

Craig P. Tanio, M.D.
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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Thursday, June 16, 2016

Minutes

Chairman Tanio called the meeting to order at 1:05 p.m.

Commissioners present: Carr-York, Fleig, Moffit, O'Connor, O'Grady, Phillips, Pollak, Sergent, Stollenwerk, Tomarchio, and Weinstein. Commissioner Metz participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Fleig made a motion to approve the minutes of the May 19, 2016 meeting of the Commission, which was seconded by Commissioner O'Connor and unanimously approved.

Chairman Tanio introduced and welcome two newly appointed Commissioners, Dr. Gerard O'Connor, and Ms. Cassandra Tomarchio.

Dr. O'Connor is a surgeon in private practice in Chestertown, Maryland. In addition to his private practice. Dr. O'Connor has served as Chief of the Medical Staff and Chief of Surgery at Chester River Hospital Center, now University of Maryland Shore Medical Center at Chestertown. Dr. O'Connor received his undergraduate degree from Georgetown University, and his medical education at Georgetown University School of Medicine. He served his residency at George Washington University Hospital. Dr. O'Connor will bring the Commission the perspective of a physician who serves a rural Maryland community.

Ms. Tomarchio is the Business Operations Manager for the Enterprise Information Systems Directorate at the US Army Communications Electronics Command at the Aberdeen Proving Ground, Maryland. Prior to her employment with the US Army, Ms. Tomarchio held several positions in public affairs including as Director of Communications for Coventry Health Care of Delaware. Ms. Tomarchio has a BA from Ursinus College and has completed additional study at Johns Hopkins University and the College of Notre Dame.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, announced that the September public meeting of the Commission will meet on Tuesday, September 20 at 2:00 p.m., at the Commission offices. Mr. Steffen noted that SB 707 – Freestanding Medical Facilities - Certificate of Need, Rates, and Definition – was signed into law and that the Commission’s Freestanding Medical Facilities (FMF) workgroup would meet on June 22 to discuss a draft FMF Chapter of the State Health Plan. He also noted that that Commission staff had begun the process of forming a Workgroup on Rural Health Care Delivery and would be recommending Co-Chairs and workgroup members later in the meeting .

ITEM 3.

ACTION: Certificate of Need: Kaiser Permanente South Baltimore County Medical Center (Docket No. 16-03-2372)

Kevin McDonald, Chief of Certificate of Need, presented staff’s recommendation regarding a Certificate of Need application filed by Kaiser Permanente South Baltimore Medical Center to expand its ambulatory surgery facility to add a third operating room. Mr. McDonald said the surgical facilities at the Center received Certificate of Need approval in 2010, and that the project included shell space for a third operating room. He noted that the estimated \$1,600,405 required to finish the shell space will be paid for out of cash reserves. Staff recommended approval of the projected . Commissioner Moffit made a motion to adopt staff’s recommendation and issue the Certificate of Need, which was seconded by Commissioner O’Grady and unanimously approved.

ACTION: Certificate of Need: Kaiser Permanente South Baltimore County Medical Center (Docket NO. 16-03-2372) is hereby APPROVED.

ITEM 4.

ACTION: Approval of Rural Health Care Workgroup Members and Co-Chairs

As a result of the passage of SB 707 “Freestanding Medical Facilities – Certificate of Need, Rates and Definition,” which requires the MHCC to establish a workgroup on rural health care delivery to oversee a study of health care delivery in the Middle Shore region and to develop a plan for meeting the health care needs of the five counties – Caroline, Dorchester, Kent, Queen Anne’s and Talbot. Erin Dorrien, Chief of Governmental and Public Affairs, presented the plans for the Rural Health Care Workgroup and asked the Commission to approve the Co-Chairs and membership of the group. She stated that Commission staff is developing a Memorandum of Understanding (MOU) with the University of Maryland School of Public Health and will also be collaborating with an HRSA Rural Health Center. The legislation includes funding for the required study over two years. Ms. Dorrien provided a timeline of the workgroup plans, noting that the MOU will be finalized in July, and that staff will schedule a meeting in July with the Co-Chairs to discuss the charge of the workgroup, and develop a plan moving forward. She said that staff will coordinate a Rural Health Summit to define the problems in the Mid-Shore region. She also noted that the workgroup will meet every two months between September 2016 and September 2017, and hold public hearings, as required by legislation, beginning in the Fall of 2016. The draft final report will be submitted to the Commission for consideration at its September 2017 public meeting. After a lengthy discussion regarding the Co-Chairs and membership of the Workgroup, Commissioner Weinstein made a motion to approve the Co-Chairs and members of the Rural Health Workgroup, which was seconded by Commissioner Phillips. Motions to amend the motion were made, but failed, and the motion carried by a vote of 10 to 2.

ACTION: Co-Chairs, and Membership of the Rural Health Workgroup are hereby APPROVED.

ITEM 5.

