



Thursday, June 16, 2022

MINUTES

Chairman Sergent called the meeting to order at 1:04 p.m.

Commissioners present via telephone and in person: Akintade, Bhandari, Boyer, Boyle, Brahmhatt, Cheatham, Doordan, Jensen, Metz, O'Connor, O'Grady, Wang and Wood.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Jensen made a motion to approve the minutes of the May 19, 2022, public meeting of the Maryland Health Care Commission (Commission or MHCC), which was held by teleconference hybrid. The motion was seconded by Commissioner Akintade and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Chairman Sergent congratulated Commissioner Akintade on his appointment as Dean of the School of Nursing at East Carolina University in Greenville, NC. Chairman Sergent thanked Commissioner Akintade for his service to Maryland.

Next, Chairman Sergent sent a congratulations to Commissioner Cheathan on her selection as one of the Maryland Daily Record's 2022 Influential Marylanders in Health Care.

Chairman Sergent stated that Governor Hogan appointed Kenneth Buczynski, M.D. to MHCC. Dr. Buczynski is in private practice at Wellspring Family Medicine in Oakland, MD. Dr. Buczynski received his medical education at Penn State College of Medicine and his undergraduate education at the University of Virginia, where he graduated with high distinction. Dr. Buczynski completed his residency at Via Christi Regional Medical Center in Wichita Kansas.

Chairman Sergent stated that Dr. Buczynski is a staunch advocate for advanced primary care. His practice participates in the Maryland Primary Care Program (MDPCP), and he currently serves on MHCC's MDPCP Advisory Council.

Chairman Sergent introduced Caitlin Tepe, MHCC's new Assistant Attorney General. Ms. Tepe has many years of experience in administrative law. She most recently comes from Maryland Volunteer Lawyers Service, where she represented disabled adults in guardianship proceedings. Ms. Tepe holds a JD from the University of Baltimore School of Law, from which she graduated magna cum laude.

Ben Steffen, Executive Director of the Commission, provided an update of Commission activities. Commissioner Boyle asked about the State's oversight of acquisitions, noting that the written updates indicate that a comprehensive care facility has been acquired by an entity that would not have received a certificate of need. Mr. Steffen explained that MHCC has limited control over acquisitions but mentioned that recent legislation was passed to give the Office of Health Care Quality some additional oversight.

Chairman Sergent asked if there were any updates about self-insured plans and the All-Payer Claims Database (APCD). Mr. Steffen explained that due to a Supreme Court ruling, Employee Retirement Income Security Act of 1974 (ERISA) plans were not required to submit information to APCDs. The No Surprises Act created a workgroup on this issue, but the workgroup's recommendations would require additional action by the Department of Labor.

Mr. Steffen then gave an update on hospital surge planning. MHCC is working with a team convened by the Secretary of Health and consultants from Berkeley Research Group. Paul Parker, Director, Center for Health Care Facilities Planning and Development, is taking the lead and MHCC anticipates a report in early July.

Next, Mr. Steffen briefed the Commission on innovative care delivery through MDPCP Track 3, which was just approved by the Centers for Medicare & Medicaid Innovation Center. Mr. Steffen explained that more information on Track 3 will be presented at the July meeting. Track 3 introduces two-sided risk. A request for applications has been released for new practices to join MDPCP. Practices that are currently participating in MDPCP will also be given an opportunity to participate in Track 3.

Mr. Steffen then spoke about MHCC's implementation of two-sided incentive arrangements, which was passed by the legislature the last session. MHCC's role is to assist the State in monitoring the establishment of these programs, including collecting data from practices to assess the efficiency and quality of these programs.

Next, Mr. Steffen stated that MHCC and the Maryland Patient Safety Center are working together to convene a workgroup on workplace violence in health care settings. The workgroup is statutorily mandated under Senate Bill 700.

In addition, Mr. Steffen spoke about small procurements, including the procurement of an actuarial to complete insurance mandate studies on coverage for physical therapy, in vitro fertilization, and home test kits for sexually transmitted diseases. Mr. Steffen also noted procurement efforts related to the inter-state telehealth study and the expanded role of the health information exchange's role in public health as a health data utility.

AGENDA ITEM 3.

