

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

December 2018

EXECUTIVE DIRECTION

Government Relations and Special Projects – Megan Renfrew

Note: the general election was held in early November. Government affairs staff will do an analysis of election results and new committee assignments in preparation for the 2019 legislative session.

Legislative Workgroups

EMS Reimbursement Work Group for New Care Delivery Models

MHCC co-leads this workgroup with MIEMSS. The Steering Committee (state staff) for this workgroup met regularly on Medicaid and Medicare components of the task over the summer and fall. MHCC and MIEMSS staff also meet individually with private insurers and MHA. A larger stakeholder workgroup has met twice. A final large workgroup meeting is scheduled for early January. Staff plan to bring the report to the January MHCC Commission and MIEMSS Board meetings, with report submission expected at the end of January. The report is expected to recommend continuing grant funding for Mobile Integrated Health (MIH) pilot programs for the medium term, while the State and stakeholders further study key reimbursement issues and evaluate program impact using outcome data generated by the MIH pilot programs currently in operation. Private payers have already made grants to several pilot programs and HSCRC is planning to make some grants available for this purpose.

African American and Rural Community Infant Mortality Study

This study has a workgroup, which met in September, and three subgroups (data analytics; innovative programs; and community and consumer engagement). Each subgroup met once this fall. The steering committee for this work group (state entities named in the statute) meeting multiple times in the summer. The final report for this study is due in November 2019.

Information on additional work groups is included in specific MHCC Center updates.

Legislative Session

The 2019 Legislative Session is scheduled to begin on January 9, 2019 and run through April 8, 2019. As in past years, the Commission will schedule conference calls to discuss proposed legislation on which the staff recommends the MHCC take a position. The conference calls will start in late January as bill hearings do not begin in earnest until that point in the session. Conference calls will continue through the end of March as bill hearings dictate. MHCC staff will provide more information at the January meeting.

MHCC in the News: News Updates

The highlight of news coverage this month was the release of the NHRI and Leapfrog reports on November 8 (immediately after the last update was drafted).

CON-related news coverage and commentary (chronological order)

Curtis, Tim, “Upper Chesapeake Health to put new medical campus in Aberdeen”, Daily Record, November 8, 2018, <https://thedailyrecord.com/2018/11/08/maryland-upper-chesapeake-health-aberdeen/>

Curtis, Tim, “Hospital conversion trend fits Maryland’s health goals”, The Daily Record, November 13, 2018, <https://thedailyrecord.com/2018/11/13/hospital-conversion-trend-fits-marylands-health-goals/>

Paavola, Alia “15 hospital, health system construction projects worth \$300M or more”, Becker’s Hospital Review, November 14, 2018, <https://www.beckershospitalreview.com/facilities-management/15-hospital-health-system-construction-projects-worth-300m-or-more.html>

Grimmel Sr., Louis G., “Letter to the Editor: Health care provider supports Upper Chesapeake's Vision 2020 Plan”, The Aegis, November 21, 2018, <https://www.baltimoresun.com/news/maryland/harford/aegis/opinion/ph-ag-letter-grimmel-1121-story.html>

Curtis, Tim, “UM Upper Chesapeake submits plans for psychiatric hospital”, Daily Record, November 27, 2018, <https://thedailyrecord.com/2018/11/27/um-upper-chesapeake-submits-plans-for-psychiatric-hospital/>

Butler, Erica, “Upper Chesapeake files application for proposed new medical facility in Aberdeen”, The Aegis, November 30, 2018, <https://www.baltimoresun.com/news/maryland/harford/aegis/ph-ag-upper-chesapeake-new-con-filed-1128-story.html>

Eichensehr, Morgan, “Carroll Hospice plans \$1.8 million expansion to serve aging patient population”, Baltimore Business Journal, Dec 3, 2018, <https://www.bizjournals.com/baltimore/news/2018/12/03/carroll-hospice-plans-1-8-million-expansion-to.html>

Eichensehr, Morgan, “Salisbury rehab hospital seeks approval for \$5.7M expansion project”, Baltimore Business Journal, Dec 3, 2018, <https://www.bizjournals.com/baltimore/news/2018/12/03/salisbury-rehab-hospitalseeks-approval-for-5-7m.html>

Curtis, Tim, “Some under-the-radar health topics for the next Md. Legislature”, The Daily Record, December 10, 2018, <https://thedailyrecord.com/2018/12/10/some-under-the-radar-health-topics-for-the-next-md-legislature/>

Butler, Erica, “Upper Chesapeake to host information meeting Thursday about Aberdeen medical campus plans”, The Aegis, December 11, 2018, <https://www.baltimoresun.com/news/maryland/harford/aegis/ph-ag-aberdeen-hospital-meeting-preview-1212-story.html>

“Atlantic General plans Ocean Pines medical center”, Dover Post, December 11, 2018, <http://www.doverpost.com/news/20181211/atlantic-general-plans-ocean-pines-medical-center>

