# Maryland Health Care Commission

Thursday, September 19, 2019

1:00 p.m.

MARYLAND HEALTH CARE COMMISSION

# AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Baltimore City General Hospice Review
   - A. BAYADA Home Health Care, Inc., d/b/a BAYADA Hospice (Docket No. 16-24-2387)
   - B. Carroll Hospice, Inc. (Docket No. 16-24-2388)
   - C. P-B Health Home Care Agency, Inc. (Docket No. 16-24-2389)

4. **ACTION:** School-Based Telehealth Workgroup Recommendations

5. **ACTION:** Appointments to MHCC Cardiac Services Advisory Committee

6. **PRESENTATION:** Privately Insured Spending in Maryland's Individual Market, Early Update 2018

7. **PRESENTATION:** Quality Report for Consumer Website

8. **PRESENTATION:** Study of Mortality Rates of African American Infants and Infants in Rural Areas

9. **OVERVIEW OF UPCOMING ACTIVITIES**

10. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

# APPROVAL OF MINUTES

(Agenda Item #1)

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MARYLAND HEALTH CARE COMMISSION

# UPDATE OF ACTIVITIES

(Agenda Item #2)

MARYLAND HEALTH CARE COMMISSION

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(Agenda Item #3)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

# ACTION:

## School-Based Telehealth Workgroup Recommendations

(Agenda Item #4)

# School-Based Telehealth Workgroup

## *Draft Recommendations*

**September 19, 2019**

# Background

- During the 2018 legislative session, the Senate Finance Committee (Committee) expressed the need to assess policies in the State governing school-based telehealth
- The MHCC was tasked with convening a workgroup to develop recommendations; focus was on identifying practical ways to increase awareness and diffusion of telehealth in schools
- Staff submitted an interim report to the Committee in January 2019
- A final report is due by November 2019

# Telehealth

As it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a location other than the location of the patient

# Key Benefits

- Holds great promise for addressing some of the most challenging problems – access to care and services, cost effective delivery, and workforce shortages (e.g., nurses, speech language pathologists, etc.)
- Convenience of a school-based setting, which equals less time away from class for students
- Minimizes disruptions for parents/guardians in providing medical care for their children
- Increased compliance with appointments (no traveling necessary)
- Helps reduce the stigma that can be associated with behavioral health services (teletherapy)
- Growing evidence supports opportunities for telehealth to avert emergency room visits

# Challenges

- Funding (grants, Medicaid, private payors) and sustainability
- Space availability for private telehealth encounters
- Buy-in/acceptance (providers, school nurses, administrators and teachers, parents/guardians)
- Policy development – shared oversight by the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH)

# Current Landscape

- School districts provide a wide-range of health services to students (e.g., primary and acute care, chronic disease management, behavioral health, speech therapy, etc.)
  - 1,437 primary and secondary schools statewide
- Unique characteristics and associated challenges for school-based health centers (SBHCs), school health services (SHS), and special education program (IEP*) related services make it impractical to centralize policy development for telehealth in schools
  - 84 SBHCs in 12 of 24 jurisdictions
  - All schools provide SHS

**An individualized education program (IEP) must be developed if a child is determined to have a disability that requires specialized instruction. An IEP is a written document outlining the who, what, when, why, where, and how of instruction and related services that are to be provided to a student with disabilities.*

# Draft

# Recommendations

# By Key Category

# Increasing Awareness

- *Leverage telehealth champions from communities, such as parents/guardians, providers, teachers, and school administrators to promote awareness and build partnerships to advance telehealth in schools.*

# Privacy and Security

- *Rely on federal privacy laws (HIPAA and FERPA) to protect student privacy; require schools to implement telehealth technology consistent with ATA technical standards*

# Policy Development

**Oversight**

- *Leverage existing advisory groups with established programmatic responsibilities for SBHCs, SHS, and special education related services to recommend policies for school-based telehealth*

**Innovation**

- *Advance development of policies to support implementation of innovative approaches and meaningful use of telehealth in schools*

# Funding

- *Establish a grant fund available to school districts that implement telehealth in SBHCs, SHS, or special education related services*

# Commission Action

- Staff recommends the Commission approve the proposed recommendations for inclusion in the final report

MARYLAND HEALTH CARE COMMISSION

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# ACTION:

## Appointments to MHCC Cardiac Services Advisory Committee

(Agenda Item #5)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

# PRESENTATION:

## Privately Insured Spending in Maryland's Individual Market, Early Update 2018

(Agenda Item #6)

# An Early Update on Privately Insured Spending in Maryland's Individual Market, 2018

Commission Meeting
September 19, 2019

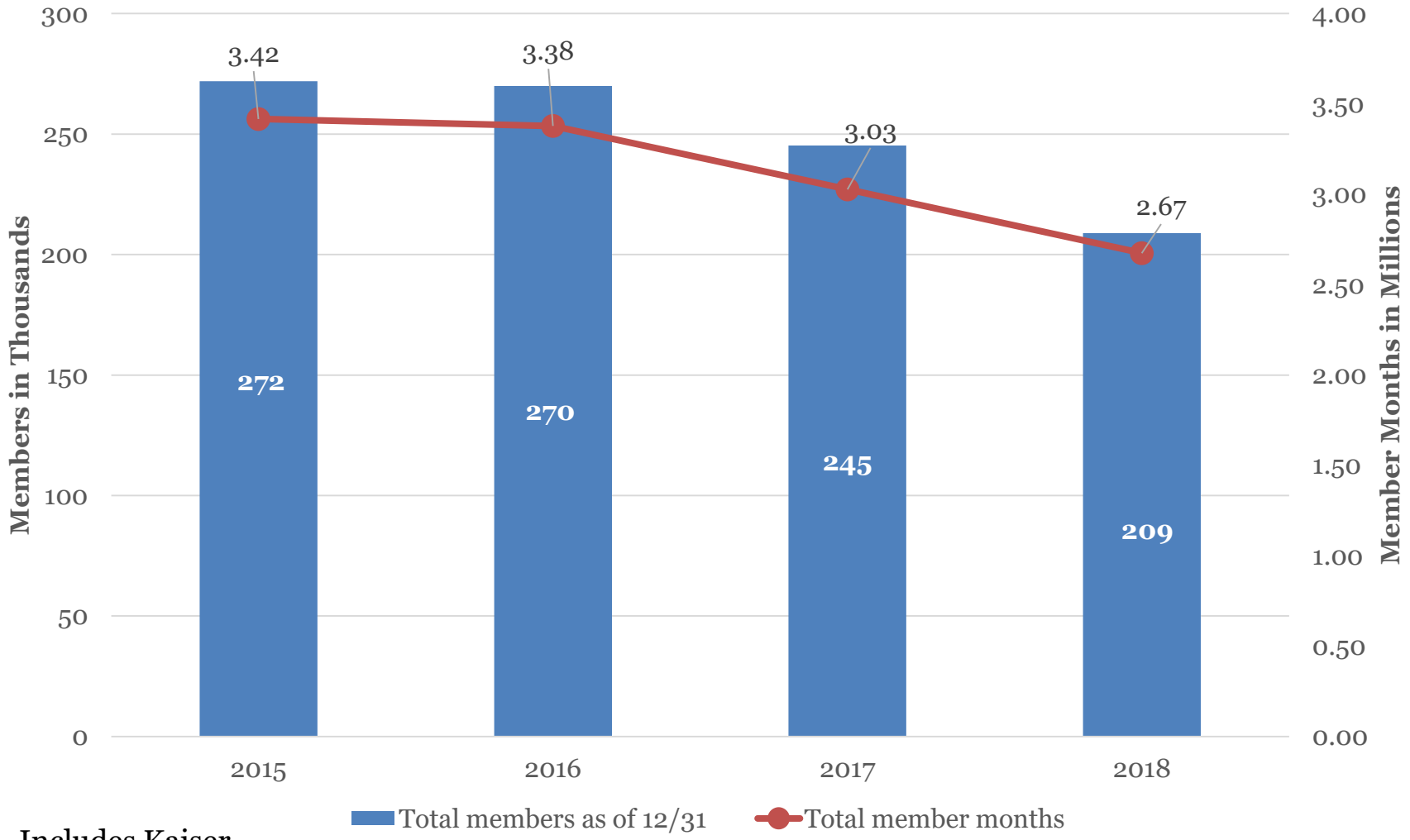
MHCC | MARYLAND HEALTH CARE COMMISSION

# Background

- MHCC is required to report annually on healthcare spending and utilization
  - Medical Care Data Base includes data submitted by health insurance carriers, Third Party Administrators, and Pharmacy Benefits Managers for 2015 to 2018.
  - Privately insured health plans, Maryland residents, under age 65

