MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

September 2008

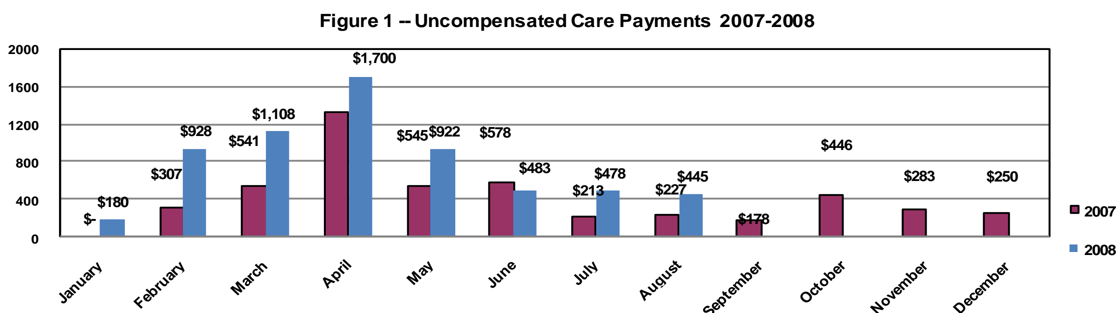
CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $478,000 in July and $445,000 in August The monthly payments for uncompensated care over the past eighteen months are shown in Figure 1.

Figure 1 – Uncompensated Care Payments 2007-2008



Trauma Equipment Grants

Trauma Centers must disburse all funds from the 2007 equipment grants no later than June 30, 2008 and send an itemized disbursement report to the Commission directly thereafter. All Level I and Level III trauma centers must submit a grant closeout report describing the final disposition of the grant. Funds not expended must be returned to the MHCC.

Trauma Uncompensated Care Reimbursement

Staff automated the submission of check requests to the General Accounting Department. Slow payment has been one complaint of practices that are participating in the Trauma Fund.

SB 916 – Maryland Trauma Physician Services Fund – Reimbursement and Grants

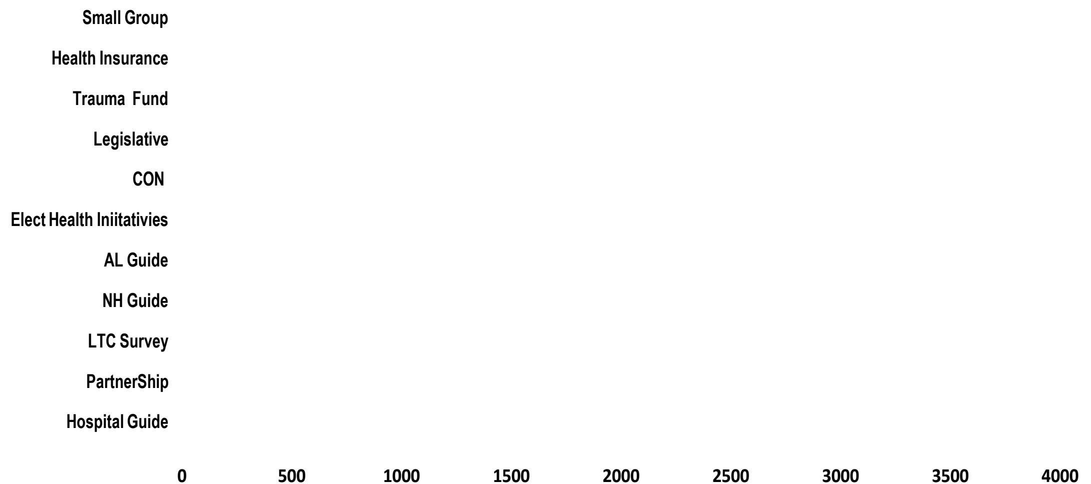
The Commission is required to implement the new law (signed by Governor Martin O'Malley on April 24th) effective July 2008. Staff is drafting proposed changes to COMAR 10.25.10 to conform with the statutory changes in consultation with staff members from the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the Health Services Cost Review Commission (HSCRC), and the members of TraumaNet.

Data and Software Development

Internet Activities

Figure 2 presents results on web utilization for the Commission's ten most frequently visited sites for February through August of this year. Visits were up significantly in July to 22,000 and in August to about 26,000 from a low of just over 12,000 in June.

The Hospital Performance Guide, shown as "Hospital Guide" below, was the site with the highest utilization. The Guides (Hospital, Assisted Living, and Nursing Home) all had significant traffic during the month. The Health Insurance Partnership, the LTC Survey (an on-line survey administered by MHCC), and Electronic Health Initiatives drove the increases over the past two months. The PartnerShip website had over 2,900 unique visits in August after register just over 2,000 unique visits in July. Electronic Health Initiatives also saw significant growth in visitors. The recent MHCC awareness efforts and provider interest in the EHR demonstration project awarded to Maryland by CMS likely drove the award.



