

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

June 2019

EXECUTIVE DIRECTION

Government Relations and Special Projects- Megan Renfrew

Legislative Study updates:

African American and Rural Community Infant Mortality Study. The fourth meeting of the workgroup advising the Commission on this study was held on June 4, 2019. Three additional large work group meetings are scheduled this year. The University of Maryland, working under an Interagency Agreement with the Maryland Health Care Commission, has conducted initial literature reviews related to factors contributing to infant mortality and effective intervention programs, as well as an inventory of programs in Maryland that work on infant mortality issues. The next workgroup meeting is July 19. The final report for this study is due in November.

EMS Reimbursement Work Group for New Care Delivery Models. Subject to language in the FY 2020 budget, MIEMSS will continue to study this topic through 2019, building on the contents from the joint MIEMSS / MHCC report from January 2019. Based on a request from key legislative Committee Chairs, MHCC will also conduct an actuarial study of the cost of potentially mandating coverage of these service models in the private insurance market.

Assessment of services at the University of Maryland Shore Medical Center in Chestertown. HSCRC has released a task order to solicit bids for a contractor to support this task. MHCC staff are participating in the procurement process and will work in partnership with HSCRC staff and contractors on the assessment and development of potential models for rural health care.

Legislative Update

Several priority pieces of legislation passed during the 2019 session and have or will become law this year. The Commission is working on implementation of these new laws. A more in-depth presentation on this topic will be given at the Commission meeting.

Planning for the 2020 session is beginning. Staff has developed preliminary legislative concepts to support the [MHCC strategic priorities](#), including continued progress towards CON modernization.

MHCC in the news: Selected news articles and commentary

Broadwater, Luke and Donovan, Doug “On Maryland’s Eastern shore, local hospital is downsized- and residents are outraged at UMMS” The Baltimore Sun, May 23,

<https://www.baltimoresun.com/news/maryland/politics/bs-md-umms-eastern-shore-20190423-story.html>

---, “New health care facility plans wins approval”, Dorchester Banner, May 11th, 2019,

<https://www.dorchesterbanner.com/health-and-fitness/new-health-care-facility-plans-wins-approval/>

Capital Gazette Editorial Board “Our Say: AAMC should name new cardiac surgery center for House Speaker Mike Busch” Capital Gazette, April 23, 2019 https://www.capitalgazette.com/opinion/our_say/ac-ce-our-say-2019-story.html

Harris, Naomi, “Anne Arundel Health System hopes acquisition will advance vision of local care”, Capital Gazette, June 10, 2019, <https://www.capitalgazette.com/g00/news/ac-cn-aamc-partnership-expansion-20190610-story.html>

Harris, Naomi “Anne Arundel Medical Center, Doctors Community Health System announce plans to combine” Capital Gazette, May 13, 2019, <https://www.capitalgazette.com/g00/lifestyle/health/ac-cn-aamc-merger-20190513-story.html>; Also in Carroll County Times, <https://www.carrollcountytimes.com/ac-cn-aamc-merger-20190513-story.html>

Holt, Dustin “UMMS unanimously approves Cambridge medical center” My Eastern Shore Maryland, May 24, https://www.myeasternshoremmd.com/stardem/news/local_news/umms-unanimously-approves-cambridge-medical-center/article_881e7aaa-3201-570e-8465-1d5e32de8ee3.html
Hutzell, Rick “Opposition drops appeals, Anne Arundel Medical Center to open cardiac center by 2020” Capital Gazette Newspaper, April 19, 2019, <https://www.capitalgazette.com/news/annapolis/ac-cn-cardiac-surgery-20190419-story.html>

Ryan, Dave, “Council is updated on hospital move” Dorchester Banner, May 31, 2019, <https://www.dorchesterbanner.com/business/council-is-updated-on-hospital-move/>

Articles of interest

Centers for Medicare & Medicaid Services, “CMS Takes Action to Lower Prescription Drug Prices and Increase Transparency”, May 16, 2019, <https://www.cms.gov/newsroom/press-releases/cms-takes-action-lower-prescription-drug-prices-and-increase-transparency>

Minemyer, Paige, “Study shows Maryland's global budget had limited impact on rural hospitals”, FierceHealthcare.com, May 13, 2019, <https://www.fiercehealthcare.com/hospitals-health-systems/study-shows-maryland-s-global-budget-had-limited-impact-rural-hospitals>

Renfrow, Jacqueline, “WHO adopts price transparency resolution”, FierceHealthcare, May 30, 2019, <https://www.fiercehealthcare.com/payer/who-adopts-pricing-transparency-resolution-classifies-burnout>

Rosen and Montanio, “A Q&A on the MD. Primary Care Program”, The Daily Record, May 15, <https://thedailyrecord.com/2019/05/15/rosen-and-montanio-a-qa-on-the-md-primary-care-program/>

“UM Shore Medical Center at Chestertown, Easton recognized for patient safety”, Kent County News, June 4, 2019, https://www.myeasternshoremmd.com/kent_county_news/spotlight/um-shore-medical-center-at-chestertown-easton-recognized-for-patient/article_a233dd6c-a827-59ad-ad89-9ed4521778b8.html

