

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

March 2009

**CENTER FOR INFORMATION SYSTEMS
AND ANALYSIS**

Maryland Trauma Physician Services Fund

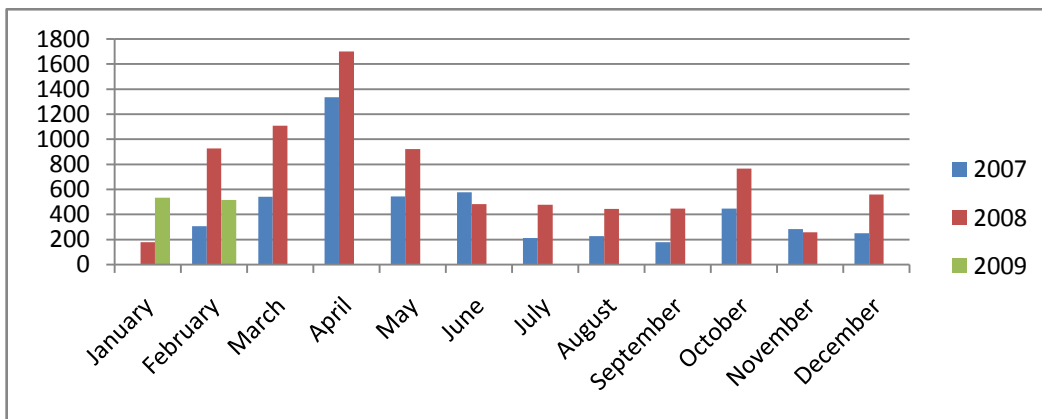
MHCC recently conducted an analysis of spending trends for the Maryland Trauma Physician Services Fund. In FY 2009, MHCC estimates that total disbursements will use all of the \$12.9 appropriation from the Fund. Growth in uncompensated care has been a major factor driving increases in total payments. The recent economic turmoil and the resulting job losses have pushed more Maryland residents into the ranks of the uninsured. Trauma services provided to uninsured patients that do not have the financial resources to pay are reimbursed through the Fund.

The Commission is required to maintain solvency in the Fund under the law. Drawing down from the Fund's reserve is not the only, or necessarily the most desirable, option for closing the probable spending shortfall in 2010. Maryland's Budget Reconciliation and Financing Act of 2009 (HB 101, SB 166) will reallocate \$17 million of the \$20 million dollar reserve to other needs in FY 2010. Although approximately \$3 million will remain in the reserve, the Commission will need to consider other options before using the remaining reserve. The staff expects to submit options to the Commission in May for eliminating the projected shortfall in FY 2010.

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately \$514,521 in February. The monthly payments for uncompensated care since February 2007 are shown below in Figure 1.

Figure 1 – Uncompensated Care Payments 2007-2009



Trauma Equipment Grants

The Commission received Trauma Equipment Grant applications from each of the Level II and Level III trauma centers for the FY 2009-2010 grant cycle. In February applicants were notified that funding for the grants is not currently available.

On-Call Applications

Commission staff requested payment to the Level II and Level III trauma centers for the July 1 through December 31, 2008 semi-annual period.

Reconciliation Reports

Maryland trauma physicians who have received uncompensated care payments from the Fund are required to file an annual reconciliation report no later than January 31st of each calendar year.

COMAR 10.25.10 – Maryland Trauma Physician Services Fund

At the February 2009 meeting of the Commission, COMAR 10.25.10 was approved as proposed permanent regulation. The Commission will take final action on the proposed regulation on May 21, 2009. The Commission has received no comments to date.

RFP for Audit Services

The Commission has released an RFP that will award a contract for auditing of the Maryland Trauma Physician Services Fund and the Health Insurance Partnership. Proposals are due not later than 4:00 p.m. on April 8, 2009.

Cost and Quality Analysis

State Health Care Expenditures Report

The staff is completing the report, *State Health Care Expenditures: Experience from 2007*. When this report is issued, the MHCC meets its mandate to report on the state's total reimbursement for health care services in accordance with the law. The report will show that Maryland health care spending grew to \$35.8 billion in 2007. The rate of overall growth in health care spending was 6.3 percent from 2006 to 2007, slightly lower than the increase from 2003 to 2007, which averaged 7 percent per year. The slower growth in Maryland's health care spending in 2007 is similar to the national picture in the recently released National Health Expenditure Accounts that also indicate a slight reduction in the growth of health care spending nationwide in 2007 compared to 2006. Per capita expenditures for health care (including administration and the net cost of health insurance) in Maryland in 2007 were \$6,374, about the same as per capita expenditures nationally (\$6,358). From 2006 to 2007, per capita health care spending in Maryland grew 6 percent, compared to the longer term trend of 7 percent per year since 2003. The rate of growth in health care spending continues to surpass various measures of growth in the broader economy. For example, per capita personal income in Maryland increased at an average annual rate of 6 percent from 2003 to 2007. Among the major service sectors, hospital outpatient expenditures grew fastest at almost 10 percent, followed by hospital inpatient care and prescription drugs (both at 8 percent). Spending grew most slowly for services provided by non-physician professionals (2 percent). Among the sources of payment, Medicare expenditures grew fastest at more than 9 percent, in part due to the spending for prescription drugs under the Medicare Part D benefit.

