

Craig P. Tanio, M.D.
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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

Thursday, July 16, 2015

Minutes

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

Commissioners present: Carr, Fleig, Fronstin, Metz, Montgomery, Peralta, Phillips, Pollak, Stollenwerk, and Weinstein. Commissioners Kan participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Kan made a motion to approve the minutes of the July 16, 2015 public meeting of the Commission, which was seconded by Commissioner Peralta and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, congratulated Valerie Agwale, a programmer/analyst in the Center for Analysis and Information Systems, for receiving an incentive award from the Department for her success in converting the Commission's website. Theresa Lee, Director of the Center for Quality Measurement and Reporting, congratulated the Hospital Quality and Performance staff for being awarded the Team Incentive award by the Department.

Mr. Steffen noted that the Provider/Carrier Self-Referral Workgroup met in June and July, and would meet again in early September. He also said that the first meeting of the Freestanding Medical Facility Workgroup would take place on August 28 at the Commission offices. Mr. Steffen also noted that staff continues to work on developing payment and pricing portals for the MCDB.

Angela Evatt, Chief of Health Information Exchange, introduced Jake Rawlings to the Commission. Mr. Rawlings, Health Policy Analyst – Advanced, is working for the Health Information Exchange division within the Center for Health Information Technology and Innovative Care Delivery.

ITEM 3.

UPDATE: Results of the Analysis of Payment for Professional Services

Srinivas Sridhara, Chief of Cost and Quality Analysis, and Qian Zhang, Senior Health Policy Analyst, provided highlights of the Commission's annual report on pricing of professional services in Maryland, which was developed in response to a legislative mandate. The Commission provides an annual Professional Services Report regarding the charges for professional services. The following findings were discussed:

- 1) The overall payment rate for privately insured professional services averaged \$35.11 in 2013 compared with \$35.41 in 2012, a 0.1 percent decrease. The payment decrease was not sufficient to have an impact on the trend of payment rate;
- 2) In 2013, the average payment rate for large private payers was 91 percent of that for other private payers;
- 3) In-network private payment rate in 2013 averaged \$35.07, a 1.1 percent increase from 2012;
- 4) The private payment rate in 2013 was 94% of what Medicare would have paid for a similar set of services; the finding is consistent with the 2012 rate; and
- 5) The private to Medicaid payment ratio is 1.08 in 2013, significantly lower than in 2012 (1.29) due to the substantial increase in the Medicaid primary care fees in the Affordable Care Act.

ITEM 4.

ACTION: Certificate of Need: Lorien Harford, Inc. (Docket No. 15-12-2358)

Lorien Harford, Inc. d/b/a Lorien Bel Air applied for a Certificate of Need (CON) to add 27 beds to its Bel Air facility. Kevin McDonald, Chief, Certificate of Need, presented the staff recommendation. Mr. McDonald said that in February 2014 the Commission granted this facility CON approval to add 21 beds to the existing 69 bed facility at a cost of \$2,334,063. He said that, when the Commission released a corrected and updated comprehensive care facility (CCF) bed need projections in October 2014, a larger deficit of beds was identified for Harford County. Because of this change, Lorien reassessed its Harford County plans, and submitted this application to seek a larger bed addition to the Bel Air facility. Mr. McDonald said that, if approved, the project would add a total of 48 CCF beds to the Bel Air facility, resulting in a nursing home with 117 CCF beds upon project completion. He also said that Lorien Bel Air's revised project would add a total of 34 additional assisted living units on the campus, resulting in the facility having a total to 90 assisted living units upon completion of the project. Mr. McDonald said the total estimated cost of constructing a new 54,960 gross square foot, three-story addition to the existing facility is \$13,033,743, of which \$5,807,345 is the cost of the 48 CCF beds. Lorien Bel Air plans to fund the project with approximately \$2.5 million in cash contributions, a mortgage loan of \$10 million, and \$540,000 loan for furniture, fixtures, and equipment. Staff recommended approval of this project, as noted in its report. Commissioner Fronstin made a motion to approve the staff recommendation, which was seconded by Commissioner Montgomery and unanimously approved.

ACTION: Certificate of Need: Lorien Harford, Inc. (Docket No. 15-12-2358) is hereby APPROVED.

ITEM 5.

ACTION: COMAR 10.24.17 – State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services – Proposed Permanent Regulation

Eileen Fleck, Chief of Acute Care Policy and Planning, presented proposed permanent replacement regulations, COMAR 10.24.17: State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services (“Chapter”). Ms. Fleck said the initial draft amendments to the Chapter were posted for informal public comment on April 17, 2015 with comments accepted through May 8, 2015. She said that staff received comments from seven individuals or organizations. Ms. Fleck noted that the staff discussed the comments with members of the Commission’s Cardiac Services Advisory Committee (CSAC), and revised the draft Chapter based on the informal comments, further suggestions from the CSAC, and additional internal staff review. She said that, as a result of the changes to the definition of cardiac surgery, staff decided to again post draft amendments to the Chapter for informal public comment on June 18, 2015, with comments accepted through July 6, 2015. Staff received comments from six individuals or organizations during this comment period. Ms. Fleck summarized the comments, staff’s response to those comments, and recommendations. All comments were posted on the Commission website. Due to the number of changes, many of which were minor, the Division of State Documents informed Commission staff that the amendments should be processed as a repeal and replacement of existing Chapter. Staff recommended adopting COMAR 10.24.17 – State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services as proposed permanent regulations. Commissioner Pollak made a motion to adopt the regulations as recommended by staff, which was seconded by Commissioner Kan and unanimously approved.