Maryland Trauma Physician Services Fund – Bridget Zombro

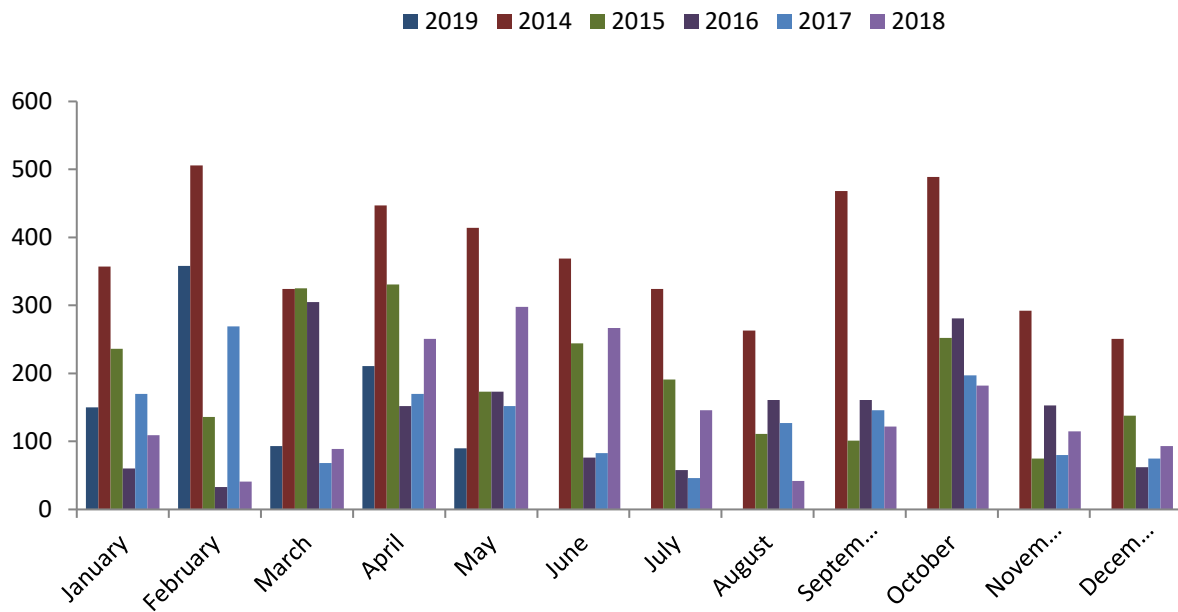
Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, processed \$89,157 during May, 2019 as shown below in Figure 1.

Staff processed the summary files FY 2018 for the Medicaid FFS for trauma procedures and the differential amounts owed to trauma providers if payments were calculated at 105% of the Medicare facility reimbursement rates with no modifiers. The HealthChoice MCO differential payments pose a bigger challenge as some providers have multiple Tax IDs, payment codes, and addresses listed in our financial management system; and some providers are not listed at all. To solve these issues, staff developed a reconciliation process which will enable MHCC to issues payments by facility or Trauma Center tax ID. We will advise each CFO via email and will follow up with a listing of the providers associated with that Tax ID and the amounts to be distributed for reimbursement. Each provider will also be notified in writing of the same.

Staff continues the preliminary work on a methodology and the guidelines to subsidize the documented costs incurred by the State Primary Adult Resource Center (PARC) for costs for certain health care providers for standby. Meetings are underway with staff from PARC as we move to formulate this methodology. Data has already been identified that we can use to begin the process.

Figure 1. Uncompensated Care Payments to Trauma Physicians, 2014-2019

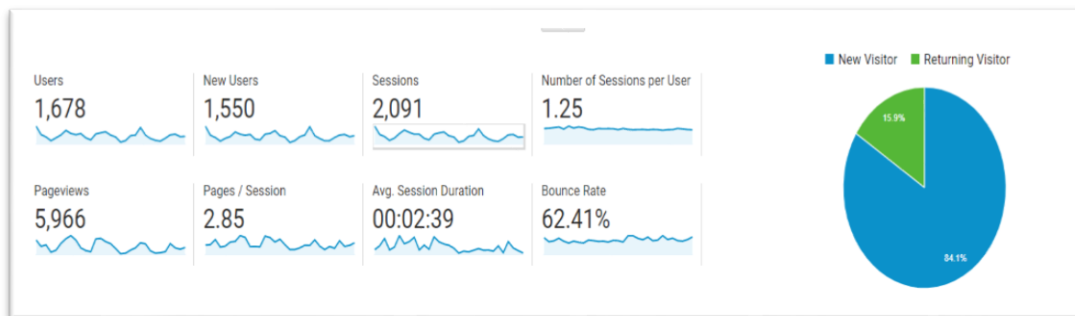


Internet Utilization – Contributors Valerie Agwale, Sandy Biddinger, Courtney Carta, and Mahlet Nigatu

This section of the update describes traffic to the MHCC, the Maryland Health Care Quality Reports, and the Wear the Cost websites.

