



## MARYLAND HEALTH CARE COMMISSION

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**Thursday, February 19, 2015**

### **Minutes**

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

Commissioners present: Barr, Falcone, Fleig, Fronstin, Montgomery, Schneider, Stollenwerk, and Thomas. Commissioners Kan and Peralta participated via telephone.

### **ITEM 1.**

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

Commissioner Barr made a motion to approve the minutes of the January 15, 2015 public meeting of the Commission, which was seconded by Commissioner Kan and unanimously approved.

### **ITEM 2.**

#### **Update of Activities**

Ben Steffen, Executive Director, announced that this would probably be Commissioner Falcone's last Commission meeting. Mr. Steffen thanked Commissioner Falcone for sharing his expertise, and support for more than eight years. Commissioner Falcone said it had been an honor to work with his fellow Commissioners and its talented staff.

David Sharp, Director of the Center for Health Information Technology and Innovative Care Delivery, noted that the Commissioners' meeting materials included an information brief regarding EHR adoption in local health departments and State hospitals, about which staff presented results at the January meeting. He also stated that, on February 3rd, the Office of the National Coordinator for Health Information Technology (ONC), released a grant titled, American Recovery and Reinvestment Act of 2009: Advance Interoperable Health Information Technology Services to Support Health Information Exchange. The grant is intended to leverage the investments and lessons learned from the original 2010 State Health Information Exchange, Program that Maryland and a number of states received. Dr. Sharp noted that MHCC and CRISP will partner in developing the new grant application, with CRISP serving as prime. The

application is due on April 6th; the estimated award date is June 12th. ONC will make up to 12 awards of \$1M to \$3M with a two-year funding commitment.

Linda Bartnyska, Director of the Center for Analysis and Information Systems, welcomed Qian Zhang, Senior Health Policy Analyst to the Division of Cost and Quality Analysis.

### ITEM 3.

#### **ACTION: Certificate of Need – Brooke Grove Rehabilitation and Nursing Center (Docket No. 14-15-2354)**

Brooke Grove Rehabilitation and Nursing Center applied for a Certificate of Need to construct a 70-bed wing to house 48 existing beds currently located in an older part of its building and add 22 temporarily delicensed beds acquired from another facility in Montgomery County. Kevin McDonald, Chief of Certificate of Need, presented the staff report and recommendation. Mr. McDonald said that the facility expects to finance the total estimated project cost of \$25,025,000 with \$24 million in mortgage debt, \$1,001,100 in cash equity, and \$23,900 in interest income. Staff recommended that the project be approved with the condition that Brooke Grove Rehabilitation and Nursing Center maintain the minimum proportion of Medicaid patients days in its 1998 Memorandum of Understanding with the Maryland Medical Assistance program agreeing to maintain the minimum proportion of 44.93% of Medicaid patient days in its 190 licensed CCF beds or execute a modified Memorandum of Understanding, in accordance with Nursing Home Standard COMAR 10.24.08.05A(2) for all of Brooke Grove Rehabilitation and Nursing Center's 190 licensed CCF beds. Commissioner Falcone made a motion to approve the staff recommendation, which was seconded by Commissioner Barr and unanimously approved.

#### **ACTION: Certificate of Need – Brooke Grove Rehabilitation and Nursing Center (Docket No. 14-15-2354) is hereby approved**

### ITEM 4.

#### **PRESENTATION: Nursing Home Short-Stay Survey Results**

Carol Christmyer, Chief of Long Term Care Quality Initiative, presented the results of the Commission's nursing home short-stay survey. Ms. Christmyer noted that the short stay survey began as a pilot in 2011 and that staff have observed increasing numbers of short stays in some nursing homes. She said that staff have collaborated with the Agency for Healthcare Research and Quality (AHRQ) on several survey projects and were asked to assist in further testing of the short stay survey. Ms. Christmyer said that short stay discharges have increased 30% statewide, growing from 46,800 to 60,700 in 2 years. After reviewing the survey results, Ms. Christmyer provided the following takeaways: (1) improvement in transitions across settings will benefit providers, patients, and reduce costs; (2) the expanding population of seniors, especially younger seniors, will likely result in a greater need for short-term care with the ability to return to their homes; (3) the All-Payer Hospital Model Waiver supports early discharge and elimination of avoidable readmissions and uses short stay results as one performance measure to evaluate progress in meeting waiver goals; and (4) HSCRC has begun populating the nursing home field on its discharge abstract, thereby creating its own data base on hospital discharges to nursing homes. Commissioner Stollenwerk asked where consumers could find the short stay survey results and the list of participating nursing homes. Ms. Christmyer responded that survey results

are available to consumers, and will provide follow up information, via email, after the Commission meeting.

## ITEM 5.

### **UPDATE: Legislation**

Erin Dorrien, Chief of Government and Public Affairs, provided an overview on the following bills:

SB 92/HB 230 “Health Insurance – Assignment of Benefits and Reimbursement of Nonpreferred Providers – Repeal of Termination Date.” Ms. Dorrien said that this bill, which would repeal the sunset date for the Assignment of Benefits law, was heard in both the Senate and the House. She noted that the League of Life and Health Insurers offered an amendment to eliminate the two-pronged payment approach. The Commission supported this legislation as proposed.

