

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

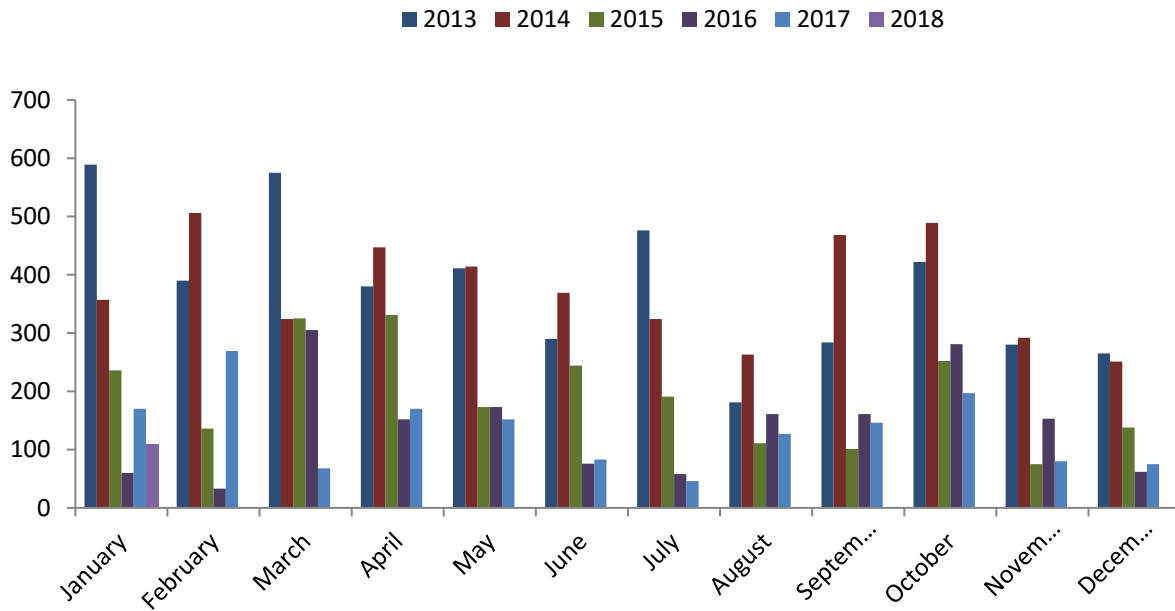
February 2018

EXECUTIVE DIRECTION

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **\$109,048** for the month of January, 2018. The monthly payments for uncompensated care claims from January 2013 through January, 2018 are shown below in Figure 1. During the month of January staff met with both contractors, CoreSource and Myers and Stauffer, to discuss any pending issues with processing and auditing claims, and for introductions of newly assigned staff.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2017



CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

Privately Insured Spending in Maryland’s Individual Market

There was a significant slowdown in overall health care spending growth in 2016 (12%) compared to 2015 (35%) in Maryland’s individual market.

All-services combined (medical and prescription drug) per member per month (PMPM) spending grew less (↓12%) in 2016 than in 2015 (↑35%). Service categories that significantly contributed to the deceleration in growth include (i) prescription drugs at 17% growth in 2016 v. 77% in 2015; (ii) physician supplied drugs at 27% ↑ in 2016 v. 57% ↑ in 2015 ; (iii) professional services at about 7% ↑ in 2016 v. 17% ↑ in 2015; (iv) labs/imaging at 5% ↓ in 2016 v. 18% ↑ in 2015; and (v) inpatient hospital facility at 10% ↑ in 2016 v. 46% ↑ in 2015. Privately insured spending in Maryland’s individual market will be presented at the February Commission meeting.

HSCSC Annual Total Cost of Care per Capita Cost Calculation (Commercial Medical)

Staff completed documentation for how the self-funded ERISA cost information is estimated and incorporated into the estimation model.

Estimated per capita cost in the total private market grew slower in 2016 (3.5% increase) than in 2015 (5.9% increase).

