



MARYLAND HEALTH CARE COMMISSION

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Thursday, October 17, 2019

Minutes

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

Commissioners present: Doordan, Hafey, Hammersla, Metz, O'Connor, Sergent, Thomas, and Wang.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Hammersla made a motion to approve the minutes of the September 19, 2019 public meeting of the Commission. The motion was seconded by Commissioner O'Connor and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, reported on the financial assessment of changes in the scope of services provided at the University of Maryland Shore Medical Center in Chestertown (UMSMCC) being conducted by LD Health, LLC (LD). LD will present the results of its assessment at the December 2019 Commission meeting. MHCC plans to review the results of LD's financial assessment with representatives from UMSMCC before the December meeting. MHCC in collaboration with HSCRC held a kickoff meeting with the Walsh Center at National Opinion Research Center (NORC) at the University of Chicago. The Walsh Center will provide recommendations on rural health delivery models that are consistent with the overall Total Cost of Care Model that could be workable in rural communities in Maryland.

Mr. Steffen reported that MHCC will convene the first Maryland Primary Care Program Advisory Council (MDPCP) meeting on October 22, 2019, and that Michael Riebman, MD, current President of Maryland Primary Care Physicians and David Sharp will co-chair the meeting. This MDPCP will make recommendations to the Secretary of the Maryland

Department of Health based on MDPCP's evaluation of primary care programs in the years going forward.

Mr. Steffen provided an update on the work group on Acute Inpatient Psychiatric Services. MHCC will convene a Clinical Panel to support the revision of the State Health Plan Chapter for Inpatient Psychiatric Services. A principal focus of the Clinical Panel will be to define psychiatric patients who are hard to place in existing psychiatric programs. The work of the Clinical Panel will inform development of the State Health Plan Chapter for Inpatient Psychiatric Services.

Finally, Mr. Steffen reported that a communication was received from insurance companies informing MHCC that they could no longer submit insurance claims on federal employees, and their dependents and retirees, to the Maryland Medical Care Database (MCDB), also known as the Maryland All-Payer Claim Database. He reported that this will have a significant impact on the completeness of MCDB data because federal employees and their dependents represent about 22% of all private insurance claims data in Maryland's MCDB. Mr. Steffen has prepared a letter to the Director of Health Services at the Office of Personnel Management (OPM) requesting a review of this decision.

Kenneth Yeates-Trotman introduced Mr. Shankar Mesta, who is the new Chief of the Cost and Quality Center of Analysis and Information Systems. Mr. Mesta has over 10 years of experience in data analysis and holds a Master's degree in public health and also has a medical degree from India.

AGENDA ITEM 3.

ACTION: Certificate of Need – Upper Eastern Shore Home Health Agency Review

- A. Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health. (Docket No. 18-R1-2424)
- B. BAYADA Home Health Care, Inc. (Docket No. 18-R1-2425)
- C. Optimal Health Care, Inc. (Docket No 18-R1-2426)

Commissioner Marcus Wang, the Reviewer in this comparative review of three Certificate of Need (CON) applications to provide additional home health agency (HHA) services in the five-county Upper Eastern Shore region consisting of Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties, presented his Recommended Decision. He noted that these applications were the product of an extended review cycle which was initiated because potential applicants had missed the announced application deadlines, but there was a continuing need. He praised MHCC staff for their flexibility in reopening the review in the interest of meeting the health care needs of Marylanders living on the Eastern Shore. He then described the applications, stating that two of the applicants, Amedisys Home Health-Salisbury and Bayada Home Health Care-Towson, were existing Maryland home health agencies expanding their existing authorized service areas to include Upper Eastern Shore jurisdictions. Amedisys proposes to expand into Caroline, Kent, and Queen Anne's Counties and estimates that the cost of its project to be \$40,000. Bayada proposes to expand into Cecil Count and projects that no capital expenditure will be required for this expansion. The third applicant, Optimal Home Health Care, is an existing residential service agency, currently serving patients in the Upper Eastern Shore region. Optimal proposes to

establish a home health agency to serve all five counties of the region and estimates the cost of its project to be \$36,700.

