



MARYLAND HEALTH CARE COMMISSION

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Thursday, January 16, 2014

Minutes

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

Commissioners present: Conway, Falcone, Fleig, Fronstin, Kan, McLean, Montgomery, Peralta, Phillips, Schneider, Stollenwerk, and Weinstein. Commissioner Barr participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Barr made a motion to approve the minutes of the November 21, 2013 meeting, which was seconded by Commissioner Peralta and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, noted that the Centers for Medicare and Medicaid Services (CMS) approved a new initiative to modernize Maryland's unique all-payer rate-setting system for hospital services. Mr. Steffen said under this model, which is aimed at improving patient health and reducing costs, Medicare is estimated to save at least \$330 million over the next five years. Mr. Steffen also noted that staff has been and will continue to be committed to providing assistance to the Maryland Health Benefit Exchange Board. He recognized MHCC staff members who provided assistance to the Board over the holidays.

Linda Bartnyska, Director of the Center for Analysis and Information Systems, noted that, on January 9, 2014, the Joint Committee on Administrative, Executive and Legislative Review granted emergency status to COMAR 10.25.06, the Medical Care Data Base regulations that were adopted in October, and that final regulations will be brought to the Commission for consideration in February.

ITEM 3.

ACTION: Proposed Permanent Regulations – COMAR 10.25.16 – Electronic Health Records Incentives

David Sharp, Director of the Center for Health Information Technology and Innovative Care Delivery, and Angela Evatt, Chief of Health Information Exchange, presented regulations that, if adopted, would enable primary care practices that achieve meaningful use of electronic health records (EHRs) to receive an incentive payment from select State-regulated payors. In general, the regulations would align the State incentive program with federal EHR adoption incentive requirements and extend the incentive program sunset date by two years. Commissioner Phillips offered an amendment to expand the incentive program to nurse practitioner owned practices delivering primary care. After the discussion, Commissioner Phillips made a motion to approve the proposed regulation with her suggested amendment, Commissioner Montgomery seconded the motion and the proposed regulation was approved by a majority vote. Commissioner Kan opposed the regulation and Commissioner Fleig abstained.

ITEM 4.

UPDATE: Legislative Overview

Erin Dorrien, Program Manager, Government Relations and Special Projects, provided an overview of the Commission's legislative process and discussed potential legislation. Ms. Dorrien said that staff will develop and draft position papers based on stated priorities and/or statutory responsibilities and schedule conference calls with the Commissioners on Monday mornings at 8:00 a.m., on an as needed basis. She noted that Administration proposals are the highest priority and that any amendments to Administration legislation should only be offered by the Governor's Legislative Office, unless otherwise directed. Ms. Dorrien said that departmental legislation is approved by the Governor's Legislative Office before introduction and that no Executive Branch representative may oppose a departmental bill before the General Assembly. Ms. Dorrien said that staff coordinates and discusses positions on privately sponsored legislation with the Department at weekly meetings. She noted that budget hearings are scheduled in the Senate on February 28 and in the House on March 5.

ITEM 5.

UPDATE: Update on Hospital Performance on Central Line-Associated Bloodstream Infections and the Hospital Performance Guide Expansion

Theresa Lee, Co-Director of the Center for Quality Measurement and Reporting, provided an update on the CLABSI data for the 12-month period ending June 30, 2013 and on the surgical site infections data for calendar year 2012. Ms. Lee said that the CLABSI data on the Hospital Guide was first released in October 2010 and that, at that time, the State of Maryland's ranking was worse than the national experience according to the analysis of multi-state CLABSI data reported through the CDC's National Healthcare Safety Network surveillance system. She said that Maryland hospitals continue to make progress in reducing the CLABSI rate for patients treated in Maryland Intensive Care Units, noting that in fiscal year 2013, hospitals reported 187 CLABSIs in all ICUs as compared to 206 CLABSIs reported for the previous fiscal year, which represents a 9% decrease in CLABSIs in hospital ICUs between the two time periods. Ms. Lee also provided an update on the surgical site infection data for hip, knee and CABG procedures. The surgical site infections data showed a 13% decrease in all surgical site infections reported for calendar year 2012 as compared to calendar year 2011.

ITEM 6.

UPDATE: Review of the Enhanced Hospital Quality Data Collection and Reporting System and the New Quality Measures Data Center Website/Portal

Ms. Lee provided an overview of the new Quality Measure Data Center (QMDC) and highlighted related staff activities and accomplishments to date. She noted that the QMDC website and portal supports direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC's Quality Based Reimbursement (QBR) Program and efforts re the new Medicare waiver. Ms Lee noted that the new QMDC website will be expanded to include information on other provider settings and will serve as a comprehensive resource tool for health care consumers. Anthony Wisniewski of Advanta Government Services and David Nguyen of United Solutions provided a walk-through of the enhanced website and displayed the framework and functionality that is under development.

ITEM 7.

PRESENTATION: Privately Insured Health Care Spending in Maryland

Linda Bartnyska, Director of the Center for Analysis and Information Systems, presented findings from the forthcoming report on per capita health care spending and utilization in 2012 for privately insured Maryland residents, by insurance market. Ms. Bartnyska said that health care expenditures, per capita, increased three to four percent in 2012. She noted that there were no changes from 2011 to 2012 in service-specific use rates, percent of enrollees with a consumer driven health plan, and expenditure risk scores. Ms. Bartnyska also noted that PCMH patients versus other patients have higher risk scores and higher per capita spending, but relative increase in spending is lower than the relative difference in risk scores. She said that consumer-driven health plans do not appear to constrain spending per capita, but do increase the share paid out-of-pocket. Ms. Bartnyska point out that prescription drug utilization measures are consistent with patient risk scores, and prescription utilization patterns are similar in large and small employer plans.

ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:40 p.m. upon motion of Commissioner Kan, which was seconded by Commissioner Fleig and unanimously approved.