



Maryland Health Care Commission

Thursday, January 18, 2018

1:00 p.m.



1. **APPROVAL OF MINUTES**

2. UPDATE OF ACTIVITIES

3. ACTION: Change in Approved Certificate of Need – Prince George’s Post Acute, L.L.C. (Docket No. 13-16-2347)

4. PRESENTATION: 2018 Legislative Process

5. ACTION: Proposed Legislation

6. PRESENTATION: 2018 Outpatient Quality Initiative Workplan

7. OVERVIEW OF UPCOMING EVENTS

8. ADJOURNMENT

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UPDATE OF ACTIVITIES

(Agenda Item #2)

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ACTION:

**Change in Approved Certificate of Need – Prince George’s
Post Acute, L.L.C. (Docket No. 13-16-2347)**

(Agenda Item #3)

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PRESENTATION:

2018 Legislative Process

(Agenda Item #4)

2018 Legislative Process

Maryland Health Care Commission

January 16, 2018

Presentation Overview

- Bill Review
- Position Paper Development
- Administration Legislation
- Departmental Legislation
- Privately Sponsored Legislation
- Budget Process
- Session Dates of Interest

Bill Review

- Position of the Commission based on stated priorities or statutory responsibility
- Position of the Administration and other Executive Branch agencies
- Previous position on the same or similar legislation
- Actions
 - Letter of Information
 - Support
 - Support with Amendment
 - Letter of Concern
 - Oppose

Position Paper Development



- Bill review conference calls will be held as needed on Monday morning.
- If MHCC takes a position a position paper is required and sometimes oral testimony is needed.

Administration Legislation

- Administration Proposals are the Highest Priority
 - *Any amendments to Administration legislation should ONLY be offered by the Governor's Legislative Office, unless otherwise directed.*
 - Concerns about language in Administration legislation or suggestions for amendments should be addressed to the appropriate person on the Governor's staff.

Departmental Legislation

- All executive department bills are approved by the Governor's Legislative Office before introduction; no Executive Branch representative may oppose a departmental bill before the General Assembly.
 - Concerns that arise after introduction should be brought to the attention of the sponsoring agency and, if necessary, the Legislative Office.
 - Any amendments which a non-sponsoring department feels are necessary should be agreed to and offered by the sponsoring department.
 - Conflicts will be resolved by the Legislative Office of the Governor.

Privately Sponsored Legislation

- Coordinate with the Department on positions
- Legislative liaisons discuss varying positions at weekly Friday meeting
- Generally, conflicts between agencies should be avoided

Budget

- Budget introduced by the Governor and assigned to Budget Committees
- Budget Hearings Scheduled
 - House Appropriations- TBD
 - Senate Budget and Tax- TBD
- Chamber Decisions
- Conference Committee

Session Dates of Interest

- **January 10-** General Assembly Convenes
 - **January 17-** Budget Bill Introduction
 - **January 31-** Gov. Hogan's State of the State
 - **February 5-** Senate Bill Introduction Date
 - **February 9-** House Bill Introduction Date
 - **February 16** – “Green Bag” appointments submitted by Governor
 - **March 5-** Final date for introduction of bills without suspension of Rules
 - **April 2-** Budget bill to be passed by both chambers
 - **April 9-** Sine Die
-
- Several Commissioners will have appointment hearings before the Senate Executive Nominations Committee. Committee meets on Monday through March

Interim Approach to Legislative Functions

- Staff is currently conducting interviews for the government relations chief.
- Diane Arnold is monitoring health care bills and Bridget Zombro is monitoring budget bills as has been the practice.
- Senior staff discusses bills at weekly meeting.
- If staff believes MHCC should take a position on a bill, that bill will be reviewed with the Commissioners at the Monday Legislative meeting
- If oral testimony is to be presented, Executive Director will designate the senior staff that will testify.
- We expect to make an offer to a candidate in February.