Web Development for Internal Applications

The top priority was the development of the premium subsidy application; however, important work was also completed on the EDI Assessment and the Physician Pricing application. The following sites are newly operational or under development**.**

Table 1– MHCC Web Applications Under Development

Application	Anticipated Start Development/Renewal	Launch date
Premium Subsidy Program	**Underway**	**Underway**
EDI Assessment	Complete	Complete
LTC Survey	Complete	Underway
Physician Pricing	Underway	10/1/08
ADA Compliant NH Guide Compliant with ADA Guidelines	Not Started	Under determined
Redesign of Hospital Guide	External Contractor	Not Specified

Health Occupation Boards License Renewals
Staff continued to make progress on license renewal applications for the occupation boards. Table 2 presents the status on development for health occupation boards.

Table 2– Health Occupation Boards with Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Occupational Therapy	On-line	Complete
Audiologists	On-line	Complete
Acupuncture	On-line	Complete
Dietetic	On-line	Complete
Dental	On-Line	Complete
Physician	On-Line	Complete 10/1/08
Chiropractic	On-Line	Underway
Optometry	Not started	06/30/09

Cost and Quality Analysis

Medical Care Data Base (MCDB)
The MHCC staff will host a "MCDB Next Steps" meeting with payers (in person and via webinar). The discussions will focus on the proposed expansion of the MCDB—outlined in last year's legislative report, Plans for Collecting Enrollment, Benefit, and Institutional Claims Data— beginning with the 2008 MCDB submission due June 30, 2009. The meeting will take place on Monday, September 22, 2008 from 1:00 p.m. to 4:00 p.m. at the Commission's offices. In preparation for the meeting, payers were sent a set of documents detailing the issues to be discussed: 1) *Proposed Institutional Claims File Data Elements Layout* (voluntary submission for the 2008 MCDB due June 30, 2009; mandatory submission beginning with the 2009 MCDB); 2) *Proposed Medical Eligibility File and Pharmacy Eligibility File Data Elements Layout* (voluntary submission for the 2009 MCDB due June 30, 2010; mandatory submission beginning with the 2010 MCDB); and 3) *Payers' Survey of Current Variable Availability* – a checklist of the proposed data elements for the Medical Eligibility and Pharmacy Eligibility files and the Institutional Claims file to determine which of the data elements each payer could provide "right now". These documents can be made available to the Commissioners upon request.

State Health Expenditure Account Report
Last month, staff attended a meeting to plan our legislatively mandated annual report on health care spending in Maryland. The meeting included staff from Social & Scientific Systems and Mathematica Policy Research, the current contractors responsible for developing the health expenditure estimates and producing the report. This year's report, which will detail health expenditures for Maryland residents in 2007 by payer source for the major service categories, will be released in February 2009. The expenditure estimates are developed from numerous data sources, including Medicare service claims and administrative data, Medicaid administrative data, Maryland budget data, and federal administrative data. The most difficult expenditures to estimate are those of private payers, for which the data sources are limited and incomplete, and those paid out-of-pocket by Maryland residents, for which there are no direct sources. Estimates for these categories rely on an analysis of expenditure patterns in the federal Medical Expenditure Panel Survey – Household Component using only the data for Maryland and Maryland-like states. (The Maryland sample in the MEPS-HC is too small to be used alone.) Additional sources for the private payer estimates include Maryland Insurance Administration data, hospital discharge data from the HSCRC, and Census Bureau data on travel patterns and insurance coverage among Maryland residents.

Health Insurance Coverage
At the end of August, the Census Bureau released health insurance coverage data for the nation in 2007 and for each state in 2006-2007 (for states, at least two years must be combined due to sample sizes), based on data from the Current Population Survey (CPS). The uninsured rate in Maryland for 2006-2007 was 15.4% among the nonelderly (with 760,000 uninsured) and 13.8% among all residents, including the elderly (with 770,000 uninsured). These uninsured numbers are not statistically different from the respective numbers for 2004-2005. Staff is currently working on MHCC's biannual report, *Health Insurance Coverage in Maryland*, which will explore insurance coverage among the state's nonelderly residents in considerable detail. This year's report, which will be based on 2006-2007 data, will include the same types of information as the prior reports to facilitate comparisons across years.

The CPS does not capture information below the state level, but the Census Bureau has been developing other sources to meet the need for uninsured rates at the county level. This fall, the Bureau will release 2005 uninsured rates for all counties generated by mathematical models that use a variety of confidential federal data sources. Next year, the Bureau will release 2007 uninsured rates for counties and metropolitan areas with at least 65,000 residents, based on data from the American Community Survey. Sixteen of Maryland's 24 jurisdictions meet this criterion; however, the rates for the less populous counties could have fairly large confidence intervals.

Task Force on Health Care Access & Reimbursement
The Center for Information Services and Analysis staff continues to serve as staff to the Governor's Task Force on Health Care Access & Reimbursement, of which Dr. Cowdry is a member. At the September 8th Task Force meeting, members began discussing possible recommendations from the Task Force in nine areas specified by Senate Bill 107 as amended by SB 744 in 2008. Additionally, SB 744 required two studies: 1) *Primary Care Reimbursement of Mental Health Services by Commercial Insurance Payers*; and 2) *Primary Care Reimbursement of After Hours Care by Commercial Insurance Payers*. These studies were recently completed for the Task Force by Kathy Paez, PhD, RN, from Social and Scientific Systems, and she presented her findings at the meeting. Both the preliminary list of possible recommendations for each interest area and Dr. Paez's presentation may be downloaded at the Task Force website, http://www.dhmh.state.md.us/hcar/index.html.

