

STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

Minutes

August 1, 2018

4:00 PM

The State Advisory Council on Health and Wellness held a public meeting on August 1, 2018 beginning at 4:01pm at the following location:

Maryland Department of Health (MDH), Conference Room L-3
201 W. Preston Street
Baltimore, MD 21201

Council Members Present

James Ebeling
Mychelle Farmer
Darlene Ginn
Kathleen Keefe Hough
Jessica Kiel
Rebecca Manno
Jody Marshall
Seth Martin
Aruna Nathan
Rachel Pigott
Vivienne Rose
Stephen Shaul
Tammy Shelley
Suzanne Stringer
Anne Williams
Liz Woodward

Council Members Participating by Phone

Mary Backley
Margaret Gwaltney
Roger Harrell
Linda Kline
Deanna Tran

Council Members Not Present

Angela Deal
Jennifer Eastman
Lois Freeman
Min Kim
Julie Maneen
Anna Harrison McCreery
Johnel Metcalf
Michael Miller
Tracey Newsome
Donna Nordstrom
Joanne “Josie” Ogaitis
Joanne Roberts

MDH Staff Present

Martha Deacon
Kathleen Graham
Trisha Grob
Donna Gugle
Sadie Peters
Kristi Pier
Sue Vaeth

Guests Present

Chad Perman, MDH, *Getting Ready for the Maryland Primary Care Program*

1. Roll Call

Chair Vivienne Rose opened the meeting at 4:01pm with a roll call of members in the room, followed by those attending by phone.

2. Getting Ready for the Maryland Primary Care Program Presentation

A. Introduction and Presentation

- Chair Rose explained that the Maryland Department of Health has approved a new payment system for Maryland that will impact individuals of the health community including primary care physicians, medicine personnel, and patients. The new system will affect how Marylanders provide and how Marylanders pay for healthcare. Chair Rose then introduced the next speaker who is a Project Manager at the University of Maryland, Department of Medicine, Chad Perman.

B. Questions and Discussion

- Question from Kathleen Keefe-Hough: *'Is this system based off MACRA or is this program different from other states?'*
 - Chad Perman explained that this program has been designated as an advance payment process, which qualifies practices for a 5% bonus. He stated that it is a budget management program, so some practices will win and some will lose. Perman shared that other states have CPC Plus, what makes this program different from other states is that it is tied ahead to their overall program.
- Question from Mychelle Farmer: *'I am thinking about some of the challenges in compliance with medical regiments; I think we can blame the patients for not doing what we ask them to do, but it often is influenced by the patient's literacy and understanding of what we ask them to do. Is there anything in your system that is going to address those issues to monitor adherence to support the care team?'*
 - Chad Perman responded that there is no mandated way of giving the practice guidelines of how providers run their practice. Perman shared that literacy is a large challenge, and to overcome this it is part a communications piece, and part an education piece. It is with supports like the community health worker, nutritionist and social worker to provide care and understanding.
- Question from Seth Martin: *'Is there any room in the budget to use digital tools, such as pharmacies using digital tools to track data?'*
 - Chad Perman replied that funding comes from CNS, this is not a state funded program. Practices are going to need a phr, and will have to use

PMP. There are not any specific tools that the program will provide them, but the practices will probably find they will need them.

- Question from Liz Woodward *'I work for the Department of Aging, so my patients need a lot of care management. Is there any definition of what the care management needs are for this project?'*
 - Chad Perman responded that there is not a specific definition of care management for this project, it is the general process of taking care of patients.
- Question from Aruna Nathan *'So this is an alternative to the ACO?'*
 - Chad Perman replied that this is not an alternative, this is another way to deliver care.
- Question from Liz Woodward *'How do you define the size of the practice, is there a definition of primary care in that it has to be under a certain number?'*
 - Chad Perman responded that the system expects the practices to have the auxiliary supports to go with their numbers. Most practices it is not a problem to be well above 125, which includes a lot of personnel in the practice. They do look at the amount of primary care the practice provides.
- Question from Mychelle Farmer *'I am thinking about some of the rural parts of the state- I am imaging the state has an idea of practice size and there may be a significant cluster where practices do not meet this criteria such as the Eastern Shore. This sounds like it would be very beneficial to them, such as the transformation process, however there are some counties that will not have the opportunity to do this because of the size of their practice. I hope we are not creating disparities unintentionally.'*
 - Chad Perman replied that that is a great point and it is something the project team will have to look at. Perman also stated that the vast majority of practices meet that criteria, and that practices that don't meet that number typically aren't in need of medical support. He stated that they will definitely take this comment into account.
- Question from Mychelle Farmer: *'Is there some type of commitment in your timetable that we could create so others can benefit from this?'*
 - Chad Perman answered that the program has a practice transformation network, and their role will be to work with practices that are not in the program.
- Question from Chair Rose: *'Is there a disincentive system as well, for those who decide they do not want to be a part of this for some reason, will there be disincentive to get them to join?'*