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ACTION:

Proposed Legislation

(Agenda Item #5)

2018 General Assembly – Bill Status

| Bill # | Sponsor | Title | Summary | Cross-File # | Position | Status |
|--------|----------------|--|--|--------------|------------------------------------|-------------------------------|
| SB 4 | Nathan-Pulliam | Dept of Aging – Study of Nursing Home Quality of Care | Requiring the Department of Aging to study the quality of care in nursing homes in Maryland; requiring the Department to review, assess, and examine certain matters related to the quality of care in nursing homes; and requiring the Department to report its findings and recommendations to the Governor and the General Assembly on or before December 1, 2018. | | Staff Recommendation – No Position | Hearing 2/1 FIN |
| SB 13 | Rosapepe | Electronic Prescription Records Cost Savings Act 2018 | Requiring a dispenser of a prescription drug to submit prescription information to the State –designated health information exchange; requiring prescription information to be submitted in a certain manner; prohibiting the State health information exchange from imposing any fees or assessments; requiring the State health information exchange to make prescription information available to a health care provider for purposes of treatment and care coordination of a patient; etc. | HB 115 | | Hearing 1/31 @ 2 pm FIN |
| SB 16 | Muse | Health Care Facilities – Nursing Homes – Limit on Residents per Multiple Occupancy Bedroom | Prohibiting a nursing home constructed after October 1, 2018, from allowing more than two residents to occupy a multiple occupancy bedroom. | | Staff Recommendation – No Position | Hearing 2/1 FIN |
| SB 17 | Chair, Finance | Health Information Exchanges – Definitions & Regulations | Altering a requirement that the Maryland Health Care Commission adopt certain regulations for the privacy and security of protected health information obtained or released through a health information exchange; repealing a certain provision of law prohibiting certain regulations from applying to protected health information exchanged between or among certain persons; etc. | | Support | Hearing 1/18 FIN |

2018 General Assembly – Bill Status

| Bill # | Sponsor | Title | Summary | Cross-File # | Position | Status |
|--------|----------------------|--|--|--------------|------------------------------------|------------------------------------|
| SB 33 | Reilly | Health Insurance – Coverage for Fertility Awareness – Base Methods | Requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide certain coverage for instruction by a licensed health care provider on fertility awareness–based methods; prohibiting the insurers, nonprofit health service plans, and health maintenance organizations from applying a copayment, coinsurance requirement, or deductible to coverage for the instruction on fertility awareness–based methods, except with respect to a certain grandfathered exception; etc | | Staff Recommendation – No Position | Hearing 1/31 @ 2 - FIN |
| SB 52 | Chair, Finance | Insurance – Medicare Supplement Policy Plans – Conformity to Federal Law | Altering references to certain Medicare supplement policy plans to conform with certain provisions in federal law; etc. | | Staff Recommendation – No Position | Hearing 1/16 FIN |
| SB 54 | Chair, Finance (MIA) | Insurance – Accountable Care Organizations – Technical Correction | Correcting an incorrect cross–reference for purposes of certain provisions of law relating to accountable care organizations and incentive–based compensation. | | Staff Recommendation – No Position | Hearing 1/11 FIN |
| SB 57 | Chair, Finance | Insurance – Medical Professional Liability Insurance Policies – Technical Correction | Correcting an erroneous cross–reference relating to the notice requirements to which a medical professional liability insurer that cancels a policy for nonpayment of a deductible is subject. | | Staff Recommendation – No Position | 2 nd Reading Passed FIN |