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

HMO Quality and Performance

2008 Plan Performance Evaluation: HEDIS Audit and CAHPS Survey

HEDIS Audit

HealthcareData.com, the HEDIS audit contractor, has completed all deliverables for the 2008 audit season. The report *Final Audit Evaluation Report*, the last deliverable due from the contractor, provides a narrative of the key phases of the audit and identifies particular areas for process improvement. Recommended process improvements based on this year's audit experiences primarily involve methods for increasing the quality and timeliness of documentation and data validation.

Consumer Assessment of Healthcare Providers and Systems (CAHPS Survey)

WB&A, the survey vendor, has provided drafts for the aggregate and plan-specific final reports, which represent the last deliverables for this contract period. Final approval and distribution will occur in September.

Report Development

Content, layout, and design work for the 2008/2009 managed health plan report have been finalized. This year PPO data are included for the first time and provide consumers with broader comparative opportunities when making determinations among their health plan choices.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)

At the May public meeting, Commission staff presented the results of the annual surveys submitted by each participating carrier in the small group market. The presentation included updated information on the number of employer groups enrolled, the number of lives covered, average premiums for various plan types, etc. in the CSHBP for the year ending December 31, 2007, as well as the overall cost of the core plan in relation to the income affordability cap, which is set in statute at 10% of the average annual wage in Maryland. For comparative purposes, the report also included enrollment by age and geographic location of the business for both CY 2006 and CY 2007. Since the overall cost of the CSHBP is estimated to be at about 86% of the cap for 2007, the Commission is not required to make any changes to the Standard Plan. However, at the request of the Commission and the General Assembly, staff will evaluate the cost of covering dependents up to the age of 25 and coverage for domestic partners in the small group market. In addition, with increasing information on the cost effectiveness of bariatric surgery, staff will evaluate the cost of adding this covered service to the CSHBP as well. Based on those analyses, the Commission will consider the adoption of these three benefits in the small group market later this year.

Health Insurance Partnership

At the February public meeting, the Commission adopted both emergency regulations (for an immediate effective date) and proposed permanent regulations that specify the components of wellness benefits offered under small employer health benefit plans. These regulations are required under SB 6, the

"Working Families and Small Business Health Coverage Act," enacted during the Special Session of November 2007. The emergency regulations were approved on April 1, 2008 and expired on August 18, 2008. The proposed permanent regulations were approved at the June public meeting with a final effective date of July 17, 2008. Currently, three of the four participating carriers have had their wellness riders approved by the MIA for the various products they are selling under the Partnership.

At the May public meeting, the Commission adopted both emergency regulations (for an immediate effective date) and proposed permanent regulations to implement the new premium subsidy program, officially named the "Health Insurance Partnership" which also was required under SB 6. The Partnership will be 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 requirements established by the Commission through regulation. Staff received no written comments on the proposed regulations. At the August 5th Commission meeting, conducted via conference call, the Commission adopted the regulations as final; thus, they were implemented effective August 25th. Commission staff also has posted and continually updates a webpage on the MHCC website to inform all interested parties, including, carriers, producers, employers, employees, various business associations, etc. of the ongoing process to implement the Partnership. In addition, staff held a number of informational meetings for producers and small employers throughout the state and conducted a number of webinars at MHCC to help train carriers and producers on the use of the Commission Registry on enrollment, registration, etc. Enrollment in the program is expected to begin on September 9th, with coverage effective as early as October 1, 2008.

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; or (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. This year's report will include an evaluation on the following five (5) proposed mandates:

1. Coverage for prosthetic devices
2. Extending the current mandate on coverage for in vitro fertilization
3. Coverage for the shingles (herpes zoster) vaccine
4. Coverage for autism spectrum disorder
5. Coverage for a 48-hour inpatient stay following mastectomy

Mercer, the Commission's consulting actuary, will prepare this report, which is due to the Governor and the General Assembly by December 31, 2008.

Racial and Ethnic Health Care Disparities

Rod Taylor has accepted a position as director of a newly created disparities office in DHMH. In lieu of refilling the position we created an internship program for Master and PhD candidates who will be required to produce a publishable paper on health care disparities.

Long Term Care Policy and Planning

HB 1187
HB 1187, passed during the last legislative session, relates to both ownership information as well as the financial condition of nursing homes. This bill requires the Secretary of DHMH to convene a Stakeholders Workgroup to make recommendations to the Secretary regarding regulations on: ownership and other information to be required from nursing homes on licensure and relicensure; information on changes in financial condition to be reported to the Department; and other items related to nursing home licensure. Staff attended work group meetings on June 10th, July 2nd, and August 5th. The next meeting of the Work Group will be held on September 11th. The Work Group is reviewing available documents in Maryland and elsewhere to develop regulations to address these issues.

Home Health Study
During the 2008 legislative session, HB 558 was introduced but did not pass. Following a hearing on the bill, the Chairman of the Health and Government Operations Committee asked the Commission and the Office of Health Care Quality to recommend, in the absence of certificate of need for home health agencies, how best to assure regulatory oversight and quality, how possible adverse effects could be mitigated, and what the fiscal implications of the change would be. Work is currently underway to address these issues with input from a Home Health Advisory Group.

