



**MARYLAND HEALTH CARE COMMISSION**

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**Thursday, January 19, 2012**

**Minutes**

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

Commissioners present: Conway, Falcone, Grady, Lyles, McLean, Montgomery, Petty, Schneider, Tanio, and Weinstein.

**ITEM 1.**

**Approval of the Minutes**

Commissioner Falcone made a motion to approve the minutes of the December 15, 2011 public meeting, which was seconded by Commissioner McLean and unanimously approved. Commissioner Lyles made a motion to approve the minutes of the December 22, 2011 meeting held via conference call, which was seconded by Commissioner Montgomery and unanimously approved.

**ITEM 2.**

**Update of Activities**

Ben Steffen, Acting Executive Director, welcomed and introduced Levone Ward to Commission staff, where he serves as the Chief of Network Systems and Operations.

David Sharp, Director of the Center for Health Information Technology, provided an update regarding collaboration activities with the Department of Health and Mental Hygiene in expanding telemedicine. He noted that staff convened a meeting with the Primary Care Office, State Office of Rural Health, Family Health Administration Executive Direction, Office for Genetics and Children with Special Health Care Needs, Office of Chronic Disease Prevention, and Deer's Head State Hospital Center to explore advancing telemedicine consistent with the Telemedicine Task Force recommendations made in the its report to the Maryland Quality and Cost Council (December 2011).

Linda Cole, Chief of Long-Term Care Policy and Planning, noted that staff is in the process of updating the the State Health Plan regarding hospice services. Ms. Cole said that policies and standards regarding hospice were last updated five years ago and that the methodology and need projection components were last updated in 2002, and were a priority for staff. She said that staff is working diligently to develop a draft Hospice Chapter with a goal of sending the draft out for informal public comment in February.

### ITEM 3.

#### **ACTION: Certificate of Need**

- **Johns Hopkins Hospital (Docket No. 11-24-2320)**

Johns Hopkins Hospital applied for a Certificate of Need to expand its surgical facilities. Paul Parker, Acting Director of the Center for Hospital Services, presented the staff recommendation. Mr. Parker said Johns Hopkins Hospital's proposed project includes finishing and equipping 431 gross square feet of space as an operating room, and would involve installation of a new ceiling, medical gas columns, surgical light boom, nurse call system, security camera and modifications to the electrical, plumbing and mechanical systems. He said the estimated cost of the project is \$1,430,037. Staff recommended that the Commission approve this project. Commissioner Tanio made a motion to approve the staff recommendation, which was seconded by Commissioner Schneider and unanimously approved. Commissioner Grady recused herself.

**ACTION: Certificate of Need – Johns Hopkins Hospital (Docket No. 11-24-2320) is hereby APPROVED.**

- **National Lutheran Home and Village of Rockville, Inc. (Docket No. 11-15-2319)**

National Lutheran Home and Village of Rockville, Inc. applied for a Certificate of Need to create a third level of accommodation and service on the campus by converting a portion of the comprehensive care facility to an assisted living facility. Mr. Parker presented the staff recommendation. Mr. Parker said the proposed project would downsize the comprehensive care facility from 300 to 160 beds and establish 50 private assisted living units. He said upon completion of the proposed project, 8 of the existing comprehensive care facility units, ranging in size from 36 to 38 beds, will be reduced to 5 units, ranging in size from 30 to 33 beds. All of the patient rooms will be private, eliminating the 30 rooms that currently house more than 1 bed. The estimated cost of the proposed project is \$20,299,323. Staff recommended that the Commission approve this project with a condition that National Lutheran Home and Village of Rockville provide the Commission with a completed Memorandum of Understanding with the Maryland Medical Assistance Program, in which it agrees to maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2). Commissioner Montgomery made a motion to approve the staff recommendation, which was seconded by Commissioner Falcone and unanimously approved.

**ACTION: Certificate of Need – National Lutheran Home and Village of Rockville, Inc. (Docket No. 11-15-2319) is hereby APPROVED.**

### ITEM 4.

#### **ACTION: Report Evaluating the Configuration and Distribution of Trauma Centers in Maryland**

The Commission, in collaboration with Maryland Institute for Emergency Medical Services Systems (MIEMSS), was directed by the Chairmen of the House and Senate Budget Committees to review the current configuration of trauma centers and to make a recommendation regarding the addition of new trauma centers and/or elimination of existing centers. Dr. Robert Bass, Executive Director of MIEMSS, and Karen Rezabek, Health Policy Analyst, presented the findings of the study that was jointly conducted by MIEMSS and MHCC staff. The study recommended that no trauma centers be added or removed from Maryland's current trauma system configuration. Staff recommended that the Commission approved the release of the report to the General Assembly. Commissioner Schneider made a motion to approve the release of the report, which was seconded by Commissioner Montgomery and unanimously approved.

