**MARYLAND HEALTH CARE COMMISSION**

***UPDATE OF ACTIVITIES***

**June 2010**

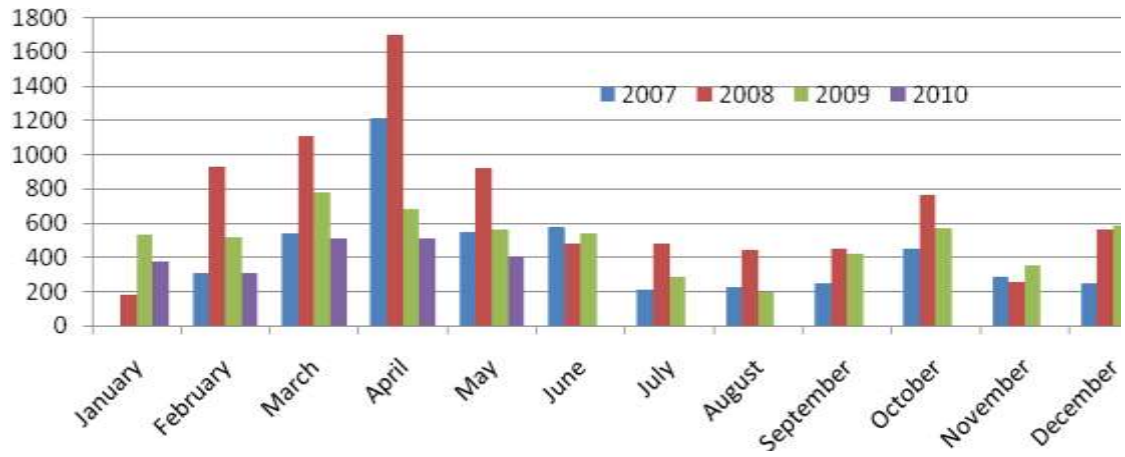
***CENTER FOR INFORMATION SYSTEMS AND ANALYSIS***

## *Maryland Trauma Physician Services Fund*

**Uncompensated Care Processing**

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $409,373 in May. The monthly payments for uncompensated care since February 2007 are shown below in Figure 1.

**Figure 1 – Trauma Fund Uncompensated Care Payments 2007-2010**




## *Patient Centered Medical Home Workgroup*

Kathleen White, PhD, RN, Chair of the Patient Centered Medical Home Workgroup, and Ben Steffen, Director of Information Systems and Analysis for the Commission, updated the Maryland Health Quality and Cost Council on the status of the PCMH pilot planning on June 11, 2010. The Patient Centered Medical Home Workgroup met on June 16, 2010 for an update of activities presented by Workgroup staff.

The Maryland Health Care Commission will hold symposia on the Maryland PCMH program for primary care practitioners in various locations throughout the state from June 22 through July 14. For further information regarding the Commission's symposia, please contact pcmhpractices@mhcc.state.md.us.

Information regarding the work of each of the subgroups and the Workgroup, as well as the schedule of upcoming meetings, is available on the Council's website at: http://dhmh.state.md.us/mhqcc/pcmh.html.

## ***Cost and Quality Analysis***

**Maryland Medical Care Data Base (MCDB)**
The submission of all MCDB files has been delayed until August 31, 2010 because the updated version of the Maryland regulations governing the submission of the Medical Care Data Base, COMAR 10.25.06, did not become final until this past April. Over the past six weeks, MHCC has made extensive additions in the technical specifications and documentation for the 2009 MCDB submission to support Institutional Services claims and related changes in the Professional Services, Pharmacy, and Provider Directory Files, delaying the release of the 2009 submission documentation. The MCDB Submission Manual is in now in final review with Social and Scientific Systems, Inc. and will be released shortly. Given the delays, MHCC is implementing a revised submission schedule for all files and all payers. Payers do not need to ask for a waiver to use the new schedule, which is listed below. The MHCC will host a webinar/in-person meeting to address any outstanding issues regarding the 2009 submission on Tuesday, July 20th.

- June 15, 2010 – MCDB Submission Manual release
- July 20, 2010 – MHCC Webinar/Meeting for MCDB
- August 16, 2010 – Last day to obtain a waiver for the submission of data elements
- August 31, 2010 – Submission of all MCDB files are due

All payers who are required to submit 2009 data to the MCDB were sent an email notifying them of the revised schedule and informing them that the new algorithm to uniquely encrypt patient identifiers using a common, one-way hash approach is still under development and will not be available for the 2009 submission. All payers have been authorized to use the encryption method that was used for their 2008 submission.

**Report on Use of Professional Services by the Nonelderly, Privately Insured in Maryland**
This annual report, which was outlined in the May update, is now in the reporting phase. A summary of the report's highlights will be presented at the July Commission meeting.