Racial Differences in Hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs)

The *American Journal of Public Health (AJPH)* will publish a special supplement in the fall of 2009 that will focus on the science of eliminating health disparities and will feature original scientific contributions, including research articles, commentaries, perspectives and critical reviews of major problem areas related to health disparities in the United States. In response to the *AJPH* call for papers for this supplement, Mathematica Policy Research submitted an abstract for a proposed article, *Assessment of Racial Disparities in Hospitalizations for Ambulatory Care Sensitive Conditions Among Elderly*

Maryland Residents, that will summarize the MHCC-funded study completed last fall. The abstract has been accepted and, if all goes well, the article will be accepted and published in the supplement.

Medical Care Data Base (MCDB) RFP

The current contract with Social and Scientific Systems to construct, maintain, and analyze the Commission's data base of privately insured paid claims—the MCDB—and to prepare key Commission reports, including the annual Practitioner Utilization and State Health Care Expenditures reports, will be ending this year. The staff is currently preparing an RFP that will continue the MCDB as well as expand the information included in the data base over the next five years. The expansion of the MCDB to include information on inpatient care and other institutional services and eligibility information for all enrollees of the submitting payers will increase the cost of constructing, maintaining, and analyzing the MCDB files. In order to constrain the cost of the new MCDB contract, the staff has made significant reductions in the number and frequency of the publically disseminated reports that will be required of the MCDB contractor. The *Practitioner Utilization Report* will continue as an annual report, but the report on Maryland health care spending will become a bi-annual report and will be redesigned to have a more narrow focus that will require less data collection, analysis, and staff time. The annual issue briefs related to practitioner services, prescription drugs and state health care spending will be eliminated. They will be replaced by a new bi-annual study of privately insured health care utilization. This new study will take advantage of the additional information that will be available in the expanded MCDB, such as examining the mix of services being utilized by the privately insured with a particular condition. The focus of this study will depend upon the interests of the MHCC in that year. The number of optional special data or policy studies included in the contract will also been reduced.

Data and Software Development

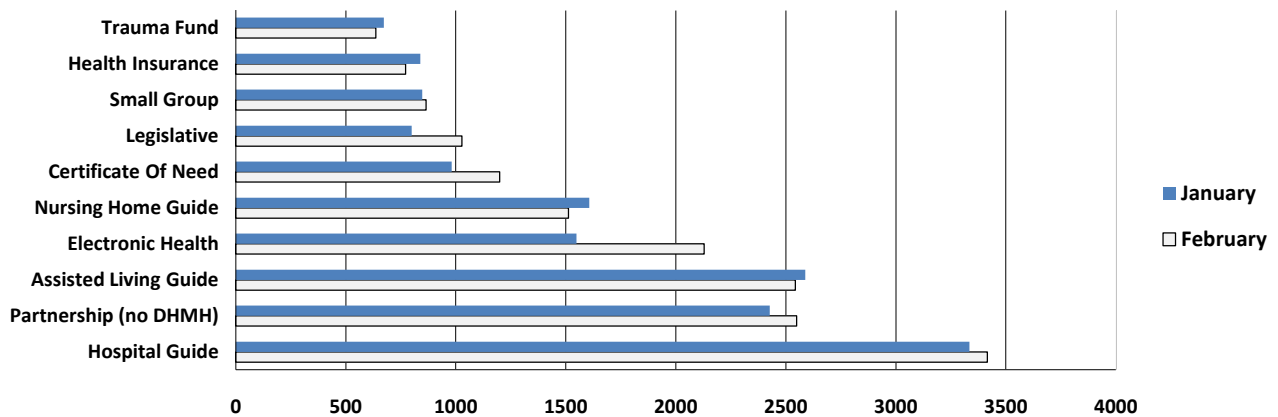
Internet Activities

Figure 2 presents results on web utilization for the Commission's ten most frequently visited sites for January and February 2009. The total number of visits in February increased about 5% from those in January to nearly 24,000.

