41st Meeting of the
Maryland Community Health Resources Commission
Thursday, February 3, 2011
4:00 PM- 7:30 PM

Chairman Hurson called the meeting to order at approximately 4:16 pm. In addition to Chairman Hurson, Commissioners Li, Martinez-Vidal, McLellan, Murray, Wilson, and Karen Dixon, on behalf of Maria Tildon, were in attendance. AAG Fred Ruland was also in attendance.

MEETING MINUTES

Chairman Hurson asked for a motion to approve the minutes from the November 18th, 2010 Commission Meeting. This motion was approved unanimously, without changes to the minutes.

GRANTEE PRESENTATIONS

In recognition of its statutory authority and clear legislative intent, the Commission has awarded seven grants, totaling $2.9 million, to promote the use of health information technology in Maryland's safety net providers. These awards have gone to FQHCs, local health departments, and community based mental health providers. The following three grantees were invited to provide a presentation on their IT grants: Howard Health Department (#09-001); Choptank Community Health System (#08-010); and Community Health Integrated Partnership (#08-013). Grantees were asked to present before the Commission to provide an overview of their projects, lessons learned, and applicability of their projects to ongoing federal and state efforts to encourage "meaningful use" and the adoption of HIT by safety net providers.

Howard Health Department (#09-001): Mr. Glenn Schneider, Director of Health Policy and Planning, Howard County Health Department, represented Dr. Peter Beilenson, Health Officer, Howard County. The CHRC awarded a $316,000 grant in FY 2009, which the grantee utilized to support the development, implementation and evaluation of its One-e-App (OEA) software system that streamlines the eligibility and application process for individuals/families for numerous public services (state and local programs) in one online application. The application software can interface with the following programs: Medicaid, PAC, Healthy Howard, Maryland CARES and Maryland's Children Health Insurance Program. Mr. Schneider discussed some of the challenges that the health department met in the development and deployment of this system, which included inconsistencies across various programs and their eligibility and the overall complexity of the rules that governed the programs. Following installation of One-e-App, the Howard Health Department developed Door to HealthCare, a physical location which provides residents access to computers, the OEA system and to Community Assistors, trained personnel that can help people work through the system. Currently the program is not available online to the public, only at the Door to HealthCare location. Automation of applications is currently only available for Howard County residents, other jurisdictions are notified when a resident is screened and applies for program services through the OEA. Howard County is a pilot site for the development of the application, which will be followed by Anne Arundel County, with

potential long term plans for DHMH to implement a statewide system with monthly maintenance costs borne by the state. A statewide implementation timeline has not yet been developed.

Choptank Community Health System (#08-010): John Strube, Vice President of Marketing and Development, and Terry Weaver, Senior Vice President and Chief Financial Officer for Choptank Community Health System (CCHS), presented an update on CHRC grant #08-010, which the Commission awarded in February 2008. This $400,000 award was for the development and implementation of an electronic health record system (EHRS) at CCHS's eight office-based practices and seven school based health center locations. Choptank contracted with the Health Choice Network, a Florida based, HRSA-sponsored Health Center Controlled Network that includes 59 health centers, to be the program administrator. This partnership with HCCN allowed Choptank to join an experienced HIT/EHRS group and achieve some economies of scale, such as a shared HIT staff and Chief Information Technology Advisor.

Choptank reported that they are in the process of working on interfacing with some of the various labs that they work with, and until this is completed, CCHS will continue to rely on chart-sampling methodologies for the various measures and standards of care reporting required by HRSA. Once full integration occurs and the system deals fully with electronic records, CCHS will be able to report on their full patient population on various health measures (i.e. Hba1c, BP, immunization dates, etc). Choptank is in the process of reviewing its back-up and disaster plan. The organization recognizes the value of and is working towards building redundancies into their system.

Choptank noted that the impact of having the programs servers in Florida on the EHR system was improved speed and connectivity as there are often bandwidth issues in rural areas. Having the servers in a location where access to bandwidth is not an issue helps the overall functioning of the system.