2018 General Assembly – Bill Status

| Bill # | Sponsor | Title | Summary | Cross-File # | Position | Status |
|--------|---------------------|--|--|--------------|------------------------------------|-------------------------------|
| SB 108 | Chair, Finance | Regulation of Health Care Prgm, Medical Labs, Tissue Banks, & Health Care Facilities - Revisions | Repealing certain requirements that certain fees regarding the licensure and permitting of behavioral health programs and facilities, medical laboratories, tissue banks, and health care facilities be set by the Secretary of Health; repealing certain provisions of law regarding the renewal of certain licenses and permits for certain behavioral health care programs and facilities, medical laboratories, tissue banks, and health care facilities; etc. | | Staff Recommendation – No Position | Hearing 1/18 FIN |
| SB 137 | Reilly and Serafini | Health Insurance – Coverage for Male Sterilization High-Deductible Health Plans | Exempting a high–deductible health plan from the prohibition on application of a deductible to coverage for male sterilization; and applying the Act retroactively, etc. | HB 135 | Staff Recommendation – No Position | Hearing 1/31 @ 2 FIN |
| SB 169 | Feldman | Public Health – Prescription Drug and Medical Supply Access and Affordability Workgroup | Requiring the Secretary of Health to convene a workgroup to study the advisability of the State forming a generic drugs and medical supplies purchasing cooperative and establishing Maryland as an open formulary State; requiring the workgroup to report its findings and recommendations to the Governor and the General Assembly on or before January 1, 2019; terminating the Act after June 30, 2019; etc. | | Staff Recommendation – No Position | Hearing 1/31 @ 2 FIN |
| SB 174 | Middleton | Health Insurance – Health Benefit Plan Premium Rate Review Process | Altering the factors the Maryland Insurance Commissioner is required to consider in a certain manner in determining whether to disapprove or modify a premium rate filing; and applying the Act. | HB 134 | Staff Recommendation – No Position | Hearing 1/31 @ 2 FIN |
| SB 185 | President | Budget Bill (FY 19) | Making the proposed appropriations contained in the State Budget for the fiscal year ending June 30, 2019, in accordance with Article III, Section 52 of the Maryland Constitution; etc. | HB 160 | Staff Recommendation – No Position | B & T No Hearing Scheduled |

2018 General Assembly – Bill Status

| Bill # | Sponsor | Title | Summary | Cross-File # | Position | Status |
|--------|-----------|---|---|--------------|------------------------------------|-------------------------------|
| SB 187 | President | Budget Reconciliation and Financing Act of 2018 | Authorizing or altering the distribution of certain revenue; altering or repealing certain required appropriations; repealing a requirement that the Comptroller pay certain amounts from a certain Special Fund for a certain purpose; reducing the maximum amount of certain teacher or school employee stipends; providing a certain amount of aid to certain institutions of higher education in accordance with a certain action by the Board of Public Works; altering certain rate increases for community service providers; etc. | HB 161 | Staff Recommendation – No Position | B & T No Hearing Scheduled |
| HB 71 | Krimm | Program of All-Inclusive Care for the Elderly (PACE) – Limit on Number of Providers | Prohibiting the Maryland Department of Health from limiting the number of Program of All-Inclusive Care for the Elderly ("PACE") providers that operate in the State if the providers otherwise meet the federal and State requirements for participation in the Program. | | No Position | HGO – Hearing 1/30 |
| HB 86 | Barron | Health Insurance – Coverage for Elevated or Impaired Blood Glucose Levels and Prediabetes Treatment | Authorizing certain insurers, nonprofit health service plans, and health maintenance organizations to provide reimbursement for certain services for the treatment of prediabetes; requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for certain equipment, supplies, training, and services for the treatment of elevated or impaired blood glucose levels induced by pregnancy or prediabetes; etc. | | Staff Recommendation – No Position | HGO – Hearing 1/31 @ 2 pm |
| HB 88 | Barron | Public Health – Prescription Drug Monitoring Program – Revisions | Requiring, instead of authorizing, the Prescription Drug Monitoring Program to review prescription monitoring data for indications of a possible misuse or abuse of a monitored prescription drug; requiring, instead of authorizing, the Program to report the possible misuse or abuse to the prescriber or dispenser of the monitored prescription drug under certain circumstances; requiring the Program to provide education to the prescriber or dispenser of the monitored prescription drug under certain circumstances; etc. | | Staff Recommendation – No Position | HGO- No Hearing Scheduled |