Hospice Data
The fiscal year 2007 Maryland Hospice Survey was released for online survey completion effective March 5, 2008. Staff has been monitoring survey completion by means of weekly conference calls with OCS, the contractor for the survey. All surveys have been completed. Memos have been sent to hospice programs with significant changes between 2006 and 2007 to clarify and correct the data. Work has been ongoing to clean and update the database. In addition, some issues that have been identified with the 2006 public use data set have been corrected. Work is now underway to finalize the 2007 public use data set as well as to conduct trend analysis on the past four years of data.

Home Health
For fiscal year 2008, the Home Health Agency Survey will be made available to agencies for online completion in two phases instead of four iterations used in the past. Phase 1 will begin on September 8, 2008 for agencies with a fiscal year ending of March 31, 2008, May 31, 2008 and June 30, 2008. The due date for these agencies is December 8, 2008. Phase 2 will begin on March 1, 2009 with a due date of May 29, 2009 for agencies with a fiscal year ending of September 30, 2008 and December 31, 2008.
For the 2007 Home Health Agency Survey, the data submitted from all Maryland home health agencies (HHAs) is currently being reviewed and edited.

Long Term Care Survey
The 2007 Long Term Care Survey started on July 23, 2008 and will end on September 18, 2008. To date, 42% of the facilities required to submit data in the 2007 Maryland Long Term Care Survey have submitted and completed data submission. In addition, 37% are currently in progress. Staff continues to mail out reminder notices to the facilities that have either not started or are in progress, but have not yet submitted their survey.

Long Term Care Quality Initiative

Assisted Living Facility Survey Deficiency Report
Staff is working on implementation of a "citizen-friendly" report on survey findings for assisted living facilities. A system that presents the information in a way that is easy to understand and promotes

transparency is the end goal. More than 1,300 assisted living residences in the state receive an annual survey conducted by the Department of Health and Mental Hygiene, Office of Health Care Quality (OHCQ) and may also receive other surveys as the result of complaints. The written reports of the surveys, called "Statement of Deficiencies and Plan of Correction", identify any deficiencies found during the survey. A deficiency is a violation of State regulations governing assisted living facilities found in the Code of Maryland Regulations (COMAR) Chapter 10.07.14. If deficiencies are found, the plan of correction is written by the provider and is verified by OHCQ staff by revisiting the facility or by their review of written materials. The written survey reports will be accessible from the *Maryland Guide to Assisted Living* web site.

Nursing Home Family Survey

Surveys were mailed to approximately 17,000 potential respondents in early September. Survey returns will be accepted throughout October, with tabulation of responses and analysis to occur in November 2008.

The various collaborative efforts between MHCC and the Agency for Healthcare Research and Quality (AHRQ) have led to an invitation for MHCC to showcase the Maryland Nursing Home Family Survey at the December 2008, CAHPS User Group Meeting.

CENTER FOR HOSPITAL SERVICES

Hospital Services Policy and Planning

Certificate of Need (CON)

CONs Issued

Citizens Care & Rehabilitation Center (Frederick County) – Docket No. 08-10-2227
Construction of a new 170-bed replacement of a comprehensive care facility ("CCF") on current site
$35,275,419
July 17, 2008

Approved CON's Relinquished by Applicant

University of Maryland Medical Center (Baltimore City) – Docket No. 05-24-2167
Construction of an eight-story ambulatory care center on the campus of the University of Maryland Medical Center (Acknowledgement by Commission awaiting additional information)
August 18, 2008

Proposed CON Applications Dedocketed or Returned by Commission

Abibank Home Care Services (Baltimore County) – Matter No. 08-03-2229
Establish a home health agency ("HHA") to serve Baltimore County
July 25, 2008

The Angels Home Health Services (Baltimore County) – Matter No. 08-03-2232
Establish an HHA to serve Baltimore County
August 12, 2008

Abibank Home Care Services, Inc. (Frederick County) – Matter No. 08-10-2251
Establish an HHA to serve Frederick County
August 18, 2008

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

Surgery Center of Potomac (Montgomery County) – Docket No. 05-15-2172
Addition of a second operating room to an existing ambulatory surgery center
$285,325
July 28, 2008

Upper Chesapeake Medical Center (Harford County) – Docket No. 07-12-2200
Add 17 medical/surgical beds
$5,037,822
July 28, 2008

CON Letters of Intent

Solomons Nursing Home (Calvert County)
Add 17 CCF beds
July 7, 2008

Holly Hill Center (Baltimore County)
Add 20 CCF beds relocated from Little Sisters of the Poor- St. Martin's Home
August 1, 2008

Kennedy Krieger Institute (Baltimore City)
Partial relocation of Special Hospital – Pediatric Rehabilitation
August 1, 2008

Holy Cross Hospital (Montgomery County)
Expansion and renovation
August 1, 2008

Holy Cross Hospital (Montgomery County)
Establish a new general acute care hospital in Germantown
August 1, 2008

Lorien LifeCenter Harford II (Harford County)
Establish a new CCF including relocation of 17 beds from Harford Memorial Hospital
August 1, 2008