Community Health Integrated Partnership (#08-013): Ms. Alborn was unavailable due to personal reasons. Ms. Juanita Tryon, the Director of IT Projects and Business Consulting for Community Health Integrated Partnership (CHIP), presented before the Commission on the FY 2008, $1 million grant (CHRC grant #08-013) award to CHIP, the single largest grant by the Commission to date. CHIP used grant funding to implement an electronic health record system (EHRS) in the following health centers: Community Clinic, Inc.; Greater Baden Medical Services, Inc.; Owensville Primary Care, Inc.; People's Community Health Centers, Inc.; Three Lower Counties Community Services, Inc.; Total Health Care, Inc.; Chase Brexton Health Services Inc.; West Cecil Health Center; and Healthcare for the Homeless. Ms. Tryon provided an overview of the system developed by CHIP, lessons learned and future plans for the organization. When the health centers designed the system they decided upon a common forms system, including a common Clinical Standard Format, so that each health center would be entering in the same core data. Additionally, information and forms can be added to further customized the system to meet a changing health centers needs, with the core forms and queries/reports remaining the same health centers. CHIP operates its main system on site at their Glen Burnie office, has a regional back-up system and is investigating a 3rd back-up system that would be outside the region in case of a regional disaster. Currently they manage 70 servers, which include 221,000 unique patient records. All grant funds have been requested and provided

to CHIP at this point. CHIP noted that the project has cost over $5 million, and the CHRC funds represent approximately 20% of the total cost for the system.

CHIP was asked to elaborate on how it was working with the Regional Extension Center (REC) to connect to the statewide Health Information Exchange. CHIP noted that it was currently working with Chesapeake Regional Information System for our Patients (CRISP) to connect with the system and received community radiology and hospital discharge reports. CHIP will continue to work with CRISP to be part of the HIE system.

CHIP was asked to comment on the feasibility of expanding the CHIP IT system to include additional users, which would respond to the original intent of the CHRC's $1 million grant, to create a safety-net EHR system. CHIP responded that system is an ongoing project, always in development, and indicated that one health center (Health Care for the Homeless) has been added since the CHRC initial grant award in 2008. Even though there are common forms that all the health centers use, different forms and queries can be added to meet the needs of a health center and the various requirements they have to meet for funding organizations, accreditation groups, etc. Since CHIP staggered implementation, health centers are in various stages of implementation and familiarity of the system. Implementation can be scaled to what the organization wants, and CHIP works with individual health centers to determine how they want to approach the transition to EHRS.

CHIP was asked if providers using the CHIP system would qualify for incentives for meeting the CMS "Meaningful Use" system standards. CHIP responded that they had plans in place that would have the system achieving meaningful use by the summer (2011) and that providers would eligible to receive the Medicaid incentive payments.

CHIP was asked to comment on the fee-structure used by CHIP to sustain the program. CHIP responded that they assessed fees on a per month per user basis, which is used to help cover the costs of software upgrades, hardware replacements, interface upgrades, and the Tier I Help-Desk operated by CHIP. The fee is $300 a month, per user. CHIP indicated that they would be conducting user satisfaction surveys in 2011 to gather feedback from providers and staff that use the EPRS.

CHIP was asked how the EPRS was going to be used to do population-based quality improvement for the member's patients. CHIP indicated that they were going to work on population based research as part of their Clinical Quality Improvement Project, and that their group is developing their measures for this process, which will likely be based upon updates made by HRSA to their own clinical quality measures.

CHRC staff indicated that although each of these HIT grants are completed (and the grants funds have been fully expended), CHRC staff will continue to monitor these programs as it pertains to the Commission's participation in the Maryland Health Care Council's Statewide Health Information Exchange Policy Board.

GRANTEE MODIFICATION REQUESTS

There were a total of six modification requests submitted to the Commission for consideration. Each of these requests and Commission action is summarized below. Five of the six requests were approved by the Commission at today's meeting.