Internet Activities

Data from Google Analytics for May 2019

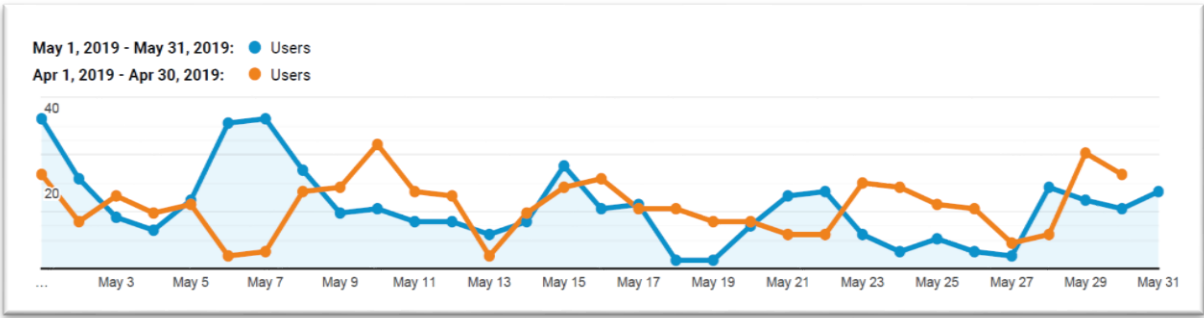


● Bounce rate is the percentage of visitors that see only one page during a visit to the site.

- As shown in the chart above, the number of sessions to the **MHCC website** for May 2019 was 2,091, and of these, there were 1,550 new users. The average time on the site was 2:39 minutes. The bounce rate of 62.41% is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.
- Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.
- The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov and hsrc.state.md.us. Among the most common search keywords in May were:

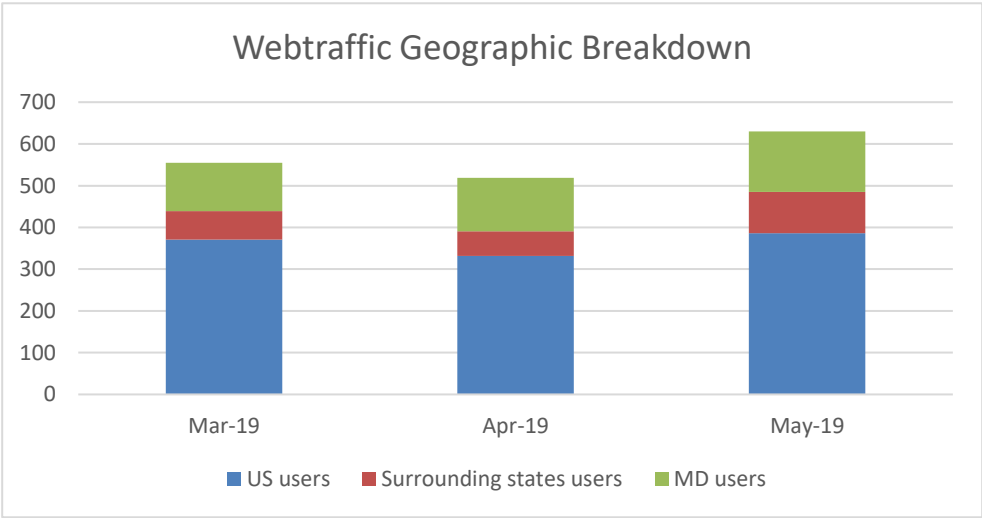
“Maryland Health Care Commission,” “assisted living facilities,” “home-based care” and “home health care agencies.”

The Maryland Health Care Quality Reports (MHCQR) website had 397 users in May (see graph below) which was similar to the number of users in April (400). The average time spent on the site was about 5 minutes, which suggests greater user engagement compared to the historical average time on the site of 3.45 minutes. The bounce rate for the site in May was 29% which indicates stronger interest once a visitor gets to the site. More discussion of the website is found in the Center for Quality Measurement and Reporting section.



Web traffic metrics for the ‘Wear The Cost’ consumer website

Staff and the Hatcher’s implemented content boost advertisement since beginning of May which help the slight increase in the web traffic both in Maryland and around the nation. The total number of visitors in May was 630 which is 17% increase from the month of April. The average time spent on the site was 2.24 minutes. The bounce rate for the site was 70%, higher slightly from April.



Note: Surrounding states = DE, DC, NJ, PA, VA, WV

Cost and Quality Analysis – Kenneth Yeates-Trotman

Privately Insured Report, 2017

Privately Insured healthcare spending (medical and prescription drug combined) rate of growth slowed in 2017

Results from the 2017 privately insured report will show that overall PMPM spending for all services combined (medical and prescription drug) increased by about 6% in 2017, compared to a 5% increase in 2016. Although this 6% spending increase was somewhat high, the growth rate in spending was minimal compared to 2016.

- Increases in prescription drug (14%) and professional services (8%) were the main contributors to the 6% increase in spending in 2017.
- Inpatient hospital facility services showed a 4% increase in 2017, compared to a 6% decline in spending in 2016. This increase was primarily driven by a 3% increase in utilization.
- Lab/imaging was the only service category that showed a decline (4%) in spending in 2017. However, this decrease did not change from 2016. A 6% decrease in unit cost was the primary reason for the decline in spending in this service category.
- Self-insured non-ERISA health plan was added to the 2017 report for the first time. It includes State of Maryland employees/retirees/dependents as well as local government (i.e., city/county/public school employees/retirees/dependents) which together total more than 560,000 beneficiaries on average per month.