Commissioner Wang found that each of the applicants had demonstrated a need for their respective projects and compliance with other applicable criteria and standards, including the standards of the State Health Plan. He recommended conditional approval of each application, with three conditions concerning charity care, financial assistance to patients, and the formation of linkages to other service providers in the region applicable to all three approvals. Those conditions are:

- Maintain compliance with the provisions of COMAR 10.24.16.08E(1)-(4) regarding charity care, sliding fee scale, and reduced fee services;
- Provide a level of charity care equivalent to or greater than the average level of charity care provided by home health agencies in the areas in which it is expanding (Caroline, Kent, and Queen Anne's Counties for Amedisys- Salisbury; Cecil County for Bayada-Towson) or in the region which it will be authorized to serve as a new home health agency (Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties in the case of Optimal); and
- Prior to its request for first use approval, provide documentation of its links with hospitals, nursing homes, continuing care retirement communities, hospice programs, assisted living providers, Adult Evaluation and Review Services, adult day care programs, the local Department of Social Services, and home-delivered meal programs located within its approved expanded service area.

Commissioner Wang further recommended the following additional condition for a CON authorizing the Amedisys application:

Amedisys-Salisbury shall serve clients whose payor source is Medicare, Medicaid, private insurance, or self-pay when providing home health agency services to clients in Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties. Amedisys-Salisbury shall not discriminate on the basis of a patient's payment source in providing home health agency service to any patient.

Commissioner Hafey made a motion to approve Commissioner Wang's recommendation, which was seconded by Commissioner Thomas and unanimously approved.

ACTION: Certificate of Need Applications– Amedisys Maryland, LLC, d/b/a Amedisys Home Health (Docket No. 18-R1-2424); Bayada Home Health Care, Inc. (Docket No. 18-R1-2425); and Optimal Health Care, Inc. (Docket No 18-R1-2426) -- are hereby APPROVED, with conditions.

AGENDA ITEM 4.

ACTION: Certificate of Need – Gaudenzia-Crownsville Establishment of Alcoholism and Drug Abuse Treatment Intermediate Care Facility (Docket No. 18-02-2421)

Kevin McDonald, Chief of Certificate of Need, presented the staff recommendation on the CON application of Gaudenzia, Inc. to establish its existing addictions treatment campus in Crownsville as an alcoholism and drug abuse treatment intermediate care facility by expanding its bed capacity to include beds for medically-monitored intensive inpatient withdrawal management and post-detox treatment services. A total of 27 beds will be added. The campus currently provides outpatient and residential treatment services for adult males. The facility has building space for that can accommodate these proposed beds.

Mr. McDonald explained that Gaudenzia would be a “Track Two” provider of these services, primarily serving “publicly-funded” patients. He stated that staff had concluded that the proposed project complies with the applicable State Health Plan standards and that the applicant had demonstrated the need for the project, its cost-effectiveness, and its viability. He stated that the impact of the project is positive because it will improve access to this higher level of inpatient addictions service in an area where demand for service exceeds the existing supply of facilities and beds. He concluded by noting that the services offered by Gaudenzia will be available and accessible to low-income households, who have limited accessibility to many of the facilities providing this level of care.

Mr. McDonald recommended approval of the proposed project. Commissioner Thomas made a motion to approve the staff’s recommendation, which was seconded by Commissioner O’Connor and unanimously approved.

ACTION: Certificate of Need Application Gaudenzia-Crownsville Establishment of Alcoholism and Drug Abuse Treatment Intermediate Care Facility (Docket No. 18-02-2421) is hereby APPROVED.

AGENDA ITEM 5.

ACTION: Study of Mortality Rates of African American Infants and Infants in Rural Areas: Final Report

Ms. Renfrew and Dr. Sandra Crouse Quinn (from the School of Public Health at the University of Maryland) presented the final report on a Study of Mortality in African American Infants and Infants in Rural Areas. The presentation briefly covered the components of the study and key findings. Ms. Renfrew highlighted changes in the report from the version presented to the Commission in September 2019 and reviewed the recommendations contained in the report.