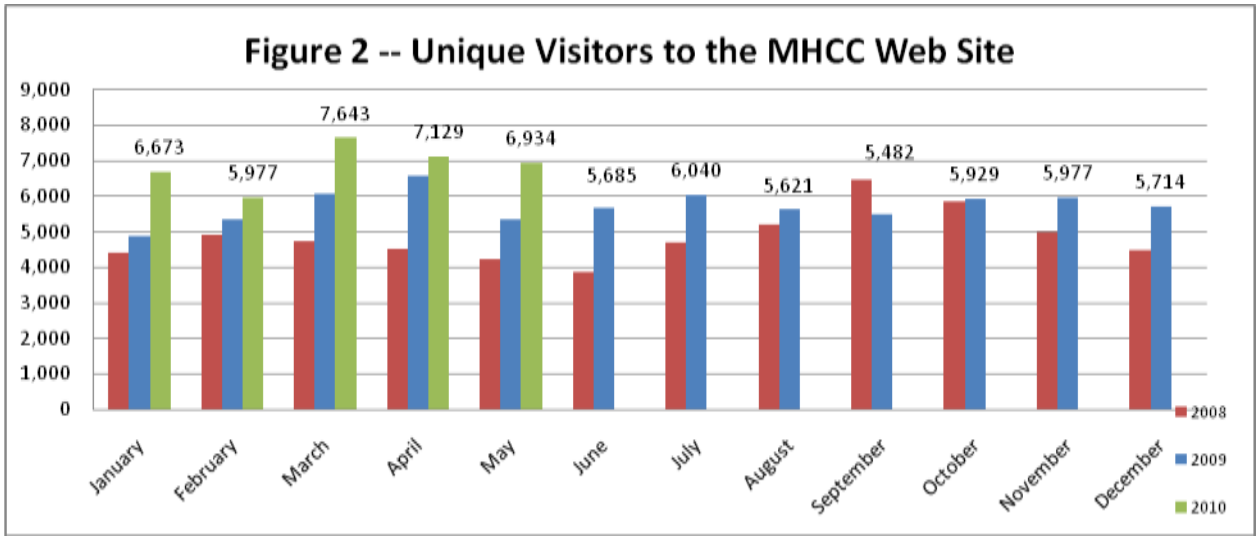
**Maryland Board of Physicians License Renewal Survey**
As reported in the July 2009 update, the Board of Physician's Renewal Questionnaire was revised by MHCC staff in 2009 to provide new information that can more accurately gauge changes in the active practice physician work force. The revision process added new items to the survey, removed several questions, and restricted some questions to particular subsets of physicians. In an effort to help users of the Renewal data better understand and utilize the new information, staff in the divisions of Cost & Quality Analysis and Data Base & Applications Development are collaborating on the development of documentation for questionnaire data and the creation of "summary" variables that will help streamline analysis of the new items. This documentation/variable creation process includes a feedback component in which draft versions of the documentation and the summary variables will be shared with both regular users of the questionnaire data—which include MHCC staff in the Center for Health Information Technology and staff of DHMH's Office of Health Policy & Planning—and novice users for their comments. Once the documentation and additional variables have been completed, staff will begin compiling a list of the "routine" measures produced by the regular users; the list of measures, including how the measures are defined, will become part of the documentation. The list of measures will help regular users of the data better understand how particular measurements may differ across the user groups. It will also assist persons who want information from the data but do not want to analyze it themselves to determine which measures are being routinely generated by the regular users and who to contact to obtain the information.

## ***Data and Software Development***

**Internet Activities**

Unique visitors to the MHCC website decreased from April 2010 by 3 percentage points, but visits increased by 29 percentage points from May 2009. The number of first time visitors remained nearly the same, at 37 percent and the time on the site again remained constant with the previous month. The number of pages viewed decreased by 6 percentage points from April 2010, bringing it to somewhat less than it was in March 2010.

The 47 percent of unique visitors arrived directly by entering the MHCC URL (mhcc.maryland.gov) or a subfolder (mhcc.maryland.gov/hospitalguide for example). Unique visitors who arrived via a search engine, such as Google, remained virtually the same at 37 percent. Google search alone was responsible for directing 24 percent of the unique visitors to our site in May, a share that was stable from the previous month. The most common keywords used in the search were: "Maryland Health Care Commission;"and "mhcc." The remaining 16 percent of visitors were again referred from sites such as other state agencies. This is a slight decrease from April 2010. The DHMH website was the most common referring site, followed by the Maryland Web Portal (Maryland.gov).




**Web Development for Internal Applications**

Table 1 presents the status of development for internal applications and for the health occupation boards. Planning is underway for several new projects, including a Physician/Health Professional Portal that will integrate information on all projects that are of interest to health professionals in Maryland. The second effort is a redesign of the Hospital Quality website. A combination of internal and contract resources will be used for this effort.

**Table 1– Web Applications Under Development**

| Board | Anticipated Start Development/Renewal | Start of Next Renewal Cycle |
|---|---|---|
| Board of Physicians – Physician Renewal | Planning | July 2010 |
| Nursing Home/Long Term Care Survey Development | Complete | 2010 Renewals Complete |
| Nursing Home Quality Site | Proposals Under Review | Start of Project: February 2010 |
| MHCC Listserv | Completed | Available as of December 2009 |
| Health Insurance Compare | Underway | July 2010 |
| Physician Portal/PCMH | Planning | July 2010 |
| Hospital Quality Redesign | Planning | Fall 2010 |

## *CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES*

### ***Health Plan Quality and Performance***

Currently we are in the planning stages for the 2010 Health Plan report series. As in past years we anticipate releasing the Consumer Guide in September 2010 and the Comprehensive Guide in November 2010. Due to the State transition from offering HMO plans to offering exclusive provider organization (EPO) plans (EPOs are a hybrid somewhere between HMOs and PPOs) health plan reporting in the State Employee Guide has become complicated. We are planning to meet with the Department of Budget and Management to determine what health plan quality information would be useful to distribute to state employees at the time of open enrollment.