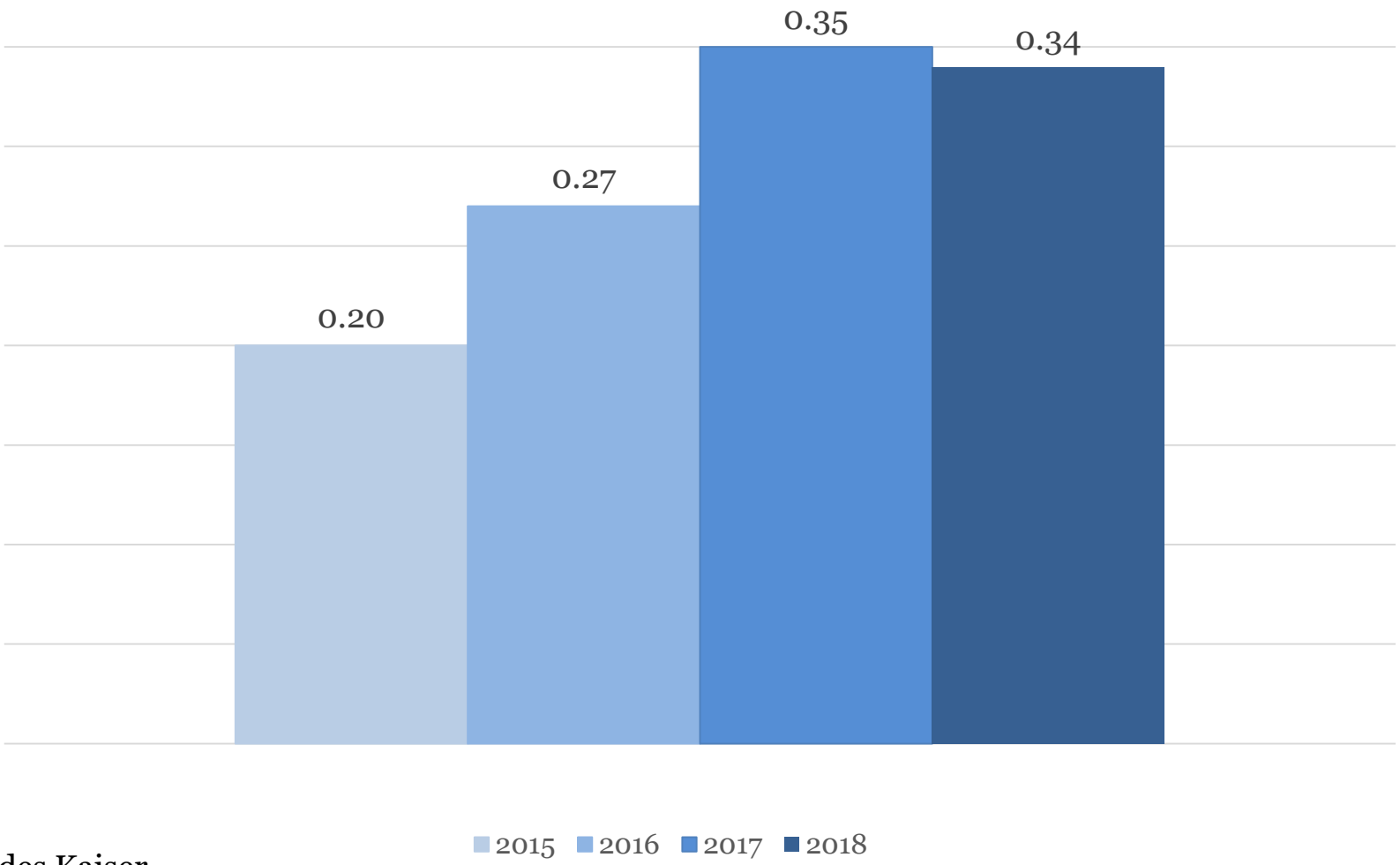
- Focus solely on the Individual Market
  - This report examines health care spending for the individual market segment by service category

# Members as of 12/31 and Member Months, Individual Market (ACA-Compliant and Non-Compliant Plans), 2015 to 2018




Includes Kaiser

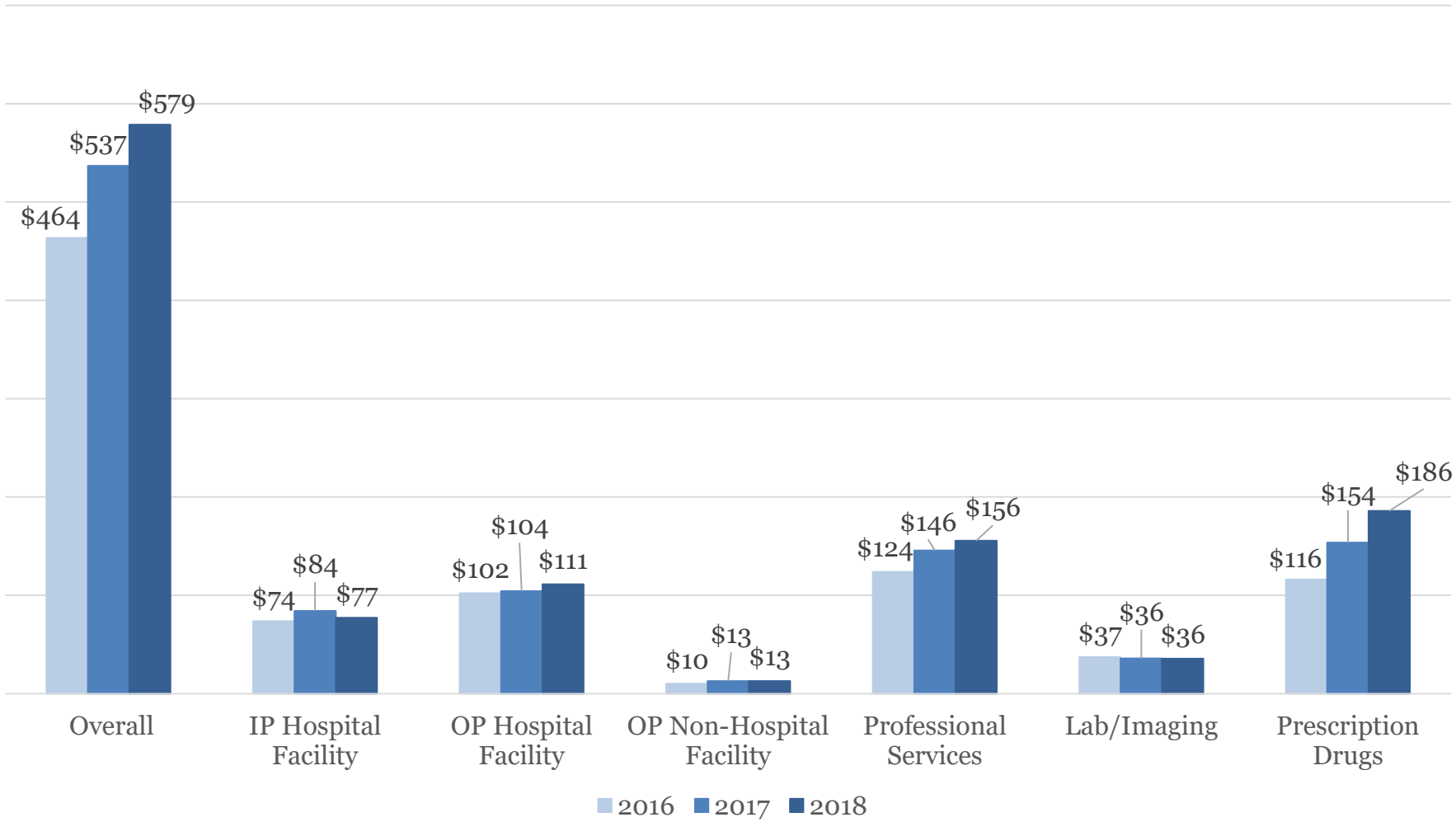
# Median Expenditure Risk Scores Individual Market (ACA-Compliant and Non-Compliant Plans) (2015 to 2018)