The Hospital Performance Guide, shown as "Hospital Guide" below, continued to be the site with the highest utilization in February. The Guides (Hospital, Assisted Living, and Nursing Home) continued to have significant traffic during the month. In February, the number of visits to the guides stayed about the same as January overall, with an increase of about 1.5%. The largest increases were found in usage for the Legislative, Electronic Health Initiatives and Certificate of Need websites. The increase in the usage of the Legislative website (about 30%) is due to the start of the 2009 Maryland General Assembly session. The usage for the Electronic Health website increased approximately 38% while the Certificate of Need website increased 22%. The usage of the remaining websites was less than a 5% increase or a decrease by less than 10%.

Several web analytics continued to trend favorably during the past two months. The average number of pages viewed and the average time on the site were steady. About 34% of all visitors originate from a Maryland-based ISP, an increase from 30% previously. Those visitors tend to view more pages and spend longer time on the site.

**Figure 2: Visits to the MHCC Web Sites
Top 10 MHCC Sites during January & February 2009**



Web Development for Internal Applications

Staff continued to make progress on license renewal applications for the occupation boards. Table 1 sets forth the development status for the health occupation boards. MHCC has scaled back support to the Boards in the last several months due to the current workload and the limited staff available for development.

Table 1– Health Occupation Boards with Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Physician’s – Licensed Respiratory Care	Development	
Physicians – Nuclear Medicine Therapist	Development	
Physician- Radiation Technicians/Therapists/Radiographers	Planning	April 2009
Physicians – Physician Assistants	Planning	June 2009
Chiropractic Examiners	Planning	Fall 2009
Optometry	Development	April 2009
Nursing Home Survey Redesign	Planning	Summer 2009
AHRQ QI Installation	Planning	Spring 2009

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

HMO Quality and Performance

2009 Performance Evaluation: HEDIS Audit and CAHPS Survey

HEDIS Audit

HealthcareData.com (HDC), the audit contractor, has many audit activities in progress including: clinical measure code review, examination of baseline information, onsite interviews, and requisite planning sessions for all plans. Plans are progressing on schedule with completing the automated tool that measures the accuracy of their internal programming code.

Consumer Assessment of Health Plan Study (CAHPS Survey)

As a check on the survey process, Health Plan Performance Division staff will be seeded in each sample and for all the scheduled mailings. The first questionnaire was mailed in early March. In total, W B & A distributed over 11,000 questionnaires to commercial HMO and PPO health plan members. The combined samples include a vendor recommended standard oversample of 10 percent.

Report Development—State Employee Guide

Health Plan Quality & Performance Division staff began work on the third, and final, report in the series, *Measuring the Quality of Maryland Commercial Managed Care Plans: 2009/2010 State Employee Guide*. The report has undergone many changes from the initial draft due to contractual changes initiated through the procurement process conducted by DBM, and is awaiting final direction from DGM so the layout and content can be completed during March.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)

At the December 2008 public meeting, the Commission adopted proposed permanent regulations to implement the following changes to the CSHBP: requiring coverage for dependents up to age 25, and requiring coverage for the surgical treatment of morbid obesity. The regulations were posted in the Maryland Register on January 30, 2009 for the required comment period, which ended on March 3rd. No public comments were received. Later in the meeting, Commission staff will present the final regulations for Commission approval. Upon approval, these coverage changes will be implemented effective July 1, 2009.

Health Insurance Partnership

The premium subsidy program known as “The Partnership” is available to certain small employers with 2 to 9 full time employees as long as they meet the requirements outlined in the law and meet certain salary, wage and other eligibility requirements established by the Commission through regulation. Coverage under the Partnership began on October 1, 2008. As of March 9th, enrollment in the Partnership was as follows: 140 employer groups; 407 employees; 667 covered lives. The average subsidy per enrolled employee is \$1,829; the average age of all enrolled employees is 39; the group average wage is \$28,000; the average number of employees per policy is 4.0; and the total subsidy amount issued is \$744, 000.

Commission staff created and continually maintains the Partnership website (<http://mhcc.maryland.gov/partnership>) to inform all interested parties, including, carriers, producers, employers, employees, various business associations, etc., about this subsidy program.

Mandated Health Insurance Services

As required under Insurance Article § 15-1501, Annotated Code of Maryland, the Commission is required 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. The 2008 report, prepared by Mercer, the Commission’s consulting actuary, included an evaluation on the following five (5) proposed mandates: coverage for prosthetic devices; extending the current mandate on coverage for in vitro fertilization; coverage for the shingles (herpes zoster) vaccine; coverage for autism spectrum disorder; and coverage for a 48-hour inpatient stay following a mastectomy. At the December 2008 meeting, the Commission approved the report, which was submitted to the Governor and the General Assembly prior to its due date of December 31, 2008.