Staff will present the results of the 2017 private insurance report at the June Commission meeting.

HSCRC TCOC Annual Per Capita Cost (privately insured medical) Update

Privately insured annually per capita cost spending for medical is increasing at about a slightly lower rate than national private insurance (medical only) per capita results in 2017.

- The annual per capita cost for privately insured (medical only) health plans increased from \$3,516 in 2016 to \$3,672 in 2017 (a 4.4% increase). This increase in annual per capita spending for medical (privately insured) is consistent with national results (National Health Expenditures 2017 from CMS) which shows about a 4.6% increase for the same period (\$4,211 in 2016 to \$4,403 in 2017). See the exhibit below.

Maryland's privately insured annual per capita cost for medical seems reasonable compared to national results.

- From 2015 to 2017, results show that Maryland's per capita cost for medical is consistently lower than national results, which are expected primarily due to Maryland's All-Payer Model. The exhibit below compares per capita spending (privately insured plans) in Maryland to private insurance per capita spending results from the National Health Expenditures (NHE) from CMS.

| Benchmarking Per Capita Costs: MCDB v. National Health Expenditures (NHE) from CMS | | | | | | | | | |
|--|---------|---------|---------|-----------|---------|---------|------------------------|--------|--------|
| Medical Only (2015 to 2017) | | | | | | | | | |
| | MCDB | | | NHE (CMS) | | | % Diff (MCDB over NHE) | | |
| | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 |
| Medical | \$3,492 | \$3,516 | \$3,672 | \$3,924 | \$4,211 | \$4,403 | -11.0% | -16.5% | -16.6% |

- (1) CMS Source: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html>
 - (2) CMS national annual per capita cost excludes the net cost of private health insurance and dental services for this comparison
 - (3) Due to Gobeille, Self-Insured ERISA spending for the MCDB is predicted using a regression model
 - (4) Member months for Self-Insured ERISA are estimated using the MEPS-IC
- Comparing Maryland's per capita spending with results from the Health Care Cost Institute (HCCI) 2017 Health Care Cost and Utilization Report show that HCCI per capita results for Maryland are very close to the MCDB per capita results. See the exhibit immediately below.

| Benchmarking Per Capita Costs: MCDB v. 2017 Health Care Cost and Utilization Report (from HCCI) | | | | | | | | | |
|---|---------------------|---------|---------|--------------------------------|-------|--------|-----------------------------|-------|-------|
| Medical Only (2015 to 2017) | | | | | | | | | |
| | Per Capita Spending | | | Difference Between MCDB & HCCI | | | % Difference Between MCDB & | | |
| | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 |
| MCDB | \$3,449 | \$3,436 | \$3,575 | | | | | | |
| HCCI-MD | \$3,410 | \$3,533 | \$3,732 | \$39 | -\$97 | -\$157 | 1.1% | -2.7% | -4.2% |

- (1) MCDB population is Maryland residents who are enrolled in group health policies and are under age 65. In other words, the MCDB excludes the individual market for this comparison to HCCI results.
- (2) HCCI population is for members who have enrolled in employer-sponsored insurance (privately insured) and under age 65.
- (3) HCCI report excludes CareFirst.

Privately Insured Mental Health and Substance Abuse Spending in Maryland (2013 -2017)

Mental Health and Substance Spending among Maryland's privately insured under age 65 residents spiked to 18% in 2017

Background: MHCC has been tasked by the Governor's Commission via the MIA to provide privately insured mental health and substance abuse spending over the last five years as part of a broader study of Mental & Behavioral Health spending in Maryland. Below is a summary of the results for privately insured medical (institutional and professional) PMPM spending for all insurance markets combined (individual, small group, and large group). Student health was included but had minimal impact on the overall results. Results show that Mental Health and Substance Abuse (MHSA) spending increase modestly (1.5% from 2013 to 2014). However, spending spiked in 2015 and 2016 remaining at about an 8% increase for both years. MHSA spending spiked again in 2017 (about 18%) which is more than twice the increases in 2015 and 2016. See the exhibit below.

| Privately Insured MHSA Spending in Maryland | | | |
|---|------|-----------------------|--------|
| Market | Year | Total Medical Allowed | |
| | | PMPM | Trends |
| All Markets | 2017 | \$56.98 | 17.9% |
| All Markets | 2016 | \$48.32 | 8.1% |
| All Markets | 2015 | \$44.72 | 8.4% |
| All Markets | 2014 | \$41.25 | 1.5% |
| All Markets | 2013 | \$40.62 | |

- (1) For Large Group, years 2015 and beyond excludes self-insured ERISA plans due to the Gobeille v. Liberty Mutual Ins. Co. SCOTUS court case ruling on March 1, 2016
- (2) Data Source: MCDB (2013 - 2017)

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

Episode of Care – Consumer-Centric Price Transparency Initiative

Medicare data result evaluation revealed facility cost and pharmacy cost are understated and require the Prometheus software re-run. The issue raised as a result of the facility cost and pharmacy included only cost paid by the plan was used and didn't include the patient portion or cost covered a third party payer. The re-run requires updating the Medicare/Prometheus mapping specification, the complete run is expected to be done in August. Meanwhile staff is preparing a bid board notice to seek a contractor that will produce Commercial 2016/2017 data output.

