

Craig P. Tanio, M.D.
CHAIR



Ben Steffen
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MARYLAND HEALTH CARE COMMISSION

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Thursday, July 21, 2016

Minutes

Chairman Tanio called the meeting to order at 1:00 p.m.

Commissioners present: Carr-York, Fleig, Hafey, Moffit, O'Connor, O'Grady, Sergent, Stollenwerk, Tomarchio, and Weinstein. Commissioner Metz participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner O'Connor pointed out errors in the June minutes related to his introduction. The June minutes were revised accordingly. Commissioner Moffit made a motion to approve the minutes of the June 16, 2016 meeting of the Commission, as corrected, which was seconded by Commissioner Fleig and unanimously approved.

Chairman Tanio introduced and welcomed a newly appointed Commissioner, Elizabeth Hafey. Ms. Hafey is a member of Miles & Stockbridge's Products Liability & Mass Torts Practice Group and the medical malpractice group within it. She defends doctors, hospitals, and other health care professionals and entities in medical malpractice cases and also represents manufacturers and other businesses in a variety of commercial, product liability, and premises liability matters.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, and Linda Bartnyska, Director of the Center for Analysis and Information Systems, updated the Commission on the Total Cost of Care (TCoC) program regarding tools for use in the privately insured population, which is an ongoing pilot project conducted with Network of Regional Health Initiatives (NRHI). Ms. Bartnyska discussed plans for identifying new sources of funding for continued development of the NRHI-sponsored and contractual resources that would be needed. Mr. Steffen summarized Maryland's recent performance under the State's new hospital payment model. HSCRC's most recent results show that Maryland's performance under the new model in 2015 was not as strong as in 2014.

Mr. Steffen described the CMS's Comprehensive Primary Care Plus (CPC+) application and informed the Commission that CareFirst and Amerigroup had applied to participate in the CMS program. Mr. Steffen noted that the state would likely go forward with a broader CPC + like application to CMS, if CMS did not select Maryland. (On August 1, 2016 CMS announced the selection of 14 regions to participate in the CPC+ program. Maryland was not selected.)

Levone Ward, Chief of Network Operations and Systems, introduced Vincent Bautista, the new Computer Network Specialist Supervisor, to the Commission. Prior to coming the Commission, Mr. Bautista served as a Computer Network Specialist Lead for the Maryland Department of Information Technology (DoIT). He holds an MBA from the College of the Immaculate Conception, a BA from the Central Luzon State University, and is in the process of earning his Master of Information from the University of Phoenix.

Theresa Lee, Director of the Center for Quality Measurement and Reporting, introduced a new member of the Quality Measurement and Reporting team, Dr. Sherma Charlemagne-Badal, who is Chief of Provider and Health Plan Quality Initiatives. Prior to coming the Commission, Dr. Charlemagne-Badal served as Assistant Professor and Program Director for Health Policy and Leadership within the MPH program at Loma Linda University in California. She holds a PhD in Social Policy and Social Research from the School of Behavioral Health, Loma Linda University.

Paul Parker provided a brief update on recent trends in demand for general acute care hospital beds. He noted that the average length of stay for 2015 was 5.1 days, an increase from the 4.9 days in 2014. For the ten year period from FY 2007 to FY 2017, the number of Maryland hospital beds declined by 9,573. The trend in dedicated observation beds shows that most hospitals are using licensed hospital beds for this purpose. The Commissioners discussed the trend toward converting short stay admissions to observation status and the consequent cost implications, particularly for physicians' reimbursement.

ITEM 3.

UPDATE: Health Care Quality Reports Website: Health-Associated Infections Results

Theresa Lee and Eileen Witherspoon, Chief of Hospital Quality and Performance, provided an overview of the updated Health Care Quality Reports website. The website has been updated with more current hospital health-associated infection (HAI) performance data for catheter-associated urinary tract infections (CAUTI) and surgical site infections. Ms. Lee said that the mission of the website is to establish a comprehensive, integrated online resource that enables consumers to access meaningful, timely, and accurate information on health care providers and payers in Maryland. Ms. Witherspoon presented the most recent data indicating that Maryland hospitals' performance continues to lag behind national performance on certain HAIs, as well as on patient experience and emergency department wait time measures. She also noted that the surgical site infections data indicated that Maryland hospitals performed better than the national benchmark for hip replacements, knee replacements, and coronary artery bypass graft procedures. Ms. Witherspoon said the data showed that no Maryland hospitals performed better than the national benchmark in the area of abdominal hysterectomy and one hospital performed worse than the national benchmark. She also said that in the area of colon surgery, data showed two hospitals performed better and two hospitals performed worse than the national benchmark, and the statewide performance was the same as the national benchmark, similar to the previous year. Ms. Witherspoon noted that data for CAUTI showed Maryland's performance better than the national benchmark in both ICUs and medical/surgical wards. Ms. Witherspoon discussed some of the measurement challenges and the staff efforts to facilitate HAI improvement, such as facilitating implementation of antimicrobial stewardship activities. She also stated that staff will continue to promote consumer awareness and use of the website and that staff is preparing for the release of the 2016 health plan guide in October.