CON Applications Filed

Home Health Connection (Frederick County) – Matter No. 08-10-2280
Expand an existing HHA to provide general HHA services in Frederick County
July 16, 2008 (Acceptance of late application filing for good cause)

Shady Grove Nursing & Rehabilitation Center (Montgomery County) – Matter No. 08-15-2281

Add 4 CCF beds relocated from Springbrook Nursing & Rehabilitation Center
August 8, 2008

Pre-Application Conferences Held

Kennedy Krieger Institute (Baltimore City)
Partial relocation of Special Hospital – Pediatric Rehabilitation
August 18, 2008

Holy Cross Hospital (Montgomery County)
Expansion and renovation
August 18, 2008

Holy Cross Hospital (Montgomery County)
Establish a new general acute care hospital in Germantown
August 18, 2008

Lorien LifeCenter Harford II (Harford County)
Establish a new CCF including relocation of 17 beds from Harford Memorial Hospital
August 18, 2008

Application Review Conferences

July 1, 2008
Speqtrum, Inc. (Frederick County) – Matter No. 08-10-2279
Establish an HHA to serve Frederick County

July 2, 2008
BMA Healthcare (Frederick County) – Matter No. 08-10-2256
Establish an HHA to serve Frederick County

Abibank Home Health (Frederick County) – Matter No. 08-10-2251
Establish an HHA to serve Frederick County

K&K Health Services (Frederick County) – Matter No. 08-10-2268
Establish an HHA to serve Frederick County

Prime Home Health (Frederick County) – Matter No. 08-10-2274
Establish an HHA to serve Frederick County

July 7, 2008
Home Health Care Professionals (Frederick County) – Matter No. 08-10-2265
Establish an HHA to serve Frederick County

Kemngang, Vivivan (Frederick County) – Matter No. 08-10-2269
Establish an HHA to serve Frederick County

August 6, 2008
Solomons Nursing Home (Calvert County)
Add 17 CCF beds

Determinations of Coverage

Capital Threshold

Northampton Manor (Frederick County)
Renovation
$4,788,543

R. Adams Cowley Shock Trauma Center (Baltimore City)
Renovation and change in bed capacity
$54,920,000

Johns Hopkins Bayview Medical Center (Baltimore City)
Demolition
$2,200,000

Delicensure of Bed Capacity or a Health Care Facility

Little Sisters of the Poor-St. Martin's Home (Baltimore County)
Temporary delicensure of 6 CCF beds

Citizens Care & Rehabilitation Center (Harford County)
Temporary delicensure of 9 CCF beds

Crofton Convalescent & Rehabilitation Center (Anne Arundel County)
Temporary delicensure of 10 CCF beds

FutureCare-Sandtown (Baltimore City)
Temporary delicensure of 5 CCF beds

Relicensure of Bed Capacity or a Health Care Facility

Northwest Health & Rehabilitation Center (Baltimore City)
Relicensure of 5 CCF beds

Marley Neck Health & Rehabilitation Center (Anne Arundel County)
Relicensure of 4 CCF beds

Ravenwood Nursing & Rehabilitation Center (Baltimore City
Relicensure of 35 CCF beds

South River Health & Rehabilitation Center (Anne Arundel County)
Relicensure of 8 CCF beds

Other

Home Care Maryland, LLC
Relocation of administrative office from Bel Air to Baltimore City

Lutheran Village at Millers Grant (Howard County)
Establish new CCF as part of a Continuing Care Retirement Community

Kennedy Kreiger Institute (Baltimore City)
Partial relocation of Special Hospital – Pediatric Rehabilitation

Ambulatory Surgery Centers

Cardinal Ambulatory Surgical Center (Calvert County)
Establish an ambulatory surgical facility ("ASF") with 1 sterile operating room ("OR") and 2 non-sterile procedure rooms in Prince Frederick

MSC Ambulatory Surgery Center (Montgomery County)
Establish an ASF with 1 non-sterile procedure room in Bethesda

Baltimore Washington Surgery Center, LLC (Howard County)
Establish an ASF with 1 sterile OR and 4 non-sterile procedure rooms in Columbia

Bella Cosmetic Surgery Center (Prince George's County)
Establish an ambulatory surgery center with 1 sterile OR and 1 non-sterile procedure room National Harbor

Cascades Endoscopy Center, LLC (Howard County)
Establish an ASF with 1 non-sterile procedure room in Columbia

Riva Road Surgery Center (Anne Arundel County)
Addition of physicians to the surgery center

Westminster Surgery Center (Carroll County)
Modification of the floor plan

Policy and Planning

The Acute Care Work Group met on August 4, 2008 to review the informal comments received on the draft Acute Care Hospital Services Chapter of the State Health Plan. At this meeting, Amanda Conn from the Maryland Department of Planning, provided background on issues related to smart growth and priority funding areas. Maps showing the location of Maryland hospitals in relation to priority funding areas were provided to the Acute Care Work Group as part of the presentation from the Maryland Department of Planning. David Sharp, Director of MHCC's Center for Health Information Technology also presented a draft general standard for consideration by the group. Center for Hospital Services Staff reviewed informal comments received on the draft plan chapter and discussed recommended changes to the draft plan.