Communication and Outreach

Hatchers Group continues to support the development and implementation of a comprehensive public-facing communications strategy for the 'Wear The Cost' initiative. Based on the social messaging strategic plan that comprised of content for social media, including graphics and a six months social media ad campaign plan, the team continued to produce social media content for Twitter and Facebook. New contents are developed every week to keep the audience engage and provide new information.

Hatchers Group and staff worked on a draft e-newsletter that will be sent out to the website visitors that subscribed to be contacted and other stakeholder. Team also published a second blog that discuss hip replacement episode. <https://www.wearthecost.org/jointheconversation/hip-replacements/>. The team will periodically develop similar features/stories/blogs (a minimum of one 500 to 700-word piece of content per month).

Reducing waste and low-value care

Staff identified Milliman MedInsight Health Waste Calculator (HWC) to produce low-value services measures. As part of the 2019-2022 strategic priorities MHCC has aimed to publish opportunities for reducing unnecessary and low-value services by using Choosing Wisely's measures and guidelines on wasteful and low-value care. Staff begun the environmental assessment and research by looking at seven other state initiatives and identified HWC the most compatible software for the project. HWC generates over 40 low value care measures as identified by Choosing Wisely guideline. Staff is currently working on a sole source contract. The goal is to generate the measures using 2016 and 2017 data. MHCC will engage providers and other key health care stakeholder MHCC to select the most relevant measures to start conversations between providers and patients about choosing care that is appropriate and necessary and that does not cause the patient harm.

Expansion and improvement of the MCDB data release process

Staff has developed a road map to improve the data release process. Staff identified key areas of the data release that require change or development of a new process. The improvement includes development of a new application and pre-application package, update existing data release policy and procedure document, developing a fillable data management and data use agreement and other supplemental application material. The roadmap also includes expanding the types of data files that are made available for applicants and streamlining the application review process to provide an expeditious response and feedback to applicants.

Special Projects – Janet Ennis

Mandated Health Insurance Services:

Actuarial Analyses requested/due this year:

Staff received a request from the Senate Finance and the House Health and Government Operations Committees to assess the following: (a) the social, medical, and financial impact of establishing a mandate for covering treat and release programs; alternative destination treatment; and mobile integrated health programs; and (b) the prospect that these programs could induce demand for health care services and what actions payers could take, if any, to limit that unintended outcome. These assessments are intended to complement the study on reimbursement for new models of EMS care delivery under SB682 (2018) which directed the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and MHCC to study and report on the feasibility of reimbursing three models of EMS care provided through EMS providers in Maryland. This report, in consultation with MIEMSS, is due by December 31, 2019. Also in 2019, MIEMSS is required to report to the Legislature on the progress in implementing a State plan for reimbursing the three models of care under HB100 (2019).

Insurance Article § 15-1502, Annotated Code of Maryland, requires that every four years, the Commission is to conduct an analysis on each existing mandated health insurance service in Maryland, including a comparison of Maryland's mandates to those in Delaware, Pennsylvania, Virginia, and the District of Columbia. This four-year comprehensive cost and comparison report is due by January 1, 2020.

For both reports, MHCC will need to contract with one or more consulting actuaries to conduct the analyses and is in the process of preparing the procurements. The depth and extent of analysis for each evaluation will be impacted by the budget constraints of the small procurement regulations.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

COMAR 10.24.07, State Health Plan for Facilities and Services: Acute Psychiatric Hospital Services

MHCC convened a Work Group to assist in updating this State Health Plan chapter of regulation on May 3, 2019. A White Paper on psychiatric hospital services developed earlier this year was reviewed. The second meeting of this Work Group is scheduled for June 17, 2019. Information on the activities of this Work Group is posted on the SHP page of the MHCC website at:

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

Certificates of Ongoing Performance for Cardiac Surgery

Certificates of Ongoing Performance for cardiac surgery services for a four-year period were authorized on May 16, 2019 for Sinai Hospital of Baltimore and the University of Maryland Medical Center. The staff reports for these reviews can be accessed at:

http://mhcc.maryland.gov/mhcc/Pages/hcfs/hcfs_con/hcfs_con_staff_resport.aspx

Certificates of Ongoing Performance for Percutaneous Coronary Intervention (PCI)

Staff compiled performance information on mortality rates for PCI programs that will be distributed to hospitals in June 2019 and included considered in Certificates of Ongoing Performance reviews for PCI programs later in 2019.

Certificate of Conformance

Staff received an application for a Certificate of Conformance from Howard County General Hospital to establish an elective PCI program on May 31, 2019.

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/hcfs_con_pci_applications.aspx

Long Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS)

Hilltop Institute at UMBC (Hilltop), MHCC's MDS contractor, completed a series of tables using the MDS to describe Maryland's nursing home population. Hilltop also completed a draft of the Contract Year 2, Long Term Care Design Plan. Staff continues to hold bi-weekly conference calls with Hilltop staff.

