<u>**MARYLAND HEALTH CARE COMMISSION**</u>

UPDATE OF ACTIVITIES

April 2017

EXECUTIVE DIRECTION

<u>*Rural Health Workgroup – Erin Dorrien*</u>

The workgroup met on Monday March 27th in Annapolis. The members endorsed eight guiding principles for building healthy rural communities. Staff from the University Of Maryland School Of Public Health and the Walsh Center for Rural Analysis at NORC presented early insights from their work and promising approaches for improving health in rural communities. Researchers have completed the focus groups and some stakeholder interviews and have presented preliminary reflections. The issues identified through this qualitative analysis were similar to the discussions occurring through the workgroup and advisory group process; however, stakeholders highlighted the substance abuse epidemic, difficulty accessing specialists, and an increasing population of immigrants as areas of concern. The research team will be briefing the Commissioners at the Commission meeting in June or July.

The workgroup is beginning to broadly discuss final recommendations. Consensus is evolving around the need to increase access through telehealth, mobile healthcare teams, expanding the role of community health workers, and increasing the availability of mid-level providers. There is also interest among the members to consider the formation of a regional health planning council. The workgroup is also considering the role that the health care system plays in economic development, including the need to potentially explore initiatives such as the designated Health Enterprise Zones.
Public hearings will take place in all five study counties and will begin in May.

The advisory groups will meet in May and the next full meeting of the workgroup is May 24th at Washington College, in Chestertown MD.

<u>*Maryland Trauma Physician Services Fund – Karen Rezabek*</u>

Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount **$268,932** for the month of February. The monthly payments for uncompensated care claims from January 2012 through February 2017 are shown below in Figure 1. The level of uncompensated care payments continues to decline as a result of expanded insurance coverage. Payments for uncompensated care claims have increased to 105% percent of the Medicare Fee Schedule for claims dated on or after July 1, 2016.

Uncompensated Care Audits
Commission staff have shared claims and reconciliation reports with the Commission's contracted auditor for the ten practices selected for the FY 2016 audit cycle.

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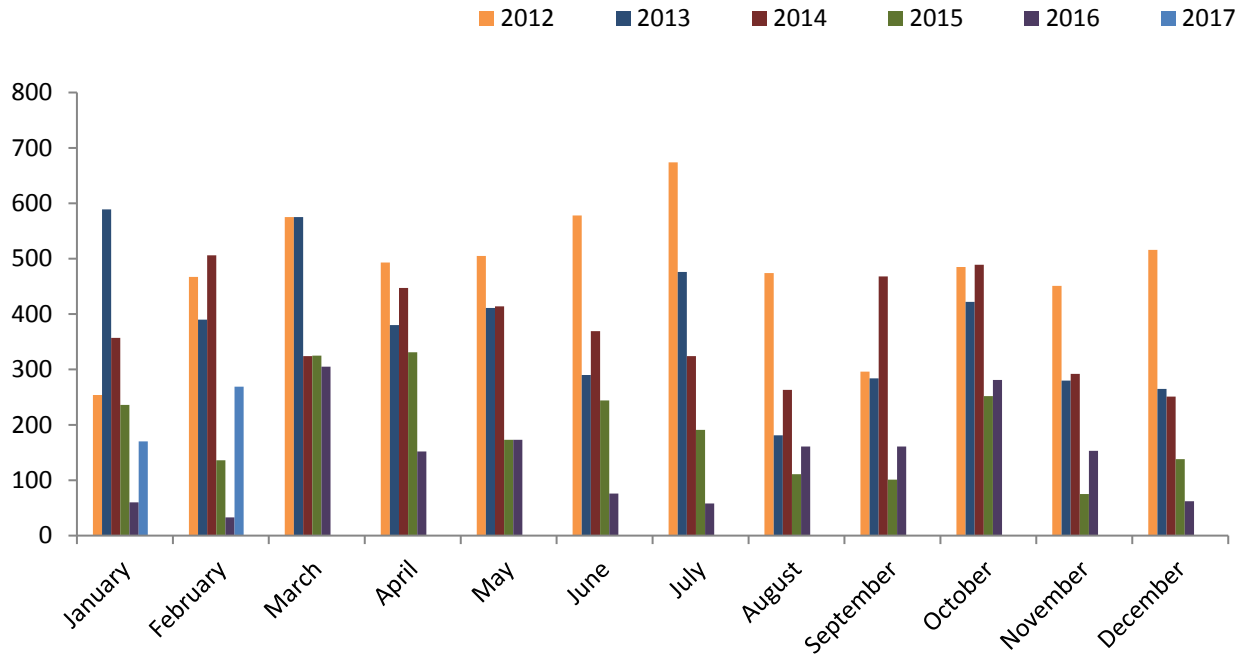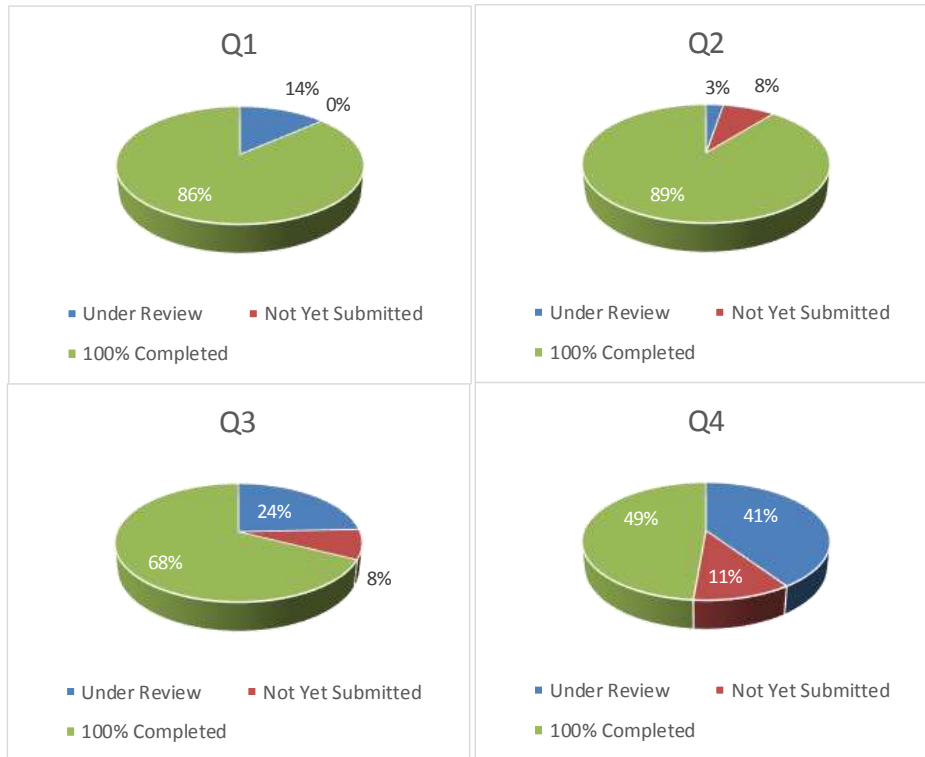

