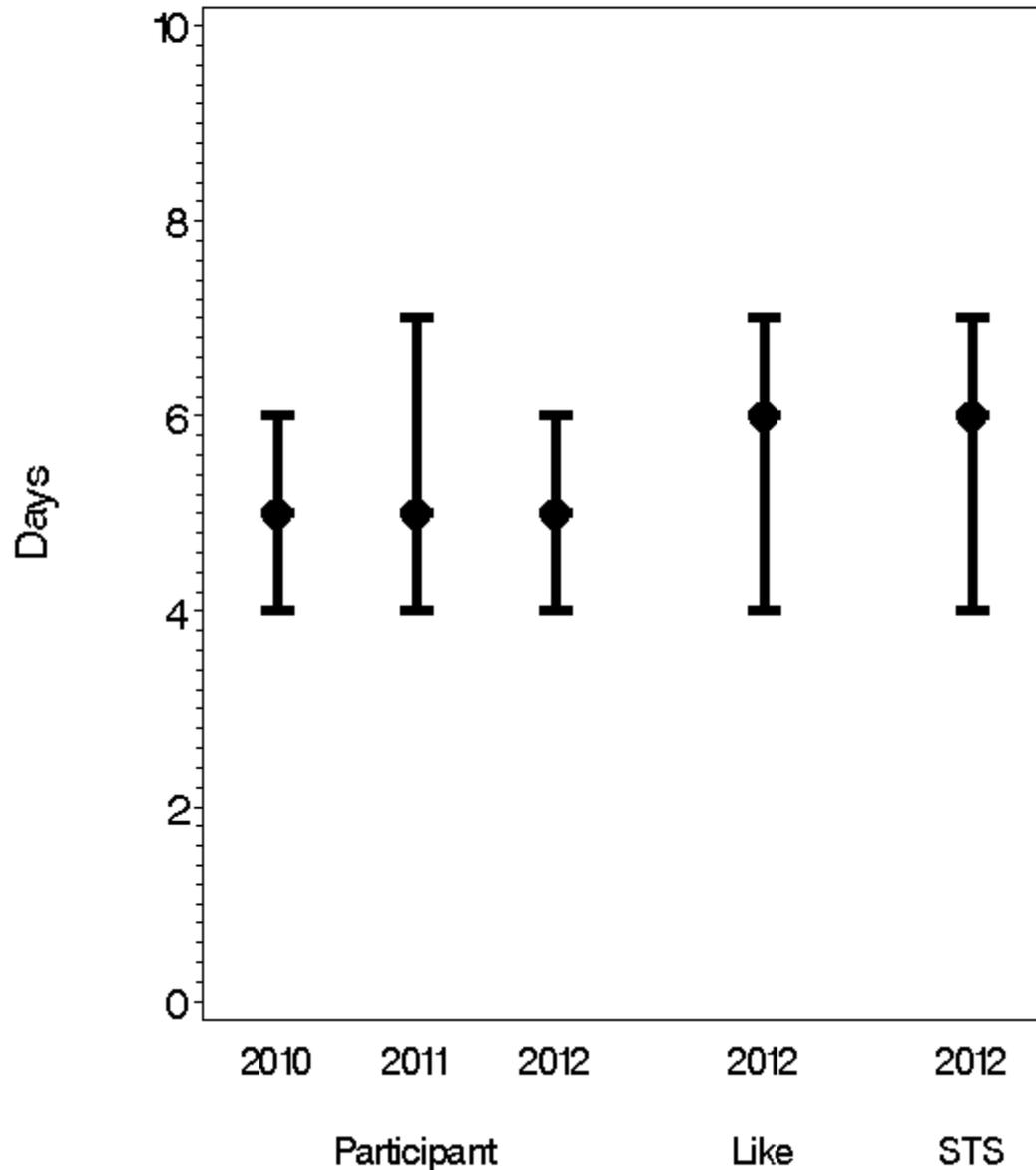
Favorable STAR Ratings

SJ-Macomb Hospital has Demonstrated a Favorable Trend in the STAR rating Indicators and Compares Favorably to both Like Hospitals and the STS Average Ratings

Indicators	SJ-MAC 2010	SJ-MAC 2011	SJ-MAC 2012	Like Hospitals 2012	STS Avg 2012
Operative Mortality	2.2%	0.9%	0.0%	2.4%	2.0%
Any Complication	37.5%	30.4%	12.1%	37.9%	37.9%
Any Reoperation	3.7%	2.7%	0.0%	4.1%	4.1%
Deep Sternal Wound Infx	0.0%	0.0%	0.0%	0.3%	0.2%
Prolonged Ventilation	8.1%	8.9%	6.1%	11.0%	10.2%
Initial Ventilation < 6 Hrs	8.1%	19.6%	50.0%	41.6%	42.4%
Renal Failure Complication	3.7%	2.7%	0.0%	2.7%	2.3%
Intra/Post-Op Blood Product Used	53.7%	37.5%	21.2%	54.4%	51.9%
Post-Op Blood Used	39.7%	28.6%	18.2%	40.5%	38.1%

Postop Length of Stay

Median + 25th/75th Percentiles



In addition to quality indicators, SJ-Macomb's Post-Op LOS also compares favorably when measured up against Like Hospitals and when measured up against the STS Average.