Results show a deceleration in per capita medical cost growth in 2016 v. 2015. See exhibit below. This slowdown in growth is consistent with results in the privately insured spending in Maryland’s individual market mentioned above and also in the Health Affairs January 2018 edition of cost and spending. The main contributors to the slowdown by market segments are (i) individual market: 24.6% increase in 2015 down to 14% increase in 2016. (ii) public employee (FEHBP): 9.1% increase in 2015 compared to only 2.1% in 2016. (iii) public employee (Non-FEHBP): 4.6% increase in 2015 compared to 1.9% in 2016.

Total Cost of Care (Commercial Privately Insured Data Medical Only) - Annual Per Capita Cost 2013 - 2016
Maryland Residents Under Age 65

Market	Annual Per Capita Costs						
	2013	2014	2015	2016	% Change (2013/2014)	% Change (2014/2015)	% Change (2015/2016)
Total	\$3,132	\$3,240	\$3,432	\$3,552	3.4%	5.9%	3.5%

Source: MCDB

Network for Regional Healthcare Improvement (NRHI) Total Cost of Care (TCoC)

Maryland continues to lead in TCoC benchmark results among five regions across the country.

NRHI is scheduled to release the 2015 TCoC national benchmark results on February 13, 2018. Results will show that Maryland continues to be first (same as in 2014) among five participating regions in delivering care most efficiently. In short, Maryland has the lowest total cost index (TCI) which is calculated as the product of resource use index (RUI: utilization and intensity) and price index (PI). Linda Bartnyska will present these results at the February 2018 Commission meeting. In the next few months, MHCC staff will be

working on round 2 of the TCoC phase III project which will show benchmark results using 2016 data. This TCoC project ends 10/31/2018.

Database Development and Applications – Leslie LaBrecque

Data Release

Data Staff reviewed APCD data requests and data management plans, tracked down non-compliant quarterly report submissions for APCD and DC inpatient file holders, and amended data use agreements. Activities included: working with a Wharton requestor to tighten up their data management plan for applying for access to the APCD; working with HSCRC to finalize their contractor access to the APCD; tracking down contact persons for getting the APCD and DC data quarterly reports submitted to us by 1/31 and organizing the reports in the Google smartsheets database; working with our new attorney general Sarah Pendley to become familiar with the data release process; working with UMBC/Hilltop on amendments to their DUA for the Maryland Health Benefits Exchange reinsurance study.

Data Processing and Tech Support

The Data Staff provided support for website media outreach, google analytics, web hosting selection, equipment inventory tracking, data processing and participated in APCD technical meetings. Support included: participating in the wearthecost media outreach and communication efforts and website planning meetings; participating in the APCD technical and project management meetings; providing google analytics support to various staff; managing data releases from the APCD vendor to requestors; working with CMS to get our Medicare 2016 files request approved; reviewing bid board responses for web hosting and making recommendations; working with the various Boards to get access to the health care workforce databases for the upcoming workforce study; assisting the APCD team with web searches for telephone numbers of insurance companies that have over 1000 lives and locating and contacting the insurance companies; assisting the Health IT staff with Board of Physician communications and data retrieval; assisting the network staff with creation of tracking sheets for computer monitors, user applications, SAS licenses, and equipment inventory; participating in MDS meetings with the contractor and requesting the MDS data from July 1, 2017 thru December 31, 2017 from OHCQ; adding the “present on admission” diagnosis codes to the DC inpatient files; performing a data request on percent of Maryland residents discharges on the DC inpatient file; processing quarter 3 of the Maryland discharge abstract for inpatient, outpatient and psychiatric hospital discharges; assisting with Trauma Fund processing.

