MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

September 2010

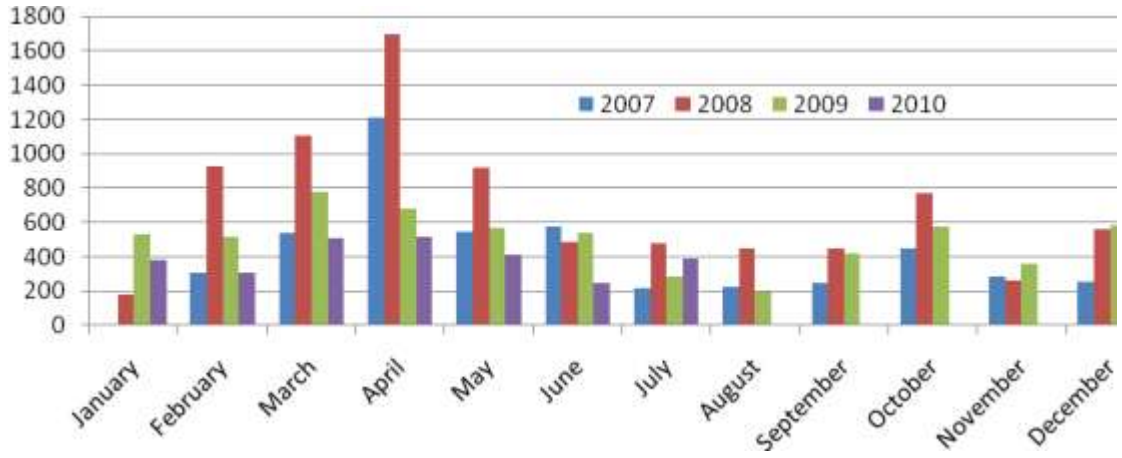
CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

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 $390,467 in July. The monthly payments for uncompensated care since February 2007 are shown below in Figure 1.

Figure 1 – Trauma Fund Uncompensated Care Payments 2007-2010



Applications for On-Call reimbursement for January 1, 2010 through June 30, 2010 were due from participating Maryland Trauma Centers on July 31, 2010.

Patient Centered Medical Home Program

The Maryland Health Care Commission held 7 symposia on the Maryland PCMH Program for primary care practitioners throughout the state from June 22 through August 26th. The State intends to involve 50 practices, with 200 primary care providers—physicians and nurse practitioners—and at least 200,000 patients, in a three-year pilot. The Commission has created a portal for interested primary care providers on its website at: **http://mhcc.maryland.gov/pcmh/**. Commission staff conducted webinars entitled "Focus on NCQA Recognition," led by Mina Harkins, NCQA's Assistant Vice President for Physician Recognition Programs, in August and early September. Upcoming webinars include "Focus on Reimbursement in the PCMH Pilot," led by Ben Steffen and Guy D'Andrea of Discern LLC, and "Focus on Electronic Health Record and Registry Systems," led MHCC's Health Information Technology staff. For further information, please send an email to Commission staff at: **pcmhpractices@mhcc.state.md.us**.

In August, the State of Maryland applied for participation in the CMS Multi-Payer Advanced Primary Care Initiative. If Maryland is one of the six states chosen to participate in the CMS demonstration, then

Medicare patients will be included in the carrier payments to those practices participating in the PCMH Program pilot.

Final Standards for Single Carrier PCMH Applications were approved by the Commission on August 19, 2010. The Commission received an application from CareFirst BlueCross BlueShield for a Single Carrier PCMH Program on Friday, August 27, 2010, which is being reviewed by Commission staff.

Information regarding the PCMH Workgroup, as well as the schedule of upcoming meetings, is available on the Maryland Health Quality and Cost Council's website at: http://dhmh.state.md.us/mhqcc/pcmh.html. Please note that future Workgroup and subgroup meetings have not yet been scheduled. The Maryland Health Quality and Cost Council will meet on Friday, September 24, 2010 at 9:30 a.m. at the UMBC Technology Center, 1450 South Rolling Road Baltimore, MD 21227.