SB 320/HB 602 “MHCC Uterine Fibroids – Study.” Ms. Dorrien stated that this bill would require the Commission to conduct a study on the incidence of uterine fibroids by race, ethnicity, age, and county of residence including types of treatments offered and physicians’ ability to perform treatments less invasive than performing a hysterectomy or myomectomy. The study would require data on the number of women who undergo hysterectomies and other surgical procedures. Ms. Dorrien said the fiscal note for this legislation would be approximately \$50,000 and that, for this reason, staff recommended opposing this legislation. During discussion, the Commissioners stated that the study would best be led by clinicians with expertise in the condition and alternate treatment approaches. It was noted that the Commission is operating under very tight budget constraints for 2016 and there is no flexibility for undertaking even a modest study. Commissioner Fleig made a motion to approve the staff recommendation, which was seconded by Commissioner Thomas and unanimously approved. The Commission agreed to continue to be committed to working with stakeholders that focus specifically on health disparities.

HB 683 “Health Occupations – MRI Services and Computed Tomography Scan Services – Patient Referrals.” Ms. Dorrien said that this bill would permit self-referral for MRI or CT under certain conditions. This bill would require a self-referring entity to register with the Commission within 30 days of the first referral, and would also require the Commission to repeat the MRI study using claims from 2014 and 2016-2017. Commissioners will be asked to consider this legislation as the bill hearing date is scheduled.

## ITEM 6.

### **UPDATE: Forecast of Cardiac Surgery Cases**

Eileen Fleck, Chief of Acute Care Policy and Planning, and Paul Parker, Director of the Center for Health Care Facilities Planning and Development, provided an update on the most recent utilization forecast for cardiac surgery. Ms. Fleck said that these case volume projections for cardiac surgery cases calculated by the Center for Health Care Facilities Planning and Development and published in the *Maryland Register* on February 6, 2015. The projections have been posted to the Commission’s website. She said that these projections will be used in

Certificate of Need reviews when an applicant requests to establish or relocate a cardiac surgery program. She noted that an applicant must demonstrate the need for the proposed program, using target minimum case volume of 200 cardiac surgery cases per year. She pointed out that a new program would be expected to demonstrate an ability to reach this volume level in the second full year of operation. Ms. Fleck said that applicants must also demonstrate that other providers of cardiac surgery in the health planning region or an adjacent health planning region will not be negatively affected to a degree that will compromise the viability of the cardiac surgery services at the affected hospitals. She said that the projected number of cardiac surgery and PCI cases indicate a downward trend for 2014 to 2019. Mr. Parker noted that two general hospitals operating in Anne Arundel County, Anne Arundel Medical Center and University of Maryland Baltimore Washington Medical Center, filed letters of intent to establish new cardiac surgery programs and will be filing applications for these projects in the near future. He said that the Commission also has two hospital relocation projects in review that involve relocating cardiac surgery programs, Washington Adventist Hospital and Prince George's Regional Medical Center.

## **ITEM 8.**

### **UPDATE: Health Planning for Home Health Agency Services**

Linda Cole, Chief of Long Term Care Policy and Planning, and Carol Christmyer, Chief of Long-Term Care Quality Performance, presented ideas for a new conceptual approach for planning and regulatory oversight of home health agency services in Maryland. Ms. Cole said that the first step in the process of updating the Home Health Agency Chapter of the State Health Plan was the development of a white paper: *A New Approach for Planning and Regulatory Oversight of Home Health Agency Service in Maryland*. She thanked Cathy Weiss, Program Manager, for preparing the White Paper. Ms. Cole noted that the White Paper provides an overview of Home Health Agency (HHA) services in Maryland and includes: the supply and distribution of HHAs; utilization and financing of HHA services; and quality assurance mechanisms. She said that staff recommended a possible new conceptual approach for regulating the supply and distribution of HHAs that would promote high-level performance by agencies and consumer choice. Ms. Cole said that a 2015 Home Health Agency Advisory Group has been convened to review the issues and discuss the regulatory approaches outlined in the White Paper, as well as to discuss other relevant concerns. She stated that the advisory group met on February 5, 2015, and planned to meet again in March and April. Ms. Christmyer reviewed the "State of the Art" in measuring home health quality. She said that possible quality measures include process of care measures, outcome measures, potentially avoidable event measures, and evaluations of the patient experience of care. All future developments and updated information will be posted on the Commission's website at [http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups\\_hha.aspx](http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx).

### **Overview of Upcoming Initiative**

Mr. Steffen stated that at the March Commission meeting staff will review legislation, present the staff recommendation on a Certificate of Need application, provide proposed changes to the Benchmarks for Preauthorization of Health Care Services regulations, and discuss additions to the Commission's MCDB Data Release Policy.

**ITEM 10.**

**ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:10 p.m. upon motion of Commissioner Kan, which was seconded by Commissioner Montgomery and unanimously approved.