We have piloted a proprietary product for the last two years called eValue8 which complements the HEDIS measures and creates a much more robust performance measurement program and subsequently results in a report with greater utility for employers and employees choosing a health plan. We continue to work with the Mid-Atlantic Business Group to ensure this information will be provided in the 2011 reports.

Staff is working with NCQA to determine how to expand measurement in a way that will better address quality measurement topics. Additionally, staff are reaching out to Maryland employers to get feedback on the utility of the Consumer Guide.

### ***Small Group Market***

**Comprehensive Standard Health Benefit Plan (CSHBP)**
The enactment of SB 637/HB 674 requires the Commission to post on the MHCC website and update quarterly, premium comparisons of health benefit plans issued in the small group market. The RFP for development of this web portal (referred to as VIRTUAL COMPARE©) was issued, five proposals were received, and Benefit Focus was selected for the project. Virtual Compare continues as a work in progress.

**Health Insurance Partnership**
The "Partnership" premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of June 7, 2010 enrollment in the Partnership was as

follows: 270 businesses; 745 enrolled employees; 1,250 covered lives. The average annual subsidy per enrolled employee is $2,350; the average age of all enrolled employees is 39; the group average wage is approximately $28,000; the average number of employees per policy is 3.9; and the total subsidy amount allocated exceeds $1.7 million.

**Mandated Health Insurance Services**
Insurance Article § 15-1501, Annotated Code of Maryland, requires the Commission to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; and (2) any request for analysis on a proposed mandated benefit that was submitted by a Legislator to the Commission by July 1st of that year. Each evaluation must include an assessment on the medical, financial, and social impact of the proposed mandate. At the December 2009 meeting, the Commission approved the annual report (prepared by Mercer) that evaluated two proposed mandates: coverage for autism spectrum disorder without age and monetary limits; and cost of changing the eligibility requirement in the current mandate covering in vitro fertilization (IVF) from two years of infertility to one year of infertility. The approved report was submitted to the General Assembly in early January and is posted on the MHCC website. Several proposed mandates failed during the 2010 legislative session and will be evaluated this year.

## ***Long Term Care Policy and Planning***

**Hospice Data**
The FY 2009 Maryland Hospice Survey was released for online data entry as of February 23, 2010. All hospice programs have now completed the online data entry for Part I of the survey. Part II data is due in June. Staff will continue to monitor data entry progress with OCS, the contractor for this survey.

**Minimum Data Set**
Staff is currently working with the minimum data set (MDS) Resident Assessment Instrument to update data sets for planning and policy development. The focus is on: update current programs and address programming issues; construct variables for research projects; develop a methodology to impute missing data; create data sets that permit tracking of variables over time; and link data sets. The most recent conference calls to address these issues were held on March 23rd and May 5th.

**Nursing Home Occupancy**
On an annual basis, the Commission updates and publishes data on nursing home occupancy and Medical assistance participation rates. This data is used for health planning, data analysis, and Certificate of Need. The tables include occupancy rates by jurisdiction and region and required Medical Assistance participation rates by jurisdiction and region. The tables were published in the March 12th issue of the *Maryland Register*.

**Home Health Agency Data Analysis**
Tables summarizing data collected on the Commission's Home Health Agency Annual Survey for Fiscal Year 2008 are posted on the Commission's webpage under Public Use Files http://mhcc.maryland.gov/public_use_files/index.aspx. A list of all 24 detailed tables is also included in order to assist users in finding certain types of data available.
Commission staff continues to review and analyze utilization trend data of HHA services. Staff is looking at age-specific use rates, as well as jurisdiction-specific utilization patterns in order to determine possible changes to the methodology for forecasting home health agency need.

**Home Health Agency Survey**
Data cleaning has been completed for the FY 2008 Home Health Agency Survey. For the FY 2009 survey, for Phase 2 agencies-those agencies with fiscal year ending dates of September 30, and December

31, 2009- data collection began on March 1, 2010. Training was offered to agency staff during March. The due date for data submission for Phase 2 agencies is May 29, 2010.

**Long Term Care Survey**
The revised Long Term Care Survey was beta tested by selected nursing homes, assisted living, and adult day care providers during March. The testers had some constructive suggestions, but overall they were very pleased with the improvements that had been made to the Long Term Care Survey. They felt that it was more user-friendly, and that it took less time to complete. The survey notice was sent out on April 1, 2010 and it was available for online data entry as of April 8, 2010. A 30-day reminder letter was sent out on May 5, 2010 for those who have not yet completed the survey.

## ***Long Term Care Quality Initiative***

**LTC Website Expansion**
Stakeholders provided very positive feedback on the proposed final design. Web site content and search functionality has been finalized and the contractor continues to build the site.

**Nursing Home Surveys**
The nursing home family experience of care survey cycle begins July 1, 2010 with the new contractor.

The *Seasonal Influenza Vaccination Survey* for nursing homes has been completed and data tabulation is in progress.

As part of the 2009 LTC survey process staff stepped up efforts to enforce the mandate for submitting a facility photo. Nearing the end of the survey submission period, 95% of nursing homes and 92% of assisted living facilities have submitted a facility photo.