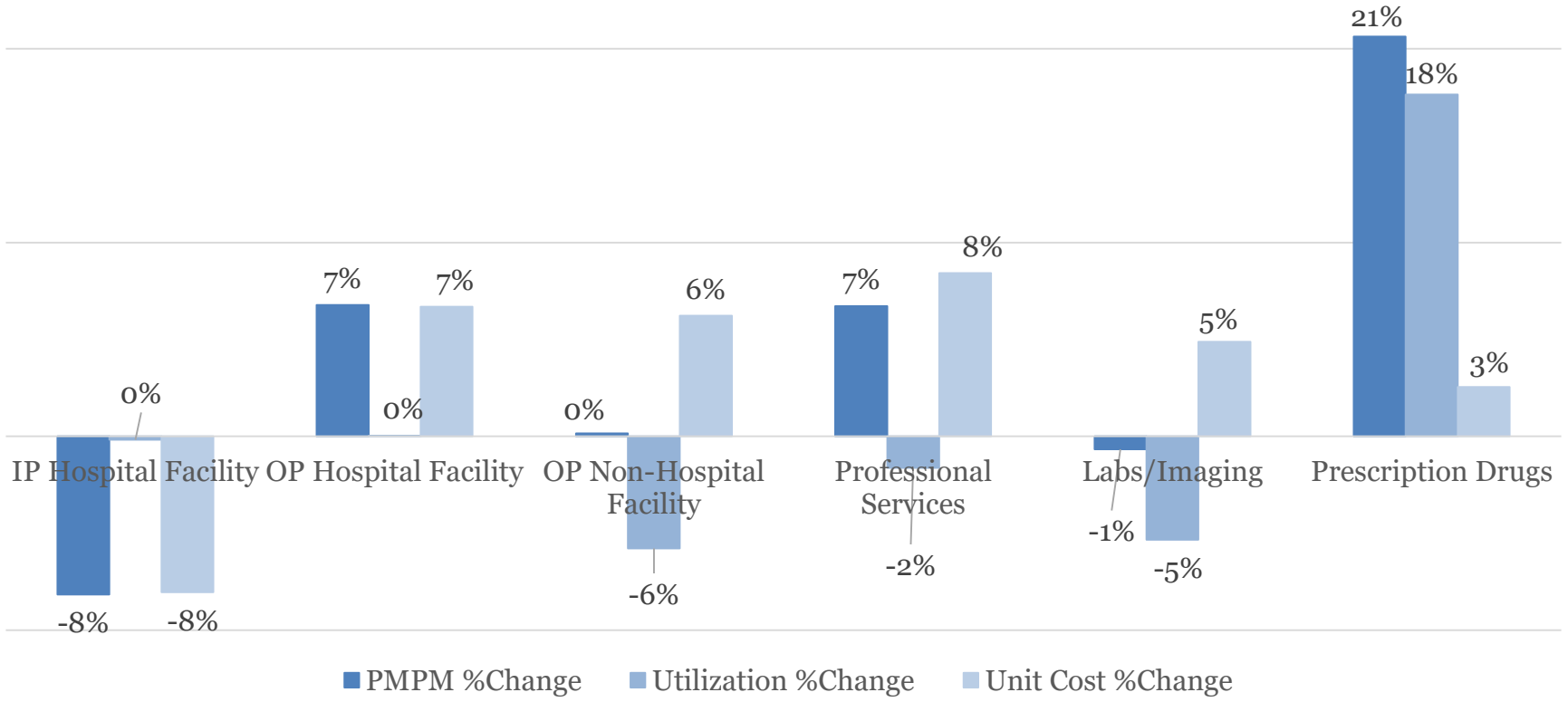

Includes Kaiser

Used JHU ACG Grouper

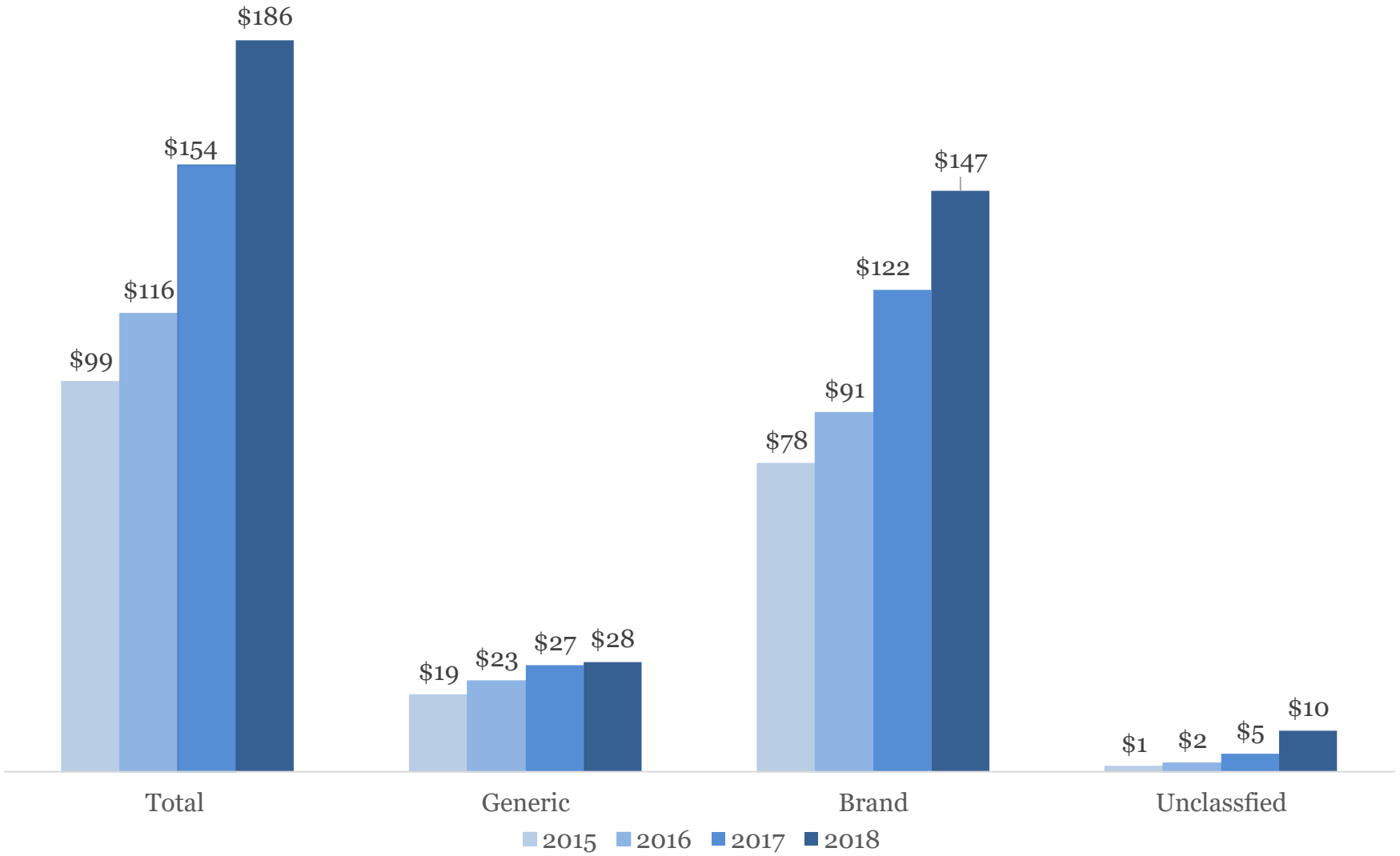
# PMPM Spending Overall and by Service Category, Individual Market (ACA-Compliant and Non-Compliant Plans), 2016 to 2018



