Comment report

Lists all the questions in the survey and displays all the free text responses to these questions, if applicable.

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Report info

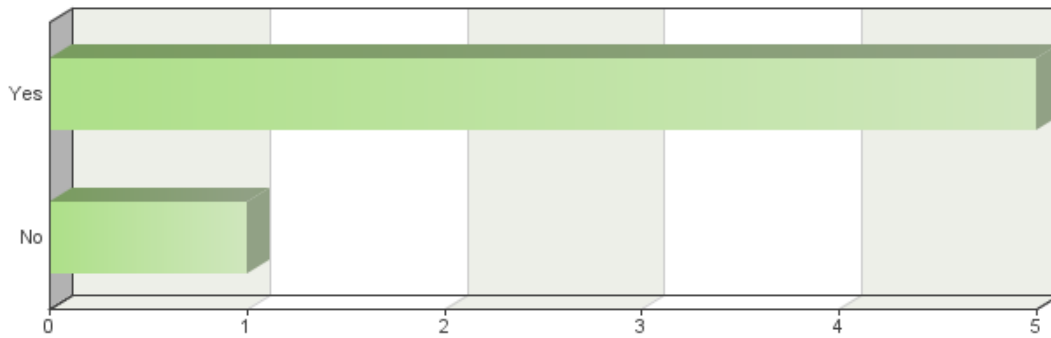|	
Report date:	Tuesday, October 29, 2024 10:00:04 AM PDT
Start date:	Thursday, October 10, 2024 8:00:00 AM PDT
Stop date:	Wednesday, October 23, 2024 11:59:00 PM PDT
Stored responses:	8
Number of completed responses:	5

Question 1

I would like the Certificate of Need program to add a non-numeric need option for PCI applicants.
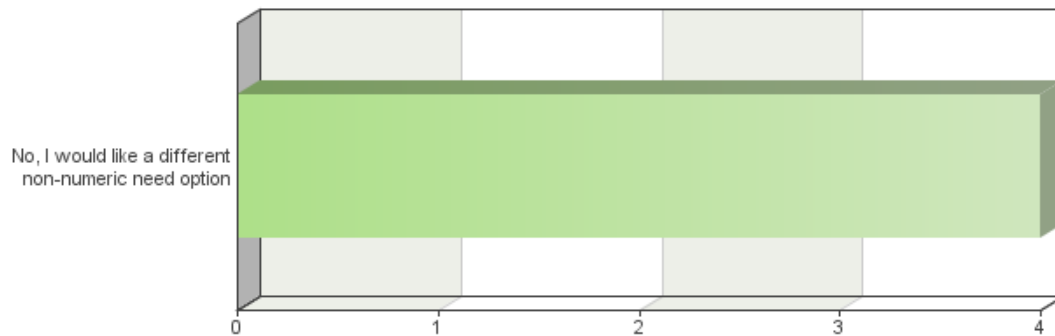

Frequency table

Choices		Absolute frequency	Cum. absolute frequency	Relative frequency	Cum. relative frequency	Adjusted relative frequency	Cum. adjusted relative frequency
Yes		5	5	62.5%	62.5%	83.33%	83.33%
No		1	6	12.5%	75%	16.67%	100%
Sum:		6	-	75%	-	100%	-
Not answered:		2	-	25%	-	-	-
Average:	1.17	Minimum:	1		Variance:	0.17	
Median:	1	Maximum:	2		Std. deviation:	0.41	

Total answered: 6

Question 2

Since you answered yes to Question #1 and would like CN to add a non-numeric need option for PCI, do you want to adopt Harborview's proposal? (Proposal linked below)

Frequency table

Choices		Absolute frequency	Cum. absolute frequency	Relative frequency	Cum. relative frequency	Adjusted relative frequency	Cum. adjusted relative frequency
No, I would like a different non-numeric need option		4	4	50%	50%	100%	100%
Sum:		4	-	50%	-	100%	-
Not answered:		4	-	50%	-	-	-
Average:	2	Minimum:	2		Variance:	0	
Median:	2	Maximum:	2		Std. deviation:	0	

Total answered: 4

Question 3

If you would like CN to add a non-numeric need option for PCI and do not want to adopt Harborview's proposal, please describe the non-numeric need option you support.

Text input

I support a non-numeric need option which is not so narrowly defined as to apply to a single hospital only. The non-numeric need option should allow for situations where the numeric need estimates do not reflect true resident need due to biases in the use rates or existence of identifiable underserved populations

There are times when quantitative need analysis will not adequately reflect access inequities or differing disease states across or even within planning areas. Provisions to allow for the demonstration of non-numeric need are already explicitly called out in rule and conducted in practice for other CN-reviewable activities. Both WAC 246-310-270(4) and WAC 246-310-290(12) include criteria and examples where non-numeric need could apply for ambulatory surgery and hospice services. Even the acute care bed need methodology has such a provision, where an applicant has the ability to demonstrate "...the proposed development would significantly improve accessibility or acceptability of services for underserved groups." (State Health Plan, Volume II, p. C-28) The Harborview petition, while laudable, is much too narrow, and written to have very narrow application, i.e., Harborview. It does, however, demonstrate a situation where the application of non-numeric would be very appropriate. A rule for non-numeric need for PCI should list which factors the Department will consider. These factors could include geographic access, disease burden, observed migration patterns within Washington planning areas, potential missing volumes due to out-of-state migration (e.g. Clark County residents receiving care in Portland), applicant history of treating indigent population, etc. This is a non-exhaustive list of factors that should be considered. However, an applicant would not be expected to demonstrate all factors as relevant for particular project.