



MARYLAND HEALTH CARE COMMISSION

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Thursday, November 15, 2012

Minutes

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

Commissioners present: Conway, Fronstin, Kan, Lyles, McLean, Montgomery, Schneider, and Weinstein.

ITEM 1.

Approval of the Minutes

Commissioner Montgomery made a motion to approve the minutes of the October 18, 2012 public meeting, which was seconded by Commissioner Lyles and unanimously approved.

ITEM 2.

Update of Activities

Chairman Tanio announced that due to newly expanded duties at Johns Hopkins University, Helene Grady had resigned from the Commission. Dr. Tanio congratulated Ms. Grady on her promotion and thanked her for her work with the Commission.

Ben Steffen, Executive Director, noted that the Commission's consulting actuary, Mercer, reported that U.S. employers held health cost growth to 4.1% in 2012, the smallest percentage increase since 1997 during the Clinton Administration. Mercer attributed this small increase to employers' decisive actions—in particular, moving more employees into low-cost consumer-directed health plans and expanding health management programs.

Bruce Kozlowski, Director of the Center for Health Care Financing and Health Policy, said that staff were invited to present their Race and Ethnicity Report to the Maryland Black Caucus.

ITEM 3.

PRESENTATION: "My Eyes, Your Eyes – How Does the CMS Five-Star Quality Rating System for Nursing Homes Relate to Family Member/Responsible Party Experience of Care?"

Bruce Kozlowski, Director of the Center for Long-Term Care and Community Based Services, Carol Christmyer, Chief, Long Term Care Quality Initiatives, and Sule Calikoglu, Associate Director with

the Health Services Cost Review Commission, presented a report on the relationship between the CMS five-star quality rating system and the overall family/responsible party experience of care. In conclusion, it was noted that the family member/responsible party experience of care is associated with certain domains of the CMS Five-Star Rating System and that the outlier facilities (those that are rated high on Five-Star and low on Family experience of care, or the reverse) may provide interesting information about how family members rate the quality of care in nursing homes. Staff noted that the lack of relationship between quality domain and experience of care could be due to measurement issues in the five-star rating and/or because family members either do not have knowledge of, or do not consider, the clinical care in their rating.

ITEM 4.

PRESENTATION: Quarterly Update to the Hospital Performance Evaluation Guide with Focus on Healthcare-Associated Infections

Theresa Lee, Chief of Hospital Quality Initiatives, Evanson Mukira, Health Policy Analyst, and Mariam Rahman, Health Policy Analyst, presented an overview of the most recent update to the Hospital Performance Evaluation Guide. The presentation focused on the release of new information on health care associated infections. Ms. Lee noted that the Commission first released central line associated bloodstream infections (CLABSI) data in October 2010 and at that time Maryland hospitals overall ranked worse than the national experience according to analyses of multi-state CLABSI data. Maryland hospitals have made significant progress in reducing the CLABSI rate for patients treated in Maryland Intensive Care Units. Ms. Lee reported that for fiscal year 2012, hospitals reported 206 CLABSIs in all ICUs, as compared to 296 CLABSIs reported for the previous fiscal year. This represents a 30% decrease in CLABSIs in hospital ICUs in that time period. Since the first release of CLABSI data for fiscal year 2010, there has been a 56% reduction in CLABSIs in ICUs statewide. The October quarterly update also represented the first release of surgical site infections data for the Hip, Knee, and CABG procedure categories.

ITEM 5.

PRESENTATION: HB 736 – Electronic Health Records – Incentives for Health Providers

David Sharp, Center Director for Health Information Technology, and Sarah Orth, Division Chief for Health Information Technology, presented the findings from the House Bill 736, Electronic Health Records – Incentives for Health Care Providers Regulations report. House Bill 736 was signed into law in May of 2011 and requires the MHCC to collaborate with stakeholders to study whether the scope of health care providers that may receive EHR adoption incentives from State-regulated payers should be expanded beyond primary care practices. Staff presented on the three recommendations included in the report: 1) clarifying the incentive regulation through non-substantive changes; 2) aligning the incentive regulation with the federal meaningful use incentives and relying on the State's Regional Extension Center to administer the incentive program; and 3) expanding the incentive regulation to include selected specialty care practices. State-regulated payers are required to submit program data early next year that will be used by Commission staff in collaboration with an industry stakeholder group to propose final changes to the incentive program, which the Commission will consider late next year.

ITEM 6.

PRESENTATION: SB 163 – Health Insurance – Diabetes Treatment – Coverage for Orthotics

Janet Ennis, Chief, Small Group Market, presented an analysis prepared by the Commission's consulting actuary, Mercer, on coverage for orthotics for treatment of a diabetic's feet. Ms. Ennis reviewed the background information in the report and discussed the medical, social, and financial impact of this proposed mandate. Mercer's analysis found that almost all Maryland carriers currently cover prescribed medically necessary orthotics to treat diabetic's feet and all responding carriers apply "medical necessity" to determine if orthotics are covered. Moreover, none of the carriers surveyed impose dollar or frequency limits on medically necessary orthotics. Carriers also indicated that over-the-counter orthotics, whether prescribed or not, would not be covered. Ms. Ennis added that most large employer plans currently cover orthotics, and four of the seven labor unions surveyed currently cover medically necessary orthotics. Mercer's estimate of the full and marginal costs of this mandate would be 0.1% or less. Ms. Ennis said under the Affordable Care Act, states will bear the cost of any new mandate that is not included as an essential health benefit for health benefit plans purchased through the Exchange. This report is due to the General Assembly by December 31, 2012 and will be brought before the Commission for action at the December public meeting.

ITEM 7.

UPDATE: Feasibility of Including Reductions in Disparities as a Performance Factor in Maryland's Multi-payer PCMH Program

Erin Dorrien, Chief, Governmental Programs, provided an update on the study on the feasibility of incorporating measures to reduce racial and ethnic disparities in the Patient Centered Medical Home shared savings program that the Commission is piloting at 52 practices. Ms. Dorrien said that as a result of the 2012 legislative session, the Health Services Cost Review Commission and the Maryland Health Care Commission were charged to: 1) study the feasibility of including racial and ethnic performance data tracking in quality incentive programs; 2) develop recommendations for criteria and standards to measure the impact of the PCMH on eliminating disparities in health care outcomes; 3) report on data by race and ethnicity in quality incentive programs where feasible and make recommendations for criteria and standards to measure the impact of the PCMH on eliminating disparities in health care outcomes; and submit the report to the Governor and General Assembly by January 1, 2013. Staff convened a workgroup consisting of PCMH participating physicians and payer representatives, as well as staff from the DHMH Office of Minority Health & Health Disparities to consider the charge from the General Assembly. The report will be presented to the Commission for approval at the December 20th meeting.

ITEM 8.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:00 p.m., upon motion of Commissioner Schneider, which was seconded by Commissioner Lyles and unanimously approved.