Swann, Sara, “Atlantic General Hospital announces plans for new Ocean Pines facility”, Salisbury Daily Times, December 11, 2018, <https://www.delmarvanow.com/story/news/local/maryland/2018/12/11/atlantic-general-hospital-announces-plans-new-ocean-pines-facility/2270346002/>

Leapfrog Report--Media coverage that mentions Maryland (Alphabetical by author)

Atkielski, Jacqui, “Two of three Southern Maryland hospitals receive "A" grade for patient safety”, Maryland Independent, Nov 16, 2018, http://www.somdnews.com/independent/spotlight/two-of-three-southern-maryland-hospitals-receive-a-grade-for/article_69a73ed4-4c5c-53d6-84eb-77c2746ca71a.html

Belt, Deb, “Maryland Hospital Safety Grades Released For Fall 2018”, The Patch, Nov 8, 2018, <https://patch.com/maryland/annapolis/maryland-hospital-safety-grades-released-fall-2018>

Eichensehr, Morgan, “These are Maryland's safest hospitals”, Baltimore Business Journal, November 8, 2018, <https://www.bizjournals.com/baltimore/news/2018/11/08/these-are-marylands-safest-hospitals.html>

Meehan, Sarah, “Here's how Maryland hospitals fared on latest safety report card”, The Baltimore Sun, November 8, 2018, <https://www.baltimoresun.com/health/bs-hs-leapfrog-rankings-20181108-story.html>
Tolzman, Paul G., “Bi-Annual Safety Report Reveals Top Grade Maryland Hospitals”, Lawyers.com Blog, December 07, 2018, <https://blogs.lawyers.com/attorney/medical-malpractice/bi-annual-safety-report-reveals-top-grade-maryland-hospitals-52135/>

NHRI Expenditure Report (Alphabetical by author)

Haefner, Morgan, “While healthcare use falls in Colorado, prices push costs higher, report says”, Becker’s Hospital CEO Report, November 08, 2018, <https://www.beckershospitalreview.com/finance/while-healthcare-use-falls-in-colorado-prices-push-costs-higher-report-says.html>

Lagasse, Jeff “Healthcare cost variations between regions attributed to price, usage: Colorado has the highest prices in the six regions studied, while Maryland came in well below the average”, Health Care Finance News, November 9, 2018, <https://www.healthcarefinancenews.com/news/healthcare-cost-variations-between-regions-attributed-price-usage>

LaPointe, Jacqueline. “Price Not the Only Driver of High Healthcare Costs, Research Shows”, Rev Cycle Intelligence, November 12, 2018, <https://revcycleintelligence.com/news/price-not-the-only-driver-of-high-healthcare-costs-research-shows>

Masterson, Les, “Middle-income Americans paying more for health insurance”, Health Care Dive, Dec. 10, 2018, <https://www.healthcaredive.com/news/middle-income-americans-paying-more-for-health-insurance/543903/>

Masterson, Les, “Price, usage drive variations between regions' healthcare costs, report finds,” Health Care Dive, Nov. 9, 2018, <https://www.healthcaredive.com/news/price-usage-drive-variations-between-regions-healthcare-costs-report-fin/541851/>

Minemyer, Paige, “Report: Healthcare costs vary by region, so solutions must vary too”, Fiercehealthcare, Nov 12, 2018, <https://www.fiercehealthcare.com/finance/report-healthcare-costs-vary-by-region-so-solutions-must-vary-too>

Rosenberg, Jaime, “Report Finds Wide Variation in Average Cost of Healthcare Across the US”, The American Journal of Managed Care, November 15, 2018, <https://www.ajmc.com/newsroom/report-finds-wide-variation-in-average-cost-of-healthcare-across-the-us>

