



MARYLAND HEALTH CARE COMMISSION

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Thursday, February 21, 2019

Minutes

Chairman Moffit called the meeting to order at 1:04 P.M.

Commissioners present: Boyle, Hafey, McCarthy, Metz, O'Grady, Peters, Pollak, Rymer, Sergeant, Thomas, Tomarchio, and Wang.

Chairman Moffit began the meeting by stating that this would be his last meeting as Chairman. He thanked Governor Hogan for nominating him to the Commission and appointing him Chairman. Dr. Moffit thanked the Commissioners for their work and expressed his appreciation to the staff for supporting the Commission. Vice-Chairman Pollak, speaking on behalf of the Commissioners, expressed his appreciation to the Chairman for his leadership, his commitment to engaging all the Commissioners, and his willingness to take on the toughest tasks himself. Dr. Pollak observed that the Chairman's focus on improving quality and safety, and lowering cost through greater emphasis on transparency would be a lasting legacy at MHCC. Ben Steffen thanked Dr. Moffit for his service to Maryland and his support for the work of the staff. In particular, he thanked Dr. Moffit for his integrity, his advocacy, and his willingness to innovate in modernizing health care delivery in Maryland.

AGENDA ITEM 1.

Approval of the Minutes

The Commission considered three sets of meeting minutes in separate votes.

Commissioner Sergeant made a motion to approve the minutes of the January 17, 2019 public meeting of the Commission meeting, which was seconded by Commissioner O'Grady and unanimously approved.

Commissioner Metz made a motion to approve the minutes of the January 25, 2019 legislative meeting, which was seconded by Commissioner O'Connor and unanimously approved.

Commissioner Hafey made a motion to approve the minutes of the February 15, 2019 legislative meeting, which was seconded by Commissioner Sergeant and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Chairman Moffit requested that Kenneth Yeates-Trotman, Acting Director of the Center for Analysis and Information Systems, research the potential impact on MHCC's price transparency efforts of the provisions in the CMS Inpatient Prospective Payment Final Rule for 2019, which requires hospitals to post their chargemasters on the Internet and to update these data at least semi-annually. Mr. Yeates-Trotman will conduct this research and submit a memo to the Commission before the next Commission meeting.

Ben Steffen, Executive Director, reviewed MHCC legislative presentations before legislative committees and commented on several committee briefings scheduled over the coming weeks. He reported that he provided an overview of the Commission's plans for the next year at a briefing to the House Health and Government Operations (HGO) Committee earlier in the day. The overview focused on Strategic Priorities and that the Committee's questions suggested significant interest. He informed the Commission that David Sharp was testifying to the Senate Finance Committee on MHCC's telehealth initiatives later in the afternoon. He stated that MHCC staff would brief the HGO Committee briefing on February 7 on CON reform. The Commission's budget hearings will be held on February 8 in the House Appropriations Health and Social Services Subcommittee and on February 11 in the Senate Budget and Taxation Health and Human Services Subcommittee. He concluded by noting the MHCC had extended the bid submission date to February 15 for response to the RFP that continues the development of the Maryland Health Care Quality Report data collection and website.

AGENDA ITEM 3.

ACTION: Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

Hope House applied for a Certificate of Need to convert its existing residential beds at 429 Main Street to ICF beds, ASAM Levels 3.7 and 3.7WM ("withdrawal management") and add four additional beds, in order to establish a 22-bed ICF. Kevin McDonald, Chief of Certificate of Need, presented the staff recommendation. He noted that this was the first application from a Track Two provider of these services (i.e., a facility that primarily serves publicly-funded patients) in a number of years. He stated staff's conclusion that the impact of the project is positive, primarily because it will improve access to intensive, medically-monitored inpatient alcohol and drug treatment services that will primarily be used by low income persons, who are currently underserved with respect to Level 3.7 care. He recommended approval of the application. Commissioner O'Connor made a motion to approve the staff's recommendation, which was seconded by Commissioner Peters and unanimously approved.

