

Maryland Health Quality and Cost Council
Thursday, October 1, 2009
9:30 a.m. – Noon
UMBC Technology Center

MEETING MINUTES

Members present: Lt. Gov Anthony Brown (Chair), Sec. John Colmers (Vice-Chair), Chip Davis, Barbara Epke, Ed Koza (on behalf of Dr. Tuckson), Roger Merrill, Peggy O’Kane, E. Albert Reece, Kathleen White, and via telephone: James Chesley

Members absent: Jill Berger, Debbie Chang, Thomas LaVeist, and Leslie Simmons

Staff: Nicole Stallings, Wendy Kronmiller, Maria Prince and Mary Mussman

Meeting Materials

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

Welcome and Approval of Minutes

The meeting was called to order at 9:43 with a welcome from Lt. Governor Brown. The June 10, 2009 minutes were approved.

Updates, John Colmers, Secretary, DHMH

Secretary Colmers introduced his new chief-of-Staff, Wendy Kronmiller to the Council. Ms. Kronmiller was most recently Director of the Office of Health Care Quality. Secretary Colmers also welcomed back Nicole Stallings, Director of the Council from maternity leave. The Secretary then thanked the Council for their flexibility in changing meeting dates. Secretary Colmers announced that the Department of Health and Mental Hygiene, Infectious Disease and Environmental Health Administration, in partnership with the Maryland Health Care Commission, was awarded \$1.25 million in funding from the Centers for Disease Control and Prevention in support of surveillance and prevention of healthcare associated infections. Funds provided for the 28 month funding period will support (1) coordination and reporting of state healthcare associated infection prevention efforts, (2) detection and reporting of healthcare associated infection data; and (3) establishing two prevention collaboratives, one of which is the hand hygiene collaborative recommended by the Council.

Wellness and Prevention Workgroup – Strategy Presentation – Dr. Maria Prince, Medical Director, Office of Chronic Disease Prevention, DHMH.

Dr. Maria Prince began her presentation (available on the MHQCC website) noting that thirty-six hours ago notice was given to the Department regarding ARRA stimulus funds for a “Communities Putting Prevention to Work” Initiative. Over the next two years \$650 million will be spent nationally of which Maryland will receive an estimated \$865,000 in December. As staff continues to roll out the strategies of the Wellness and Prevention Workgroup there is a possibility of applying

for an additional \$1 - 3 million. The timing of the roll-out of stimulus funding will support the planned implementation of the *Healthiest Maryland* campaign.

Healthiest Maryland is a grassroots social marketing campaign designed to engage leaders in the business, community, and school sectors to embrace a culture of wellness. Specifically, leaders from each of these sectors are encouraged to adopt policies that promote and ease healthy eating, physical activity and tobacco use prevention practices. The program will (1) increase business and community organizations' awareness of their current health and wellness policy strengths and opportunities for improvement; (2) increase the number of Maryland business and community leaders implementing best practices from evidence-based wellness and prevention policies into their organizations; (3) compile current resources for these leaders to facilitate successful implementation of evidence based practices; and (4) highlight Maryland's success stories in chronic disease prevention.

When asked to clarify the strategy to support Healthiest Maryland, Dr. Prince explained that Workgroup Staff will first work with business organizations, including the Mid-Atlantic Business Group on Health to identify and acknowledge business leaders upon completion of an online survey tool. This group of business leaders will then work to recruit additional businesses. Message dissemination will involve recognition from the Office of the Lieutenant Governor, a media campaign and the "Capitol for a Day" events to showcase participating businesses.

Dr. Prince outlined the campaign's initial targets of 75 businesses; however, the Lt. Governor encouraged the group be more aggressive with the targeted number of businesses they hope to engage. Several Council members expressed an interest in getting their employer to lead by example by participating in the Healthiest Maryland program.