2018 General Assembly – Bill Status

| Bill # | Sponsor | Title | Summary | Cross-File # | Position | Status |
|--------|-------------------------|---|---|--------------|------------------------------------|-------------------------------------|
| HB 115 | Morhaim and Pena-Melnyk | Electronic Prescription Records Cost Saving Act of 2018 | Requiring a dispenser of a prescription drug to submit prescription information to the State-designated health information exchange; requiring prescription information to be submitted in a certain manner; prohibiting the State health information exchange from imposing any fees or assessments; requiring the State health information exchange to make prescription information available to a health care provider for purposes of treatment and care coordination of a patient; etc. | SB 13 | | HGO – No Hearing Scheduled |
| HB 134 | Kelly | Health Insurance – Health Benefit Plan Premium Rate Review Process | Altering the factors the Maryland Insurance Commissioner is required to consider in a certain manner in determining whether to disapprove or modify a premium rate filing. | SB 174 | Staff Recommendation – No Position | HGO – No Hearing Scheduled |
| HB 135 | Hill | Health Insurance – Coverage for Male Sterilization – High-Deductible Health Plans | Exempting a high-deductible health plan from the prohibition on application of a deductible to coverage for male sterilization; and applying the Act retroactively. | SB 137 | Staff Recommendation – No Position | HGO – No Hearing Scheduled |
| HB 160 | Speaker | Budget Bill (FY 19) | Making the proposed appropriations contained in the State Budget for the fiscal year ending June 30, 2019, in accordance with Article III, Section 52 of the Maryland Constitution; etc. | SB 185 | Staff Recommendation – No Position | Appropriations No Hearing Scheduled |
| HB 161 | Speaker | Budget Reconciliation and Financing Act of 2018 | Authorizing or altering the distribution of certain revenue; altering or repealing certain required appropriations; repealing a requirement that the Comptroller pay certain amounts from a certain Special Fund for a certain purpose; reducing the maximum amount of certain teacher or school employee stipends; providing a certain amount of aid to certain institutions of higher education in accordance with a certain action by the Board of Public Works; altering certain rate increases for community service providers; etc. | SB 187 | Staff Recommendation – No Position | Appropriations No Hearing Scheduled |



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HEALTH CARE
COMMISSION

AGENDA

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PRESENTATION:
2018 Outpatient Quality Initiative Workplan

(Agenda Item #6)



OUTPATIENT QUALITY INITIATIVE (OQI)

January 18, 2018

Center for Quality Measurement and Reporting

Maryland Health Care Commission

Sebastiana Gianci

OQI Introduction / Key Points

A person wearing a white lab coat is shown from the chest down, sitting at a desk and writing in a spiral notebook with a blue pen. The background is a soft, out-of-focus light brown.

- Outpatient Services Maryland Profile
- Methodology
- Proposed Workplan
- Strategic Engagement
- Next Steps

OQI Perspective



Initiative aims for a dual approach:

- “Fair and Balanced” reporting for both consumers & providers
- “We can (and must) do better” approach

Definitions



HOPD: Hospital Outpatient Department

ASF: Ambulatory Surgery Facility – Freestanding (2+ OR)

POSC: Physician Outpatient Surgery Center (0-1 OR, PR)