Long Term Care Policy and Planning

Hospice Day in Annapolis

Commission staff made a presentation on February 24th at Hospice Day in Annapolis. The program included several legislators, who spoke about proposed legislation of interest to hospice providers. Commission staff presented data on hospice patient profiles for FY 2007, selected hospice trends from 2004 through 2007, and progress made in data collection and analysis. Public use data sets for FY 2003-2007 are posted on the Commission's website along with the Trend Analysis for 2004-2007 and a Statistical Guide.

Hospice Data

The Commission, working with OCS as its contractor, conducts the annual Maryland Hospice Survey. After an intensive period of review and updates, meeting with hospice providers, and survey testing, the annual survey for FY 2008 was launched for online survey completion February 20, 2009. The Commission and OCS will monitor data entry and survey completion during weekly conference calls.

Home Health Data

Tables summarizing data collected on the Commission's Home Health Agency Annual Survey for Fiscal Year 2007 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.

Long Term Care Survey

Staff is preparing for the release of the FY 2008 survey in June, 2009. Staff is also reevaluating the long term care survey application for the FY 2009. Staff anticipates both internal and external meetings for input with this redesign and enhancement to the content of the survey questions. The 2007 public use data sets are available to the public on the Commission's website.

Long Term Care Quality Initiative

Nursing Home Family Survey

The 2008 Maryland Nursing Home Family Experience of Care Survey results are being released to the public after the March 19 Commission meeting. The survey provides ratings of the care provided by nursing homes. 2008 results show the average score for overall care was 8.2 out of a possible 10, the same score as in 2007. The number of respondents that would recommend the nursing home increased by 1% to 89%. Individual nursing home results can be found on the MHCC website as part of the Nursing Home Guide.

Home Health

Staff has been invited to participate in a workgroup to provide feedback on the web-based report format for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Home Health Survey. The survey is developed as part of the Agency for Healthcare Research and Quality (AHRQ) ongoing CAHPS initiative. The home health survey will be voluntary for Medicare-certified home health care agencies beginning in the spring/summer of 2009 with public report of results expected by late 2010. Commission staff expects to gain knowledge of public report practices that can be applied to various MHCC consumer reports.

Hospital Services Policy and Planning

Certificate of Need (CON)

CONs Issued

Lorien LifeCenter Howard County II, Inc. (Howard County) – Docket No. 08-13-2246
Add 4 comprehensive care beds to the previously approved, but not yet built, 60-bed comprehensive care facility (“CCF”) to be located at 7615 Washington Boulevard, ElkrIDGE
Cost: \$0 (NOTE: The original 60-bed facility, authorized in 2007, was approved with an estimated capital cost of \$7,899,747. The new estimated cost of the project, now designed as a 64-bed CCF, is \$7,826,273.)

Johns Hopkins Bayview Medical Center (Baltimore City) – Docket No. 08-24-2289
Renovate existing space to add 4 mixed-use, general purpose operating rooms (“ORs” - three with specialized imaging systems). Construct a mechanical penthouse to support the expanded OR capacity.
Cost: \$24,465,597

CON Letters of Intent

Montgomery General Hospital (Montgomery County)
Fit out approved shell space (CON Docket no. 06-15-2186) by adding 24 medical/surgical/gynecologic/addictions (“MSGA) beds. Convert 24 semi-private MSGA patient rooms to private rooms.

Montgomery General Hospital (Montgomery County)
Fit out approved shell space (CON Docket No. 06-15-2186) by adding of 24 medical/surgical/gynecologic/addictions (“MSGA) beds. Convert 24 semi-private MSGA patient rooms to private rooms. Construct a new floor of the approved building addition as shell space.

Montgomery General Hospital (Montgomery County)
Fit out approved shell space (CON Docket No. 06-15-2186) by adding of 24 medical/surgical/gynecologic/addictions (“MSGA) beds. Construct a new floor of the approved building addition as 24 MSGA beds. Convert 48 semi-private MSGA patient rooms to private rooms. Construct an additional new floor of the approved building addition as shell space.

Adventist HealthCare, Inc. d/b/a Washington Adventist Hospital (Montgomery County)
Construct a 292-bed replacement hospital on a new site in the Calverton/White Oak section of Silver Spring.