Dr. Prince then briefed the Council on the second strategy addressing worksite wellness. Dr. Prince explained that the State of Maryland could serve as a model employer by offering low-cost, sustainable worksite wellness initiatives to promote healthy eating, regular physical activity and smoking cessation among Maryland state employees. A pilot program at State Center would provide a "proof of concept" leading toward the eventual rollout of a statewide program. Virginia and Delaware could serve as examples of worksite wellness programs among public sector employers. The Workgroup plans to further explore this initiative with other state agencies, including the Department of Budget and Management and the Department of General Services. The State Center pilot program would have four components (1) policy and environment; (2) education; (3) health screenings; and (4) benefits. It was agreed that this initiative compliments the Healthiest Maryland campaign.

The Lt. Governor formally moved and the Council unanimously endorsed the Workgroup's strategy recommendations.

Evidence-based Medicine Workgroup – Implementation Update Presentation – Chip Davis, Johns Hopkins Medicine and Workgroup Chair

Dr. Davis's presentation (available on the MHQCC website) began with an update on the implementation of the two initiatives (1) hand hygiene and (2) blood wastage reduction that were approved at the June 10th Council meeting. Since that meeting a significant amount of progress has been made. Regarding hand hygiene, while the Workgroup acknowledged the significant work

already underway in the State's acute care facilities there was significant focus on the lack of uniform measurement by which to measure improvement across facilities. With this in mind, the Workgroup sought the input of the MHCC HAI Advisory Committee, a two year old group that represented the expert panel for this topic area in our state. Committee members include infection control representatives from a sample of Maryland Hospitals. Established as the Expert Panel for this initiative, the group, chaired by Pam Barclay at MHCC, reviewed HH tools generally available, including the JHM WIPES campaign, the National Healthcare Safety Net (NHSN) tool, and WHO and Joint Commission materials. In addition, they conducted a survey of current Maryland hospital efforts in the area of hand hygiene. The survey, its results, and descriptions of the various tools are included in the Report and Recommendations on Implementation of a Statewide Hospital Hand Hygiene Campaign. At the request of Secretary Colmers, the Report contains guiding principles, methodology, and data collection recommendations. The recommendations included the need for a uniform approach and the WHO and CDC recommends direct observation as the "gold standard." Any state initiative needs to build on the work already underway in hospitals and must include training and support.

Dr. Davis explained that the expert panel recommended a single metric, measuring hand hygiene compliance upon exit. The Workgroup is working with the Maryland Patient Safety Center and plans to have a statewide rollout in early November. Secretary Colmers added that while the tools hospitals use to participate in this initiative can be different, the data that is collected and the manner in which it is submitted will be the same to allow for benchmarks and comparison. Secretary Colmers further commented on the strong correlation between transparency in data and compliance rates and that the hope is to eventually have transparent, public reporting of compliance data and to be able to link that data to infection data that the State is already collecting across hospitals. Data entered by hospitals participating in the hand hygiene campaign will allow them to see reports on their own compliance at various levels, by health care worker type, by unit, as well as across the hospital. Dr. Davis stated that he believes that Maryland is the first state to roll out a statewide campaign that relies on direct observation and establishes a common methodology.

Dr. Davis then updated the group in the blood wastage reduction initiative, which has progressed at a rapid pace. Dr. Davis noted the significant leadership of Page Gambill at the American Red Cross as well as Donna Marquess at LifeBridge Health. This measurement driven project looks at waste, with an established definition and will be working to report to the Council on units saved. Dr. Davis commented that the workgroup was not aware of another statewide campaign focused on blood wastage reduction. The Council agreed that the supply of blood is a real issue, in terms of being a public health commodity but also a significant area for cost savings. This project is low cost and high yield. Council discussion then turned to specific interventions and protocols. While the Workgroup plans to develop a website where data can be entered and best practices can be shared, Dean Reece recommended that the program be driven by protocols. Secretary Colmers noted that this initiative is not one where there is a competitive advantage and that collaboration among hospitals pays off. The Council agreed and a formal motion by the Lt. Governor to continue forward in implementation was endorsed unanimously by the group.