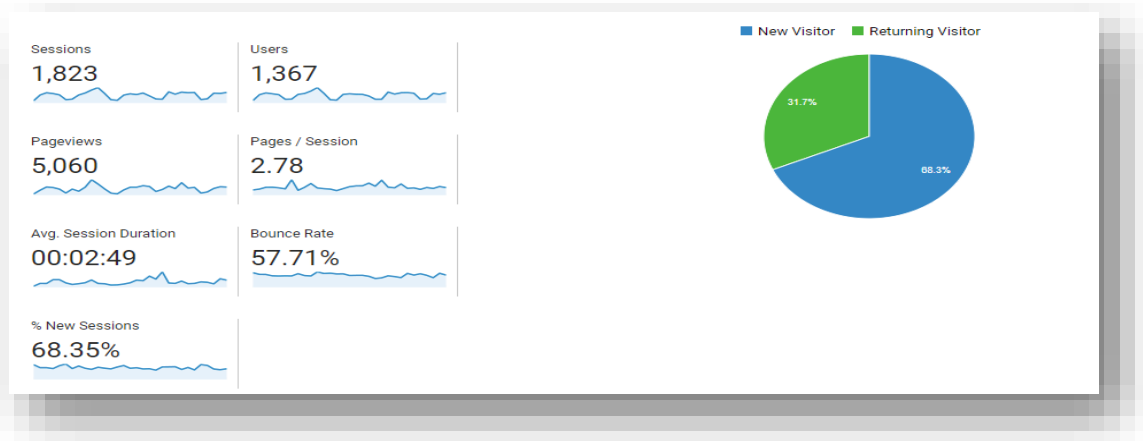
Web Applications

Data Staff made survey fixes, enhancements and data updates as follows:

- **Ambulatory Surgery Survey:** Daily data downloads and preparations for the 2017 data collection to occur in 2018.
- **Home Health Survey:** Technical support to home health users, added the 15 day survey reminder letter, fixed numerous issues that came up during data collection; and began preparations for database closeout and data processing.
- **Hospice Survey:** Extensive 2017 collection pre-survey testing; resolved numerous issues and added enhancements requested by the Hospice staff; and created the 2016 public use files for public download.
- **Long Term Care Guide,** Data Staff reviewed and analyzed nursing home resident characteristics data and cleaned up the data and matched facilities in order to update the Guide.

Internet Activities

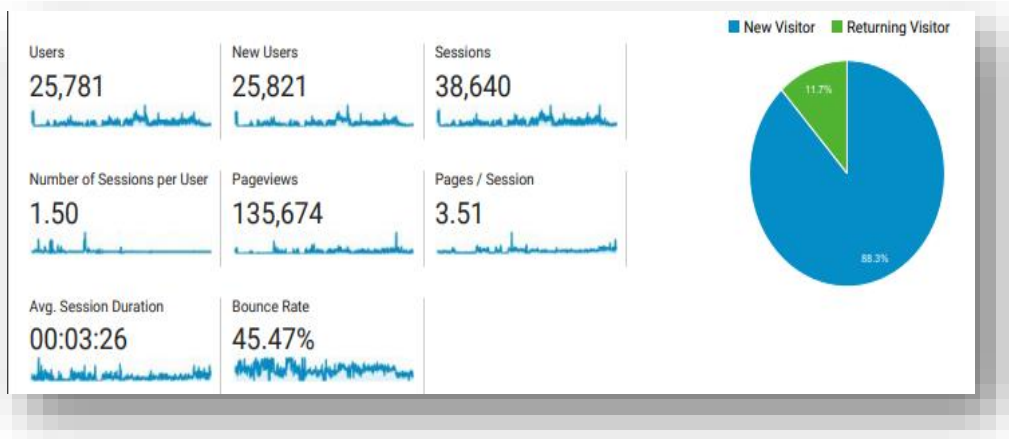
Data from Google Analytics for the month of January 2018



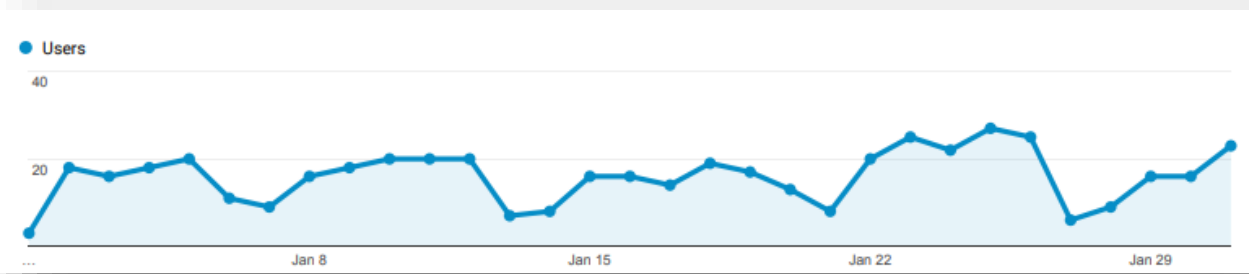
- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