Adventist HealthCare, Inc. (Montgomery County)
Construct a 120-bed general acute care hospital in Clarksburg

CON Applications Filed

Harford Memorial Hospital (Harford County) - Matter No. 09-12-2290
Renovate existing space at the hospital to add 16 MSGA beds
Cost: \$2,443,754

Fairland Nursing & Rehabilitation Center (Montgomery County) - Matter No. 09-15-2291
Replace and relocate an existing CCF currently located at 2101 Fairland Road to 12110 Plum Orchard Drive in Silver Spring. The replacement CCF will include 67 additional CCF beds, expanding from 102 to 169 beds, with the additional beds coming from Holy Cross Hospital (20 temporarily delicensed beds) and Springbrook Nursing & Rehabilitation Center (47 licensed beds).
Cost: \$39,378,321

Baltimore Washington Medical Center (Anne Arundel Co.) - Matter No. 08-02-2292
Construct new space and renovate existing space to add 3 mixed-use, general purpose ORs, expanded surgical support space, and shell space.
Cost: \$36,546,000

Pre-Application Conference

Montgomery County Acute Care - Letters of Intent filed by Montgomery General Hospital and Adventist Health Care (see above)
February 18, 2009

Application Status Conference

Manor Care-Bowie (Prince George's County) – Docket No. 08-16-2249
Construction of a new 120-bed nursing home
February 3, 2009

Determination of Coverage

Capital Threshold

Forest Haven Nursing Home (Baltimore County)
Construction of a 2-story masonry addition and conversion of day room to 6 new private patient rooms.
Cost: \$824,389

Delicensure of Bed Capacity or a Health Care Facility

Laurelwood Care Center at Elkton (Cecil County)
Temporary delicensure of 18 CCF beds

Manokin Manor Nursing & Rehabilitation Center (Somerset County)
Temporary delicensure of 9 CCF beds

St. Mary's Nursing Center (St. Mary's County)
Temporary delicensure of 20 CCF beds

Relinquishment of Bed Capacity

Pickersgill Retirement Community (Baltimore County)
Permanent delicensure of 4 CCF beds

Oak Crest Village Care Center (Baltimore County)
Permanent delicensure of 16 CCF beds

Ambulatory Surgery Centers

Chesapeake Pain Center (Harford County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 602 South Atwood Road, Suite 208, Bel Air

On February 5, 2009, Center for Hospital Services staff met with representatives of MedStar Health to discuss possible letters of intent for capital projects at Montgomery General Hospital and reviewability issues.

On February 10, 2009, Center for Hospital Services staff visited Baltimore Washington Medical Center (Anne Arundel County) to view recently completed facility expansion and renovation work at the hospital and surgical facilities which are the subject of a CON application filed in February.

On February 24, 2009, Center for Hospital Services and Center for Long-Term Care Services staff visited Augsburg Lutheran Home and Holly Hill Nursing Home (both in Baltimore County), which have proposed capital projects in review by MHCC.

On February 26, 2009, by request, Center for Hospital Services staff met with the Health Care Subcommittee of the Montgomery County Council in Rockville to review CON review procedures and hospital projects proposed in Montgomery County.

Hospital Quality Initiatives

Maryland Hospital Performance Evaluation Guide (HPEG)

The Maryland Hospital Performance Evaluation Guide relies on a variety of data sources to present meaningful information to consumers, providers and policy makers. The HSCRC inpatient hospital discharge data set represents a critical data source for providing comparative data on Maryland hospital performance and indicators of quality of care. As part of the ongoing efforts to update and enhance the information on the Guide, staff is utilizing the inpatient discharge data set to provide additional information to profile hospital services, including specialized services such as cardiac surgery and PCI services.

The staff is waiting for the release of the first two quarters of calendar year 2008 hospital quality measure data from CMS to update the Guide. The staff is also working on a plan to generate an Annual Report of Hospital Quality in Maryland. A draft outline of the Annual report was reviewed with the HPEG Advisory Committee during the February 23rd monthly meeting.

Establishment of the Maryland Quality Measures Data Center (QMDC)

In addition to the activities associated with the immediate update of the Guide, the staff continues to work on a data management strategy which entails the establishment a Quality Measures Data Center (QMDC). The QMDC will provide direct and timely access to detailed patient-level quality and performance measures data. This approach will not only accelerate the timely receipt of data directly from hospitals, but it will enable the Commission to validate the accuracy and completeness of the data as well. As mentioned above, the hospital performance measure data (in summary form) have been obtained from the CMS Quality Improvement Organization (QIO) Warehouse.

On April, 2008, MHCC issued a Request for Proposal (RFP) to Establish and Manage a Quality Measures Data Center ("QMDC"). The QMDC will function as a repository for hospital performance measures and supporting data. The Iowa Foundation for Medical Care (IFMC), which maintains a local office in Elkridge, Maryland and is also the CMS contractor for quality measure data, was awarded the contract. The new QMDC patient-level data collection effort is targeted to begin with the first quarter (January thru March) 2009 data period.

