

Thursday, March 16, 2023

MINUTES

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

Commissioners present via telephone and in person: Bhandari, Brahmhatt, Buczynski, Jensen, Metz, O’Grady, Ojikutu, Wang, and Wood.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Buczynski made a motion to approve the minutes of the February 16, 2023, public meeting of the Maryland Health Care Commission (Commission or MHCC), which was held by teleconference hybrid. The motion was seconded by Commissioner Jensen and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, recognized the service of Commissioner Metz, whose term has expired and would not be serving on the Commission after the March meeting.

Mr. Steffen recognized Paul Parker, the outgoing director of the Center for Health Care Facilities Planning and Development, on his accomplishments at MHCC and wished him well in his retirement. Mr. Steffen also recognized Madeline Sailes for her work with the Charity Campaign and for her work with setting up the IT services for MHCC’s Commission meetings.

Mr. Steffen noted that the 2022 Annual Report and the 2023-2026 Strategic Priorities Report have been distributed to the Commissioners. Mr. Steffen thanked Commissioners for their assistance in developing the strategic priorities report and Theresa Lee’s work on the annual report.

Mr. Steffen spoke about the new Maryland Consumer Health Information Hub; HB 1082 designated the Horowitz Center for Health Literacy at the University of Maryland as the Hub. The Hub is bringing together all of the state agencies that are engaged in consumer outreach and Mr. Steffen has asked the Horowitz Center to present to the Commission in April on its plans.

Next, Mr. Steffen discussed the release of the MHCC Quality Newsletter that the newsletter includes an interview with Dr. Eig of the Maryland Patient Safety Center.

Mr. Steffen spoke briefly about the). Mr. Steffen announced that Maryland received a technical grant and was selected to participate in the National Academy for State Health Policy (NASHP) State Policy Institute to Improve Care for People with Serious Illness. The Maryland team includes MHCC, the Medicaid Program, the Hospice and Palliative Care Network, and other stakeholders. The Maryland team will be working NASHP consultants and experts in five other states-- Colorado, Maine, Ohio, Texas, and Washington.

Mr. Steffen spoke briefly about staff's participating in different workgroups. Mr. Steffen noted that the Consumer Engagement Workgroup is looking at how consumers could share in savings generated by the Total Cost of Care Model.

AGENDA ITEM 3.

PRESENTATION: Legislative Update

Tracey DeShields, Director of Policy Development and External Affairs, gave a legislative update on the happenings of the legislature as of March 16th. She provided a few fun facts noted below:

- March 20th will be the 69th day of session and now the work begins;
- April 3rd is the 83rd day, and the Budget bill must be passed by both Chambers;
- 1498 bills were introduced in the Senate;
- 1910 bills were introduced in the House; and
- Staff are currently tracking approximately 193 bills.

Ms. DeShields reviewed the bill activities that occurred from the start of the legislative session up until the March Commission meeting. The bills that had bill hearings to date follow:

- SB534 Preserve Telehealth Access Act of 2023
- SB387/HB274 -Task Force on Reducing Emergency Department Wait Times
- SB648/HB786 - Electronic Health Networks and Electronic Medical Records - Nursing Homes - Release of Records
- SB786/HB812 - Health - Reproductive Health Services - Protected Information and Insurance Requirements

- SB234/HB420 - Health Services Cost Review Commission - Hospital Rates - All-Payer Model Contract

Ms. DeShields mentioned that the budget hearings for the Commission were held in the House Appropriations Committee (February 23rd) and the Senate Budget and Tax Committee (March 6th). Mr. Ben Steffen noted that there were no major issues for the Commission to comment on. Mr. Steffen did mention that MHCC was asked about the gap analysis and needs assessment designated to us on the behavioral health crisis response system. He said that the Commission provided a response pointing out that a gap analysis and needs assessment was not necessary given that the Behavioral Health Administration has already completed one and they are very far along in developing the behavioral health crisis response system.

Lastly, Ms. DeShields went over the bills that were coming up for a bill hearing and discussed possible positions to take on some of the bills with the Commissioners. The following bills were reviewed with the Commissioners:

- SB387/HB274 -Task Force on Reducing Emergency Department Wait Times
- SB648/HB786 - Electronic Health Networks and Electronic Medical Records - Nursing Homes - Release of Records
- SB786/HB812 - Health - Reproductive Health Services - Protected Information and Insurance Requirements
- SB234/HB420 - Health Services Cost Review Commission - Hospital Rates - All-Payer Model Contract
- SB283/HB418 - Mental Health - Workforce Development - Fund Established
- SB 365509/HB 588 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
- SB493/HB675 - Commission to Study Trauma Center Funding in Maryland
- SB509/HB702 - Health Care Facilities - Nursing Homes - Acquisitions and Licensure
- SB582/HB1148 - Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)

ACTION: NONE

AGENDA ITEM 4.