The Task Force on the Development of a Plan to Guide the Future Mental Health Service Continuum met on August 19, 2008. To facilitate discussion and to assure that perspectives that have not been adequately presented are heard, Task Force members were invited to present for discussion either issues that have not been given appropriate attention, points of view that have not been represented in the discussions to date,

and/or recommendations that you would like to see the Task Force adopt. The next meeting of the Task Force is scheduled for September 23, 2008.

Hospital Quality Initiatives

- ***Hospital Performance Evaluation Guide***

The staff has engaged the services of the Delmarva Foundation, Inc. to update the Guide and expand the hospital profile measures currently available for public review and information. Calendar year 2007 hospital performance measures data (AMI, CHF, Pneumonia, and Surgical Care Infection Project (SCIP) have been received from the CMS Clinical Data warehouse. Staff has disseminated preliminary reports to hospitals for review and comment prior to public release on the Guide. The staff continues to work with the contactor and hospital representatives to ensure the accuracy of the performance measures data in preparation for the update of the Guide in October 2008.

In addition to the activities associated with this update of the Guide, the staff has also initiated a long term strategy which entails the establishment a Quality Measures Data Center (QMDC) that will provide direct and timely access to more detailed quality and performance measures data. This approach will accelerate the timely receipt of data directly from hospitals and strengthen the ability to analyze performance trends. Historically, the data (in summary form) have been obtained from the CMS Quality Improvement Organization (QIO) Warehouse. The staff developed and released a Request for Proposals document to establish and manage the QMDC, held a pre-bid conference to address vendors' questions, and is now in the process of reviewing bidder submissions.

- ***National Healthcare Safety Network (NHSN)***

The Division of Healthcare Quality Promotion of the CDC manages the National Healthcare Safety Network (NHSN), an internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems. In accordance with the recommendations of the HAI Technical Advisory Committee, the NHSN system is the vehicle for collecting data on certain health-care associated infection data and quality measures from Maryland hospitals. Maryland hospitals are required to use the NHSN system to report data to the Commission on Central Line-Associated Blood Stream Infections (CLABSI) in any intensive care unit, beginning July 1, 2008. The 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. To date, all Maryland hospitals have completed the steps to enroll in the system and are now recording data on CLABSIs in ICUs.

The staff is also investigating ways to audit and validate the data received from hospitals. MHCC distributed a survey to other NHSN state users to obtain additional information on data auditing and validation efforts. The purpose of the survey is to inform CHS staff on ways to verify the accuracy and completeness of the HAI data prior to public reporting. Finally, the staff will continue to work with hospitals to expand the use of the NHSN surveillance system to include the collection of information on Health Care Worker Influenza Vaccinations and Active Surveillance Testing for MRSA in all ICUs.

The second meeting of the newly established HAI Advisory Committee was held on July 9, 2008. The committee received a detailed presentation from CDC representative, Mary Andrus, R.N., Division of Healthcare Quality Promotion. Ms. Andrus focused on the validation and auditing of CLABSI data, including facility selection, sampling framework, patient selection, and chart abstraction issues and provided an overview of the New York and South Carolina validation projects

- ***Other Activities***

Eileen Hederman joined the staff of the Hospital Quality Initiatives program. Ms. Hederman is a recent graduate of the Johns Hopkins University School of Public Health, with a concentration in Infectious Diseases. She will focus primarily on the Commission's efforts to collect and publicly report data on healthcare associated infections (HAI).

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 collaborates with the HSCRC staff on data issues to support the Quality Based Reimbursement project and broader rate setting issues.

Specialized Services Policy and Planning

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 the Atlantic Cardiovascular Patient Outcomes Research Team elective angioplasty study (C-PORT E). The Commission docketed applications from the following hospitals in the Baltimore Metropolitan and Washington Metropolitan regions: Anne Arundel Medical Center (Docket No. 08-02-0032 NPRW), Baltimore Washington Medical Center (Docket No. 08-02-0029 NPRW), Holy Cross Hospital (Docket No. 08-15-0033 NPRW), Johns Hopkins Bayview Medical Center (Docket No. 08-24-0030 NPRW), Shady Grove Adventist Hospital (Docket No. 08-15-0027 NPRW), Southern Maryland Hospital Center (Docket No. 08-16-0031 NPRW), and St. Agnes Hospital (Docket No. 08-24-0028 NPRW). Under the State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention Services (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. The Commission will consider the recommendation on the above applications at a public meeting scheduled for September 18, 2008.

Frederick Memorial Hospital and Washington County Hospital filed letters of intent to submit applications for a research waiver to provide npPCI services without on-site cardiac surgery as part of the C-PORT E study. On October 14, 2008, the Commission will receive applications from the two hospitals, which are located in the Western Maryland Regional Service Area.

Calvert Memorial Hospital has filed a petition requesting that the Commission amend the State Health Plan for Acute Inpatient Rehabilitation Services (COMAR 10.24.09) to eliminate the docketing and approval rules that require rehabilitation hospitals and units in a regional service area to maintain a certain occupancy rate. The petitioner is an acute general hospital in Prince Frederick, located in the Southern Maryland Regional Service Area. The petition is available at http://mhcc.maryland.gov/public_comment/index.html. Written comments on the petition must be submitted to the Commission by Monday, September 15, 2008.

