



## MARYLAND HEALTH CARE COMMISSION

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**Thursday, March 15, 2018**

### Minutes

Chairman Moffit called the meeting to order at 1:10 p.m.

**Commissioners present:** Fleig, Hafey, Metz, O'Connor, O'Grady, Peters, Pollak, Sergeant, and Thomas

### ITEM 1.

#### Approval of the Minutes

Commissioner Hafey made a motion to approve the minutes of the February 15, 2018 public meeting of the Commission, which was seconded by Commissioner Fleig and unanimously approved. Commissioner Fleig made a motion to approve the minutes of the February 26, 2018 teleconference meeting of the Commission, which was seconded by Commissioner Hafey and unanimously approved.

### ITEM 2.

#### Update of Activities

Ben Steffen, Executive Director, reported that legislation is moving forward that would establish a funding mechanism and source for a reinsurance fund in Maryland for insurance carriers. He said that all carriers including Managed Care Organizations (MCO's) would pay a 2.75% assessment based on the entity's premium tax liability for calendar year 2018. He also noted that a one-time replacement for the federal health insurance fee would be waived for 2019.

### ITEM 3.

#### **ACTION: Certificate of Need – Thomas Johnson Surgery Center (Docket No. 17-10-2410)**

Thomas Johnson Surgery Center applied for a Certificate of Need to establish an ambulatory surgical facility through the conversion of a non-sterile procedure room to a second sterile operating room at its existing physician-owned ambulatory surgery center. Mr. McDonald presented the staff report and recommendation. Mr. McDonald noted that the estimated cost of

## **MHCC Meeting Minutes –March 15, 2018**

the project is \$183,031. Staff recommended approval of the Certificate of Need application. Commissioner Sergent made a motion to approve the Certificate of Need application, which was seconded by Commissioner Hafey, and unanimously approved. Commissioner Fleig recused himself from this action.

**ACTION: Certificate of Need – Thomas Johnson Surgery Center (Docket No. 17-10-2410) is hereby Approved.**

### **ITEM 4.**

**PRESENTATION: COMAR 10.24.17: State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services --Overview of changes in draft Chapter released for informal public comment**

Eileen Fleck, Chief of Specialized Programs, presented the key changes in COMAR 10.24.17, the State Health Plan Chapter for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services. Ms. Fleck noted that the draft Chapter includes a revised definition of cardiac surgery that changes the ICD-9 procedure codes that are used to identify cardiac surgery cases. She said that the revised definition provides clarity on which ICD-10 procedure codes are used in the identification of cardiac surgery cases by including a complete list of ICD-10 procedure codes and how they correspond to ICD-9 procedure codes. The draft regulations include a complete list of the procedure codes evaluated and identifies the select procedure codes that are used in determinations of compliance with volume standards and in utilization projects for cardiac surgery. Ms. Fleck noted that the definition of “case” has been added in regulation, and the definition of “open heart surgery” has been removed and replaced with “cardiac surgery.” She also said that patient outcome measures for Certificate of Ongoing Performance for primary percutaneous coronary intervention (PCI) services and for elective PCI services have been changed in order to allow for the use of more timely data that is readily accessible. Commission staff learned that the current risk adjustment model developed for use by the American College of Cardiology is appropriate for national comparisons but cannot be used for comparisons of hospitals to a statewide average. The financial feasibility standard for CON reviews has also been revised in order to be compatible with changes to the payment model for Maryland hospitals. Ms. Fleck reported that staff will develop draft regulations for consideration by the Commission at the April public meeting.

### **ITEM 5.**

**PRESENTATION: Telehealth Grant Pilots – Key Takeaways from the 2015 and 2016 Projects**

David Sharp, Director, Center for Health Information Technology and Innovative Care Delivery, and Angela Evatt, Division Chief, Health Information Exchange, presented key takeaways from the 2015 and 2016 Telehealth Grants, Advancing Population Health and Primary Care Transformation. Ms. Evatt reported that since 2014, the Commission has awarded over \$550,000 in grants to 12 provider organizations to demonstrate the impact of using telehealth. She noted that the grants helped to inform better practice; industry implementation and expansion efforts; policies that can support advancement of telehealth; and the design and implementation activities of telehealth projects across the State. She noted that the grants have

## **MHCC Meeting Minutes –March 15, 2018**

also helped to advance a strong, flexible health information technology ecosystem. Ms. Evatt said that overall, patients and caregivers were satisfied in the ability to access their provider more quickly and efficiently, however, implementing the technology and incorporating it into workflows were more difficult than anticipated. She said that provider, patient, and caregiver enthusiasm for telehealth did not necessarily translate into their willingness to meaningfully take advantage of telehealth services, and that grantees' tended to underestimate their ability to secure funds to sustain and expand their projects. Staff learned that successful telehealth would require practices to assess the need for telehealth, identify an appropriate modality, ensure sufficient patient and provider willingness, and would require policy/legal compliance. Ms. Evatt discussed the key points for project sustainability. She also discussed current telehealth initiatives, including future grants and a telehealth readiness assessment tool.

Dr. Fermin Barrueto, Jr., Senior Vice President, Medical Affairs/Chief Medical Officer, University of Maryland Upper Chesapeake Health, a telehealth grant recipient, and partner with Lorien Health System, joined staff and discussed their experience, noting that telehealth technology has improved care transitions as patients move between the hospital and nursing facility. Staff acknowledged representatives from Lorien Health Services, Lou Grimm, Chief Executive Officer; Wayne Braddock, Chief Operating Officer; and Jim Hummer, Vice President of Home and Community-Based Services.