Social Media Activities

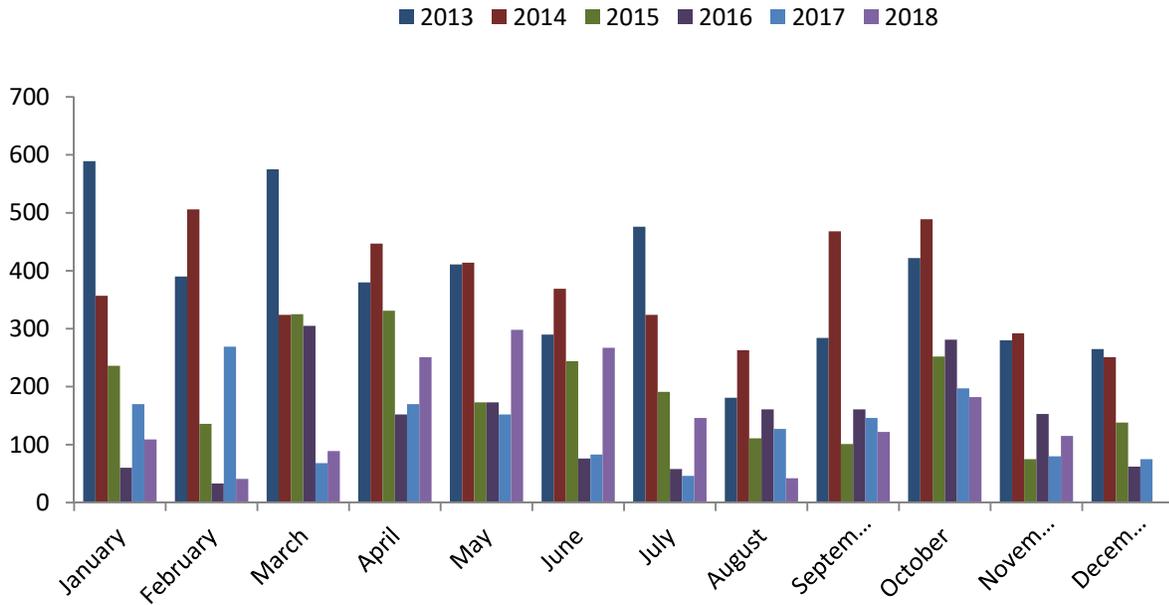
MHCC continued regular social media posting on the MHCC Twitter, Facebook, and LinkedIn accounts. MHCC also posts on the Wear the Cost Twitter and Facebook accounts, although frequency has declined due to a gap in contracting support.

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of \$182,482 for the month of October and \$114,982 for the month of November. The monthly payments for uncompensated care claims from January 2013 through November, 2018 are shown below in Figure 1.

Continuing the use of the new version of SAS since September has been beneficial as illustrated below. The new version allows staff to bundle payments more efficiently resulting in payments reaching providers more timely. Staff continues to work on a program for the MIEMSS registry data, and is scheduled to be concluded by the end of January. Creating a new system to organize the data will assist our contractor to identify patients on the registry easier. Because there is no limitation on when claims can be filed retroactively, this new program will allow our contractor to more easily identify patients on the registry which is a requirement of the Maryland Trauma Physician Services fund to reimburse claims. The work has now begun on creating a more user friendly trauma webpage for our providers and trauma centers. Keeping our promise to the providers and trauma centers, this work will not interfere with processing their claims.

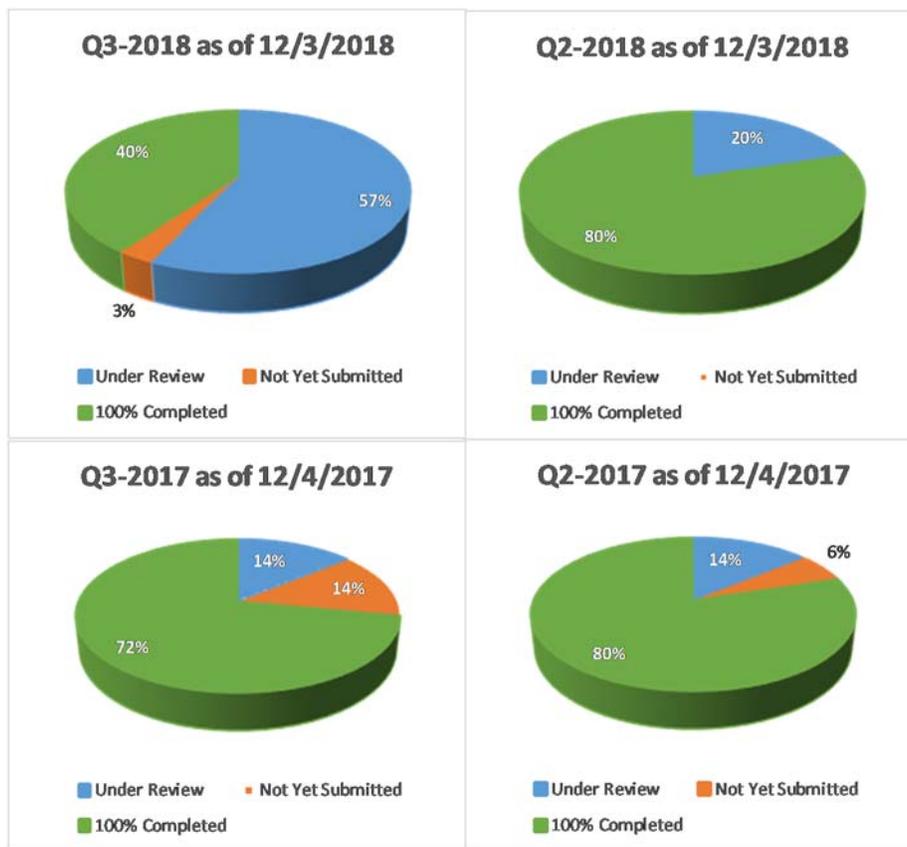
Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2018



Cost and Quality Analysis – Kenneth Yeates-Trotman

Medical Care Data Base (MCDB) Data Submission Status, Payor Compliance, and Technical Support
Payor submissions are spending more time in the data review process than a year ago.

