



MARYLAND HEALTH CARE COMMISSION

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

Thursday, June 20, 2013

Minutes

Chairman Tanio called the meeting to order at 1:05 p.m.

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

Before turning to the meeting, Chairman Tanio noted the passing of our fellow Commissioner, Dr. Robert Lyles. Mr. Steffen also shared reflections on behalf of the staff.

ITEM 1.

Approval of the Minutes

Commissioner Kan made a motion to approve the minutes of the May 16, 2013 public meeting, which was seconded by Commissioner Montgomery unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, provided an update on Legislative Activities. He said that staff convened a task force to study regional health delivery and health planning in rural areas, which will meet in early July. Mr. Steffen said that staff is tasked to convene a pilot program consisting of at least five hospitals that currently have palliative care programs and develop data collection and quality measures. He reported that staff met with the Office of Health Care Quality and the Maryland Hospital Association to begin planning for the pilot. Staff also met with leaders from MIEMSS prepared to reconvene the Task Force on the Use of Telehealth. The task force will begin meeting in July. Mr. Steffen also noted that the General Assembly leadership requested that the Commission convene meetings of stakeholders to discuss Step Therapy policies with the intention of reaching consensus between providers and payers. Mercer, the Commission's contractor, is conducting a preliminary study. Commission staff and staff from Mercer have met with providers and payers separately. A full group of stakeholders will meet in the fall.

ITEM 3.

ACTION: Final Regulations – COMAR 10.25.02 User Fee Assessment on Health Care Practitioners and COMAR 10.25.03 – User Fee Assessment on Payors, Hospitals, and Nursing Homes

Bridget Zombro, Director of Administration, presented a summary of public comments received and provided staff recommendations on the User Fee Assessment regulations. Ms. Zombro said that the regulations incorporate the recommendations made in the User Fee Study conducted by staff every four years, as required by SB 786 and HB 800. She said that the report was presented at the December 2012 public meeting of the Commission, along with the regulations adopted by the Commission as proposed permanent regulations. Ms. Zombro noted that one of the key recommendations in the report was to change the apportionment between the industries assessed. She said that the regulations were published in the *Maryland Register* on March 22, 2013 with a 30-day public comment period which ended on April 22, 2013. There were no comments received for COMAR 10.25.03, which is the user fee assessment for Hospitals, Nursing Homes, and Insurance Companies; however, the Commission did receive public comments from the Health Occupation Boards in opposition to the fee increase under COMAR 10.25.02. Staff recommended approval as the final regulations. Commissioner Conway made a motion to adopt the regulations as final, which was seconded by Commissioner Kan and unanimously approved.

ACTION: Final Regulations – COMAR 10.25.02 User Fee Assessment on Health Care Practitioners and COMAR 10.25.03 – User Fee Assessment on Payors, Hospitals, and Nursing Homes are hereby ADOPTED.

ITEM 4.

ACTION: Renewal of Primary PCI Waiver: Shady Grove Adventist Hospital (Docket No. 13-15-0070 WR)

Eileen Fleck, Acting Chief of Specialized Hospital Services Policy and Planning, briefed the Commission on staff's report that concluded that Shady Grove Adventist Hospital had met the regulatory requirements of COMAR 10.24.17.05D(1) for institutional resources, physician resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, and process and outcome measures for ongoing quality assessment. Staff recommended the issuance of a two-year renewal of the hospital's primary PCI waiver. Commissioner Schneider made a motion that the Commission approve the renewal of the waiver, which was seconded by Commissioner Weinstein and unanimously approved.

ACTION: Renewal of Primary PCI Waiver for Shady Grove Adventist Hospital (Docket No. 13-15-0070 WR) is hereby APPROVED.

ITEM 5.

ACTION: Proposed Permanent Regulations – COMAR 10.24.13 – State Health Plan for Facilities and Services – Hospice Services

Linda Cole, Chief of Long Term Care Policy and Planning, presented regulations that would replace the hospice services portion of the State Health Plan Chapter on nursing home, home health agency, and hospice services (COMAR 10.24.08), with a new Chapter focusing solely on hospice services (COMAR 10.24.13). Ms. Cole said that the purpose of the regulations is to account for changes in the health care system that have occurred since this portion of the State Health Plan was last updated in 2007. She said that this update includes policies, Certificate of Need review standards and procedural rules, and a need projection methodology. Ms. Cole noted that the Chapter is intended to provide a policy blueprint for the Commission and affected industries to address issues related to the provision of hospice services. She

said that it contains procedural rules and standards, as well as a methodology, to guide the Certificate of Need review process.

Ms. Cole said the draft Chapter was released for a 30-day informal public comment period and staff received 12 comments from organizations and individuals. She presented the comments received, and provided Staff's recommendations. Ms. Cole presented the staff recommendation that the Commission adopt this Chapter to replace the Commission's current regulation of hospice services, by adopting COMAR 10.24.13 as proposed permanent regulations and repealing the hospice portion of COMAR 10.24.08, contingent on the new Chapter becoming effective.

Commissioner Kan made a motion to adopt COMAR 10.24.13 as proposed permanent regulations of the Commission and to repeal the hospice services portion of COMAR 10.24.08, contingent on the new Chapter becoming effective, which was seconded by Commissioner Fronstin and unanimously approved.

