

Maryland Health Quality and Cost Council

June 11, 2010

9:30 a.m. – Noon

UMBC Technology Center

Meeting Minutes

Members present: Lt. Governor Anthony Brown (Chair), Sec. John Colmers (Vice-Chair), Debbie Chang, James Chesley, Richard “Chip” Davis, Barbara Epke, Ed Koza (on behalf of Reed Tuckson), Roger Merrill, Peggy O’Kane, Frances Philips, E. Albert Reece, Kathleen White and via telephone, Leslie Simmons.

Members absent: Jill Berger and Thomas LaVeist

Staff: Nicole Stallings, Maria Prince, Audrey Regan, Karen Rezabek, Ben Steffen and Ben Stutz

Meeting Materials

All meeting materials are available on the Council’s website: <http://dhmh.maryland.gov/mhqcc/meetings.html>

Welcome and Approval of Minutes

The meeting was called to order at 9:40 with a welcome from Lt. Governor Brown and the March 1, 2010 meeting minutes were approved.

Updates

Secretary Colmers provided an update of the State’s implementation efforts for federal health reform. Governor O’Malley created the Maryland Health Care Reform Coordinating Council through an Executive Order the day after the Patient Protection and Affordable Care Act was signed into law. The purpose of the Council is to advise the Governor on policies and procedures to implement federal health reform as efficiently and effectively as possible. This twelve member Council, co-chaired by Lt. Governor Brown and DHMH Secretary Colmers will make policy recommendations and offer implementation strategies to keep Maryland among the leading states in expanding quality, affordable health care while reducing waste and controlling costs. The Executive Order establishing the Council limited membership to the government sector; however involvement with the health care community and public will be wide-ranging.

The Council’s work has and will continue to solicit the input and expertise of public and private sector stakeholders. While much of the work will get done at the individual agency level, the Council has established a principle that this process occurs in the public eye. The Council will be organized in a way very similar to that of the Health Quality and Cost Council, with workgroups open to public participation. The Coordinating Council is charged with submitting an interim report to the Governor in July which includes a section review of the federal legislation, a comprehensive timeline which includes key decision points, a financial model to estimate the annual impact on the State general fund, and the suggested approach for evaluation of options, including a method for soliciting input from interested stakeholders. The Coordinating Council’s final report is due in January. The Council has met twice and has two additional meetings planned this summer. More information on the Council is available at www.healthreform.maryland.gov.

Council members commented on the timeliness of the Coordinating Council, and the way in which its work will align with that of the Quality and Cost Council. Members agreed that the role of the Quality and Cost Council

could be to deal with the specifics of quality improvement and cost containment initiatives. The Affordable Care Act includes grant opportunities for many of the initiatives the Council has supported and staff should work to capitalize on those opportunities when possible and to inform the Council members if they can be of assistance in that effort.

Presentation: Impact of Minority Health Disparities on Health Quality and Cost – Carlessia A. Hussein, RN, Dr.PH and David A. Mann, MD, PhD, Office of Minority Health and Health Disparities, DHMH

Dr. Hussein began her presentation (available on the MHQCC website) providing an overview of disparities data in the State. Dr. Hussein and Dr. Mann then discussed the need for broad-based quality improvement initiatives that are delivered to all segments of the population equally. Suggested targets for action to reach minority populations include public insurance programs, safety net providers, the correctional system, community centers, local public services and community-based organizations. Disparity themes were then presented for each workgroup initiative, including suggestions for targeted outreach, representation, cultural/linguistic appropriateness, data collection and minority and disparity benchmarks for evaluation.

Dr. Hussein then presented select provisions aimed at health disparities in the Affordable Care Act, including promotion of the Office of Minority Health, grant funding that prioritizes underserved communities and public health initiatives aimed at addressing diseases that disproportionately impact minorities. The Affordable Care Act also includes specific workforce provisions to improve the diversity in the health care workforce while addressing known shortages. The Office of Minority Health and Health Disparities will continue to track these provisions and plans to assist the Coordinating Council and inform implementation decisions.

There was considerable conversation about the opportunities to evaluate and address disparities within each of the Council's initiatives. Lt. Governor Brown commended Dr. Hussein and her staff for their data collection and bringing their ideas before the Council. He then asked staff to report back on the ways in which every workgroup would be addressing minority health disparities moving forward.

