



Friday, December 12, 2025

Retreat MINUTES

Hotel at Arundel Preserve
7795 Arundel Mills, Blvd
Hanover, MD 21076

Commissioner Boyle called the meeting to order at 8:00 a.m.

Commissioners present in person: Bhandari, Blake, Boyle, Cheatham, Douglas, Dzirasa, Foreman, Gelrud, Gilmore, Jensen, Spinner, and Stroughton-Duncan.

Commissioners Absent: Agbabiaka, Wang.

MHCC opened its meeting with Dr. Jacobs noting that MHCC has worked hard on its strengths and challenges with its strategic plan and its ability to carry out its vision.

Acting Chair Boyle encouraged all commissioners to participate, as their role is more critical than ever before.

AGENDA ITEM 1

MHCC's STRATEGIC VISION – BRAINSTORMING SESSION

Dr. Jacobs, Executive Director for MHCC, and Alexandra Bryden, Chief of Staff, talked about four areas for MHCC: (1) MHCC Strengths, Challenges, and Opportunities, (2) 2026 Vision Priorities, (3) Areas of Consensus, and (4) Areas of Discussion. Dr. Jacobs went on to talk about MHCC Strengths, Challenges, and Opportunities.

Dr. Jacobs stated that MHCC's strengths are recognized as a national leader in health information exchange (HIE), is a trusted source of data by stakeholders and is often at the forefront of health policy reforms.

Dr. Jacobs discussed MHCC's 2026 Vision Priorities, and they are:

- Access and focusing on primary care, workforce, and coverage, with action items including establishing primary care targets and incorporating investments into CON.
- Reducing disparities by emphasizing quality and safety, with action items aimed at connecting medical and social service providers and developing health equity mapping tools.

-Value with focusing on improving quality in long-term care facilities and increasing consumer use of MHCC quality data, and operations to prioritize infrastructure improvements, including budget calibration and database enhancements.

Ms. Bryden talked about the areas of Consensus. Tier I Actions: Establish primary care targets, develop partnerships to address social determinants of health, and ensure budget reflects priorities. Tier II Actions: Explore primary care champion designations and reexamine health equity CON criteria. Tier III Actions: Establish mechanisms to provide quality information to discharge planners.

Both Dr. Jacobs and Ms. Bryden concluded that MHCC must prioritize actions that define its expertise and set a strategic direction for the coming years. These priorities will influence budget and operational decisions for FY2026 and beyond. The input from commissioners is vital in shaping the agency's mission and future direction.

AGENDA ITEM 2

MERGERS & ACQUISITIONS

Zirui Song, M.D., Ph.D., is an Associate Professor of Health Care Policy and Medicine at Harvard Medical School, and is a general internist at Massachusetts General Hospital, where he practices primary care. Dr. Song gave an overview of private equity in health care. He also presented policy recommendations aimed at regulating private equity's influence in health care, emphasizing the need for transparency, antitrust enforcement, and patient protection measures.

AGENDA ITEM 3

PRIMARY CARE

Christopher Koller served as president of the Milbank Memorial Fund from July 2014 to December 2025. Before joining the Fund, he served the State of Rhode Island as the country's first health insurance commissioner, an appointment he held between 2005 and 2013. Under Mr. Koller's leadership, the Rhode Island Office of the Health Insurance Commissioner, was nationally recognized for its rate review process and its efforts to use insurance regulation to promote payment reform, primary care revitalization, and delivery system transformation. The office was also one of the lead agencies in implementing the Affordable Care Act in Rhode Island.

Mr. Koller presented on increasing primary care spending rates in Maryland. He focused on the need to enhance primary care spending in Maryland. He stated that the value of primary care is underscored by its correlation with better population health outcomes and reduced health disparities. His presentation emphasized the importance of focusing on primary care spending rates, citing evidence that higher spending on primary care is linked to better health system performance. Also, he talked about state policy strategies to increase primary care spending

rates, including reporting requirements, aspirational targets, and regulatory directives, with examples from states like Rhode Island and Oregon.

AGENDA ITEM 4

AHEAD MODEL

Jon Kromm, PhD, Executive Director, Health Services Cost Review Commission, presented on the AHEAD Model State Agreement, signed on November 12, 2025, which establishes a framework for improving healthcare efficiency in Maryland over the next decade, building on the successes of the Maryland Total Cost of Care (TCOC) Model. The AHEAD Model aims to reduce healthcare cost growth and enhance health outcomes statewide by maintaining global hospital budgets and quality metrics across payers, thereby streamlining care delivery for all Marylanders. Mr. Kromm stressed key roles for the state include setting all-payer global budgets for the first two performance years (2026 and 2027) and controlling cost growth through total cost of care targets, which were not part of the previous TCOC Model.

Additionally, the state is responsible for performance on seven accountability targets, including all-payer and primary care investment targets, which were not previously established. The AHEAD agreement also mandates the continuation of the Maryland Primary Care Program (MDPCP) and introduces the Primary Care AHEAD initiative starting in 2026, which will provide enhanced payments to primary care practices. Furthermore, the state must implement Choice and Competition policies by January 1, 2027, selecting options to improve access and provider mobility.

AGENDA ITEM 5

CLOSED SESSION

Acting Chair Boyle asked for a motion to move into a closed session. Commissioner Jensen made a motion to move into a closed session, which was seconded by Commissioner Foreman, and unanimously approved.

The closed session began at 11:40 am on December 12, 2025, at the Hotel at Arundel Preserve. The meeting was closed under General Provisions Article § 3-305(b)(7) so that the Commissioners could obtain legal advice about the scope of the Commission's current statutory and regulatory authority and potential expansion of that authority.

The following were present during the closed session:

Acting Chair Boyle and Commissioners Bhandari, Blake, Cheatham, Douglas, Dzirasa, Foreman, Gelrud, Gilmore, Jensen, Spinner, and Stroughton-Duncan
MHCC Assistant Attorneys General: Caitlin Tepe and Alexa Bertinelli

MHCC Staff: Douglas Jacobs, Alex Bryden, Andre Chappel, David Sharp, Kenneth Yeates-Trotman, Wynee Hawk, Theresa Lee, Tracey DeShields, Levone Ward, Dee Stephens, Deanna Dunn

AGENDA ITEM 6

LEADERSHIP UPDATE

Secretary Meena Seshamani, MD, PhD, serves as the Secretary of Health for Maryland. Secretary Seshamani talked about her plans for the Department of Health, where she is focused on enhancing sustainability and transparency in behavioral health services, and emphasizing the importance of community engagement to identify necessary services. The Secretary expressed her appreciation for the partnership with MHCC and its role in advancing health initiatives.

AGENDA ITEM 7

ADJOURNMENT

Chair Boyle asked for a motion to adjourn the commission meeting. There being no further business, the meeting was adjourned at 2:33 p.m. upon the motion of Commissioners Gelrud and Jensen.