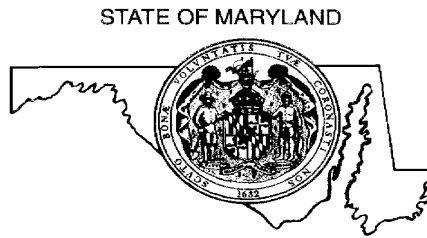


**Craig P. Tanio, M.D.**  
CHAIR



**Ben Steffen**  
EXECUTIVE DIRECTOR

## **MARYLAND HEALTH CARE COMMISSION**

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**Thursday, April 18, 2013**

### **Minutes**

Chairman Tanio called the meeting to order at 1:00 p.m.

Commissioners present: Conway, Falcone, Fleig, Fronstin, Kan, Petty, Schneider, Stollenwerk, and Weinstein.

### **ITEM 1.**

#### **Approval of the Minutes**

Commissioner Kan made a motion to approve the minutes of the March 21, 2013 public meeting, which was seconded by Commissioner Falcone and unanimously approved.

### **ITEM 2.**

#### **Update of Activities**

Ben Steffen, Executive Director, said that the Center for Medicare and Medicaid Innovation awarded Maryland a State Innovation Models (SIM) grant to design a State Health Care Innovation Plan. Staff attended the Department's kick-off meeting and presented information regarding current Patient Centered Medical Home activities in Maryland and the MHCC's plans for how the PCMH program will be integrated into the SIM framework. Mr. Steffen also noted that, at the kick-off meeting, Commission staff also discussed current data capabilities in the APCD and how the SIM funding received by the MHCC will be used to assess expansion of those capabilities.

Mr. Steffen also noted that staff has developed an RFP to provide assessment and measurement support for the development of stakeholder engagement and program development services for a new multi-payer patient centered medical home (PCMH) program called the Community Integrated Medical Home (CIMH). He said that the Commission's role in the program is to develop a practitioner performance measurement system.

### **ITEM 3.**

#### **ACTION: Modification of Certificate of Need – St. Agnes Hospital (Docket No. 07-24-2188)**

St. Agnes Hospital requested a second modification of its Certificate of Need, seeking to make changes to its approved plans for renovation of existing nursing units. Joel Riklin, Acting Chief of Certificate of Need, presented the staff recommendation. Mr. Riklin said the renovations are part of the final phases of a major expansion and renovation project that was approved in 2007 and modified in 2010. Mr. Riklin noted that the hospital proposed to renovate only three of the five existing nursing units to stay within its budget and that revised work plan for the nursing units includes the replacement of all exterior glass. He also said that the patient rooms would be converted from a semi-private to a private room configuration. Mr. Riklin pointed out that the proposed changes would allow the hospital to maintain the renovation budget of \$13 million for the renovation of the nursing units and the approved total project budget of \$176 million that were approved in the first modified Certificate of Need. Staff recommended approval of the second requested modification, with conditions. Commissioner Petty made a motion to approve the staff recommendation, which was seconded by Commissioner Fronstin and unanimously approved.

**ACTION: Modification of Certificate of Need – St. Agnes Hospital (Docket No. 07-24-2188) is hereby APPROVED**

### **ITEM 4.**

#### **PRESENTATION: Maryland State Health Care Expenditures 2012**

Claudia Schur, PhD, and Lan Zhao, PhD of Social and Scientific Systems (SSS) presented the results of the annual State Health Expenditure study including the latest estimates for per capita spending. The findings presented included: total and per capital personal health care expenditures for Maryland, 2011; trends in the rate of increase in per capita spending for Maryland versus the U.S. from 2003–2011; ratio of per capita health care expenditures to personal income, Maryland and the United States, 2000–2011; distribution of spending across the types of service in 2011; trends in the distribution of total personal health expenditures by type of service, Maryland and the U.S., 2000–2011; share of total personal health care expenditures by payer source (Medicare, Medicaid, Other) for Maryland, 2011; and trends in the payer source shares of total personal health care expenditures for Maryland and the U.S., 2000–2011.

### **ITEM 5.**

#### **PRESENTATION: Action Plan for Addressing Legislation Passed in 2013**

Erin Dorrien, Chief of Government Relations and Special Projects, provided an overview on the results of the 2013 legislative session, and discussed a proposed plan for addressing new Commission responsibilities. Ms. Dorrien said that the Fiscal Year 2014 Joint Chairmen's Report requires the Commission to convene a group of stakeholders to evaluate regional health delivery and health planning in rural areas. She noted that the report is due to the legislature by December 1, 2013. Ms. Dorrien also noted that the Commission is tasked with creating a voluntary advanced directive registry and that \$91,000 will be transferred from the Office of Health Care Quality's budget to the Commission's budget through an amendment to help fund this activity..