Results show that most payors submissions are spending more time during the review process that a year ago. For example, as of the deadline (11/30/2018) for all third quarter 2018 MCDB data submissions, 57% of all payors submissions are still under review by Social & Scientific Systems (SSS, MCDB contractor) compared to only 14% for quarter 3, 2017 at about the same time last year. This slowdown in submissions review is due to the following factors. (i) Two large payors had system upgrades which resulted in longer reviews for these payors as both payors were required to provide patient and provider identifier crosswalks. (ii) Another large payor’s delayed responses to reasonability check questions on their submissions cause further delays in the review process for this payor. (iii) Other data quality checks discovered new issues for a payor which required manual fixes by the payor in the short term. This payor is currently developing a model to address the problem. (iv) New payor personnel assigned to get and report the data to the MCDB for the third quarter of 2018 submissions has contributed to a spike in mistakes as well. Most payors have already resubmitted data to address various data quality issues and are in SSS’s queue to review. For the second quarter submissions, 80% of all payors submitted clean for 2018. This percentage was the same compared to Q2-2017 at about the same time last year. Please note that despite these setbacks in the third quarter of 2018 the 2018 MCDB data is on track to be available on 9/30/2019. See exhibit below.



2019 HMO Payments to Non-Participating Providers

Payments to Non-participating providers increased by 1.4% for 2019

Maryland Health-General Article, §19-710.1 specifies a methodology to calculate minimum payment rates that Health Maintenance Organizations (HMOs) must pay to non-contracting (non-trauma) providers that

provide a covered evaluation and management (E&M) service to an HMO patient. MHCC is required to annually update these minimum payment rates, which are published by the MIA. As specified in the law, E&M services as defined by the Centers for Medicare and Medicaid Services (CMS) in the Berenson-Eggers Type of Services (BETOS) terminology are calculated from the CMS Medicare Physician Fee Schedule that applied in August of 2008 adjusted by the cumulative Medicare Economic Index (MEI) prior to the start of each new calendar year. The change in the MEI from 2017 to 2018 is 1.4%.

One question that was left unresolved in the statute was how to develop adjustments when new E&M service codes are created. MHCC and MIA have agreed to modify the methodology if there is a new E&M services code included in the BETOS E&M categories. Fee levels for new codes are based on the current Medicare Physician Fee Schedule for the geographic region and inflated using the MEI in subsequent years. The MHCC Staff have updated these payment rates consistent with adjustments required in the law. The updated fee levels for 2019 were sent to the MIA to be published on the Agency's website and disseminated to Maryland HMOs.

Looking Ahead

- All payor meeting/training for the 2019 MCDB Data Submission scheduled in early January 2019.
- Work has begun the 2017 Privately Insured report which will be available for the March 2019 Commissioners meeting
- Staff is currently working on the 2017 Per Capital cost calculation for HSCRC. The results will be available to HSCRC in early January.
- Staff and SSS are currently working with HSCRC to provide quarterly standard analytical files (SAFs) for 2017 and beyond. HSCRC currently has 2017 annual SAFs.

Database Development and Applications

Data Release

Data Staff prepared and executed data use agreement amendments and requests for Certificates of Destruction for recipients of the Maryland claims data and the DC Hospital data.

Programmer worked with Data release group members on data use agreement and amendments. Composed letters for the data destruction of DC Association data. Updated Stakeholder database.

Data Processing and Tech Support

The data staff provided support for Trauma Fund processing, mapping, technical support to Hilltop programmer, CathPCI and DC data processing. Staff re-processed 2010 inpatient file to reflect just the calendar year data as it had two fiscal years as opposed to the calendar year. Staff member continued to work on changes to the discharge abstract files for trend analysis. The staff began working on SAS programs to read XML The CathPCI files were migrated to the new SAS server. Resolved display of fiscal year information on trauma forms that is submitted to downtown.

Web Applications

Data Staff assisted MHCC Staff with website needs including update to the Long Term Care (LTC) consumer guide, MHCC website support and provided health facility survey assistance:

- **CCRC (Continuing Care Retirement Communities) Survey:** None.
- **LTC Consumer Guide:** Continue to perform updates on the LTC guide by updating nursing home private pay rates and resolve discrepancies. Wrote SQL script to replace null values data in the patient satisfaction table and updated national and state averages. Tested application locally and then migrated to the production server. Updated Home Health patient satisfaction data and resolved data discrepancies.
- **MHCC Website:** Continue to provide web support to MHCC staff members in areas of creation of new pages, uploading of large documents to the server, assist with web page formatting such as

debugging html and CSS code. Assist CON staff with moving contents around on the CON page, created a new page for the commissioner’s retreat. Updated the intranet pages. Worked with HIT to add new content to the Medicaid Access and Chip Reauthorization Act (MACRA) page. Posted new press release from MHCC

- **Nursing Home and Assisted Living survey:** None.
- **Ambulatory Surgery Survey:** Daily download of ambulatory surgery survey data for 2016 and 2017 and saving it on the F drive. Continue to provide technical assistance to users in areas of password resolutions.
- **Home Health Survey:** Modified the html email page to include the word ‘COPY’ in the copy email that is sent to the other contact. Entered information for Notice Letter 1 and worked with administrator to send out survey notice to home health agencies. Launched Home Health 2017 survey on November 13th, 2018. Provided technical assistance to users having problems accessing the site such as password assistance and link to access the survey. Entered survey acceptance letter details into the database to enable survey administrator send out the acceptance letter for surveys that were accepted.

