Members present: Lt. Governor Brown (Chair), Sec. John Colmers (Vice Chair), James Chesley, Richard “Chip” Davis, Barbara Eqke, Ed Koza (on behalf of Reed Tuckson), Frances Phillips, E. Albert Reece, and via telephone, Peggy O’Kane and Kathleen White

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

Staff: Nicole Stallings, Karen Rezabek, Ben Steffen, and Ben Stutz

Meting Materials

All meeting materials are available at Council’s website:  [http://dhmh.maryland.gov/mhqcc/meetings.html](http://dhmh.maryland.gov/mhqcc/meetings.html)

Welcome and Approval of Minutes

The meeting was called to order at 9:15 with opening remarks from Secretary Colmers. The September 24, 2010 meeting minutes were approved.

Updates

Secretary Colmers provided the Council with an update on the Maryland Health Care Reform Coordinating Council’s (HCRCC) implementation activities. The HCRCC recently concluded a series of statewide meeting where draft recommendations were presented. During the course of workgroup meetings the Reform Council’s delivery system workgroup is of particular interest to this Council’s work and included presentations on the Patient Centered Medical Home model and Healthiest Maryland. Of note, the workgroup also discussed comparative effectiveness research and ways in which Maryland could benefit from a coordinated dissemination effort. Secretary Colmers commented on the goals of the HCRCC and how they closely align with those of the Quality and Cost Council, which can be the vehicle by which to deal with specific quality improvement and cost containment initiatives. The Reform Council will meet in the following week where the draft recommendations will be finalized and the final report will be submitted to the Governor the first week on January. In addition, there will be a legislative package related to reform, specifically the development of the governance structure of the Exchange. Another potential bill would make this Council permanent in law. An update of the Legislative Session will be provided at the March 14 Council meeting.

Presentation: Wellness & Prevention Workgroup - Frances Phillips, Deputy Secretary, Public Health Services

Deputy Secretary Phillips’ presentation (available on the MHQCC website) provided a brief update of the Healthiest Maryland Businesses campaign and commented that the March meeting would include an update on preliminary evaluation results from Dr. Judy Shinogle at the University of Maryland Baltimore County. Council members commended staff for their expansion of Healthiest Maryland Businesses and recommended that best practices be shared outside of participating businesses. Ms. Phillips then began to lay the groundwork for Healthiest Maryland’s next foray, Healthiest Maryland Communities. Continuing the grasstops social
marketing approach, Healthiest Maryland Communities will empower pillars within the community to make policy and environmental changes that make the healthiest choice the easiest choice. Three agents of change have been identified: respected community leaders, small business owners, and local government:

- Respected Community Leaders
- Small Business Owners
- Local Government

Healthiest Maryland Communities will seek to infiltrate multiple public programs to ensure that their mission aligns with Healthiest Maryland. Discussion then ensued about Healthy People 2020, and how Maryland’s goals aligned with the national goals. Ms. Phillips agreed that an overall state health improvement plan was needed to guide the efforts, and that this was a recommendation of the Health Care Reform Coordinating Council. The group agreed that the benefit of the Council was to shine an additional light on activity in various sectors with the hope that good ideas will be replicated. It was suggested that Healthiest Maryland Communities continued to be refined, with a more narrow focus. Secretary Colmers then moved and the Council unanimously approved a motion to continue the development of the project and report back at the March meeting.

**Presentation: Evidence-based Medicine Workgroup - Richard “Chip” Davis, Johns Hopkins Medicine**

Dr. Davis’ presentation (available on the MHQCC website) began with an update of the Maryland Hospital Hand Hygiene Collaborative. Dr. Davis reminded the Council that 31 acute care hospitals have “recommitted” to the Collaborative, so that observations as of September 1, 2010 will be comparable. The 11 facilities unable to meet the Collaborative requirements will continue to have access to information from the collaborative; however, those teams will not have access to submit their data, receive reports or receive technical assistance until they are able to meet the project requirements. Notably, among the 31 hospitals, the total number of participating units as of September 2010 (including Med-Surgical, Pediatrics, and ICU) is 373. Of these, 353 are acute care units ad 20 are specialty units. This represents 6,842 beds, or 77 percent of all Maryland medical/surgical beds.

The Maryland Patient Safety Center was able to obtain an additional funding source through the Health Services Cost Review Commission so that the project is supported until June 30, 2011. At that time we will have 10 months of data to show impact of the program. It is anticipated that an evaluation will be performed and possibly published about the experience as the first statewide hand hygiene initiative with standardized methodology and data tracking. The Collaborative Staff have begun to go on site visits. The Lt. Governor asked staff to identify three hospitals where it would be helpful for him to visit, and Dr. Davis committed to doing that. In the next few months the Collaborative plans to begin use of a compliance report card for hospitals. Validation of hospital hand hygiene compliance reports has been discussed, but no firm plans made as yet. The collaborative will consider adding new hospital members, and possible expansion to non-acute settings in 2011. Future plans include examination of Maryland healthcare acquired infection data that coincide with the time period for the hand hygiene collaborative.

