Maryland Health Quality and Cost Council
December 18, 2009
9:30 a.m. – Noon
UMBC Technology Center

Meeting Minutes

Members present: Lt. Governor Anthony Brown (Chair), Sec. John Colmers (Vice-Chair), James Chesley, Richard "Chip" Davis, Barbara Epke, Roger Merrill, Peggy O'Kane, Frances Philips, E. Albert Reece, Kathleen White and via telephone, Leslie Simmons and Reed Tuckson.

Members absent: Jill Berger, Debbie Chang and Thomas LaVeist

Staff: Nicole Stallings, Wendy Kronmiller, 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 9:39 with a welcome from Lt. Governor Brown. The October 1, 2009 minutes were approved.

Updates

Secretary Colmers offered comments reflecting on the progress made to date with the three workgroups: successfully implementing of the blood wastage and hand hygiene initiatives, preparing to launch the Healthiest Maryland initiative and continuing to develop the State's patient centered medical home demonstration. Secretary Colmers shared his appreciation with the Council members for remaining so involved over the course of this year. Secretary Colmers and the Lt. Governor offered comments in anticipation of the passage of health care reform in Washington. It was agreed that the Council can serve as a model for ways in which various interests can come together around the table and make important things happen.

Patient Centered Medical Home Workgroup Presentation – Kathleen White, Johns Hopkins University School of Nursing and Ben Steffen, Maryland Health Care Commission.

Dr. White began her presentation (available on the MHQCC website) commenting on the enthusiastic participation of the 40 – 60 workgroup members. The workgroup has continued to work to resolve the legal issues around the establishment of the Patient Centered Medical Home (PCMH) program, specifically anti-trust concerns and limits in the Maryland Insurance Article. Legislation for the 2010 Legislative Session is being drafted to resolve these concerns. The workgroup will continue to work on identifying quality measures. The demonstration will use the NCQA recognition tool. Peggy O'Kane commented that a new model was being developed

specifically for child health and perhaps Maryland's pilot could test it out. Ms. White then updated the Council on the technical assistance that the group successfully applied for through the National Academy for State Health Policy (NASHP) grant. The focus of NASHP's efforts will be around (1) identifying disease-specific and primary care performance measures for the pilot; (2) developing methods for a 'scalable' shared savings program; (3) identifying approaches for practices to participate in the pilot; and (4) establishing a learning collaborative to support practice transformation.

Council members agreed that this approach will improve the health of our state and encouraged diversity in both size and geographic location in the selection of participating practices. Further comments were made commending staff for consulting with other states and receiving technical assistance. These resources will be valuable when crafting the evaluation tool as well as ensuring that the project is scalable. Dr. Tuckson commented that the pilot should include a focus on economic savings related to preventable hospitalizations, reduced ED visits and the use of evidence based practice. Ms. Epke agreed and stated that he workgroup ahs begun discussion around those measures.

Mr. Steffen commented on the components of a proposed outreach strategy: media, informational meetings, regional conferences and the development of a PCMH website for practitioners. Dr. Chesley thanked Mr. Steffen for his presentation at Doctors Community Hospital and agreed that communication and outreach to providers is a very important next step.

Finally, Mr. Steffen commented on the timeline for future activities which included the introduction of the PCMH legislation, development of payment methodology and quality measures, resolving Medicaid participation and implementing the outreach strategy. Secretary Colmers commented that the State would like to have Medicaid involved; however, the State's fiscal limitations may require the timeline for Medicaid involvement to be adjusted. The Lt. Governor said that he intends to the have the PCMH legislation be part of the Governor's legislative agenda. Dr. Davis then moved and the Council formally approved the timeline for future activities.

Annual Report to the Governor and General Assembly

Secretary Colmers suggested moving this item up on the agenda. Nicole Stallings provided an overview of the report and reminded the Council of the requirement within the Executive Order to provide the Governor and General Assembly with an annual update on the activities of the Council as well as any recommendations to improve health care quality and reduce costs in the State. Ms. Stallings commented that the only substantive change from the draft report that was circulated for the October meeting was the addition of benchmarks in the body of the report and in the Executive Summary, per the Lt. Governor's request. Ms. Stallings thanked the Council members for their review and suggestions over the past several weeks. The Lt. Governor commented on how pleased he was with the report and commended staff for their hard work. Several Council members echoed his compliments. Dr. Merrill made a motion for the report's release to the Governor and General Assembly which was unanimously approved.

Wellness & Prevention Workgroup Presentation – Frances Phillips, Deputy Secretary for Public Health Services, DHMH and Drs. Prince and Regan, Office of Chronic Disease Prevention, DHMH.

Ms. Philips began her presentation (available at MHQCC website) commenting that wellness and prevention needs to be an essential component of health care reform in order to bend the cost curve. She then asked Drs. Prince and Regan to provid the Council with an update on the Healthiest Maryland initiative. Staff and the Lt. Governor have a number of presentations underway to business groups around the state to assist with the recruitment of ambassadors.