Technical Support/Training – Assisted with the installation SAS software on staff computer. In preparation for the installation of SAS software onsite, compiled a list of all SAS licenses within the commission and attended conference calls to familiarize one’s self with the upcoming upgrade. Updated HiTech inventory database and worked on inventory audit for MDH. Attended mandatory accountable office training for MHCC inventory. Assisted staff member on how to create a mail merge in Word.

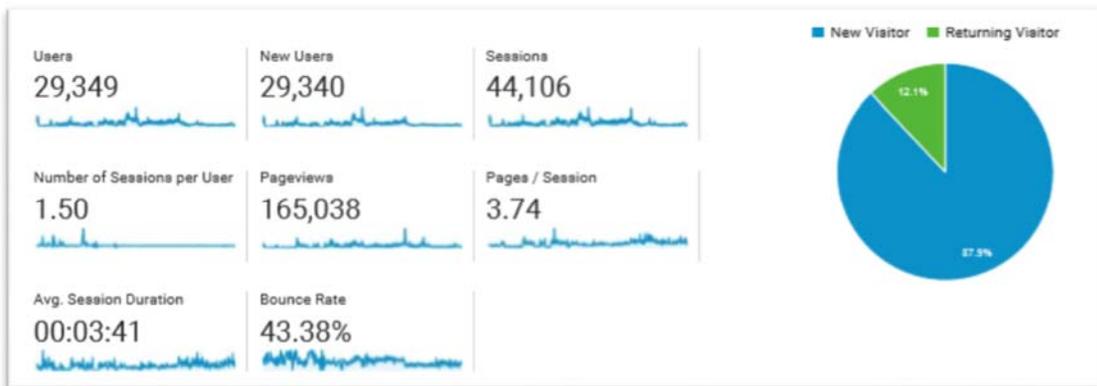
Internet Activities

Data from Google Analytics for the months of November 2018

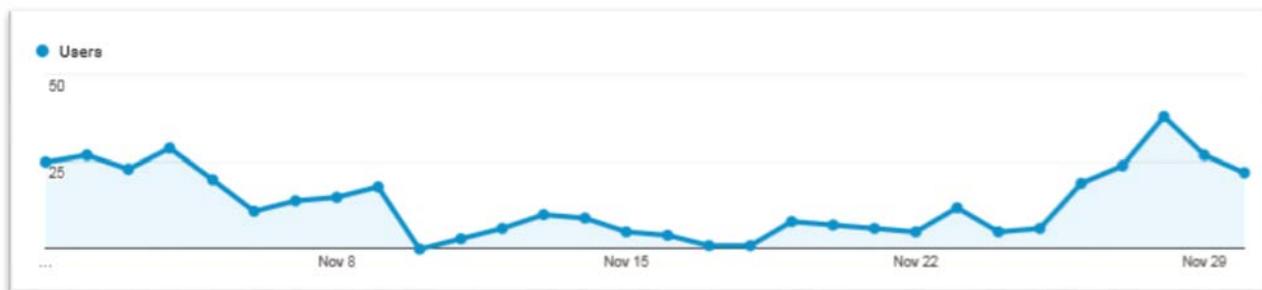


- Bounce rate is the percentage of visitors that see only one page during a visit to the site.
- As shown in the chart above, the number of sessions to the **MHCC website** for the November 2018 was 1,692 and of these, there were 1,203 new users. The average time on the site was 3:16 minutes. Bounce rate of 56.97% is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.
- Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.
- The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov and hsrcr.state.md.us. Among the most common search keywords in November were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Since the Maryland Health Care Quality Reports (MHCQR) website was released in December 2014, there have been 29,349 users of the consumer site and 165,038 page views. Since inception, an average of 611 users visit the site each month. About 88% of users are new visitors.



In November 2018, the MHCQR site had 355 users compared to 486 users in October (see graph below). The number of page views was also lower than the previous month; there were 2,074 page views in November compared to 3,754 in October. The average time spent on the site in November was approximately five and a half minutes. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



Policy, Cross-Payer & Workforce Analyses – Mahlet ‘Mahi’ Nigatu

Episode of Care – Consumer-Centric Price Transparency Initiative The execution of the Prometheus software to generate episodes for Medicare 2015/2016 data has completed and thorough testing revealed data anomalies that require re-running portion of the software. This correction is to be completed 3 week of December, 2018. This has not impacted the release date of spring 2019. Upon completion, MHCC staff will determine the episodes that are deemed complete and ready for the WearTheCost workgroup review. The workgroup will assist in the determination of which episode groups and result will be displayed. The plan is to display possibly up to 9 episodes.

