Maryland Health Care Commission

Thursday, March 15, 2018

1:00 p.m.

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**
2. UPDATE OF ACTIVITIES
3. ACTION: Certificate of Need – Thomas Johnson Surgery Center (Docket No.17-16-2410)
4. PRESENTATION: COMAR 10.24.17: State Health Plan for Facilities and Services – Cardiac Surgery and Percutaneous Coronary Intervention Service – Overview of changes in draft Chapter released for informal public comment
5. PRESENTATION: Telehealth Grant Pilots – Key Takeaways from the 2015 and 2016 Projects
6. PRESENTATION: Hospital Health IT Report – Key Findings
7. UPDATE: Status of Legislation
8. UPDATE: Maryland Healthcare Quality Reports – Consumer Website
9. OVERVIEW OF UPCOMING INITIATIVES
10. ADJOURNMENT

MARYLAND HEALTH CARE COMMISSION

APPROVAL OF MINUTES

(Agenda Item #1)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

(Agenda Item #2)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Certificate of Need – Thomas Johnson Surgery Center (Docket No.17-16-2410)

(Agenda Item #3)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

COMAR 10.24.17: State Health Plan for Facilities and Services – Cardiac Surgery and Percutaneous Coronary Intervention Service – Overview of changes in draft Chapter released for informal public comment

(Agenda Item #4)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Telehealth Grant Pilots – Key Takeaways from the 2015 and 2016 Projects

(Agenda Item #5)

Telehealth Grants Projects

March 15, 2018

The MARYLAND
HEALTH CARE COMMISSION

Presentation Summary

- 2015/2016 Telehealth Grants
  - Common Themes
  - Lessons learned
  - Sustainability
- Current Telehealth Initiatives
  - Grants on the horizon
  - Readiness assessment tool
- An Update on Prior Telehealth Grant Projects

2015 & 2016 Telehealth Grants

Advancing Population Health and Primary Care Transformation

Introduction

- December 2015 – May 2017: Demonstrate the impact of using telehealth to improve the health of the population being served and the patient experience
  - Grantees: Associated Black Charities (ABC); Gerald Family Care, LLC (GFC); Union Hospital of Cecil County (UHCC)
- June 2016 –December 2017: Demonstrate the impact of telehealth in a primary care medical home model to meet the needs of different communities and patient populations
  - Grantees: MedPeds, LLC; Gilchrist Greater Living (Gilchrist)
- Telehealth services were provided to patients in a variety of settings, including primary care practices, patient homes, and community centers

Background

- Since 2014, MHCC has awarded over $550K in grants to 12 provider organizations to demonstrate the impact of using telehealth

- Grants have helped to inform: 1) better practices; 2) industry implementation and expansion efforts; 3) policies that can support advancement of telehealth; and 4) the design and implementation activities of telehealth projects across the State of Maryland

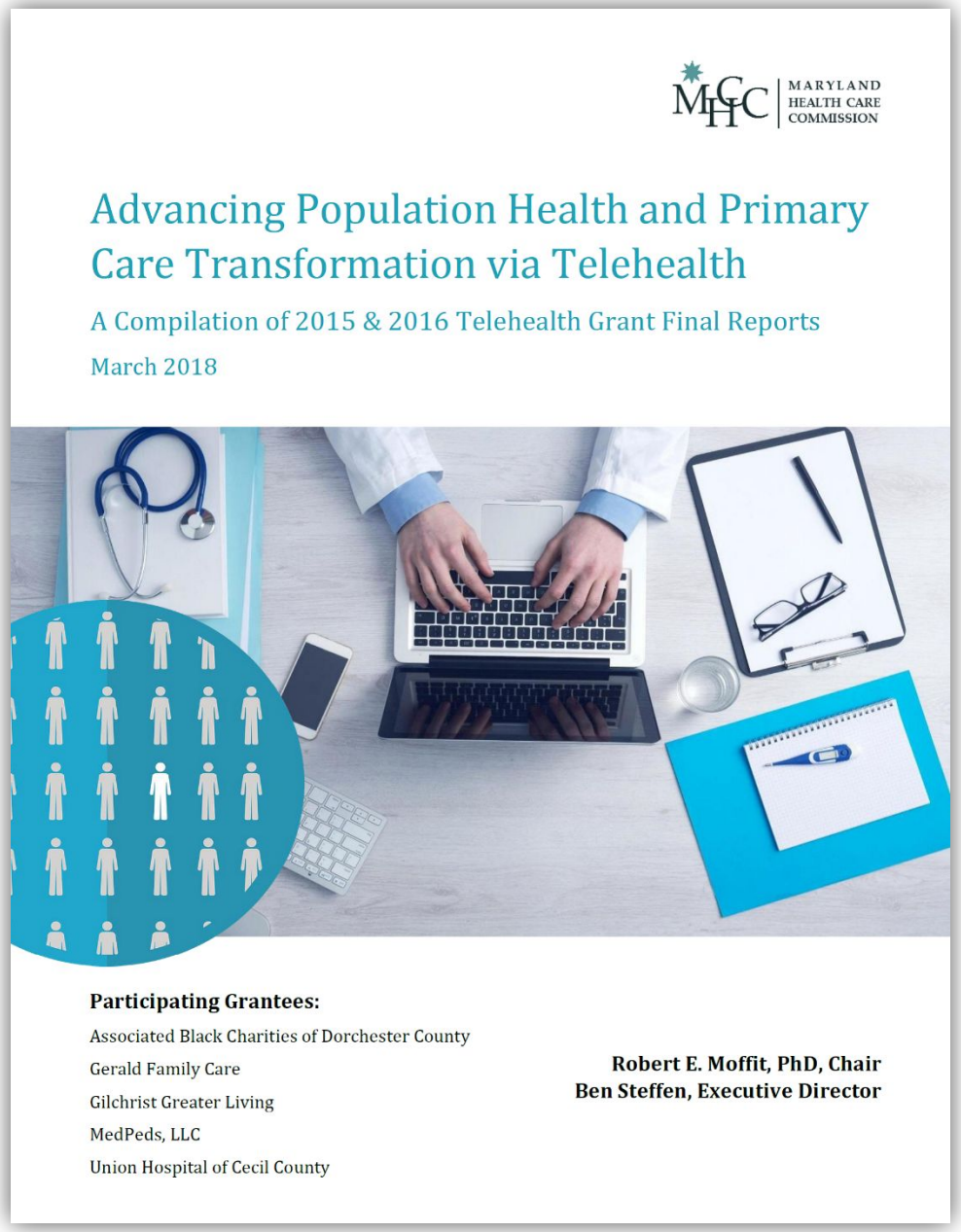
- Grants have also helped to advance a strong, flexible health information technology (health IT) ecosystem, the foundation of advance care delivery and payment models

About the Compilation

- This compilation includes an abstract of each project and the grantees' final reports

- Generalizing the findings to other telehealth initiatives has some limitations due to variation in practices and patient population uniqueness

- The findings were self-reported and not validated through an independent audit



Common Themes

- Patients and caregivers were satisfied in the ability to access their provider more quickly and efficiently

- Implementing the technology and incorporating it into workflows was more difficult than anticipated; telehealth encounters required providers to manually enter the visit into the electronic health record

- Provider, patient, and caregiver enthusiasm for telehealth did not necessarily translate into their willingness to meaningfully take advantage of telehealth services

- Grantees' tended to underestimate the difficulty in securing funds to sustain and expand their projects

Lessons Learned

- Successful telehealth requires practices to assess the need for telehealth, identify an appropriate modality, ensure sufficient patient and provider willingness, policy/legal compliance, etc.

- Telehealth is generally an effective care delivery method where providers, (e.g., primary care, specialists, pharmacy, behavioral health, and community service providers) can deliver comprehensive patient care

- Telehealth reduced barriers to care for patients typically considered reluctant to adopt/accept telehealth services, such as the elderly and those with behavioral health conditions

Project Sustainability

- Most grantees are using operating budget funds to sustain their telehealth project; limitations exist on third party payor reimbursement (e.g., locations, types of providers, services, etc.)

- To ensure a financially viable telehealth project, sustainability planning must occur in parallel to implementation planning

- Small community based organizations (e.g., small practices, social services, etc.) are valuable partners in using telehealth to enhance care delivery; partnering with larger organizations in developing telehealth projects ensures better access to operational, technical, and financial support, and access to a more viable funding source

Current Telehealth Initiatives

Future Grants and a Telehealth Readiness Assessment Tool

Telehealth Grants on the Horizon

- Medication management and reconciliation (MM&R)
  - Optimize MM&R through telehealth to improve care coordination, and provide pharmacists support to aid health care providers in managing therapeutic regimens
  - Use CRISP to support the sharing, increased awareness, and availability of reconciled and updated patient medication lists
  - To be awarded April 2018

Telehealth Grants on the Horizon *(Continued)*

- Medication assisted treatment (MAT) for opioid use disorder treatment
  - Expand access to MAT with buprenorphine in underserved areas of Maryland for residents that have an opioid dependence
  - Goals:
    - Increase access to a licensed health care provider with expertise and legal authority to provide MAT with buprenorphine;
    - Support somatic and behavioral health care providers in addressing a needed service for their patients through an integrated approach;
    - Increase treatment retention and decrease positive drug screening

To be awarded April or May 2018

Telehealth Readiness Assessment Tool

- MHCC Staff selected a vendor to develop questions and a scoring methodology for a Telehealth Readiness Assessment (TRA) tool

- The Need:

  - Existing telehealth evaluation tools are generally not adequate to assess practice readiness; most provide checklist guidance and do not necessarily: 1) guard against biases of the organization and/or 2) provide a deep dive into assessing patient and caregiver readiness/candidacy for telehealth

  - Practices often misjudge their technical, financial, provider, and patient and caregiver readiness to adopt telehealth, and incorrectly assume that commitment equates to success

Telehealth Readiness Assessment Tool *(Continued)*

- The TRA tool would allow users (mostly independent practices) to:
  - Determine practice readiness to implement telehealth and identify areas/gaps that should be addressed prior to implementing telehealth
  - Assist in identifying providers, patients, and caregivers that would be meaningful participants in a telehealth program
  - Assess practice readiness based on a numeric value derived from a series of questions where questions are weighted and an algorithm is used to provide scores in various domains; practice can use the output to inform decision making in addressing gaps

2014 & 2015 Telehealth Grants

Nursing Home Transitions and Remote Patient Monitoring

Telehealth Grants – A Positive Impact on Diffusion

- In October 2015 and December 2016, six MHCC awarded telehealth grants completed
  - Two grantees have sustained their existing telehealth project
  - All grantees implement other telehealth projects building off of the work of the MHCC funded grant projects
  - All grantees reported that lessons learned from the MHCC funded grant projects was valuable in developing other telehealth projects
- Total investment funding
  - MHCC - $167,888

Thank You!