## ***Racial and Ethnic Disparities***

Staff met with the intern and his mentor from Morgan State to review the draft of his literature search. Changes are being made as a result of the meeting with a final submission due this week. The project is moving on schedule with the end result being a published paper on healthcare disparities in a section of Baltimore for which there is a pre-existing data base.

The focus of the R-E-L Work Group in 2010 is the development of a work plan for a multi-stakeholder initiative to educate employers, employees and general consumers of the importance of accurate reporting- something akin to the 2010 Census effort.

***CENTER FOR HOSPITAL SERVICES***

## ***Hospital Services Planning and Policy***

## ***Certificate of Need (CON): May 1, 2010 through May 31, 2010***

### CONs Issued

Villa Maria Residential Treatment Center (Baltimore County) – Docket No. 09-03-2297
Relocation of 52 residential treatment center ("RTC") beds, currently operated at Villa Maria, to renovated space at St. Vincent Center, creating two RTC campuses; a new 52-bed RTC at the St. Vincent Center campus and a 43-bed RTC at the existing Villa Maria campus
Cost: $250,000

Kaiser Permanente Gaithersburg Surgical Center (Montgomery County) – Docket No. 09-15-2303
Establishment of a new free-standing ambulatory surgery facility through the relocation of 2 operating rooms from the Kaiser Kensington surgical facility to a new location at 665 Watkins Mill Road, Gaithersburg.
Cost: $9,780,233

Kaiser Permanente Largo Surgical Center (Prince George's County) – Docket No. 09-16-2304
Establishment of a new free-standing ambulatory surgery facility with 6 operating rooms to be located at 1221 Mercantile Lane, Largo.
Cost: $18,700,211

### Modified CONs Issued

Williamsport Nursing Home (Washington County) – Docket No. 07-21-2195
A significant change in the physical plant design, reducing the number of comprehensive care facility ("CCF") beds to be added and reducing the capital cost of the project.
Original Approved Cost: $24,248,917
Modified Cost: $10,513,100

### Pre-Licensure/First Use Approval Issued (Completion of CON-Approved Projects)

Celtic Healthcare, Inc. (Montgomery County) – Docket No. 07-15-2206
Establish a general home health agency to serve residents of Montgomery County.
Cost: $387,000

Community Home Health of Maryland, Inc. (Frederick County) – Docket No. 08-10-2260
Expand general home health services into Frederick County
Cost: $189,064

### CON Letters of Intent

Intergalactic Center for Advanced Cataract and Corneal Surgery (Montgomery County)
Addition of a second operating room to an existing ambulatory surgery center

**CON Site Visits**

On April 14, 2010, Staff of the Center accompanied Commissioner Worthington, acting as Project Reviewer, on a site visit of Washington Adventist Hospital in Takoma Park and the proposed site for replacement of WAH in the White Oak area of Silver Spring. These site visits were undertaken to gain a better perspective on the issues in review of this hospital relocation and replacement project, which is a contested review. [NOTE: This item was inadvertently omitted from last month's Update.]

On April 30, 2010, Staff of the Center visited the campus of Johns Hopkins Bayview Medical Center. The first part of the visit was a tour of new surgical facilities at the hospital, including operating rooms that incorporate imaging systems that can be used during surgery. The second part of the visit was to tour the Alice Burton Pavilion and discuss a proposed capital project in the Pavilion under review by MHCC for a determination of coverage. [NOTE: This item was inadvertently omitted from last month's Update.]

**Determinations of Coverage**

- **Ambulatory Surgery Centers**

Arundel Ambulatory Surgery Center (Anne Arundel County)
Addition of physicians to the staff

- **Acquisitions**

Gynemed Surgi-Center (Baltimore City)
Change in ownership from David M. O'Neil, M.D. to David M. O'Neil, M.D, P.A.

- **Other**

  - **Delicensure of Bed Capacity or a Health Care Facility**

Ellicott City Health & Rehabilitation Center (Howard County)
Rescission of authorization to temporarily delicense 8 CCF beds

Renaissance Gardens at Riderwood
Delicensure of 15 CCF beds

## ***Policy and Planning***

On March 26, 2010, updated forecasts of the need for medical/surgical/gynecological/addictions ("MSGA") hospital beds and pediatric hospital beds were published in the Maryland Register. These forecasts are for a target year of 2018 and were developed using a base year of 2008. These bed need projections are used in CON review of hospital projects that involve changes in the MSGA or pediatric bed inventory of hospitals. . [NOTE: This item was inadvertently omitted from last month's Update.]

## ***Hospital Quality Initiatives***

Hospital Performance Evaluation Guide (HPEG) Advisory Committee

The HPEG Advisory Committee held its monthly meeting in May via conference call and continues to provide guidance on the various activities associated with the maintenance and expansion of the Hospital Performance Evaluation System. Most recent accomplishments are highlighted below:

- *Maryland Quality Measures Data Center Project*

The Maryland Quality Measures Data Center (QMDC) was established in 2009 under contract with the Iowa Foundation for Medical Care (IFMC). The QMDC provides a web-based tool for hospitals to upload clinical quality measures and patient experience (HCAHPS) data required to be reported to the Commission. The deadline for submission of 4th quarter 2009 clinical and HCAHPS data was June 8, 2010 and all hospitals have submitted the clinical and HCAHPS data. The data will be posted to the Hospital Guide in July 2010. It is important to note that each hospital was given the opportunity to preview their data before it was displayed on the Guide.