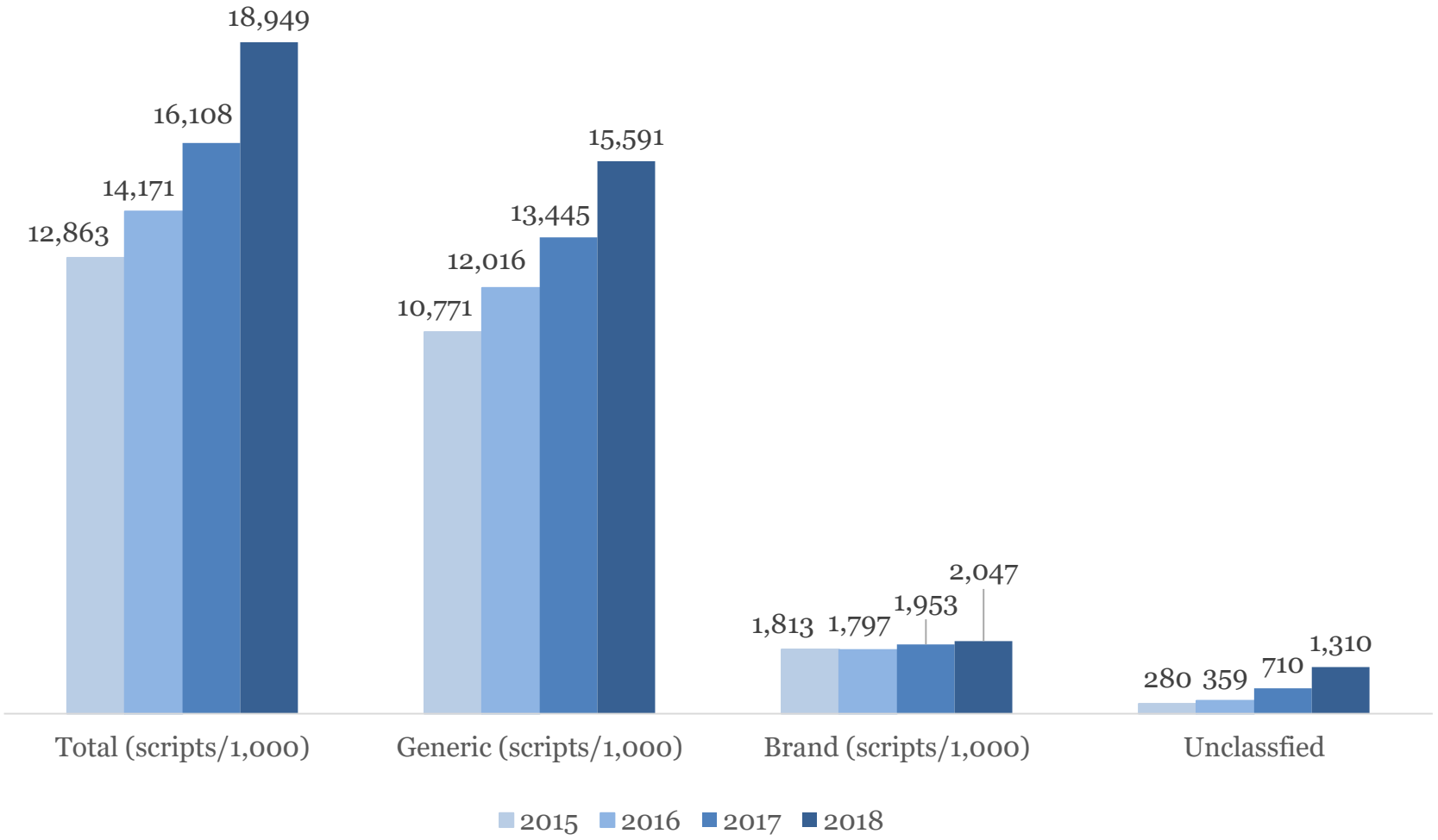
# Annual Changes in PMPM Spending, Utilization Per 1,000 Members, and Cost Per Unit by Service Category, Individual Market (ACA & Non-ACA), 2017 to 2018



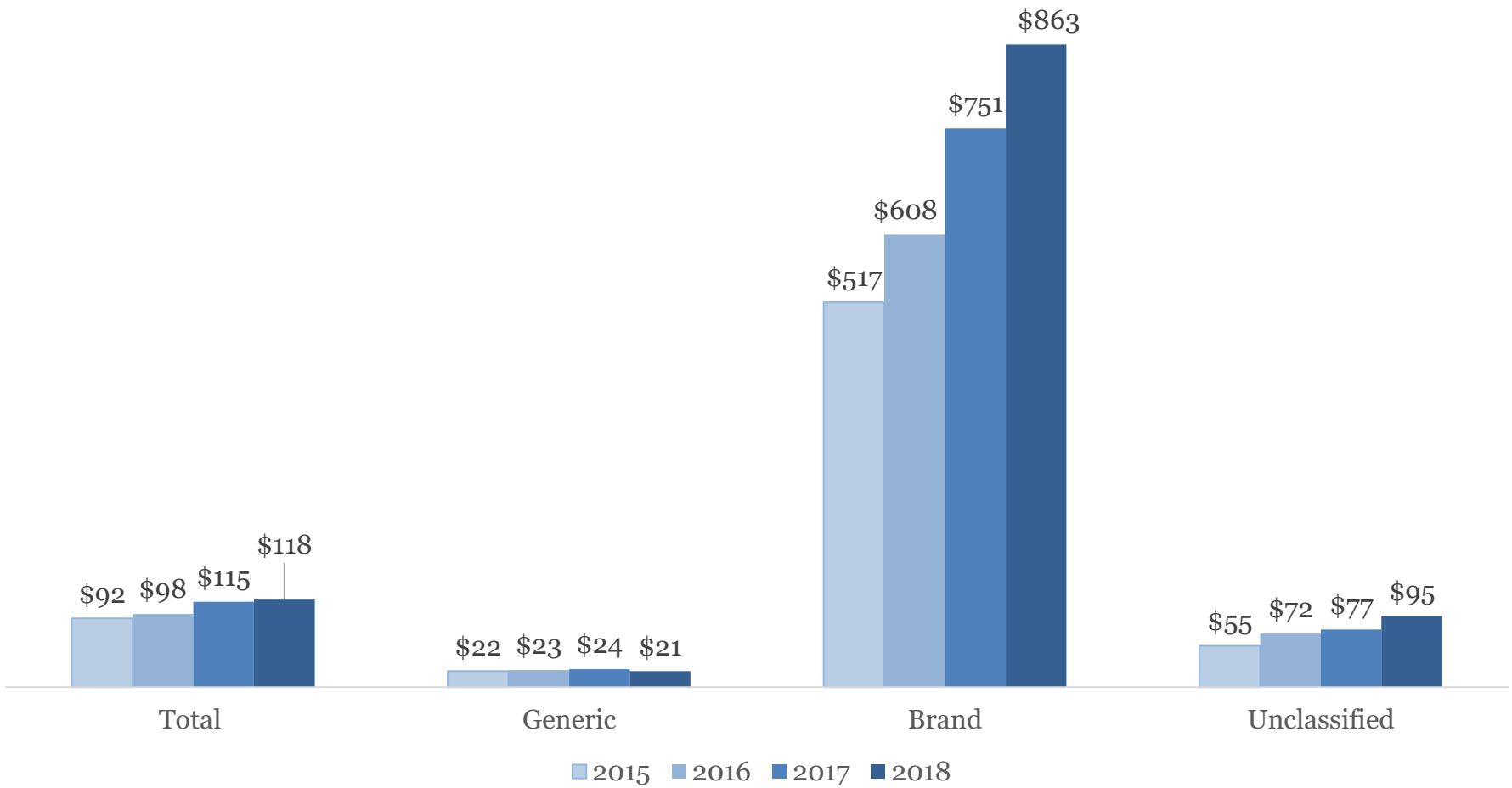
# Prescription Drug PMPM Spending Generic vs Brand
# Individual Market (ACA-Compliant & Non-Compliant Plans) 2015 - 2018