- As shown in the chart above, the number of sessions to the MHCC website for the month of January 2018 was 1,367 and of these, there were 68.35% new sessions. The average time on the site was 2:49 minutes. Bounce rate of 57.71% 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, hsrc.state.md.us. Among the most common search keywords in January 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 25,781 users of the consumer site and 135,674 page views. On average 678 users per month have visited the site. About 88% of users are new visitors. In January 2018, the MHCQR site had 402 users and 3,763 page views. This is a decrease from 466 users, but an increase from 2,854 page views in December 2017.



The average time on the site in January was about 6 minutes, which is similar to the amount spent on the site in December. 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 – A Consumer-centric Price Transparency Initiative

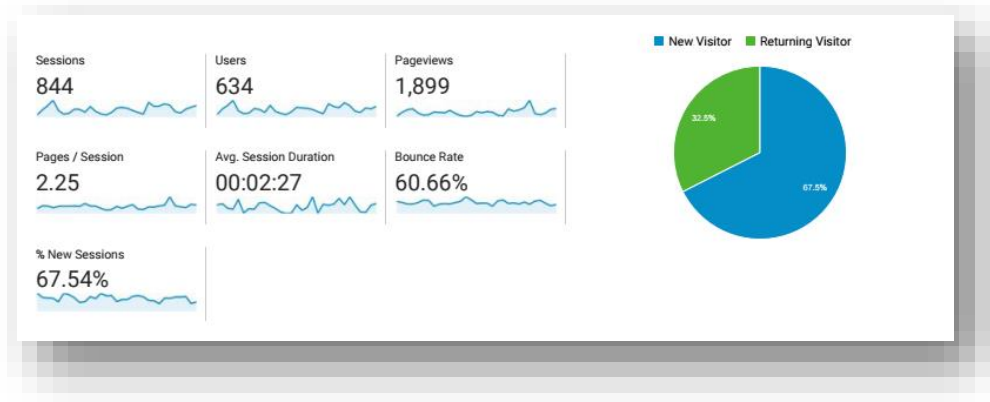
“Wear the Cost” website 2018 progression plan: 2015/2016 Commercial data processing beginning in the second week of February. Altarum, sub-contractor to Social & Scientific Systems(S-3), has received the Commercial 2015/2016 claims data, which consists of Commercial Fully insured and Self-funded Non-ERISA members’ claims; processing will began once the data passes quality checks. The data processing is slated to complete in the first week of March. This effort is part of the long-term expansion of the consumer-centric, price transparency Wear the Cost website that displays healthcare cost and quality of entire episodes of care.

Wowza, S-3 subcontractor, completed the first draft of the ‘Wear The Cost’ website redesign, and staff has been reviewed the draft and provided feedback. S-3 has received the website redesign prototype and is designing an implementation plan for translating the look and intent of the design into a functional website. The redesign of the consumer-centric website will enable seamless inclusion of additional years of data, new measures, and episode information for different payor/population cohorts such as Medicare and Medicaid.

Staff will meet with hospital representatives to gather feedback on the Episode of Care groups’ event-level report template. As part of a continued commitment to improving its systematic data vetting process, staff wants to make changes to the existing template of the individualized episode of care groups’ event-level reports. To ensure the changes made meet the needs for hospital representatives to easily identify services in

their system, staff will conduct feedback gathering in-person meeting with hospital representatives on February 12th, 2018 at MHCC

In January, there were 844 sessions, which is a 56% increase from December, and 634 visitors. These numbers are expected to go up when the site is updated to include 2015/2016 data results as well as the capability for visitors to download the episode measures data displayed on web pages.



CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.17

A meeting of the Cardiac Services Advisory Committee was convened on January 23, 2018. The Committee discussed draft language for updating and amending specific standards in COMAR 10.24.17 and the definition of ‘cardiac surgery in that State Health Plan chapter, which will now be defined using ICD-10 coding. Staff plans to use this feedback to develop draft regulations for informal comment.