CAB (2012-H2)

Recognitions, Awards and Accreditations for Excellence

- ❑ 2011 – Thomson Reuters 50 Top Cardiovascular Hospitals Award
- ❑ January 2011 – December 2011 – Society of Thoracic Surgeons 3 – STAR Rating
- ❑ July 2010- July 2011 – Society of Thoracic Surgeons 3-STAR Rating
- ❑ 2009- Thomson Reuters 100 Top Hospitals Cardiovascular Benchmarks Award
- ❑ 2009 – Blue Distinction Center for Cardiac Care, including open-heart surgery, interventional cardiology and Cardiac Rehabilitation

Community Involvement

- ❑ The city of Warren is the 3rd largest city in the State of Michigan with a population of 134,056.
 - St. John Macomb is the only Open-Heart Program in Warren.
 - By keeping the program open, we are able to provide access to timely cardiac services.
- ❑ Consistent with its Mission and Values, St. John Macomb works with other St. John Providence Health System (SJPHS) affiliates to provide millions of dollars in community care and care for the poor in the SJPHS service area, including open heart surgery care.
- ❑ On a yearly basis, we provide free heart health screening to the community we serve.
- ❑ Actively involved and partner with the American Heart Association (AHA) with Go Red For Women that facilitates awareness and education on women and heart disease.



Get Better Here™

Favorable STAR Ratings

Crittenton Hospital has Demonstrated a Favorable Trend in the STAR rating Indicators and Compares Favorably to both Like Hospitals and the STS Average Ratings

Indicators	2009	2010	2011	Like Hospitals 2011	STS Avg 2011
In-hospital Mortality	1.2%	0.0%	1.4%	2.2%	2.0%
Operative Mortality	1.5%	0.0%	1.9%	2.2%	1.9%
Any Reoperation	4.5%	5.5%	1.9%	4.4%	4.3%