### **ITEM 6.**

#### **PRESENTATION: Hospital Health IT Report – Key Findings**

Nikki Majewski, Chief of Health Information Technology, presented key findings from a report on the 2017 annual assessment of health IT adoption among Maryland acute care hospital entitled, "Health Information Technology- An Assessment of Maryland Acute Care Hospitals." Ms. Majewski identified five key takeaways from the report: 1) hospital health IT strategies aimed to maximize population health management; 2) advancement of the use of data analytics is necessary to improve clinical decision making and reduce cost; 3) expansion of telehealth continues to expand across care settings, even though financial sustainability remains challenging; 4) federal meaningful use requirements for patient portals have not fulfilled the intent of engaging patients; and 5) Maryland hospitals lead the nation in cybersecurity risk mitigation techniques. She discussed the strategic areas of focus noting that population health management, improving quality and efficiency and telehealth/mobile health (mHealth) services are the top three strategic priorities. She also discussed the data analytics capabilities and barriers, as well as factors that influence telehealth adoption. Ms. Majewski noted that patient portals are a secure website that provides consumers access to their care using technology, but the uptake in patient portals has remained less than optimal. In conclusion, Ms. Majewski said that Maryland hospitals continue to make noteworthy progress with implementation and use of health IT.

**ITEM 7.**

**UPDATE: Status of Legislation**

Ben Steffen provided an update on the status of legislation that may affect the Commission.

***SB 13/HB 115 “Electronic Prescription Records Cost Savings Act of 2018”*** – Mr. Steffen noted that this legislation would require a dispenser of a prescription drug to submit information to the State designed health insurance exchange for purposes of treatment and care coordination of a patient. He noted that HB 115 is being modified as a study bill.

***SB 17 “Health Information Exchanges – Definitions and Regulations”*** – Mr. Steffen noted that this legislation would broaden the definition of Health Information Exchange and would require that the Commission adopt regulations for the privacy and security of protected health information obtained or released through a health information exchange. He noted that the bill passed, with amendments, in the Senate and will be heard in the House on March 22<sup>nd</sup>.

***SB 234/HB596 “Interstate Medical Licensure Compact”*** – Mr. Steffen said that this legislation would direct the Board of Physicians to enter into the Interstate Medical Licensure Compact to provide a streamlined method to allow physicians to become licensed in multiple states. He noted that the bill passed the Senate, with amendments, and will be heard in the House on March 28<sup>th</sup>.

***SB 266/HB716 “MHCC – Mortality Rates of African Infants and Infants in Rural Areas – Study”*** – Mr. Steffen said that this legislation would require the MHCC, in consultation with the Office of Minority Health and Health Disparities and interested stakeholders, to conduct a study on the mortality rates of African American infants and infants in rural areas. He noted that both bills passed their house of origin and will be heard in the opposite house on March 20<sup>th</sup>.

***SB 619/HB1282 “HMO – CON Requirements – Modification”*** – Mr. Steffen said that this would repeal a requirement that an HMO that served only its members and the indigent to obtain a certificate of need before establishing an ambulatory surgical facility or center. He noted that SB 619 passed with amendments and will be heard in the house on March 29<sup>th</sup>.

***SB 682 “Medical Assistance Program and Health Insurance – Emergency Medical Services Providers – Coverage and Reimbursement of Services”*** – Mr. Steffen said this legislation would require the Maryland Department of Health and private payers to reimburse emergency medical services providers for mobile integrated health services provided. He noted that the Finance Committee Chair asked the Maryland Institute for Emergency Medical Services System (MIEMSS) to form a workgroup to discuss this legislation.

***SB 896/HB1574 “Public Health – Health Record and Payment Clearinghouse – Pilot Project”*** – Mr. Steffen said that this legislation would require the MHCC to establish and implement a certain health record and payment clearinghouse pilot program on or before July 1, 2020. He noted that SB 896 will be heard in the Senate on March 28<sup>th</sup>.

***SB 1056 “Rural Health Collaborative Pilot”*** – Mr. Steffen said that this legislation would establish a rural health collaborative pilot within the Maryland Department of Health to lead a

## **MHCC Meeting Minutes –March 15, 2018**

regional partnership in building a rural health care system that enhances access to and utilization of health care services designed to meet certain goals. He said that SB 1056 passed with amendments in the Senate and will be heard in the House on March 27<sup>th</sup>.

### **ITEM 8.**

#### **UPDATE: Maryland Healthcare Quality Reports – Consumer Website**

Theresa Lee, Director, Center for Quality Measurement and Reporting, provided an overview of quality reporting initiatives and a demonstration of the expanded features that have been added to the consumer website. Ms. Lee said that the consumer website was updated with enhancements to the hospital price transparency functionality as well as the addition of a “quick compare” feature that enables the consumer to compare Home Health Agency performance in a straightforward manner, using the CMS 5-Star rating system. She also provided a presentation highlighting evolving quality reporting responsibilities and activities.

### **ITEM 9.**

#### **Overview of Upcoming Initiatives**

Mr. Steffen announced that the April meeting of the Commission will include presentations regarding the privately insured spending report, medication management and reconciliation grant award announcement, the final vendor criteria for electronic advance directives, and a couple of Certificate of Need action items.

### **ITEM 8.**

#### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 4:15 p.m. upon motion of Commissioner O’Grady, which was seconded by Commissioner Peters and unanimously approved.