



MARYLAND HEALTH CARE COMMISSION

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Thursday, May 17, 2018

Minutes

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

Commissioners present: Sergeant, Thomas, Tomarchio, and Wang. Commissioners Metz, O'Connor, and O'Grady participated via webinar.

ITEM 1.

Approval of the Minutes

Commissioner Tomarchio made a motion to approve the minutes of the April 19, 2018 public meeting of the Commission, which was seconded by Commissioner Wang and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, said that Governor Larry Hogan had announced the federal approval of the Maryland Total Cost of Care Model (TCOC Model, Maryland Model). He noted that the new Maryland Model will begin on January 1, 2019 for a 10-year term, providing Maryland meets performance requirements. He stated that the federal government had also approved the Maryland Primary Care Program (MDPCP), which will be a key initiative in the Maryland Model. The State intends to engage most primary care providers in the MDPCP over the next four years. Mr. Steffen said that Commission staff reviewed changes to the Wear the Cost website with consumer groups, physicians, and hospital, and will present the next version of the site at the July public meeting of the Commission. Mr. Steffen then noted that the Centers for Medicare and Medicaid Services (CMS) released the latest version of its Five Star Rating. Four Maryland hospitals received five stars and ten hospitals received four star ratings in the report that was released in May.

ITEM 3.

ACTION: Modernization of the Maryland Certificate of Need Program – An Interim Report by the Maryland Health Care Commission

Chairman Moffit said that the Chairs of the Senate Finance and House Health and Government Operations Committees requested that the Maryland Health Care Commission recommend changes to the Commission's health planning and Certificate of Need (CON) programs that would better align these planning and CON functions with health reforms that are currently underway. Commission staff convened a 16-member CON Task Force. The membership of the Task force included Commissioners Sergent, Hafey, Metz, and O'Grady. Commissioner Sergent and former Commissioner Frances Phillips co-chaired the Task Force. The Task Force focused on issue and problem identification in the first phase culminating with an Interim Report.

Commissioner Sergent, Co-Chair of the Task Force, and Paul Parker, Director for the Center for Health Care Facilities Planning and Development, presented the findings from the Interim Report. Commissioner Sergent said that the charge to the Commission is to: 1) examine major policy issues – CON regulation should reflect dynamic and evolving health care delivery; 2) review approaches other states use to determine appropriate capacity; 3) recommend revisions to CON statutes; 4) recommend revisions to the State Health Plan regulations that create incentives to reduce unnecessary utilization by eliminating, consolidating or revising individual chapters of the State Health Plan; 5) develop criteria that determine need for health care facilities and services in the context of Maryland's All-Payer Model; 6) consider what flexibility is needed to streamline the CON project review process; and 7) identify areas of regulatory duplication in consultation with the Health Services Cost Review Commission and the Maryland Department of Health. Commissioner Sergent said that Phase I of the study identified problems that need to be addressed in modernizing CON regulation, and Phase II of the study will focus on ideas for addressing identified problems and developing recommendations for change and implementing change. He noted that a stakeholder task force was convened to provide their own perspectives, discuss identified problems and issues, and advise on problems that need to be addressed. Mr. Sergent discussed the common themes related to CON regulations, and outlined the following key problems: 1) the scope of CON regulation is outdated; 2) the review processes for handling different types of project review are underdeveloped; 3) the State Health Plan regulations are, in some cases, outdated, overly complex, and need to better align with evolving All Payer Model total cost of care regulation; 4) the average period of time needed to review and act on CON applications is too long; 5) information requirements imposed by CON regulation are excessive/duplicative; 6) the performance requirements for CON-approved projects are outdated and inflexible; and 7) the capability to obtain broader community perspective on projects is underdeveloped. Task Force members Barry Rosen, and Adam Kane presented their views and experience with the Certificate of Need process.

Commissioner Sergent asked the Commission to approve the Interim Report for its release to the legislature. After discussion, Commissioner Wang made a motion to release the Interim Report "Modernization of the Maryland Certificate of Need Program", which was seconded by Commissioner Thomas and unanimously approved. Mr. Parker thanked Co-Chairs Sergent and Phillips for their hard work and engagement. Chairman Moffit thanked staff and the Task Force members for a very balanced report. He also noted that the Task Force will resume in late June to consider reforms.

