



**MARYLAND HEALTH CARE COMMISSION**  
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**Thursday, May 19, 2011**

**Minutes**

Commissioners present: Conway, Falcone, Kan, Krumm, Lyles, Mawakana, Weinstein, and Worthington. Commissioner Petty participated via telephone.

**ITEM 1.**

**Approval of the Minutes**

Commissioner Kan made a motion to approve the minutes of the April 21, 2011 public meeting, which was seconded by Commissioner Mawakana and unanimously approved.

**ITEM 2.**

**Update of Activities**

Ben Steffen, Acting Executive Director, said the Mercer report related to insurance expansion focusing on the small group market will be presented at the Commission's public meeting in June. Mr. Steffen also announced that the Maryland Health Benefit Exchange Board of Trustees will hold its first public meeting on Friday, June 3, 2011.

Mr. Steffen said that the Maryland Learning Collaborative met for the first time on May 14, 2011. He said that more than 170 primary care practice clinicians and administrative staff began the process of learning how to transform their practices to become Patient Centered Medical Homes. Mr. Steffen noted that it was a very successful event.

David Sharp, Director, Center for Health Information Technology, said that staff participated in a State Stat meeting held by the Governor's Delivery Unit, discussing the goals of "Establishing Best in the Nation Statewide Health Information Exchange and Electronic Health Records Adoption by the End of 2012."

### **ITEM 3.**

#### **FINAL ACTION: COMAR 10.24.05 – Continuation of Non-Primary Research Waiver through Participation in the Follow-On C-PORT-Registry**

Suellen Wideman, Assistant Attorney General, presented for final action regulations regarding the Continuation of Non-Primary Research Waivers through Participation in the Follow-On C-PORT E Registry. Ms. Wideman said that the regulations, which had been granted emergency status, establish an application process that permits the Commission to extend the research waivers of hospitals that are participating in the C-PORT E research study so that they can participate in the Follow-On C-PORT E Registry of non-primary percutaneous coronary intervention (npPCI). She noted that the regulations also permit the Commission to extend existing npPCI research waivers while it considers future changes to the State Health Plan that may be adopted after the Commission considers the results of the C-PORT E study. Ms. Wideman said that the Commission adopted these regulations as proposed permanent and emergency regulations at the February public meeting and that no comments were received. Commissioner Krumm made a motion to adopt the regulations as final, which was seconded by Commissioner Conway and unanimously approved.

#### **FINAL ACTION: COMAR 10.24.05 – Continuation of Non-Primary Research Waiver through Participation in the Follow-On C-PORT-Registry regulations are hereby ADOPTED AS FINAL REGULATIONS.**

### **ITEM 4.**

#### **ACTION: Renewal of Primary PCI Waiver**

- **Anne Arundel Medical Center (Docket No. 11-02-0056)**

Dolores Sands, Chief, Specialized Services Policy and Planning, presented the recommendation on Anne Arundel Medical Center's application for a renewal of its primary percutaneous coronary intervention (pPCI) waiver that would allow the hospital to continue to provide pPCI services without on-site cardiac surgery. Ms. Sands stated that Commission staff reviewed Anne Arundel Medical Center's application and, based on that analysis and the record in this review, recommended that the facility be granted a two-year waiver. Commissioner Mawakana made a motion to issue a two-year waiver that permits Anne Arundel Medical Center to provide primary percutaneous coronary intervention services without on-site cardiac surgery services, which was seconded by Commissioner Conway and unanimously approved.

#### **ACTION: Anne Arundel Medical Center is hereby granted a two-year primary PCI waiver.**

- **Baltimore Washington Medical Center (Docket No. 11-02-0055 WR)**

Ms. Sands presented the recommendation on Baltimore Washington Medical Center's application for a two-year waiver that would permit the facility to continue to provide percutaneous coronary intervention services without on-site cardiac surgery services. Ms. Sands stated that the Commission staff reviewed Baltimore Washington Medical Center's application and, based on its analysis and the record in this review, recommended that the facility be granted a two-year waiver. Commissioner Krumm made a motion to issue a two-year waiver that permits Baltimore Washington Medical Center to provide primary percutaneous coronary intervention services without on-site cardiac surgery services, which was seconded by Commissioner Kan and unanimously approved.

