



MARYLAND HEALTH CARE COMMISSION

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Thursday, June 20, 2019

Minutes

Chairman Pollak called the meeting to order at 1:08 p.m.

Commissioners present: Doordan, Hafey, Metz, Peters, Rymer, and Sergeant. Commissioners Boyle and Hammersla participated via teleconference.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Hafey made a motion to approve the minutes of the May 16, 2019 public meeting of the Commission. The motion was seconded by Commissioner Peters and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, announced the appointment of Kenneth Yeates-Trotman as the new Center Director for the Center for Analysis and Information Systems. Ken has served as Acting Center Director for nine months and during that period he has demonstrated steadiness and intelligence that warrants his promotion. Mr. Steffen reported that the appointment of Mr. Yeates-Trotman as Center Director was supported by the staff in that Center and that the recruitment and evaluation committee deemed him to be the best qualified for the position.

Mr. Steffen pointed out the new larger screens and more sensitive microphones present in the Commission meeting room were installed last week due to the work of the IT staff. He reported that the ability to hear in the rear of the Commission meeting room had been a complaint for several years, and this new equipment was installed to correct that problem.

Mr. Steffen reported that the five strategic priorities established by the Commission last December are moving forward. He said he would be sending out a short memo describing the Commission's progress on educating and informing healthcare communities on making the MHCC a trusted source for health care information, extending use of telehealth, modernizing the

Certificate of Need (CON) process, and working to expand health care practitioner's engagement with value-based programs.

Mr. Steffen reported that a delegation from Saudi Arabia will visit the Commission in mid-July to learn more about the use of home-based telehealth.

Mr. Steffen discussed a previous update that David Sharp, Director, Center for Health Information Technology and Innovative Care Delivery, gave to the Commission during the 2018 legislative session regarding telehealth. Mr. Steffen reported that the Senate Finance Committee (Committee) expressed concern about the slow pace in the development of telehealth in schools. The Committee requested that MHCC convene a work group to identify deficiencies in existing policies related to school-based telehealth programs and develop an approach for approving these policies. The work group continues to deliberate, and staff plans to present final recommendations later this summer. One of the key work group themes is increasing awareness about the value of telehealth in schools. Staff is collaborating with the Maryland Association of School Health Nurses to develop a three-part webinar series aimed at increasing education, which in collaboration with the Maryland Nurses Association, is planned to be implemented in September of this year. The focus areas for the webinar include telehealth use in school health services, expanding access using telehealth in school health services, and strategies for telehealth program success. The medical director of the "Healthy Schools" program in North Carolina, the lead nurse practitioner for the school-based telehealth program at the Medical University of South Carolina and the nurse practitioner for the Telemedicine school-based wellness center at six Howard County public schools, will be featured presenters in these sessions. The event is notable as it represents the first step in building awareness among the school health nurses and how telehealth can be used to increase student access to health care and improve academic and health outcomes.

Theressa Lee, Director, Center for Quality Measurement and Reporting, provided a brief update on collaborative work underway in the Center. Ms. Lee noted that the Center's primary focus is on maintaining and enhancing the Quality Reports consumer website and facilitating quality improvement by working in collaboration with the industry. She highlighted examples of previous successful projects such as work with the Maryland Hospital Association in reducing healthcare-associated infections and, more recently, the Leapfrog Group collaboration that led to Maryland hospital participation in the Leapfrog Patient Safety Grading System.

Ms. Lee reported that over the past several months, Commission staff has been working with the Maryland Cardiac Surgery Quality Initiative, (MCSQI), and a consortium of cardiac surgery practices focused on improving quality of cardiac surgery in Maryland. The group works closely with Paul Parker, Director, Center for Health Care Facility Planning and Development and Eileen Fleck, Chief, Acute Care Policy and Planning on the Certificate of Ongoing Performance Program. MCSQI representatives reached out to MHCC last year for guidance on how to access and work with the Maryland Hospital Inpatient Discharge Database to look at patient charges for specific cardiac services. The goal was to enable physicians to look at the cost and quality of cardiac surgery care by linking data available to MCSQI (Society for Thoracic Surgeons (STS) data) with the Maryland Discharge Data (patient charges). MHCC, through its contractor Advanta Government Services, LLC, was successful at linking the two data sets. MCSQI is now interested in expanding the collaboration to include a focus on improving clinical quality measures and reducing re-admissions for cardiac patients. This collaborative work aligns with the goals of the new Total Cost of Care Model and preliminary discussions with HSCRC staff

have been initiated to get their support. Commission staff will update the Commission as this project moves forward.

AGENDA ITEM 3.