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Data Submission Status, Payor Compliance, and Technical Support

The 2015 MCDB data (fully-insured only) is now available and was delivered to HSCRC on 3/31/2017. The self-insured non-ERISA data from one of our large payors is delayed as this payor missed the extended data submission timeline of 3/31/2017 as the company was unable to complete validation on the professional and pharmacy files by 3/31. Since then, the payor has submitted these claims files on 4/5/2017. The payor still needs more time to validate the eligibility file that reflects the inclusion of the self-insured non-ERISA data and promised to report the data no later than COB on 4/7/2017. Social Scientific Systems (SSS) will need at least two weeks from 4/7 to validate all of the self-insured non-ERISA data from the payor and update the MCDB providing that there are no data quality issues. As per SSS, the final version of the 2015 MCDB data which will include all self-insured non-ERISA data will be available on or before 5/15/2017. Medicaid data for the year 2015 is now available in the same format (same variable/field names) as the MCDB.

2016 MCDB Data: The exhibit below depicts data submission status of payors by quarter (Q) for 2016 as of 4/3/2017. There are 37 payors including TPAs and PMBs. For example for quarter1 (Q1), 14% of all payors data submissions are under review by SSS. We anticipate that the 2016 MCDB data to be available by 9/30/2017.

Q1

14%   0%

86%

■ Under Review   ■ Not Yet Submitted
■ 100% Completed

Q2

3%   8%

89%

■ Under Review   ■ Not Yet Submitted
■ 100% Completed

Q3

24%

68%

8%

■ Under Review   ■ Not Yet Submitted
■ 100% Completed

Q4

49%   41%

11%

■ Under Review   ■ Not Yet Submitted
■ 100% Completed

Update on MCDB Data Warehouse (DW) and Extract Transform Load (ETL) Development
MCDB Data Marts: SSS is currently in the process of designing data marts for users to access on the DW. The design would be an online, on-demand access which will be available to MHCC users. There is no public component. There would be four distinct data marts (professional, institutional, pharmacy, and eligibility) in the form of SQL tables for users to access via standard reporting tools (e.g. Tableau, SAS, Excel). The data marts will allow reporting on 3 years of services plus the current year's quarters and therefore will represent the most current data active in the DW as of the most recent quarterly refresh. SAS files will still be available to users but on a single year basis. The data marts are scheduled to be delivered by the end of September 2017.

Database Development and Applications – Leslie LaBrecque

Data Processing/Tech Support: preparing for the virtualization of the internal web testing server by moving applications and databases off the testing server; preparing for the replacement of our desktops by cataloging software installations, confirming compatibility with windows 10 and procuring software that needs to be upgraded; updated the Maryland zip code boundary files used for mapping; continued work on an analysis request for elective hip and knee procedures by payer and hospital using the discharge abstract; provided trauma fund annual report data processing assistance; researching ways to improve CathPCI data processing; provided support to the Minimum Data Set vendor with reading the most recent MDS file; assisted the HIT staff with processing the physician database and tested geocoding the addresses to get better jurisdiction codes; performed a data request for psychiatric patient days by acute care hospital for the most recent year; reviewed the most recent re-submission of DC data from the DC Hospital Association; downloaded new population estimates for the CON staff;

Data Release – executed DC hospital data use agreements (DUAs) with Dixon Hughes Goodman and the Healthy Communities Institute on behalf of Prince George's county; worked with Berkeley Research Group, KPMG and Dimensions to get their DC DUAs completed; made a requested amendment to the Hopkins umbrella DUA; the data release committee is working towards changing regulations to accept external IRBs

which have current DHHS approval and federalwide assurance; the committee also reviewed an APCD data release request from the University of Massachusetts and worked with them to get their main application approved; prepared a 4th amendment to the Medicaid PCMH DUA to get 2016 quarter 1-2 PCMH data.

