

Marilyn Moon, Ph.D.  
CHAIR



Rex W. Cowdry, M.D.  
EXECUTIVE DIRECTOR

## MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215  
TELEPHONE: 410-764-3460 FAX: 410-358-1236

## MARYLAND HEALTH CARE COMMISSION

Thursday, July 15, 2010

### Minutes

Chair Moon called the public meeting to order at 1:10 p.m.

Commissioners present: Conway, Falcone, Fleig, Kan, Krumm, Lyles, McLean, Moore, Olsen, Ontaneda-Bernales, and Worthington.

### ITEM 1.

#### Approval of the Minutes

Commissioner McLean made a motion to approve the minutes of the June 17, 2010 meeting of the Commission, which was seconded by Commissioner Ontaneda-Bernales, and unanimously approved.

### ITEM 2.

#### Update of Activities

Rex Cowdry, M.D., Executive Director, announced that he and Beth Sammis, Interim Insurance Commissioner, are Co-Chairing the Exchange and Insurance Markets Workgroup. Dr. Cowdry noted that the workgroup is an open process to share views on crucial issues related to health care reform.

Dr. Cowdry acknowledged Ben Steffen and staff for their hard work on the Patient Centered Medical Home (PCMH) Pilot program in Maryland. He said that staff held several symposia to provide primary care providers with an opportunity to learn about and discuss Maryland's Patient Center Medical Home Pilot program.

David Sharp, Director, Center for Health Information Technology, said Governor Martin O'Malley would be convening a *Health Information Technology Forum* at Sinai Hospital in Baltimore on July 20<sup>th</sup> with hospital chief executive officers (CEOs) and other senior level

executives from Maryland's acute care hospitals. The Governor, Lieutenant Governor, and Secretary of DHMH plan to encourage hospital CEOs to sign a letter of intent concerning connectivity to the statewide health information exchange.

### ITEM 3.

#### **ACTION: COMAR 10.25.15 – Management Services Organization State Designation – Action on Proposed Permanent Regulations**

David Sharp, Director, Center for Health Information Technology, presented proposed regulations regarding the designation by the Commission of one or more Management Service Organizations (MSOs) that offer hosted electronic health records solutions throughout the State. These regulations are required by House Bill 706, *Electronic Health Records – Regulation and Regulations*, which passed during the 2009 legislative session. MSOs that seek State Designation must meet industry standards related to privacy and security, technical performance, and other related criteria. The formal public comment period begins on August 27th with publication in the *Maryland Register* and the Commission will accept comments on the proposed regulations through September 27<sup>th</sup>. Commissioner Falcone made a motion to adopt the proposed regulations, which was seconded by Commissioner Moore and unanimously approved.

**ACTION: COMAR 10.25.16 – Management Services Organization State Designation – is hereby ADOPTED as proposed permanent regulations.**

### ITEM 4.

#### **ACTION: Certificate of Need – NMS Healthcare of Hagerstown (Docket No. 10-21-2307)**

NMS Healthcare of Hagerstown applied for a Certificate of Need to expand and renovate its facility in Hagerstown (Washington County), Maryland. Susan Myers, Health Policy Analyst, presented the staff recommendation. Ms. Myers said NMS proposed to construct a two-story building addition and renovate existing space. She said that the facility currently has 12 four-bed rooms, 7 three-bed rooms, 55 semi-private room, and 7 private rooms located in five wings. This project would eliminate all patient rooms with more than two beds and add 20 beds. Ms. Myers said that, if the project is approved, the facility will house a total of 206 comprehensive care facility beds in 42 private rooms and 82 semi-private rooms. She said that the project is estimated to cost \$9,513,233. NMS plans to finance the project with a mortgage loan of \$8,561,910 and cash of \$951,323. Staff analyzed the proposed project's compliance with the applicable State Health Plan standards and Certificate of Need review criteria, and recommended that the project be approved with a standard condition requiring the facility to enter into a Memorandum of Understanding with the Maryland Medical Assistance program. Commissioner Conway made a motion to adopt the staff recommendation, which was seconded by Commissioner Moore and unanimously approved. Commissioner Ontaneda-Bernales recused herself from this action.