COMAR 10.24.20 and COMAR 10.24.08 Development

The formal public comment period for proposed State Health Plan (SHP) regulations for comprehensive care facilities (CCFs or nursing homes), COMAR 10.24.20, ended on May 13, 2019. Three comments were received. It is anticipated that staff will present a review of the comments and a recommendation for action on these updated SHP regulations and the chronic hospital regulations that will be decoupled from the CCF regulations at the June Commission meeting.

Post-Acute Work Group:

The Maryland Department of Health has convened a Post-Acute Work Group to address the problem of patients that are difficult to discharge from hospitals. The group is focused on two primary patient subgroups: younger persons with behavioral health disorders and older persons needing nursing home and other long-term care services.

Staff participated in a meeting of this group on May 15, 2019 and a teleconference on May 29, 2019. Staff also conferred with MDH staff and consulting staff for this project to clarify issues relating to the Commission's responsibilities and regulatory authority.

FY 2018 Hospice Survey:

Part I of this survey has been completed, with all survey responses reviewed and approved. Part II of the survey is due by June 6, 2019. Reminder notices have been sent to providers to encourage timely completion of the survey. Staff has been available for consultation on survey questions.

Long Term Care Survey:

The 2018 Long Term Care Survey data collection period for the comprehensive care facilities (nursing homes) ended on May 30, 2019. To date, 94% of the surveys have been accepted. The due date for chronic hospitals, assisted living facilities, and adult day care facilities is June 29, 2019. Staff continues to work with Hilltop, with ongoing review of all data files and processes for the FY 2017 Long Term Care Survey data.

Certificate of Need – Kevin McDonald**CON's Approved**

Peninsula Regional Medical Center – (Wicomico County) – Docket No. 18-22-2417

Introduce acute psychiatric hospital services for children and adolescents and addition of a 15-bed acute psychiatric unit for this patient population.

Approved Cost: \$8,520,716

University of Maryland Medical Center – (Baltimore City) – Docket No. 18-24-2429

Introduction of acute psychiatric hospital services for adolescents (ages 13-18), and creation of a new 16-bed acute psychiatric unit for children and adolescents. (The project did not increase the acute care bed capacity of the hospital.)

Approved Cost: \$9,580,000

Certificates of Ongoing Performance for Cardiac Surgery Approved

Sinai Hospital of Baltimore – (Baltimore City) – Docket No. 17-24-CP005

University of Maryland Medical Center – (Baltimore City) – Docket No. 17-24-CP006

CON Letters of Intent Filed

Parkway Surgery Center – (Washington County)

Establishment of an ambulatory surgery center by adding a second operating room at an existing physician outpatient surgical center (POSC).

Request for Change in Approved CON Filed

Lorien Nursing & Rehabilitation Center-Elkridge – (Howard County) – Docket No. 16-13-2379

Change in physical plant design of and the number of additional beds in an expansion of a comprehensive care facility (CCF).

Reduction in approved cost of the project from \$5,104,125 to \$3,125,000.

First Use Approval

Montgomery Hospice, Inc. d/b/a Prince George's Hospice – (Prince George's County) – Docket No. 16-16-2384

Expansion of the authorized service area of Montgomery Hospice, Inc., a general hospice, to include Prince George's County

Determinations of Coverage

- **Ambulatory Surgery Centers**

Eldersburg Surgery Center (Carroll County)

Establish a POSC with one non-sterile procedure room to be located at 1010 Liberty Road, Suite 100, in Eldersburg

- **Acquisition/Change of Ownership**

Arlington West Care Center – (Baltimore City)

Acquisition of the ownership interests in the entity that operates a CCF, Arlington West Care Center Opco, L.L.C., as well as the entity that owns the real estate and bed rights, Arlington West Care Center Propco, L.L.C. Three entities will acquire the interests in both of these two corporations: Aryeh Stern (50%); Morris Meisels (42%); and Siyata Dshmaya, L.L.C. (8%), which is owned by Samuel Handler, Ophir Sahar, and Aryeh Stern. Purchase price: \$51,800,000 (price includes purchase of Post Acute Care Center in Baltimore)

Vindobona Nursing & Rehabilitation Center – (Frederick County)

Acquisition of Braddock Heights Healthcare, L.L.C. d/b/a Vindobona Nursing & Rehabilitation Center by Vindobona Operating Group, L.L.C.. Braddock Heights Property Investment, L.L.C. currently owns the real estate and “bed rights”. After the transaction Vindobona Realty Group, L.L.C. will own the real estate and “bed rights”. The operator of the facility is currently Braddock Heights Healthcare, L.L.C. and after the transaction the new operator will be Vindobona Operating Group, L.L.C.

Purchase price: \$4,460,000

- **Capital Projects**

Maryland House Detox – (Anne Arundel County)

Capital project for the construction of a building addition to house an additional 24 medically-monitored intensive inpatient withdrawal management beds (ASAM Level 3.7) at an existing intermediate care facility. (Changes in bed capacity at this type of health care facilities were deregulated effective April 5, 2019, when changes in CON law adopted in 2019 went into effect.)