The MARYLAND
HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Hospital Health IT Report – Key Findings

(Agenda Item #6)

Health Information Technology

An Assessment of Maryland Acute Care Hospitals

Commission Brief

March 15, 2018

The MARYLAND HEALTH CARE COMMISSION

Overview

- Annual assessment of health information technology (health IT) implementation among all acute care hospitals in the State with available national comparisons

- Highlights key trends, challenges, and strategic initiatives using health IT in support of quality care goals

- Findings used to inform policy discussions, recommendations, and best practices for advancing health IT statewide and improving privacy and security of electronic health information

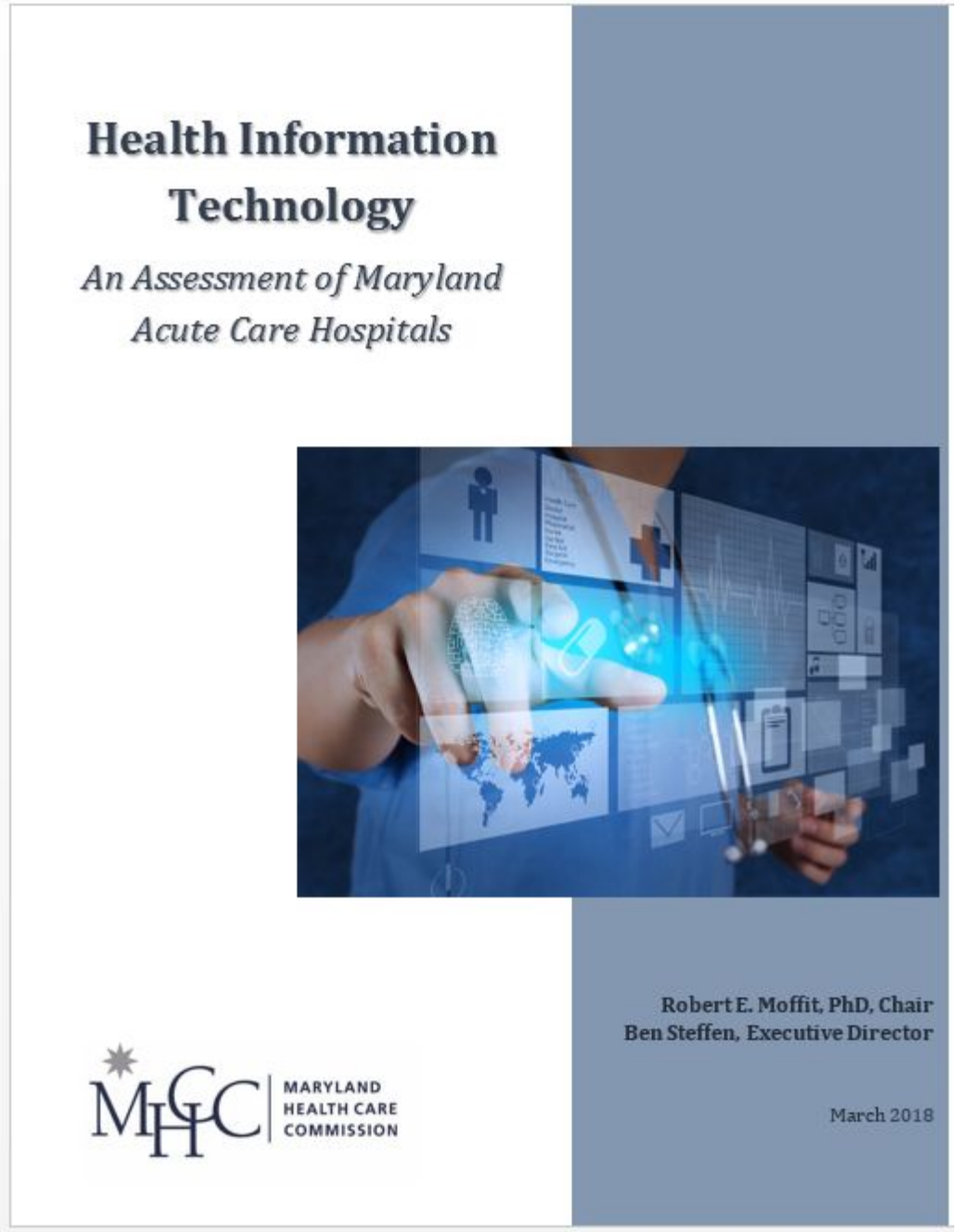
Key Takeaways

- Hospital health IT strategies aimed at maximizing population health management
- Advancing use of data analytics (e.g., forecasting) necessary to improve clinical decision making and reduce cost
- Expansion of telehealth continues across care settings, although financial sustainability remains challenging
- Federal Meaningful Use (MU) requirements for patient portals have not fulfilled the intent of engaging patients
- Maryland hospitals lead the nation in cybersecurity risk mitigation

Background

- HITECH – a unique federal policy driving change among hospitals through financial incentives for their adoption and MU of certified electronic health record (EHR) technology
- Maryland hospitals have received over $300 million of nearly $27 billion MU dollars allocated by the federal government
- Pre-HITECH (2008), 16% of Maryland hospitals had adopted a basic EHR compared to 9% of hospitals across the nation
- All hospitals in Maryland and 96% nationally have adopted a certified EHR; all have demonstrated MU

Key Findings

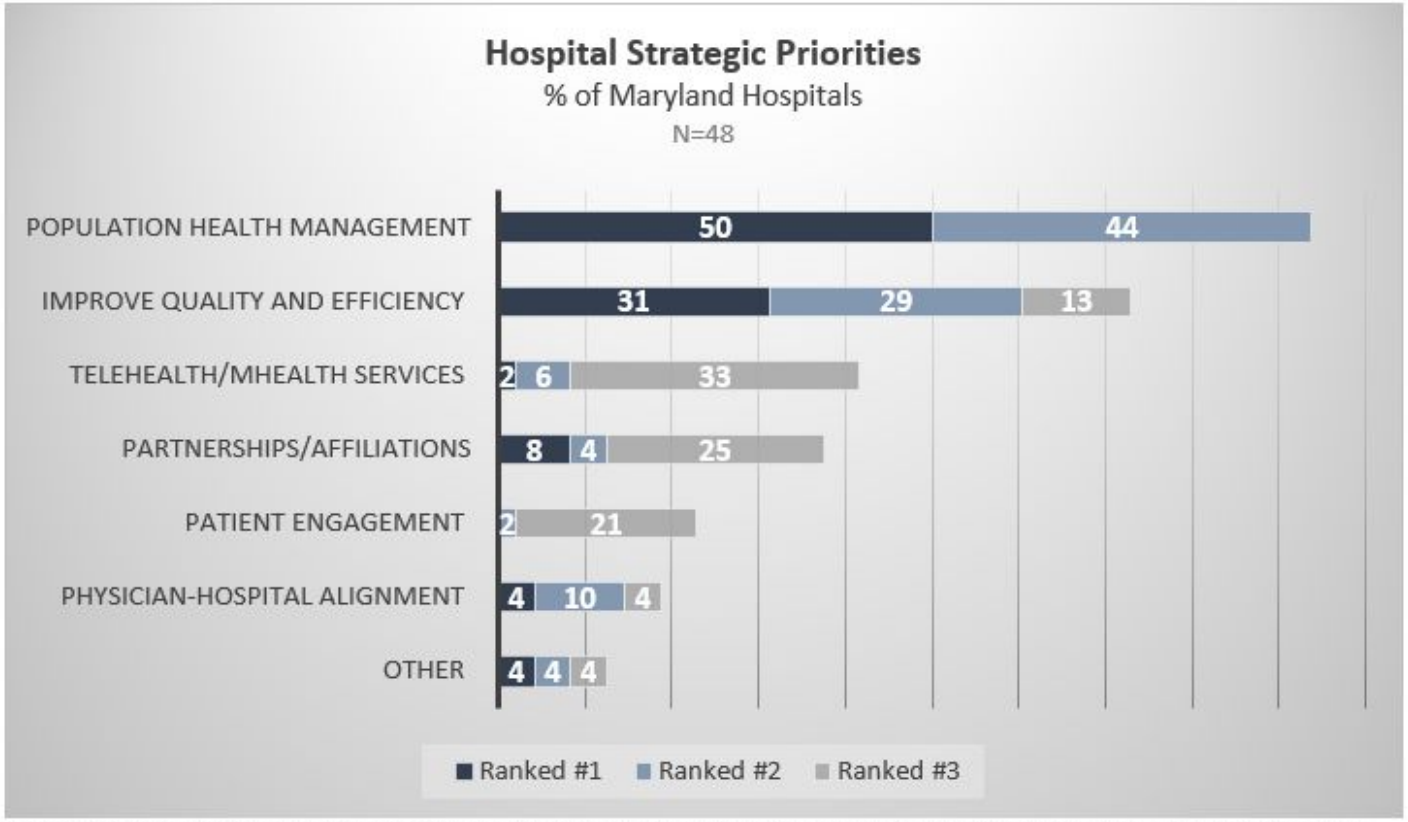


Strategic Areas of Focus

- Alternative payment models (APMs) placing more emphasis on population health and delivery system transformation
- Hospital telehealth programs augmenting population health activities (e.g., expanding access to care, creating efficiencies, preventing readmissions, monitoring at-risk patients, etc.)

Strategic Areas of Focus *(Continued…)*

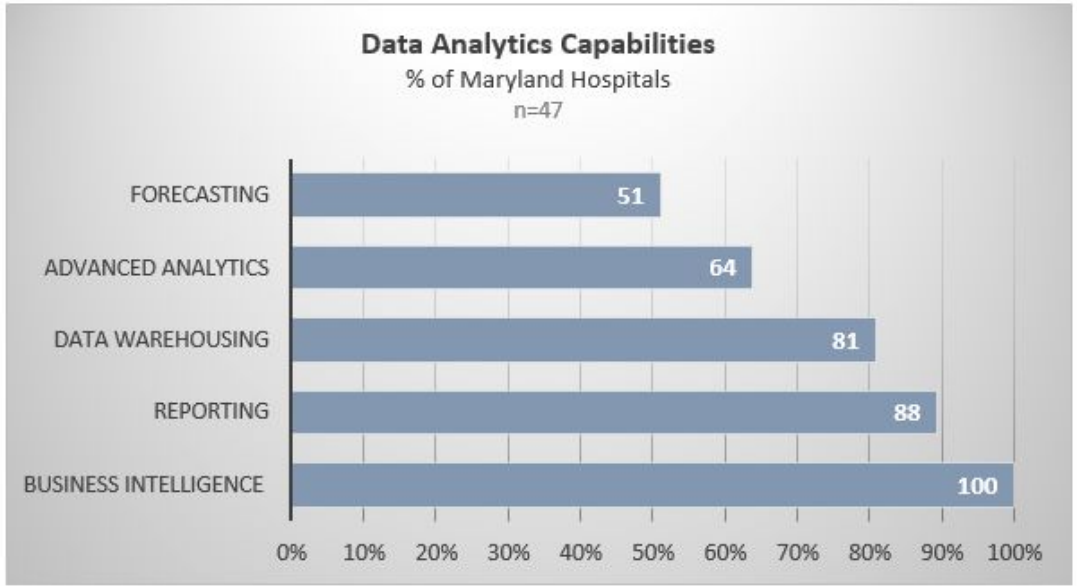
- APMs driving hospitals to strengthen alignment with physicians and enhance collaboration by establishing partnerships with other hospitals, ambulatory practices, etc.
- Determining how to effectively engage patients essential to achieving population health goals

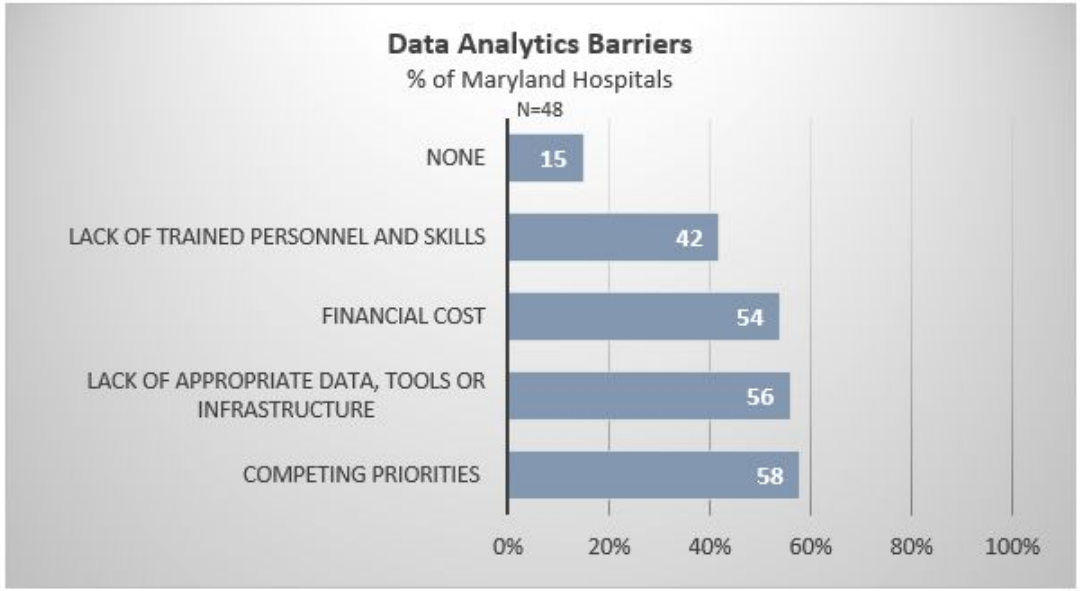


Note: Other includes expanding ambulatory services, maximizing ambulatory EHR workflows and clinical pathways, and selecting an enterprise business/clinical analytics platform.

