



SUMMARY OF ITEM FOR ACTION,
INFORMATION OR DISCUSSION

TOPIC: Memorandum of Understanding: University of Maryland, Baltimore and University of Maryland, College Park Institute for Healthcare Innovation – UMIHI

COMMITTEE: Committee of the Whole

DATE OF COMMITTEE MEETING: October 24, 2014

SUMMARY: The Board will be briefed on the status of the subject Memorandum of Understanding (MOU) that concerns a partnership among the University of Maryland Medical System Corporation (UMMS), Dimensions Healthcare System (DHS), the University of Maryland, Baltimore (UMB), and the University of Maryland, College Park (UMCP) for the creation of an Institute for Health Care Innovation (UMIHI). UMIHI will be designed to operate in support of a DHS health care initiative in Prince George’s County and Southern Maryland (DHSICI). Administratively, UMIHI will be part of the University System of Maryland (USM), with administrative oversight allocated between UMB and UMCP as agreed by them and as supported through the UMIHI budget.

ALTERNATIVE(S): This item is for information purposes only.

FISCAL IMPACT: This item is for information purposes only.

CHANCELLOR’S RECOMMENDATION: This item is for information purposes only.

COMMITTEE RECOMMENDATION:

DATE:

BOARD ACTION:

DATE:

SUBMITTED BY: William “Brit” Kirwan (301) 445-1901

7/18/2014

DRAFT

**MEMORANDUM OF UNDERSTANDING
MADE AMONG UNIVERSITY OF MARYLAND, BALTIMORE,
UNIVERSITY OF MARYLAND COLLEGE PARK,
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION,
AND DIMENSIONS HEALTHCARE SYSTEM CONCERNING
THE DEVELOPMENT OF
UNIVERSITY OF MARYLAND
INSTITUTE FOR HEALTHCARE INNOVATION (UMIHI)**

1. This Memorandum of Understanding (MOU) is made effective October 1, 2014, by and among University of Maryland, Baltimore (UMB), University of Maryland, College Park (UMCP), University of Maryland Medical System Corporation (UMMS), and Dimensions Healthcare System (DHS) to outline the framework for development of a University of Maryland Institute for Healthcare Innovation (UMIHI) focused on Prince George's County and Southern Maryland.
2. The establishment of UMIHI is contingent upon (1) UMMS's agreement to develop a new regional medical center and ambulatory care strategy for Prince George's County and Southern Maryland, and (2) an increase in the annual base State appropriation to USM of at least Six Million Dollars designated as State support to UMB and UMCP for UMIHI.
3. UMB and UMCP will lead the development of UMIHI, which will be designed to operate in support of a DHS health care initiative in Prince George's County and Southern Maryland (DHSHCI). Administratively, UMIHI will be part of the University System of Maryland (USM), with administrative oversight allocated between UMB and UMCP as agreed by them and as supported through the UMIHI budget.
4. When fully functioning, UMIHI will work closely with the DHSHCI to analyze health care delivery real-time, determine methods to improve it, and assist the DHSHCI to apply selected methods to continuously improve care. The

objective is that improved care delivery will result in a healthier population and an efficient use of funds. UMIHI program offices would be geographically located in or near the new regional medical center referred to in paragraph 2 and would have satellites in Southern Maryland. UMIHI would study all aspects of patient health including prevention of disease.

5. A primary aim of UMIHI will be to promote and support the DSHCI in becoming a “learning healthcare system” (LHS), defined by the Institute of Medicine (IOM) in its publication, *Best Care at Lower Cost*, as a system that is,

“designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care..... (The report) points out that emerging tools like computing power, connectivity, team-based care, and systems engineering techniques—tools that were previously unavailable—make the envisioned transition possible, and are already being put to successful use in pioneering health care organizations” .