Cost and Quality Analysis

Maryland Medical Care Data Base (MCDB)
MHCC has been receiving and processing requests from submitting payers for both submission deadline extensions and data element waivers. As always, the staff assesses each payer's request(s) based on that payer's particular circumstances, including specific claims information provided to or retained by the payer and changes in staffing or claims processing and storage systems that may impact the information the payer can submit or when the submission can be completed. To date, about a dozen payers have been granted submission extensions—for all or just a portion of their data submission—until the middle or the end of September.

Most of the payers have requested data element waivers. Although many of the waiver requests are for data elements listed in the newly required Institutional Services file, the waiver requests also include data elements in the "older" files that have always been required of payers (professional services, prescription drugs, provider directory). Waivers sought for older files are due to either changes made in these files in the updated version of the Maryland regulations governing the submission of the Medical Care Data Base (COMAR 10.25.06), or the "quality thresholds" that MHCC established for a key subset of variables that are essential for most of the analyses conducted on the MCDB. Each payer's performance in meeting the quality thresholds for the essential variables in the 2008 claims data was assessed by the data base contractor, Social and Scientific Systems, Inc., and reported to the payer by MHCC staff. The quality thresholds have increased the payers' attention to their performance in providing the critical data elements; consequently, payers have included variances on the quality thresholds in their 2009 claims data waiver requests.

Practitioner Utilization: Trends among Privately Insured Patients, 2007–2008.
The final version of this report will be posted to the MHCC website next week, and printed copies of the report are expected to be available for distribution at the end of September. Release of the final report was delayed by the need to revise the methodology used in the analysis of out-of-network services. This revision will make the out-of-network services methodology used in the professional services report consistent with the methods that will be used in a new legislatively mandated report on changes in the relative shares of professional service volume and payments attributable to out-of-network physicians (SB 314).

All-Payer Claims Database (APCD) Workshop
The National Association of Health Data Organizations (NADHO), The Regional All-Payer Healthcare Information Council (RAPHIC), and State Coverage Initiatives (SCI), are hosting an APCD workshop October 14–15 in Salt Lake City for about a dozen states interested in either starting an APCD or increasing/better utilizing their existing APCD. States selected for the workshop will have expenses for up to four team members—including travel and hotel—covered by SCI. Selection for the workshop was based on an application due August 20th.

Maryland has been selected to participate in the Workshop. The Maryland team includes: MHCC staff Ben Steffen and Linda Bartnyska; Claudia Schur and Eric Sullivan of Social and Scientific Systems, Inc.; and Stacey Davis, Deputy Director of the Office of Planning within Maryland Medicaid. Ms. Davis was included to further MHCC's goal of conducting a health care utilization study of mutual interest with the Medicaid Program by efficiently combining information from their respective databases.

Data and Software Development

Internet Activities

Unique visitors to the MHCC website increased from June 2010 to July 2010 by 9 percentage points and then dropped by 11 percentage points in August, likely due to a traditional seasonal drop off in web use in the late summer. The number of visitors in August 2010 was 18 percentage points higher than August 2009 visitors (see Figure 2).