Data Analytics

- Most hospitals* have data analytics capabilities, ~20% increase from the prior year
- Data analytics (e.g., risk algorithms) are key to improving clinical decision support under APMs
- Hospitals report challenges in advancing analytics due to competing priorities, lack of data

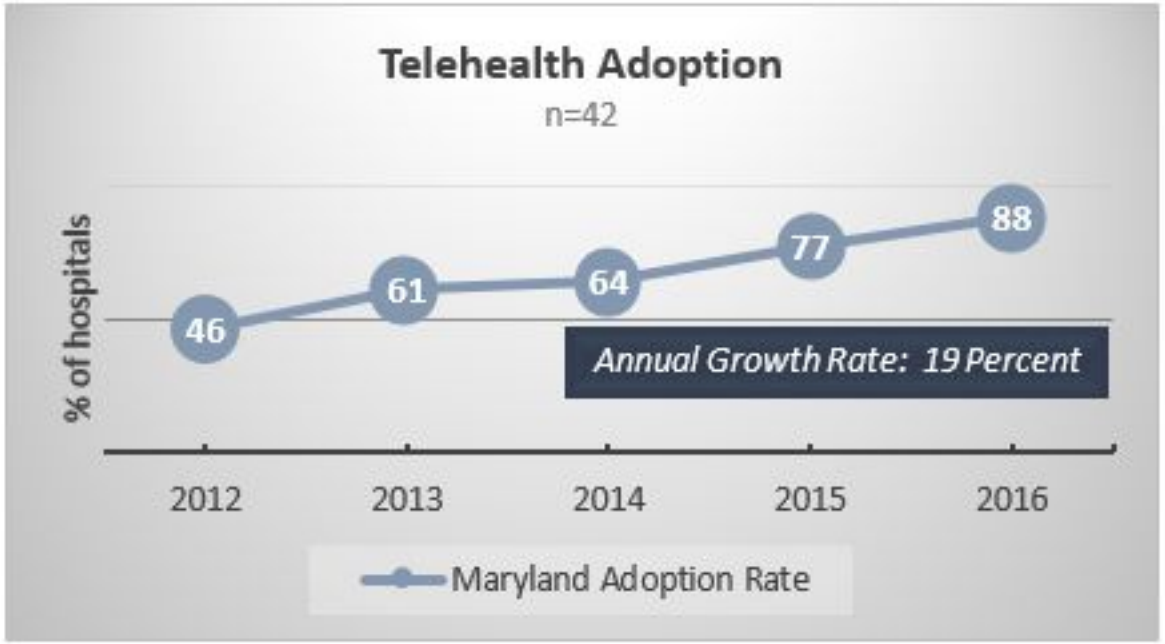




*Garrett Regional Medical Center reports it does not have capabilities for data analytics

Telehealth

- Hospitals are generally at the forefront of telehealth
- Maryland hospitals exceed the nation by about 17% in reported telehealth capabilities*
- About 45% use remote monitoring devices to help support patients with chronic conditions

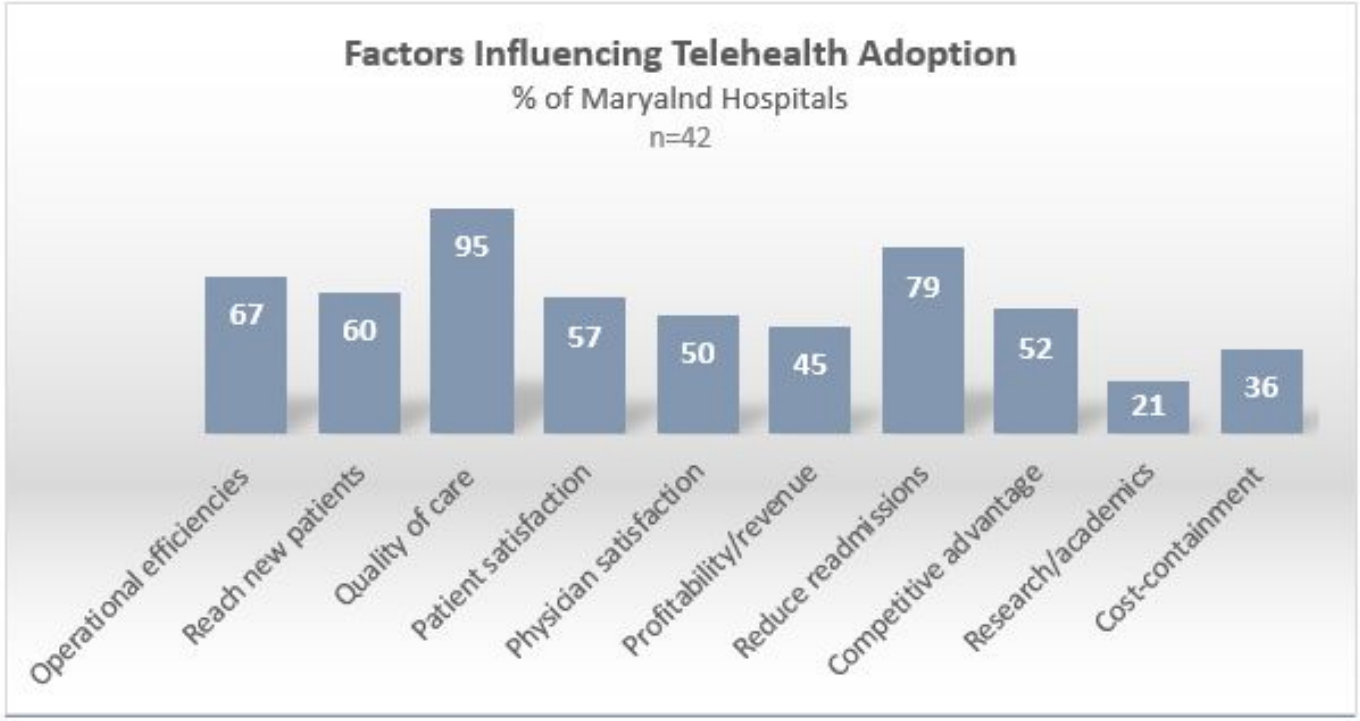


*The national adoption rate for telehealth among hospital is 71%

HIMSS Analytics, *Enabling Better Health through Information Technology*, 2017

Telehealth *(Continued…)*

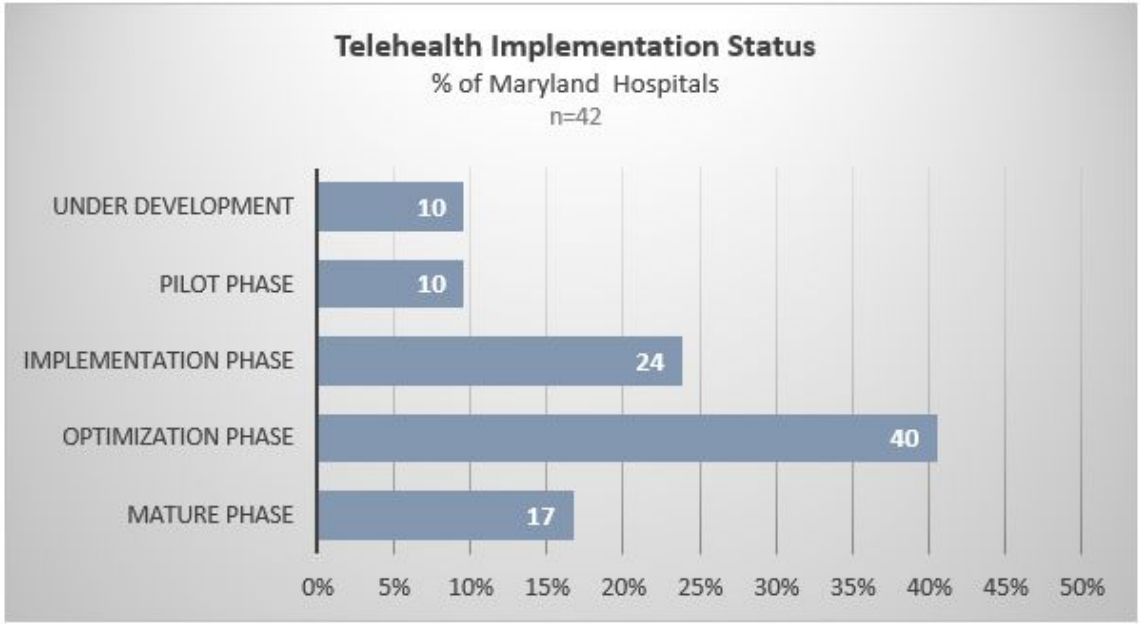
- Hospitals report improving quality and reducing readmissions as leading factors driving interest in telehealth
- Increasing efficiencies and expanding access to care ranks third and fourth, aligning with top organizational goals reported by hospitals



*Teledoc and Becker's Hospital Review, *The State of Consumer Telehealth*, 2016

Telehealth *(Continued…)*

- Almost half of telehealth adopters are in preliminary stages (under development, pilot, implementation)
- Majority are in an optimization phase; three quarters are academic hospitals
- Hospitals report barriers to expanding telehealth due to maintenance cost, lack of



Telehealth Barriers % of Maryland Hospitals N=48	
Acquisition, implementation, and maintenance costs	69
Lack of reimbursement	63
Limitations in technical infrastructure	48
Administrative and physician buy-in	44
Multi-state licensing requirements	44
Integration into existing clinical workflows	40
Sustainability	35
Credentialing	33

Patient Portal

- Implementation of patient portals widespread, yet few patients use the technology; modest uptake likely attributed to multiple portals requiring consumers to manage different passwords and applications

Patient Portals	Hospital Adoption	Patient Utilization
Maryland	100%	10%
Nation	90%	15%

- MU Stage 3 (beginning 2018, optional 2017) aims to increase consumer access to their health information through centralization via one website (or technology vendor)