6. In becoming a LHS, the DSHCI could generate high quality data from medical and dental healthcare delivery, financial systems, and operational systems, and use this data to improve health care delivery services by DHS and other healthcare providers in the areas served by the DSHCI. UMIHI would analyze the data from a variety of perspectives to identify successful elements of the healthcare delivery system and to recommend improvements of the system. It is expected that:
 - a. Patients and families would have customized access to their own personal health information, to education and knowledge about their disease, and to participation in directing their care including their care in a home environment;
 - b. Healthcare providers would have newly developed information tools to optimally manage their patients;
 - c. Healthcare providers also would learn better ways to manage their patients as UMIHI gains new knowledge through a systematic analysis of the care and costs for patients with diseases such as diabetes, hypertension, obesity, stroke and renal disease; and
 - d. Administrators would have new tools to implement effective and efficient patient care, save costs, incentivize quality, and successfully implement team-based care models. In effect, UMIHI, through the combined expertise of UMCP and UMB, with support of UMMS, and in concert with the

DHSHCI, will develop a highly coordinated and efficient healthcare delivery network.

7. The characteristics of a LHS that DHSHCI will target (as defined by the Institute of Medicine) include:
 - **Real-time access to knowledge** –continuously and reliably capturing, curating, and delivering the best available evidence to guide, support, tailor and improve clinical decision making and healthcare safety and quality.
 - **Digital capture of the care experience** –capturing the care experience on digital platforms for real-time generation and application of knowledge for care improvement.
 - **Engaged, empowered patients** –promoting the inclusion of patients, families, and other caregivers as vital members of the continuously learning care team.
 - **Incentives aligned for value** –alignment of incentives to encourage continuous improvement, identify and reduce waste, and reward high-value healthcare.
 - **Full Transparency** –monitoring the safety, quality, processes, prices, costs, and outcomes of healthcare, and making information available for healthcare improvement and informed choices and decision making by clinicians, patients, and their families.
 - **Leadership-instilled culture of learning** – promoting through leadership a culture of teamwork, collaboration, and adaptability in support of continuous learning as a core aim.
 - **Supportive system competencies** – on an ongoing basis, evaluation and refinement of complex care operations and processes through ongoing team training and skill building, systems analysis and information development, and creation of the feedback loops for continuous learning and system improvement.

8. UMB and UMCP are in a unique position to support the creation of a LHS in Prince George’s County and Southern Maryland. Prince George’s County, the State of Maryland Department of Health and Mental Hygiene, DHS, and UMMS are developing an agreement for a new healthcare strategy in Prince George’s County that includes an ambulatory care strategy for that region. UMB and UMCP have deep research capacity and have established an academic

collaboration with a focus on health-related informatics and public health. Creating UMIHI will tie together and leverage each of these existing components and relationships, as well as supplement other strengths that already exist at UMCP and UMB. Harnessing the abilities of UMB and UMCP to support a LHS will be a critical element to the success of the LHS and the DSHCI. It is hoped that the methods and data resulting from the UMIHI work with the DHS and others involved in the DSHCI will be applicable to healthcare delivery throughout Maryland.

9. An estimated initial budget of at least \$6 million to establish and support UMIHI is being developed. The budget will need to support:

Program Personnel

- Director
- Faculty
- Community outreach staff
- Research analysis and computing staff
- Community healthcare provider and human services staff
- Community education staff including student workers
- Administrative staff and acquisition of administrative support from UMB/UMCP
- Graduate students stipends

Computing, networking, and interfacing into existing and new patient and financial data systems at:

- Prince George's county and Southern Maryland
- UMMS
- The regional ambulatory care system
- DHMH/Maryland Healthcare Commission

Operations

- Office operations at the UMIHI home office and satellite offices
- Community program operations
- Teleconferencing capability

- Regional educational and scientific conferences
- Travel

10. An operational plan and a revised Memorandum of Understanding will be developed when the conditions set forth in Paragraph 2 above are met.

Agreed to:

For:
University of Maryland
College Park

Wallace D. Loh
President

Date

For:
University of Maryland,
Baltimore

Jay A. Perman
President

Date

For:
Dimensions Healthcare System

Neil Moore
President

Date

For:
University of Maryland Medical System
Corporation

Robert A. Chrencik
President and CEO

Date