Primary Care Medical Home Workgroup – Strategy Presentation - Barbara Epke, LifeBridge Health System

Ms. Epke began her update presentation (available on the MHQCC website) commending the Workgroup, of which there are over 50 members for their consistent participation. Ms. Epke noted that patients and providers will be more satisfied under a medical home model and that such an

initiative will also result in cost savings to the state. The patient centered medical home (PCMH) initiative aims to improve clinical care process; increase access to care coordination; enhance patient experience of care; increase clinician and staff work satisfaction; and to ultimately lower the total costs of care. Ms. Epke noted that this initiative could address existing efforts around preventable readmissions as well as the State's number of one-day stays. Ms. Epke reminded the group of the approved definition: A patient-centered medical home is a model of practice in which a team of health professionals, guided by a personal physician, provides continuous, comprehensive, and coordinated care in a culturally and linguistically sensitive manner throughout a patient's lifetime. The PCMH, accessible to all Marylanders, provides for all of a patient's health care needs, or appropriately collaborates with other qualified professionals to provide patient-centered care through evidence-based medicine, expanded access and communication, care coordination and integration, and care quality and safety. This includes the provision of preventive services, treatment of acute and chronic illness, and assistance with end-of-life issues, within their practice or through the coordination with other providers.

Discussion ensued regarding the participation of the State's payors, with Ms. Epke noting that carriers and Medicaid were all participating in the Workgroup. Ben Steffen, Director for Information Services and Analysis at the MHCC and lead staff for the Workgroup discussed the two-phased attribution model where patients will be attributed to a PCMH based on where the patient received the plurality of E&M services in the last 2 years. The participating physician will then be responsible for enrolling his or her eligible patients. The physician is expected to explain to the patient what a medical home is and its benefits.

The group then turned their discussion to the measures of success and noted that a common tool for patient satisfaction would be helpful. Dr. Koza informed the group that Dr. Tuckson was very interested in getting self-insured groups in and getting different carriers to all agree around a common set of measures. The Council agreed that measures need to be defined right from the start. Mr. Steffen commented that the Workgroup agreed in the need to define measures in the beginning but also stressed that we should not demand savings right away. The initiative would focus on quality first and would then look at cost and efficiency.

The Council then discussed program evaluation and the need to establish research questions sooner rather than later. Potential areas for research questions included costs savings, reduced ED visits and resource use. Secretary Colmers suggested that those in academia could start to conceptualize the major research questions that the Council would want answered and to work to choose the right measurements. Dean Reece of the University of Maryland and Dr. Davis of Johns Hopkins Medicine were interested in assisting with this process.

Mr. Steffen concluded the presentation with recommended next steps: (1) Identify and select technical experts; (2) Resolve possible anti-trust issues; (3) Finalize payment formula and measurement criteria; (4) Submit grant applications; (5) Obtain payer commitments to participate; and (6) Plan provider & purchaser symposium.

The Lt. Governor moved to approve the recommendations and the Council unanimously agreed.

Discussion of Draft Strategic Plan Chapters

Secretary Colmers opened the discussion about the draft report which is to be submitted to the Governor and General Assembly after the December Council meeting. The Secretary asked that Council members send any comments to Nicole Stallings within the next three weeks. The Lt. Governor requested that the report be revised to include discernable outcome measures and dates by which to accomplish. These should also be included in the Executive Summary.

Conclusion

Secretary Colmers closed by noting that the next meeting is scheduled for December 18, 2009. At that meeting the Council will receive update presentations from each of the workgroups and approve the Council's Final Report for release to the Governor and General Assembly. Several Council members commended workgroup staff for their hard work and expressed their enthusiasm for the direction in which the Council was going.

The meeting adjourned at 11:54.