ACTION: Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416) is hereby Approved.

AGENDA ITEM 4.

ACTION: Request for Project Change After Certificate of Need Approval – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

Anne Arundel Medical Center, Inc. (AAMC) applied for a Project Change after Certificate of Need Approval to increase the authorized project budget for its 16-bed Anne Arundel Mental Health Hospital project by \$3,300,763 to a total of \$28,285,558. Kevin McDonald, Chief of Certificate of Need, presented the staff recommendation. He explained that this modification requires Commission approval because it exceeds the inflation allowance. He reported that AAMC attributes the cost increase to two factors: (a) the project cost estimate was 20 months old at the time the CON was approved; (b) significant increases in material costs due to a combination of catastrophic weather events and changes in U.S. governmental trade agreements and tariffs. The additional capital cost will be funded with cash, so the amount of debt to be incurred for this project and related interest expense will not change from that approved in the CON. Staff recommended approval, with retention of the CON's existing condition. Commissioner Rymer made a motion to approve the staff's recommendation, which was seconded by Commissioner O'Grady and unanimously approved.

ACTION: Request for Project Change After Certificate of Need Approval – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375 is hereby Approved.

AGENDA ITEM 5.

ACTION: COMAR 10.24.20- State Health Plan for Facilities and Services: Comprehensive Care Facility Services- Proposed Permanent Regulations

Linda Cole, Chief of Long Term Care Policy and Planning, provided background on this update to State Health Plan regulations that concern nursing homes. Her presentation discussed the development process for this chapter and the formal public comments received during the December 7, 2018 to January 7, 2019 comment period. She noted that no comments were received on COMAR 10.24.08, the remaining portion of the current nursing home chapter addressing chronic care hospital services that will be left if the proposed new regulation (COMAR 10.24.20) for comprehensive care facility (CCF) services is adopted. Twenty-one comments were received on COMAR 10.24.20. The latter regulations were the focus of the presentation.

Following her presentation of the comments received and staff's response, Ms. Cole recommended that the third docketing exception in the proposed regulations be deleted. This exception would have permitted docketing and, thus, consideration by MHCC, of CCF applications involving the addition of CCF beds in jurisdictions without identified CCF bed need subject to the applicant's entering a risk-sharing arrangement with a hospital or hospitals that HSCRC found consistent with the State's Total Cost of Care model.. She noted that, since this is a substantive change, it would require the Commission to withdraw the proposed regulations adopted on October 16, 2018 and the Commission's adoption of new propose replacement regulations with the modifications. This would also require another formal comment period to address the modifications.

Following discussion, the Commission voted on two motions. First, the Commission voted to withdraw the proposed COMAR 10.24.20 adopted as proposed regulations in October 16, 2018. The vote was 11 in favor of the motion, and Commissioners O’Grady and Rymer opposing the motion. The Commission then considered a second motion to adopt COMAR 10.24.20 as proposed permanent regulations that single substantive change that removed the third docketing exception but that, otherwise were identical to COMAR 10.24.20 adopted in October 2018. The vote was 11 in favor of the motion, and Commissioners O’Grady and Rymer opposing the motion.

ACTIONS: Withdrawal of COMAR 10.24.20, which was Adopted as Proposed Permanent Regulations at the October 16, 2018 Meeting is hereby Approved; and Adoption of COMAR 10.24.20, as Proposed Permanent Regulations at the October 2018 Meeting is hereby Approved.

AGENDA ITEM 6.