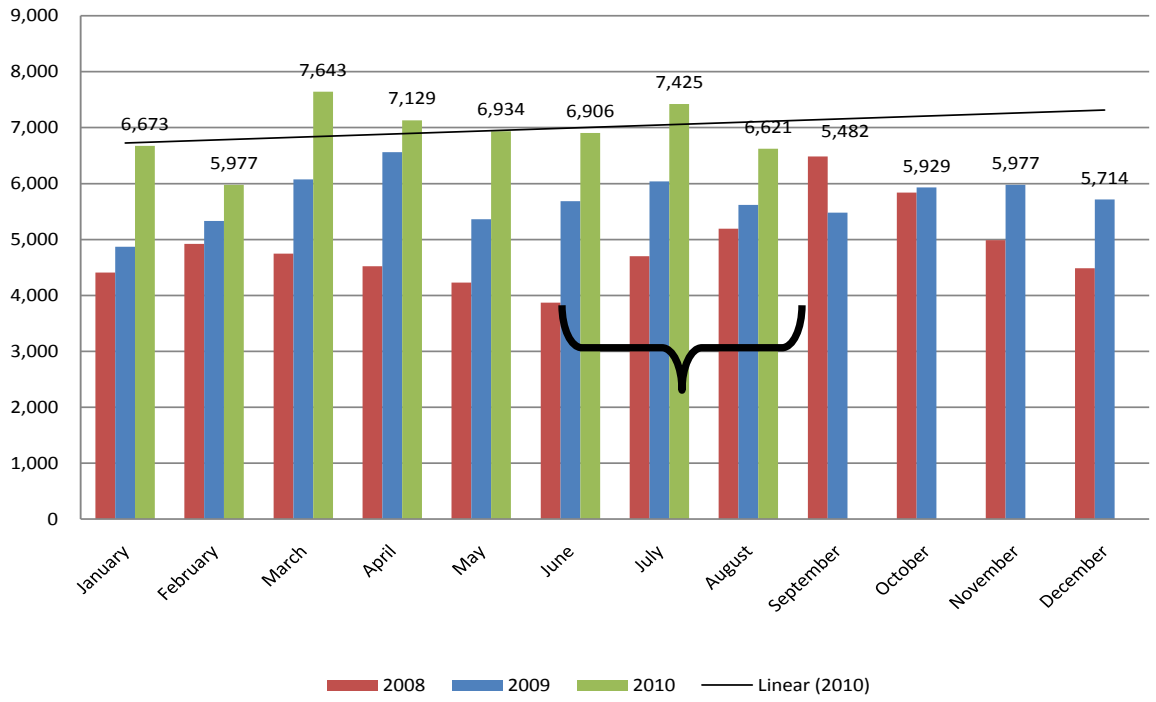
Visitors to the MHCC website typically arrive directly -- by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The share of unique visitors who arrived directly accounted for 42 percent of unique visitors in August. About 37 percent of unique visitors arrived via a search engine. This share fluctuates up and down 3 to 4 percent from month to month. Google remains the dominant search engine directing 27 percent of all visitors to the MHCC site. The five most common keywords used in the search were the same as in June:

- "Maryland Health Care Commission"
- "maryland healthcare commission"
- "mhcc"
- "assisted living facilities in Maryland" and
- "nursing homes in Maryland"

The remaining 21 percent of visitors were again referred from sites such as other state agencies. This share also shifts 3 to 4 percent month-to-month with no consistent upward or downward trend. The DHMH website was the most common agency referring site, followed by the Maryland Web Portal (Maryland.gov).

Figure 2 -- Unique Visitors to the MHCC Web Site



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

Health Plan Quality and Performance

We are in the planning stages for the 2010 Health Plan report series. As in past years we anticipate releasing the *Consumer* Guide in September 2010 and the *Comprehensive Guide* in November 2010. Due to the State transition from offering HMO plans to offering exclusive provider organization (EPO) plans (EPOs are a hybrid somewhere between HMOs and PPOs), health plan reporting in the *State Employee Guide* has become complicated. In conjunction with the Department of Budget and Management we have determined that it is more expedient to discontinue producing an independent *State Employee Guide* and incorporate information targeted toward state employees in the *Consumer Guide*. There will be language in the consumer guide specific to state employees to guide them to the appropriate area of the *Consumer Guide.*

We have piloted a proprietary product for the last two years called eValue8 which complements the HEDIS measures and creates a much more robust performance measurement program and subsequently results in a report with greater utility for employers and employees choosing a health plan. While eValue8 data will not be represented in the 2010 reports, we have been working with the Mid-Atlantic Business Group to ensure this information will be provided in the 2011 reports.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
The enactment of SB 637/HB 674 requires the Commission to post on the MHCC website and update quarterly, premium comparisons of health benefit plans issued in the small group market. The Commission contracted with Benefitfocus to design, develop and host this web portal, called VIRTUAL COMPARE. Work on the web portal continues, with December as the operational target date.