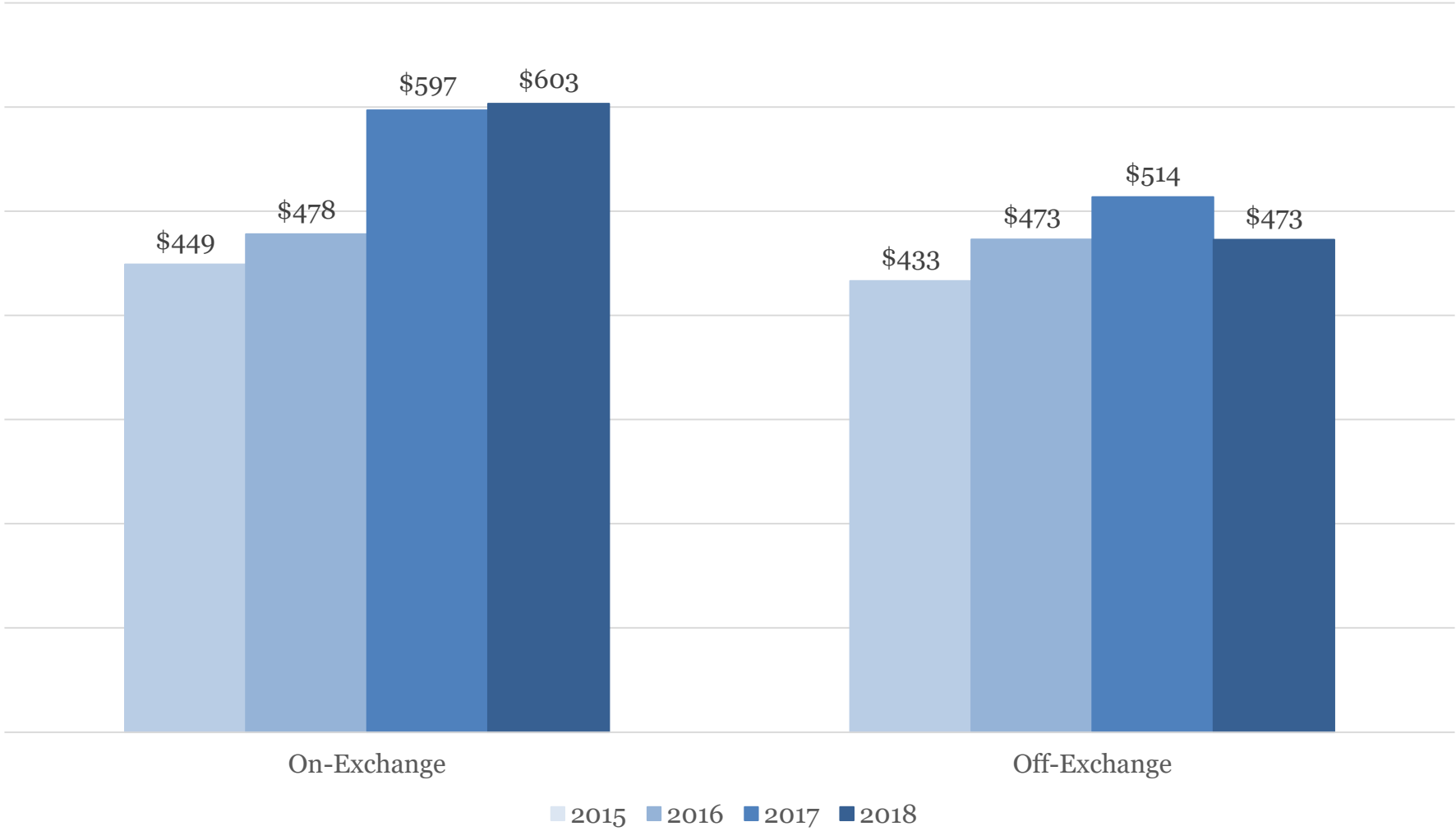
# Prescription Drug Utilization Generic vs Brand
# Individual Market (ACA-Compliant & Non-Compliant Plans) 2015 - 2018



# Prescription Drug Unit Cost Per Script Generic vs Brand Individual Market (ACA-Compliant & Non-Compliant Plans) 2015 - 2018



# On-Exchange vs. Off-Exchange PMPM Spending (All Services) Individual Market (ACA-Compliant Plans Only), 2015 to 2018



# Takeaways

- Decreases in number of covered lives --- Covered lives decreased by 14.7 % at end of 2018 after decrease in 2017 by 9.3%. Launch of the reinsurance program via an ACA 1332 waiver and resulting reductions in premiums may have halted this trend in 2019
- The median expenditure risk score for the individual market was steady from 2017 to 2018, suggesting the exodus of healthy individuals from the individual market slowed in 2018
- Individual market PMPM spending increased by about 7.8% from 2017 to 2018 and increases in prescription drug service spending drove the increase
- Prescription drugs PMPM spending increase of about 21% leads all service categories in the individual market. The 21% increase spending was mainly due to utilization (up 18%) and unit cost which had moderate increase of about 3% in 2018.
- PMPM spending (all service categories combined) for on-exchange members increased at a slower rate in 2018 (up 1%) compared to a year ago (up about 25% in 2017). However, off-exchange members spending decreased in 2018 (down by about 8%) compared an 8.7% increase in 2017.

# Questions?

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MARYLAND HEALTH CARE COMMISSION

# PRESENTATION:

## Quality Report for Consumer Website

(Agenda Item #7)

# The Maryland Health Care Quality Reports Consumer Website

Theressa Lee
The Center for Quality Measurement and Reporting

The Maryland Health Care Commission

September 19, 2019

# The Center for Quality Measurement and Reporting Team

- Theressa Lee, Director
- Courtney Carta, Chief, Hospital Quality
  - Sametria McCammon Program Manager, HAI
- Stacy Howes, Chief, Long Term Care and Health Plans Quality
  - Julie Deppe, Program Manager, Long Term Care
- Mariama Gondo, Chief, Outpatient Quality

# Presentation Outline

- Background:  MHCC Consumer Focused Quality Reporting
- Building the Infrastructure (2009-2013)
- Consolidation of Healthcare Performance Guides (2013-2019)
- Moving Forward:  Redesign of the Website and Supporting Infrastructure

## Mission of the Center for Quality Measurement and Reporting

To establish a comprehensive, integrated online resource that enables consumers to access meaningful, timely, and accurate healthcare information reported by healthcare providers and payers in Maryland

# Building the Infrastructure (2009 – 2013)

- Established the Quality Measures Data Center (QMDC)
- Direct Quality Measure Data Collection from Hospitals
- Expanded data reporting requirements
- Participation in CDC Surveillance System for HAI data Collection
- Implementation of Data Validation Systems
- Support for the HSCRC Quality Based Reimbursement Initiative

# Consolidation of Healthcare Performance Guides (2013 – 2019)

- Repurposed the QMDC to become the *Quality Reports* website
- Eliminated direct quality measure data collection from Hospitals
- Expanded data reporting requirements to align with CMS in support of HSCRC "New Waiver" (TCOC)
- Converted Health Plan Report (pdf) to web-based guide
- Expanded use of Consumer Focus Groups
- Increased emphasis on promotion of the *Quality Reports* website
- Established hospital price comparison feature

# Moving Forward:  Total Redesign of the Website and Supporting Infrastructure

- Establish new outpatient data collection and reporting system
- Redesign and fully integrate the Long Term Care Guide
- Sponsor focus group sessions to engage consumers and stakeholders throughout the process
- Continue to focus on promotion of the consumer website through social media posts; participation in health fairs, conferences, etc.
- Continue to work with HSCRC to support the TCOC model
- New contract awarded to Advanta Government Services, LLC on September 5, 2019

# Objectives of the New Procurement

- Build and maintain an efficient data collection system that includes secure facility data portal for all provider types
- Redesign website with full integration of all guides
  - 1st Ambulatory Surgery Guide
  - 2nd Long Term Care Guide
- Better use of transparency tools and technology to engage consumers and providers
- Strengthen analysis capability and expertise to make better use of existing datasets
- Expand clinical data auditing and validation to ensure data integrity

# Maryland Health Care Quality Reports Website

http://healthcarequality.mhcc.maryland.gov/

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

# PRESENTATION:

## Study of Mortality Rates of African American Infants and Infants in Rural Areas

(Agenda Item #8)

# Study of Mortality Rates of African American Infants and Infants in Rural Areas

September 19, 2019

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# Presentation Overview

- Legislative Mandate
- Study Process
- Project Plan
- Data
- Key Findings
- Draft Recommendations
  - Theme: Care Coordination
  - Theme: Expanding and Enhancing Access and Utilization of Services
  - Theme: Need for a Sustained and Centralized Focus on Infant Mortality
- Discussion

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# Legislative Mandate (1/2)

- Chapter 83 of the 2018 State Laws of Maryland requires MHCC to conduct to conduct a study on mortality rates for African American infants and infants in rural areas.

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# Legislative Mandate (2/2)

The Statute requires that the study

- Examine factors, beyond the known factors … affecting the mortality of Black infants and infants in rural areas in the United States and in the State
- Research programs in other countries, states, and localities, including Baltimore City, that have aimed to reduce the infant mortality rate;
- Make recommendations on methods to reduce the mortality rate of Black infants and infants in rural areas;
- Make recommendations on ways to use pregnancy navigators or community health workers to assist pregnant women with the goal of reducing the infant mortality rate;
- Make … recommendations regarding the establishment of a permanent council for lowering rates of disparity [in]…infant mortality; and
- Make recommendations regarding methods to reduce the costs associated with low birth weight infants and with infant mortality.