ACTION: Adoption of the State Health Plan Chapter for Nursing Homes and the State Health Plan Chapter for Special Hospital- Chronic Services

A. ACTION: COMAR 10.24.20- State Health Plan for Facilities and Services: Comprehensive Care Facility Services- Final Action

Linda Cole, Chief of Long Term Care Policy and Planning, described the lengthy development and promulgation process for these regulations. She noted that, during the past year, the Commission has twice voted to adopt the proposed regulations. The chapter was released for informal public comments from June 6, 2018- July 13, 2018. At its October 2018 meeting, the Commission voted to adopt COMAR 10.24.20 as proposed permanent regulations, which resulted in a formal comment period from December 7, 2018 to January 7, 2019.

At its February 2019 meeting, the Commission accepted staff's recommendation and voted to remove Subsection .04B (3), dealing with a docketing exception for risk-sharing arrangements between nursing homes and hospitals. Because this was a substantive change, another formal comment period was held between April 12, 2019 and May 13, 2019.

Ms. Cole noted that the only change between the proposed regulations adopted in October and the proposed chapter adopted in February was the removal of the docketing exception for risk sharing arrangements between nursing homes and hospitals. Thus, the issues raised by commenters (Health Facilities Association of Maryland; Lifespan; and Lorient) had been considered by the Commissioners at previous meetings. Ms. Cole described the major issues raised, noting that the big concerns were on the remaining docketing exceptions. She then reviewed the staff's response and recommendations.

After some discussion, Commissioner Peters made a motion to adopt COMAR 10.24.20 as final regulations, which was seconded by Commissioner Rymer and unanimously approved.

ACTION: COMAR 10.24.20: State Health Plan for Facilities and Services: Comprehensive Care Facility Services – is hereby ADOPTED as Final Regulations of the Commission.

B. ACTION: COMAR 10.24.08- State Health Plan for Facilities and Services: Special Hospital- Chronic Services- Final Action

Ms. Cole stated that Comprehensive Care Facility (CCF) services were originally part of COMAR 10.24.08. With the final promulgation of COMAR 10.24.20 and the removal of all regulations in 10.24.08 regarding CCFs, the remainder of COMAR 10.24.08 addresses special

hospital-chronic services. She noted that the Commission adopted these changes to COMAR 10.24.08 as proposed regulations at its October 2018 meeting, subject to the adoption of COMAR 10.24.20 as final regulations. No comments were received on the regulations addressing special hospital-chronic services during either the informal or formal public comment periods. Ms. Cole recommended one non-substantive change to the proposed regulations. In the definition of “long term care hospital,” the second sentence has been deleted to make the definition consistent with Maryland law.

Commissioner Rymer made a motion to adopt COMAR 10.24.08 as final regulations, which was seconded by Commissioner Peters and unanimously approved.

Ms. Cole noted that both COMAR 10.24.20 and 10.24.08 are expected to be published as final regulations in the July 5, 2019 issue of the *Maryland Register* and would become effective July 15, 2019.

ACTION: COMAR 10.24.08: State Health Plan for Facilities and Services: Special Hospital - Chronic Services – is hereby ADOPTED as Final Regulations of the Commission.

AGENDA ITEM 4.

ACTION: Maryland Primary Care Program - Advisory Council Nomination

Alana Sutherland, Program Manager, presented the Maryland Primary Care Program (MDPCP) Advisory Council, Medicare beneficiary representative nominee Kevin Hayes, Ph.D. Mr. Ben Steffen, Executive Director, said that Dr. Hayes has been very involved in Medicare physician payments for about 20 years and that he is from Prince George’s County. Ms. Sutherland noted that the Advisory Council serves in a consultative and advisory role to the Secretary and the MDPCP Program Management Office.

Commissioner Peters made a motion to approve Dr. Hayes nomination for the Advisory Council. The motion was second by Commissioner Rymer and unanimously approved by participating Commissioners.

ACTION: Dr. Hayes nomination is hereby APPROVED.

AGENDA ITEM 5.

PRESENTATION: 2019 Legislation: Update on Implementation

Lawanda Edwards provided an update on the implementation of legislation from the 2019 legislative session and ongoing workgroups from the 2018 legislative session.

The Bill (HB 626/ SB 649) that allows existing hospice and alcoholism and substance abuse intermediate care facilities (ICFs) to change bed capacity without a CON went into effect immediately. Facilities are still required to provide timely notice to MHCC of changes in bed capacity. To date, the Maryland House Detox (Anne Arundel) has notified MHCC of plans to add 24 ICF beds and Carroll County Hospice has notified MHCC of plans to add six hospice

beds. Ms. Edwards noted that all requests are posted on the MHCC Website at https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/hcfs_con_bed_capacity_changes.aspx

Ms. Edwards stated that the Commission staff has convened a work group on psychiatric hospital services to recommend changes to the State Health Plan Chapter for Psychiatric Services and Emergency Services. The MHCC must report to the General Assembly on the status of the work, if a new SHP chapter has not been proposed by January 2020.