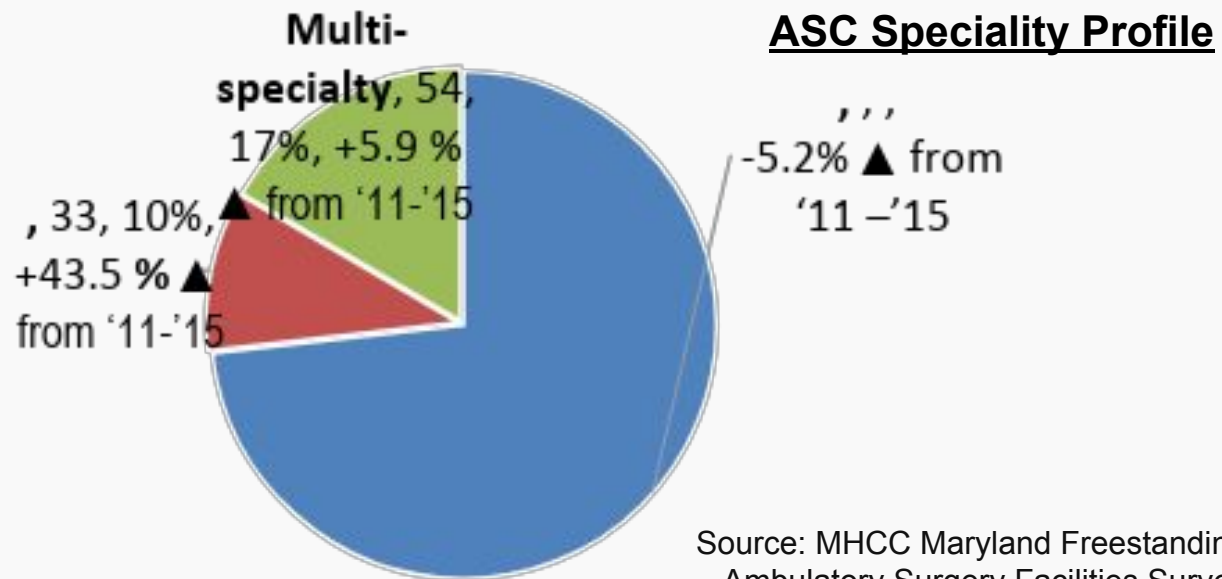
ASC: Ambulatory Surgery Center - Freestanding
(ASF & POSC)

FMF: Freestanding Medical Facilities

MD Outpatient Surgical Profile 2015



- 47 Hospital Outpatient Departments (HOPD), **13%** of total
- 325 Ambulatory Surgical Centers (ASC), **87%** of total
- 3 Freestanding Medical Facilities (FMF)



Source: MHCC Maryland Freestanding Ambulatory Surgery Facilities Survey



Changes in Surgical Case Volume in OR, 2010-2016

Change in Surgical Case Volume in OR, 2010-2016

Setting ▼

Hospital Inpatient

-23%

Hospital Outpatient

+8%

Non-Hospital ASC (ASF+POSC)

+7%

*2016 not yet available for ASC data

| Setting | Facility | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|--------------|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Non-Hospital | | 180,294 | 187,348 | 208,308 | 231,790 | 252,028 | 290,824 | 303,644 | 295,954 | |
| | ASF with 24 ORs | 185,453 | 193,158 | 213,008 | 24,497 | 45,715 | 95,367 | 113,704 | 91,577 | |
| | POSC with 1 OR | 79,780 | 93,813 | 95,327 | 93,892 | 200,713 | 199,404 | 209,820 | 211,380 | |
| | POSC without OR | 4,061 | 944 | 2,294 | 1,437 | 500 | 53 | 1,620 | 489 | |
| | | 380,196 | | | | | | | 413,121 | |
| Hospital | Total | | | 517,818 | 591,893 | 526,508 | 507,489 | 496,442 | 490,671 | 485,363 |
| | Outpatient | | | 355,407 | 383,251 | 363,646 | 371,885 | 348,258 | 343,053 | 330,270 |
| | Inpatient | | | 172,342 | 208,741 | 162,862 | 135,604 | 148,184 | 147,618 | 155,093 |

Current Requirements



Hospital Outpatient Department (HOPD) [on Hospital Premises]

- CDC NHSN requirements for affiliated-hospital
- CMS 16 page Infection Control Worksheet used by surveyors
- CMS OP Measures (32)

Ambulatory Surgery Center (ASC) – [Freestanding]

- CMS 16 page Infection Control Worksheet used by surveyors
- CMS ASC Measures (14)



WORKPLAN

Methodology

Follow the Data.