PRESENTATION: Presentation by Johns Hopkins University Center for Population Health IT (CPHIT)

Elyse Lasser, Center Coordinator for The Johns Hopkins Center for Population Health IT (CPHIT), part of The Johns Hopkins Bloomberg School of Public Health, and Dr. Oludolapo Fakeye provided an overview of their research and findings from a two-year pilot program using MCDB data under an Umbrella Data Use Agreement (DUA) between MHCC and CPHIT. Ms. Lasser described the five active projects currently underway by the various researchers using MCDB data: the use of claims and electronic medical records to assess trends in quality measures for contraception care; an evaluation of the Total Patient Revenue Program in Maryland’s rural hospitals; a pilot research project on developing a geo-social analytic platform for risk prediction and visualization; a study addressing the gaps in literature based on evidence from marginal and vulnerable populations within Maryland’s Patient Centered Medical Home (PCMH) multi-payer pilot program; and a contraceptive price elasticity study estimating the price effects on contraceptive use and unplanned pregnancy in Maryland. Ms. Lasser explained that the research team needs a one-year extension of the current DUA between MHCC and CPHIT to allow them to access and review the newer 2016 data recently received in order to finish their analyses.

Mr. Steffen explained that all MCDB data provided to date to CPHIT was at no cost to MHCC and at no charge to CPHIT; however, any additional data provided in future years will be subject to the price structure established for all outside entities.

Commissioner O’Grady urged CPHIT to develop an effective communication and outreach plan to ensure that policy makers are aware of these important research studies.

Next, Dr. Fakeye presented an overview of his research project entitled, *“Marginal and Vulnerable Populations within the Patient-Centered Medical Home: Addressing Gaps in the*

Literature with Evidence from a Statewide Multi-Payer Pilot Scheme.” He reviewed the objectives, study measures, methods, and results of his study evaluating the impact of a statewide multi-payer PCMH initiative on: (1) the probability of consistently having the highest level of reimbursements across several health insurers; and (2) expenditure and utilization among beneficiaries defined as consistently having the highest level of reimbursements across several health insurers. Dr. Fakeye noted that the conclusions of his study indicate that consistently high cost beneficiaries represent a small but significant subpopulation of primary care patients with complex challenges. He stated that, in the medical home setting, consistently high cost beneficiaries were less likely to persist as consistently high-cost utilizers and that, in a multi-payer PCMH program with emphasis on care management, consistently high cost beneficiaries saw reduced inpatient admissions and increased encounters with their primary care physician. In response to a question about the high cost of rate diseases, Dr. Fakeye explained that his research used a small population of patients from each general practice.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 7.

ACTION: Request of Johns Hopkins University Center for Population Health IT (CPHIT) for a One-Year Extension of its Existing Umbrella Data Use Agreement (DUA) under the Pilot Program

Johns Hopkins University Center for Population Health IT (CPHIT) requested approval from the Commission for a one-year extension to the current Umbrella Data Use Agreement (DUA) between MHCC and CPHIT under the pilot program. Commissioner Rymer motioned, Commissioner Peters seconded the motion, and the Commission unanimously approved this request for extension.

ACTION: One-Year Extension of Johns Hopkins CPHIT’s Existing Umbrella Data Use Agreement under the Pilot Program is hereby Approved.

AGENDA ITEM 8.

PRESENTATION: Legislative Update and Presentation

Megan Renfrew, Chief of Government Affairs and Special Projects, provided updates on the legislative session. The hearings for Senate Bill 430, *Maryland Health Care Commission-Authorized Prescribers- Reporting of financial Gratuities or Incentives*, were canceled and the bill was withdrawn. She noted that this bill had been discussed by the Commissioners in a conference call on February 15, 2019. Mr. Steffen and Ms. Renfrew also met with Delegate Lisanti regarding House Bill 1059, *Health Care Facilities-closing or Partial Closing-Public Notice*, which she is sponsoring.