ACTIONS: Certificate of Ongoing Performance for Cardiac Surgery Services

A. ACTION: University of Maryland Medical Center (Docket No.: 22- 24-CP036)

Olubukola (Buki) Alonge, Program Manager, presented the staff report and recommendations for the Certificate of Ongoing Performance application for cardiac surgery for the University of Maryland Medical Center (UMMC). She provided an overview of the standards in COMAR 10.24.17 for Certificate of Ongoing Performance reviews for cardiac surgery services in Maryland and shared staff's findings from the review of UMMC's application and its alignment with the standards.

In addition, she explained confidence intervals and how to interpret them in relation to the MHCC cardiac surgery performance measure, which uses the 95 percent confidence interval as the calculated acceptable margin of error for a hospital's all-cause 30-day risk-adjusted mortality rate for coronary artery bypass graft procedures. Dr. Alonge recommended that the Commission find that UMMC is in compliance with the required standards, and introduced representatives from the hospital who attended the meeting.

Commissioner Jensen moved to approve the Certificate of Ongoing Performance for University of Maryland Medical Center for a four-year period, which was seconded by Commissioner Boyer and after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance - University of Maryland Medical Center is hereby APPROVED.

B. ACTION: University of Maryland St. Joseph Medical Center (Docket No.: 22-03-CP038)

Dr. Alonge presented the staff report and recommendations for the Certificate of Ongoing Performance application for cardiac surgery of the University of Maryland St. Joseph Medical Center (UM SJMC). She again provided an overview of the standards in COMAR 10.24.17 for Certificate of Ongoing Performance reviews for cardiac surgery services in Maryland and shared staff's findings from the review of UMMC's St. Joseph's application and its alignment with the standards.

A few Commissioners asked questions regarding the external peer review of cases, the cardiac surgery case mix in the different hospitals, and the requirements for quality assurance activities. The Commissioners also requested clarification on the goals of the Certificate of Ongoing

Performance process. Next, Dr. Alonge reiterated the standards in COMAR 10.24.17 for Certificate of Ongoing Performance reviews for cardiac surgery services in Maryland and shared the findings from the review of UM SJMC's application and its alignment with the standards. She recommended that the Commission find that UM SJMC is in compliance with the required standards, and introduced representatives from the hospital who attended the meeting.

Commissioner Jensen moved to approve the Certificate of Ongoing Performance for the University of Maryland St. Joseph Medical Center for a four-year period, which was seconded by Commissioner Wood and after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance - University of Maryland St. Joseph Medical Center is hereby APPROVED.

C. ACTION: Medstar Union Memorial (Docket No.:22-24- CP035)

Katie Neral, Program Manager for the Acute Care Policy and Planning Division, presented the staff report and recommendation to approve the Certificate of Ongoing Performance application for cardiac surgery services at Medstar Union Memorial Hospital. She presented an overview of the staff analysis of the information submitted by the hospital in relation to the relevant requirements in COMAR 10.24.17 and recommended that the Commission find that the hospital complies with all required standards. Ms. Neral also introduced Ms. Cheryl Lunnen, Regional Vice President of the Cardiovascular Service Line at Medstar Union Memorial Hospital, who was in attendance. During the presentation, a question was asked about confidence intervals, and Ms. Neral clarified the information presented in slide four of her presentation.

Commissioner Buczynski moved to approve the Certificate of Ongoing Performance for Medstar Union Memorial for a four-year period, which was seconded by Commissioner Boyer and after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance-University of Medstar Union Memorial is hereby APPROVED.

AGENDA ITEM 5.

PRESENTATION: Update on the work of the HSCRC Post Acute Care Workgroup

Paul Parker, Director of the Center for Health Care Facilities Planning and Development, presented on meetings that he has facilitated with the Post Acute Care and Long-Term Care workgroup. He briefed the Commission on the group's discussion of issues and ideas to date, as well as potential policy approaches to changing the way in which payers, hospitals and nursing homes improve and better coordinate care for the Medicare population.

ACTION: NONE

AGENDA ITEM 6.

OVERVIEW OF UPCOMING ACTIVITIES

Mr. Steffen briefly spoke about the upcoming events. The next Commission meeting will include a couple of CON matters for review, a couple of presentations, and a final update on legislative bills that MHCC is following.

AGENDA ITEM 7.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:50 p.m. upon motion of Commissioner Buczynski, which was seconded by Commissioner Jensen.