Healthcare Associated Infections (HAI) Data

The staff continues efforts towards implementation of the recommendations of the Technical Advisory Committee on Healthcare-Associated Infections (TAC-HAI). Phase 1 of the TAC-HAI recommendations state that public reporting of data on healthcare-associated infections shall be initiated with the following three measures: Central Line-Associated Bloodstream Infections (CLA-BSIs) in All Intensive Care Units (ICUs), Health Care Worker (HCW) Influenza Vaccination, and Compliance with Active Surveillance Testing (AST) for MRSA in All ICUs. The TAC-HAI also recommended that a permanent Advisory Committee, comprised of experts in the field of infection control and epidemiology, be established to guide the MHCC's HAI public reporting activities. An HAI Advisory Committee has been established and they provide invaluable guidance in MHCC's HAI data collection and reporting activities.

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 in any ICU. Hospitals are required by NHSN to report data in the system within 30 days following the end of the month. The staff has worked with the hospitals to facilitate compliance with these new data reporting requirements. All hospitals are participating in the system and are now recording data on CLABSIs in ICUs. The staff is currently in the process of reviewing the data and developing strategies to verify its accuracy and completeness.

A sub-committee of the Advisory Committee was formed to recommend options for collecting data on the rate of HCW Influenza Vaccinations in hospitals. The sub-committee reviewed, in detail, possible data elements and definitions, the data collection tool and timeframe. The recommendations of the sub-committee were subsequently approved by the full Advisory Committee and provided the guidance necessary to release the final HCW Influenza Vaccination survey to hospitals. The online survey was developed using Survey Monkey software and was disseminated in February. The completed surveys, which will report data on HCW influenza vaccination rates for the period October 2008-March 2009, are due to the Commission on or before May 1, 2009.

Similarly, a sub-committee of the Advisory Committee was also formed to recommend options for collecting data on hospital compliance with Active Surveillance Testing (AST) for MRSA in All ICUs. It is important to note that this is a process measure that evaluates the rate of hospital screening (AST) for MRSA in all ICUs. It is not an outcome measure that evaluates the rate of MRSA colonization or infection in the hospital. The sub-committee discussed, in detail, the current AST for MRSA guidelines and recommendations and considered use of the NHSN surveillance system as the data collection vehicle. The subcommittee recommended use of an on-line hospital survey designed to collect information on the rate of AST for MRSA in ICUs. The online survey, which will collect quarterly data on AST for MRSA, was developed using Survey Monkey software and also disseminated in February. The completed survey for the first quarter of 2009 (January-March 2009) is due to the Commission on or before May 1, 2009.

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. The staff continues to collaborate with the HSCRC staff on data issues to support the Quality Based Reimbursement project and broader rate setting issues. Staff participated in the NHSN State User's Conference Call on March 4, 2009. On March 5, 2009, staff participated in the Hospital Compare Workgroup conference call.

Specialized Services Policy and Planning

The State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention Services (COMAR 10.24.17) requires Maryland hospitals without on-site cardiac surgery to obtain a waiver to provide primary percutaneous coronary intervention (pPCI), which is the emergency use of catheter-based techniques, including balloon angioplasty, to relieve coronary vessel narrowing in patients with ST-segment elevation myocardial infarction (STEMI). Through a clinical registry established in January 2006, the Commission collects data on STEMI patients presenting at hospitals that have a pPCI waiver. This registry provides the audited data necessary to measure each pPCI program's compliance with certain regulatory requirements, including patient eligibility, door-to-balloon times, and institutional volume. For patients registered from October through December 2008, the hospitals must have entered all data into the registry database no later than February 25, 2009.

On May 17, 2007, the Commission issued a one-year waiver permitting Upper Chesapeake Medical Center (UMMC) to establish pPCI services without on-site cardiac surgery. UMMC began providing pPCI on April 4, 2008. The effective date of the one-year waiver was the date on which the hospital initiated pPCI services. In order to retain the waiver, each hospital must attain and maintain compliance with the requirements for pPCI programs found in COMAR 10.24.17, Table A-1. On December 18, 2008, UMMC filed an application to renew its pPCI waiver. The Commission will issue a pPCI waiver for a two-year period, provided that the applicant hospital meets and continues to meet all requirements for pPCI programs without on-site cardiac surgery during the period of the one-year waiver. On March 19, 2009, the Commission will consider the staff recommendation on the application of Upper Chesapeake Medical Center (Docket No. 08-12-0038 WR).