Ms. Renfrew stated that the following bills will have hearings during the week of February 25, 2019 and staff recommended positions were discussed by the Commission:

- House Bill 607, *Maryland Trauma Fund-State Primary Adult Resource Center-Reimbursement of On-Call and Standby Costs*. Commissioner Pollak recused himself prior to the start of discussion on House Bill 607. This bill would provide access to financial support for on-call and stand-by costs for Shock Trauma. Ben spoke with the sponsor to offer an amendment that would call for a two-year study of the whole trauma fund system. With the many changes in health care access and the delivery system, it is likely time to look at the best way to distribute these funds with a broad stakeholder engagement. The Commissioners supported this bill with the proposed amendment.
- Senate Bill 469, *Drugs and Devices- Electronic Prescriptions, Requirements*, is identical to House Bill 409, which was discussed on February 18th, 2019, and opposed by the Commission. The Commissioners agreed to oppose SB 469.
- Senate Bill 733 (House Bill 924), *State Board of Physicians-Registered Cardiovascular Invasive Specialists*, allows physicians to delegate some duties to registered cardiovascular invasive specialists, subject to regulation by the Maryland Board of Physicians. The bill is related to a workgroup on cardiovascular invasive specialists that was run by the Board of Physicians (a final report is available on its website). This bill requires MHCC to collect data and submit a report. The Commissioners agreed to submit a letter on information on the report and data collection requirements, but took no position on the creation of the new provider type.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 9.

PRESENTATION: Overview of the Telehealth Readiness Assessment Tool

Alana Sutherland, Program Manager, and Saira Haque, Ph.D., Senior Health Informaticist with Research Triangle International (RTI), gave a presentation on the development of the Telehealth Readiness Assessment (TRA) tool. Ms. Sutherland noted that the TRA tool is meant to support Maryland practices in determining their readiness for implementing telehealth. She discussed the rationale for creating the TRA tool, which was based on lessons learned from MHCC's telehealth grants. Dr. Haque provided information about each of the key domains associated with the TRA tool. She stated that the development approach was evidence-based and included an environmental scan, literature review, field testing of content, and in-depth stakeholder interviews. Ms. Sutherland noted that the TRA tool will be posted on MHCC's website, and that staff is exploring web-enabling the TRA tool. Commissioner Sergent inquired about inclusion of information related to helping practices choose which telehealth services to implement. Dr. Haque noted that the TRA tool does not address this directly, but, rather, it provides guidance on assessing a practice's overall readiness to adopt telehealth.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 10.

PRESENTATION: Overview of Psychiatric Hospital Services

Paul Parker, Director of the Center for Health Care Facilities Planning and Development, and Mario Ramsey, Program Manager with the Center's Division of Acute Care Policy and Planning, provided the Commission with highlights from a recently developed white paper, *Maryland Acute Psychiatric Hospital Services: An Overview of Use and Capacity*, developed by Eileen Fleck, Chief of the Acute Care Policy and Planning Division, and Mr. Ramsey. Mr. Parker was filling in for Ms. Fleck in her absence.

The presentation reviewed recent trends in acute psychiatric hospital capacity in the three settings where these services are provided: units within general hospitals; private special psychiatric hospitals; and State psychiatric hospitals. The differences between physical bed capacity, staffed capacity, and licensed capacity were discussed. Demand trends and use characteristics for acute psychiatric hospital services across the three settings were also reviewed, including comparisons of Maryland use and national use in the general hospital setting, average length of stay, and hospital emergency department (ED) use. The white paper will be used as a starting point for updating State Health Plan (SHP) regulations for psychiatric hospital services and staff will be forming a work group for this purpose with meetings anticipated to begin in April. Key questions to be addressed in this SHP update are the appropriateness of Maryland's use of psychiatric hospital services, given the indications that Maryland's use rate is relatively high, and the best approach to structuring CON regulation of psychiatric hospital services in response to growth in demand for child and adolescent services and overcrowding of EDs and the role of psychiatric disorders in this problem.

In the Commission discussion following the presentation, the focus was on the problem of long ED wait times and boarding of psychiatric patients in EDs. Chairman Moffitt emphasized the need for MHCC to better understand the causes of this problem and to bring forward possible solutions.

AGENDA ITEM 11.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:30 p.m. upon motion of Commissioner Pollak, which was seconded by Commissioner O'Grady and unanimously approved.