Discussion then turned to the ways in which the Council would be able to say that the program had, in fact, achieved the Healthiest Maryland. Dr. Prince explained that evaluation of the initiative would be based on a pre- and post-test assessment. The assessment tool has been piloted with 17 businesses. Dr. Regan commented on the need for a qualitative and quantitative assessment and that the CDC was currently finalizing a change tool for evaluation that may be of use. Secretary Colmers asked if there were analytics available internationally that could used to perform the analysis. Staff agreed to look into this. Discussion focused on the need to have a control group as well as ethical considerations around depriving a specific group of interventions that are shown to be beneficial. The group agreed that the evaluation needed to be based on empirical data with strong statistical validity with Ms. Epke reminding the group that the ultimate goal is to make Maryland healthier. Dr. White commented that there was a strong tie to the health outcomes that would be collected in the PCMH demonstration and that the two workgroups needed to work together. Dr. Tuckson asked that the workgroup include specific disparity measures, for example, the percentage increase in obesity within the African American community.

Drs. Prince and Regan then went through the remainder of the slides, which further outlined what would be asked of participating businesses as well as the resources that would be available to them. While Healthiest Maryland Businesses is the cornerstone of the Healthiest Maryland program, the second and third phase of Healthiest Maryland will focus on communities and schools. The Secretary then made a motion that the workgroup continue to move forward with implementation of Healthiest Maryland and focus on evaluation. The motion was unanimously approved.

Evidence Based Medicine Workgroup Presentation – Dr. Richard "Chip" Davis, Johns Hopkins Medicine.

Dr. Davis began his presentation (available at MHQCC website) with an overview of the Blood Wastage Reduction Collaborative that began in September. Dr. Davis acknowledged Donna Marquess at LifeBridge Health in the audience for her valuable contributions to the workgroup. All Maryland hospitals with operating blood banks (45) are participating in the Collaborative and are actively participating in conference calls and entering baseline data. A website has been established for collecting monthly metrics, providing reports to hospitals to compare to average performance across the State and sharing of best practices.

Baseline data indicate a "wastage" rate of 5.12% for plasma and 7.09% for platelets, which translates into a $228,000 and $1.8 million savings opportunity, respectively. In two months of operation, two units of plasma have been saved for a total of $110 in savings and 115 units of platelets for a savings of $58,355 statewide. The Council agreed that the group should no longer track autos and allos because they are not products that would typically be available for public use. Next steps for the workgroup include the scheduling of an in-person conference in the Spring and the exploration of a future website enhancement that would allow blood banks to post soon-to-be-expiring inventory to allow nearby facilities to know what is available during emergent situations.

Dr. Davis then turned to the Hospital Hand Hygiene Collaborative which held a kick-off event on November 3, 2009 that was attended by over 300 individuals from over 40 acute general and specialty hospitals and received considerable press attention. The Collaborative has subsequently held two webinars for unknown observer training and data submission. As of December 10, 2010, forty-three out of 46 acute general hospitals have committed to entering hand hygiene compliance data, for a participation rate of 94%.

Dr. Davis' presentation illustrated the way in which compliance data comes back to the hospitals. By providing a level of common measurement hospitals are able to understand where they are regarding hand hygiene adherence across the hospital, by unit or by health care worker type. Hospitals will also be able to benchmark where they are against the state average to measure improvement. Data submission will begin in January 2010 and a series of meetings and conference calls will be scheduled with participating hospitals throughout the course of the Collaborative. Secretary Colmers expressed his appreciation for everyone involved in the Hand Hygiene initiative.

In conclusion, Dr. Davis provided a list of potential initiatives that the workgroup would be considering for next steps, including many that have been previously discussed before the Council, such as Red Bag Trash, telemedicine and remote monitoring in ambulances for STEMI patients. The workgroup is also considering expanding the Hand Hygiene initiative into other settings, creation of a Safety Dashboard and potential projects that could be done in collaboration with payors. The Lt. Governor made a motion for the workgroup to continue with implementation and to update the Council on recommendations for future activities at the March meeting. The motion was unanimously approved.

Maryland's HAI Prevention Plan Presentation – Pam Barclay, Maryland Health Care Commission

Ms. Barclay began her presentation recalling that at the October Council meeting the Council was informed of $1.2 million in CDC funding the State received to support the Department's work in surveillance and prevention of healthcare associated infections. The Hand Hygiene Collaborative is partially supported by the CDC funding.
One of the components of that application was the development of a coordinated HAI Prevention Plan.

Ms. Barclay walked the Council through the Prevention Plan, (available at http://mhcc.maryland.gov/healthcare_associated_infections/hai/prevention_plan_122209.pdf). The Plan uses the template developed by the CDC and targets activities in four areas: (1) develop or enhance HAI program infrastructure; (2) HAI surveillance, detection, reporting, and response; (3) prevention; and, (4) evaluation, oversight, and communications. To accommodate these goals Maryland plans to expand the role of the existing HAI Advisory Committee, recruit an HAI Prevention Coordinator, integrate laboratory activities and establish a subcommittee structure to guide plan development and implementation. The HAI Advisory Committee will begin to develop prevention targets and adopt standards to track HAIs. Secretary Colmers thanked Ms. Barclay for her good work and noted that the Council will be informed of developments related to these activities. The Council unanimously approved the release of the Prevention Plan to HHS Secretary Sebelius.

Discussion of Next Steps

Secretary Colmers previewed the agenda for the next meeting of the Council, March 1, 2010 where the group would receive status reports from each of the workgroups, including recommendations of next steps from the Evidence Based Medicine Workgroup. The Maryland Health Care Commission will also provide an implementation update on the State Health Information Exchange. Finally, the group will also be briefed on any legislation that is of interest to the Council. The Lt. Governor then asked that an update on Health Care Reform also be provided to the group.

The meeting adjourned at 11:45.