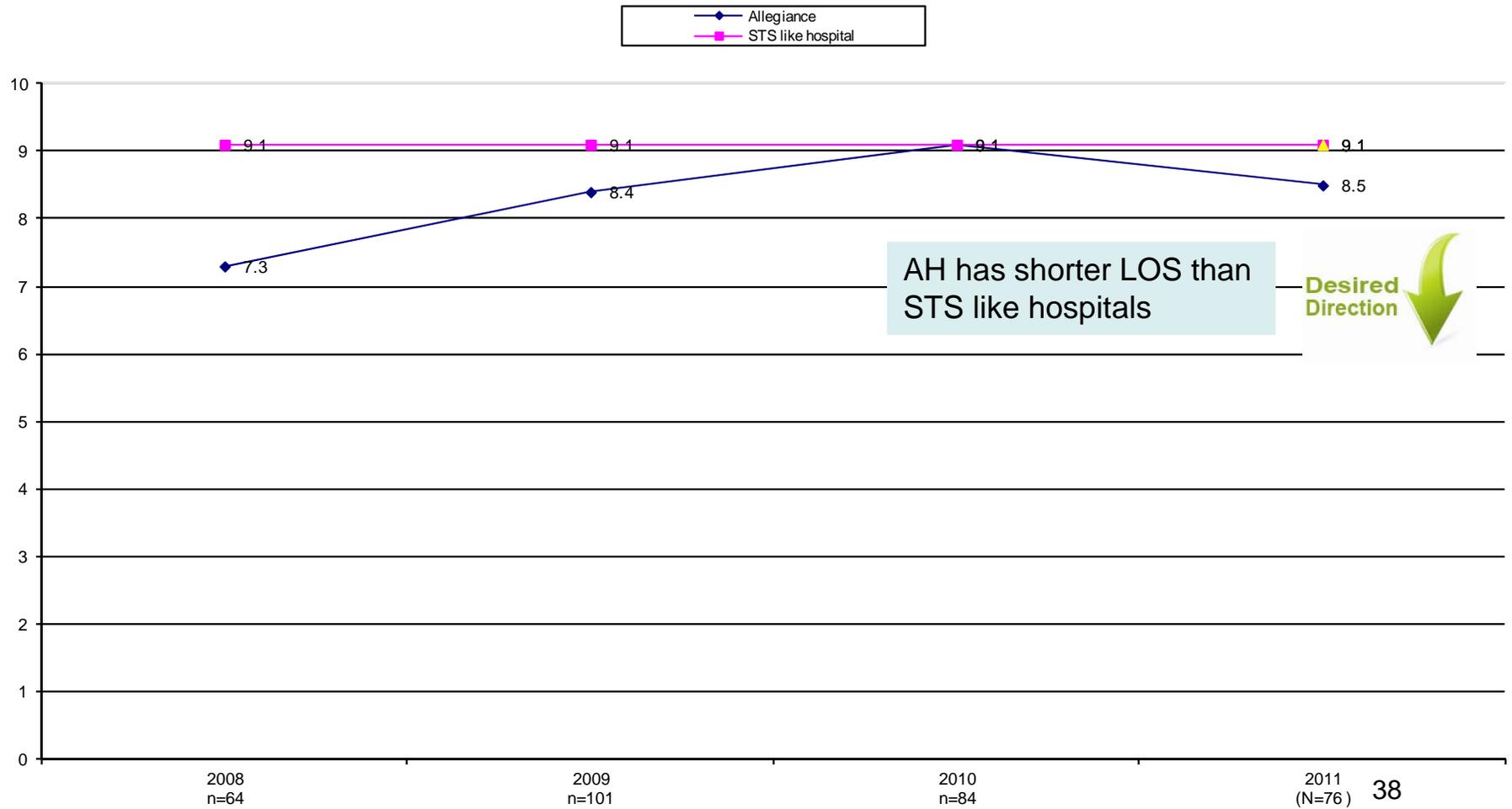
Get Better Here™

Additional Quality Information





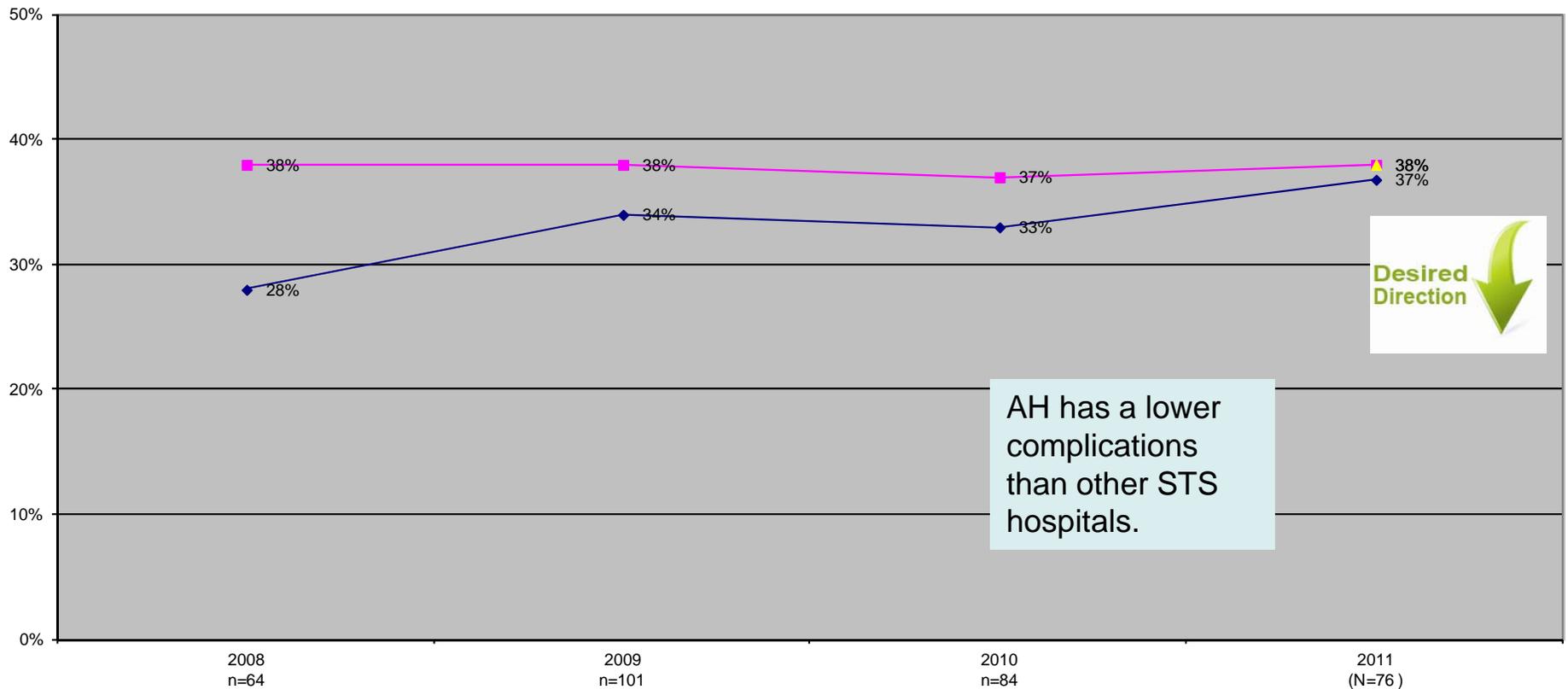
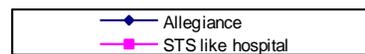
Length of Stay





