



**MARYLAND HEALTH CARE COMMISSION**

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**Thursday, May 16, 2019**

**Minutes**

Chairman Pollak called the meeting to order at 1:10 p.m.

**Commissioners present:** Boyle, Doordan, Hafey, McCarthy, O'Connor, O'Grady, Rymer, Sergeant, Tomarchio, and Wang. Commissioner Peters participated via teleconference.

**AGENDA ITEM 1.**

**Approval of the Minutes**

Commissioner McCarthy made a motion to approve the minutes of the April 18, 2019 public meeting of the Commission. The motion was seconded by Commissioner Hafey and unanimously approved.

**AGENDA ITEM 2.**

**Update of Activities**

Commissioner O'Grady asked Kenneth Yeates-Trotman for an update on the contractor that had been sent a warning letter, which was mentioned in the written update. Commissioner O'Grady stated that he believes that the Commission does not have to take this bad performance from the contractor unless there is a good justification. Commissioner O'Grady asked could the work performed by the contractor be done by others.

Mr. Yeates-Trotman stated that staff sent the contractor a cure notice that outlined all of the problems, and requested that the contractor a written root cause analysis, and a written corrective action plan. He stated that staff must receive the contractor's response by June 10, and then will proceed as appropriate. He noted that the contractor is very experienced but has experienced delays because it has lost a number of experienced staff in the last 6 to 12 months and has replaced its staff with less experienced people.

Commissioner Boyle asked for an update on adding a nurse practitioner to the Maryland Primary Care Program Advisory Council. Ben Steffen, Executive Director, stated that staff will bring forward a recommendation for the nurse practitioner at the meeting. Mr. Steffen noted that staff has made repeated attempts to reach out to AARP for a recommendation for a Medicare beneficiary member of the Council without a lot of success. He stated that ideally the Medicare beneficiary would be a patient in a practice that is participating in the program.

Mr. Steffen gave an update on the 2018 Annual Report, which was completed under the direction of Bridgett Zombro, Chief Operating Officer. He noted that, for the first time, staff used an outside contractor to help with the graphics. Mr. Steffen said that staff intended to use this same process in the future. He also talked about the Commission's web presence, stating that staff had consolidated the website visit statistics, which will compress the report but also will allow you to see visits to our overall website, and to see both of our quality reporting frameworks side-by-side.

Mr. Steffen stated that, in the 2019 legislative session, the Commission's high priority bills were signed by the governor at the final bill signing. He said that the bills primarily came out of the Commission's CON Task Force, which Commissioner Sargent co-chaired and later chaired, and all have been. These bills included the bill introduced by Chairwoman Pendergrass that will increase the capital threshold for hospitals, as well as requiring the Commission to annually review State Health Plan chapters for potential revisions. A bill introduced sponsored by Delegate Kipke in the House and Senator Klausmeier in the Senate modified CON coverage for ambulatory surgery centers. He noted that Senate Bill 649, an emergency bill that actually has already taken effect, allows inpatient drug treatment facilities, offering ASAM 3.7 level of care to expand that capacity without CON review. It also permits general hospices to establish or expand inpatient bed facilities without CON. Mr. Steffen pointed out that the bill regarding the Maryland Trauma Fund permits the MHCC to develop a methodology for on-call and standby costs at PARC (Shock Trauma). Previously, the governor had signed a Senate Bill 1018, which required the Health Care Commission, along with the Office of Health Care Quality, look at potential reductions in services at the hospital in Chestertown and to identify causes for that. He noted that staff was developing an RFP for that assessment and perhaps to develop innovative ideas regarding continuation of inpatient services not only as Chestertown, but at other rural hospitals in the State.

Mr. Steffen noted that the Commission had been informed that Robert Imhoff, CEO of the Maryland Patient Safety Center (MPSC), resigned. Mr. Steffen shared that the Commission may be interested in having a Commissioner serve on the MPSC board. He also noted that Theresa Lee's team has worked closely with the LeapFrog group over the last couple of years, which recently released its spring 2019 report, which shows continued improvement in Maryland.