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# Study Process

1. MHCC collaboration with other State Agencies

2. Interagency Agreement with the Department of Family Science (FMSC), School of Public Health, University of Maryland

3. Stakeholder Workgroup

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# Project Plan

| Date | Task |
|---|---|
| September 19, 2019 | Initial Presentation of Study to MHCC Commissioners |
| *Late Sept.* | *Staff Edits to Report* |
| October 1, 2019 | Final Study Workgroup Discussion of Report |
| *Early Oct.* | *Edits to report (tentative)* |
| October 17, 2019 | Presentation of Final Report |
| *Late Oct.* | *Final edits to report (tentative)* |
| Nov. 1, 2019 | Deadline to submit to General Assembly |

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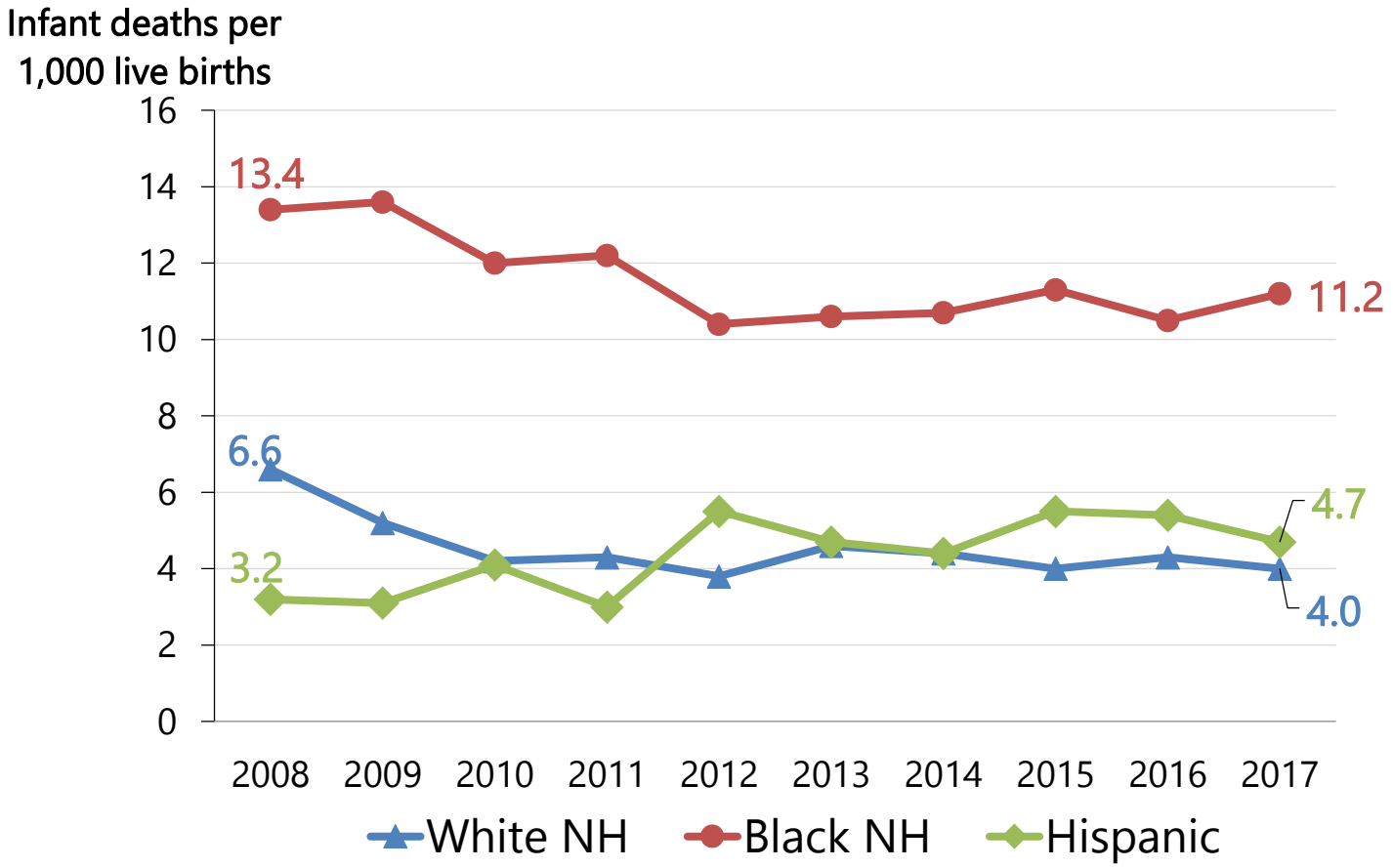
# Maryland Birth Data

- More than 71,000 births annually
  - In 2017, more than 57 percent of births where either non-white or Hispanic.
- 462 infant deaths in 2017.
  - Leading causes of death: low birth weight, congenital anomalies, SIDS.
- The 2013-2017 Infant mortality rate for Black non-Hispanic infants is 2.5 times the rate for White non-Hispanic infants.
  - Infant mortality rates for African American Infants improved compared to 2008-2012.
  - Infant mortality rates for Hispanics worsened.

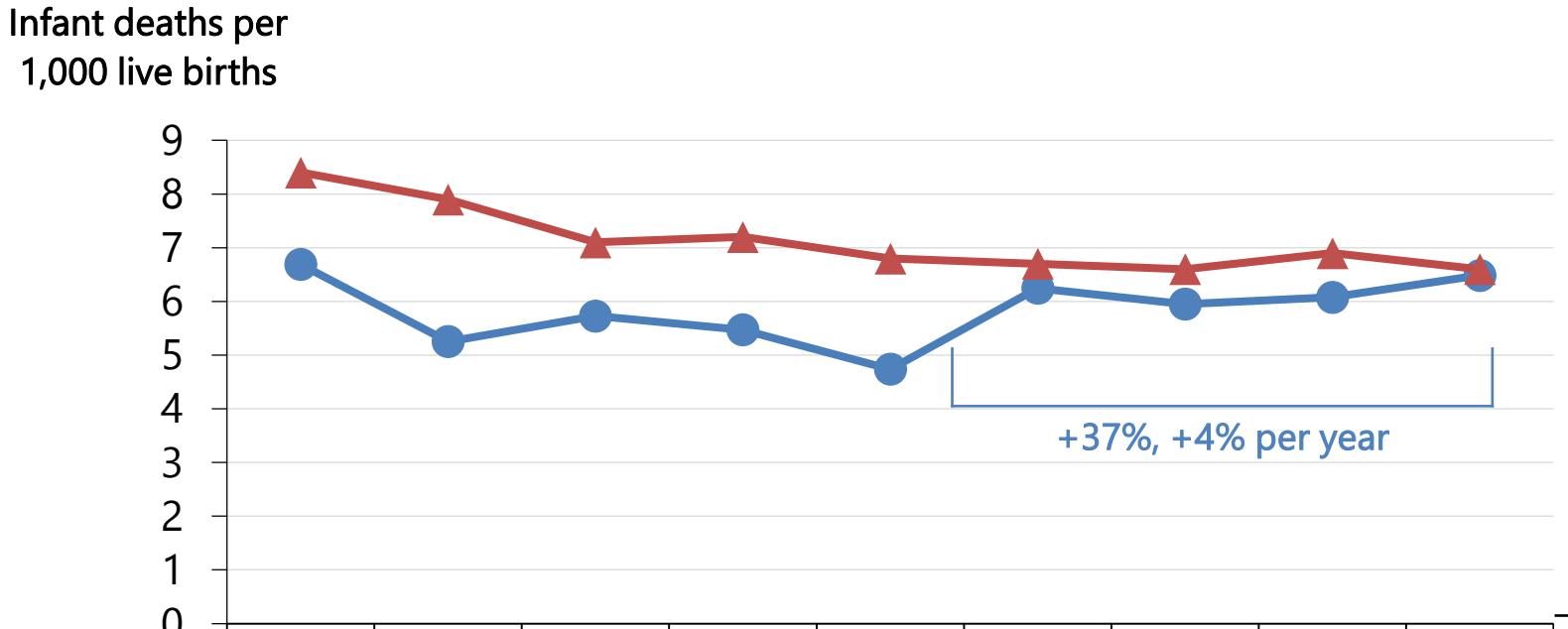
Sources: Maryland Vital Statistics Live Birth Report and Infant Mortality Report; CDC Infant Mortality Rates by State.