COMAR 10.24.05 Research Waiver Applications: Atlantic C-PORT Study of Nonprimary Percutaneous Coronary Intervention (npPCI) provides for a limited number of qualified hospitals without on-site cardiac surgical services to participate in an elective angioplasty study conducted by the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT E) in multiple states. The objective of the C-PORT E study is to determine whether npPCI performed in hospitals without on-site cardiac surgery services is as safe and effective as npPCI performed in hospitals with on-site cardiac surgery services. The Commission docketed applications from the following hospitals in the Western Maryland Regional Service Area to participate in this randomized clinical research trial: Frederick Memorial Hospital (Docket No. 08-10-0034 NPRW) and Washington County Hospital (Docket No. 08-21-0035 NPRW). Under COMAR 10.24.17, the Executive Director shall prepare a recommendation for presentation to the Commission to issue or deny issuance of the research waiver and shall set forth the reasons supporting the recommendation. At the March 19th public meeting, the Commission will consider the Executive Director's recommendation on the above applications. COMAR 10.24.05 established a two-phase review; the first phase involved research waiver applications from eligible hospitals in the Metropolitan Baltimore and Metropolitan Washington regional service areas. The Commission's deliberations will also include a review of that recommendation, as modified and accepted by the Commission during its public meeting on September 18, 2008.

The following hospitals with two-year pPCI waivers have timely filed applications to renew those waivers: Baltimore Washington Medical Center, Franklin Square Hospital Center, and Anne Arundel Medical Center.

Health Information Technology

Staff is in the preliminary stages of drafting an information brief based on the responses from the *2008 Hospital Health Information Technology Survey* (survey). The information brief will provide an overview of the acute care hospital's current HIT activities, comparing the findings with national hospital HIT activity. Included in the information brief is a distillation of the data by hospital size, geographical location, and hospital system affiliation. The survey also includes an assessment of the hospital's planning efforts that is not included in most national surveys on HIT. Staff plans to seek comment on the draft information brief from hospital chief information officers (CIOs) in March. The Center for Hospital Services will consider including the survey as part of its annual *Maryland Hospital Performance Evaluation Guide*. The information brief on hospital HIT is scheduled for release in April. Freestanding Ambulatory Surgery Centers will complete a similar survey as part of their annual Maryland Freestanding Ambulatory Surgical Center Survey in April.

The Joint Commission finalized language in their information management standards to reflect staff recommendations that refer to retrieving, disseminating, and transmitting information to require that these systems be consistent with criteria developed by the Certification Commission for Health Information Technology. The Joint Commission sets standards for health care organizations and issues accreditation to organizations that meet these standards. Staff began working collaboratively with the Joint Commission last summer to modify the Hospital Information Management Chapter of their survey manual. The change requires hospitals to use health information management systems that meet national accreditation standards.

Staff worked with the former Chair and Vice Chair of the Task Force to Study Electronic Health Records (Task Force) to assemble a focus group consisting of participants from the original Task Force. The focus group is scheduled to meet in April to review the 13 recommendations included in the Task Force's final report that was sent to the Governor and General Assembly in December 2007. A leading objective of the meeting is to determine the relevance of the recommendations as it relates to the American Recovery and Reinvestment Act of 2009. The legislative directive of the Task Force was to study electronic health record (EHR) systems; the current and potential expansion of their utilization in Maryland, including the use of electronic transfer, e-prescribing, and computerized provider order entry; and the cost of implementing these functions. The Task Force also studied the impact of the current and potential expansion of school health records and issues related to patient safety and privacy. Approximately 20 out of the 27 legislatively appointed members from the Task Force are scheduled to take part in the focus group discussion. Staff will release a briefing document from the focus group discussion during the second quarter of 2009.

Planning activities related to an initiative to advance HIT adoption in nursing homes continued during the month. This initiative focuses specifically on privacy and security, and seeks to identify ways to expand technology through an awareness and consensus-based approach. Development of an environmental scan is currently underway that will assess HIT readiness in nursing homes. As part of this initiative, staff plans to develop a product portfolio that includes only those vendors that meet the most stringent Certification Commission for Health Information Technology standards relating to functionality, interoperability, and security. The product portfolio will include user references, basic product information, pricing, and privacy and security policies. MHCC will invite stakeholders to participate in a workgroup to address policy barriers and technical solutions that advance HIT adoption in nursing homes. The scope of this project is to understand the current state of HIT planning in nursing homes, identify solutions for adoption, and determine what stakeholders need to know and do to support HIT in nursing homes. Audacious Inquiry, a consultant organization, is providing assistance with this project. Staff anticipates releasing a report based on these findings in the third quarter of 2009.

Staff continued drafting a report on its evaluation of different managed service organization (MSO) business models that exist in the industry, ranging from hospital affiliation to independent organizations. MSOs have the potential to increase HIT adoption, particularly among physician practices where the cost of implementing the technology is often a deterrent. MSOs eliminate the need for an onsite client server by offering a subscription-based, hosted EHR model, also known as Application Service Provider (ASP). An ASP model allows physicians to own the data without managing the security of the information. MSOs implement safeguards that meet industry standards and can be increased at the request of the physician practice. These organizations provide the technical support, system maintenance, data backup, and privacy and security matters. Staff anticipates releasing a report on MSOs in April.