Project Cost: \$4,718,042

University of Maryland St. Joseph Medical Center – (Baltimore County)

Capital project for the renovation of the Digestive Disease Center.

Estimated Cost: \$1,718,791 [\$859,395 being requested from Maryland Hospital Association Bond Program (MHABP)]

Meritus Health – (Washington County)

Capital project for renovations to the John R. Marsh Cancer Center.

Estimated Cost: \$4,267,887 (\$750,000 being requested from MHABP)

Mount Washington Pediatric Hospital – (Baltimore City)

Capital project to build a rehabilitation gym.

Estimated Cost: \$4,000,000 (\$750,000 being requested from MHABP)

MedStar Montgomery Medical Center – (Montgomery County)

Capital project for the renovation of the Acute Care for the Elderly Unit and the Geriatric Emergency Department.

Estimated Cost: \$2,131,075 (\$1,000,000 being requested from MHABP)

The Johns Hopkins Hospital – (Baltimore City)

Capital project to acquire and renovate two residential properties in East Baltimore to create residential crisis services.

Estimated Cost: \$1,000,000 (\$1,000,000 being requested from MHABP)

Anne Arundel Medical Center - (Anne Arundel County)

Capital project for the renovation of security systems in the North and South Pavilions of the hospital.

Estimated Cost: \$800,000 to \$1,200,000 (\$400,000 to \$600,000 being requested from MHABP)

Kennedy Krieger Institute – (Baltimore City)

Capital project for the expansion of the Sleep Laboratory Center.

Estimated Cost: \$900,000 (Unspecified amount of project cost being requested from MHABP)

Atlantic General Hospital – (Worcester County)

Establishment of an ambulatory surgical facility (Docket No. 18-23-2431) This determination of coverage was provided to the hospital and MHA to confirm that this capital project, for which MHABP funding is being requested, was authorized by MHCC through issuance of a CON.

Approved Cost: \$2,850,444 (\$2,122,911 being requested from MHABP)

CENTER FOR HEALTH INFORMATION & INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records System Workgroup (Chapter 435)

Revisions to the preliminary draft report were completed based on feedback from the Electronic Prescription Records System Workgroup (workgroup). The workgroup considered policy issues related to establishing a non-controlled dangerous substances repository in Maryland. A final draft will be reviewed by the workgroup in June. The report is due to the Governor and General Assembly by January 2020.

Hospital Health Information Technology Assessment

Changes were made to the draft *Health Information Technology, An Assessment of Maryland Acute Care Hospitals* report based on comments from hospital Chief Information Officers (CIOs). CIOs also reviewed the draft 2019 hospital health information technology (health IT) survey inquiring about hospital use and perceived value of electronic health records, health information exchange (HIE), telehealth, and cybersecurity.

Dental Health IT

Staff participated in a roundtable presentation on HIE and cybersecurity at the Maryland State Dental Association. Attendees received continuing education (CE) credits for participating in the event. A health IT adoption information brief (brief) is being drafted based on results from a dental, environmental scan, which includes national comparisons.

Comprehensive Care Facility Health IT Adoption

Drafting of the *Comprehensive Care Facilities Adoption of Health Information Technology* brief continues. The brief highlights health IT adoption trends among comprehensive care facilities (nursing homes) locally and nationally, and information on their perceived value of health IT.

Cybersecurity

Planning for a fall cybersecurity symposium (symposium) is advancing with the Maryland Hospital Association and the Maryland Chapter of the Healthcare Information and Management Systems Society. The symposium will target hospital and nursing home, CIOs, Chief Information Security Officers, and include scenario-based testing of cybersecurity incident response plans.

CRISP Designation Agreement

Revisions to the Chesapeake Regional Information System for our Patients State Designation Agreement (DA) were finalized. The DA outlines key operational, technical, and privacy and security provisions for State designation. In 2009, Maryland Code, Health-General §19-143 required MHCC and HSCRC to designate a statewide HIE. The existing DA was approved by the Commission in April 2016 and expires in July.

CRISP Privacy and Security Audit

A staff review of Service and Organization Controls 2, Type 2 audit reports is underway. The audit is focused on vendor controls most relevant to CRISP. Schellman & Company, Inc. was selected by CRISP to assess compliance with security, availability, confidentiality, and privacy standards. A report on the findings will be released this summer.

Transitions of Care Telehealth Grant

Drafting is underway of an *Announcement for Grant Applications* (announcement) focused on advancing diffusion of telehealth in nursing homes. The announcement seeks applicants to integrate telehealth into nursing home workflows to help address emergency department utilization, potentially avoidable hospitalizations, and patient safety issues related to unnecessary transfers. The announcement is targeted for release in July.

Health Information Exchange Division – Justine Springer, Acting Division Chief

Telehealth Grant Projects

The University of Maryland Quality Care Network was granted a three-month no-cost extension to enhance marketing activities, and increase patient recruitment for their pharmacist medication management and reconciliation intervention. Mosaic Community Services, Inc. is working on expanding its telehealth medication-assisted treatment intervention referral network. Charles County Public Schools has started conducting virtual visits for students that need speech language therapy.