Staff is preparing to conduct interviews with selected contractors for WTC communication work. To successfully continue public engagement and outreach for this website, MHCC seek a contractor to support the development and implementation of a comprehensive public-facing communications strategy for the Wear The Cost initiative. From the submitted proposals, staff selected two contractors and requested for their best and final financial proposal and an interview upon which staff will make a selection.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

State Health Plan: COMAR 10.24.17, Cardiac Surgery and Percutaneous Coronary Intervention (PCI)

A notice was published in the *Maryland Register* on November 9, 2018 announcing the start of a formal 30-day comment period on the re-proposed State Health Plan regulations for cardiac surgery and PCI, COMAR 10.24.17. These draft regulations were adopted as proposed regulations by the Commission at its September meeting. Two organizations submitted comments. MHCC staff plans to request adoption of final regulations at the December Commission meeting.

External Review of PCI Cases

MHCC staff contacted all hospitals with elective PCI programs to request submission of the results of their external reviews of PCI cases for cases performed between January 2015 and December 2017. MHCC staff plans to review these results to get an overview of how well hospitals are performing on this State Health Plan requirement. The information will be part of the Ongoing Performance reviews for PCI that will be conducted in 2019.

State Health Plan: COMAR 10.24.07, Inpatient Psychiatric Services and Residential Treatment Center (RTC) Services

Staff continued working on a White Paper in preparation for an update of the State Health Plan chapter for acute psychiatric services. Staff anticipates this document will be finalized in December. Staff has begun work on a second White Paper for RTC services, a service which is currently addressed in COMAR 10.24.07.

State Health Plans: COMAR 10.24.12 and COMAR 10.24.18, Inpatient Obstetrical (OB) Services and Neonatal Intensive Care Services

Staff began working on updating the State Health Plan chapters for inpatient OB services, COMAR 10.24.12, and neonatal intensive care services, COMAR 10.24.18. The perinatal system standards are referenced in both chapters, and both chapters should be updated to incorporate the revised Maryland perinatal system standards adopted by the Maryland Department of Health earlier this year.

Long Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS) and Long Term Care Survey

The Hilltop Institute at the University of Maryland-Baltimore County (Hilltop) is MHCC's MDS and long term care planning consultant. During the past month, there was a change in programming patient days (defined as resident nights) for the MDS Manager program. MHCC staff also reviewed a draft of a report on changes to MDS variables updated in October 2017 and October 2018.

State Health Plan: COMAR 10.24.20, Comprehensive Care Facility (CCF) Services and COMAR 10.24.08, Chronic Care Hospital Services

Draft proposed updates of these regulations were approved as proposed permanent regulations at the Commission's October meeting. The proposed regulations were published in the December 7, 2018 issue of the *Maryland Register*, beginning the formal comment period that will run through January 7, 2019. Information about this posting was sent to members of the Nursing Home Work Group, members of the Commission Consultation Group, and those who submitted comments during the informal public comment period. The notice has been posted on the Commission's website at:

https://mhcc.maryland.gov/mhcc/pages/home/public_comment/public_comment.aspx

Chronic Hospital Occupancy Report

Information on the use of chronic hospital bed capacity, covering fiscal years (FY) 2017 and 2018, was published in the *Maryland Register* on December 7, 2018. The report, mandated by COMAR 10.24.08, includes data on the number of chronic hospital beds, patient days, discharges, average length of stay (days), and average bed occupancy for the five private and two state-operated chronic hospitals. The report is posted on the Commission's website and can be accessed at:

https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/hcfs_hospital.aspx

Home Health Agency (HHA) Survey

The FY 2017 HHA Survey data collection is underway. Responses are due by January 11, 2019. Staff provides technical assistance to providers completing the survey. The FY 2015 and FY 2016 data are currently under review. Staff is validating the data with agency staff. Once completed, any corrected data will be used to finalize the cleaning process and create final reports. This survey is in the process of catching up after taking a hiatus during which the survey was revised.

Long Term Care Survey

Staff is working with Hilltop, to finalize the work plan and complete the project documentation for the FY 2016 long term care survey data.

Hospice

Staff is creating additional reports for inclusion in the hospice public use file data set

Certificate of Need (CON) – Kevin McDonald

Change in Approved CON

Stella Maris, Inc. - (Baltimore County) – Docket No. 16-03-2376

Increase in the approved total project cost of \$4,024,479 for a building and renovation project, resulting in a new approved project cost of \$33,716,305.

Coastal Hospice – (Wicomico County) – Docket No. 17-22-2404

Increase in the approved total project cost of \$579,315 for a building project, resulting in a new total of cost of \$8,577,429.