On-Going Performance of Cardiac Surgery Programs

Staff continues to review applications from cardiac surgery program for Certificates of Ongoing Performance.

External Peer Review Organizations

MHCC received a request for approval of an external peer review organization, MedStar Cardiovascular Research Network (MCRN). MCRN proposes to provide external review of percutaneous coronary intervention cases in Maryland hospitals. Staff has relayed questions to MCRN based on its review of the request.

Certificates of Conformance

Howard County General Hospital submitted a letter of intent on January 12, 2018, for the proposed addition of elective percutaneous coronary intervention (PCI) services. Currently, Howard County General Hospital provides only primary PCI services. The application is due by February 16, 2018.

State Health Plan: COMAR 10.24.09

The Governor’s office, the Department of Fiscal Services, and the Joint Committee on Administrative, Executive, and Legislative Review approved the emergency and proposed permanent regulations (the State Health Plan chapter covering acute inpatient rehabilitation services) that were approved by the Commission in December 2017. Notice will be published in the Maryland Register on February 16, 2018.

Long Term Care Policy and Planning – Linda Cole

Nursing Home Work Group

A meeting of a Nursing Home Work Group was convened on January 30, 2018. This Work Group will advise MHCC staff on updating the Nursing Home Chapter of the State Health Plan, COMAR 10.24.08. Membership includes representatives of nominated by the Health Facilities Association of Maryland, Lifespan Network, and the Maryland Department of Health's Medicaid program and Office of Health Care Quality. There is also a consumer representative. Staff presented a series of reports, including a Maryland Nursing Home Chartbook, a Background Paper on Nursing Homes and Long Term Care, an Issue Brief on Nursing Home Quality Measures. The next meeting of the Work Group will be held on March 1, 2018. Information on the Work Group and meeting materials are posted at:
https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_nursing_home.aspx

Hospice Survey

Work is underway to prepare for the Maryland Hospice Survey, which will gather information for Fiscal Year 2017. All hospices have been requested to provide updated contact information to expedite the survey process. The online survey is expected to be available for data entry during February.

Home Health Agency Survey

The FY 2015 Home Health Agency Survey data collection period ran from November 27, 2017 to January 25, 2018. (Collection of data for 2015 and 2016 was delayed while the survey was revamped.) Currently, 88% (49) of the surveys have been accepted; 5% (3) have been rejected for corrections; and 7% (4) are still in the process of being completed.

Long Term Care Survey

Staff reviewed the Medicaid Cost Report data output created by Hilltop, MHCC's contract consultant for the Minimum Data Set and long-term care data, and provided a list of edits to be corrected. Staff continues to provide guidance to Hilltop for the Long Term Care Survey programs to be updated and reports to be generated.

Certificate of Need – Kevin McDonald

Change in Approved CON

Prince George's Post-Acute, L.L.C. – (Prince George's County) – Docket No. 13-16-2347

Increase in approved expenditure for the establishment of a comprehensive care facility (CCF).

Additional Expenditure Approved: \$3,066,232

New Total Approved Project Cost: \$30,995,328

CON Letters of Intent

Lorien Nursing Home-Columbia – (Howard County)

Addition of 40 CCF beds to an existing 205-bed CCF

Peninsula Regional Medical Center – (Wicomico County)

Addition of 15 acute psychiatric beds for a new child and adolescent psychiatric program.

Free State Detox, L.L.C. – (Baltimore County)

Establish a 24-bed alcoholism and drug abuse intermediate care facility (ICF) to be located at 1825 Woodlawn Drive, in Woodlawn

Gaudenzia, Inc. – (Anne Arundel County)

Establish a 60-bed alcoholism and drug abuse ICF to be located at 107 Circle Drive, in Crownsville

Pre-Application Conference

Lorien Nursing Home-Columbia – (Howard County)

January 22, 2018

CON Applications Filed

Children’s National of Prince George’s County – (Prince George’s County) – Matter No. 18-16-2413

Establish an ambulatory surgical facility with two operating rooms to be located at 2900 West Campus Way, in Glenarden. (Applicant is Children’s National Medical Center, Inc.)