HB 646/SB 597, which relates to hospital capital expenditures and State Health Plan priorities, and SB 940, which relates to non-hospital capital expenditures; changes in the definition of an ambulatory surgical facility; and deems approval for certain types of uncontested CON applications if the MHCC does not act. Both of these laws are effective October 1, 2019. MHCC is working to inform impact facilities of these changes in the law.

As a result of the 2019 legislative session, the Maryland Health Care Commission is required to conduct an assessment of services at the Chestertown hospital. MHCC is currently working to procure contractor support for that assessment. Proposals from bidders are due in early July.

HB 607/SB 901 makes Primary Adult Resource Center Shock Trauma eligible for stand-by and on-call costs from the Trauma Fund. This change is effective on July 1, 2019. MHCC is working with PARC to obtain standby costs and to ensure PARC understands existing standby payment processes and requirements. MHCC staff will devise a methodology for reimbursing PARC standby costs by September. MHCC plans to convene a workgroup to look at all the payment methodologies used in the Trauma Fund after July 1, 2019.

Ms. Edwards noted that new models of EMS care are of continuing interest to the General Assembly. Over the 2019 interim period, MIEMSS must submit a report that “outlines the State’s plan for reimbursing the three models of care” and MHCC will conduct an actuarial study of the costs or saving of the models for private insurance carriers. This State effort is occurring at a time that federal policy is changing. In the spring, CMS announced a new national Model (“ET3”) in which Medicare would reimburse EMS providers for patients treated and released at the scene and patients that could be treated appropriately at alternative destinations.

Lastly, Ms. Edwards reviewed the status of several ongoing studies from the 2018 legislative session. The Health Record and Payment Integration Program Study is complete and the report was submitted in June. The Electronic Prescription Records System Study is expected this summer. The School-Based Telehealth Study and the Study on Infant Mortality in African American Infants and Infants in Rural Areas are both ongoing with reports anticipated in the fall.

Commissioner Doordan asked a question about the purpose of the Chestertown Assessment. Megan Renfrew, Chief of Government Affairs and Special Projects, explained that there is concern in the community that hospital services have been reduced. As a result of the 2019 legislative session MHCC has a statutory requirement to look at services offered at the Chestertown hospital now versus services offered in the past.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 6.

PRESENTATION: Privately Insured Report

Kenneth Yeates-Trotman, Director of the Center for Analysis and Information Systems, presented the highlights of the annual report on spending, cost, and utilization patterns for Maryland residents insured through the individual, small employer, and large employer markets. Mr. Yeates-Trotman noted that healthcare spending in 2017 grew by about 6% in 2017 compared to 5% in 2016. He also noted that Maryland's per capita spending for privately insured medical was lower than the national average (National Health Expenditures results from CMS) by about 16.5%.

Chairman Pollak inquired about the rise in the median expenditure risk scores across all markets from 2015 to 2017. In response, Mr. Yeates-Trotman explained that much of the increase in risk scores may have been due to the 17% decline in enrollment in the individual market and the addition of government employees to the large group market in 2017. Mr. Yeates-Trotman explained that because healthier people exited the individual market due to a variety of factors, risk scores for the remaining population in that market increased. He also noted that risk scores in the large group market also increased because of MHCC has included federal and Maryland state employees and their dependents in the data for this report. Previously federal and state employees and dependents had not been included because prescription drug spending was not available.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 7.

PRESENTATION: Health Information Technology, an Assessment of Maryland Acute Care Hospitals Workgroup Integration

Nikki Majewski, Chief, Health Information Technology, gave a presentation on the annual hospital health information technology (health IT) assessment. Ms. Majewski noted diffusion highlights in Maryland and the nation, and reported on hospital-perceived value of health IT following enactment of HITECH. She discussed hospitals' interest in non-traditional data to support population health, including patient medication history and socioeconomic factors. In addition, Ms. Majewski mentioned that telehealth is becoming more centralized in hospitals to support value-based care strategies, and that security risk assessments are evolving with the threat landscape.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

Overview of Upcoming Activities

Mr. Steffen noted that for the upcoming July Commission meeting, the Commission would probably have three CON actions to consider.

At the July meeting, the Commission will be asked to consider a new Health Information Exchange Designation Agreement. Mr. Steffen explained that this is an agreement that the Commission has historically entered into with CRISP. He noted that Commission staff has been working on further clarifying in the new Designation Agreement the areas in which CRISP works as the health information exchange and where it works as a private entity. He also noted that the Electronic Prescription Records System Study would be presented in July.

AGENDA ITEM 9.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:38 p.m. upon motion of Commissioner Peters, which was seconded by Commissioner Doordan and unanimously approved.