Regarding revisions to chapters of the State Health Plan, Mr. Steffen stated that the Commission's Acute Psychiatric Services Workgroup had held one meeting and had another meeting scheduled in June. He noted that other workgroups are also focusing on behavioral health. Mr. Steffen noted that he and Megan Renfrew were participating in a group led by Delegate Pena-Melnyk that is looking at ways to facilitate better access to behavioral health services.

Kevin McDonald, Chief of CON, introduced Jeanne Marie Gawel, a new CON analyst. He noted that she previously worked at Erickson Living, where she served in a variety of roles in

their continuing care retirement communities. Mr. McDonald noted that Ms. Gawel also has experience as both a nursing home and a hospice administrator. Eileen Fleck, announced the departure of Mario Ramsey. He has decided to accept a position with the Centers for Medicare and Medicaid Services. He has been a valued staff member here for almost eight months. He worked primarily on a couple white papers related to the CON regulations for psychiatric services.

Stacy Howes, Chief of the Long Term Care and Health Plans Quality Initiative, answered questions that had arisen during her April 2019 presentation on the Commission's nursing home experience-of-care survey. Regarding how the nursing home CAHPS data compared to the experience of care survey, Ms. Howes stated that there is no public data available to compare it to. Addressing the question of how MHCC's nursing home experience-of-care survey results compare to the CMS star ratings, she stated that all seven of the domains in the survey, as well as the overall recommendation ("Would you recommend this nursing home?") positively correlated to the CMS overall star rating.

Chairman Pollak announced that he asked Commissioner Sergent to serve as Vice Chair of the Commission and that Commissioner Sergent graciously agreed to assume that role.

### **AGENDA ITEM 3.**

#### **ACTION: Certificate of Need - Peninsula Regional Medical Center –Introduction of Inpatient Child and Adolescent Psychiatric Hospital Services (Docket No. 18-22-2417)**

Eric Baker, Program Manager, stated that Peninsula Regional Medical Center, a general hospital in Salisbury (Wicomico County), seeks to introduce inpatient child and adolescent acute psychiatric services. He noted that the hospital currently provides acute inpatient psychiatric services for adults. He said that the project will involve renovation of existing space to create a 15-bed psychiatric unit that will be used by both children and adolescents. The estimated cost of this project is 8.5 million, derived from cash reserves and philanthropy.

Mr. Baker pointed out that there are no inpatient acute psychiatric services hospital for children and adolescents on the eastern shore, but that three general hospitals (including Peninsula) serve adult patients. He stated that, historically, a small special psychiatric hospital operated by Adventist HealthCare in Cambridge served children and adolescent patients, but this program closed in 2015. There is a State psychiatric hospital in Cambridge that also serves adults, particularly forensic patients. Otherwise, the nearest alternative for children and adolescents who need inpatient psychiatric treatment in the lower eastern shore region is in Dover, Delaware, approximately 60 miles north of Salisbury. The Maryland alternatives are hospitals in the Baltimore and Washington D.C. areas .over 100 miles from Salisbury, with drive times of approximately two and a half hours.

Mr. Baker stated that staff concluded that the project was needed based on the poor geographic access for child and adolescent inpatient psychiatric services in the lower eastern shore. For this reason, staff recommended that the Commission award a CON for the project  
Commissioner Boyle made a motion to approve Peninsula Regional Medical Center's application for Certificate of Need. The motion was seconded by Commissioner McCarthy and unanimously approved.

**ACTION: Certificate of Need - Peninsula Regional Medical Center – Introduction of Inpatient Child and Adolescent Psychiatric Hospital Services – is hereby APPROVED.**

#### **AGENDA ITEM 4.**

**ACTION: Certificate of Need - University of Maryland Medical Center- Introduction of Inpatient Adolescent Psychiatric Hospital Services (Docket No. 18-24-2429)**

Chairman Pollak stated that he was recusing himself from consideration of this matter and that Commissioner Sergent would chair the meeting for the new two agenda items. Commissioner Sergent stated that agenda item 4 involves a request by the University of Maryland for a CON establish inpatient adolescent psychiatric hospital services

Kevin McDonald, Chief of Certificate of Need, stated that the University of Maryland Medical Center in Baltimore City is a general hospital that provides acute inpatient psychiatric services to children and adults and seeks to introduce acute inpatient psychiatric services for adolescents. He said that the proposed project involves renovation of existing space to create a 16-bed psychiatric unit that will be used by both children and adolescents in relocate. It will add eight beds for adolescents. Mr. McDonald stated that the project requires a CON it is expanding the services to adolescents. The project will be funded with cash.