# Data: Infant Mortality Rates by Race/Ethnicity, Maryland, 2008 - 2017




Source: Maryland Vital Statistics Administration. NH: non-Hispanic years 2010 and on. * denotes 2012-2016 IMR differs significantly from 2007-2011 IMR ($p<0.05$). Other includes Asian Pacific Islanders & American Indians/Alaskan Natives

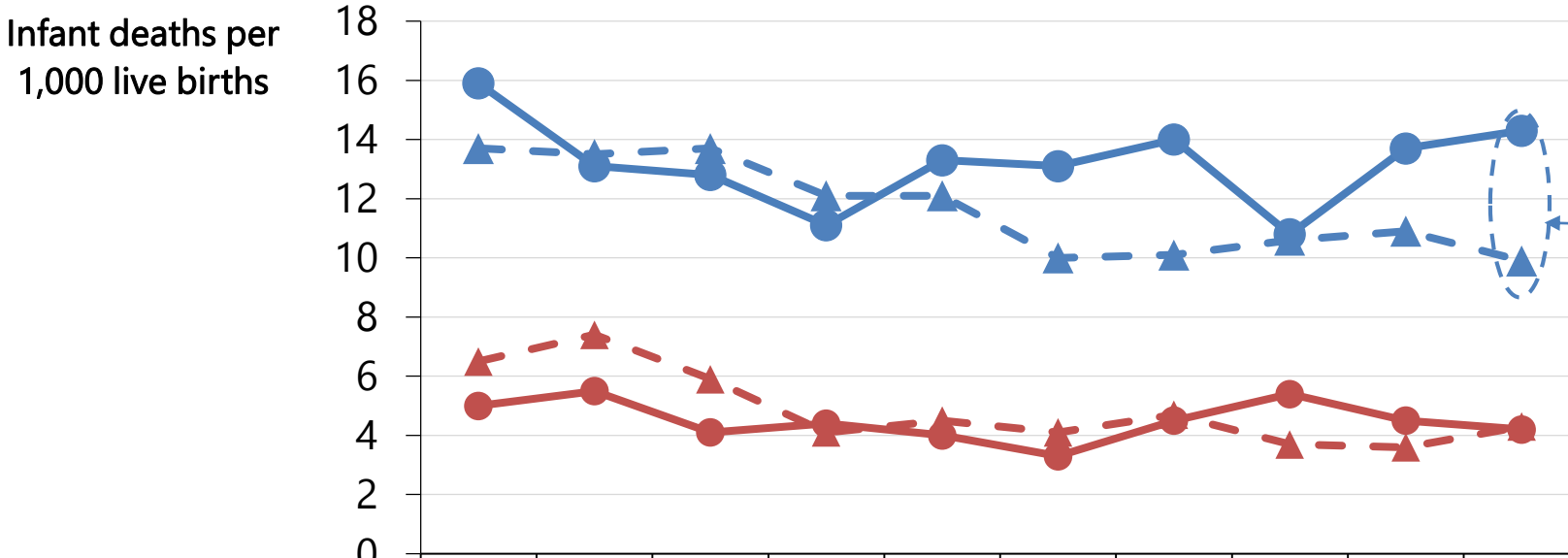
# Data: Infant Mortality Rates by Rural/Urban Counties, Maryland, 2007 - 2016




| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | Period Percent Change | Average Annual Percent Change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Rural | 6.7 | 5.3 | 5.7 | 5.5 | 4.7 | 6.2 | 6.0 | 6.1 | 6.5 | -3.7 | -0.4 |
| Urban | 8.4 | 7.9 | 7.1 | 7.2 | 6.8 | 6.7 | 6.6 | 6.9 | 6.6 | -21.4* | -2.6 |

Source: Maryland Vital Statistics Administration. * denotes 2016 rate differs significantly from 2005 rate ($p<0.05$).
Rural includes Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, Somerset, Saint Mary's, Talbot, Washington, Wicomico, and Worcester counties. Urban includes Baltimore County and City, Anne Arundel, Howard, Montgomery, and Prince George's Counties.

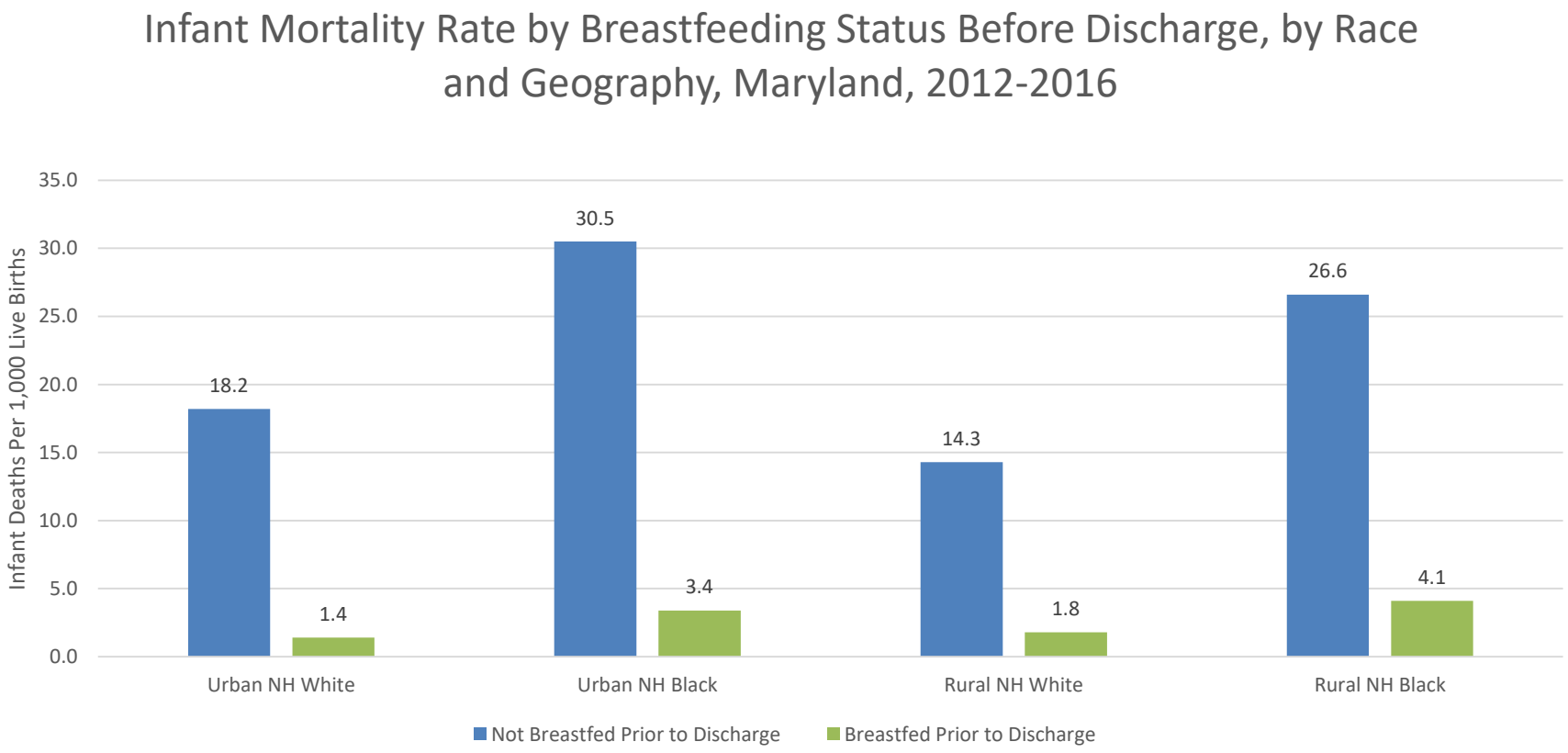
# Data: Infant Mortality Rates by Race & Rural/Urban Counties, Maryland, 2007 - 2016