ACTION: COMAR 10.24.17 – State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services – Proposed Permanent Regulation is hereby ADOPTED.

ITEM 6.

ACTION: Approval of Organization for External Review of Percutaneous Coronary Intervention Services: Cardiac Community Core Lab

Cardiac Community Core Lab requests approval by the Commission to provide external review of percutaneous coronary intervention services. Eileen Fleck summarized the information and asked the Commission to conditionally approve Cardiac Community Core Lab (CCCL) as an external review organization. Ms. Fleck said that Cardiac Community Core Lab is not currently providing external review services to Maryland hospitals. However, CCCL has provided letters from four hospitals indicating that each intends to use CCCL for external peer review once CCCL is credentialed by the Maryland Health Care Commission. Ms. Fleck said that, based on the information provided, staff recommended that the Commission approve Cardiac Community Core Lab as an external review organization, with the following conditions: prior to initiating external review of PCI cases, Cardiac Community Core Lab shall provide information, satisfactory to MHCC staff, documenting: 1) its ability to perform the functions of an external review organization in compliance with adopted proposed Chapter requirements for external review of PCI services, including an appropriate blinding process; 2) executed agreements for external review with at least four hospitals; and 3) documentation of the participation of a sufficient number of qualified reviewers to assure that it can accomplish the required independent review by clinical experts who are not affiliated with a hospital or health system associated with the cases being reviewed. Commissioner Fronstin made a motion to approve the staff recommendation, which was seconded by Commissioner Weinstein and unanimously approved.

ACTION: Approval of Organization for External Review of Percutaneous Coronary Intervention Services: Cardiac Community Core Lab is hereby conditionally APPROVED.

ITEM 7.

PRESENTATION: Semi-Annual Update from the Maryland Patient Safety Center

Robert Imhoff, Executive Director of the Maryland Patient Safety Center (MPSC), provided the first six-month progress report as required in the Memorandum of Understanding signed between the Maryland Patient Safety Center and the Maryland Health Care Commission. Mr. Imhoff said that the strategic direction of the MPSC is to improve culture of patient safety, expand provider involvement, support provider efforts with regard to Waiver requires and initiatives, and continue coordination with statewide healthcare priorities. He provided highlights for fiscal year 2015, noting that the pilots of the Patient Safety Certification program were initiated in two hospitals and one long term care facility and that pilots of the Caring for Caregiving program were begun in two hospitals. The MPSC completed education on OB hemorrhage preparation contributing to a decrease rate of OB hemorrhage deaths. Mr. Imhoff also said that the Center has established a cooperative relationship with a new quality improvement organization, the Virginia Health Quality Center. He also noted that the Center completed Maryland Hospital Hand Hygiene Collaborative with twelve consecutive months at a goal of 90% or greater aggregate compliance. The MPSC began the innovative Sepsis Survival Collaborative focusing on decreasing mortality rates for severe sepsis and septic shock. Mr. Imhoff also said that falls with injury in participating long term care facilities decreased from 28.3% to 19.7% from July 2014-May 2015. Mr. Imhoff discussed the program initiatives, and also opportunities for additional collaboration. After discussion, Commissioners requested that Mr. Imhoff provide the Commission with a strategic plan for fiscal year 2016, including the Center's priorities, timelines, operational goals, and risks. Mr. Imhoff agreed.

ITEM 8.

UPDATE: Maryland Health Care Quality Reports (Release 2.0)

Theresa Lee, Director of the Center for Quality Measurement and Reporting, provided an update on the Maryland Health Care Quality Reports' new website. Ms. Lee said that the website continues to evolve, and that a test site has been prepared for the Commissioner's preview and comment. She said enhancements to the site are: (1) implementation of AHRQ's enhanced MONAHRQ 6.0 software featuring physician profile data and nursing home quality metrics; (2) use of the CMS 5-star rating system; (3) expansion of hospital pricing data; (4) new HAI data on surgical site infections for colon and abdominal hysterectomy procedures; and (5) modifications to the homepage made in response to consumer feedback.

ITEM 9.

Preview of the Physician Workforce Dashboard

Srinivas Sridhara, Chief, Cost and Quality Analysis, provided a demonstration of a Tableau dashboard of physician supply and characteristics in Maryland. Mr. Sridhara said this is the third phase of the Maryland Health Workforce Study.

ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:25 p.m. upon motion of Commissioner Fleig, which was seconded by Commissioner Fronstin and unanimously approved.