#### **ACTION: Baltimore Washington Medical Center is hereby granted a two-year primary PCI waiver.**

- Franklin Square Hospital Center (Docket No. 11-03-0054 WR)

Ms. Sands presented the staff recommendation on Franklin Square Hospital Center's application for two-year waiver that would allow the facility to continue to provide percutaneous coronary intervention services without on-site cardiac surgery services. Ms. Sands stated that the Commission staff reviewed Franklin Square Hospital Center's application and, based on that analysis and the record in this review, recommended that the facility be granted a two-year waiver. Commissioner Falcone made a motion to issue a two-year waiver that permits Franklin Square Hospital Center to provide primary percutaneous coronary intervention services without on-site cardiac services, which was seconded by Commissioner Conway and unanimously approved.

**ACTION: Franklin Square Hospital Center is hereby granted a two-year primary PCI waiver.**

#### ITEM 5.

**ACTION: Maryland Physician Workforce Study: *Applying the Health Resources and Services Administration Method to Maryland Data***

Chris Hogan, Ph.D., President, Direct Research, LLC, presented the findings on the Maryland Physician Workforce Study that he prepared for the Commission. Dr. Hogan said the report uses data on Maryland physician license renewals to assess the level of physician supply in Maryland. He noted that existing research provides conflicting views of Maryland's supply of physicians. Dr. Hogan also pointed out that the most important aspect of this study was comparing two completely different sources of data: Maryland license renewals and the American Medical Association (AMA) Physician Masterfile. He said that he made two substantial adjustments to the physician counts for hospital residents and file completeness, in order to make the data sources comparable. As a result of these adjustments, the study agrees closely with the analyses of the AMA and the Health Resources and Services Administration (HRSA). The study estimated that Maryland has 27 percent more active non-federal patient-care physicians per capita than the U.S. year 2000 average, which is HRSA's benchmark. However, Southern Maryland is well below the U.S. benchmark for all types of physicians. Also, after the adjustment, the two data sources give nearly identical counts of active non-federal patient-care physicians in Maryland. Maryland active non-federal patient-care physicians appear to provide roughly as many patient-care hours per physician as the U.S. average.

#### ITEM 6.

**UPDATE: Central Line-Associated Bloodstream Infections (CLABSI)**

Theresa Lee, Chief, Hospital Quality Initiatives, said the Hospital Performance Evaluation Guide was recently updated to include calendar year 2010 data on central line associated bloodstream infection (CLABSI) data. Ms. Lee said the number of CLABSIs in adult and pediatric ICUs decreased from 424 in FY 2010 to 323 in CY 2010 and the number of CLABSIs in NICUs decreased from 48 in FY 2010 to 41 in CY 2010. She said that in FY 2010, Maryland's performance was worse than the national experience for adult and pediatric ICU; however, in CY 2010, Maryland hospitals ranked the same as the national experience. She also noted that no individual hospitals performed better than the national experience in FY 1010 for adult/pediatric ICUs, but two hospitals performed better than the national average in CY 2010. Ms. Lee also noted that Johns Hopkins Hospital and the University of Maryland Medical Center performed better than the national experience for NICUs in CY 2010. She said the following hospitals have improved their rankings from FY 2010 so that, for CY 2010, they rank no different from the national experience: Doctors Community Hospital; Memorial Hospital at Easton; Peninsula Regional Medical Center; Shady Grove Adventist Hospital; and University of Maryland Medical Center.

## **ITEM 7.**

### **PRESENTATION: “VIRTUAL COMPARE” Web Portal Video**

Bruce Kozlowski, Director of the Center for Health Care Financing and Health Policy, provided an overview of the Commission’s VIRTUAL COMPARE web portal and showed the welcome video. Mr. Kozlowski said that VIRTUAL COMPARE is an information-only web portal developed for use by small businesses, and was released on May 3<sup>rd</sup>. He said that a press release on VIRTUAL COMPARE was distributed to the 170 print, radio, and television media outlets throughout Maryland, along with announcements to the participating carriers and the Maryland Chamber of Commerce to notify the broker and small business communities about the availability of this new web portal. He also indicated that Benefitfocus, the contractor that developed the web portal, is tracking the number of hits to the site and provides daily updates to staff via Google Analytics.

## **ITEM 8.**

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 2:35 p.m., upon motion of Commissioner Kan, which was seconded by Commissioner Krumm and unanimously approved.