Any Complications

Any Complications

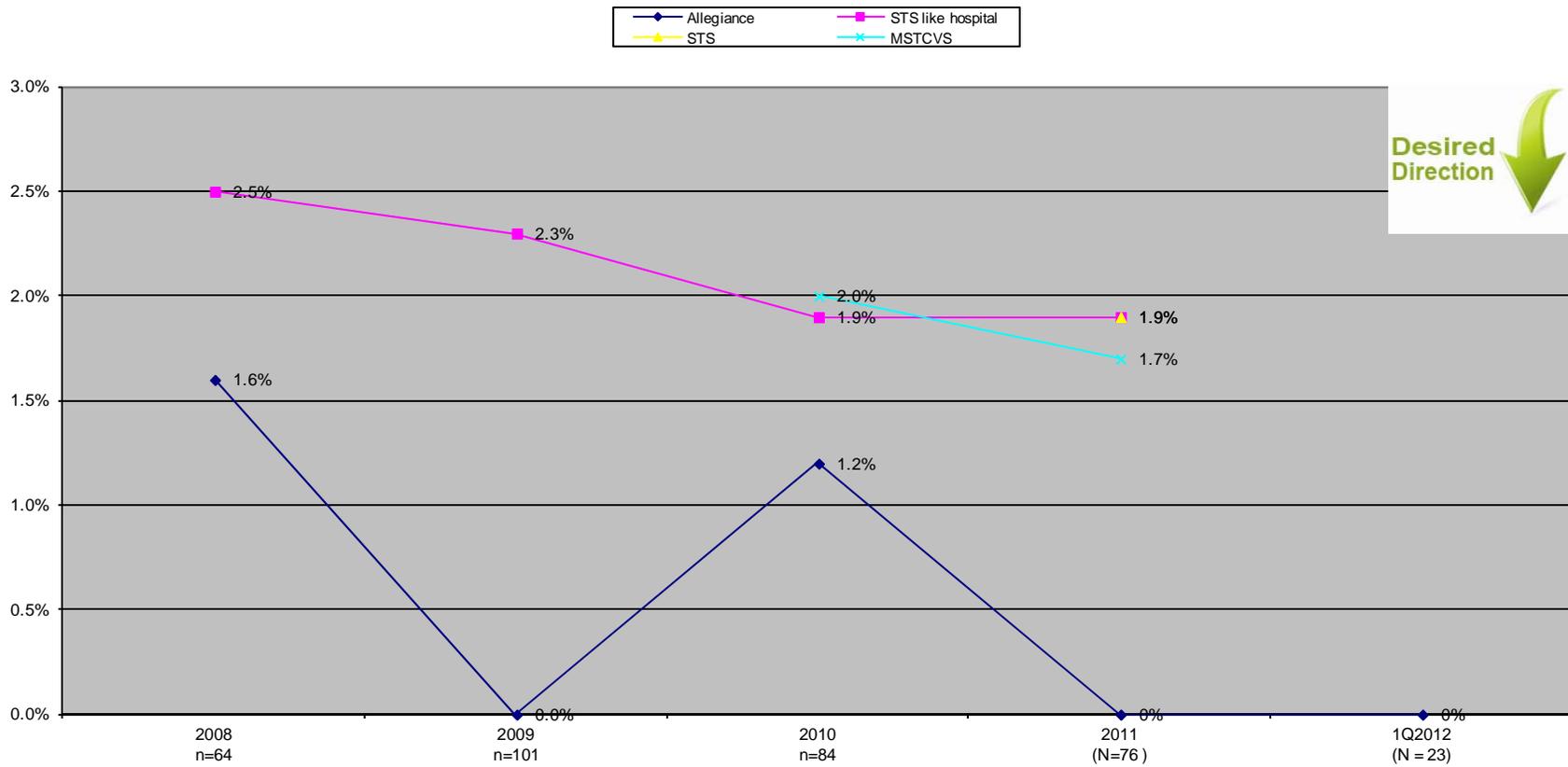


AH has a lower complications than other STS hospitals.