- Chad Perman replied that those who do not join will not be able to join the next round.
- Question from Chair Rose: *'As far as the care transformation teams and support practice, does the share of support get bigger in relation to the number of patients at the practice?'*
 - Chad Perman stated that there is some stipulation around the amount of management in care. A practice will have a larger care transformation team if the practice has larger numbers.
- Question from Chair Rose *'What does the outreach to the general population look like, is this something the practice will have to educate their patients about or will this be something ongoing?'*
 - Chad Perman responds that it is a little bit of both, practices are largely responsible for the education of this program to their patients, however we as a state would like to get patients more activated and help them understand what we are trying to do for them, we are still trying to walk that fine line.

3. Behavior Risk Factor Surveillance System (BRFSS) 2019 Survey Discussion

A. Introduction and Presentation

- Kristi Pier stated that the BRFSS presents a formal request for additional modules. Pier reminded attendees that the survey is due on Aug. 10th. It was requested that if there were any questions about this survey, or if anyone would like to add questions, et cetera, please contact Georgette Lavetsky. Kristi Pier will send the survey out electronically.

4. Meeting Minutes:

- Chair Rose called for a vote to approve the minutes from the May 2, 2018 meeting, which were provided for attendees to review before the meeting and electronically for those attending via phone. Rachel Pigott approved the minutes. Mychelle Farmer seconded this approval.

5. Committee Updates Discussion

A. Introduction and Discussion

Each Committee discussed their action plans.

- Diabetes Committee:
 - Jessica Kiel presented that the Diabetes Committee had welcome calls to finalize their plan of action, and how they can decrease diabetes in the state of Maryland. They are still working through this, as well as determining how the Diabetes Committee will utilize evidence based programs.

- Stephen Shaul agreed that the Diabetes Committee has been working on these items a great deal. He stated that the Diabetes Committee has been considering a lot in terms of how they are going to track everything and serve the underserved populations in the state. The Diabetes Committee is currently trying to narrow down what they can be doing and how to do it.
- Heart Disease Committee:
 - Anne Williams announced that last time the Heart Disease Committee met they tried to focus on pinning down their objectives. She stated that the Heart Disease Committee has a lot they need to cover. Their first priority is to focus on blood pressure screening; this includes increasing blood pressure screenings to include non-traditional providers by going above the traditional providers, such as partnering with faith based communities.
 - Williams presented that the Heart Disease Committee's second priority is to increase referrals for diagnosed and undiagnosed blood pressure. The Heart Disease Committee is trying to increase the screening and referrals. They worked on the template and found that providers have already been using this reporting system across the state, so they are going to look at that and go from there.
- Arthritis Committee:
 - Jody Marshall stated that on their Arthritis Committee's last meeting they were doing similar things, trying to figure out the action plan template for their two goals which include increasing evidence-based programs to improve prevention and management of arthritis.
 - Marshall provided that the second goal is to increase behaviors and habits that help Arthritis. She stated that the Arthritis Committee was provided with a few barriers in completing this plan such as losing a department of health staff member. The Arthritis Committee is a bit more prepared now to get their action plan set in.
- Physical Fitness Committee:
 - Suzanne Stringer presented that the Fitapp, which is a personal investment app, has passed the house. This app defines exercise and medicine and will go before the senate in Nov or Dec.
 - Stringer announced that the Physical Fitness Committee's main goal is to increase awareness of inclusive and affordable fitness opportunities in Maryland.

B. Questions and Comments

- Question from Jessica Kiel: *'Do we share part of our action plan with the rest of the people? We have a lot of people who are trying to increase awareness and utilization.'*

- Chair Rose replied that once each Committee has their action plan in place, the Wellness Council can see where the coordination's happen.
- Chair Rose stated that she is hopeful every Committee will have concrete plans by next meeting. Rose reminded participants to work on timelines.

6. Close for Committee Breakouts

Chair Rose adjourned this part of the committee meeting and reminded members of the room to attend their Committee's breakout session. The meeting adjourned at 5:00 PM.

Next meeting will be Wednesday, Oct. 17th from 4:00-6:00 PM.