ACTION: Adventist Healthcare- Change of CON Condition -Takoma Park Urgent Care (Docket No.: 13-15-2349)

Wynee Hawk, Chief, Certificate of Need (CON), briefed the Commissioners on staff's recommendation to grant a request to change a condition on a CON application. She stated that in December 2015, the Commission granted a CON to relocate and replace Washington Adventist Hospital (WAH), located in Takoma Park. The CON contained a condition that Adventist HealthCare (AHC) would open an urgent care center in Takoma Park that would operate 24 hours per day to meet the needs of the community.

Ms. Hawk stated that AHC opened the urgent care center (UCC) on August 26, 2019. Since its launch, the UCC has suffered from low visit volume and high staffing expenses causing AHC significant financial loss. In 2021, AHC requested permission to reduce the UCC operating hours from 24 to 12 hours per day. At the July 2021 Commission meeting, AHC's proposal to reduce UCC operating hours was denied, and the Commission recommended AHC engage with Takoma Park on the development of a proposal that would better meet the health care needs of the community.

Ms. Hawk stated that after the July 2021 Commission meeting, AHC engaged with Takoma Park in efforts to work through a mutually agreeable solution. The two parties are now in agreement to replace the UCC with a primary care office with embedded behavioral health counseling services. Ms. Hawk added that AHC has agreed to donate physical space to be used as a location for a behavioral health crisis response center in Takoma Park. The review process yielded a condition listed below which is included in the staff report:

With its closure of the urgent care center on the former Washington Adventist Hospital campus, Adventist HealthCare, Inc. shall open a primary care office with embedded behavioral health counseling in Takoma Park as outlined in Exhibit A. Adventist HealthCare, Inc. may not eliminate these services without the approval of the Maryland Health Care Commission.

Ms. Hawk recommended that the Commission **APPROVE** the project.

Commission Boyle moved to approve Adventist Healthcare- Change of CON Condition - Takoma Park Urgent Care, which was seconded by Commissioner O'Connor and after discussion, unanimously approved.

ACTION: Certificate of Need – Adventist Healthcare- Change of CON Condition - Takoma Park Urgent Care – is hereby APPROVED.

AGENDA ITEM 4.

ACTION: MDPCP Advisory Council Nomination

Anene Onyeabo, Program Manager in the Innovative Care Delivery Division, presented the nomination of Peter LoPresti, Doctor of Osteopathic Medicine to the MDPCP Advisory Council (Council). The Council provides stakeholder input on operations of the MDPCP and serves a consultative and advisory role to the Secretary of the Maryland Department of Health and the MDPCP Program Management Office. Ms. Onyeabo stated that Peter LoPresti is the Medical Director for University of Maryland Medical System's Population Health Services Organization and has led several organizations as a Medical Director throughout his career.

Commission Jensen moved to approve MDPCP Advisory Council Nomination, which was seconded by Commissioner Bhandari and unanimously approved.

ACTION: MDPCP Advisory Council Nomination is hereby APPROVED.

AGENDA ITEM 5.

PRESENTATION: Maryland Hospital Performance Update (Spring 2022 LeapFrog Results)

Courtney Carta, Chief, Hospital Quality Performance, gave an update on Maryland hospital performance on two different rating systems - the Leapfrog Hospital Safety Grades and the Centers for Medicare & Medicaid Services (CMS) Overall Hospital Quality Star Ratings. The Leapfrog Hospital Safety Grades use safety measures to calculate a letter grade for hospitals on a scale of A-F. Maryland hospitals began receiving grades in 2017 and showed steady improvements. Maryland scores peaked in Fall 2020 with almost 40% of hospitals receiving an "A" grade. Since then, scores have slowly declined and only about 17% of hospitals received an "A" grade in the latest Spring 2022 grades. CMS Star Ratings use a host of quality measures to calculate a star rating for hospitals (1-5, 5 is the best). Maryland hospital performance is lower than the nation, with almost 40% of hospitals receiving a 2-star designation. Many factors contribute to the low scores including challenges associated with the pandemic and historically below-average hospital patient satisfaction scores. Staff continues to monitor performance on these and other national ranking systems.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 6.

Overview of Upcoming Activities

Mr. Steffen stated that July's Commission meeting agenda will likely include a presentation on MDPCP, a memorandum of understanding with the Maryland Patient Safety Center, redesignation of CRISP as the State-Designated HIE, overview of the creation of the Data Review Advisory Commission under COMAR 10.25.05, and several CON issues and presentations.

AGENDA ITEM 7.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:29 p.m. upon motion of Commissioner Jensen, which was seconded by Commissioner Boyle and unanimously approved.