Determinations of Coverage

- **Ambulatory Surgery Centers**

Waterfront Surgical Center – (Baltimore City)

Avoidance of a January 30, 2013 determination of coverage to establish a physician outpatient surgery center (POSC) at 2700 Lighthouse Point, Suite 404, in Baltimore. To date neither MDH nor MHCC have received any indication that the POSC has been developed.

- **Acquisition/Change of Ownership**

Each of the centers listed immediately below (the first two are freestanding ambulatory surgery centers and the rest are POSCs) replace Spartan Merger Sub 2, L.L.C. with SCAI Holdings, L.L.C. in its chain of ownership. Each also implemented an internal restructuring, adding an additional holding company to the chain of ownership, SCA Holdco, Inc.

Surgery Center of Chevy Chase – (Montgomery County)

Montgomery Surgery Center – (Montgomery County)

Surgery Center of Rockville – (Montgomery County)

Surgery Center of Easton – (Talbot County)

Thomas Johnson Surgery Center, L.L.C. – (Frederick County)

Parkway Surgery Center, L.L.C. – (Washington County)

St. Thomas More – (Prince George’s County)

Change in the operator of a CCF owned by Sabra Health Care of Northeast, L.L.C. (Sabra). Neiswanger Management Services (“NMS”) is being replaced by Cadia Healthcare-Hyattsville.

NMS Healthcare of Silver Spring – (Montgomery County)

Change in the operator of a CCF owned by Sabra. NMS is being replaced with Cadia Healthcare-Wheaton.

Bay Ridge Health Care – (Anne Arundel County)

Change in the operator of a CCF owned by Sabra. NMS is being replaced by Cadia Healthcare-Annapolis.

NMS Springbrook – (Montgomery County)

Change in the operator of a CCF owned by Sabra. NMS is being replaced with Cadia Healthcare-Springbrook.

Maryland Center for Digestive Health – (Anne Arundel County)

Change in ownership of a POSC.

Towson Surgical Center – (Baltimore County)

Change in ownership of an ambulatory surgical facility.

- **Waiver Beds**

Eastern Shore Hospital Center – (Dorchester County)

Addition of four psychiatric beds at the facility, increasing its total bed capacity to 84.

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Advance Directives Services State Recognition Program – Regulations

The public comment period for proposed regulations, COMAR 10.25.19: *State Recognition of an Electronic Advance Directives Service*, ended on January 22nd. Staff received four comments in support of the regulations. The regulations ensure that an electronic advance directive service seeking to connect their solution to the State-Designated Health Information Exchange (HIE) meets certain privacy and security standards.

Hospital Health Information Technology Assessment

Staff is drafting the annual hospital health information technology (health IT) report. The report highlights health IT diffusion among hospitals and includes information regarding strategic priorities using health IT to meet the goals of the Total Cost of Care All-Payer Model. The report is targeted for release in March.

State Health IT Policy Compendium

Staff reviewed leading HIE and telehealth initiatives underway in Maryland during the month. Findings will be used to guide development activities of a framework to increase health IT adoption. The framework will include leading challenges and propose solutions to support increased diffusion.

CRISP Independent Reviews

Preparation activities continue for the annual privacy and security audit of the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP). Staff is supporting the independent third party organization, Myers and Stauffer, LLC (MSLC), selected to complete the audit. Staff is also providing guidance to MSLC and CRISP as the HIE works toward addressing corrective actions from the prior audit findings. Planning activities are underway with MSLC and CRISP for the upcoming Earned Value Assessment of the Integrated Care Network.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grant Projects

Staff provided guidance to telehealth grantees from round three and round four—Gerald Family Care, Associated Black Charities of Dorchester County, Union Hospital of Cecil County, and Gilchrist Greater Living—as they finalize their project reports. Staff continues to work with the round five grantee, University of Maryland Shore Regional Health, as they scope out their final project deliverable. The project aims to increase access to palliative care services and expand access to emergency behavioral health. Staff also continues to provide support to mobile health grantee, Johns Hopkins Pediatrics at Home, with their pediatric asthma project. In addition, seven proposals were received to a telehealth grant announcement released in November to implement a medication management and reconciliation use case. Staff anticipates making an award in March. A more recent telehealth grant announcement was released in January for a use case to expand access to medication-assisted therapy with buprenorphine in underserved areas.