ITEM 4.

PRESENTATION: Potential for including Maryland Hospitals on the Leapfrog Group’s Website

Leah Binder, CEO of the Leapfrog Group, described their efforts to use transparency to improve the safety and quality of the health care system. Ms. Binder and Ms. Lee provided an overview of plans for working together to include Maryland hospital results in the Leapfrog Hospital Safety Score initiative. Ms. Binder summarized the outcome measures, as well as the process measures that are currently used by the Leapfrog Group. She also noted some of the advantages to Maryland participating in the survey, including: (1) transparency for Maryland residents; (2) alignment with public and private sectors; (3) national benchmarking; (4) free to hospitals and to the public; and (5) unbiased, trusted source. Ms. Binder said that the next step will be to obtain aligned data on patient safety indicators in order to assign scores for Maryland hospitals and to encourage more hospitals in Maryland to voluntarily participate in the Leapfrog Group survey.

ITEM 5.

ACTION: Certificate of Need: Chesapeake Treatment Center (Docket No. 15-24-2371)

Kevin McDonald, Chief of Certificate of Need, presented staff’s recommendation regarding a Certificate of Need application filed by Chesapeake Treatment Center to add a program called “The Right Moves” to serve a resident population that it has not been previously authorized to serve. Mr. McDonald said the proposed project will refurbish eight patient rooms at Chesapeake Treatment Center and the community/day room and furnish the facility with movable equipment. He noted that the program will provide comprehensive clinical services to transition-aged males (aged 18 to 20 years) with complex mental health, substance abuse, and behavior problems who are in the custody of Department of Juvenile Services. The young men who are eligible for Medicaid coverage and are currently being placed in secure out-of-state facilities because appropriate facilities are not available in Maryland. He noted that the estimated cost of the project is \$80,000. Staff analyzed the proposed project’s compliance with the applicable State Health Plan standards and the other applicable CON review criteria and recommended that the project be approved. Commissioner Weinstein made a motion to adopt staff’s recommendation and issue the Certificate of Need, which was seconded by Commissioner Carr-York and unanimously approved.

ACTION: Certificate of Need: Chesapeake Treatment Center’s Certificate of Need is hereby APPROVED.

ITEM 6.

ACTION: COMAR 10.24.15 – State Health Plan for Facilities and Services: Organ Transplant Services Chapter – Proposed Regulations

Eileen Fleck, Chief of Acute Care Policy and Planning, summarized the comments received and presented the staff’s analysis and recommendations for adoption of proposed permanent regulations. The Commission members discussed the proposed plan’s effect on supply and demand for organ transplant services, a potential greater need for these services by the growing Medicare population, and a concern that the volume threshold keeps new entrants out of the provider market. The members of the Commission and staff agreed that barriers in the docketing rules would be discussed with the members of the Organ Transplant Services Workgroup and then be brought back to the Commission. Chairman Tanio made a motion to table this matter until the September meeting of the Commission, which was seconded by Commissioner O’Grady and unanimously approved.

ITEM 7.

ACTION: COMAR 10.24.19 – State Health Plan for Facilities and Services: Freestanding Medical Facilities Chapter – Proposed Regulations

Ms. Fleck detailed the two processes by which a freestanding medical facility (FMF) can be created; summarized the informal comments received on draft regulations; and presented the staff's analysis and recommendations for adoption of proposed permanent regulations. Ms. Fleck noted that the Commission sought two rounds of informal public comments on the draft regulations, which represent an entirely new Chapter of the State Health Plan. She noted that a second round of informal comments was sought on changes staff made to earlier draft regulations in order to include changes to Maryland law in Senate Bill 707 (2016 legislative session). Following discussion, Commissioner Carr-York made a motion to adopt the proposed regulations, which was seconded by Commissioner Moffit and unanimously approved.

ACTION: COMAR 10.24.19 – State Health Plan for Facilities and Services: Freestanding Medical Facilities Chapter – Proposed Regulations are hereby APPROVED.

ITEM 8.

PRESENTATION: Practice Transformation Network (PTN)

Melanie Cavaliere, Innovative Care Delivery Division Chief, Niharika Khanna, M.D., Associate Professor of Family and Community Medicine at the University of Maryland School of Medicine, and Judy Lapinski, Chief Operating Officer of the Mid-Atlantic Association of Community Health Centers, provided an update on a practice transformation collaborative project with the New Jersey Innovation Institute (NJII). The NJII received a Centers for Medicare & Medicaid Services Practice Transformation grant in September 2015. Melanie Cavaliere noted that NJII invited MHCC to participate in the initiative in the spring. The MHCC has formed a collaboration with the Maryland Learning Collaborative, led by Dr. Khanna, and MedChi, The State Medical Society to complete the work. Dr. Khanna reviewed the practice transformation requirements, and Judy Lapinski discussed the outreach and engagement strategy.

ITEM 9.

Overview of Upcoming Initiatives

Due to the length of the meeting, Ben Steffen, Executive Director, did not discuss upcoming initiatives.

ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:50 p.m. upon motion of Commissioner O'Grady, which was seconded by Commissioner Hafey and unanimously approved.