CON Application Withdrawn

University of Maryland (UM) Upper Chesapeake Health (UCH) – (Harford County) – Docket No. 17-12-2403

Establish a 40-bed special psychiatric hospital in Havre de Grace.

Estimated Cost: \$52,421,120

CON Letters of Intent

UM UCH – (Harford County)

Establish a 40-bed special psychiatric hospital in Aberdeen.

CON Applications Filed

UM UCH – (Harford County) – Matter No. 18-12-2436

Establish a 40-bed special psychiatric hospital in Aberdeen.

Estimated Cost: \$53,889,154

Request for Exemption from CON Review Filed

Summit Ambulatory Surgical Center, LLC – (Anne Arundel Co.) Docket No. 18-02-EX009

Addition of second operating room to existing physician outpatient surgery center located in Hanover.

Estimated Cost: \$25,000

Modification of Request for Exemption from CON Review

UM UCH – (Harford County) - D.N. 17-12-EX004

Modification of request for exemption from CON to convert UM Harford Memorial Hospital (HMH) to a freestanding medical facility (FMF). The site for the proposed FMF was formerly in Havre de Grace. The modified request is for a site in Aberdeen.

Estimated Cost: \$52,723,779

UM UCH – (Harford County) - Docket No. 17-12-EX003

Modification of request for exemption from CON to consolidate UM HMH and UM Upper Chesapeake Medical Center (UCMC). The project will involve the addition of medical/surgical and observation bed capacity at UM UCMC, related renovations of the food services and environmental departments, creation of a new elevator and lobby, relocation of existing public toilets and addition of public toilets, and modification and upgrading of the central utility plant. The project is related to the proposed conversion of UM HMH to an FMF, which, if implemented, will establish UM UCMC as the only general hospital in Harford County.

Estimated Cost: \$81,789,216

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records System Workgroup (Chapter 435)

The Electronic Prescription Records System Workgroup (workgroup) discussed potential benefits, barriers/challenges, and solutions for reporting to a statewide registry of dispensed non-controlled dangerous substances. The workgroup identified a preliminary list of key themes that will guide the development of draft recommendations. A final report is due to the Governor and General Assembly by January 2020.

Health Record and Payment Integration Program Advisory Committee (Chapter 452)

The Health Record and Payment Integration Program Advisory Committee convened a subcommittee to identify key themes that will guide the development of draft recommendations. The subcommittee will continue to discuss the draft key themes during the December meeting. A final report is due to the Governor and General Assembly by November 2019.

Electronic Advance Directives

U.S. Living Will Registry (vendor) provided additional information to support their application for State Recognition. COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service* requires vendors to be recognized by MHCC as a pre-requisite for integrating with the State-Designated Health Information Exchange (HIE), CRISP. A review of the information is underway.

Hospital Health Information Technology Assessment

Data analysis and the identification of key themes of this year's hospital health information technology (health IT) report is underway. The survey assessed hospitals' perceived value of health IT adoption. A report is planned for release during the first quarter of 2019.

Dental Health IT

MHCC staff prepared briefing materials on Health IT adoption and meaningful use presentations for the Anne Arundel County and Howard County Dental Societies December meetings. Planning is underway for a health IT educational symposium with the Southern Maryland and Anne Arundel County Dental Societies. Development of a health IT adoption survey is underdeveloped in partnership with the American Dental Association for release in 2019.

Podiatry and ASC Health IT Assessment

A health IT adoption environmental scan (scan) of podiatry practices and ambulatory surgical centers (ASC) was completed in collaboration with the Maryland Podiatric Medical Association and the Maryland

Ambulatory Surgery Association. The scan aims to assess electronic health record adoption and use of HIE. Information briefs are planned for release during the first quarter of 2019.

Health Information Exchange Division – Angela Evatt, Division Chief

HIE Privacy and Security Policy Development

The HIE Policy Board, a staff advisory workgroup, discussed policies about enabling HIE access for clinicians included on an established incident responder registry that could be made available during a Governor-declared state of emergency. Requirements for accessing, using, or disclosing health information through an HIE during a state of emergency was discussed.

Telehealth Grant Projects

Telehealth pilot sustainability plans were finalized for the University of Maryland Quality Care Network and Mosaic Community Services, Inc. Discussions are underway with Charles County Public Schools regarding the use of telehealth to provide therapy to children and youths with special needs, where access to in-person services is limited. A telehealth site visit was completed with one of the *School-Based Telehealth Grant Announcement* applicants. An award announcement is anticipated in December.

School-Based Telehealth Workgroup (Senate Finance Request)

The School-Based Telehealth Workgroup discussed draft key themes that, once finalized, will provide the foundation for developing draft recommendations about expanded use of school-based telehealth. A final report is due to the Senate Finance Committee in November of 2019.

Telehealth Readiness Assessment Tool

Revisions to the Telehealth Readiness Assessment (TRA) tool content are underway based on feedback gathered through field testing. Discussions are proceeding with the contractor, RTI International, to web-enable the TRA tool. A final version of the TRA tool content is anticipated in December.