APCD Support – reviewed programs for counting services in the APCD professional file and generated frequencies of the service count ranges; prepared the file for the provider pricing dashboard; coordinating feedback and links for the upcoming total cost of care consumer website; tested the new virtual desktops at our database vendor after they were upgraded; resolved drive mapping issues;

MHCC Website - reorganized the announcement page per Ben; provided large document upload support to the CON staff for the recommended decision for Baltimore Upper Shore cardiac surgery review; set up google analytics reports for Ben on selected pages; replaced the 2017 MCDB file record layouts; provided web support to the HIT staff for updates to the telehealth page, the policy and legislative page, the HIT publications page, and the Telehealth page; uploaded new nursing home experience of care data and data dictionary to the public use file application;

Health Facility and Licensing Board Web Survey Applications

Continuing Care Retirement Community Facility Direct Admission Survey – prepared a new database and imported the 2016 4th quarter data into the survey;

Assessment Survey Application – assisted budget staff with re-initiating the survey for FY18 and with queries for insurance companies; resolved several issues that came up with the reset and updated the application documentation;

Health Care Worker Flu Survey for Nursing Homes and Assisted Living– worked with the long term care staff to prepare and launch the survey for the 2016-2017 season;

**Long Term Care Portal** –resolved issues with assisted living facility services checkbox displays;

Long Term Care Survey – making all file preparations for the 2016 survey; performed testing and sent letters to the facilities; the survey will launch April 10;

Home Health Survey – resolved numerous data issues arising from updating the home health agency profile;

Hospice Agency Survey – made final requested revisions, tested and launched the survey;

Internet Activities

Data from Google Analytics for the month of March 2017
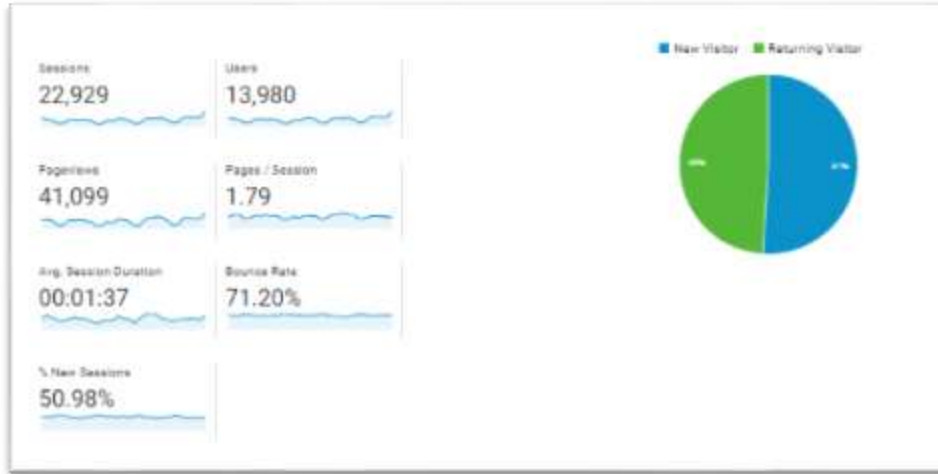
● Bounce rate is the percentage of visitors that see only one page during a visit to the site.

As shown in the chart above, the number of sessions to the MHCC website for the month of March 2017 was 22,929and of these, there were 50.98 % new sessions. The average time on the site was 1:37 minutes. Bounce rate of 71.20 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, hscrc.state.md.us. Among the most common search keywords in March were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Maryland Health Care Quality Reports (MHCQR) Web Site
The staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 18,744 users of the consumer site and 88,749 page views. 68% of users are return visitors.
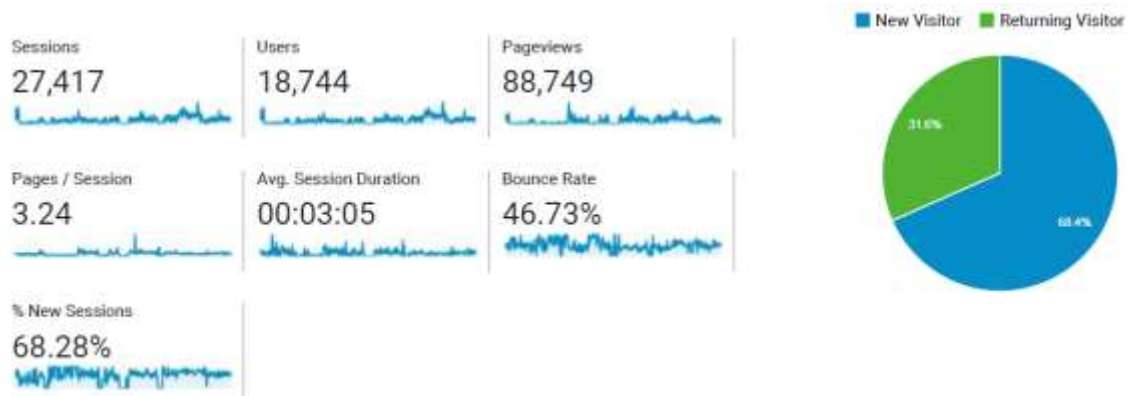
In March 2017 the MHCQR site had 937 users and 4,782 page views, compared to 884 users and 3,570 page views in February 2017.

