



Thursday, January 20, 2022

MINUTES

Chairman Pollak called the meeting to order at 1:02 p.m.

Commissioners present via telephone: Akintade, Bhandari, Boyer, Boyle, Brahmhatt, Cheatham, Doordan, Jensen, O’Grady, Sergent, and Wang

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Boyer made a motion to approve the minutes of the December 16, 2021, public meeting by teleconference of the Commission. The motion was seconded by Commissioner Akintade and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, reported that there are four Commissioners who will be up for reappointment over the 2022 legislative session. Mr. Steffen informed the Commissioners that typically the Governor’s appointment office will contact the Commissioners directly regarding their reappointment. He noted that, in the past, Commissioners that were reappointed during the legislative session were not asked to appear before the Senate Executive Nomination Committee, but that Commissioners should pay attention to any communications received via email from the Governor’s appointment office, which will provide further detailed instructions.

Mr. Steffen stated that a progress Report on the Commission’s Strategic Priorities was included in the minutes for December and is on the Agenda for further discussion during this meeting. Mr. Steffen also called the Commissioners attention to a new section that has been added in the monthly Updates of Activities, which reports on Acquisitions/Change of Ownership for Comprehensive Care Facilities.

Mr. Steffen reported that the work of OnPoint, the Commission's new All Payer Claims Database contractor, continues to go well and that an introduction to OnPoint is planned for a future Commission meeting.

Lastly, Mr. Steffen, reported that the Commission has been asked to provide input and staff support on the following issues facing Maryland policymakers: (a) Development of a strategy to align Medicare Advantage Plans in Maryland with other Total Cost of Care initiatives, including the Maryland Primary Care Model; (b) Renewed interest in Assignment of Benefits legislation in Maryland due to the federal No Surprise Billing legislation and interim regulations regarding assignment of benefits; and (c) Additional interest in insurance mandates, such as elimination of copayments for mammography screening and the expansion of criteria for coverage of in-vitro fertilization (IVF).

AGENDA ITEM 3.

PRESENTATION: Update on EMS Response to latest COVID-19 Surge, Ted Delbridge, MD, MPH, Executive Director, Maryland Institute for Emergency Medical Services Systems (MIEMSS)

Ted Delbridge, MD, MPH, Executive Director of MIEMSS provided situational updates on the EMS and hospital systems. He reported that, over the last month, Maryland has seen an unprecedented rise in COVID-19 cases and hospitalizations, which is largely attributed to the highly transmissible Omicron variant. Despite Omicron causing less severe infections, the number of cases had the potential to overwhelm the health care system. The Governor responded by instituting a 30-day state of emergency, expanding testing centers, and deploying the National Guard to support the hard-pressed health care system.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 4.

PRESENTATION: Update on Hospital Response to Latest Covid-19 Surge, Bob Atlas, President & CEO, Maryland Hospital Association (MHA)

Bob Atlas, President & CEO, MHA, provided situational updates on the emergency medical and hospital systems. Mr. Atlas stated that the Maryland Department of Health reports the latest data for COVID-19 each day at 10:00 am and that Maryland has seen an upward surge of COVID-19 cases each day. These results do not include results of self-tests that anyone may have administered. Before the Omicron variant emerged, the rate in Maryland was 2.92%.

Mr. Atlas stated that of all the ways of calculating the severity of the pandemic, most public health officials point to the number of hospitalizations as the metric that sheds light, not just on the number of people who are seriously ill, but also the strain those patients put on the medical infrastructure. Currently, Maryland hospitals are caring for 2,983 patients with COVID-19 and many of those patients have other conditions as well. Mr. Atlas reported that this is the most patients hospitalized at one time since the pandemic began, and Maryland's hospitals have urgently called for help.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 5.

PRESENTATION: Legislative Update

Tracey DeShields, Director, Policy Development and External Affairs, gave a legislative update of the session to date. The session began on January 12th. Ms. DeShields discussed important dates that the Commission and staff need to be aware of as the session proceeds. Additionally, Ms. DeShields explained how the session will operate this year considering COVID-19. She noted that the House of Delegates issued guidelines, and that bill hearings will again be held virtually even though the House Office Building will be open to the public with an indoor mask requirement. The Senate also issued guidelines and will operate virtually for bill hearings and briefings only until February 11th. She reported that beginning February 14th, the Senate will be in-person for bill hearings and budget hearings. Ms. DeShields further noted that several Committee Chairs will be retiring after this session and mentioned their stellar careers in the General Assembly. Ms. DeShields then went over a few briefings including one on the Telehealth report that the Commission is required to do under HB 123/SB 3 that passed last session.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 6.

PRESENTATION: Update on Increasing Public Awareness of the Maryland Quality Reporting website

Sametria McCammon, Program Manager, Center for Quality Measurement and Reporting, presented an overview of promotional activities to increase consumer awareness since the relaunch of the Maryland Quality Reporting website. Ms. McCammon discussed a pending Maryland Public Television (MPT) campaign targeting minorities and caregivers, use of social media platforms to directly engage consumers, and collaborations with AARP Maryland,

Maryland 211, and Baltimore County Libraries. She also shared the 30 second media clip to accompany the MPT campaign and the new Long Term Care Planning toolkit mandated by House Bill 599.

Ms. McCammon then discussed the impact of the promotional activities on website traffic and highlighted the success of Nextdoor, Facebook, and Maryland 211 in referring consumers to the website. She shared the Commissions' growing recognition on social media as a trusted source of health information. Finally, Ms. McCammon discussed future potential collaborations and how staff and Commissioners could assist in website promotion.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 7.

PRESENTATION: Commission Strategic Priority Planning

Anne Langley with Health Management Associates, our strategic planning consultant, provided an overview of the next steps in the planning effort. In November, MHCC held a strategic planning retreat aimed at setting MHCC priorities over the next four years. Ben Steffen reviewed the key themes developed during the retreat with the Commissioners. Mr. Steffen introduce each of the five themes: 1) Create a visible, impactful state health equity report card (access, quality, outcomes, patient experiences; 2) Transform the State Health Plan into a "Real" State Health Plan; 3) Make the Certificate of Need (CON) program more of a tool to achieve other goals, such as equity; 4) Make data resources more timely, more integrated, more relevant, more usable for consumers; and 5) Develop the mechanism to achieve and facilitate true consumer and community engagement.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

Overview of Upcoming Activities

Mr. Steffen announced that the February Commission meeting may include one contested CON case. He also informed Commissioners to expect spending a significant amount of time discussing important legislative proposals at the February meeting, such as the efforts by private payers to align the Total Cost of Care Model with private payer value-based payment initiatives and models, and efforts by CRISP to expand the scope of information that CRISP is responsible for collecting.

AGENDA ITEM 9.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:09 p.m. upon motion of Commissioner Sergent, which was seconded by Commissioner Bhandari and unanimously approved.