- Approximately 31% of hospitals make available to vendors electronic

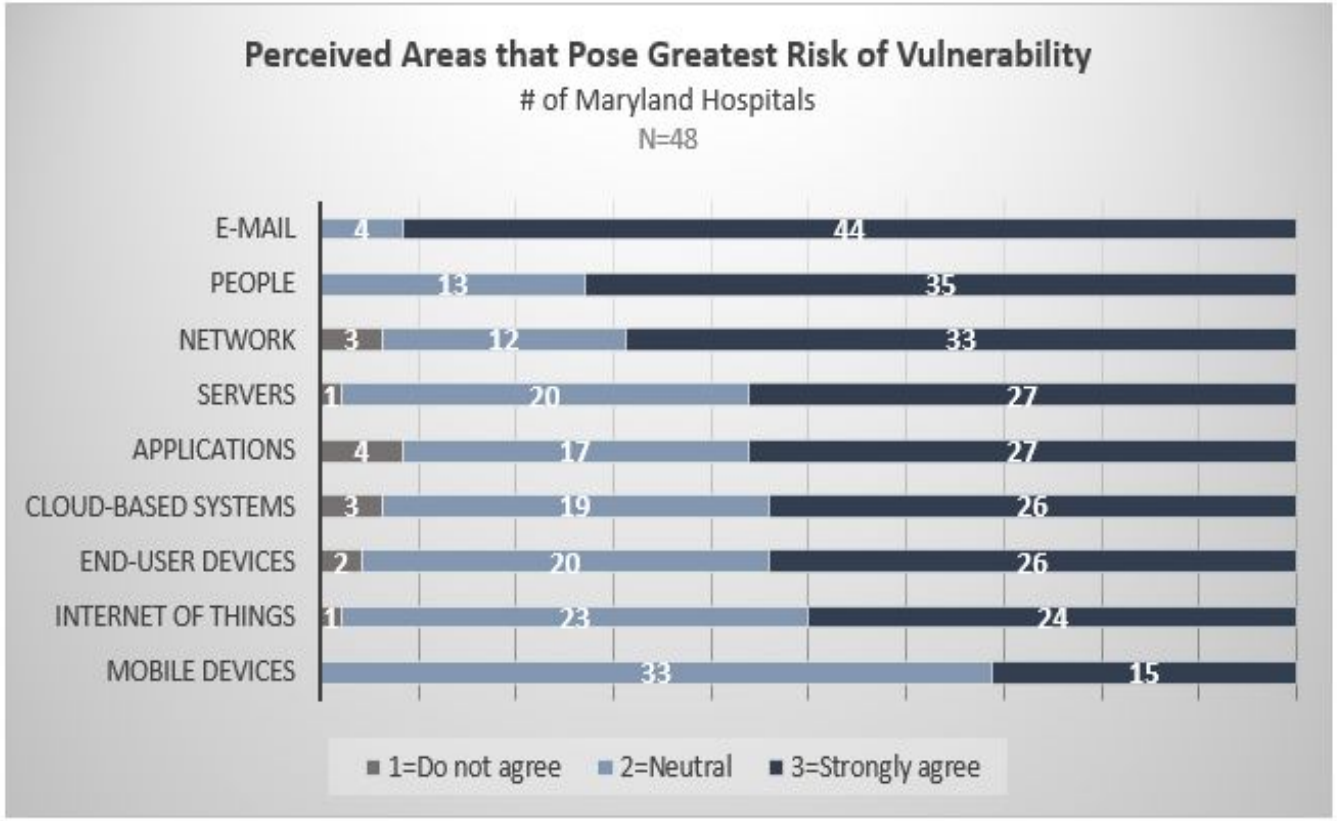
For information on patient portal communication methods, see Appendix 1

Health Information Exchange

- Hospitals have become increasingly dependent on HIE to make advances in care delivery and inform population health activities
- Utility of CRISP is advancing from query-based exchange to care alerts and analytical services; some hospital-owned HIEs have ceased operations within the last two years to avoid duplication of available CRISP services
- The technical requirement pose steep challenges to making electronic health information available within the workflow
- HIE is slowly moving toward an EHR vendor driven exchange model where HIEs provide record locator services, provider messaging, and

Cybersecurity

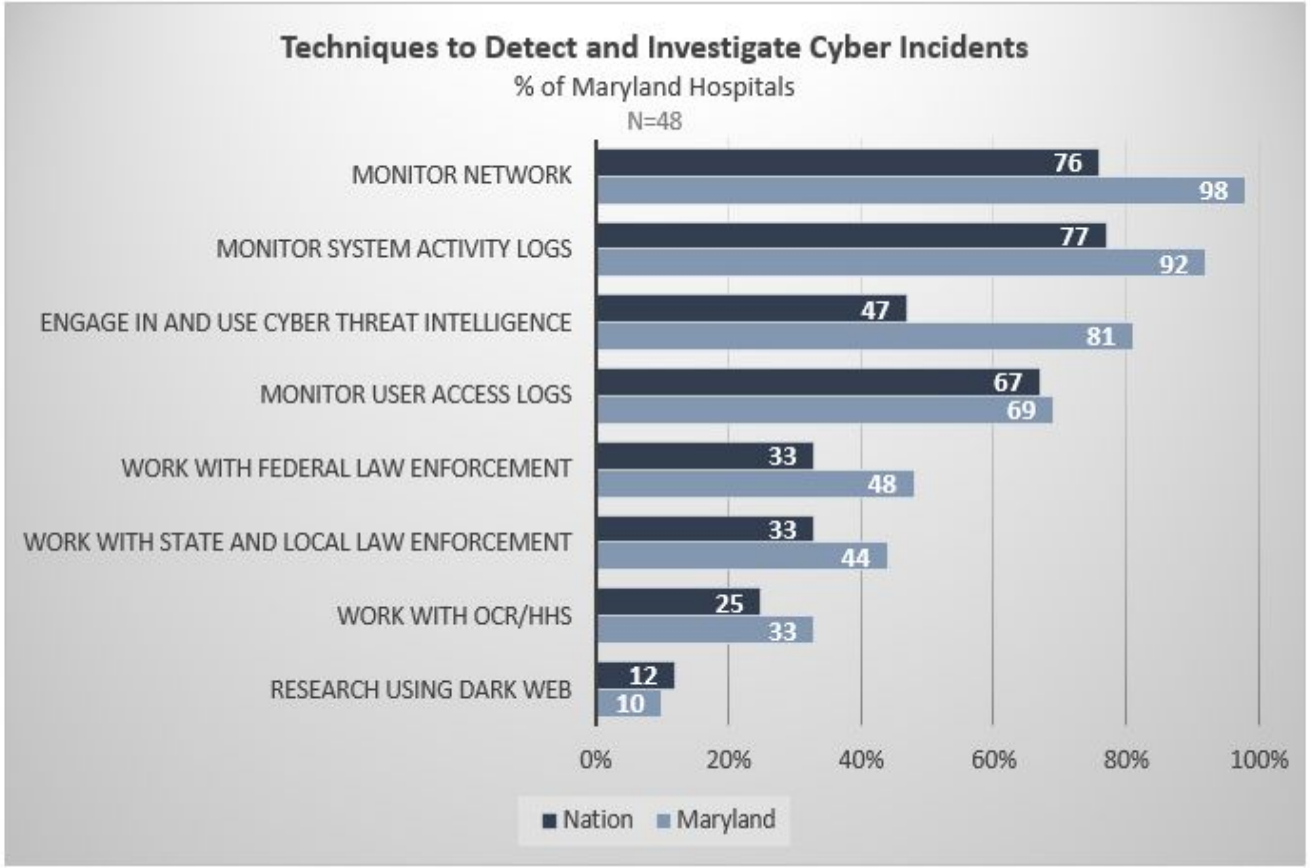
- Hospitals largely agree that e-mail is their greatest vulnerability, consistent with the nation*
- In 2017, half of breaches reported in Maryland involved hacking/IT, largely citing network server and e-mail as the breach location
- Perceived risk of mobile



*HIMSS, *Cybersecurity Survey*, 2016

Cybersecurity *(Continued…)*

- Maryland hospitals lead the nation in deploying techniques to detect and investigate cyber incidents; monitoring networks and system activity logs are most common
- Hospitals locally leverage cyber threat intelligence almost twofold as compared to hospitals nationally*

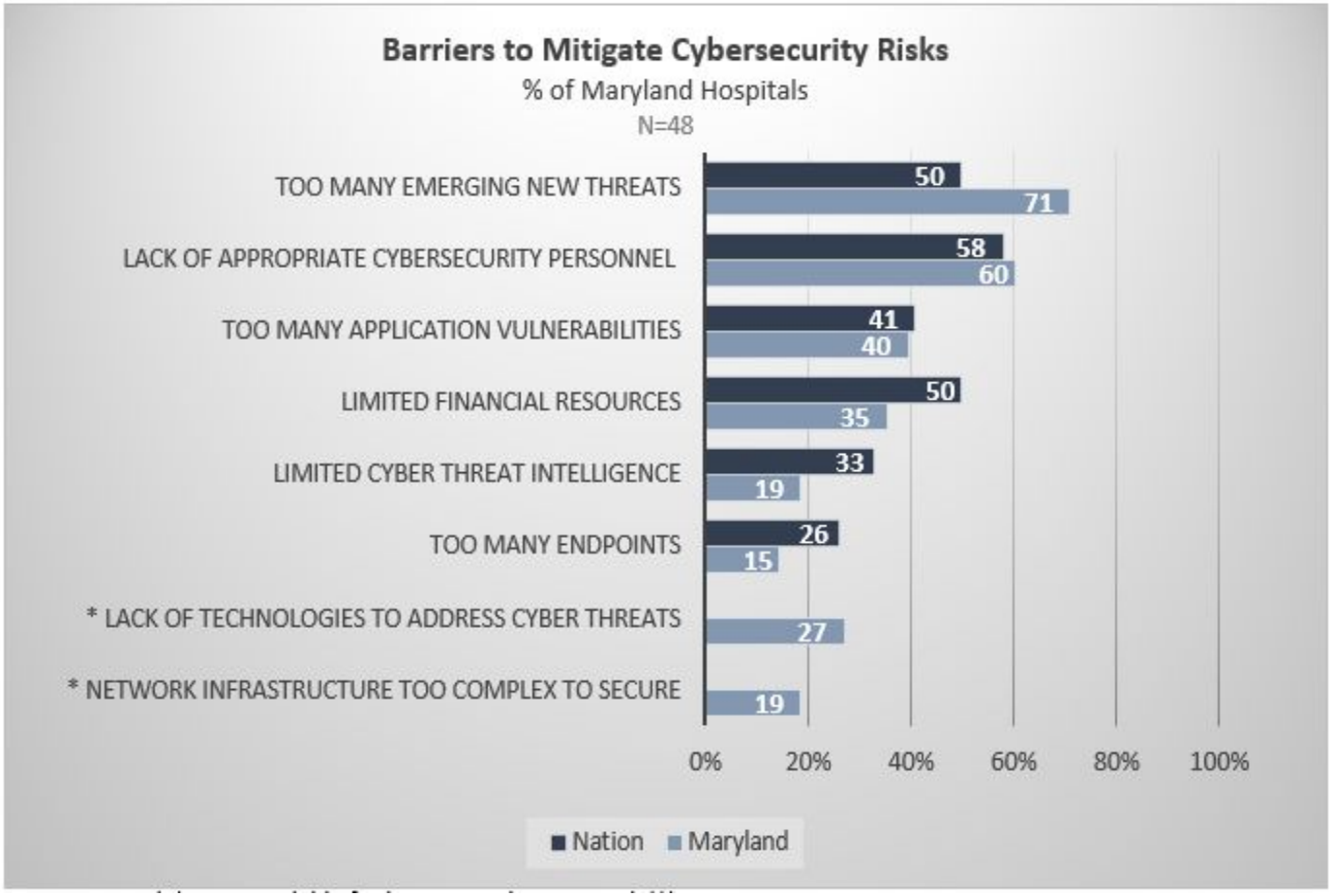


*HIMSS, *Cybersecurity Survey*, 2016

Cybersecurity *(Continued…)*

- Proliferation of emerging threats ranks foremost in Maryland and second in the nation* as a leading challenge in mitigating risk

- Medical devices linked to legacy systems exacerbates security vulnerabilities for



*HIMSS, *Cybersecurity Survey*, 2016

Looking Ahead

- Advancing use of data analytics to benefit from cost containment and support care transformation
- Devoting more resources to secure IT systems, medical devices, and patient data to avoid breaches
- Expansion of telehealth services to engage patients and manage vulnerable populations more closely with focus on preventing admissions and readmissions
- Enhancing consumer engagement strategies to align with national priorities that aim to give patients greater access to and control of their

Questions?