ACTION: Modernization of the Maryland Certificate of Need Program – An Interim Report by the Maryland Health Care Commission is hereby APPROVED for Release

ITEM 4.

ACTION: Certificate of Need – Exemption from Certificate of Need – Consolidation of Adventist HealthCare Shady Grove Medical Center and Adventist HealthCare Behavioral Health & Wellness Services

Adventist HealthCare, Inc., requested an exemption from Certificate of Need for the consolidation of a special psychiatric hospital, Adventist HealthCare Behavioral Health and Wellness (ABH) services and a general hospital, Adventist HealthCare Shady Grove Medical Center (SGMC). Kevin McDonald, Chief of Certificate of Need, presented the request. Mr. McDonald said that the two hospitals are locations in close proximity in Rockville, Maryland, and the merged asset systems may seek such an exemption in order to consolidate health care facilities. He said that ABH is licensed to operate 177 acute psychiatric beds, and SGMC is licensed to operate 266 beds and provide medical/surgical, obstetric, and pediatric inpatient services. Mr. McDonald reported that the primary purpose of the consolidation is to bring ABH under the general hospital license of SGMC so that ABH will no longer be classified as an “Institution for Mental Diseases.” Staff recommended that the Commission approved AHC’s request for an exemption from CON to consolidate ABH and SGMC. Commissioner Thomas made a motion to approve the staff recommendation, which was seconded by Commissioner O’Grady and unanimously approved.

ACTION: Certificate of Need – Exemption from Certificate of Need – Consolidation of Adventist HealthCare Shady Grove Medical Center and Adventist HealthCare Behavioral Health & Wellness Services is hereby APPROVED.

ITEM 5.

PRESENTATION: Maryland Practice Transformation Network

Melanie Cavaliere, Chief of Innovative Care Delivery and Niharika Khanna, M.D., Associate Professor for Family and Community Medicine at the University of Maryland School of Medicine and Director of the Maryland Learning Collaborative, presented on the performance of the Maryland Practice Transformation Network (PTN). Ms. Cavaliere said that the New Jersey Innovation Institute (NJII) was awarded a practice transformation grant by the Centers for Medicare and Medicaid Services (CMS) in 2015, and that NJII partnered with MHCC, MedChi, and the Maryland Learning Collaborative in 2016 to transform participating practices in Maryland. Dr. Khanna reviewed the performance of the Maryland PTN and discussed how the program shifts practices approach to care delivery from quantity of care to improved health outcomes and coordinated care delivery. Ms. Cavaliere noted that at the completion of the program, practices are better prepared to deliver care in a patient-centric and efficient manner and meet the CMS Medicare Access and CHIP Reauthorization Act (MACRA) requirements.

ITEM 6.

PRESENTATION: Telehealth Grant Award – Mobile-Device-Supported, Medication-Assisted Treatment for Opioid Use Disorders

Eva Lenoir, Program Manager, present on a telehealth grant award to Mosaic Community Services for the use of medication-assisted treatment (MAT) to underserved Maryland residents with opioid dependence through telehealth. Ms. Lenoir said that the project is for an 18-month period to increase access to MAT for underserved Maryland residents with opioid dependence through telehealth interventions in an integrated care delivery approach. Ms. Lenoir reported that the grantee plans to connect Baltimore area prescribers to a new addiction treatment program in a jurisdiction that is currently lacking capacity, establish telehealth capabilities and protocols for MAT in Montgomery County, and allow prescribers to enable MAT via telehealth. Yvette Jefferson, Program Director, Partners in Recovery, and Oleg Tarkovsky, Division Director for Clinical Services provided an overview of their project.

ITEM 7.

Overview of Upcoming Initiatives

Ben Steffen announced that the June meeting of the Commission will include a draft of the State Health Plan Chapter for Nursing Home Services, Certificate of Ongoing Performance Review for Cardiac Surgery, and an update on the price transparency website by CPT codes.

ITEM 8.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:40 p.m. upon motion of Commissioner Tomarchio, which was seconded by Commissioner Wang and unanimously approved.