Commissioners asked questions about the role of fathers in parenting, particularly in the African American community. Ms. Renfrew and Dr. Quinn noted that the recommendations focus on

infants and mothers, but that the whole family unit is important to infant health outcomes. Commissioners also asked about work being done in other states and countries on the topic of infant mortality.

Commissioner Hammersla made a motion to approve which was seconded by Commissioner Doordan and unanimously approved.

ACTION: Study of Mortality Rates of African American Infants and Infants in Rural Areas: Final Report is hereby APPROVED.

AGENDA ITEM 6.

ACTION: School-Based Telehealth Workgroup Updated Recommendations

Nikki Majewski, Chief of Health Information Technology, presented the Commission's perspective included in the School-Based Telehealth Final Report (Report). The Report is due to the Senate Finance Committee (Committee) by November 2019. Ms. Majewski reviewed key items discussed by the Commission at its September 19th meeting. The Report highlights the value proposition of school-based telehealth and emphasizes that the recommendations are a starting point to address fundamental challenges to diffusing telehealth in schools. The Commission recommends that the Committee consider legislation, which requires the Maryland State Department of Education, in consultation with the Maryland Department of Health, to develop a five-year telehealth innovation strategy plan. It was also noted that a permanent funding source in place of time-limited grants is needed to sustain telehealth in Maryland schools.

Commissioner Thomas made a motion to approve which was seconded by Commissioner Hammersla and unanimously approved.

ACTION: School-Based Telehealth Workgroup Final Report is approved.

AGENDA ITEM 7.

PRESENTATION: Health Information Exchange Consent Management Tool Development

David Sharp, Ph.D., Director of the Center for Health Information Technology and Innovative Care Delivery, presented on the proposed vision in Maryland for a Consent Management Tool (CM Tool). The goal is to centralize how consumers authorize access and disclosure of their electronic health information through a health information exchange (HIE) operating in the State. Dr. Sharp highlighted consumer-centric activities nationally and explained how the 10 HIEs operating in Maryland currently require some version of consumer opt-out. A preliminary timeline for the design, development, and implementation of the CM Tool was discussed.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

PRESENTATION: Maryland Patient Safety Center Designation Agreement Update

The MHCC is authorized by the Maryland General Assembly to designate a Patient Safety Center (PSC) for the State to foster a shared culture of safety among health care providers. The Maryland Patient Safety Center, Inc. was re-designated by the MHCC in December 2014 for a five year period ending December 2019. Theresa Lee, Director of Quality Measurement and Reporting, provided an update on the status of the designation process and proposed recommendations for extending the current designation deadline for 120 days. The extension would allow for the issuance of a Request for Expression of Interest (i.e., RFI) to determine if other entities are interested in serving as the PSC for Maryland. The Commission approved the staff recommendation for the 120-day extension and release of the RFI.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 9.

Overview of Upcoming Activities

Mr. Steffen stated that the Commission would consider action on several CON applications at the November Commission meeting, including a hospital CON application. In addition, he reported that recommendations for the Trauma Report, which is due to the Legislature in November, will be presented at the November meeting. Mr. Steffen stated that Theodore Delbridge, Executive Director of MIEMSS, will be present at the November meeting to present his vision on how MIEMSS and MHCC can work together.

Next, Mr. Steffen reported that, in response to Commissioner O'Grady's request at the October meeting for updates on hospice utilization, MHCC staff has gathered the hospice survey results and will present them at the November meeting along with the hospice network.

Lastly, there will also be an overview of the Telehealth Grant announcement and Kenneth Yeates-Trotman will present on the release of the Maryland Medical Care Database (MCDB) Data Submission requirements for 2020.

AGENDA ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:46 p.m. upon motion of Commissioner Hammersla, which was seconded by Commissioner Hafey and unanimously approved.