Special Projects – Janet Ennis

Health Insurance Rate Review and Medical Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants
Staff completed the first draft of a pricing transparency dashboard that will display procedure-level health care prices paid by commercial insurance and Medicare (including the average patient payment), searchable by procedure, clinician, specialty, and geographic location. The dashboard will include reporting on the average price a physician receives for a service, volume of services, and total reimbursement. Measures on the dashboard will be evaluated to determine the relevancy and appropriateness in reference to the requirement of the dashboard. Once this review is complete, the dashboard will be deployed on the MHCC website. A small procurement with Cyquent, Inc., from Rockville, MD supports the development and refinement of this and other dashboards using Tableau software, which was also procured using grant funds.

In collaboration with our PMO (Freedman Health Care, LLC); our Total Cost of Care (TCoC) Mentor (the St. Louis Business Health Coalition); and an advisory group of primary care physicians and orthopedists, staff developed a Continuing Medical Education (CME) course directed at primary care clinicians on the appropriate use of imaging in patients with low back pain and the costs associated with inappropriate imaging, including patient out-of-pocket costs. Staff and the CME development teams in Maryland and St. Louis created course content and scenarios for each doctor/patient vignette, and an accompanying slide deck with scripts to assist the physicians who agreed to do the voice-over narration for these slides and appear in the CME video. Grant funds allowed for the procurement of a video production company to produce up to four doctor/patient vignettes, two of which were filmed in Maryland and feature local physicians. This project is now complete and the CME course will be available online for two years, and at no cost to physicians. Staff contacted several medical associations and organizations to solicit their help in publicizing the availability of this course, and many have agreed to post the link to the course on their websites, advertise its availability in newsletters, etc. Staff continues working on other outreach/promotional options through social media, etc.

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

MHCC is developing a consumer website to display health care prices for entire episodes of care that will permit anyone to review costs and compare hospitals by cost and quality measures using Altarum's (in the past known as HCI3) Prometheus episode of care bundling software. Altarum, SSS, and Wowza, (a subcontractor to SSS) continued working together on the development of this consumer website. The team, including MHCC staff, agreed that the first public version of the website will include four potentially shoppable procedural episodes: total hip replacement, total knee replacement, hysterectomy, and vaginal delivery using 2014 commercial data. Colonoscopy and Upper GI Endoscopy will not be included in Phase 1 of the public release due to the volume of complete episodes being low and not representative enough for public reporting.

Wowza completed the launch of the "Coming Soon" page on the consumer website. The page enables visitors to sign up to be notified when the site becomes interactive and will allow users to submit feedback. The first round of User Acceptance Testing (UAT)—part of a three-cycle iteration which will be used to refine the website requirements—is currently underway. MHCC will collect and organize user feedback and

implement changes as needed. The next UAT release will occur on 4/17/2017. This consumer website is scheduled for release in June.

Hospitals to be displayed on the consumer website will be given the opportunity to vet their data prior to public release. For this purpose, a report containing all the measures to be shown on the website, along with the underlying episode detail, has been created using Tableau software. The hospital-specific report will consist of the website episode information to be displayed for each hospital NPI—average *risk-adjusted typical and complication costs* and the *risk-adjusted potentially avoidable complications (PAC) rate* across all episode events—as well as event-level details, including costs and the servicing provider (when servicing provider is available from the insurance claim) for each event..

Freedman Healthcare LLC, our PMO contractor, is working with Altarum to produce supplemental content for the consumer website such as information on methodology, the data used, and enlightening useful content for visitors to the consumer website. Freedman has completed a proposed framework for organizing the supplemental content which is currently under review. Altarum has agreed to provide support with promotional efforts for the site including social media outreach, blogging, etc.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.11, General Surgical Services
Draft plan chapter revisions were posted for informal review and comment on March 21, 2017. Staff anticipates requesting approval of draft regulations as proposed permanent regulations at the April 2017 Commission meeting.

State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services
The Cardiac Services Advisory Committee met on March 22, 2017 to discuss the feedback received from Maryland hospitals on the definition of "cardiac surgery" and the subgroup of cardiac surgery procedures that should be used in assessing compliance with the Minimum Volume and Need standards included in regulations. MHCC staff conducted additional research following the meeting regarding the relationship between volume and outcomes for different categories of cardiac surgery. MHCC staff also performed additional analysis on the discharge abstract data for hospitals with cardiac surgery programs.

Rural Health Study
MHCC staff participated in planning future meetings of the rural health care delivery work group and developing work group meeting materials. Staff attended a rural health work group meeting held on March 27, 2017.