**ACTION: Report Evaluating the Configuration and Distribution of Trauma Centers in Maryland is hereby APPROVED for its release.**

## **ITEM 5.**

### **PRESENTATION: Update to Hospital Performance Guide**

Theresa Lee, Chief of Hospital Quality Initiatives, provided an update on changes made to the Hospital Performance Evaluation System and the Hospital Performance Guide. Ms. Lee said the Guide will include updates to the 27 “process of care” measures for heart attack, heart failure, pneumonia, surgical care and childhood asthma for the 12-month period ending June 2011. She noted that patient experience measures were also updated for 12-month period ending June 2011. Ms. Lee said the measures of the patient’s perspective on the care provided by hospitals are important and valuable indicators of hospital quality and performance. She discussed the value of the MHCC’s efforts. Ms. Lee also briefed the Commission on the initial submissions by hospitals of CATHPCI and ACTION Registry Data Sets.

## **ITEM 6.**

### **INFORMATIONAL BRIEFING: Health Information Exchange Policy Development**

David Sharp, Director, Center for Health Information Technology and Angela Plunkett, Chief, Health Information Exchange, provided background information and an overview of the key health information technology activities. Steven Daviss, M.D., Chairman of Psychiatry at Baltimore Washington Medical Center, Tom Lewis, M.D., Chief Information Officer, Primary Care Coalition of Montgomery County, and Salliann Alborn, Chief Executive Officer for Maryland Community Health System and Community Health Integrated Partnership discussed activities related to policy development around privacy and security by the HIE Policy Board, which serves as an advisor to Commission staff. Policies recommended by the HIE Policy Board are considered by Commission staff in drafting regulations regarding HIE privacy and security, which will be sent to Commissioners and released to the public for informal comment in February. Staff anticipates that the Commission will consider adopting proposed regulations in the spring. These regulations are meant to assure Maryland residents that their health information exchanged through an HIE is appropriately protected.

## **ITEM 7.**

### **PRESENTATION: 2011 Comprehensive Performance Report for Commercial HMO, POS, and PPO Health Benefit Plans**

Scharmaine Robinson, Chief of Health Benefit Plan Quality and Performance, provided an overview of the Comprehensive Performance Report. Ms. Robinson noted that this report is a companion to the previously released 2011 Health Benefit Plan Performance Report and provides quality and performance information that enables users to compare health plans on key measures regarding health care delivery and member satisfaction. Information in the report is primarily used by large employers and health care policy makers. She said that Maryland’s HMO and POS plans have demonstrated improved performance over time. Of the 13 clinical measures and indicators for which there is 10 years of data, 12 measures show clear trends of improvement since 2000, and only one measure, Breast Cancer Screening, shows a three percent performance decline. Ms. Robinson said Commission staff will continue to collaborate with Maryland’s health benefit plans to systematically improve transparency, quality, and performance.

## **ITEM 8.**

### **PRESENTATION: Medical Expenditure Panel Survey – Insurance Component: Maryland Sample through 2010**

Linda Bartnyska, Chief of Cost and Quality Analysis, presented a summary of the Medical Expenditure Panel Survey – Insurance Component, Maryland Sample through 2010. MHCC has released this report biannually since 2008. The purpose of the report is to provide current characteristics of the private employer-sponsored health insurance market in Maryland and comparisons to national averages. Over the past several years, AHRQ has used this report as an example of how states can use MEPS-IC survey information. Ms. Bartnyska indicated that the report estimates that, in 2010, the vast majority (88 percent) of Maryland private-sector employees worked in establishments that offered health insurance. She said this percentage is essentially unchanged since 1996 and statistically similar to the national rate of 88 percent, in 2010. She also noted that, approximately 53 percent of private-sector employees in Maryland were enrolled in health insurance plans offered by their employers, compared to about 30 percent who were unable to obtain coverage through their employer: 18 percent were ineligible and 12 percent worked for employers who did not offer coverage. Another 17 percent were eligible, but declined coverage.

## **ITEM 9.**

### **UPDATE: Legislative Overview**

Ben Steffen provided an overview of the Commission's legislative process and Erin Dorrien, Program Manager, Governmental Relations and Special Projects, discussed the pending or potential legislation, including: (1) an Administration bill initiated by MHCC to correct two inefficiencies and one inconsistency created by language in our existing statute related to the Trauma Physicians Services Fund, and that also would alter the type of premium data collected by the MHCC from insurance carriers; and (2) a bill that would require the MHCC to establish and incorporate a standard set of measures on racial and ethnic variation in quality reporting for health benefit plans in the State. Ms. Dorrien also noted that the Health Information Exchange bill is in the process of being drafted.

Paul Parker, Acting Director of the Center for Hospital Services, provided clarification on the Commission's proposed PCI legislation. He noted that the Commission's December 2011 report to the General Assembly recommended that the establishment of primary PCI services proceed under the exemption process that was currently used for certain actions undertaken by a merged asset system. Mr. Parker said that staff had since concluded that, as reflected in draft legislation, it would be better to create a new process called a Certificate of Conformance for establishing a PCI service and noted that consistency with the State Health Plan would be required. He also pointed out that, after the publication in a peer-reviewed journal of the results of the C-PORT E study on elective angioplasty in community hospitals, the Commission staff would start the process of updating the State Health Plan Chapter on Cardiac Surgery and PCI Services, and that the rules for a Certificate of Conformance, as well as for a Certificate of Ongoing Performance, would be set out in the new Chapter.

## **ITEM 10.**

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 4:10 p.m., upon motion of Commissioner Conway, which was seconded by Commissioner Lyles and unanimously approved.