

**HSCRC Advisory Council Kick Off**  
**Meeting Notes**  
**11/13/13**

Meeting is called to order at 3:06 pm.

1. Meeting Kick-off and Welcome – John Colmers, Chairman, HSCRC
  - a. Chairman Colmers opened the meeting
    - i. Advisory Council Members and Commissioners introduced themselves
  - b. Chairman Colmers discussed the size of the endeavor in front of Maryland and its importance to the success of the Maryland Health System.
    - i. Waiver is the most fundamental change in hospital payment in 40 years
    - ii. Creates a healthy functioning hospital system and population
    - iii. Maryland will demonstrate a State working on its own and bringing everyone together in ways that the rest of the country can only dream of.
    - iv. In order to be successful there needs to be participation from everyone working towards a common goal.
      1. Includes compromise, taking blinders off and trusting one another with the best intentions to achieve the desired goal.
      2. Commissioner Colmers encourages optimism, patience, hard work and sacrifice.
2. DHMH Secretary Joshua Sharfstein presented on an overview of the Maryland's All Payer Model Proposal.
  - a. Gary Simmons asked about the timing of CMMI approval
    - i. Secretary Sharfstein reported that they are hoping for approval for a January start, or very shortly thereafter, but recognized that there is never absolute certainty about the timing of CMS decision-making.
  - b. Dr. Edwards asked about the timing of this initiative (stakeholder engagement) with the renewal of the All-payer Waiver and the proposed model.
    - i. Secretary Sharfstein reported that the model proposal is in a form where they are not expecting any further significant changes, so the timing is right to focus on how to move the concepts forward into implementation.
    - ii. Commissioner Colmers added that the development of the application was a significant work effort over a long period of time and that the conceptual framework for the model application had to be solidified before delving into the technical aspects of implementation.
    - iii. Donna Kinzer added that the concepts in the model application don't become "real" until you actually go and start to implement it, so advice from stakeholders as the model moves into implementation is critical to how the program takes shape.

3. Donna Kinzer, Acting Executive Director, HSCRC presented on an Overview of Implementation Goals and Challenges.
4. Discussion of Charge to the Advisory Council – Jack Meyer, Managing Principal, HMA, Advisory Council Facilitator.
  - a. Opened discussion for Initial thoughts and question from Advisory Council
    - i. Dr. Naleppa, there is an absent stakeholder that is very important, local communities, patients and family.
      1. Commissioner Jenks: We hoped to have a representative for patients but that fell through, everyone needs to take on the position of patient stakeholder for the moment.
    - ii. Eric Wagner: Will all meetings going forward be a joint session with the commissioners?
      1. Jack: No, this was just for the kick off meeting. The Advisory Council will proceed with its work on its own. There will be communication with the Commission throughout the process.
    - iii. Chairman Colmers, explained workgroups and that their charges have been established with work beginning in January.
    - iv. Gene Ransom: Physician Issue, the HSCRC has had a rocky relationship with physicians in the past; including lawsuits, a relationship change is moving forward but slowly. Physicians are all different and can this can pose a great challenge. There is positive progress for ACO's and Medical homes but what about specialist? Thanked the commission for an amendment that they did to the model proposal last minute. Patient safety needs to be thoroughly thought about. The incentives are changing but they have the ability to have negative effects just like previous incentives.
    - v. Joe Ross: Cost structures that have created for regulatory structures at state and federal level. Can they be counter-productive? Example: Three day rule for nursing homes actually costs a lot of money, certificate of need. We need to think a lot about acute care. Proposed a workgroup to produce a white paper.
    - vi. Gary Simmons: Need line of site into workgroups thoughts and their charges. How are they going to be connected? (think about before meeting) said he does not see link between workgroups and the Advisory Council. What will they focus on?
      1. Commissioner Colmers: Reviewed the workgroup structure, highlighted that the workgroups will report directly to the Commission, but that the Advisory Council will have some input on their work.
    - vii. David Blumenthal: What are the risks and how do you mitigate them? International awareness of Global Budgeting. Patient Perspective is

- extremely important. Can risk and its mitigation be weaved into workgroups or does there need to be a new work group?
- viii. Kevin Sexton: Struck by the magnitude of the task. How much guidance and where do we stop? Is there a bias towards micro or macro regulations? A major portion of the White Papers do not have a deadline, are we serious about our work ending in January?
    1. Chairman Colmers: Intense work on the Advisory Councils part at the beginning then an easement as the workgroups get under way and towards the end of the workgroups that Advisory Council will gear up again.
  - ix. Robert Chrencik: All Payer Test, there is a Medicare savings target and Maryland has had waiver issues before. Hitting the target is a wild card and is a moving target. Needs to be a special focus on Medicare.
    1. Chairman Colmers: Agrees, but recognizes that there are many opportunists to save and in variety areas.
    2. Donna Kinzer: Agrees that there needs to be a laser focus on Medicare. The HSCRC staff is working on releasing data for stakeholders to analyze to provide some direction on what can be done to achieve Medicare goals.
  - x. Dean Farley: Building and Designing plane while flying it. Nature of transitions process needs to be focused and identify issues that need to be addressed sooner rather than later. A tactical conversation is needed about project phasing.
    1. Chairman Colmers: Activities for near term changes have already begun.
    2. Donna Kinzer: Provided the high level schedule of the model development activities from the slide deck. Mr. Farley said it was good to see the high level, but that the Council will need to delve into the detail a bit.
  - xi. Camerla Coyle: Greatest Challenge is to stay focused. Many things to move towards goal. Sequencing to hit targets in the model proposal will be important

Adjourned at 4:21 pm.