Certificates of Conformance and Certificates of Ongoing Performance
MHCC staff updated the schedule for Certificates of Ongoing Performance for cardiac surgery and PCI programs. The revised schedule will be published in the *Maryland Register* on April 14, 2017. MHCC staff continues to work with staff from the Society of Thoracic Surgeons and Maryland hospitals with cardiac surgery programs to obtain agreement on the use of certain data required to begin reviewing applications for Certificates of Ongoing Performance.

Other
 Staff continued working on a White Paper regarding psychiatric services in preparation for an update to the State Health Plan chapter for psychiatric services which will commence in 2017.

Hospice Survey
Emails were sent to all hospices to alert them as to the availability of the Maryland Hospice Survey for online data entry beginning on Monday, March 13, 2017. Notice was also sent out by the Hospice & Palliative Care Network of Maryland. Part I of the survey will be due no later than May 15, 2017. Staff is providing support for providers during the data collection period to address any issues with data entry.

Hilltop MDS Contract
Staff is working with The Hilltop Institute at UMBC as its Minimum Data Set (MDS) and Long Term Care Planning consultant.   A draft work plan was submitted to the Commission on March 3, 2017 for review. After staff review and comment, the work plan was finalized on March 23. Bi-weekly phone calls were held on March 13 and March 27. VPN access has been worked out for Hilltop staff, and they are reviewing and testing MDS Manager files and programs.

Nursing Home Occupancy and Medicaid Participation Rate Reports
Annually, the Commission publishes reports on Nursing Home Bed Occupancy and updates on Required Medicaid Participation Rates. These reports are derived from data reported by nursing homes on the Commission's Annual Long Term Care Survey. Data is used for Certificate of Need review and planning. Tables were published in the March 31, 2017 issue of the *Maryland Register* and posted on the Commission's website at:
http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_shp/hcfs_shp.aspx

Assistance to Home Health Agency (HHA) Certificate of Need (CON) Applicants
Commission staff held a pre-application conference on March 15, 2017 for the four applicants who submitted letters of intent to expand their respective authorized service areas into the Western Maryland region (includes Allegany, Frederick, Garrett and Washington Counties). At the March 15, 2017 meeting, planning and CON staff answered questions about the CON review standards in the HHA Chapter (COMAR 10.24.16). Planning staff distributed information on the HHA public use data files and provided guidance to the Letter of Intent filers on navigation of the Commission's website in order to access the HHA utilization tables and raw data from the Commission's HHA Annual Surveys. The 2017 HHA CON review cycles are the first that will be conducted under the new SHP chapter for HHA adopted in 2016.

Home Health Agency Survey
The home health agency survey has been revised by staff, and specifications have been given to the programmer to create the web-based application for collection of the survey data. Staff is performing the initial testing and providing feedback to the programmer to make updates and revisions as needed.

Long Term Care Survey
Staff sent out the Long Term Care Survey Notice Letter, informing facilities of the survey data collection period which will run from April 10 to June 8, 2016. The comprehensive care survey, which includes the 2018 user fee assessment is due on May 8, 2017. In addition to the nursing home bed occupancy report data published in the *Maryland Register* and noted above, assisted living and adult day care profiles were also developed. Staff is finalizing other reports for public reporting.

Certificate of Need – Kevin McDonald

CON's Approved

Anne Arundel Medical Center – (Anne Arundel County) – Docket No. 15-02-2360
Establish a cardiac surgery program in partnership with Johns Hopkins Medicine at the hospital located Annapolis.
Approved Cost: $2,500,381

CON's Denied

Baltimore Washington Medical Center – (Anne Arundel County) – Docket No. 15-02-2361
Establish a cardiac surgery services program at the hospital in Glen Burnie, as a third location for the existing University of Maryland Cardiac Surgery Services Program.
Proposed Cost: $1,259,117

CON Letters of Intent

Hope House – (Prince George's County)
Establish an alcoholism and drug abuse intermediate care facility (medically-monitored inpatient detoxification-ASAM Level III.7D) in a 22-bed facility currently providing residential treatment to be located at 429 Main Street, in Laurel.

Adventist Home Health Services, Inc. – (Western Maryland)
Expand the provision of home health agency (HHA) services into Frederick County.

Amedisys Home Health of Maryland – (Western Maryland)
Expand HHA services into Allegany, Frederick, Garrett and Washington Counties.

Bayada Home Health Care, Inc. – (Western Maryland)
Expand HHA services into Allegany, Frederick, Garrett and Washington Counties.

HomeCall – (Western Maryland)
Expand HHA services into Allegany and Garrett Counties.

Pre-Application Conference

Hope House – (Prince George's County)
March 27, 2017

HHA applicants in the Western Maryland region (the letters of intent are described above)
March 28, 2017

CON Applications Filed

VNA of Maryland – (Upper Eastern Shore Region) – Matter No. 17-R1-2393
Expand HHA services into Caroline, Kent, Queen Anne's and Talbot Counties

Determinations of Coverage

- **Ambulatory Surgery Centers**

Capital Children's Healthcare, LLC – (Prince George's County)
Establish a physician outpatient surgery center (POSC) with one sterile operating room (OR) to be located at 1220 Caraway Court, #1050, in Upper Marlboro.