To comply with the various reform initiatives under federal health reform (The Patient Protection and Affordable Care Act) that become effective on September 23rd, several changes to the CSHBP regulations (COMAR 31.11.06) were necessary. Commission staff updated the regulations in cooperation with the MIA and the Commission approved the regulations as both emergency and proposed permanent during the August 19th conference call meeting. Emergency status is still pending with AELR. The proposed permanent regulations will be published in the Maryland Register on October 8th, followed by the required public comment period. Staff will seek final adoption of the regulations at the December 16th public meeting.

Health Insurance Partnership
The "Partnership" premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of September 8, 2010 enrollment in the Partnership was as follows: 304 businesses; 840 enrolled employees; 1,433 covered lives. The average annual subsidy per enrolled employee is $2,400; the average age of all enrolled employees is 39; the group average wage is approximately $28,600; the average number of employees per policy is 3.9.

Mandated Health Insurance Services
Insurance Article § 15-1501, Annotated Code of Maryland, requires the Commission to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; and (2) any request for analysis on a proposed mandated benefit that was submitted by a Legislator to the Commission by July 1st of that year. Each evaluation must include an assessment on the medical, financial, and social impact of the proposed mandate. The 2010 annual mandated benefits report will include evaluations of the following issues:

- Coverage for the treatment of bleeding disorders
- Coverage for routine HIV screening
- Coverage for habilitative services to individuals up to age 25
- Coverage of preventive physical therapy services for patients diagnosed with Multiple Sclerosis
- Spinal Muscular Atrophy – coverage for private duty nursing services
- Coverage for psychological and neuropsychological testing under Mental Health Parity
- Cost sharing equity for cancer chemotherapy
- Prescription drug cost sharing obligations

Two conference calls have been scheduled so that Commission and Mercer staff can discuss the proposed mandates with the medical directors and chief pharmacists from each of the major carriers.

Long Term Care Policy and Planning

Hospice Data
The FY 2009 Maryland Hospice Survey was released for online data entry as of February 23, 2010. All Maryland hospice programs have now completed data submission for both Parts I and II of the survey. The FY 2009 public use data set has been posted on the Commission's website. In addition the *Guide to Maryland Hospice Survey Trend Report, FY 2006-2009*, as well as the *Trend Report FY 2006-2009 Hospice Data* have also been posted on the Commission's website.

Minimum Data Set
Staff is currently working with the minimum data set (MDS) Resident Assessment Instrument to update data sets for planning and policy development. The focus is on: update current programs and address programming issues; construct variables for research projects; develop a methodology to impute missing data; create data sets that permit tracking of variables over time; and link data sets. Myers and Stauffer, the contractor for this project, has now finalized several items for this contract. These include: detailed project documentation; a data dictionary; scenarios; software architecture; flow charts; and a glossary. The MDS Manager Program has been used to update MDS data through 2009.

End of Life Bill of Rights
Following the 2009 legislative session a workgroup met to discuss end of life care options and the development of an End of Life Care Bill of Rights. One of the recommendations of the workgroup was to distribute the End of Life Care Bill of Rights and to develop accompanying educational materials. A follow-up meeting was held on June 3, 2010 to discuss plans for an educational process. The purpose of the meeting was: 1) for agencies to affirm the Bill of Rights; 2) to convene a subgroup to develop a "how to" booklet to accompany the Bill of Rights; 3) to determine where to distribute it; and 4) to seek funding. The Bill of Rights was discussed and a small subgroup was appointed to work on educational materials. A meeting of the workgroup was held on September 8, 2010. The group discussed an outline and approach for an educational brochure. The next step is to send it to the Council on End of Life Care.

Home Health Agency Advisory Group
The State Health Plan for Facilities and Services, and its Home Health Agency (HHA) Services section of the Long Term Care Services Chapter (COMAR 10.24.08) , is in the process of being revised and updated to reflect more current utilization trends as well as other changes in the delivery and financing of HHA services.

To ensure stakeholder input, we created the Home Health Agency Advisory Group to assist Commission staff by providing feedback on their analysis of utilization trends, identification of contributing factors to the changes in utilization of HHA services, and forecasting future HHA need in Maryland that maintains a robust industry while promoting consumer choice. Participants include major stakeholders in the delivery of HHA services in Maryland, including representatives from the Maryland National Capital Homecare Association (MNCHA). The first meeting of the HHA Advisory Group is scheduled for Wednesday, September 29th.