Patient Centered Medical Home Workgroup Presentation - Kathleen White, Johns Hopkins University School of Nursing and Ben Steffen, Maryland Health Care Commission (MHCC)

Dr. White began the presentation (available on the MHQCC website) with an update of the legislation establishing the Maryland Patient Centered Medical Home (PCMH) Program, which passed unanimously in both houses and was signed into law by the Governor on April 13. The legislation, (SB855/HB 929) establishes a PCMH program consisting of a multi-carrier pilot and approved single carrier initiatives under the authority of the MHCC. The bill waives prohibitions on cost-based incentives and information sharing in the Insurance Article when used in a PCMH initiative approved by the MHCC. This Administration bill establishes a state action exemption under anti-trust law that will permit payers and providers to collaborate in the development of payment and performance measurement in the PCMH. The legislation provides a framework for carriers to continue their own PCMH programs within the scope of reasonable state oversight by proving them with exemptions from certain prohibitions in the Insurance Article if they were approved by MHCC using broadly recognized standards of a PCMH program. Finally, the bill provides for an evaluation of the PCMH multi-carrier pilot.

Mr. Steffen then provided an update on the outreach activities to date, including the creation of a Provider Portal which is hosted on the MHCC website. The Portal is expected to launch later this month. The initial outreach strategy is underway with six meetings with the primary care community in different areas of the state planned for June and July. The meetings will include an overview of the Maryland program and feature national medical home experts. The state Medical Society, primary care associations, and local departments of health are assisting with the outreach effort to practices in various parts of the State. The kick-off meeting will occur on June 22nd in Baltimore with subsequent meeting to be held in Cambridge, Bethesda, Columbia,

Hagerstown and Fallston. The Lt. Governor requested that a meeting be held in Southern Maryland or Prince Georges County and Mr. Steffen agreed to have staff set that meeting up for later in the summer.

Mr. Steffen then updated the Council on the transformation effort. The Community Health Resources Commission (CHRC) will assist in financing the practice transformation. Staff have expressed that support for a learning collaborative that will be accessible to all practices in the pilot is the preferred option for use of these funds. The CHRC will support efforts to obtain additional funds from foundations that have expressed interest in primary care initiatives. MHCC has contracted with Discern Inc., for assistance in developing the payment methodology. Discern has completed a draft report with recommendations on the methodology that is currently under consideration. Mr. Steffen then commented on the Program's evaluation effort, which was prescribed in the legislation. A Request for Proposal is expected to be released in August. Mr. Steffen concluded his presentation with an overview of primary care provisions in the Affordable Care Act including demonstration programs for chronically ill Medicaid enrollees to enroll in a health home (PCMH) and pilots for new forms of primary care, including medical home and accountable care organizations.

Discussion then ensued around the benefits of the State's initiative and ways in which hospitals and carriers could be supportive of outreach efforts and learning collaborative. Secretary Colmers then moved and the Council unanimously approved a motion to continue with implementation and statewide outreach efforts.

Evidence-based Medicine Workgroup Presentation - Richard "Chip" Davis, Johns Hopkins Medicine

Dr. Davis' presentation (available on the MHQCC website) provided an implementation update of the Blood Wastage Reduction and Maryland Hospital Hand Hygiene Collaboratives. The Blood Wastage Reduction Collaborative is still experiencing a very high rate of voluntary participation among hospitals with operating blood banks with an 84% participation rate. Thus far the Collaborative has resulted in 138 saved units of plasma and platelets for a combined savings of \$78,913. Dr. Davis reminded the group that the February snow storms adversely impacted the cumulative savings. Collaborative members discussed the possibility of revising the goal to a level more reasonable for the current performance but decided to continue to work towards the original goal to reduce blood wastage for platelets and plasma by 1 percent by July 1, 2010. This goal translates to a savings of 470 units of platelets and 495 units of plasma, for a combined savings to the state of \$265,481. The Collaborative conducted a measurement system analysis to ensure consistent data collection among collaborative participants and will be developing benchmark capability for reports. The American Red Cross of Central Maryland aims to have the "Craig's List" for short dated products posted on their website by the end of July. This feature will allow blood banks to post short-dated inventory and allow facilities to access and see what is available during emergent situations.