Mr. McDonald noted that the Medical Center’s pediatric emergency department had seen approximately 750 adolescent psychiatric per year in its emergency department over the last two years, transferring approximately 130 adolescents each year to other inpatient psychiatric units. Mr. McDonald stated that staff recommended that the Commission award a CON to the University of Maryland Medical Center to establish inpatient adolescent psychiatric services. Commissioner Tomarchio made a motion to approve the application for Certificate of Need. The motion was seconded by Commissioner Boyle and unanimously approved.

**ACTION: Certificate of Need - University of Maryland Medical Center- Introduction of Inpatient Adolescent Psychiatric Hospital Services – is hereby APPROVED.**

#### **AGENDA ITEM 5.**

**ACTIONS: Certificates of Ongoing Performance for Cardiac Surgery Services**

Vice Chair Sergent stated that Eileen Fleck, Chief of Acute Care Policy and Planning, and Osé Emasealu, Program Manager in the Acute Care Policy and Planning Divisions, will present the staff recommendations on the applications for Certificates of Ongoing Performance for cardiac surgery services.

In introductory remarks, Ms. Fleck stated that, through this fairly new process, the Commission will determine whether a hospital should be allowed to continue to provide cardiac surgery service for a period specified by the Commission. She noted that all Maryland hospitals with cardiac surgery programs are required to submit information to the nationally recognized Society

of Thoracic Surgeons (STS) adult cardiac surgery data registry, through which hospitals receive feedback on their performance and compare their results to peers and the national baseline. Ms. Fleck said that second use is for public reporting, which STS does not require hospitals to permit, but that eight of the ten Maryland hospitals offering cardiac surgery report results publicly on the STS website. She stated that hospitals submit patient-level data quarterly to the STS and also submit select information from the STS performance reports to MHCC. Ms. Fleck noted that STS audits data periodically to validate its accuracy. She stated that STS awards composite scores for specific categories of cardiac surgery cases, such as coronary artery bypass graft (CABG) cases, of one star, two star, or three stars. Three stars are issued to a hospital that has performed statistically above the national average. A one-star rating indicates that a hospital performed statistically worse than the national average. A two-star rating is awarded to a hospital that performed at a level statistically no different from the national average. Ms. Fleck stated a cardiac surgery program must meet specific standards for data collection, quality assurance activities, and performance to obtain a Certificate of Ongoing Performance from the MHCC. She noted that the Commission monitors programs' ability to perform 200 cases annually and clarified that the MHCC may grant a Certificate of Ongoing Performance to a program that falls below the 200 case goal if its data collection, quality assurance activities, and performance fall within the acceptable ranges.

**A. ACTION: University of Maryland Medical Center (Docket No. 17-24-CP006)**

Ms. Fleck stated that the University of Maryland Medical Center met all the requirements for a Certificate of Ongoing Performance, including the target of performing over 700 cases annually in the years 2016, 2017 and 2018. She stated that the hospital performed better than the national average by achieving a lower risk-adjusted operative mortality rate at a statistically significant level. Staff concluded that the hospital met all of the requirements for a Certificate of Ongoing Performance, and recommended that the Commission issue a Certificate of Ongoing Performance for a four-year period that permits the University of Maryland Medical Center to continue providing cardiac surgery services.

Commissioner Wang made a motion to approve the application for Certificate of Ongoing Performance for Cardiac Surgery Services, as recommended by staff. The motion was seconded by Commissioner O'Grady and unanimously approved by participating Commissioners. Chairman Pollak recused himself from participation in this matter.

**ACTION: Certificate of Ongoing Performance for Cardiac Surgery Services to the University of Maryland Medical Center for Four Years is APPROVED.**

**B. ACTION: Sinai Hospital of Baltimore (Docket No. 17-24-CP005)**

Mr. Emasealu stated that Sinai Hospital of Baltimore established its cardiac surgery program in 1990 and has met all the requirements for a Certificate of Ongoing Performance, including the target of performing over 200 cases annually. He stated that staff concluded that the hospital met all of the requirements for a Certificate of Ongoing Performance, and recommended that the Commission issue a Certificate of Ongoing Performance for a four-year period that permits Sinai Hospital Center of Baltimore to continue providing cardiac surgery services.