Conception Center – (Montgomery County)
Establish an POSC with one non-sterile procedure room (PR) to be located at 3202 Tower Oaks Boulevard, Suite 370, in Rockville

- **Acquisition/Change of Ownership**

The following six determinations relate to the merger of Surgical Care Affiliates, Inc., which has an ownership interest in the facilities, with a subsidiary of UnitedHealth Group Incorporated. Post-transaction, Surgical Care Affiliates, Inc. will cease to be a publicly-traded corporation and will become a wholly-owned subsidiary of UnitedHealth Group Incorporated.

Parkway Surgery Center, LLC – (Washington County)
Change in ownership of the facility and a new determination of coverage for a POSC with one OR and two PRs located at 17 Western Maryland Parkway, Suite 102, in Hagerstown.

Surgery Center of Rockville – (Montgomery County)
Change in ownership of the facility and a new determination of coverage for a POSC with one OR and 2 PRs located at 2 Choke Cherry Road, Suite 125, in Rockville.

The Surgery Center of Easton – (Talbot County)
Change in ownership of the facility and a new determination of coverage for a POSC with one OR and one PR located at 510 Idlewild Avenue, Suite 110, in Easton.

Thomas Johnson Surgery Center, LLC – (Frederick County)
Change in ownership of the facility and a new determination of coverage for a POSC with one OR and one PR located at 197 Thomas Johnson Drive, Suite B, in Frederick.

Montgomery Surgery Center – (Montgomery County)
Acquisition of a majority ownership interest in a freestanding ambulatory surgical facility. (FASF). The facility, with four ORs and 2 PRs, is located at 48 West Gude Drive, in Rockville.

The Surgery Center of Chevy Chase – (Montgomery County)
Acquisition of a majority ownership interest in a freestanding ambulatory surgical facility. (FASF). The facility, with four ORs and 2 PRs, is located at 5530 Wisconsin Avenue, Suite 1620, in Chevy Chase.

Obstetrics and Gynecology Associates Ambulatory Surgery Center – (Montgomery County)
Change in ownership structure of the facility and a new determination of coverage for a POSC with two non-sterile PRs located at 1400 Forest Glen Road, Suite 500, in Silver Spring. Advantia Holdings, L.L.C. is the entity at the top of the ownership chain of the center.

Advantia Health Indian Creek ASC – (Prince George's County)
Change in ownership of the facility and a new determination of coverage for a POSC with one OR and two PRs located at 12240 Indian Creek Court, Suite 130, in Beltsville. Advantia Holdings, L.L.C. is the entity at the top of the ownership chain of the center.

- **Licensure**

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

Laurel Regional Hospital – (Prince George's County)
Temporary delicensure of the 18-bed psychiatric unit at the hospital.

Signature Healthcare at Mallard Bay – (Dorchester County)
Temporary delicensure of 25 comprehensive care facility (CCF) beds.

Chesapeake Shores – (St. Mary's County)
Temporary delicensure of eight CCF beds.

Good Shepherd Center – (Baltimore City)
Temporary delicensure of a 115-bed residential treatment center.

- **Waiver Beds**

Restore Health & Rehabilitation Center – (Charles County)
Addition of six CCF waiver beds resulting in a total of 73 CCF beds at the facility.

> ### *CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY*

Health Information Technology Division – Nikki Majewski, Division Chief

In collaboration with the Healthcare Information and Management Systems Society Maryland Chapter, the Maryland Hospital Association, and the Health Services Cost Review Commission (HSCRC), staff convened a *Health IT User Education Roundtable: A Best Practices Symposium* (symposium). Industry leaders gathered to discuss end-user behavior and knowledge gaps that directly impact health care security. Presenters shared best practices based on real-life scenarios for improving security and reducing human error.

Revisions to the Cybersecurity Self-Assessment Tool (tool) continued during the month. Staff received stakeholder feedback and is making additional changes to streamline the tool. The tool is intended to support practices in assessing gaps in their cybersecurity policies and procedures. Staff anticipates finalizing the tool in April.

Staff is evaluating data received from Maryland acute care hospitals in response to the annual hospital health information technology (health IT) survey (survey). The survey inquiries about hospitals use of health IT, methods to detect and manage cyber risks, and strategic initiatives where there is an investment in health IT for the All-Payor Model. Responses will be used to assess hospital transformation efforts, including current and future (planned) use of telehealth and data analytics. Staff expects completed surveys from all hospitals in June. In addition, staff continues to develop an information brief (brief) about electronic health record adoption among ambulatory surgical centers. Staff plans to release the brief in May.

Staff identified leading principles and goals that will help guide development of a State health IT roadmap (roadmap). The roadmap is envisioned to include initiatives aimed at increasing diffusion and value of health IT to meet the evolving demands of health care reform statewide. Staff plans to collaborate with stakeholders in building out the roadmap.

During the month, staff supported Johns Hopkins Pediatrics at Home (PAH) with go-live activities related to MHCC's round one mobile health (mHealth) grant. The project will provide a virtual platform to facilitate weekly check-ins with patients and their providers, and monitor utilization of patients customized Asthma Action Plans. The technology is undergoing testing and is scheduled for production in April. The grant continues through June 2018.

Activities to develop a Request for Applications (RFA) are underway for a round two mHealth grant that will focus on using technology to addresses treatment and recovery for opioid use disorders. The grant will provide up to $100K to one or more entities that can meet select milestones for diffusing among the targeted population mHealth technology that facilitates patient engagement. The RFA is scheduled for release in April with an award announcement anticipated in June.