Harford County Health Department (#08-015): This grant involves the Harford HOPE Program, which is an innovative public health, public safety partnership that provides health care case management services to previously incarcerated individuals, transitioning into the community. The grant modification request submitted by Harford County involved extending the grant period from April 30, 2011 to November 30, 2011 and to redirect $16,500 of CHRC grant funds to add (1) Psychiatry, (2) Educational Supplies, (3) Special Service supplies/incentives as budget items. The grantee has indicated that the use of grant funds to cover the cost of incentives such as gift cards may improve program performance and increase patient participation. CHRC records indicate that the initial grant was awarded for a total of $484,237, and of this total, $230,386 has been paid, leaving a balance of $253,851 available to be expended in the extended grant period. The Commission approved the grant modification request, at today's meeting, allowing Harford County to extend its grant period and add the three additional budget items. The next invoice, expenditure report, and milestone and deliverable report for this grant are due to the Commission on July 31, 2011. The final invoice, expenditure report, and milestone and deliverable will be due on December 31, 2011.

Atlantic General Hospital (#08-021): This grant involves Atlantic General Hospital's outpatient mental health center. The grant modification submitted by Atlantic General requested permission to use $25,000 for recruitment services to expedite hiring a new psychiatrist, as the program psychiatrist resigned December 2010. The funds would come from unspent salary funds, from the time the position was vacant. CHRC records indicate that of the original grant award ($355,000), of this $245,713 has been paid out and expended. The Commission voted to not approve this grant modification request.

F**rederick County Health Department (#09-006):** This grant modification submitted by the Frederick County Health Department requested to extend the school based health center program from December 31, 2010 to June 30, 2011 (end of school year). CHRC records indicate that of the original grant award ($500,000), $400,000 has been paid out and $216,400 has been expended. This request included and updated budget for the extended time period which used of grant funds previously distributed but unspent by the grantee ($183,539) for this extended period. The Commission approved the grant modification request, and directed the grantee to submit its next/final Milestones & Deliverables, narrative reports, and expenditure reports on July 31, 2011. The Commission requests the grantee to present at the next full Commission meeting.

Montgomery Department of Health and Human Services (#09-008): This grant modification submitted by the Montgomery DHHS requests permission to extend its school based health center grant program period from March 31, 2011 to June 30, 2011 (end of the school year). CHRC records indicate that this grant was awarded a total of $224,100, and of this total, $179,280 has been paid, leaving a balance of $44,820. Budget submitted by grantee reflects an estimated expenditure of $87,099 of CHRC funds to support the program from January 2011 through the end of June 3011. The final invoice, expenditure report, and milestone and

deliverable report for this grant are now due to the Commission on July 31, 2011. The Commission approved this grant modification and requested grantee to make a presentation to the next full Commission meeting.

Access Carroll, Inc. (#11-006): This grant, awarded earlier in FY 2010, involves a new dental facility that the grantee is renovating in Westminster this year as part of its CHRC grant. The grantee submitted a New Access Point application to HRSA in December 2010. This grant modification requested permission from the Commission to allow Access Carroll to use grant funds on temporary basis to cover the costs of emergency dental services, until the renovations to the new dental facility were completed in May 2011. Total estimated funds requested for this purpose is approximately $8,000 - $10,000. Services would include emergency extractions and teeth repair for uninsured and low-income residents of Carroll County. The Commission approved the grant modification request, and directed the grantee to continue to submit future Milestones & Deliverables, narrative reports, expenditure reports, and an invoice requesting the payment of CHRC funds.

West Cecil Community Health Center (#11-007): This grant modification requested permission for West Cecil Health Center to use grant funds ($33,600) on a temporary basis to cover the cost of a psychologist, until the grantee finalizes hiring a full-time psychiatrist. The original grant included a psychiatrist as the key component to its integration of behavioral health services in their primary care health center, however recruitment of this position has been a longer process than expected. This request was reviewed and approved by Dr. Boyer-Patrick prior to the February 3rd CHRC Commission meeting. The Commission approved the grant modification request at today's meeting, and directed the grantee to continue to submit future Milestones & Deliverables, narrative reports, expenditure reports, and an invoice requesting the payment of CHRC funds, which are next due on March 1, 2011.