**ACTION: Certificate of Need – NMS Healthcare of Hagerstown (Docket No. 10-21-2307) is hereby APPROVED.**

## ITEM 5.

### **ACTION: Certificate of Need Modification – Johns Hopkins Hospital (Docket No. 03-24-2123)**

Johns Hopkins Hospital (JHH) applied for a modification to its existing Certificate of Need. Paul Parker, Chief, Certificate of Need, presented the staff recommendation. Mr. Parker said that Johns Hopkins Hospital was granted a Certificate of Need in 2005 to expand and renovate a substantial proportion of the clinical facilities on its campus. He said that JHH plans to vacate and renovate existing building space following the construction of two large, connected buildings currently under construction. Ms. Parker said that because the renovations were not scheduled to begin for several years, a condition was attached to their CON requiring JHH to provide MHCC with final design schematics for the renovations within a certain time frame. JHH is requested an extension of one year for submission of the final designs. Staff recommended that the Commission approve the modification request. Commissioner Fleig made a motion to approve the staff recommendation, which was seconded by Commissioner Kan and unanimously approved. Commissioners Krumm and Ontaneda-Bernales recused themselves from this action.

### **ACTION: Certificate of Need Modification – Johns Hopkins Hospital (Docket No. 03-24-2123) is hereby APPROVED.**

## ITEM 6.

### **PRESENTATION: Briefing on Hospital Performance Guide Updates**

Theresa Lee, Chief, Hospital Quality Initiatives, briefed the Commission on updates to the Hospital Performance Guide. Ms. Lee said that important new data about the quality of care provided in Maryland hospitals have been added to the Commission's Hospital Guide website regarding Patient Experience Data by Service Line, and regarding Seasonal Influenza Vaccination Rates Among Health Care Workers. She provided background information on the patient experience data, and also discussed the patient experience survey tool. Ms. Lee noted that 64% of patients in Maryland hospitals indicated that they would definitely recommend the Maryland hospital where they received care. Ms. Lee said that data on the number of hospital health care workers who received seasonal influenza vaccinations during last year's seasonal flu season have also been added to the Hospital Guide. She said that vaccination rates are increasing. For the 2009-2010 flu season, 78% of Maryland hospital health care workers received the seasonal influenza vaccination. Ms. Lee noted that the top 10 hospital performers for seasonal influenza vaccination rates reported mandatory vaccination policies for employees.

## **ITEM 7.**

### **PRESENTATION: Practitioner Utilization Trends Among the Privately Insured through 2008**

Linda Bartnyska, Chief, Program Cost and Analysis, presented the findings of a report that describes the use of professional health care services by privately insured Maryland residents less than 65 years of age, during calendar year 2008, and the payments made to practitioners for these services by insurance companies and patients. Ms. Bartnyska noted that unlike reports from previous years, this report includes capitated services. She said that between 2007 and 2008, the average expenditure per user for professional services among users insured for the entire year grew by 5%, which is slightly greater than the 3% increased in the prior years. She also noted that the overall patient cost-sharing burden for full-year users remained stable between 2007 and 2008, at 18% of expenditure in both years. Ms. Bartnyska discussed the effect of patient risk on spending, noting that the average risk scored changed very little from 2007 to 2008, and that the relative expenditure for different risk groups also were similar across those years. She also discussed the differences by payer market share, noting that the two largest payers account for 70% of services, total resources, or total payments.

## **ITEM 8.**

### **DISCUSSION: Process for Approval of Single Payer Patient Centered Medical Home Programs**

Ben Steffen, Director, Center for Information Services and Analysis, outlined staff's recommendations regarding the process for consideration of applications for single carrier Patient Centered Medical Home (PCMH) Programs. Mr. Steffen said that staff believed that, in order to be approved by the Commission, the single carrier PCMH program should have to conform to the principles of the PCMH as adopted by a multi-stakeholder national coalition, the Patient-Centered Primary Care Collaborative. He recommended that the Commission post the proposed single carrier PCMH program standards on its website, as well as send an email to known interested parties, for a 10-day public comment period. At the close of the public comment period, staff would present those standards and a summary of comments received to the Commission for its consideration, and if approved, would post the final single carrier PCMH program standards on its website and begin accepting applications on a rolling basis. Commissioner McLean made a motion to approve the staff recommendation, which was seconded by Commissioner Krumm and unanimously approved.

## **ITEM 9.**

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:05 p.m., upon motion of Commissioner Kan, which was seconded by Commissioner Fleig and unanimously approved.