- **HSCRC** (Case Mix/Inpatient, OP, FMF), **APCD**
- **National data** (CMS/OAS-CAHPS, AHRQ-HCUP, CDC, NQF endorsed measures)
- Lessons Learned from **Other States**
- **MHCC** Maryland Freestanding Ambulatory Surgery Facilities Survey



*Surgery & Opioid Messaging,
Michigan Surgical Quality
Collaborative / Michigan OPEN*

OQI's Focus - Year 1

- **HOPD, ASC & FMF**
- **Landscape Analysis**
- **Expansion of HOPD/ASC Guide on MHCQR**
- **Strategic Engagement**
 - Compendium of Outpatient Quality State Initiatives (Other States)
 - Feds (CMS, AHRQ, CDC, etc.)
 - Associations (MASA, ASCA, AAUCM, UCAOA)
 - Consumers and Providers

Joint ASC-OP Measures to Report



- **ASC- 8 / OP-27 - Influenza Vaccination Coverage among Healthcare Professionals**
- ASC-9 / OP-29 - Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patient
- ASC-11 / OP-31 - Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- ASC-12 / OP-32 - Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Retiring 2019

- ASC-6 / OP-25 - Safe Surgery Checklist Use
- ASC-7 / OP-26 - Facility Volume Data on Selected ASC Surgical Procedures

Other Data Ideas



HSCRC Inpatient File

Investigating by Source of Admission (Urgent/Emergency vs. Scheduled), Patient Disposition (Expired), etc.

Measures of Interest:

- ADMIT WITHIN 72 HOURS FROM ON-SITE AMBULATORY SURGERY UNIT (HOPD) WITH SURGERY (transfer within hospital)
- ADMIT WITHIN 72 HOURS FROM OFF-SITE AMBULATORY SURGERY UNIT (ASC) WITH SURGERY (transfer out of hospital)

Maryland Medical Care Data Base (MCDM) / All Payer Claims Database (APCD)

CMS OAS CAHPS

- OAS CAHPS is a **survey** which includes 24 questions plus patient demographic information (37 questions total)
- **Mandatory Jan 2019, Delayed,** - Voluntary reporting possible for sharing in 2018
- Will cover communication and care, surgical prep, post-surgical, an **overall rating of the ASC or HOPD**, and family/friend perspectives



NEXT STEPS

Site Visits



4 site visits conducted, 2 scheduled

HOPD

- Anne Arundel Medical Center

Multispecialty ASC

- Massachusetts Avenue Surgery Center
- SurgCenter of Glen Burnie

Rural-serving HOPD

- Peninsula Hospital “Same Day Surgery”
- Union Hospital of Cecil County

Single Specialty ASC

- Lutherville Surgicenter

Maryland Ambulatory Surgical Association (MASA)



- Attended and introduced OQI at November 1, 2017 Annual MASA Meeting.
- Andrea Hyatt, President of MASA, sent out a brief feedback exercise on MHCC's behalf to MASA membership.
- Jointly explore QI tools for resource page

Concise Incident Analysis



*A concise incident analysis is consistent with the principles and methodology of a comprehensive incident analysis (RCA, FMEA) but a **conscious and deliberate decision has been made to concisely focus on four key areas.***

- “RCA/FMEA Lite”
- Vetted Content (WHO, AHRQ, Canada) tailorable to ASC from existing, reputable sources
- MASA requested

Public Reporting



- **Resource Listing Possibilities (Provider-focused)**
- **Resource Listing Possibilities (Consumer-focused)**
- **Consumer-Focused Reporting Quality Information**

Way Forward

- Draw expertise from existing CQMR Advisory Committee for sectoral specialist workgroups, as needed
- Continued data dives
- MASA/ASCA Technical Workgroups
- ASCA meeting, Boston, ASC State Association Pre-Meeting - April 10-13



Thank You

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Overview of Upcoming Initiatives

(Agenda Item #7)



ENJOY THE REST OF
YOUR DAY