Dr. Davis then presented an update on the recommendation regarding Regulated Medical Waste. Survey results are currently being collected, and the taskforce will reconvene when results are available. The survey focuses on what individual hospitals are currently doing in this area, how they track their projects, how they define activities, and which metrics are being used. The next step will be to design a standardized tool to capture a first year of baseline data in the hospitals. The data collection tool will be modeled on the successful blood wastage data collection tool designed by the Center for Innovation. Kick-off for the measurement of the baseline year is expected in January, 2011. The taskforce website is expected to be up in late January, 2011.
Dr. Davis then updated the group on the Blood Wastage Reduction Collaborative. Over the course of one year the Collaborative reduced wastage by 0.95 percent for platelets and 0.30 percent for plasma over the first ten months, and saved a total of 751 combined units for a savings of $269,860. Increased availability of a scarce resource is a program benefit that is unquantifiable. Final numbers after additional months of practice may get closer to or exceed the 1 percent goal. The Inventory Visibility System, on which short-dated products are listed for other hospitals’ use is being piloted. As of November 22, 2010 seven hospitals (UMMS, St. Agnes, Bayview, Howard County, Suburban, Sinai, Northwest, and Bon Secours) are participating before the initiative goes statewide. This initiative has already received attention from the National Red Cross President of Biomedical Sciences.

Finally, Jeanne Decosmo of the Maryland Hospital Association provided an update on the CUSP initiative to reduced Central Line Associated Blood Stream Infections.

Council members commented on the good work that was being done in hospitals settings. There was particular interest in hospitals ability to extrapolate out the cost savings related to hand hygiene to share with the Council, which Dr. Davis commented was the goal moving forward as we link with healthcare-associated infection data. Secretary Colmers then made a motion and the Council unanimously approved the continued implementation of the hand hygiene and blood wastage initiatives and development of the regulated medical waste project.

**Presentation: Telemedicine Task Force Presentation** - Robert Bass, Maryland Institute for Emergency Medical Services Systems (MIEMSS)

Dr. Bass’ presentation (available on the MHQCC website) provided an overview of activity to date. The Task Force met in October and adopted a new direction where two state agencies, MIEMSS and MHCC, together direct a telemedicine initiative that is broader than stroke, to address an interoperable approach to the many disease categories of concern in Maryland. Three advisory groups will be developed to replace the Telemedicine Taskforce:

1) **Clinical Advisory Group**
2) **Technical Solutions and Standards Advisory Group**
3) **Financial and Business Model Advisory Group**

It is anticipated that the Clinical Advisory Group would make their recommendations prior to the bulk of the work by the Technical Solutions/Standards Advisory Group and Financial Group. The work will take place primarily during spring, summer, and fall of 2011, with a quarterly update to the Quality and Cost Council and a Final Report submitted to the Governor by January of 2012.

Dr. Bass concluded his update by commenting on the various groups that the Task Force has collaborated with around this issue and promised to update the Council at the March meeting of progress. Discussion then turned to what was meant by “telemedicine” and which State entities would lead the initiative. Dr. Bass clarified that the group would make recommendations on that topic, but that it may be that the lead changes depending on the specialty (stroke, dermatology, etc.). It was also agreed that there was much to learn from other states, such as Georgia and Alaska. Dean Reece made a motion and the Council unanimously approved for the continued development of the telemedicine initiative.

**Presentation: Patient Centered Medical Home Workgroup** - Kathleen White, Johns Hopkins University School of Nursing and Ben Steffen, Maryland Health Care Commission
Mr. Steffen began the presentation (available on the MHQCC website) with an application update, commenting that participating practices in the Maryland Multi-Payer PCMH Program represent diverse service types and locations, which is ideal to serve a broad base of Maryland patients. MHCC received applications from 179 practices with over 1,000 physicians, reaching 1.4 million patients, far exceeding recruitment goals. Among all selected practices, there will be four or five Federally Qualified Health Centers (FQHCs), seven solo providers, as well as minority-led practices and Certified Registered Nurse Practitioners (CRNPs). 31-33 will be single specialty practices and 18 will be multi specialty practices. Selected practices will also cover the areas of Central Maryland (26), DC Metro (12), Eastern Shore (5), Southern Maryland (6) and Western Maryland (12). Additionally, two to three virtual practices (composed of a small number of solo practitioners that agree to work together) will also be selected.

The pilot will begin in January 2011 and transition over the next three years. Payments to practices will begin in July 2011. At the end of the three years, the State will conduct an evaluation of the pilot. Carriers may independently determine if they wished to continue utilization of the PCMH model.

Mr. Steffen then presented a new governance structure for the program, moving forward. A new PCMH Advisory Committee will begin meeting in 2011, composed of Council members and representatives from participating carriers and practices. The Committee will advise the Maryland Health Care Commission’s PCMH staff regarding the operation of the pilot and its evaluation and will report on the status of Maryland’s Patient Centered Medical Home program to the Quality and Cost Council periodically. Secretary Colmers then made a motion and the Council unanimously agreed that the PCMH Workgroup’s work was complete and adopted the new governance structure. Mr. Steffen agreed to update the Council at the March meeting.

**Review of Draft Annual Report and Discussion of Next Steps**

Nicole Stallings walked the Council members through the latest version of the 2010 Annual Report. Ms. Stallings pointed out the new sections of the report, including a section on health disparities and coordination of activity related to health reform implementation. She then asked for final comments by email no later than December 20. The report will be submitted to the Governor and General Assembly by January 1, 2011.

Secretary Colmers thanked Ms. Stallings and workgroup staff for their work over the course of the year. He then concluded the meeting reminding Council members that the March meeting would include the standing agenda item of a health reform implementation update as well as updates from each of the workgroups.

The meeting adjourned at 11:16.