The contract with IFMC also incorporates a data validation component that is currently underway. The validation component includes an on-site review of a sample of patient medical records to ensure that the hospital record supports the quality measures data submitted to the MHCC. The first phase of the validation project focused on the 1st and 2nd quarter 2009 clinical process measures data in 24 hospitals, with 10 recorded being audited per hospital. The results of this first audit were positive, with an overall pass rate of 94%. Hospitals that participated in the 1st and 2nd quarter audit were be able to preview their individual results through the QMDC website; additionally, MHCC hosted a webinar on May 25, 2010 to review the findings of the 1st and 2nd quarter data quality review and audit with the hospital industry. The 3rd quarter on-site data audit is underway.

- *New Surgical Care Improvement Project Clinical Process of Care Measures*

The staff is proposing to add two NQF endorsed process measures to the Hospital Performance Evaluation System effective January 1, 2011. CMS includes these measures in the RHQDAPU initiative as of January 1, 2010. The measures are briefly summarized below:

**SCIP-Inf-9**: **Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with the day of surgery being 0**

Description: Surgical Patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day 0

Rationale: It is well–established that the risk of catheter-associated urinary tract infection (UTI) increases with increasing duration of indwelling urinary catheterization. Post-operative patients discharged to subacute care with urinary catheters were more likely to be readmitted to the hospital with a UTI compared with those who had catheters removed prior to hospital discharges. Protocols limiting the use and duration of postoperative catheterization have had a 60% reduction in the incident of UTI's.

**SCIP-Inf-10**: **Surgery Patients with Perioperative Temperature Management**

Description: Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8˚F/36˚C recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time.

Rationale: Core temperatures outside the normal range pose a risk in all patients undergoing surgery. The incidence of culture-positive surgical site infections among those with mild perioperative hypothermia is three times higher than the normothermic perioperative patients. Additionally, hypothermia is associated with a significant increase in adverse outcomes, including myocardial infarction.

Consistent with the process for adopting new measures, the staff has posted a Request for Public Comment document on the MHCC website for a 30-day informal comment period. Comments on the proposed measures are due by June 14, 2010.

- *Collection of Data on Specialized Cardiac Care Services*

The Commission is in the process of organizing a standing Maryland State Cardiac Data Advisory Committee to assist in implementing the percutaneous coronary intervention (PCI) data reporting requirements. This Committee will advise the Commission on a range of issues, including data collection, reporting, risk-adjustment, and auditing processes to facilitate quality improvement; mechanisms to promote sharing of information for transferred patients and for patients using emergency medical services providers; and, any recommended changes to the data set to reflect Maryland priorities. To establish the Advisory Committee, the Commission has requested that key stakeholder organizations nominate representatives, including the American Heart Association-Mid-Atlantic Affiliate, Maryland Chapter of the American College of Cardiology, Maryland Hospital Association, Maryland Institute for Emergency Medical Services Systems, and The Society for Cardiovascular Angiography and Interventions. All meetings of the Advisory Committee will be announced to and open to the public. A webpage has been added to the Commission's website to post materials related to the Maryland State Cardiac Data Advisory Committee and may be accessed at: http://mhcc.maryland.gov/cardiac_advisory/index.html

All Maryland acute general hospitals with a waiver from the Commission to provide primary percutaneous coronary intervention (PCI) services or with a certificate of need issued by the Commission for a cardiac surgery and PCI program are required to enroll in and report quarterly data to the Commission from the: American College of Cardiology (ACC) Foundation's National Cardiovascular Data Registry (NCDR) ACTION Registry-GWTG; and, ACC Foundation's NCDR CathPCI Registry. These reporting requirements apply to eligible patients discharged on or after July 1, 2010. For the ACTION Registry-GWTG, hospitals may submit either ACTION Registry-GWTG Limited or Premier. The Commission published formal notice regarding these reporting requirements in the *Maryland Register* on April 23, 2010.

Healthcare-Associated Infections (HAI) Data

The Healthcare-Associated Infections (HAI) Advisory Committee held its monthly meeting in May to review and discuss a variety of activities related to HAI prevention and control. Current and ongoing activities are highlighted below:

- *American Recovery and Reinvestment Act (ARRA) Grant Funding*

On September 4, 2009, the Centers for Disease Control and Prevention (CDC) announced the award of a $1.2 million grant to Maryland under the American Recovery and Reinvestment Act (ARRA) to enhance the prevention of healthcare-associated infections (HAI). The grant is a collaborative effort involving the Department of Health and Mental Hygiene (DHMH), Maryland Health Quality and Cost Council, and the Maryland Health Care Commission. The funds available under this program will build on the Commission's HAI initiatives and enable Maryland to strengthen its data collection, reporting, and analysis infrastructure to meet the challenge of preventing HAI.