Electronic Data Interchange Activity

Key themes were identified from the six largest payers Electronic Data Interchange (EDI) report. An information brief highlighting trends in EDI, and estimates on potential administrative costs savings by increasing the use EDI is underway. An information brief is planned for release in February.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Activities

Planning began for the Maryland Practice Transformation Network, January 24th Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), educational program agenda. Feedback from select stakeholders is being used to finalize development of a specialty practice transformation network (STN) initiative. The STN initiative will help prepare practices to participate in alternative care delivery models.

Patient and Family Advisory Council Guidance Document

Revisions to the draft Patient and Family Advisory Council (PFAC) guidance document were completed. Additional field testing is anticipated over the next six weeks. PFACs are organized by practices and help identify ways to improve the patient experience. PFACs are a requirement for participation in many alternative care delivery models.

Practice Transformation Assessment

An information brief is being developed that summarizes findings from a practice transformation environmental scan (scan) in Maryland. The scan focused on team-based care, clinical quality and performance measurement, use of health IT, professional satisfaction, and practice organization. An information brief is scheduled for release in January.

Care Coordination Roundtable

Planning is underway for a care coordination roundtable discussion regarding its application across the health care landscape. The roundtable discussion will focus on ways to promote a deliberate, longitudinal, multidimensional process of care delivery for patients as they journey through the care continuum. The event is anticipated to occur during the first quarter of 2019.

***CENTER FOR QUALITY MEASUREMENT AND
REPORTING***

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Sixty social media posts initiated in November

Staff continue to focus on the promotion of the MHCQR website. There were approximately 60 social media posts made in November. Topic posts for November included National Hospice and Palliative Care Month, Antibiotic Awareness Week, COPD Awareness Month, and American Diabetes Month. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health-related events and are designed to link readers back to the MHCQR website.

More than 165,000 page views of the MHCQR website since inception

Staff continues to monitor traffic to the site using Google Analytics software. Since the site was released in December 2014, there have been 29,349 users of the consumer site and 165,038 page views. In November 2018, the site saw 355 users compared to 486 users in October. Also, there were 2,074 page views in November compared to 3,754 in October. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

MHCQR Website Marketing and Outreach

Staff attended the Maryland Department of Health's Office of Minority Health and Health Disparities annual Health Equity conference. The team managed an exhibit table to network and market the website with various promotional materials. Additionally, the animated video created for marketing use is undergoing final revisions and should be ready for use on the website and various social media platforms. The shortened :30 second spot will air in movie theaters this holiday season.

Hospital Quality Initiatives – Courtney Carta

Leapfrog Work Continues

In 2017, Maryland hospitals were included in the Leapfrog Group's national hospital grading system for the first time. MHCC continues to support this initiative by providing data to Leapfrog. Staff are in discussion with Leapfrog for the Spring and Fall 2019 releases.

Specialized Cardiac Services Data

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR CathPCI data registries and report quarterly data and outcome reports to the Commission by established timelines. The last quarterly cardiac data coordinator meeting was held on November 13, 2018. Representatives from the American Heart Association joined the group to discuss the latest updates to the data collection registry. There was also a period of open discussion for the group to talk about various topics of interest. The next quarterly meeting is February 12, 2019.

Healthcare Associated Infections (HAIs)

Staff are beginning to plan for upcoming HAI-related activities in 2019. Staff are focusing on both quarterly HAI advisory committee meetings, as well as peer-learning webinars.

Long Term Care Quality Initiative—Stacy Howes

Nursing Home Experience of Care Survey

The 2018 Maryland Family Experience of Care Survey commenced in July. This year, the survey includes a Spanish-language option to allow more families to participate. Questionnaires were mailed to families in mid-October, followed by reminder postcards two weeks later. A second round of questionnaires was mailed November 28, and follow-up calls will begin December 17. Almost 40% of questionnaires have been completed and returned to us.

The Long Term Care Guide has been updated with nursing home private pay rates, as well as home health patient satisfaction measures using the most current CMS data files.

Health Benefit Plans

Performance information on Maryland Health Benefit Plans has been updated on the consumer website for the 2018 Open Enrollment period. The site now includes 2017 HEDIS measures and CAHPS survey results. This update is unique in that it represents the implementation of our streamlined approach to Health Plan reporting. NCQA (Health plan accrediting body) requires plans to perform audits of their clinical data (HEDIS data). NCQA also requires Plans to survey members on their experience with the Plan (e.g., customer service, communication with physicians, access to care and overall satisfaction). Prior to this reporting period, MHCC engaged contractors to perform HEDIS audits and CAHPS surveys, focusing on Maryland members only. For this reporting period, we've eliminated the Maryland member only audits and surveys and we are using the NCQA results. The results are similar to previous years. We estimate savings from this new approach to be approximately \$1.5 million over the next three years.

The kickoff meeting for the Maryland Health Benefit Plans 2019 HEDIS reporting requirements was held on November 28.