ReOp for bleeding composite metric

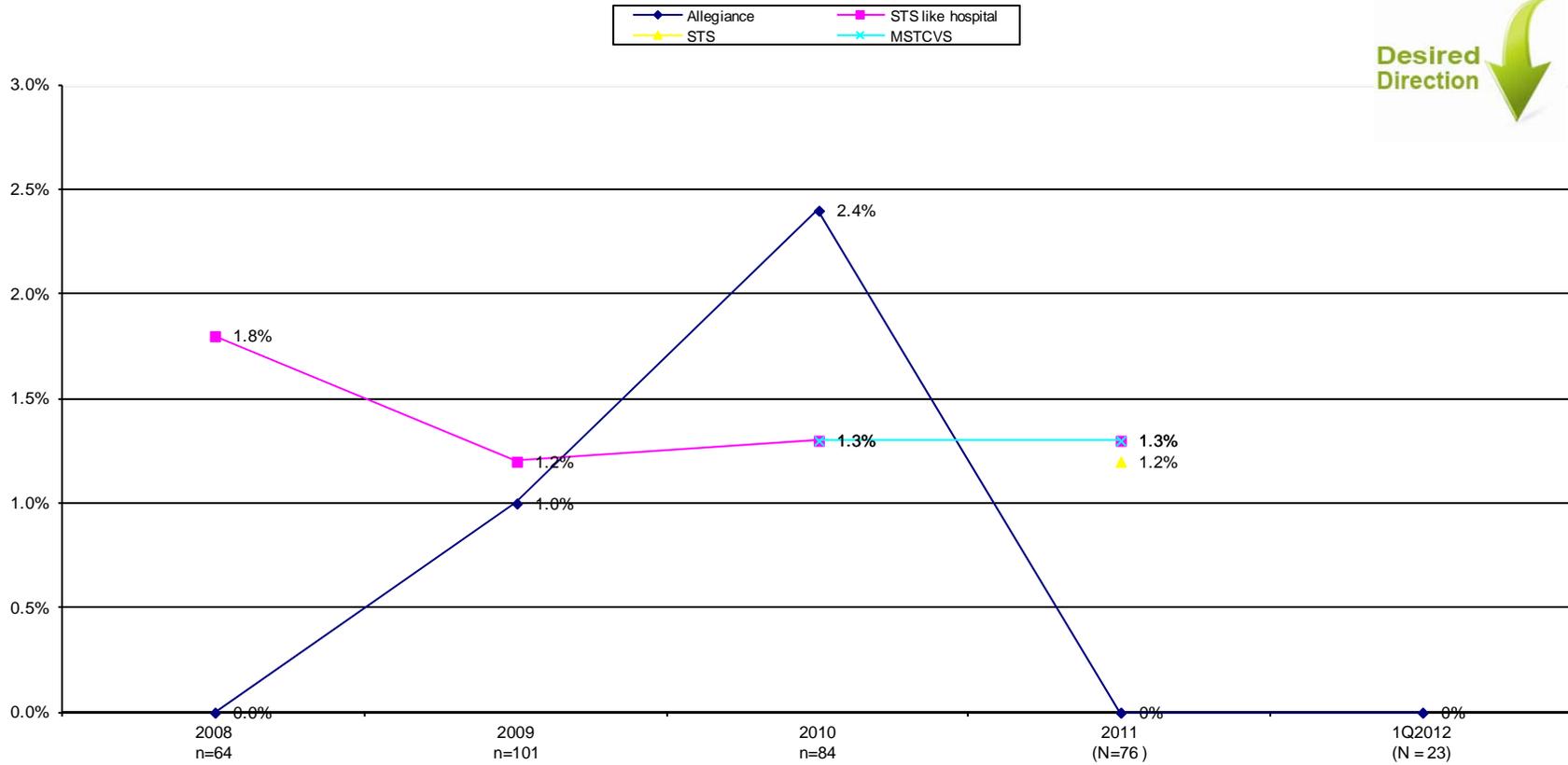
ReOp for Bleeding





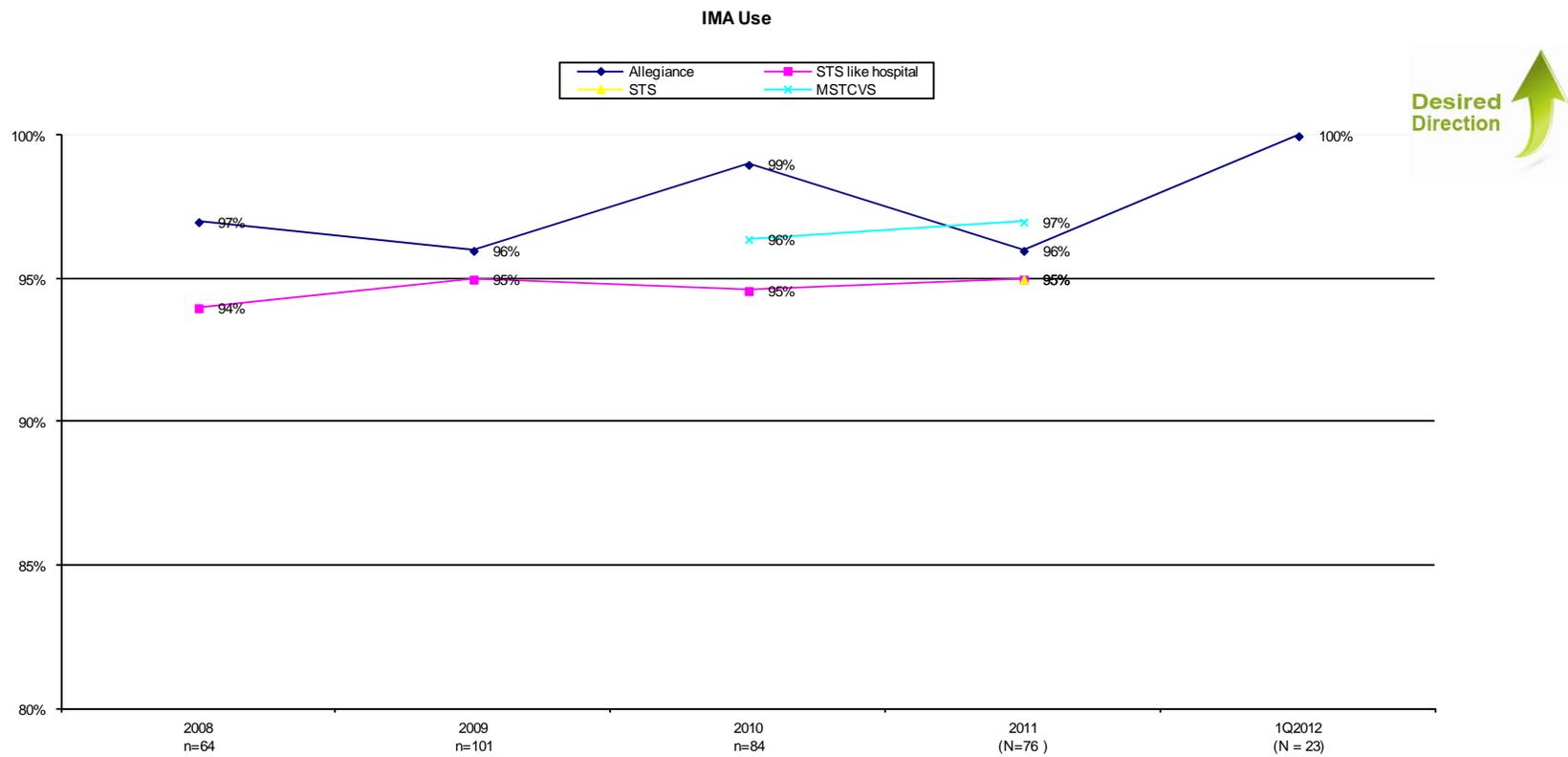
CVA-composite metric