Dr. Davis walked the Council members through the various activities of the Hand Hygiene Collaborative, which have included in-person meetings, webinars, observer training, entering hand hygiene compliance data into HandStats and reporting on process measures. One key finding of these activities was that some facilities were using "known" observers to collect hand hygiene compliance. Staff will be following up with these facilities to see if these same data are being entered into HandStats. In addition, a number of Collaborative participants were submitting data for less than five units. Dr. Davis reminded the Council that Collaborative participation requires unknown observers to collect compliance rates for all inpatient and intensive care units, including Medical-Surgical, pediatrics, Medical and Surgical Intensive Care Units, and Neonatal Intensive/Special Care Units. The workgroup's suggested strategy to address these data integrity issues is to work with the Maryland Patient Safety Center, Delmarva Foundation and the Maryland Hospital Association (MHA) to conduct outreach via emails, technical assistance calls, a face-to-face meeting on June 15, and conference calls with team leads and hospital executives to clarify project requirements and follow-up on participant questions.

Finally Dr. Davis presented three recommendations for future workgroup initiatives: (1) Support the MHA's rapid intervention to achieve zero blood stream infections in 2011; (2) a project to reduce medical waste in

hospitals; and (3) convening a task force to develop a business case for a comprehensive telemedicine initiative for the State. On the telemedicine initiative, Dr. Davis suggested that the report to the Council at the September meeting will include a structure, potential resources, costs, challenges and recommendations. Council members then discussed the recently released CDC data on central-line associated blood stream infections and agreed that agreed that Maryland's data were not where they should be, and that evidenced based interventions were needed. Secretary Colmers then made a motion and the Council unanimously approved the workgroup and staff moving forward with the three new recommendations.

Wellness & Prevention Workgroup Presentation - Frances Phillips, Deputy Secretary, Public Health Services and Dr. Audrey Regan, Office of Chronic Disease Prevention, DHMH.

Deputy Secretary Phillips began her presentation (available on the MHQCC website) commenting on the opportunity provided for under federal health reform to change the paradigm by focusing on prevention and wellness as an essential component of sustainable reform. Ms. Phillips then reminded the Council of the three steps required for Healthiest Maryland Businesses participation: (1) recruitment of grassroots leaders; (2) referring those leaders to appropriate technical assistance and (3) recognizing their successes.

Deputy Secretary Phillips then thanked members of the Council for their assistance with the successful launch of Healthiest Maryland Businesses on May 19 in Baltimore. The Greater Baltimore Committee organized the event which featured an informative discussion among the attendees who represented over twenty employers of various sizes and sectors. This portion of the event was then followed by a press event which included the Lt. Governor, Secretary Colmers, Dean Reece, Don Fry, President of the Greater Baltimore Committee and Chet Burrell, President and CEO of CareFirst BlueCross BlueShield. Ms. Phillips thanked the Council members who sent a representative – Peggy O'Kane, Leslie Simmons, and Roger Merrill.

Ms. Phillips commented on the initiative's marketing plan and its emphasis on "partnership" marketing through executive to executive solicitation. She then asked Council members to recruit their board members to assist in this effort and shared the initiative's Commitment Letter. Ms. Phillips announced that Healthiest Maryland Businesses would continue with regional launches, with a launch on the Eastern Shore planned for late June and a launch in Western Maryland expected in the fall. University of Maryland Baltimore County will be conducting the evaluation of Healthiest Maryland. The workgroup will continue to report on progress of recruitment and the evaluation at future meetings.

Ms. Phillips concluded her presentation with an overview of select prevention and wellness components in the Affordable Care Act. There is substantial grant funding available to support prevention, wellness, and public health activities including prevention research and health screenings, such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs. The Act also provides for an expansion of wellness benefits and supports worksite wellness programs in small businesses.

The Council praised the good work that has been done thus far and noted that this effort leverages First Lady Obama's Let's Move campaign focused on combating childhood obesity. Council members agreed to help promote the program and suggested additional promotional material be placed on the website: www.dhmf.maryland.gov/healthiest for ease of accessibility by interested participants. Secretary Colmers then moved and the Council unanimously approved the statewide launch of Healthiest Maryland Businesses and development of the evaluation.

Discussion of Next Steps

Secretary Colmers concluded the meeting by reminding the Council of the next meeting on September 24, 2010. That meeting will include implementation updates from each of the workgroups as well as the business plan

regarding a Telemedicine initiative. The Lt. Governor added that the Council should also receive an update on health reform and the work of the Coordinating Council. Staff will review a draft of the annual report, which will be submitted to the Governor in final form after the December meeting. Part of the final report to the Governor should include an assessment of the successes and challenges of the Council as well as a recommendation regarding institutionalizing it.

The meeting adjourned at 11:55.