ACTION: COMAR 10.24.13: State Health Plan for Facilities and Services – Hospice Services, are hereby ADOPTED as proposed permanent regulations and the hospice services portion of COMAR 10.24.08 (State Health Plan for Facilities and Services – Nursing Home, Home Health Agency, and Hospice Services) is hereby REPEALED, contingent on COMAR 10.24.13 becoming effective.

ITEM 6.

PRESENTATION: Small Group Market Summary of Carrier Experience as of December 31, 2012

Janet Ennis, Chief of Small Group Market, presented the findings of surveys submitted by participating carriers in the small group market as of December 31, 2012. The presentation included information on enrollment by groups, the overall number of covered lives, the types of policies purchased, the average age of the employees enrolled in this market, and average premiums. Ms. Ennis reported that the number of small businesses that purchased group insurance, as well as the overall number of covered lives, declined in 2012. She then reported on the average premiums for the various plan types, noting that there were no clear cost trends among the various delivery systems. She also indicated that the average cost for the comprehensive standard health benefit plan without riders slightly exceeded the income affordability cap in 2012. Ms. Ennis concluded by reviewing how the benefit structure and incentives could change in 2014 as a result of the ACA, and discussed some considerations for the Commission as qualified health plans become available in 2014.

ITEM 7.

PRESENTATION: Report of the Cardiac Advisory Group Report on Regulatory Oversight of PCI and Cardiac Surgery Services

Eileen Fleck, Acting Chief of Specialized Hospital Services Policy and Planning, briefed the Commission on the report of the Clinical Advisory Group (CAG) on Cardiac Surgery and PCI Services. Ms. Fleck provided a summary of the scope of work of the CAG, as well as a summary of its recommendations. She also provided an overview of the general proposed oversight structure. Ms. Fleck discussed the recommendations regarding standards for existing programs, including institutional resources, patients suitable for primary PCI in settings without on-site cardiac surgery, physician resources, volume requirements, and process and outcome measures. Ms. Fleck noted that the CAG recognizes that development of outcome measures to evaluate the quality of programs would require an ongoing effort

based on audited data and this was the basis for the CAG's recommendation that a standing advisory committee or subcommittee structure be established. The CAG also recognized that the standards and process put in place for this new form of regulatory oversight are likely to need modification as the new process rolls out, creating a need for a source of ongoing technical or clinical advice. She concluded by briefly outlining the next steps in updating the Cardiac and PCI Services Chapter of the State Health Plan.

ITEM 8.

PRESENTATION: Health Information Exchange Update

The Commission is responsible for advancing health information technology throughout Maryland. CRISP, the State-Designated health information exchange is developing the technical infrastructure to support electronic health information exchange. David Sharp, Director of the Center for Health Information Technology & Innovative Care Delivery, David Horrocks, President of CRISP, and Scott Afzal, Program Director of CRISP, provided an update to the Commission on the leading accomplishments regarding the implementation of a statewide health information exchange.

ITEM 9.

PRESENTATION: Results of the 2012/2013 Health Care Worker Influenza Vaccination Surveys: Nursing Homes, Assisted Living, and Hospitals

Carol Christmyer, Chief of Long-Term Care Quality Initiatives, and Theresa Lee, Director of the Center for Quality and Reporting, presented the findings of the Health Care Worker Influenza Vaccination Surveys. Ms. Christmyer noted that the Maryland Nursing Home, Assisted Living and Hospital Health Care Worker Influenza Vaccination Surveys for the 2012-2013 Influenza Season were posted online for completion between April 15 and May 15, 2013. She said that 224 nursing homes, 318 assisted living facilities, and 46 hospitals completed the online survey. Those surveys included documented vaccinations received or reported during the flu season beginning September 1, 2013 and ending April 15, 2013. Ms. Christmyer said that this year's nursing home survey included additional questions to assess strategies used in nursing homes to raise awareness and provide access to influenza vaccination and strategies to ensure compliance with flu policy and limited the spread of influenza within the facility. The statewide influenza vaccination rate average for nursing home health care workers increased 8% over the prior year, and the statewide average for assisted living facilities rate increased by 2%.

Ms. Lee presented the results of the 2012-2013 Hospital Health Care Worker Influenza Vaccination Survey. She said the results showed continued improvement in hospital vaccination rates. She noted the 2012-2013 statewide flu vaccination rate for hospital employees is 96%. This represents an 8% increase over last year and an 18% increase in comparison to the first report period, which was the 2009-2010 flu season. Ms. Lee noted that while 37 hospitals in Maryland have a mandatory vaccination policy, all 46 Maryland hospitals provide free influenza vaccination to their employees. Evanson Murkira, Health Policy Analyst, provided a detailed comparison of the 2011-2012 and 2012-2013 hospital employee flu vaccination survey results. Eileen Witherspoon, Health Policy Analyst, summarized the results of the Hospital Infection Prevention and Control Survey questions on hospital employee vaccination practices and policies.

ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:05 p.m., upon motion of Commissioner Montgomery, which was seconded by Commissioner McLean and unanimously approved.