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MARYLAND HEALTH CARE COMMISSION

UPDATE:

Status of Legislation

(Agenda Item #7)

Legislative Update

March 15, 2018

MHCC | MARYLAND HEALTH CARE COMMISSION

Presentation Overview

- Legislation specific to MHCC
  - SB 13 Electronic Prescription Records Cost Saving Act of 2018
  - **SB 17 Health Information Exchanges – Definitions & Regulations**
  - SB 266/HB 716 Study of African-American and Rural Infant Mortality
  - SB 234/HB 596 Interstate Medical Licensure
  - SB 619 / HB 1282 Health Maintenance Organizations – Certificate of Need Requirements
  - SB 896/HB 1574 Public Health – Health Record and Payment Clearinghouse – Pilot Program
  - HB 384 -Substance Use Facilities and Programs – Certificate of Need – Repeal of Requirement
- Legislation resulting from Rural Health Workgroup
  - SB 682 Medical Assistance Program and Health Insurance – Emergency Medical Services Providers – Coverage and Reimbursement of Services
  - SB 1056 Rural Health Collaborative Pilot
- Withdrawn
  - SB 1024 Self–Referrals – Oncology Group Practices – Exemption

Bill No	Sponsor	Title	Description	MHCC position	Status
SB 13 /HB115	Rosapepe/ Morhaim and Pena-Melnyk	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 for purposes of treatment and care coordination of a patient; etc.	Support w/ Amendment	HB 115 is being modified as a study bill
SB 17	Chair, Finance	Health Information Exchanges – Definitions & Regulations	Broadens the definition of Health Information Exchange and requires that the MHCC adopt certain regulations for the privacy and security of protected health information obtained or released through a health information exchange.	Support	Passed w/ Amendments In Senate Hearing 3/22 – HGO
SB 234/ HB 596	Middleton	Interstate Medical Licensure Company	Directs the Board of Physicians to enter into the Interstate Medical Licensure Compact to provide a streamlined method to allow physicians to become licensed in multiple states.	Staff Recommendation – Letter of Information	2nd reading Passed w/ Amendments in EHEA, NA in HGO
SB 266/ HB716	Nathan –Pulliam/ Lewis	MHCC – Mortality Rates of African American Infants and Infants in Rural Areas - Study	Requiring the Maryland Health Care Commission, in consultation with the Office of Minority Health and Health Disparities and interested stakeholders, to conduct a study on the mortality rates of African American infants and infants in rural areas	Support with Amendment (Changed the report due date from June to November 2019)	3rd Reading Passed House and Senate SB 266 Hearing 3/20 – HGO

Bill No	Sponsor	Title	Description	Original MHCC position	Status
SB 619/HB 1282	Klausmeier & Feldman	HMO – CON Requirements – Modification	Repealed a certain that a health maintenance organization that served only its members and the indigent to obtain a certificate of need before establishing an ambulatory surgical facility or center	Support	3rd Reading Passed
SB 682	Hershey/ Middleton	Medical Assistance Program and Health Insurance – Emergency Medical Services Providers – Coverage and Reimbursement of Services	Requiring the Maryland Department of Health and private payers to reimburse emergency medical services providers for mobile integrated health services provided.	Staff Recommendation – Letter of Information	Hearing 3/1 – FIN (Committee Chair asked Pat Gainer to form a workgroup)
SB 896 HB1574	Guzzone /Lewis	Public Health – Health Record and Payment Clearinghouse – Pilot Project	Requiring the Maryland Health Care Commission, subject to certain limitations, to establish and implement a certain health record and payment clearinghouse pilot program on or before July 1, 2020.	Staff Recommendation – Letter of Information	Hearing HGO 03/02. Amended bill could require a study Hearing FIN 3/28

Bill No	Sponsor	Title	Description	MHCC position	Status
SB 1024 /HB 1519	Conway	Self-Referrals – Oncology Group Practices – Exemption	Requiring the Maryland Health Care Commission to establish a process to exempt one oncology group practice in certain geographic regions from a certain prohibition against self-referral.	Information	Hearing Canceled - EHEA (Conway)/ withdrawn
SB 1056	Hershey, Mathias, Middleton	Rural Health Collaborative Pilot	Establishing the Rural Health Collaborative Pilot in the Maryland Department of Health to lead a regional partnership in building a rural health care system that enhances access to and utilization of health care services designed to meet.	Support	Hearing 3/1 – FIN — 2nd Reading Passed w/ amendments – 3rd Reading Passed
HB 384	Chair, HGO	Substance Use Facilities and Programs – CON – Repeal of Requirement	Altering the definition of "health care facility" for the purpose of excluding certain substance use treatment facilities and programs from the certificate of need requirements.	Support	Hearing 2/13 HGO
HB1540	Lisanti, Glass	Health Care Facilities – Closing or Partial Closing – Public Notice	Requiring the Maryland Health Care Commission to publish a notices of the closing or partial closing of a certain health care facility within a designated time period.	Letter of Information	Hearing 3/2 - HGO

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MARYLAND HEALTH CARE COMMISSION

UPDATE:

Maryland Healthcare Quality Reports – Consumer Website

(Agenda Item #8)

MARYLAND HEALTH CARE COMMISSION

The Maryland Health Care Quality Reports Consumer Website

An Overview of the Quality Reporting Initiative
&
Demonstration of New Website Features

March 15 , 2018

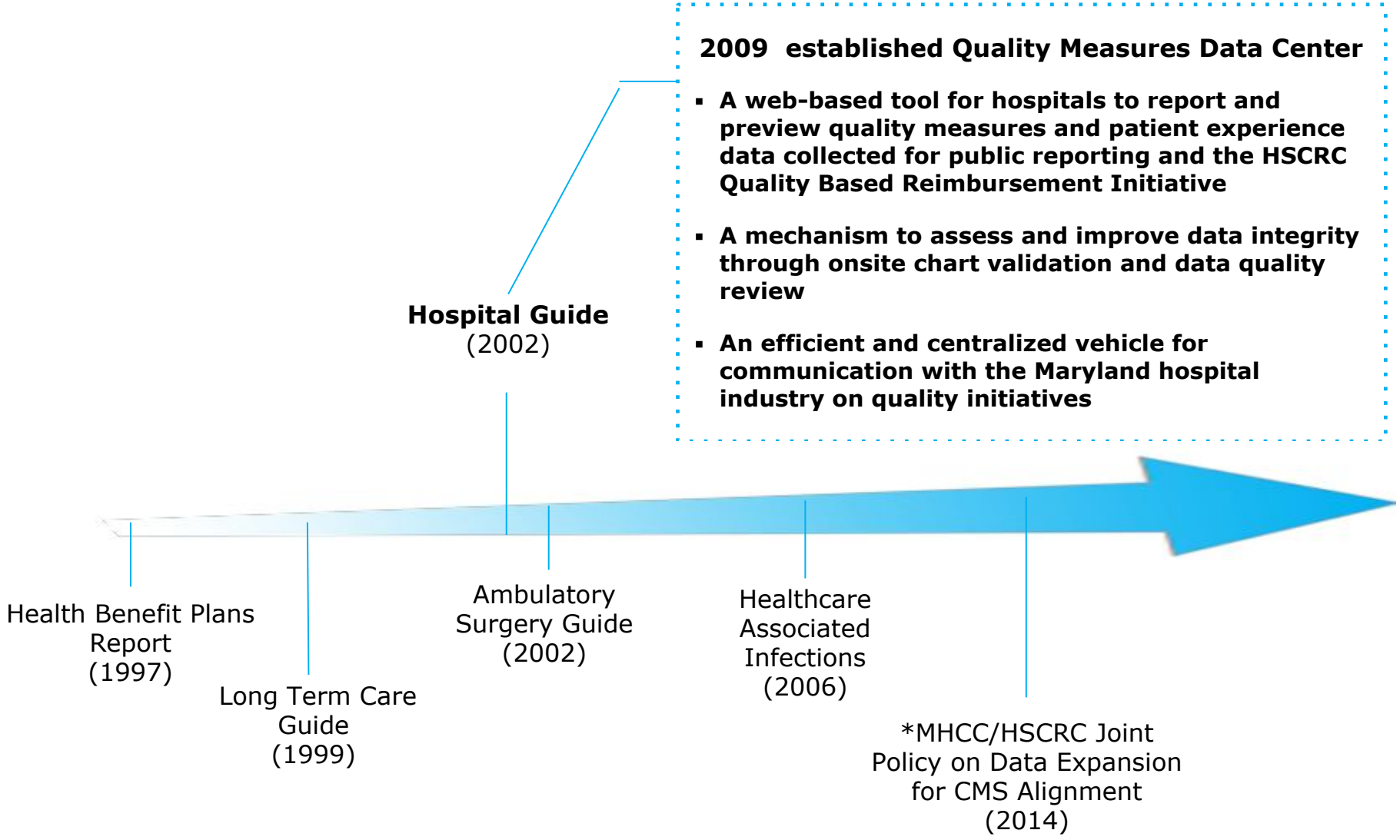
Background

Maryland Statute directs MHCC to establish and implement systems to evaluate and report on the quality and performance of providers in a comparative and objective manner.

Specifically:

- 1997 Commercial Health Benefit Plans
- 1999 Long Term Care Facilities
  - Nursing Homes
  - Assisted Living Facilities
  - Home Health Agencies
  - Hospice Providers
- 2002 Hospitals and Ambulatory Surgery Centers
- 2006 Healthcare Associated Infections Initiative (SB135)

The Evolution of Quality and Performance Reporting



*Significant expansion of MHCC data collection responsibilities

Expanding Data Reporting Requirements for Hospitals

2002 – Process of care measures/Utilization data

2008 – Hospital Participation in CDC National Healthcare Safety Network (NHSN)

2009 – Patient Experience /Consumer Satisfaction Survey Results (HCAHPS)

- Use quality metrics in HSCRC Quality Based Reimbursement (QBR) Initiative
- Hospital Health Care Worker Flu Vaccination Rates

2010 – Central Line Associated Blood Stream Infections (CLABSI) (ICU only)

2011- Initiation of On-site HAI Data Validation Initiative

2012 – Surgical Site Infections – Hip, Knee, CABG

2013 – Clostridium difficile Infection (CDI)

2014 – Alignment with CMS Value Based Purchasing Program Requirements

- Surgical Site Infections – Colon, Abdominal Hysterectomy
- MRSA Bacteremia
- Catheter Associated Urinary Tract Infections (CAUTI) (ICU only)

2015 – Expansion of CLABSI and CAUTI to medical, surgical and medical/surgical wards

– Expansion of MRSA and CDI to ED and 24 hour observation units

Evolving Long Term Care Initiative

2009 Use of focus groups to guide major redesign of the LTC website; converting the guide from a nursing home focus to the full continuum of long term care services: nursing homes, assisted living facilities, home health and hospice

2010 Initiated survey of employee flu vaccination in nursing homes and assisted living facilities

2013 Expanded use of the nursing home family experience survey results and employee flu vaccination rates by Maryland Medicaid Program for P4P

2015 Expanded use of nursing home short stay surveys (100 days or less) by HSCRC to support the NAPM methodology

2016 Nursing Home Quick Compare Feature added to website

2017 Elimination of short stay survey

2018 Home Health Quick Compare Feature added to website

New procurement for nursing home family experience of care survey

New MHCQR Website Released in 2014

The Mission

Establish a comprehensive, integrated online resource that enables consumers to access meaningful, timely, and accurate healthcare information reported by healthcare providers and payers in Maryland

A Changing Landscape

- Public Reporting at the National Level
  - CMS Hospital Compare, Nursing Home & Home Health Compare
  - Leapfrog Patient Safety Grades
  - US News & World Report
  - Focus on Star Ratings
  - NCQA Website / Health Plan Websites for Members
- Shift from Process Measures to Outcome Measures (e.g., HAI)
- Focus on Patient Experience Measures
- Greater Price Transparency
- CMS Star Ratings

Looking Forward: The Evolving Role of Quality Reporting

- Continue Streamlining Requirements & Work Processes
- Enhance Consumer Engagement & Outreach/Website Promotion
- Build Outpatient Quality Initiative – Hospital based and ASCs
- Integrate data sources for more meaningful information
- Maintain and Expand Partnerships
  - Consumers & Advocates
  - Academic Medical Centers
  - Trade Associations (MHA, ALFA, MASA)
  - CMS QIO/ QIN/ OHCQ/ Leapfrog

Looking Forward: Facilitate Quality Improvement

4 **How do we:**

- Make optimal use of our resources?
- Use our data to more effectively inform consumers?
- Use our data to proactively identify areas of need?