HB 228/SB 274 "Maryland Health Progress Act" requires the Commission to work with the Health Benefit Exchange Board, Department of Health and Mental Hygiene, and the Maryland Insurance Administration, to report on implementation of continuity of care policies.

HB 934 “Task Force on the Use of Telehealth to Improve Maryland Health Care” requires the Commission to reconvene the Telemedicine Task Force of 2010 in the form of three advisory groups. It also requires the study of the Telehealth to improve health status.

SB 1015/SB 746 “Step Therapy or Fail First Protocol” did not pass, but the Commission received a letter from Committee Chairs requesting that the MHCC convene meetings of stakeholders to discuss Step Therapy policies and make recommendations to the Committees by December 15, 2013.

Ben Steffen provided a list of the required reports, and outlined the responsibilities of the various Centers in completing the assigned tasks.

## **ITEM 6.**

### **PRESENTATION: Overview of the Revised Draft Hospice Chapter of the State Health Plan**

Linda Cole, Chief of Long Term Care Policy and Planning, provided an overview of the revised draft Hospice Chapter of the State Health Plan. Ms. Cole provided background information on the requirements of the State Health Plan Chapter, as well as a timeline of the entire process. She noted that Commission staff reconvened the Hospice Work Group in January 2013 to review concerns about the Commission’s previous need projection methodology, review the methodology proposed by the Hospice Network, and discuss potential alternatives and modifications to the methodology. Ms. Cole said that the Work Group reached consensus, and that staff’s revised recommended methodological approach will show need in large, low utilization jurisdictions, which will be supplemented by outreach and education. She said that a summary of the agreement and an updated need projection were disseminated to the Hospice Work Group. Following a meeting with the Senate Finance Committee, staff was urged to move forward with an informal public comment period on the draft Hospice Chapter and develop a specific plan for a Hospice Educational Initiative in jurisdictions where need is projected.

## **ITEM 7.**

### **PRESENTATION: Update on the Hospital Performance of Central Line-Associated Bloodstream Infections in ICUs**

Theresa Lee, Chief of Hospital Quality Initiative, and Evanson Mukira, Health Policy Analyst, provided an update on the Hospital Performance Evaluation Guide that specifically related to performance on hospital acquired central line associated blood stream infections (CLABSI). Ms. Lee said that the process of care measures and patient experience measures data she presented covered a 12-month period ending September 30, 2012. She also noted that hospital performance data on CLABSI in ICUs have also been updated to include data for calendar year 2012. Ms. Lee said that Maryland hospitals continue to make progress in reducing the CLABSI rate for patients treated in Maryland ICUs. She said that, for calendar year 2012, hospitals reported 186 CLABSI in all ICUs as compared to 267 CLABSI reported for the previous calendar year. Ms. Lee noted that when the Commission began its Healthcare Associated Infection quality initiative, Maryland hospitals’ performance on CLABSI was worse than the national experience for Adult and Pediatric ICUs. She said that, since CLABSI data was first reported, there has been a 60.5% reduction in CLABSI in ICUs statewide. She pointed out that the reduction in the Maryland CLABSI rate in ICUs also results from the implementation of a variety of prevention strategies at individual hospitals as well as the initiation of collaborative activities sponsored by the Maryland Hospital Association and other organizations.

## **ITEM 8.**

### **PRESENTATION: Maryland Hospital Association Review of Hospital Associated Infections Prevention Initiatives**

Beverly Miller, Senior Vice President for Quality Policy and Advocacy, Maryland Hospital Association (MHA), provided a presentation highlighting the MHA's Healthcare Associated Infection prevention initiatives. Ms. Miller said that the statewide quality initiatives are led by both the Maryland Hospital Association and The Delmarva Foundation for Medical Care. She said that Maryland hospitals are using a wide range of methodologies, in their ongoing efforts to eliminate CLABSI and other healthcare-associated infections.

## **ITEM 9.**

Prior to adjournment, Commissioner Schneider made a motion to move to a closed session to discuss administrative functions. which was seconded by Commission Fronstin and unanimously approved. The Commissioners adjourned at 2:55 p.m. to an administrative session, which was also attended by Assistant Attorney General Suellen Wideman At the administrative session, matters regarding administration of Commission staff goals and performance standards were discussed. The Commissioners returned to open session at 3:40 p.m.

## **ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:45 p.m., upon motion of Commissioner Falcone, which was seconded by Commissioner Petty and unanimously approved.