Home Health Agency Survey
2009 data sets have been downloaded and staff is performing the initial stages of data cleaning by reviewing frequencies of the data variables, contacting facilities for verification. Staff will update the data where applicable when supporting documentation is provided. Staff is also in the planning stages for Fiscal Year 2010 Home Health Agency survey scheduled for release in October 2010.

Long-Term Care Survey
Staff is in the process of cleaning the 2009 Long Term Care Survey data. All the data cleaning programs had to be updated and changed to be able to read the new survey applications and variables which were very well received by industry providers. Staff is working with the programming staff from the Center for Information Services and Analysis to rewrite and test the programs.

Long Term Care Quality Initiative

LTC Website Expansion
Extensive review and testing of the new expanded long-term care website took place in July and August in preparation for the launch in September

Commission staff wet with a George Washington University (GWU) contractor to describe both the current web site content and evolution and the new site. Maryland is one of several states GWU is surveying about their efforts to improve nursing home quality, including their nursing home report cards.

Nursing Home Surveys

Experience of Care
The 2010 nursing home experience of care surveys are underway. The first mail wave is scheduled for the month of September. Data collection will follow throughout October with results expected in early December.

Influenza vaccination
The Commission will pilot a *Seasonal Influenza Vaccination Survey* for staff of Assisted Living facilities during the 2010-2011 influenza season. An explanation and sample survey has been sent to all assisted living residences with 10 beds or more. The MHCC will analyze the information received from the surveys, calculate the results, and return the results to each assisted living residence.

The Centers for Disease Control is recommending "universal influenza vaccination" starting with the 2010-2011 influenza season (i.e. everyone 6 months and older should get flu vaccine each year). Vaccination among persons caring for older adults can reduce complications and mortality from flu among the older population.

The Commission collected data on nursing home staff influenza vaccination rates for the 2009-2010 flu season. In 2011 submission of nursing home influenza vaccination data will be mandatory. Facility specific results will be incorporated into the Consumer Guide to Long Term Care.

Racial and Ethnic Disparities

On August 30, the Racial and Ethnic Disparities Workgroup convened to discuss the draft *Blueprint for Action- Outreach and Education.* The *Blueprint for Action* outlines the message, key audiences and strategy for increasing accurate reporting of race, ethnicity and language preference data. We are working to achieve consensus amongst workgroup members on this plan so that we are then able to engage other stakeholders and implement the plan as a unified front. The next meeting will be held on October 7th when we anticipate finalizing the *Blueprint for Action.*

In addition to reviewing the blueprint three new members were introduced to the group; Aisha Pittman, Chief of Health Plan Quality and Performance here at MHCC will serve as the new co-chair; Nancy Selig Amsden, Regulatory Affairs Analyst has joined as a new liaison for UnitedHealthcare; and Marcos Pesquera, Executive Director of the Center for Health Disparities at Adventist HealthCare, Inc is joining representing the Maryland Hospital Association.

CENTER FOR HOSPITAL SERVICES

Hospital Services Planning and Policy

Certificate of Need (CON): July 1, 2010 through August 31, 2010

CONs Issued

NMS Healthcare of Hagerstown (Washington County) – Docket No. 10-21-2307
Construction of a new 78-bed addition to accommodate beds purchased from Homewood at Williamsport and beds being relocated internally through elimination of all 3 and 4-bed rooms. Net addition of 20 comprehensive care facility ("CCF") beds
Approved Cost: $15,084,498

Modified CONs Issued

Johns Hopkins Hospital (Baltimore City) – Docket No. 03-24-2123
Modify condition placed on original Certificate of Need to allow for later submission of schematic design drawings for renovated space
No cost implications.