Telehealth Readiness Assessment Tool

Staff evaluated proposals received in response to a Bid Board notice (\leq \$50K contract) for the development of questions and a scoring methodology for a telehealth readiness assessment tool. A review panel consisting of internal and external reviews was convened to score the proposals. RTI International was selected.

Health IT Information Briefs

Staff is finalizing an information brief on health IT adoption from 2013 to 2016 in comprehensive care facilities (CCFs). The CCF brief is targeted for release in February. Staff completed a State-regulated payor electronic health record (EHR) adoption incentives brief highlighting incentive payments between 2011 and

2016. COMAR 10.25.16, *Electronic Health Record Incentives*, require certain State-regulated payors to make available EHR adoption incentives to eligible primary care practices. Drafting is underway for a telehealth adoption brief among ambulatory practices. In addition, staff consulted with select ambulatory practices that have not adopted an EHR to identify leading implementation challenges.

HIE Privacy and Security Policy Development

Staff convened participants of the HIE Policy Board, a staff advisory group, for a virtual meeting to discuss draft amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*. The amendments pertain to the exchange of sensitive health information and aim to advance consumer control over specific protected health information exchanged through an HIE. Participants reviewed informal comments received and discussed changes to the draft amendments. Staff plans to present the amendments to the Commission in February.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network

Staff continues to support transformation activities of the nearly 90 practices participating in the Practice Transformation Network (PTN). A PTN cooperative agreement was awarded to the New Jersey Innovation Institute (NJII) by the Centers for Medicare & Medicaid Services (CMS). NJII is in its third year of operations under this grant. The MHCC, MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative partnered with NJII to transform participating practices. Staff also reviewed the Merit-based Incentive Payment System reporting requirements with PTN practices via a webinar.

Maryland Primary Care Program

During the month, staff participated in several Maryland Primary Care Program (MDPCP) stakeholder awareness building events. Staff provided program guidance to organizations interested in becoming Care Transformation Organizations (CTOs). The role of a CTO is to support primary care practices in achieving the care delivery requirements of the MDPCP. CMS continues to review the MDPCP model, a decision to approve the model is anticipated in the second quarter of 2018.

Patient Family Advisory Council Guidance Document Development

Staff received responses from four vendors to a Bid Board notice (\leq \$50,000 contract) that was released in December to develop a State-based guidance document for practices that convene a Patient Family Advisory Council (PFAC). The evaluation process includes internal and external reviews and is expected to conclude in February. PFACs are a supportive strategy for practices in alternative care delivery models that enable participants to apply firsthand knowledge to improve patients and caregivers experience. The work is anticipated to begin in March.

Maryland Multipayor Patient Centered Medical Home Program Shared Savings

Staff notified Medicaid Managed Care Organizations (MCOs) of payments they need to make to practices that qualified for 2015 Medicaid shared savings. About 18 practices qualified for Medicaid shared savings payments. Payments are based on practices achieving certain benchmarks on quality, cost, and utilization measures. Staff anticipates that MCOs will issue payments in February.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Fifteen social media posts initiated in February

Staff continues to focus on the promotion of the MHCQR website. There were 15 social media posts made or planned in February. Topic posts for February include National Wise Health Care Consumer month and general posts about the MHCQR website. 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 25,000 users of the MHCQR website since inception

Staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 25,781 users of the consumer site and 135,674 page views. In January 2018, the site had 402 users, a decrease from December, with 466 users. However, the site had 3,763 page views, an increase from 2,854 page views in December 2017. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

First Website Update of 2018

MHCC staff is preparing for the next update to the MHCC consumer website. This release will include updated hospital quality measures as well as updated data (Jan thru Sept 2017) on inpatient hospital charges for diagnosis related groupings (APR-DRGs). The next update to the website will also include an enhancement to the Price Transparency section. Hospital inpatient charges will be displayed by APR-DRG, by hospital and by payer (i.e., Medicare, Medicaid, Commercial, Other) The Center is also working toward the inclusion of the CMS star ratings for Home Health providers in the upcoming release in March 2018.