Health Information Exchange

The Chesapeake Regional Information System for Our Patients and the Montgomery County Health Information Exchange Collaborative completed their planning efforts for *A Citizen Centric Health Information Exchange for Maryland*. Both planning teams submitted a final report to the Commission on February 20th. The final reports address issues related to governance, privacy and security, role-based access, user authentication and trust hierarchies, architecture of the exchange, hardware and software solutions, costs of implementation, alternative sustainable business models, and strategies to assure appropriate consumer engagement, access, and control over information exchange. Staff completed development of an implementation specification blueprint document that identifies the key components from the planning reports, and includes additional requirements for consideration that are in use in other HIEs around the nation. Health Care Information Consultants was selected to provide assistance in reviewing the recommendations from the planning team reports, identify the best ideas from the reports, and obtain feedback on these ideas from up to five HIEs around the nation.

The final draft of the *Service Area Health Information Exchange (SAHIE) Resource Guide* (Guide) was circulated to the SAHIE Workgroup participants for comment. Staff finalized changes to the Guide based on feedback it received during the comment period. The Guide identifies key policy and best practices for communities planning to exchange electronic patient information. Feedback from stakeholders on the final draft has been favorable. In the fall of 2008, a workgroup consisting primarily of CIOs was convened to address community data sharing challenges regarding a patient's right to control their information; a range of business practices for privacy and security; technical standards; and key financial, organizational, and clinical barriers to exchanging electronic data. Staff anticipates releasing the final version of this Guide in March.

Maryland is one of ten states participating with the Health Information Security & Privacy Collaboration's (HISPC) Adoption of Standards Collaborative Workgroup (workgroup) led by the Office of the National Coordinator for Health Information Technology (ONC). The workgroup finalized the development of recommendations for cross HIE treatment of individuals and populations, and an implementation plan that will guide states in the adoption of privacy and security policies for authentication and audit. Drafting of the report is expected to be completed by the end of March. These policies will help guide states that are moving forward to implement health information exchange. Last month, staff completed work on the draft recommendations section for *Coordinating with the AHIC Successor, Inc.* that will be incorporated into the final report *National Health Bridge: Basic Policy Requirements for Authentication and Audit*. The final report is due to ONC in April 2009.

Staff provided support to the Electronic Health Network Accreditation Commission's (EHNAC) HIE Advisory Panel. The Advisory Panel is developing privacy and security policy criteria recommendations for the EHNAC Commission to consider including in the HIE network policy accreditation program. Last month staff facilitated a criteria meeting of the Advisory Panel and identified specific policy criteria related to privacy and security. The Advisory Panel consists of nearly 50 representatives from different stakeholder groups across the nation. The Advisory Panel is scheduled to consider additional privacy and

security policy criteria at its March meeting. EHNAC anticipates making this accreditation program available to HIEs in the fourth quarter of 2009.

Electronic Health Networks & Electronic Data Interchange

The *2008 EDI Progress Report* has been released and is now available online and in hard copy by request. Staff is in the preliminary stages of modifying the web-enabled application used by payers to enter their 2008 EDI census information with changes based upon the feedback it received during the last reporting cycle. In April, payers will receive their login information and instructions for submitting their 2009 EDI progress report using the web-based application. Payers have until June 30th to submit an EDI activity report. This is the second year that payers will use an online application for reporting their health care transactions. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payers with a premium volume of one million dollars or more to submit census data on their administrative health care transactions annually.

Staff is in the initial stage of developing an online application for electronic health networks (network) to use in submitting their MHCC EHN Certification and Recertification Application. Presently, the application process requires that networks complete a paper application that can be downloaded from the website. Staff anticipates that the application will be completely electronic and available for use by networks in May. A gap analysis is also underway by staff to identify discrepancies between the proposed Drug Enforcement Agency's e-prescribing regulations for controlled substances and EHNAC's e-prescribing criteria used by networks that exchange pharmacy transactions. It is likely that modifications to the EHNAC criteria will be required upon the adoption of the e-prescribing regulations.

National Networking

Staff participated in several webinars during the month: The State-Level Health Information Exchange (SLHIE) Consensus Project webinar through the Foundation of Research and Education of the American Health Information Management Association, which focused on Federal legislation and HIT implications for SLHIE; the eHealth Initiative webinar for streamlining e-prescribing adoption in the physician practice, which discussed a case study of an integrated e-prescribing environment; and the eHealth Initiative webinar for transformation at the State level, which discussed various plans states are using to encourage the adoption of e-prescribing. Staff also participated in the Health Information Management System Society's RHIO Liaison Roundtable discussions. As part of the meeting, HealthBridge provided an overview of their HIE and discussed how their approach to data sharing could play a role in advancing the national dialog on HIE sustainability.