Permanent CVA



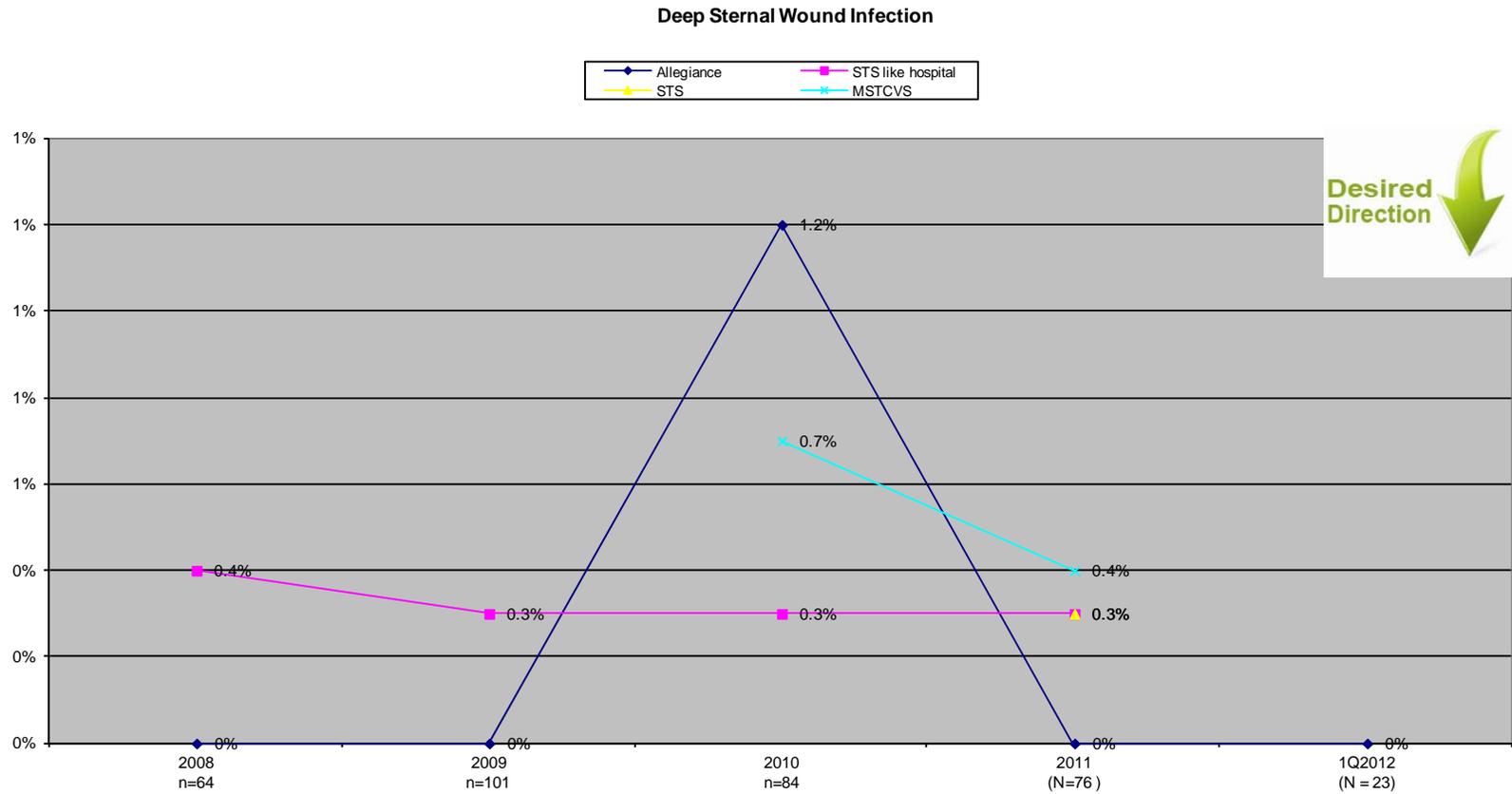


IMA Use Composite Metric



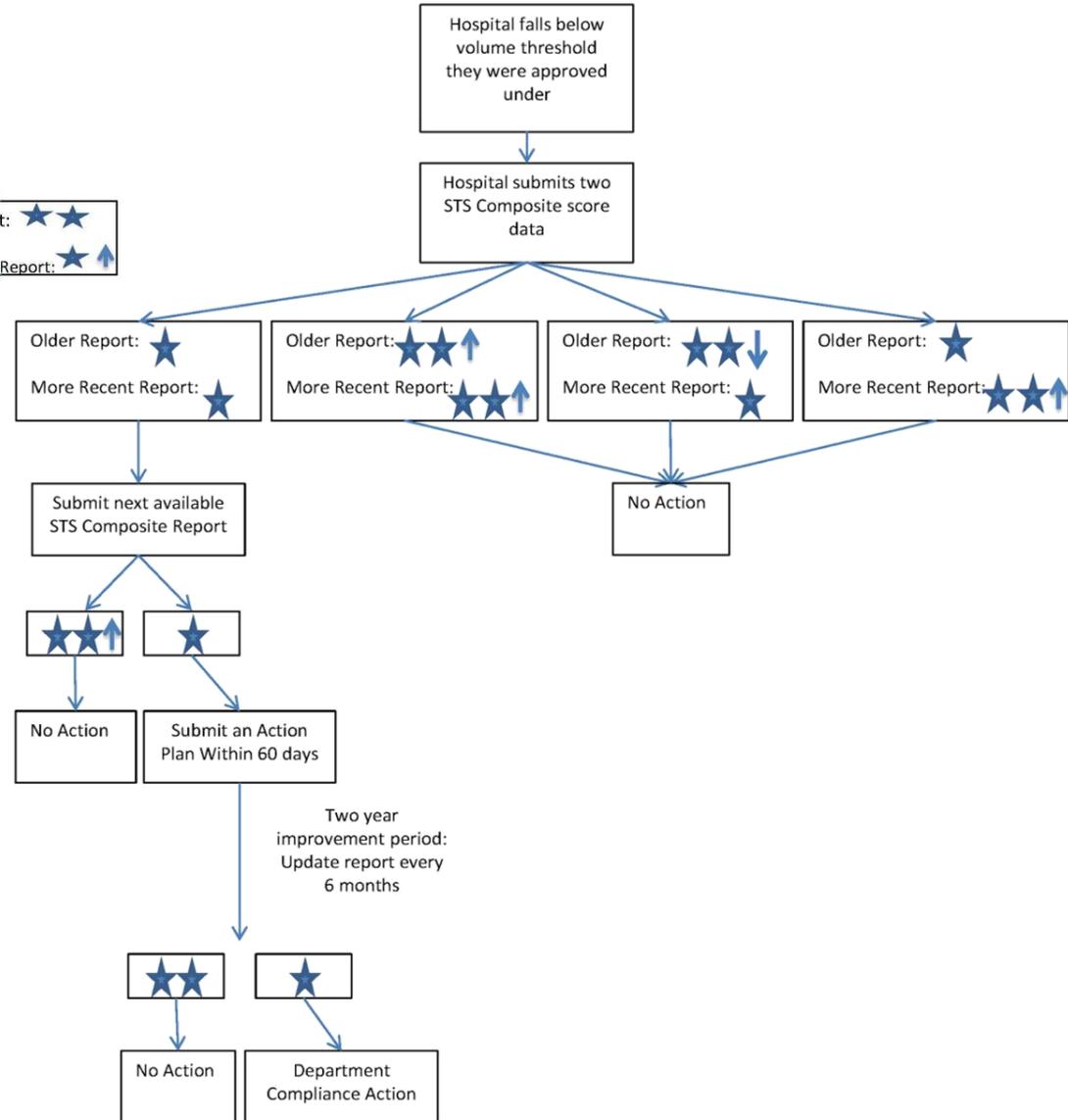
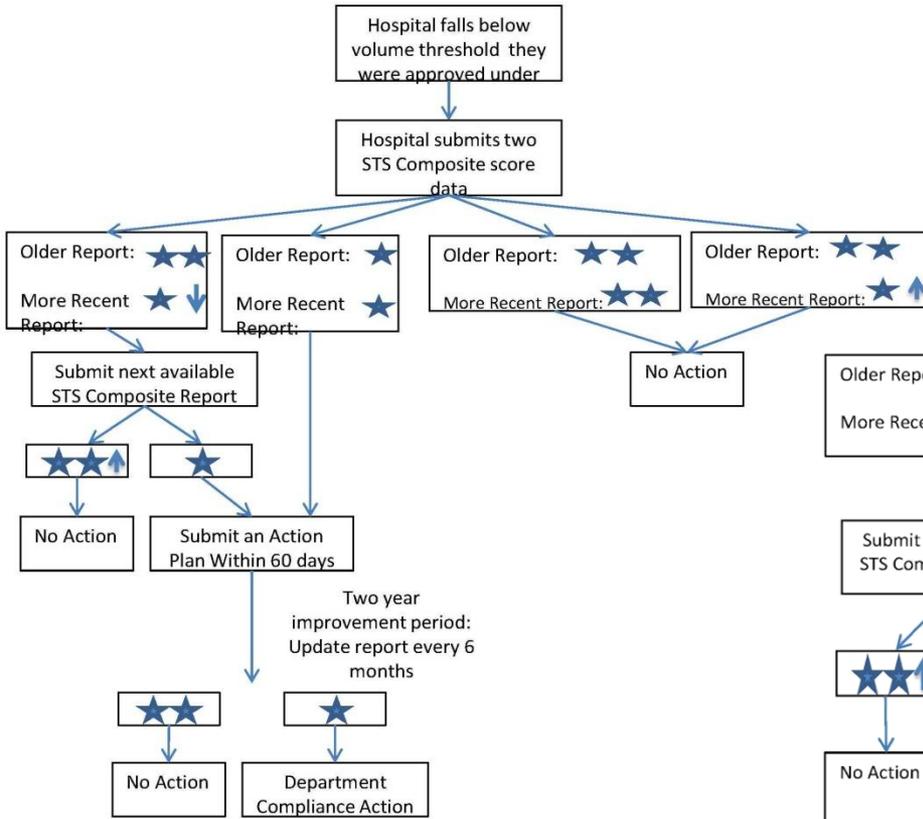


