

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, January 21, 2016

Minutes

Chairman Tanio called the meeting to order at 1:07 p.m.

Commissioners present: Carr York, Fleig, Fronstin, Metz, Montgomery, Phillips, Pollak, Schneider, Stollenwerk, and Weinstein.

ITEM 1.

Approval of the Minutes

Commissioner Montgomery made a motion to approve the minutes of the December 17, 2015 meeting of the Commission, which was seconded by Commissioner Fleig and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, said that staff briefed the House and Government Operations Committee on the study and recommendations of the Self-Referral Workgroup. He noted that staff also presented an update regarding Health Information Technology to the Committee.

Theresa Lee, Director of the Center for Quality Measurement and Reporting, provided an update on the Healthcare Quality Reports website and highlighted the new information on the site regarding emergency department wait time measures.

ITEM 3.

ACTION: Approval of Release of MCDB Data

- **Johns Hopkins School of Public Health, Center for Population Health Information Technology**

Srinivas Sridhara, Chief of Cost and Quality Analysis, provided the staff recommendation regarding the request by the Johns Hopkins Bloomberg School of Public Health (JHSPH) Center for Population Health Information Technology for release of MCDB data. Mr. Sridhara noted this is a collaboration between MHCC and JHSPH that would allow JHSPH to house the MCDB at the Johns Hopkins Center for Population Health IT for faculty and students to use for research and pilot projects in order to seek external funding. He said that the Commission will provide MCDB data from years 2010-2014. Access to the MCDB will be given for a 2-year trial period at no cost for JHSPH to use on approved research projects. Mr. Sridhara said that by the end of year 1, the team at JHSPH and MHCC will meet and develop a plan for sustainability with fees being charged after the 2-year pilot. He also said that JHSPH will submit quarterly reports to MHCC summarizing current activities including number of applications reviewed and approved, current status of projects, projected end date for approved projects, as well as a list of intended deliverables. Commissioner Pollak made a motion to approve the release of the data to JHSPH, which was seconded by Commissioner Carr York, and unanimously approved. Commissioner Schneider recused himself from this action.

ACTION: Request by Johns Hopkins School of Public Health, Center for Population Health Information Technology for Release of MCDB Data is hereby APPROVED.

- **Johns Hopkins School of Public Health, Jill Marsteller**

Mr. Sridhara provided the staff recommendation regarding the request by Jill Marsteller, John Hopkins School of Public Health (JHSPH) for release of MCDB data. He said JHSPH will extend analysis from the evaluation of the Maryland Multi-Payor Patient Centered Medical Home (MMPP) pilot. Dr. Marsteller and JHSPH will investigate critical factors that impact success to adopt PCMH models and to improve care quality and patient health. Mr. Sridhara noted that the covered data shall be used solely to support *Further Analysis of the Maryland Multi-Payor PCMH Program: Critical Factors for Implementation Success*, and JHSPH shall submit a quarterly written update summarizing any analyses or reports for which covered data was used. The Commission will release data gathered during the MMPP evaluation and will not be providing any new data. Dr. Marsteller will seek approval from the DHMH IRB to continue this project and take over as the principal investigator from the Commission. Commissioner Pollak made a motion to approve the release of the data to JHSPH, which was seconded by Commissioner Carr York, and unanimously approved. Commissioner Schneider recused himself from this action.

ACTION: Request by Johns Hopkins School of Public Health for Release of MCDB Data is hereby APPROVED.

ITEM 4.

PRESENTATION: Electronic Health Record Incentive Report

Angela Evatt, Chief of Health Information Exchange, presented the progress of the State's Electronic Health Record (EHR) Incentive Program. She noted that Maryland law enacted in 2009 required the Commission to establish an EHR adoption incentives program. Ms. Evatt stated that Commission

regulations, COMAR 10.25.16 – Electronic Health Record Incentives, require State-regulated payors to offer EHR adoption incentives to physician and nurse practitioner practices that meaningfully use a federally certified EHR in the areas of family practice, general practice, geriatric practice, internal medicine, pediatric medicine, or gynecologic practice. Qualifying practices can receive up to \$15,000 based on the practice’s patient panel, calculated at \$25 per member. The six largest private payors required to provide incentives include: Aetna; CareFirst; Cigna; Coventry; Kaiser Permanente; and United Healthcare. Ms. Evatt noted that over \$9 million in incentives has been paid to approximately 406 primary care practices since October 2011. She also noted that EHR adoption among Maryland office-based physicians has increased from 33.4 percent in 2011 to 64.3 percent in 2014.

ITEM 5.

PRESENTATION: Cost and Utilization Portal Version 1.0: An Overview and Our Strategy for Engagement

Linda Bartnyska, Director of the Center for Analysis and Information Systems, described how the new Cost and Utilization Portal fits in to the MHCC’s overall information dissemination strategy. Ms. Bartnyska discussed the overall goals of the website, and strategies for promoting the website. She also noted that the website is targeted at health policy and health care industry audiences. Mr. Sridhara described staff’s approach to developing this portal, including next steps, and provided an overview of the three tabs on the portal, which include Cost and Utilization, Geographic Variation, and Physician Profile. He noted that each tab displays health care data, such as provider and procedure level prices, geographic distribution, and availability of services. There will be further enhancements to the site, particularly to add documentation and context, before it is publicly displayed. Future enhancements will be reviewed and planned, as part of overall transparency initiatives at MHCC.

ITEM 6.

PRESENTATION: 2016 Legislative Session

Erin Dorrien, Chief of Government and Public Affairs, provided an overview of the 2016 legislative session, noting that Administration proposals are the highest priority and any amendments to Administration legislation should only be offered by the Governor’s Legislative Office. Ms. Dorrien said that concerns about language in Administration legislation or suggestions for amendments should be addressed to the appropriate person on the Governor’s staff. She said that departmental legislation must be 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 noted that budget hearings have been scheduled and the Commission’s is scheduled in the House Appropriations Commission on February 11 and in the Senate Budget and Taxation Committee on February 12. She also noted other dates of interest. Ms. Dorrien provided a list of the upcoming briefing and hearings dates. Ms. Dorrien said that SB 12 “Health Care Facilities – Closures or Partial Closures of Hospitals – County Board of Health Approval” would prohibit closure or partial closure of a hospital that receives State and county funding except under specified circumstances. She stated that, after SB 12 is scheduled for a hearing, the Commission will be notified. She also shared a summary chart of other bills being tracked by Commission staff.

ITEM 7.

WORK SESSION: Hospital Conversions: the Issues, MHCC's authority, and Legislative Proposals

Paul Parker, Director of the Center for Health Care Facilities Planning and Development, and the Commissioners discussed issues, including the Commission's authority and legislative proposals regarding hospital conversions. Mr. Parker said that in the past seven months, Laurel Regional Hospital announced its plan to phase out the provision of inpatient services within three years and transition its campus to one in which full-time emergency medical care and other outpatient services will be provided. He said that another Maryland hospital has engaged with its community in discussion of a similar transition plan. Mr. Parker provided background information on the underlying market and financial issues and the legislative approaches likely to be considered. The Commissioners agreed that this is an opportune time to examine declines in inpatient utilization and discuss the Commission's role when hospitals seek to downsize.

ITEM 8.

Overview of Upcoming Initiatives

Ben Steffen, Executive Director, reported that the Commission's February agenda will include proposed legislation, regulations regarding health information exchange, and an update on the State Health Plan chapter for Freestanding Medical Facilities.

ITEM 9.

ADJOURNMENT

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