School-Based Telehealth Workgroup (Senate Finance Request)

Revisions to the School-Based Telehealth Workgroup draft report based on member feedback are proceeding. Workgroup members are expected to review the next iteration in June. The final report is due to the Senate Finance Committee by November 2019.

Telehealth Readiness Assessment Tool

A Bid Board notice (under \$50K contract announcement) was released to secure a vendor to web-enable the Telehealth Readiness Assessment (TRA) tool. Practices can use the TRA tool to assess their level of readiness for offering telehealth services, identify areas that need improvement, and prioritize improvement areas. Supporting guidance documents provide information and resources for helping practices prepare for telehealth.

School-Based Telehealth Webinars

Development activities continue for a three-part school-based telehealth webinar that will be held in collaboration with the Maryland Association of School Health Nurses. The webinar series will build awareness among nurses of the value of adopting telehealth in school health services. Staff will submit an application to the Maryland Nurses Association in June for continuing education credits for the webinar. June.

Electronic Data Interchange Progress Report

Several payers received guidance in completing their EDI Progress Report. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers with a premium of \$1 million or more to report census-level information on administrative transactions identified by the Health Insurance Portability and Accountability Act of 1996 by June 30th.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Activities

The Maryland Practice Transformation Network (PTN) planned a June webinar on the Maryland Primary Care Program (MDPCP). The PTN is a four-year partnership between MHCC, MedChi, The Maryland State Medical Society (MedChi), and the Maryland Learning Collaborative (MLC), and concludes in September.

Specialist Transformation Network

Planning continues with MedChi, MLC, Discern, and the University of Maryland Center for Health Information and Decision Systems on a population and quality-based oncology practice initiative. The goal is to help prepare practices to participate successfully in value-based payment models.

Patient and Family Advisory Council Guidance Document

Education and outreach sessions with the MDPCP practices were planned for June with the MDPCP to promote use of the Patient and Family Advisory Council (PFAC) guidance document. PFACs are a care delivery requirement of select alternative payment models.

Care Management Focus Group

A focus group was convened to discuss select policy challenges and identify best practices for advancing care management in practices. The focus group will meet about every six weeks throughout the summer to identify policy challenges and formulate solutions that can be used to develop a *Care Management Learning and Action Guide*.

MDPCP Advisory Council

The nominee approved by the Commission at its May meeting was notified of their appointment. The purpose of the MDPCP Advisory Council (council) is to provide input from key stakeholders to the operations of the MDPCP. The council is anticipated to convene this summer.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Hospital Quality Initiatives – Courtney Carta

Healthcare Associated Infections (HAIs)

Staff completed the final round of public reporting for CY2018 healthcare-associated infections which included catheter-associated urinary tract infections (CAUTI), surgical site infections (COLO, HYST, CABG, HPRO, KPRO), and healthcare worker influenza vaccinations. Statewide performance for CAUTI was better than the national benchmark for both ICUs and select non-ICU wards. Statewide performance for all surgical site infections was about the same as the national benchmark except for abdominal hysterectomy, where the statewide performance was worse than the national benchmark. Finally, the statewide healthcare worker influenza vaccination rate was 97%. The influenza vaccination rate is consistent with the rates for the past several years. MHCC will add these results to the website in July.

Leapfrog Hospital Safety Grades

Leapfrog released the Spring 2019 Hospital Safety grades last month. Maryland performance continues a slow but steady improvement, ranking 30th among all states, compared to 38th in the Fall 2018 cycle. Ten hospitals received an “A” grade compared to 8 in Fall 2018. All 8 of the hospitals that received an “A” grade last season also received an “A” grade this Spring. Nine hospitals showed improvement by one letter grade. The April report is the second consecutive grading cycle with no “F” grades. To view Maryland hospital performance, visit the Leapfrog website, <http://www.hospitalsafetygrade.org/>.

Specialized Cardiac Services Data

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR CathPCI data registries and report quarterly data and outcome reports to the Commission by established timelines. The next Cardiac Data Coordinator quarterly meeting is August 13, 2019.

Long Term Care Quality Initiative—Stacy Howes

Nursing Home Experience of Care Survey

The 2018 Maryland Family Experience of Care Survey concluded in April 2019. The statewide report, facility reports, and the public use dataset were posted to the Maryland Quality Reports site and the Consumer Guide. The 2019 survey has begun. All nursing homes have been contacted and asked to provide resident lists. The Spanish-language option will be offered again this year. We have contracted with Envision Creative Art to create posters and resident newsletter advertisements to encourage family members who visit nursing home residents to complete the surveys. The posters will be mailed to nursing homes in August along with a letter encouraging them to display the posters near entrances. Newsletter advertisements will be emailed in early August for inclusion in the nursing homes' August and September newsletters.

Consumer Guide to Long Term Care

The Long Term Care Guide has been updated with Maryland nursing home staffing data, using the most current data from CMS Nursing Home Compare and the Maryland Medicaid Wage Survey.

Health Care Worker Influenza Vaccination and Infection Control Survey

The nursing home and assisted living health care worker influenza survey has concluded. Staff will post results on the Consumer Guide in July. MHCC released nursing home vaccination rates and infection control data to Medicaid's Long Term Services and Supports Office for integration in the Medicaid's Pay4Performance awards.