ACTION: COMAR 10.25.16 – Electronic Health Record Incentives – Proposed Permanent Amendments to Regulations

Angela Evatt, Chief of Health Information Exchange, presented the proposed changes to the Electronic Health Record Incentive regulations that will extend the program through 2018. Ms. Evatt mentioned that practices must attest to achieving meaningful use under the Centers for Medicare & Medicaid Services EHR Incentive Program to qualify for an incentive under the regulations. The regulations allow qualified practices to receive a one-time incentive of up to \$15,000 from each participating payor. Participating payors are: Aetna; CareFirst BlueCross BlueShield; Cigna; Coventry; Kaiser Permanente; and United Healthcare. Ms. Evatt reported that staff reconvened the State Incentive Program Workgroup to consider potential changes to the existing regulations. Staff recommended that the Commission adopt the proposed changes to COMAR 10.25.16. Commissioner Stollenwerk made a motion to approve staff recommendation, which was seconded by Commissioner Weinstein and unanimously approved. Commissioner Fleig abstained from this action item.

ACTION: COMAR 10.25.16 – Electronic Health Record Incentives – Proposed Permanent Amendments to Regulations are hereby APPROVED.

ITEM 6.

PRESENTATION: Telehealth Grants – Round 4 Awards

Angela Evatt, Chief of Health Information Exchange, presented on the MHCC awards for the Telehealth Technology Pilot, Round 4 solicitation. She stated that grantees are required to demonstrate effectiveness of using telehealth to support value-based care delivery in primary care. The awardees are: (1) MedPeds, a family medicine practice that will use a mobile device application with patients to facilitate 24/7 video-based telehealth with providers, make appointments, and access electronic health records with the goal of increasing patient access to primary care providers and improving outcomes for diabetic patients; and (2) Gilchrist Greater Living Practice, a comprehensive primary care geriatric medical practice that will provide senior patients with in-home telehealth monitoring devices to support case management and early intervention for chronically ill patients with the goal of reducing hospital admissions.

ITEM 7.

PRESENTATION: Overview of draft changes to COMAR 10.24.01 – Certificate of Need Procedural Regulations

Dr. Tanio noted that, over the last several months, staff have reviewed COMAR 10.24.01, the procedural regulations that govern Certificate of Need (CON) and other health care facility review processes, to identify process improvements that may be made within the framework of the current law. Paul Parker, Director of the Center for Health Care Facilities Planning and Development outlined the scope and process of CON regulation and discussed possible changes to two relatively new categories of health care facility and facility project reviews – and Certificate of Conformance reviews, used in reviewing proposals to develop new percutaneous coronary intervention (PCI) programs and Certificate of Ongoing Performance reviews, used to periodically assess the compliance of PCI and cardiac surgery programs with performance standards. He also discussed possible changes to the regulations that could streamline the CON review process, and noted that some desirable changes would require legislation. He told the Commissioners that staff was in the process of drafting revisions to the regulations that would be released for informal public comment, and consideration of the comments, would be presented to the the MHCC at a later meeting.

ITEM 8.

PRESENTATION: Maryland Patient Safety Center – Strategic Plan

Robert Imhoff, President and CEO of the Maryland Patient Safety Center (MPSC), and Bonnie DiPietro, Director of Operations, provided the Center's progress and presented the FY 2017 program plan. Mr. Imhoff provided the following FY 2016 highlights, noting that the Center began marketing of Caring for the Caregiver with strong interest from hospitals in Maryland, New York, South Carolina, and California. He stated that member hospitals totaled 43 and that Mid-Atlantic POS members include 26 facilities. The Center had commenced a first-time cesarean-section initiative and a neonatal abstinence syndrome initiative. Mr. Imhoff noted that the Center had recruited 16 hospitals, 5 long term care facilities, 5 ambulatory surgery centers for its clean collaborative initiative, and that recruitment continues. He said that the sepsis collaborative improvements to data show that Cohort I has decreased sepsis mortality by 11.0% and Cohort II by 11.1%. He said that the Center had partnered with the Virginia Health Quality Center in a long term care (LTC) sepsis collaborative and that the safe from falls – LTC collaborative had been completed and decreased falls with injury in participating long term care facilities by 30.56%. Mr. Imhoff present the MPSC's FY 17 program plans, including safety initiatives and education programs. He noted that the annual MPSC conference is the Center's signature event, which provides awareness, education, and the exchange of best practice solutions to a broad-based audience. At the conclusion of the presentation, several Commissioners had following questions for Mr. Imhoff. It was suggested that the Commission follow up with comments and specific questions after the meeting.

ITEM 9.

Overview of Upcoming Initiatives

Ben Steffen, Executive Director, reported that the Commission's July agenda may include: an update on the Health Care Quality Reporting website and outreach efforts; Certificate of Need staff reports, proposed regulations for two State Health Plan Chapters, Organ Transplant Services, and Freestanding Medical Facilities.

Mr. Steffen announced at the Health Services Cost Review Commission (HSCRC) appointed Vice-Chair Fran Phillips as the MHCC's ex-officio member of the HSCRC.

ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:33 p.m. upon motion of Commissioner Sergent, which was seconded by Commissioner O'Grady and unanimously approved.