Commissioner O'Grady made a motion to approve the application for Certificate of Ongoing Performance for Cardiac Surgery Services, as recommended by staff. The motion was seconded by Commissioner Rymer and unanimously approved.

**ACTION: Certificate of Ongoing Performance for Cardiac Surgery Services to Sinai Hospital of Baltimore for Four Years is APPROVED.**

#### **AGENDA ITEM 6.**

**ACTION:** Approval of the Maryland Primary Care Advisory Council Nominations

Melanie Cavaliere, Chief of Innovative Care Delivery, presented staff's recommendation that Cathy Chapman, CRNP, RN, be appointed to the MDPCP Advisory Council as a primary care representative. Ben Steffen, Executive Director, stated that Ms. Chapman is a nurse practitioner who practices in western Maryland, participates in the MDPCP, and was recommended to staff by Commissioner Hammersla.

**ACTION: Cathy Chapman is hereby appointed to the MDPCP Advisory Council as a primary care representative.**

#### **AGENDA ITEM 7.**

**ACTION: Report: *Health Record and Payment Integration Program Advisory Committee Recommendations* (Senate Bill 896, 2018 Legislative Session)**

Nicole Majewski, Chief of Health Information Technology, presented recommendations from the Health Record and Payment Integration Program Advisory Committee. She stated that the MHCC was required to establish an Advisory Committee by Senate Bill 896 (2018 legislative session). The Committee, which was comprised of 43 individuals with strong subject matter representing diverse stakeholders, assessed the feasibility of creating a health record and payment integration program. Ms. Majewski said the Committee proposed no action regarding four out of five required study categories, but recommended that a task force be established to conduct an in-depth feasibility assessment of making claims data available through the State-Designated Health Information Exchange, and evaluate improving the accuracy and availability of clinical data. Ms. Majewski noted that the report is due to the Governor and General Assembly on or before November 1, 2019.

**ACTION: Senate Bill 896 Health Record and Payment Integration Program Advisory Committee – Report to the Governor and General Assembly is APPROVED.**

## **AGENDA ITEM 8.**

### **PRESENTATION: CMS Primary Cares Initiative**

Melanie Cavaliere, Chief of Innovative Care Delivery, presented information regarding the Centers for Medicare & Medicaid Services (CMS) Primary Care Initiative. Ms. Cavaliere stated that the initiative consists of five new payment models under two tracks, Primary Care First (PCF) and Direct Contracting (DC). She said that the initiative is aimed at transforming primary care to deliver better value for patients, and builds on lessons learned from previous value-based primary care delivery initiatives. Ms. Cavaliere overviewed the two PCF care delivery models and capitated payment methodologies. She also reviewed the two DC models that permit participants to receive a fixed monthly payment that range from a portion of anticipated primary care costs to the total cost of care. She discussed the CMS's practice eligibility requirements and implementation timeline. She noted that Maryland is not eligible to participate in the Primary Care First program, but observed that CMS is still seeking comment for the Direct Contracting program.

**ACTION: NO ACTION REQUIRED.**

## **AGENDA ITEM 9.**

### **Overview of Upcoming Activities**

Mr. Steffen noted that the Commission will be taking a break from CONs at the June meeting but will consider final nursing home regulations. He stated that the Commission is expected to consider adoption of an agreement with CRISP to continue its designation as a State-designated HIE. He stated that Commission staff has been working on this latest agreement to clarify the areas in which CRISP works as the health information exchange and where it works as a private entity.

Mr. Steffen stated that Mr. Yeates-Trotman will present information regarding spending for the privately insured. He noted that the report has some meaning to the health benefit exchange as well as to the payers in terms of trends in spending going forward. He said that Ms. Renfrew would discuss staff's plans regarding the statutory changes that were enacted and signed into law by the Governor after the 2019 legislative session including plans for several required studies.

## **AGENDA ITEM 11.**

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:26 p.m. upon motion of Commissioner Hafey, which was seconded by Commissioner Doordan and unanimously approved.