- *Validation of Data on Central Line-Associated Blood Stream Infections (CLABSI) in the ICU*

Since July 1, 2008, Maryland hospitals have been required to use the National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on Central Line-Associated Blood Stream Infections (CLABSI) in any ICU. Hospitals are required by NHSN to report data in the system within 30 days following the end of the month. The Commission has collected several months of CLABSI data and initiated an independent quality review of the data prior to public release of the information on the

Hospital Guide. The Commission has engaged the services of a contractor with expertise and experience in auditing healthcare infections data. The contractor, APIC Consulting Services, Inc., has completed the on-site reviews and facility specific results have been shared with hospitals for review and comment. On June 9, 2010, the MHCC in collaboration with APIC Consulting Services hosted a webinar to review the CLABSI data quality review and audit findings. Over 50 hospital Infection Preventionists and other interested parties participated in the webinar. The staff is also working with APIC on the development of a CLABSI Data Quality Review and Chart Audit Report for distribution. The CLABSI Report and the CLABSI slide presentation from the June 9th webinar will be posted on the MHCC website.

- *Health Care Worker Seasonal Influenza Vaccination Survey*

The 2009-2010 Health Care Worker Seasonal Influenza Vaccination Survey was sent to hospitals for completion in early April. The deadline for submission of the completed surveys was May 15, 2010. All hospitals completed the survey and preliminary results show some improvement in the rate of HCW vaccination over last year. The staff is preparing the survey results for display on the Hospital Guide in July.

- *Active Surveillance Testing (AST) for MRSA in All ICUs Survey*

The results of the 4th quarter 2009 survey for collecting data on Active Surveillance Testing (AST) for MRSA in All ICUs have been posted to the Maryland Hospital Performance Evaluation Guide.

- *Surgical Site Infection Data Reporting*

In collaboration with the Maryland Hospital Association, MHCC staff held a half day training for Maryland hospitals on May 6th to review the upcoming Surgical Site Infection (SSIs) data reporting requirement which will begin July 1, 2010 for surgeries involving hip replacements, knee replacements, and CABG. Maggie Dudeck, MPH, CPH, from the Division of Healthcare Quality Promotion at the Centers for Disease Control and Prevention (CDC) presented on the Surgical Site Infections module of the National Healthcare Safety Network System (NHSN) including: (1)review key terms and definitions of infection and data fields used for reporting SSI events and denominator (procedure) data; (2) definitions and interpretation of SSI rates and the Standardized Infection Ratio (SIR); and, (3) description of the procedure import process in NHSN.

Other Activities

In support of MHCC's hospital quality initiatives, the staff continues to reach out to other units within DHMH, federal agencies, professional organizations and other states, to share and gather information and to identify opportunities for collaboration and improvement.

## ***Specialized Services Policy and Planning***

Notice of the docketing of the application filed by Doctors Community Hospital (Docket No. 10-16-0050 WN) to provide primary percutaneous coronary intervention (pPCI) services in a hospital without on-site cardiac surgery was published in the *Maryland Register* on May 21, 2010. The Commission's staff has requested that the hospital submit additional information that is necessary to determine whether the hospital meets the requirements in the State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention Services (COMAR 10.24.17).

Thirteen hospitals have a current waiver from the Commission allowing them to provide pPCI services without having on-site cardiac surgical backup. The data report on the door-to-balloon (DTB) times of patients with ST-segment elevation myocardial infarction (STEMI) who received pPCI at these hospitals

during calendar year 2009 is available from http://mhcc.maryland.gov/hospital_services/specialservices/cardiovascular/pci_data.html.

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is soliciting applications from Maryland hospitals that wish to be designated as Cardiac Interventional Centers. Letters of intent are due to MIEMSS no later than June 22, 2010. MIEMSS will consider applications from hospitals that currently have a Certificate of Need issued by the Commission for a cardiac surgery program or have a current waiver from the Commission to provide pPCI services. The link to additional information on Maryland STEMI System Development is available at http://miemss.umaryland.edu/home/.

The Mid-Atlantic Affiliate of the American Heart Association (AHA) held a workshop on STEMI systems of care in Maryland on Saturday, May 22, 2010, at Anne Arundel Medical Center's Conference Center in the Health Sciences Pavilion, Annapolis, Maryland. The Executive Director of MIEMSS discussed the agency's role in designating trauma and specialty referral centers, and licensing and certifying EMS providers; developing statewide EMS protocols, including a requirement that all advanced life support (ALS) units be equipped with 12-lead electrocardiograms (ECGs) and all ALS providers be trained in 12-lead ECG application and interpretation, effective July 1, 2008; and adopting standards to designate Cardiac Interventional Centers. The Director of MHCC's Center for Hospital Services presented an overview of primary PCI policy development in Maryland, the Commission's primary PCI waiver program, recommendations of the Commission's Primary PCI Data Work Group, and establishment of an ongoing Cardiac Data Advisory Committee. The Mid-Atlantic Affiliate's Senior Director, State Health Alliance, Greater Washington Region/Maryland, provided an overview of AHA's Mission: Lifeline, a national initiative launched in 2007 to increase the number of STEMI patients with timely access to reperfusion therapy, and improve the quality of care for patients with acute myocardial infarction. A panel discussed improving the DTB times of patients presenting at non-PCI centers, including STEMI performance improvement initiatives at the Greater Baltimore Medical Center; and the TeleMedStar Quality Improvement (QI) Project at the Washington Hospital Center, which has invited non-PCI hospitals to participate in using videophone ECG transmission to expedite the transfer of patients. Other sessions included presentations on an inter-hospital transport toolkit, challenges/barriers facing EMS providers, and the American College of Cardiology's ACTION Registry® – Get With The Guidelines™. The workshop concluded with regional team meetings/work sessions to begin discussing the planning and assessments by EMS regions that will be performed by the MIEMSS Regional STEMI Committees.