Through the auspices of the Kettering Foundation, Cynthia Saunders, Ph.D. is presenting a screening of filmmaker Roger Weisberg's Critical Condition, a documentary about uninsured individuals with critical illnesses and their experience with the health care system. Following the screening, she will facilitate a discussion about the U.S. health care system and tradeoffs among cost, access, and quality. Dr. Saunders has taught in the programs of Health Services Administration at California State University, Long Beach and the University of Maryland. While in California, she served as Principal Investigator on several quantitative and qualitative research studies on the uninsured population. Dr. Saunders has scheduled

events in four areas of Maryland during September and October; she also plans to schedule a screening and discussion at the Commission's office within that period of time.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Staff finalized the Privacy and Security Solutions and Implementation Activities Report; the release date is set for September 18th. The final report identifies organizational-level business practices related to privacy and security policies for electronic health information. A workgroup consisting of more than 30 stakeholders worked for about nine months to establish eight guiding principles for implementing a private and secure health information exchange (HIE). The workgroup identified nine leading barriers to data sharing, and developed proposed solutions and implementation activities to address these barriers. Staff plans to convene a group of stakeholders in the fall to discuss the potential for developing implementation plans for the required activities. The final report will also serve to provide a sound foundation for the two HIE planning teams: The Chesapeake Regional Information System for our Patients (CRISP) and the Montgomery County HIE Collaboration (MCHIE).

During the month, staff provided feedback to the Certification Commission for Healthcare Information Technology (CCHIT) Network Certification Workgroup (Workgroup). The Workgroup has proposed delaying implementation of a network certification program until January 2009. It will implement a network standards recognition program in October for networks interested in the preliminary review of their exchange standards configuration. Staff also participated in a series of discussions with the Electronic Health Network Accreditation Commission (EHNAC) in its evaluation of privacy and security policies that clinical data sharing networks should include in their exchange design. CCHIT plans to accredit the technology used by HIEs, and EHNAC expects to accredit network privacy and security policies. CCHIT and EHNAC are keeping each other informed as they move forward to accomplish their goals.

Staff completed making changes it received from hospital CIOs to the Hospital Health Information Technology (HIT) Survey. Over the last several months, staff field tested the survey with a number of hospitals. The survey includes key questions that will allow for comparison with roughly five national surveys on hospital HIT adoption. MHCC's survey is unique in that it asks questions aimed at assessing the level of implementation and plans for exchanging clinical data, as opposed to most national surveys that only measure the level of adoption. Approximately 47 hospital CIOs were invited to complete the survey in September. Staff plans to report on aggregate findings from the survey in December. The Center for Hospital Services is considering whether to include the survey as part of its annual Maryland Hospital Performance Evaluation Guide. Staff continues to seek input on the survey from the Center for Hospital Services' Hospital Performance Evaluation Guide Advisory Committee.

Staff continued to work with the Erickson Health Information Exchange, LLC in conducting a survey that measures physician adoption of electronic health records (EHRs) in Maryland. The survey has received support from MedChi, The State Medical Society and the Maryland Academy of Family Physicians. In July, staff worked with physicians and other stakeholders to finalize this survey. In August, a telephone survey of roughly 244 physician practices was completed under Erickson's direction. Staff expects to begin data analysis in September, with a final report anticipated for release around the end of the year. The survey will provide a benchmark for EHR adoption in the state and a comparison to national activity. Results from the survey are expected to help guide EHR adoption initiatives by MedChi and the Maryland Academy of Family Physicians.

Staff finalized a number of activities in preparation for the Center for Medicare and Medicaid Services' (CMS) EHR Demonstration Project's active recruitment period, which runs from September 2nd through November 26th. The collaboration between MHCC, MedChi, The Maryland State Medical Society, and Medical Society of the District of Columbia is one of 12 communities selected to participate in the CMS EHR Demonstration Project (Demonstration Project). This five-year Demonstration Project will provide funding incentives for up to 200 primary care physician practices with 20 or fewer physicians to adopt and implement an EHR. Primary care practices will receive payment for implementing an EHR during the first year and begin reporting on 26 clinical measures during the remaining years. Incentive payments are determined by several factors and the maximum amount for participation in the Demonstration Project is $290,000 per practice.

Staff continued to develop its web-based ambulatory *EHR Product Portfolio* (portfolio), which consists of evaluation and comparison data. The portfolio contains a core set of product information that will assist physicians in assessing EHRs. The portfolio includes only those vendors that met the most stringent CCHIT certification standards relating to functionality, interoperability, and security. Approximately 23 vendors who are CCHIT certified are included in the portfolio. Among other things, vendors that achieved 2007 certification were required to implement standards that ensure prescriptions can be sent and refilled electronically, and that laboratory results can be received in a standard format. Vendors participating in the portfolio have provided a letter of intent to offer financial discounts; a PowerPoint presentation that demonstrates their product; five user references; and their privacy and security policies for Application Service Provider (ASPs) products. Staff anticipates finalizing the web-based portfolio in September.