In collaboration with the Department of Health and Mental Hygiene (DHMH), staff evaluated responses to a Request for Proposals for the design and development of education materials for advance care planning and electronic advance directives. This small procurement issued by DHMH is a first step in encouraging the

public to engage in advance care planning conversations. Staff plans to propose draft regulations in June for a State recognition program of electronic advance directives services that will be authorized to connect to the State-Designated Health Information Exchange (HIE).

Staff is developing a brief highlighting local and national findings from an analysis of data on breaches of unsecured protected health information from 2010 through 2016. Data used in the analysis is from the U.S. Department of Health & Human Services Office of Civil Rights. Staff will use the findings to inform security education and awareness program development initiatives. The brief is targeted for release in June.

Staff continues to support monitoring and evaluation activities of the Chesapeake Regional Information System for our Patients (CRISP). This includes the annual privacy and security audit being conducted by independent third party auditors, Myers and Stauffer (M&S), and the ongoing independent verification and validation review of the Integrated Care Network provided by Mosaica Partners. A draft report from M&S on the privacy and security audit is expected in May. In addition, staff continues to collaborate with CRISP on strategies for connecting institutional pharmacies to CRISP.

Health Information Exchange Division – Angela Evatt, Division Chief

A brief was released by staff highlighting outcomes and lessons learned from the round two telehealth grants. Round two assessed the impact of remote patient monitoring (RPM) to reduce hospital encounters among patients with chronic health conditions. The brief identifies considerations for RPM implementation pertaining to patient engagement, technology selection, and Internet connectivity, among other things. The round two grantees included Crisfield Clinic in Somerset County, Union Hospital in Cecil County (UHCC), and Lorien Health Systems in Baltimore and Harford Counties.

Staff continues to support the round three telehealth grantees as they make preparations for sustaining their telehealth projects after the grant period concludes this May. Gerald Family Care is offering patients video consultations with specialists at Dimensions. Associated Black Charities is using mobile tablets to facilitate video consultations between community health workers and patients with nurses at Choptank Community Health. UHCC is using mobile tablets to provide patient education to individuals with chronic conditions who are discharged from the hospital. Staff is assisting the round four telehealth grantee, Gilchrist Greater Living, with implementation activities and exploring sustainability options for their telehealth project that is using RPM to manage homebound chronically ill adults.

The round five telehealth grantee, University of Maryland Shore Regional Health (Shore Health), is consulting with staff as they prepare to go-live with their telehealth project in April. The project aims to increase access to palliative care among patients in Kent County. The project is also expanding behavioral health services to patients in Kent and Queen Anne's County by implementing telehealth for emergency department psychiatric services and inpatient psychiatric consultations. The grant period continues through July 2018.

Staff is collaborating with the University of Maryland, Lorien Health Systems, Howard County Health Department, and CRISP (collaborative) in submitting a funding application to test the effectiveness of telehealth in supporting transitions of care. The Patient-Centered Outcomes Research Institute (PCORI) has invited the collaborative to submit an application that would provide approximately $5M over a four-year period. The application is due on May 17th.

Staff reconvened the electronic data interchange workgroup (workgroup) to discuss HIE use cases supported by information from claim-based administrative transactions. The workgroup includes representatives from CRISP, Availity, eClinicalWorks, Columbia Medical Practice, and University of Maryland Faculty Physicians, among others. Last month, staff recertified three electronic health networks: SSI Claimsnet, LLC, Surescripts, and NantHealth, Inc.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Staff continues to work with the Maryland State Medical Society—MedChi, and the Maryland Learning Collaborative (MLC) in completing practice transformation activities established by the Centers for Medicare & Medicaid Services (CMS) under the Practice Transformation Network (PTN) grant program. This partnership was formed in May 2016 and is subcontracting to the New Jersey Innovation Institute Practice Transformation Network who is a recipient of the CMS grant. Nearly 728 providers have enrolled in the program as of March.

In collaboration with the MLC, staff convened a provider educational session that focused on implementation of the essential elements of practice transformation. Information about participation in Accountable Care Organizations and PTN activities taking place in Maryland were also discussed. The session provided physician attendees the opportunity to receive continuing medical education credits.

Planning activities for the Maryland Comprehensive Primary Care model (model) continue between staff, the Center for Medicare & Medicaid Innovation (CMMI) at CMS, HSCRC, and DHMH. The model is designed to meet the needs of the next phase of the All-Payer Model by providing an alternative option for ambulatory providers to earn value-based incentive payments. The model is expected to enter the formal approval process with CMMI in June.

Staff is analyzing 2015 incentive payment data from Medicaid and commercial carriers for practices that participated in the Maryland Multi-Payer Patient Centered Medical Home Program. Participating practices could earn incentive payments based on achieving certain quality, cost, and utilization goals.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Center for Quality Measurement and Reporting

The Maryland Health Care Quality Reports (MHCQR) website
Staff continues to work with AHRQ to obtain access the MONAHRQ software source code, which will allow for greater customization of the MHCQR website for future releases. A webinar has been scheduled by AHRQ for June 2017 to review the code and its applications.