CON Applications Withdrawn

Bethesda Eye Surgery (Montgomery County) – Matter No. 10-15-2311
Establish an ambulatory surgery center with 8 operating rooms to be located at 5001 Wilson Lane in Bethesda
Estimated Cost: $50,000

CON Letters of Intent

Peninsula Regional Medical Center (Wicomico County)
Expansion and renovation of operating room facilities

Amedisys Maryland, LLC d/b/a Home Health Care of America (Talbot County)
Expansion of an existing home health agency into Talbot County

ASR of Howard County, LLC (Howard County)
Establish a new 30-bed special hospital rehabilitation facility to be located at 3000 North Ridge Road in Ellicott City

Gilchrist Hospice (Howard County)
Establish a 10-bed inpatient hospice facility to be located at 6334-6336 Cedar Lane in, Columbia

Season's Hospice (Baltimore County)
Establish a 15-bed inpatient hospice facility to be located at Franklin Square Hospital

Pre-Application Conference

Peninsula Regional Medical Center (Wicomico County)
Expansion and renovation of operating room facilities
August 3, 2010

Gilchrist Hospice (Howard County)
Establish a 10-bed hospice facility to be located at 6334-6335 Cedar Lane, Columbia
August 20, 2010

Determinations of Coverage

- **Ambulatory Surgery Centers**

Deer Pointe Surgical Center, LLC (Wicomico County) – Revised Determination of Coverage
Establish an ambulatory surgery center with 1 sterile operating room and 2 non-sterile procedure rooms to be located at 6502 Deer Pointe Drive in Salisbury

Security Ambulatory Surgicenter (Baltimore County)
Relocation of an existing ambulatory surgery center from 666 Security Boulevard, Suite 5, in Baltimore to 2 East Rolling Crossroads, Suite 55, in Catonsville. The facility will have 1 non-sterile procedure room

Summit Ambulatory Surgery Center (Baltimore City)
Closure of the facility located at 5051 Greenspring Avenue, Suite 302, in Baltimore

Center for Urological Specialties, LLC (Baltimore City)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located in the closed Summit Ambulatory Surgery Center space located at 5051 Greenspring Avenue, Suite 302, Baltimore

SurgCenter of Bel Air, LLC (Harford County)
Change in ownership and practitioners

Maryland Diagnostic and Therapeutic Endo Center (Anne Arundel County)
Change in ownership and practitioners

Anne Arundel Urological Surgery Center, LLC (Anne Arundel County)
Relocation of an existing ambulatory surgery center from 600 Ridgely Avenue, Suite 223, in Annapolis to 600 Ridgeley Avenue, Suite 130, in Annapolis

Belmont Surgery Center, LLC (Montgomery County)
Establish an ambulatory surgery center with 1 sterile operating room and 2 non-sterile procedure rooms to be located at 5530 Wisconsin Avenue, Suite 818, in Chevy Chase

Newbridge Surgery Center at Prince Frederick, LLC, (Calvert County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 70 Sherry Lane Suite 201, in Prince Frederick

Amber Meadows Surgery Center, LLC (Frederick County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 186 Thomas Johnson Drive, Suite 104, in Frederick

Surgery Center of Potomac (Montgomery County)
Addition of practitioners and a new surgical service

Parkway Surgery Center (Washington County)
Addition of practitioners and a new service

- **Capital Threshold**

Carroll Hospital Center (Carroll County)
Capital project with four components involving renovation to existing space, seven components that primarily or exclusively involve the purchase of new or replacement equipment and furnishings, two components to expand functions and one routine capital expenditure (Determination for MHHEFA)
Cost: $14,840,000

- **Other**

  - **Relicensure of Bed Capacity or a Health Care Facility**

Bel Pre Health & Rehabilitation Center (Montgomery County)
Relicensure of 10 temporarily delicensed CCF beds

  - **Miscellaneous**

Chesapeake Treatment Center d/b/a New Directions RTC (Baltimore County)
Ability to accept patient from the District of Columbia provided that the admission is approved by the Department of Juvenile Services

Genesis HealthCare Corporation
Addition of FC-GEN Interests, LLC, to the parent company corporate structure of Genesis HealthCare Corporation

HomeCall, Inc. (Baltimore City)
Relocation of home office from 3700 Koppers Street, Suite 501, in Baltimore to 4701 Mount Hope Drive, Suite A, in Baltimore