Deep Sternal Wound Infection composite metric



Option A

Option B





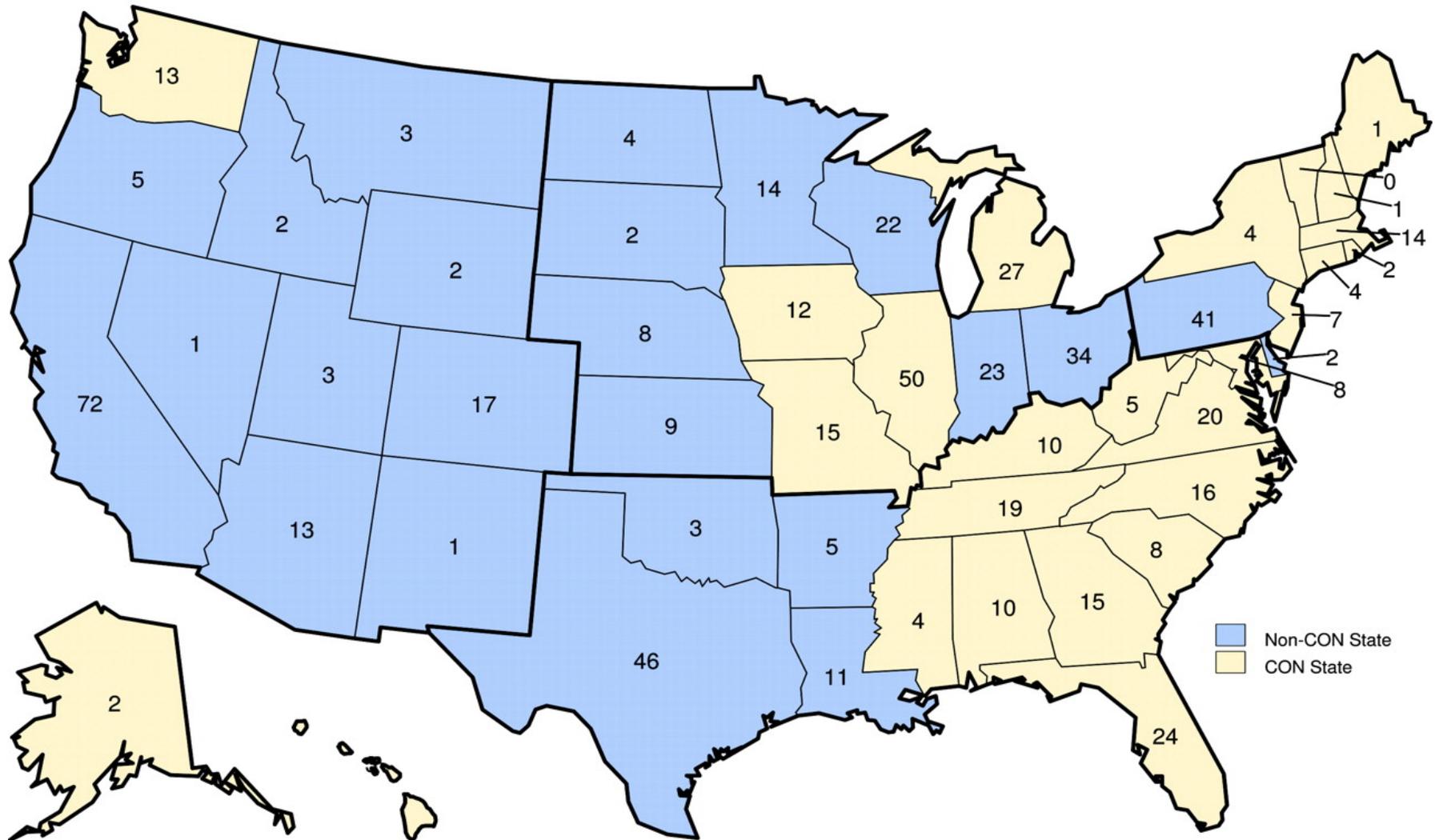
Open Heart Surgery: New Program Initiation Volume and Methodology