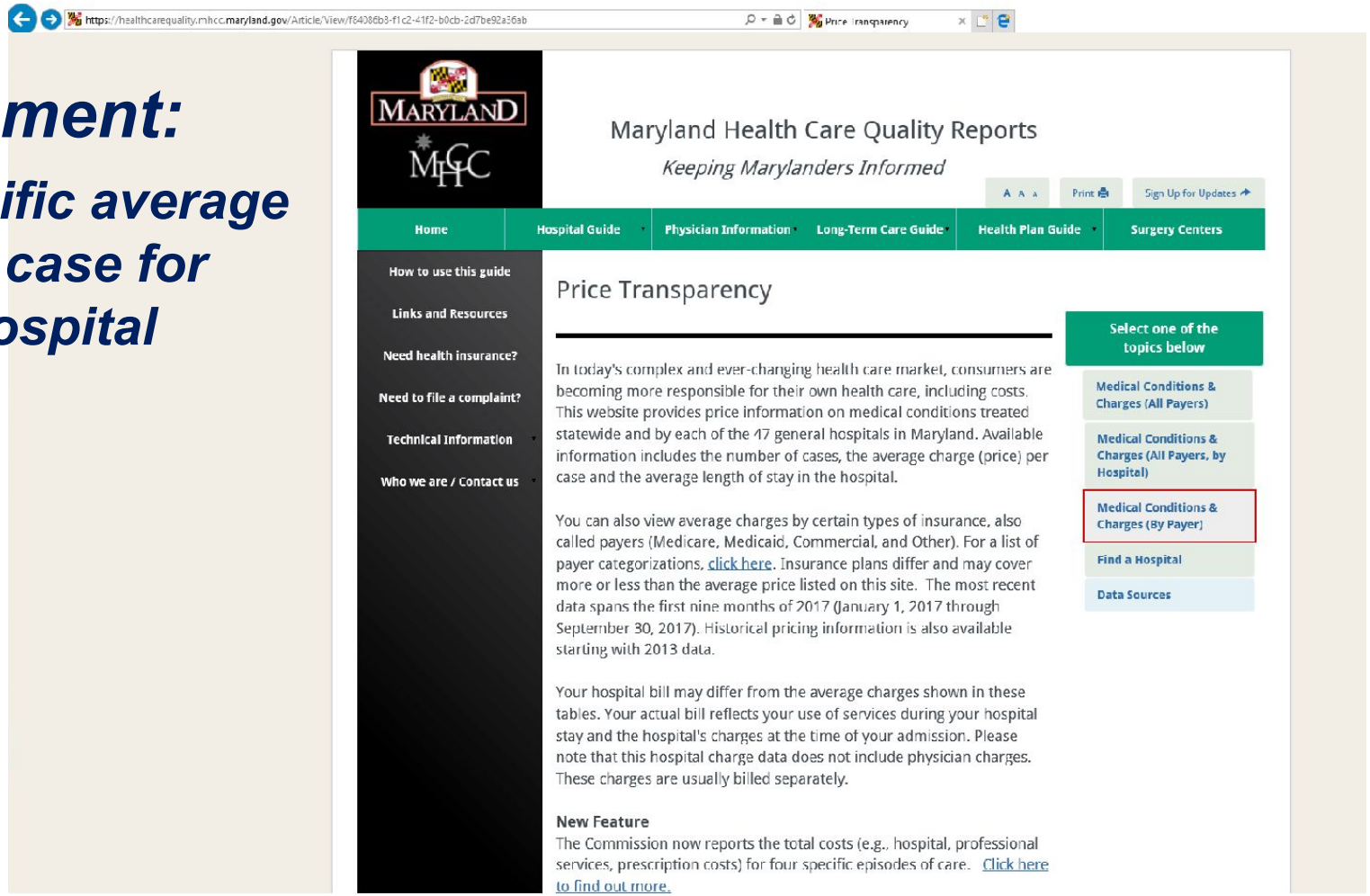
Highlights of March 2018 MHCQR Website Update

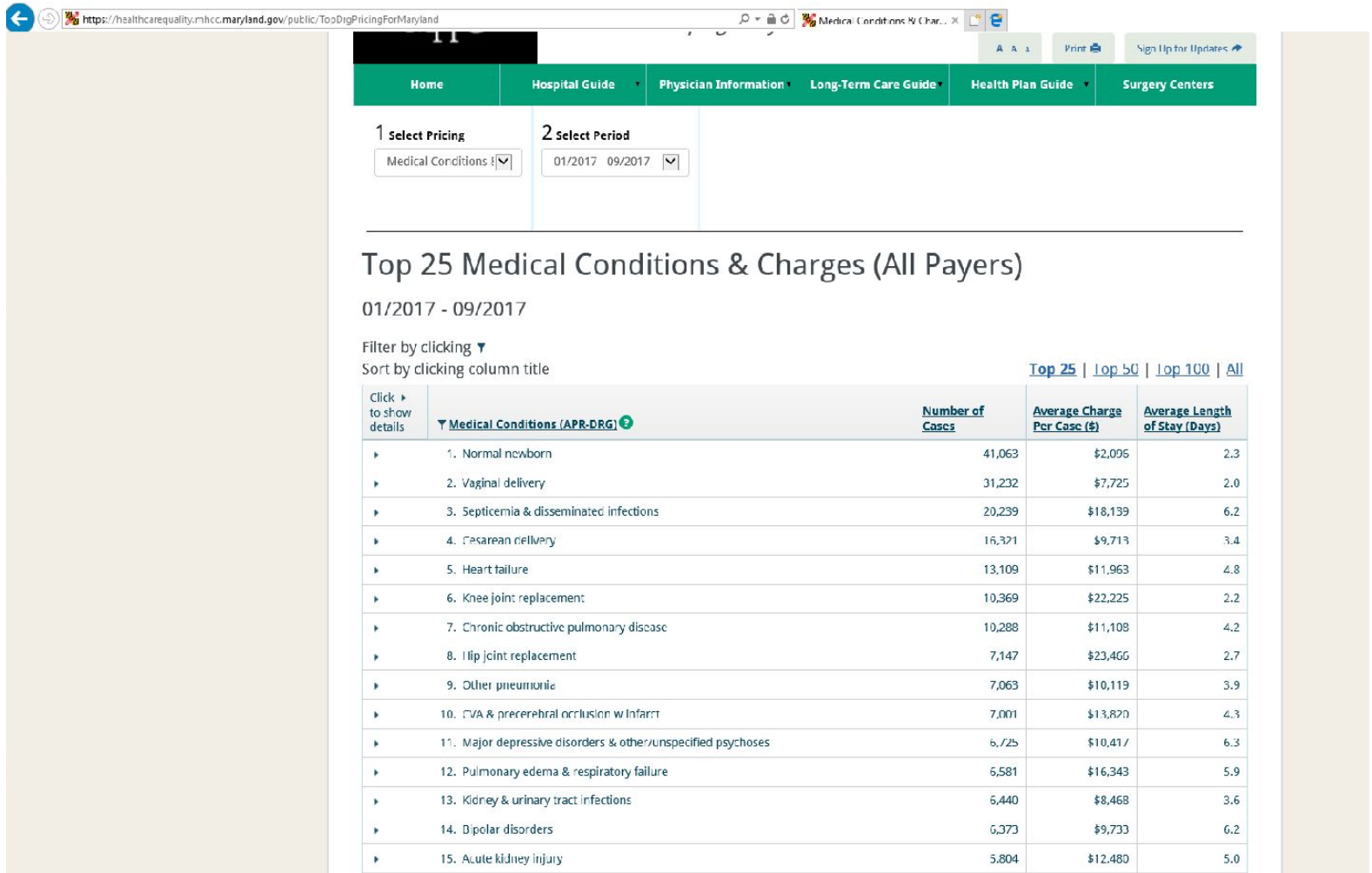
- New Functionality for Hospital Price Transparency Display
- Home Health Agency Star Ratings
- Nursing Home Star Ratings

http://healthcarequality.mhcc.maryland.gov/

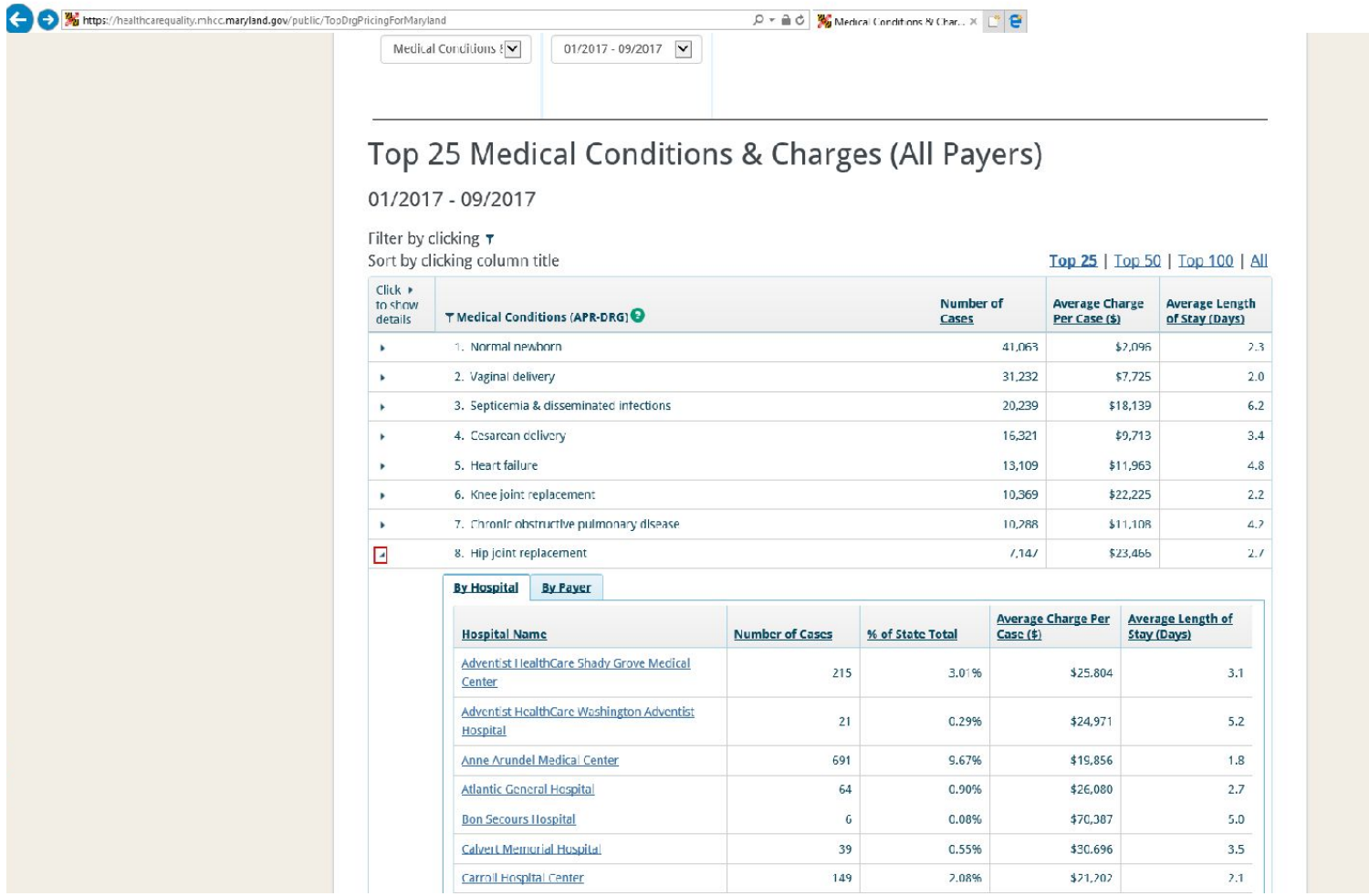
Enhancement:

Payer specific average charge per case for inpatient hospital services



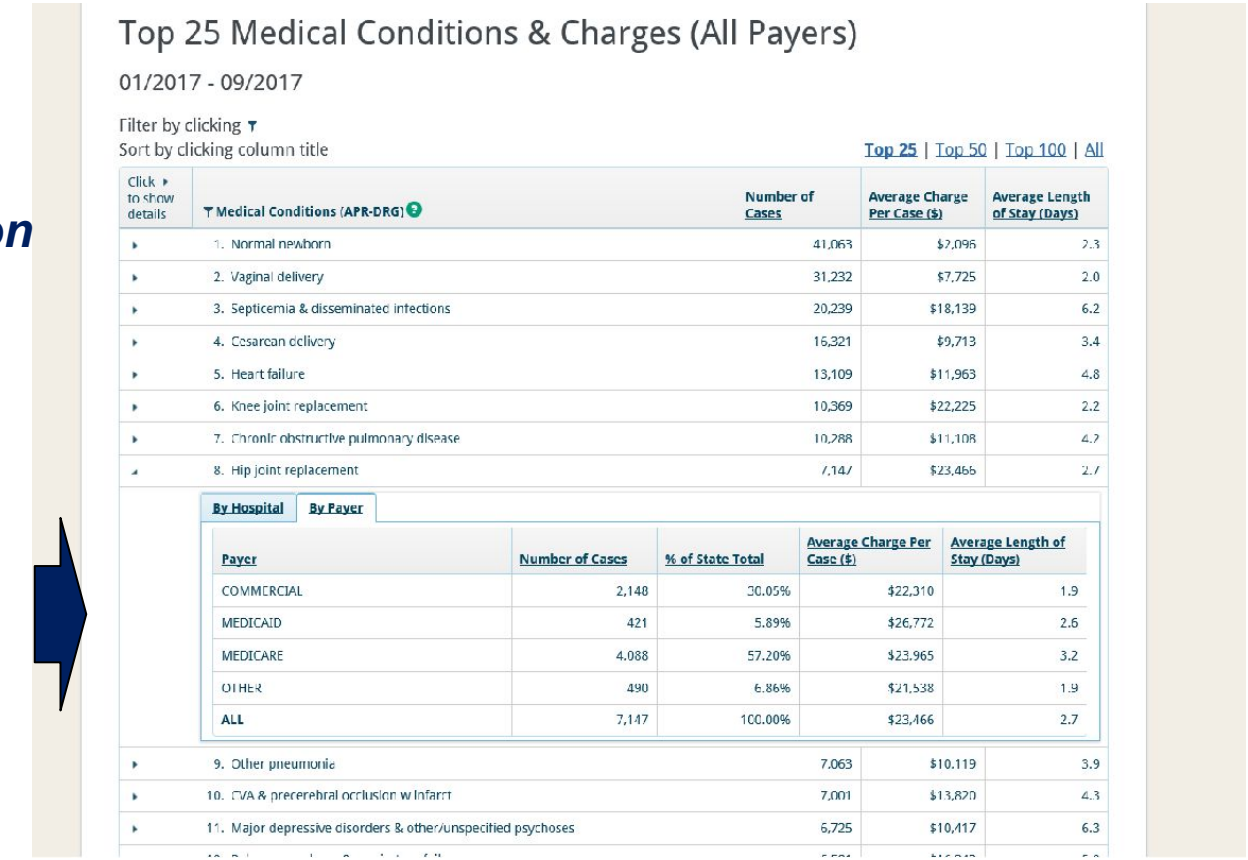


Click to show details	Medical Conditions (APR-DRG)	Number of Cases	Average Charge Per Case ($)	Average Length of Stay (Days)
▸	1. Normal newborn	41,063	$2,096	2.3
▸	2. Vaginal delivery	31,232	$7,725	2.0
▸	3. Septicemia & disseminated infections	20,239	$18,139	6.2
▸	4. Cesarean delivery	16,321	$9,713	3.4
▸	5. Heart failure	13,109	$11,963	4.8
▸	6. Knee joint replacement	10,369	$22,225	2.2
▸	7. Chronic obstructive pulmonary disease	10,288	$11,108	4.2
▸	8. Hip joint replacement	7,147	$23,466	2.7
▸	9. Other pneumonia	7,063	$10,119	3.9
▸	10. CVA & precerebral occlusion w infarct	7,001	$13,820	4.3
▸	11. Major depressive disorders & other/unspecified psychoses	6,725	$10,417	6.3
▸	12. Pulmonary edema & respiratory failure	6,581	$16,343	5.9
▸	13. Kidney & urinary tract infections	6,440	$8,468	3.6
▸	14. Bipolar disorders	6,373	$9,733	6.2
▸	15. Acute kidney injury	5,804	$12,480	5.0


https://healthcarequality.mhcc.maryland.gov/public/TopDrgPricingForMaryland
Medical Conditions
01/2017 - 09/2017
Top 25 Medical Conditions & Charges (All Payers)
01/2017 - 09/2017
Filter by clicking
Sort by clicking column title
Top 25 | Top 50 | Top 100 | All
Click to show details
Medical Conditions (APR-DRG)
Number of Cases
Average Charge Per Case ($)
Average Length of Stay (Days)
1. Normal newborn 41,063 $2,096 2.3
2. Vaginal delivery 31,232 $7,725 2.0
3. Septicemia & disseminated infections 20,239 $18,139 6.2
4. Cesarean delivery 16,321 $9,713 3.4
5. Heart failure 13,109 $11,963 4.8
6. Knee joint replacement 10,369 $22,225 2.2
7. Chronic obstructive pulmonary disease 10,288 $11,108 4.2
8. Hip joint replacement 7,147 $23,466 2.7
By Hospital
By Payer
Hospital Name
Number of Cases
% of State Total
Average Charge Per Case ($)
Average Length of Stay (Days)
Adventist HealthCare Shady Grove Medical Center 215 3.01% $25,804 3.1
Adventist HealthCare Washington Adventist Hospital 21 0.29% $24,971 5.2
Anne Arundel Medical Center 691 9.67% $19,856 1.8
Atlantic General Hospital 64 0.90% $26,080 2.7
Bon Secours Hospital 6 0.08% $70,387 5.0
Calvert Memorial Hospital 39 0.55% $30,696 3.5
Carroll Hospital Center 149 2.08% $21,202 2.1

Enhancement:

- Search by Payer Function



Top 25 Medical Conditions & Charges (All Payers)

01/2017 - 09/2017

Filter by clicking ▼
Sort by clicking column title

Top 25 | Top 50 | Top 100 | All

Click ▸ to show details	▼ Medical Conditions (APR-DRG)	Number of Cases	Average Charge Per Case ($)	Average Length of Stay (Days)
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▴	8. Hip joint replacement	7,147	$23,466	2.7

By Hospital | By Payer

Payer	Number of Cases	% of State Total	Average Charge Per Case ($)	Average Length of Stay (Days)
COMMERCIAL	2,148	30.05%	$22,310	1.9
MEDICAID	421	5.89%	$26,772	2.6
MEDICARE	4,088	57.20%	$23,965	3.2
OTHER	490	6.86%	$21,538	1.9
ALL	7,147	100.00%	$23,466	2.7

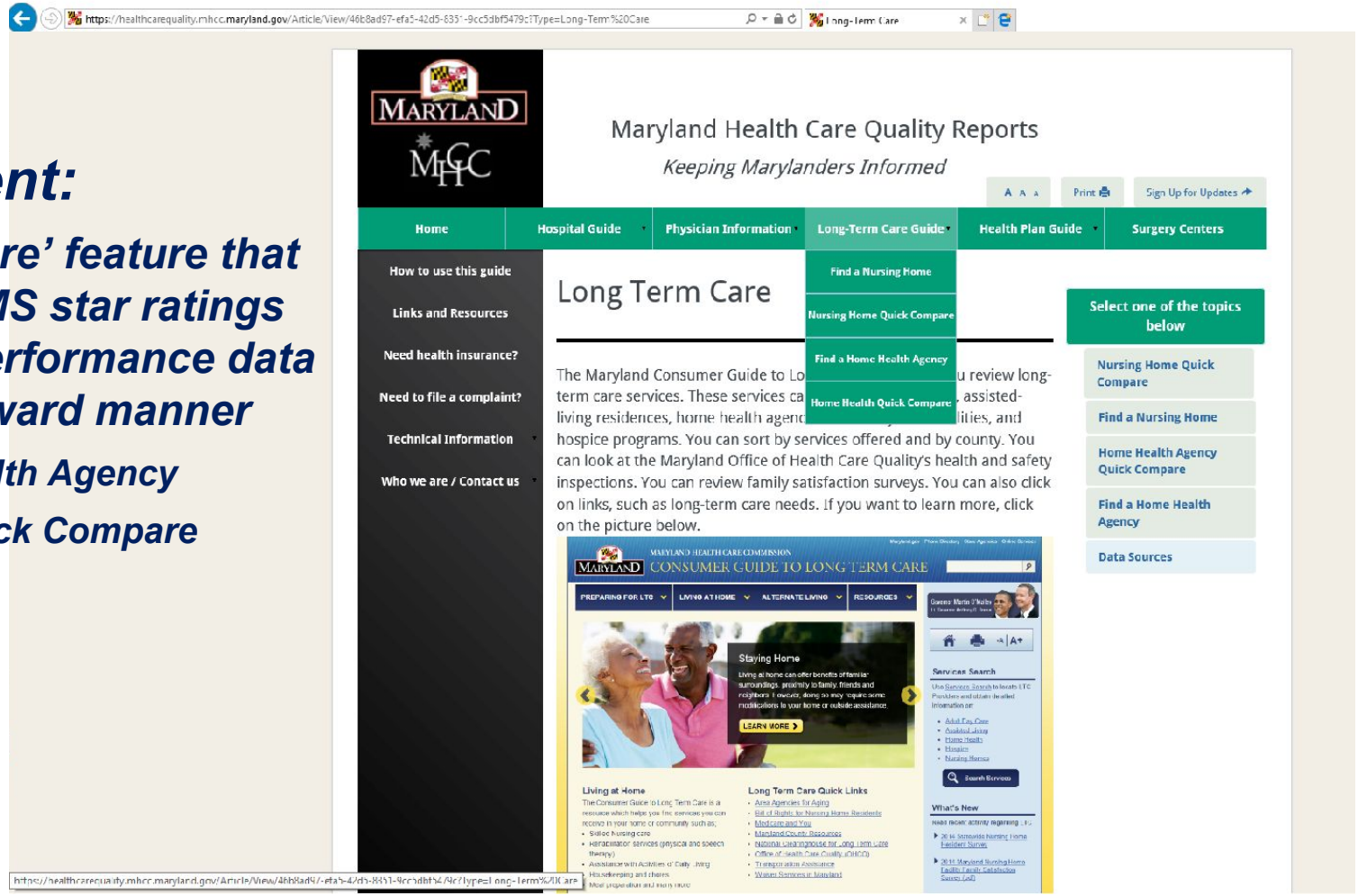
▸	9. Other pneumonia	7,063	$10,119	3.9
▸	10. CVA & precerebral occlusion w infarct	7,001	$13,820	4.3
▸	11. Major depressive disorders & other/unspecified psychoses	6,725	$10,417	6.3

Enhancement:

A 'quick compare' feature that displays the CMS star ratings and provider performance data in a straightforward manner