Staff continues to focus on the promotion of the MHCQR website. There have been 37 social media posts either made or planned for future release in April. Topic posts in April 2017 include National Minority Health Month, National Public Health Week, and World Immunization Week. These topics coincide with the U.S. Department of Health and Human Services National Health Observances and are also designed to link readers back to the MHCQR website. Staff has also continued to disseminate promotional rack cards at off-site meetings and conferences.

The staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 18,744 users of the consumer site and 88,749 page views. 68% of users are return visitors. In March 2017 the MHCQR site had 937 users and 4,782 page views, compared to 884 users and 3,570 page views in February 2017.

Health-care Acquired Infections (HAI) Data
The MHCQR website was updated this month with bloodstream infection (CLABSI), *Clostridium difficile* (CDI), and Methicillin-resistant Staphylococcus aureus *(*MRSA) Lab ID data for CY2016. The remaining HAI data (CAUTI, SSI, and HCP Influenza Vaccination) will be updated in July. Staff sent preview reports to hospitals and worked with them to ensure their data was accurate prior to public reporting. The updated website can be viewed at https://healthcarequality.mhcc.maryland.gov. Staff also created HAI data tables for HSCRC in support of the QBR Initiative.

The Hospital Guide was updated with CY2016 data for CLABSI, CDI (*Clostridium difficile*) and MRSA bacteremia Lab ID data. Statewide results are positive. For CLABSI, Maryland continues to perform better than the national experience. There was no change in the standardized infection ratio compared to CY2015. Maryland performance for CDI has improved from worse to better than the national experience. Since 2015, there has been a 15% reduction in CDI. Maryland has also shown improvement in MRSA, with an 18% reduction in MRSA infections since 2015. Performance has improved from worse than the national experience to the same as the national experience. Although there was a reduction, there is still more work to be done.

The preliminary CDC Healthcare Associated Infections Progress Report was released for internal review. This report uses new 2015 NHSN Baselines which uses a lower threshold for predicted number of infections. This means that SIRs in the CDC progress report will be higher than what MHCC has publicly reported. The SIRs are not directly comparable due to the different baselines used. MHCC chose to use the original baselines for the final year they are available due to a number of unresolved technical glitches in the CDC NHSN system. MHCC will switch to the new baselines for public reporting of CY2017 data.

Specialized Cardiac Services Data
All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR ACTION and CathPCI data registries and report the quarterly data to the Commission in accordance with established timelines. The staff has transitioned the cardiac data submission and management process to the QMDC secure portal beginning with 1st quarter 2015 submissions to centralize our data collection activities. NCDR registry data and outcome report submissions in the QMDC are currently underway for 4Q2016.

Health Plan Quality & Performance – Sherma Charlemagne-Badal

An essential goal of the center is to keep health literacy as a focus throughout the reporting process. Toward this goal, staff has commenced revision of supporting documentation to accompany 2017 health plan reports. Specifically, consumers will have access to contextual and definitional material that can be used to enhance their understanding of the reports posted on the consumer website as well as to promote informed decision making.

To improve the ease of use of the health plan guide staff has proposed changes to the display of information on the guide. In the past, up to five years of health plan data could be accessed from the consumer guide pages. The number of years of data available to the consumer would vary as data categories and measures were retired or added across reporting years. To make the most recent data easily available to consumers, moving forward, the guide will only contain reports for the most recent reporting year. Historical reports will continue to be available to researchers and other interested parties as MHCC public use data files.

Recognizing the importance of plan efforts to address health inequities, and the benefit of such work to consumers, staff has commenced the process of reviewing disparities related reporting requirements. Specifically, staff is in the process of reviewing the Quality Profile (QP) and the associated stars provided to plans as well as the content and structure of the Race, Ethnicity, Language, Interpretation, and Cultural

Competency (RELICC) tool. The review is to ensure that these measurement instruments continue to solicit the most useful data on health disparities work among health plans and that plan health equity efforts are quantifiable and allow for tracking of change.

Staff continues to work on the revised reporting process and requirements for the 2018 reporting cycle. Note that details of the new reporting process and requirements was part of the March commission update.

Long Term Care Initiative – Sherma Charlemagne-Badal

Health Care Worker Influenza Vaccination surveys were made available to providers on April 6, 2017 and will remain available for completion until May 20, 2017. Reminder emails, follow-up phone calls, and weekly downloads of collected data will continue until the close of the data collection period. Staff expects to make survey results available to consumers and commissioners in July.

MHCC Long Term Care Survey data for CY2015 became available and will be used to make updates to nursing home, assisted living and adult day care data. In progress updates to the Long Term Care consumer guide include home health profile, star ratings and quality measures data, assisted living profile and deficiency reports data, nursing home quality measures, patient satisfaction, star ratings and staffing data, and consumer guide quality assurance updates.

In an effort to improve health literacy and empower consumers, staff developed a feature addressing critical issues regarding the importance of care coordination for long term care patients. Consumers are introduced to the topic of care coordination and effective communication in health care settings. The importance of care coordination is underscored as are the challenges associated with a lack of care coordination, tools for improving care coordination and communication within and across health care settings and the provider role in care coordination and effective communication. Consumers also learn more about the role of MHCC in promoting care coordination. The feature story will be posted in May.

Consumer inquires continue to be handled by division staff.