Hospital Quality Initiatives – Courtney Carta

Updated Hospital Safety Grades to be Released in the Spring

In 2017, Maryland hospitals were included in the Leapfrog Group's national hospital grading system for the first time. Safety scores for Maryland hospitals were released in late October 2017 and can be viewed by visiting the Leapfrog website, <http://www.hospitalsafetygrade.org/>. MHCC continues to support this initiative. Updated Patient Safety Indicator (PSI) measure results have been generated for the next release and preview reports have been distributed to hospitals for review. The staff provide ongoing support to hospitals with questions about the data and methodology.

Healthcare Associated Infections (HAI) Data

HAI Advisory Committee planning for 2018

In an effort to promote greater collaboration among hospitals, the MHCC staff expanded the purpose of the quarterly HAI Advisory Committee meeting to include an interactive learning session. On January 24th, all hospitals were invited to participate in person or remotely (through webinar) in a meeting that focused on sharing the experiences of two high performing hospitals in reducing certain healthcare associated infections. The topic for the January session was reducing *Clostridium difficile* (*C. diff.*) infections. Medstar Southern Maryland Hospital Center and Peninsula Regional Medical Center both ranked 'Better than the National Experience' for controlling *C.diff* infections in 2016 (according to CDC's National Healthcare Safety Network (NHSN) surveillance system methodology. The session was well received by the hospital industry. Over fifty hospital infection prevention professionals participated in the meeting. The meeting included an active Q&A session and a definite interest in future learning/sharing opportunities. Given the overwhelmingly positive feedback, we plan to use a similar format for the next meeting scheduled for April 25th.

Specialized Cardiac Services Data

Maryland requirements for cardiac registry use will change in 2018

In April 2017 an announcement was made regarding the dissolved relationship between the American College of Cardiology and the American Heart Association in terms of maintaining the joint (ACTION/GWTG) registry. This new development has implications for our cardiac data collection activities because our current regulations require hospital participation in the joint registry. In light of this news, staff worked with MIEMSS, AHA, and ACC to update registry requirements. MHCC has opted to remove ACC NCDR ACTION registry requirements from the regulations. MHCC continues to offer support to hospitals, ACC, AHA, and MIEMSS during this transition period. MHCC will present the proposed change in requirements during the March 2018 Commission meeting.

Outpatient Quality Initiative – Sebastiana Gianci

The Outpatient Quality Initiative (OQI) staff continues to move forward on the activities identified in the annual work plan.

OQI Website Development

OQI had the first meeting of the outpatient guide development team. In addition, to the data items presented at the January Commission meeting, we are also considering the inclusion of CMS Dialysis Facility Star Ratings for our Maryland facilities

MASA-MHCC Feedback Exercise Final Results

20% Completion Rate; 76 facilities surveyed

- 93.33% of respondents felt it would be beneficial to them to attend a webinar training series.
- Topics of interest mostly concerned current quality improvement (QI) gaps – Concise Event Analysis/Root Cause Analysis/ QI training videos were indicated as being of particular interest to respondents
- An interesting comment from an ASC was “*Opioid crisis - how are other centers managing opioid RXs?*”

OQI staff continued on-site visits to rural outpatient providers. On January 25, OQI meet with departments within Peninsula Regional Medical Center

Long Term Care Quality Initiative

In December 2017, the MHCC issued a Request for Proposals to obtain a contractor with consumer health care survey administration experience to conduct the Nursing Home Experience of Care Survey. The survey captures family and responsible party satisfaction with the services provided to Maryland Nursing Home residents and is intended to assist consumers in their decision making process as they seek nursing home services. The procurement process is under way. On January 25th, MHCC held a pre-bid conference to review the project with potential bidders and to address their questions and concerns. The conference was well attended by interested contractors and over 40 questions were addressed.