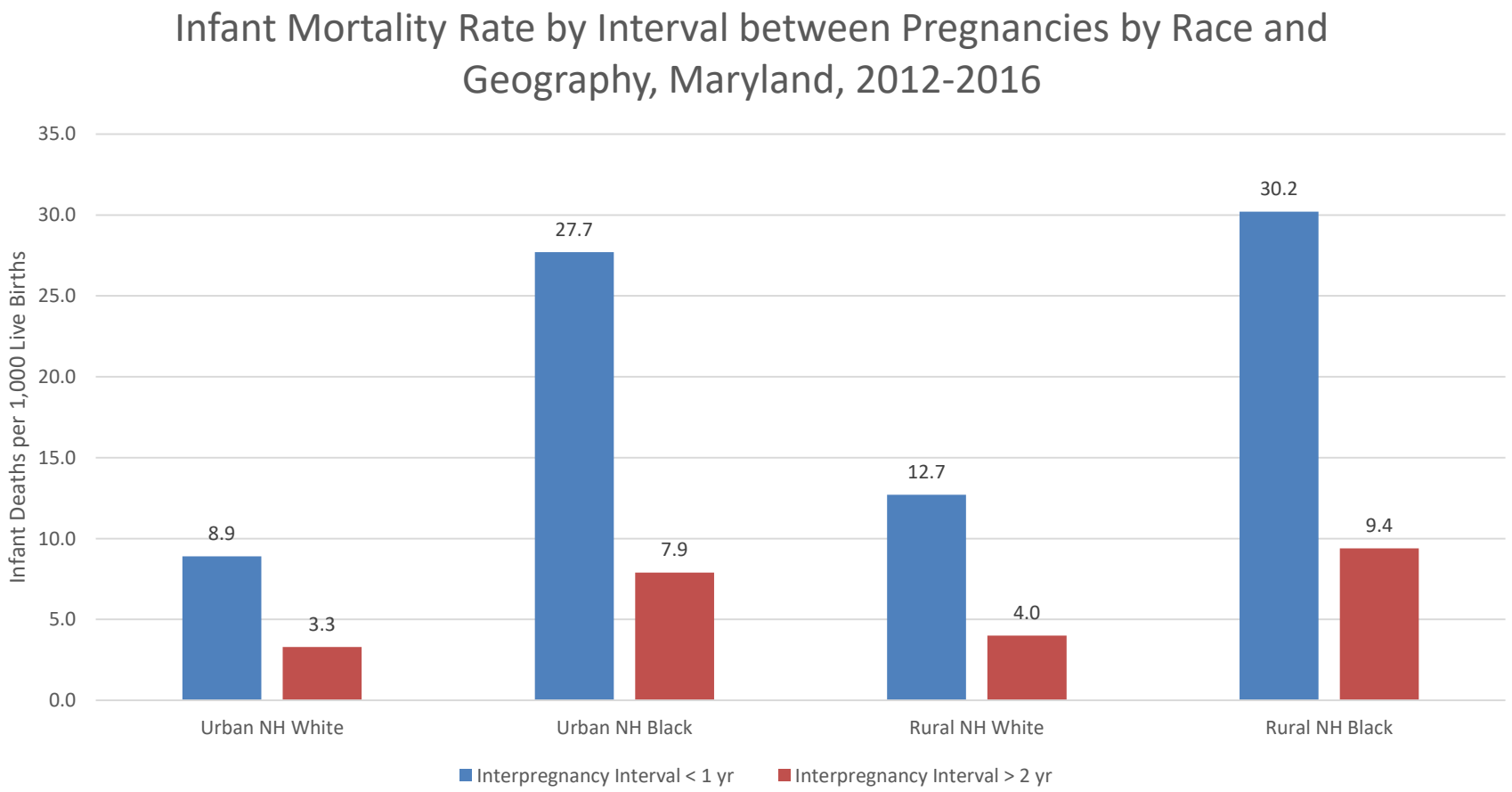

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | Percent Change 2007-11 to 2012-16 | Average Annual Percent Change |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Black NH, Rural | 15.9 | 13.1 | 12.8 | 11.1 | 13.3 | 13.1 | 14.0 | 10.8 | 13.7 | 14.3 | -0.8 | -1.2 |
| Black NH, Urban | 13.7 | 13.5 | 13.7 | 12.1 | 12.1 | 10.0 | 10.1 | 10.6 | 10.9 | 9.9 | -20.8* | -3.6 |
| White NH, Rural | 5.0 | 5.5 | 4.1 | 4.4 | 4.0 | 3.3 | 4.5 | 5.4 | 4.5 | 4.2 | -5.4 | -2.0 |
| White NH, Urban | 6.5 | 7.4 | 5.9 | 4.1 | 4.5 | 4.1 | 4.7 | 3.7 | 3.6 | 4.3 | -28.5* | -4.5 |

Source: Maryland Vital Statistics Administration. NH: non-Hispanic years 2010 and on. * denotes 2016 rate differs significantly from 2005 rate ($p<0.05$). Rural includes Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, Somerset, Saint Mary's, Talbot, Washington, Wicomico, and Worcester counties.

# Data: Breastfeeding as a Protective Factor



# Data: Pregnancy Spacing as a Risk Factor



# Key Findings

- Infant mortality (IM) rates have decreased, but racial and geographic disparities persist.
- Regardless of geographic area, infant mortality among Black non-Hispanic infants is consistently higher than other groups.
- Infant mortality in Black non-Hispanic infants in rural counties did not improve recently, while Black non-Hispanic infants non-rural infant mortality improved.
- Regardless of risk factor (hypertension, obesity, smoking, breastfeeding, etc.), African American infants have a higher risk of death than white infants.
- Breastfeeding and birth spacing appear to be particularly important areas for focus.
- At least 81 separate programs operate in the State focused on infant health (71 direct service; 26 State Government, 31 County government, 24 Non-profit/other; 34 home visiting programs).

# Draft Recommendations

Three Themes:

1. Care Coordination
2. Expanding and Enhancing Access and Utilization of Services
3. Need for a Sustained and Centralized Focus on Infant Mortality

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# Theme: Care Coordination (1/2)

1: Improve existing care coordination processes and tools.

2: Care coordination should include programs to address social determinants of health outcomes, including the impact of racism and bias.

3: Implement rigorous implicit racial bias training in relevant health care providers' education and clinical practices.

4:  Strengthen coordination of care by assessment and referral to necessary mental health and substance use disorder treatment programs

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# Theme: Care Coordination (2/2)

5: Improve continuity of care

6: Increase adoption of breastfeeding prior to hospital discharge and support continuation through the first year of life.

7: Health care providers, community health workers, and other organizations should enhance patient education on pregnancy spacing.

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# Theme: Expanding and Enhancing Access and Utilization of Services (1/2)

8: Expand home visiting programs throughout the State as a cornerstone in the effort to improve maternal and infant health and reduce infant mortality and disparities.

9: Increase adoption of evidence-based group prenatal care programs.

10: Enhance the use of telehealth to provide care in rural communities.

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# Theme: Expanding and Enhancing Access and Utilization of Services (2/2)

11: Improve clinical adoption of evidence-based use of progestogens to prevent preterm birth.

12:  State and local health agencies should invest in an infant mortality prevention health literacy initiative across sectors to create an informed and activated community of residents, health and social service providers and facilities.

13: Continue investment in safe sleep education and increase investment in safe sleep resources.

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# Theme: Need for a Sustained and Centralized Focus on Infant Mortality

14: Establish a permanent council focused on disparities in infant mortality and maternal mortality

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# Discussion

MARYLAND HEALTH CARE COMMISSION

MARYLAND HEALTH CARE COMMISSION

# AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Baltimore City General Hospice Review
   A. BAYADA Home Health Care, Inc., d/b/a BAYADA Hospice (Docket No. 16-24-2387)
   B. Carroll Hospice, Inc. (Docket No. 16-24-2388)
   C. P-B Health Home Care Agency, Inc. (Docket No. 16-24-2389)

4. **ACTION:** School-Based Telehealth Workgroup Recommendations

5. **ACTION:** Appointments to MHCC Cardiac Services Advisory Committee

6. **PRESENTATION:** Privately Insured Spending in Maryland's Individual Market, Early Update 2018

7. **PRESENTATION:** Quality Report for Consumer Website

8. **PRESENTATION:** Study of Mortality Rates of African American Infants and Infants in Rural Areas

9. **OVERVIEW OF UPCOMING ACTIVITIES**

10. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

# OVERVIEW OF UPCOMING ACTIVITES

(Agenda Item #9)

MARYLAND HEALTH CARE COMMISSION

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ENJOY THE REST OF
YOUR DAY