Frank Shannon, MD
SAC Meeting
6 September 2012

Certificate of Need States



STS Site Distribution



CON State Listing



Alabama

Alaska

Connecticut

Delaware

District of Columbia

Florida

Georgia

Hawaii

Illinois

Iowa

Kentucky

Maine

Maryland

Massachusetts

Michigan

Mississippi

New Hampshire

New Jersey

New York

North Carolina

Rhode Island

South Carolina

Tennessee

Vermont

Virginia

Washington

West Virginia

OHS Initiation Case Volume



Threshold Value for OHS program initiation

- Inter-Society Commission for Heart Disease Resources (1972) > 200 cases/year
- Task Force of ACC and AHA recommended 200 – 300 cases/year for treating *ischemic* heart disease (1991)

Rationale for Threshold Value

- Hospital proficiency (quality)
- Promotes efficiency and economy
- Prevents duplication of services and excess capacity
- Optimize treatment availability (drive time & wait time)

Survey of Initiation Volumes



States Surveyed	(%)	Initiation	Maintenance
New Jersey et al	(20%)	> 350/yr	> 350/yr
Maryland et al	(60%)	> 300/yr	> 300/yr
Tennessee	(10%)	> 250/yr	> 200/yr
Mississippi	(10%)	> 150/yr	> 200/yr

- **Threshold number reached within 3 years**
- **Minimal influence on existing programs**
- **Mandatory actions for failure to hit mark**



Nash methodology to project new program OHS volume



- Applicant hospital reviews its own diagnostic codes that yield OHS (for 2 previous years). The patient number for each code is multiplied by a weighted proportionality factor that is derived from the state's overall OHS case count based on discharge diagnosis codes.
 - Major problem over last 5 years has been global decrease of total OHS cases
 - Last 5 programs projecting OHS cases (Michigan) using this methodology have not hit their mark.
 - Calculating the % reduction in OHS cases of surrounding, existing facilities is not done

**** If annual average is equal to or greater than this projected caseload, new program receives approval**

Maryland per capita OHS usage rates



- Total number of OHS cases are added and divided by the total state population to obtain a cardiac surgery “usage rate”/100,000 people. The population and cardiac procedures can be further broken down into age-related groups so that more precise usage rates can be extrapolated to the exact demographic profile of the service area for the new heart hospital.
- If case volume of adjacent hospital is decreased > 10% by new program, CON denied
 - Advantage is keeping predicted case load close to most recent state usage rate
 - Referrals from outside geographic service area are not included
 - Existing caseloads not minimized to benefit new program

SAC Questions?



- **Do we maintain OHS program initiation volume of 300 cases to be achieved within 3 years of opening the program?**
 - Initiation threshold is consistent with national norms and policy of avoiding further increase in capacity
 - No current availability issues or unserved geographic regions
- **Do we revise the methodology to project the number of OHS cases that can come from the new applicant program without negatively influencing a nearby, existing program?**
 - Current Nash proportions require recalibration based on recent statewide usage rates
 - Revised methodology can be adopted when need to add OHS program exists

SAC Sub-Committee Recommendations



- **Maintain current initiation volume of 300 cases/year to be reached within 3 years of program launch.**
 - Continue annual maintenance volume criterion that is set by initiation volume
- **Re-calibrate Nash formula for projecting new program caseload with most recent statewide case volumes and usage rate.**
 - Predictive formula can be re-calculated when need for new program actually exists

Motions Made by the Open Heart Standard Advisory Committee 2012

Motion from May 10, 2012 meeting:

Motion by Dr. Delucia, and seconded by Dr. Collar, for the SAC to decline to adopt quality or volume standards for Transcatheter Aortic Valve Replacement (TAVR) because:

1. STS/ACC/ACAI/AATS have already established institutional criteria for TAVR as well as a longitudinal registry, and
2. Major payers, including the Centers for Medicare and Medicaid Services, have established standards of institutional competence and coverage, and
3. Establishment of standards for a single, rapidly evolving technology could unintentionally constrain innovation and would be ill-advised.

Motion carried in a vote of 11- Yes, 2- No, and 0- Abstained.

Motion from August 7, 2012 meeting:

Motion by Dr. Collar, seconded by Dr. Paone to reduce the number of surgeries performed by a cardiac surgeon from 75 to 50 within the project delivery requirements section.

Motion Carried in a vote of 12- Yes, 1- No, 0- Abstained.