EXECUTIVE DIRECTOR'S REPORT

Mark Luckner, Executive Director, CHRC, provided an update on primary activities undertaken by CHRC staff since the last full Commission meeting on November 18, 2010. These activities include:

- Developing and advocating for CHRC FY2012 budget request which has resulted in a modest increase in the Commission's FY 2012 budget, the first increase the Commission has seen in the last four years;
- Developed and finalized PCMH MOU with the MHCC;
- Conducted several sited visits to FQHCs with Deputy Secretary Renata Henry;
- Participated in the Prince George's County Conversations on Building an Integrated Community-Oriented Health Care System;
- Participated in the Governor's Health Summit at Coppin State;
- Provided testimony to HGO committee for infant mortality and PCMH;
- Scheduled and coordinated media event with Greater Baden Medical Services, with Federal and State leadership confirmed.

In addition, the CHRC has been actively participating in the Governor's Health Care Reform Coordinating Council and facilitated recommendations on CHRC leadership role in helping safety-nets implement health reform.

HEALTH REFORM IMPLEMENTATION and CHRC ROLE
In the Health Reform Coordinating Council's (HRCC) Final Report and Recommendations, issued January 1, 2011, the CHRC was identified and recommended by the council for the following roles/tasks:
Recommendation Four (page 22)*: "**Develop State and local strategic plans to achieve improved health outcomes.*** The Community Health Resources Commission should provide technical assistance in the development of the State Health Improvement Plan (SHIP) and local implementation plans, piloting models in a few jurisdictions and sharing lessons learned with others."

Recommendation Five (page 22): "***Encourage active participation of safety net providers in health care reform and new insurance options.*** Given the ongoing need for the services of safety net providers, the HCRCC recommends that Maryland provide technical assistance to help the providers develop a plan to prepare for the changes brought about by reform. The Maryland Community Health Resources Commission is capable and well-positioned to provide this assistance."

In response to the recommendations made by the HCRCC (#4 and #5), CHRC staff has established initial contact with a potential vendor, The Mosaic Group, to advise the CHRC. Ms Oros, President of the Mosaic Greoup, has provided several references which include Dr. Olsen, Commission McLellan and Josh Sharfstein. The Commission directed CHRC staff to continue to engage in conversations with Ms. Oroas regarding a potential contract with the CHRC.

PATIENT CENTERED MEDICAL HOME (PCMH) PROGRAM
The CHRC and the Maryland Health Care Commission (MHCC) have finalized the interagency MOU that will govern the use of CHRC funds in the PCMH pilot. Specifically, CHRC funds will be used to provide transformation technical assistance to safety-net providers involved in the pilot and CHRC will serve on the PCMH Advisory Board/Panel. MHCC has indicated that a total of 61 practices across the state were invited to participate. Among these were five FQHCs, four of which are CHRC grantees (no other invited practices are CHRC grantees). Finally, CHRC submitted written to the House Health and Government Operations and Senater Finance Committees in support of the PCMH program, as part of recent legislative briefings on this issue. Chairman Middleton recognized the CHRC's contribution during the briefing in the Senate Finance Committee.

CHRC BUDGET FOR FY 2012 & BUDGET RECONCILLIATION AND FINANCING ACT OF 2012
The Governor's FY 2012 Budget included a slight increase in the CHRC budget from FY 2010 and 2011. The CHRC Budget Allowance for FY 2012 is $3,150,000, which represents the first increase in the Commission's budget in the last four years. Finally, the Budget Reconciliation and Financing Act (BRFA) of 2011 (HB72/SB87) includes language that CHRC funds would come from DHMH in FY 2012 and 2013, no less than $3 million, thereby "moving" CHRC special funds from CHRC to DHMH.

Chairman Hurson indicated that discussions regarding future activities and direction of the

Commission be postponed until the language of the BRFA is finalized and approved by the legislature.

MARYLAND HEALTH QUALITY AND COST COUNCIL (HB165/SB175)
HB165/SB175 will codify the 2007 Executive Order by Governor O'Malley that established the Maryland Health Quality and Cost Council. Chairman Hurson asked for a motion for CHRC staff to investigate the language of Executive Order 01.01.2007.24 and HB165/SB175 to determine if there was new language in the bills that would encroach upon the statutory purposes of the CHRC. The motion was seconded by Commissioner Wilson, and passed unanimously.

The meeting adjourned at approximately 6:10 pm.