## *CENTER FOR HEALTH INFORMATION TECHNOLOGY*

### Health Information Technology

Staff began drafting a new regulation, COMAR 10.25.16: *Electronic Health Record Incentives*, which is the result of House Bill 706, *Electronic Health Records – Regulation and Reimbursement* (HB 706) that was signed into law on May 19, 2009 by Governor Martin O'Malley; and requires the MHCC to adopt regulations that requires state-regulated payers to provide incentives to health care providers to promote the adoption and meaningful use of electronic health records (EHRs). Over the last six months, staff has worked with the six largest private payers, which include Aetna, CareFirst, CIGNA, Coventry Health Care, Kaiser Permanente, and United HealthCare that represent more than 90 percent of the total premium volume in the state, to develop an incentive program. The law builds on the Medicare and Medicaid adoption incentives under the *American Recovery and Reinvestment Act of 2009* (ARRA). The MHCC expects to finalize the EHR adoption incentive program and supporting regulations in June 2010.

In November 2009, staff convened a Management Services Organization (MSO) Advisory Panel consisting of approximately 40 stakeholders to develop the *MSO State Designation Criteria* (criteria). The Advisory Panel consisted of physicians, hospitals, national MSOs, EHR vendors, and representatives from a national accrediting organization. MSOs provide centralized administrative and technology services, and are considered a viable alternative to the traditional EHR client-server model. During the month, staff posted the criteria and application on the MHCC website and has received an application from Zane Networks and SuiteMed. Staff anticipates receiving applications from Anne Arundel Medical Center, the Community Health Integrated Partnership, Frederick Memorial Hospital, Atlantic General Hospital, and Calvert Memorial Hospital. Applicants in candidacy status have twelve months to complete their self-assessment documentation and undergo a site review of their network operating center. The MHCC is required to designate one or more MSOs by October 2012 under the law.

Staff convened a meeting of independent nursing home administrators and other key staff to discuss advancing electronic health record (EHR) adoption in nursing homes. As part of the meeting, representatives from independent nursing homes that have implemented an EHR were asked to lead a panel discussion. The panel consisted of the medical director from Hebrew Home of Greater Washington, the assistant administrator of Longview Nursing Home, and the administrator along with the director of information technology from National Lutheran Home for the Aged. Participants on the panel addressed questions related to the benefits, barriers, and risks that most independent nursing homes have about adopting EHRs. Attendees expressed concern about integrating EHRs with existing disparate technology, such as accounting and pharmacy systems, in use at their facilities. Issues related to return on investment and privacy and security were also discussed at the meeting. Staff has agreed to host two additional panel presentations prior to year end and will work with the long term care associations to identify appropriate topics related to EHR adoption.

Staff completed a preliminary draft of the annual *Hospital Health Information Technology Survey* (survey) report and will seek feedback from hospital Chief Information Officers in June. The survey reports the findings in aggregate, based on size, geographic location, and affiliation with other hospitals and health systems, and benchmarks Maryland's progress with national activity. The survey not only assesses the rate of health information technology (HIT) adoption among the state's 47 acute care hospitals, it also evaluates the extent of adoption within the hospital's patient care areas, as well as the planning efforts anticipated for the particular HIT in question. In general, HIT adoption increased in varying degrees among all measurable areas over the last year. This survey is similar to several surveys administered nationally that assess HIT adoption; however, it is unique in that it includes planning questions in an effort to better understand the future of HIT adoption. Staff anticipates releasing the final report by the end of June.

Since June 2009, staff continues to provide support to the Centers for Medicare and Medicaid Services (CMS) on their EHR Demonstration Project (project) for nearly 120 physician practices in Maryland. Practices participating in the project can earn up to $290,000 over a five-year period by adopting EHRs and reporting on select quality measures. Last month, staff provided about 60 primary care practices with information on how to assess a practices' workflow in preparation for adopting EHRs. Staff is in the preliminary stage of developing an EHR assessment survey for distribution among the physician practices participating in the project. The EHR assessment survey is designed to assess the progress in adopting an EHR for these physician practices. Staff is also providing support to CMS in determining the program's effectiveness in Maryland. CMS is on schedule for processing the first year's incentive payment during the fourth quarter of 2010. Maryland is one of four states participating in the project; the other states are Louisiana, Pennsylvania, and South Dakota.

Staff initiated discussions with Johns Hopkins University, a recipient of funding under the American Recovery and Reinvestment Act of 2009 (ARRA) in April of this year, for the development of HIT-related graduate and certificate education programs. Johns Hopkins University received approximately $1.8M for the *Curriculum Development Centers Program* to develop graduate level programs for HIT,

and about $3.7M for the *University-Based Training Programs* to train professionals for vital, highly specialized HIT roles. Staff has scheduled an initial conference call in June with the Associate Professor of the Department of Health Systems and Outcomes. The purpose of the call is to explore opportunities for staff to provide input in program development pertaining to policy and technology based on real world experience that could help bolster program development.