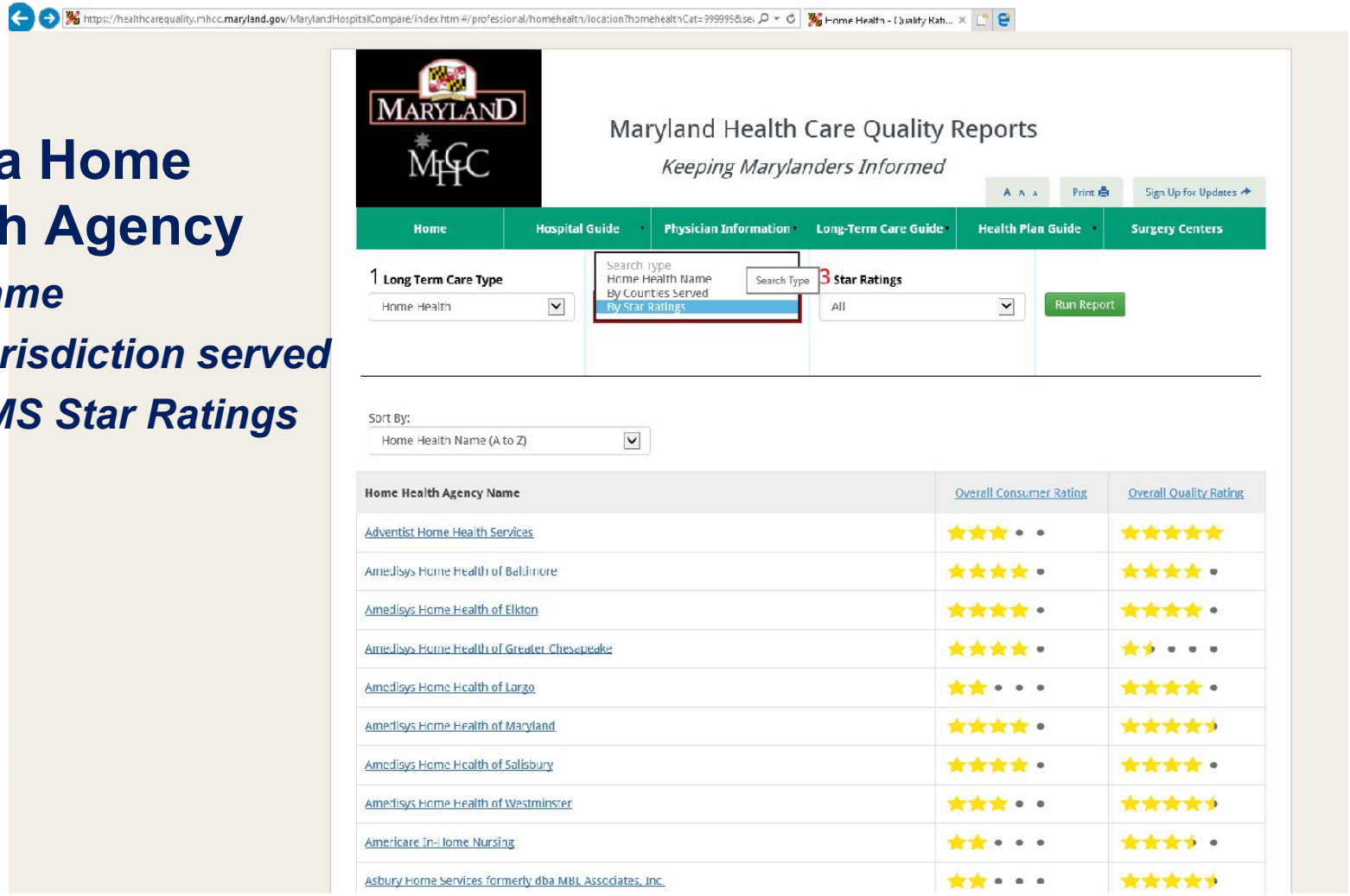
- Find a Home Health Agency

- Home Health Quick Compare



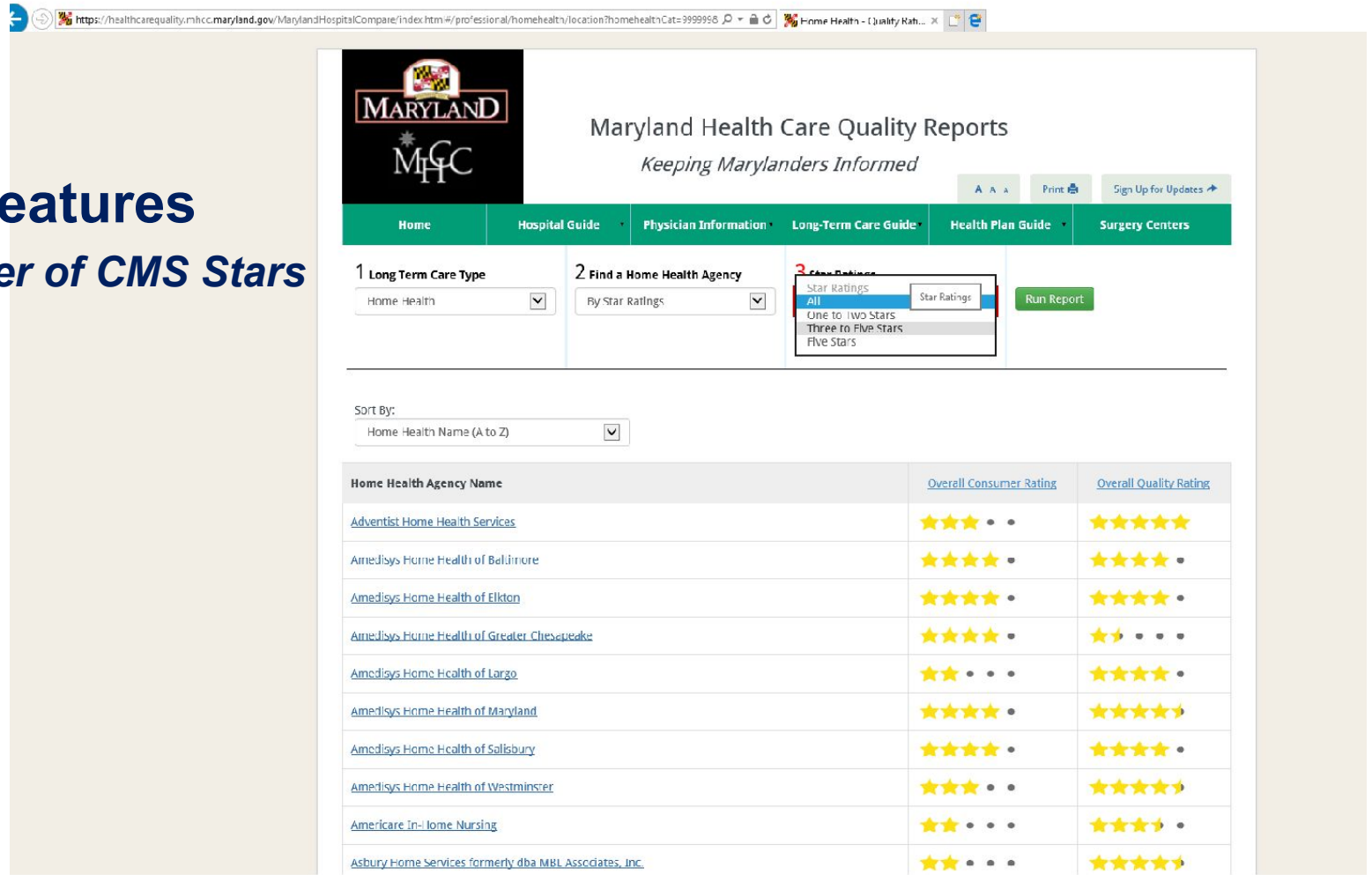
Find a Home Health Agency

- ***By Name***
- ***By Jurisdiction served***
- ***By CMS Star Ratings***



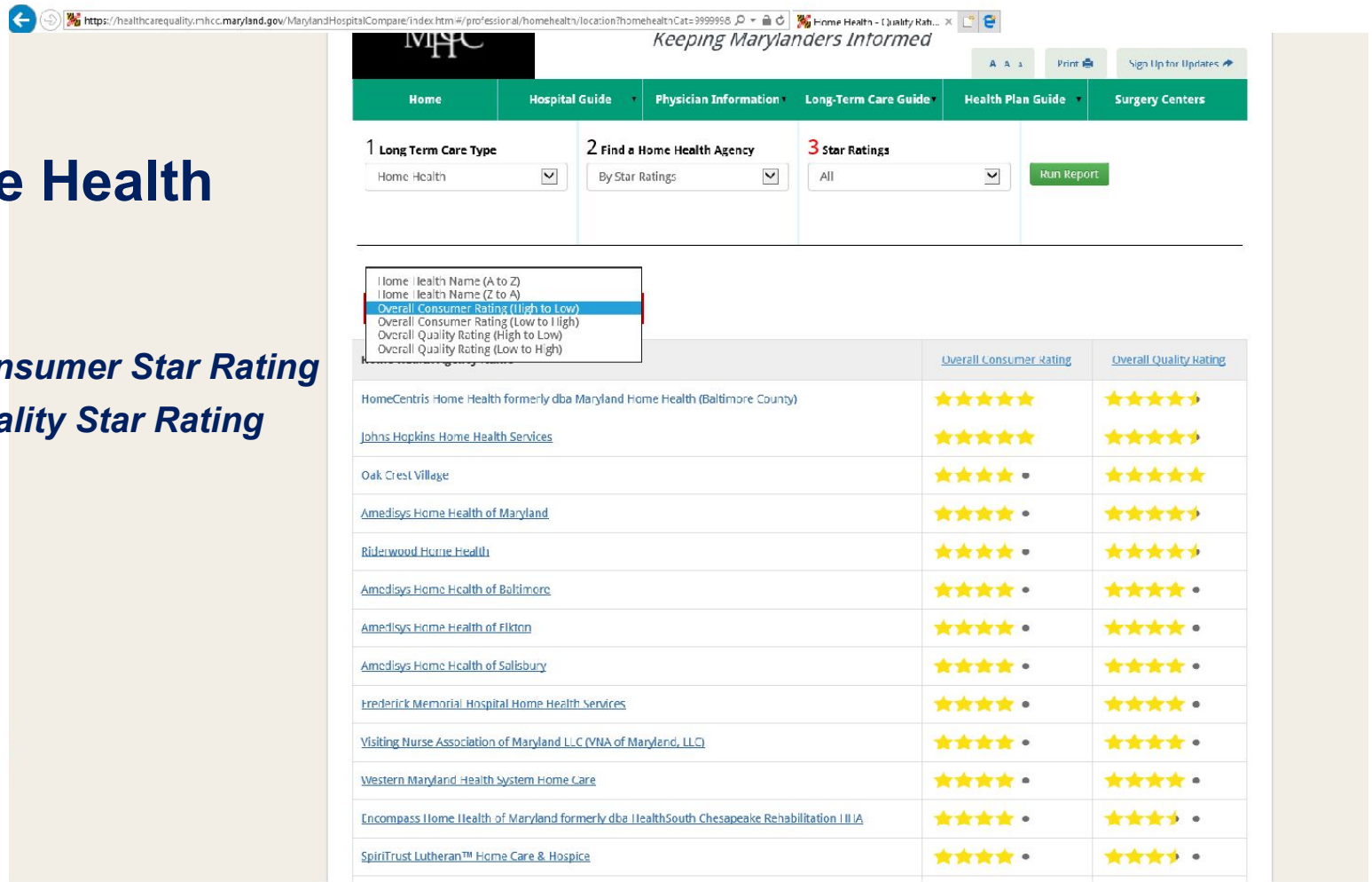
Search Features

- ***By Number of CMS Stars***



Sort Home Health Agencies

- ***By Name***
- ***By Overall Consumer Star Rating***
- ***By Overall Quality Star Rating***



MARYLAND HEALTH CARE COMMISSION

AGENDA

1. APPROVAL OF MINUTES
2. UPDATE OF ACTIVITIES
3. ACTION: Certificate of Need – Thomas Johnson Surgery Center (Docket No.17-16-2410)
4. PRESENTATION: COMAR 10.24.17: State Health Plan for Facilities and Services – Cardiac Surgery and Percutaneous Coronary Intervention Service – Overview of changes in draft Chapter released for informal public comment
5. PRESENTATION: Telehealth Grant Pilots – Key Takeaways from the 2015 and 2016 Projects
6. PRESENTATION: Hospital Health IT Report – Key Findings
7. UPDATE: Status of Legislation
8. UPDATE: Maryland Healthcare Quality Reports – Consumer Website
9. **OVERVIEW OF UPCOMING INITIATIVES**
10. ADJOURNMENT

Overview of Upcoming Initiatives

(Agenda Item #9)

ENJOY THE REST OF
YOUR DAY