Health Information Exchange

The CRISP and MCHIE multi-stakeholder groups continued their efforts to develop recommendations for implementing *A Citizen Centric Health Information Exchange for Maryland*. The MCHIE multi-stakeholder group consists of seven workgroups: Business Foundation, Clinical, Community Leadership, Governance, Privacy and Security, Technical Architecture, and Operations. These workgroups met for the third time last month. The CRISP multi-stakeholder group consists of three workgroups: Community Interaction and Privacy and Security Workgroup; Business Development and Finance Workgroup; and Exchange Technology and Clinical Workflows Workgroup, which held its third meeting in August. The purpose of the HIE planning phase is to identify the best ideas submitted from the two multi-stakeholder groups, which will be merged into a single Request for Application to build a statewide HIE that can exchange patient information across multiple provider settings. In July, staff convened the first of four joint meetings with the multi-stakeholder groups. Key items discussed at the meeting was the scope of an HIE, data elements for an electronic patient record, and moving from an opt-in to an opt-out exchange. A final report from each of the planning teams is due on February 20, 2009.

Staff convened a group of Maryland stakeholders to assist in identifying operational standards, policies, and business practices related to privacy and security that would guide the development of community centered clinical data sharing initiatives. The Maryland Hospital Association hosted the initial meeting of the workgroup. Deliberation at the first meeting centered on policy questions regarding patient access to their electronic health information, range of business practices related to authentication, and trust agreements. Participants were tasked with reaching consensus on an acceptable range of variation in policy development regarding business standards, practices, and privacy and security for communities sharing electronic data. The workgroup is scheduled to meet again in September and expects to produce a *Service Area Health Information Exchange Resource Guide* around the end of the year. Dynamed Solutions, LLC is providing support for this initiative.

Staff continued to provide support to the Health Information Security & Privacy Collaboration's (HISPC) Adoption of Standards Collaborative Workgroup (Workgroup). Last month, the Workgroup finalized the assessment of the data from the Environmental Scan tool that assessed national authentication and authorization activities. A number of HIEs from around the nation have been invited to take part in completing the Environmental Scan tool. The Workgroup also developed use cases for medication management and laboratory services. Maryland is one of ten states working to support cross network HIE for treatment of individuals and populations, and the development of an implementation plan that guides participating states in the adoption of a *National Health Bridge (NHB): Basic Policy Requirements for Authentication and Audit*. The Office of the National Coordinator for Health Information Technology has subcontracted with the participants of the Workgroup to complete a series of deliverables over the next nine months.

Staff continued to explore opportunities in Maryland for management services organizations (MSOs) that provide EHRs through an ASP model. MSOs offer an alternative for physician practices to adopt EHRs; participants require a high speed Internet connection and computers to access the Internet. An MSO enables patient and physician data to be stored at an off-site location rather than on a file server in the physician's office. MSOs can be affiliated with hospitals or independent organizations that offer physicians' access to remote software programs and other related services through an ASP that would otherwise have to be maintained in their own computers. Staff expects these models to become an important alternative in software distribution, especially for smaller physician practices who want to minimize their cost in acquiring EHRs. Staff anticipates releasing a final report in January. Erickson Health Information Exchange, LLC is providing support for this initiative.

Electronic Health Networks & Electronic Data Interchange

Staff forwarded the changes approved by the Commission to COMAR 10.25.07, Certification of Electronic Health Networks and Medical Claims Clearinghouses to the Administrative, Executive, and Legislative Review (AELR) Committee. Changes to the regulations were approved during the Commission's August conference call. These changes to the regulation will allow the Commission to recognize an accrediting or certifying entity equivalent to the Electronic Healthcare Network Accreditation Commission (EHNAC). The modified regulations will be published in the Maryland Register on September 12, 2008 and open to a 30-day public comment period. The regulation will be presented to the Commission for final approval at the November 20th meeting.

Staff is in the early stages of analyzing the 2007 health care transaction information submitted by the payers as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. Staff has contacted a number of payers to address questions identified on their EDI Progress Report. The administrative transaction information submitted provides the basis for two annual reports that review the adoption of electronic health care transactions. These reports are scheduled for release early in 2009. Staff also uses this information to develop strategies to increase statewide use of HIT among payers and providers. This is the first year that payers used an online application for reporting their health care transaction census information.

Staff granted Availity, GHN On-Line, and GE Healthcare MHCC EHN certification for two years. Approximately 34 electronic health networks (networks) have been certified by MHCC. Staff is in the final stages of revising its network procedure manual and expects to complete these changes by the end of the month. During the month, staff received a new network application from Herae, LLC.

Staff completed the updates to the *Payer Internet Guide* (Guide), which provides information on payers' provider Internet capabilities. Originally developed in August 2004, the Guide includes information from five leading payers in Maryland: Aetna, CareFirst, Cigna Healthcare, United Healthcare, and the entity that includes MD-IPA, MAMSI, and Optimum Choice. The Guide is available on the MHCC website.

National Networking
Staff participated in the 23rd meeting of the American Health Information Community (AHIC). AHIC is a federal advisory body that makes recommendations to the Secretary of the Department of Health and Human Services on the development and adoption of HIT. The meeting heard separate presentations on the consumer perspective and the industry perspective regarding the access and use of personal health information and the platform used to present this information, the progress to date in getting the AHIC Successor operational, the development of standards for the exchange of clinical health information in clinical research, and a review of the ONC-Coordinated Federal Health IT Strategic Plan for 2008 – 2012.