## Health Information Exchange

Staff continues to provide guidance to committees of the Advisory Board for the statewide health information exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP). The Advisory Board consists of three committees: Finance, Technology, and Clinical Excellence. The Advisory Board meetings last month focused on bringing the committees up to date on the technology procurement and outlining a proposed course of action for implementation of the HIE services. During the month, CRISP held a two-day meeting with the installation team from Axolotl. The meeting focused on acceptance testing and configuration of the core infrastructure technology. The HIE is in the preliminary stages of connecting hospitals in Montgomery County. CRISP held meetings with three of the five hospitals to discuss connecting their hospital information management systems to the HIE, which is expected to take approximately five months. Staff continues to provide support to CRISP in their evaluation of a standalone master patient index (MPI) offered by Initiate Systems.

Staff continues to provide support to the Maryland Medical Assistance (Medicaid) program in meeting the requirements under the *HIT Planning Advanced Planning Document* (HIT P-APD). In April, CMS awarded Medicaid around $1.3M to provide a document that describes how the state will develop a high-level management statement of the state's vision, needs, purposes/objectives, plans, and estimated costs, which will result in the development of the *State Medicaid HIT Plan* (SMHP). The HIT P-APD also requires Medicaid to develop a program to administer ARRA incentives and support the implementation of certified EHR technology among Medicaid providers. Staff is collaborating with Medicaid to develop a scope of work for two procurements: a feasibility assessment for Medicaid to expand EHR adoption and administer the EHR incentive payments to providers; and to complete an environmental scan of Medicaid providers that will determine their readiness to meet the meaningful use requirements.

The statewide HIE Policy Board convened in May to continue deliberating on privacy and security policies for the HIE. During the meeting, representatives of the Policy Board discussed the granularity of policies and grouped policy development into three categories: general, participation, and technical configuration. The Policy Board discussed developing a consumer policy guide to help consumers understand the principals included in the policies that govern the exchange of electronic health information. Participants of the Policy Board deliberated on access policies during the meeting. The Policy Board also agreed to assign primary reviewers to review draft policies and to extend the length of these meetings by one hour. CRISP provided an update on the core infrastructure implementation and their progress in connecting hospitals in Montgomery County, which are included in their phase one implementation process. The next meeting of the Policy Board is scheduled for Tuesday, July 13th.

Staff continues to provide support to the Electronic Healthcare Network Accreditation Commission (EHNAC) in the development of their national HIE accreditation program. Over the last two years, staff has been instrumental in empanelling the Advisory group and in leading the development of criteria related to privacy and security that will be used to accredit HIEs. Approximately 30 national stakeholder organizations participate on the Advisory Panel. The Utah Health Information Network, an established HIE, continues to assist EHNAC with testing the criteria for the accreditation program. The public has been invited to comment on the draft criteria; the comment period for the latest version of the draft criteria for privacy and security ends in June. EHNAC intends to finalize the criteria this summer and begin accepting applications from HIEs around year end.

## Electronic Health Networks & Electronic Data Interchange

Staff continues to collaborate with EHNAC and the three leading e-prescribing electronic health networks (EHNs) in developing an accreditation program for pharmacy intermediaries. These discussions are aimed at achieving consensus on the role that e-prescribing EHNs would serve as pharmacy aggregators seek national accreditation of their network operating centers. Last year, the Maryland Board of Pharmacy modified its regulations to require pharmacies to use only pharmacy intermediaries that meet national standards; COMAR 10.34.20, *Format of Prescription Transmission*, is the regulations that includes the modification.

Staff recertified Availity and Secure EDI and conditionally certified Allscripts and Eyefinity for the EHN certification program. Conditional certification is assigned to an EHN when additional information is required and usually is for a 90-day period. Existing regulations require payers doing business in the state to only accept electronic transactions from EHNs certified by the MHCC; roughly 45 EHNs have obtained MHCC certification in Maryland.

Last month, staff received approximately 26 EDI Progress Reports; about 19 reports were rejected for missing or incomplete information. Payers with a premium volume over $1M must annually report census level data on their administrative health care transactions as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. Payers must submit their reports by June 30, 2010.

## National Networking

Staff attended the *State HIE Leadership Summit* hosted by the Office of the National Coordinator for Health Information Technology (ONC) along with representatives from all 50 states. This forum kicked-off the State HIE Cooperative Agreement Program where Maryland received $9.3M for implementing the statewide HIE. The agenda focused on social networking, governance and oversight, the Nationwide Health Information Network, and state collaboration. Staff had the opportunity to meet and have informative discussions with the ONC leadership and Project Officers.

Staff participated in two CMS webinars: *Establishing Health Information Exchange Governance and HIT Exchange Planning* discussed the most common data exchanged, start-up funds and ongoing revenue by sustainable organizations and also addressed the challenges of establishing governance boards; and *Lessons Learned and Best Practices for Medicaid Health Information Technology* that highlighted critical lessons learned and observations from State Medicaid agencies who have worked on HIT/EHR adoption projects.

Staff participated in several industry webinars: *HIMSS HIE Liaison Roundtable Education* that discussed the New Mexico State HIE Collaborative (NMHIC), its purpose and history and their approach to the development of a successful state HIE plan; *Connecting Providers and Patients for Better Care with Microsoft Health Vault Community Connect* that discussed the technologies ability to connect and share health information before and after treatment with patients and families; *NHIN University – NHIN 104 – The Trust Fabric of the NHIN: Making Exchange a Good Choice* that discussed key components of trust and also included efforts to harmonize the NHIN Exchange trust components with the rest of the NHIN ecosystem.