Elkton Care & Rehabilitation Center (Cecil County)
Restructuring of Sun Healthcare Group, Inc. the owner of the CCF

Larkin Chase Care & Rehabilitation Center (Prince George's County)
Restructuring of Sun Healthcare Group, Inc. the owner of the CCF

Harford Gardens Care & Rehabilitation Center (Baltimore City)
Restructuring of Sun Healthcare Group, Inc. the owner of the CCF

Gilchrist Hospice (Howard County)
Establishment of a 10-bed inpatient hospice facility to be located at 6334-6336 Cedar Lane, in Columbia
CON Review Required

Coastal Hospice and Palliative Care (Worcester County)
Establishment of a 6-bed residence for hospice patients
CON Review Not Required

Season's Hospice (Baltimore County)
Establishment of a 15-bed inpatient hospice facility at Franklin Square Hospital
CON Review Required

Joseph Richey House (Baltimore City)
Addition of eight inpatient hospice beds

CON Review Required – However, because the project is under construction and the facility relied on previous determinations, review and approval of the project will not be required.

Policy and Planning

Surgical Facilities and Services

Staff has developed an amended regulation to replace COMAR 10.24.11. This current State Health Plan ("SHP") chapter on ambulatory surgical services, COMAR 10.24.11, provides guidance for review of Certificate of Need ("CON") applications involving the development of surgical facilities for the provision of ambulatory surgical services. The amended SHP chapter is broader in scope; it is applicable to both inpatient and outpatient surgical services in hospital and freestanding surgical facilities. The amended SHP chapter also provides guidance regarding the review of proposals to develop outpatient surgical capacity that is not subject to the CON review process (i.e., requests for a Determination of Coverage).

MHCC is interested in receiving public comment on the draft State Health Plan chapter. The draft chapter can be found on the MHCC website at:
http://mhcc.maryland.gov/public_comment/draft_10.24.11_20100824.pdf

Comments on the draft SHP chapter should be forwarded no later than **4:00 p.m. on Friday, October 15, 2010** to: Eileen Fleck, Project Manager, Center for Hospital Services, Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215. Comments may be sent via e-mail to efleck@mhcc.state.md.us These "informal" comments will be used to further develop the amended SHP chapter into a proposed regulation for consideration by MHCC.

Inpatient Hospice Facilities

Upon consideration of several requests for regulatory coverage determinations from existing general hospices proposing to add inpatient hospice beds, Staff determined that previous guidance concerning the regulatory requirements associated with such projects was erroneous. Staff has alerted hospice programs to the change in this guidance and is planning to convene a meeting with hospice programs in October to review the issue and discuss appropriate policy recommendations going forward.

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Advisory Committee

The HPEG Advisory Committee provides guidance and expertise on the various activities associated with the maintenance and expansion of the Hospital Performance Evaluation System. The Advisory Committee met by conference in both July and August 2010. Most recent accomplishments are highlighted below:

- *Maryland Quality Measures Data Center Project*

The Maryland Quality Measures Data Center (QMDC) was established in 2009 under contract with the Iowa Foundation for Medical Care (IFMC). The QMDC provides a web-based tool for hospitals to upload clinical quality measures and patient experience (HCAHPS) data required to be reported to the Commission. Hospitals have recently submitted 4th quarter 2009 clinical and HCAHPS data which represents a major milestone for this project as a full calendar year of data has been collected through the Commission's new web-based system. The calendar year data was posted to the Hospital Guide in July 2010.

The contract with IFMC also incorporates a data validation component that has now been completed for Quarters 1-4 of calendar year 2009 core measure data. The validation component includes an on-site review of a sample of patient medical records to ensure that the hospital record supports the quality measures data submitted to the MHCC.

- *Children's Asthma Care Clinical Process of Care Measures*

The reporting requirement for Children's Asthma Care (CAC 1-Relievers from Inpatient Asthma; CAC-2-Systemic Corticosteroids for Inpatient Asthma; and, CAC-3 – Home Management Plan of Care Document Given to Patient/Caregiver) became effective January 1, 2010. The first quarter data for January-March 2010 was reported by September 3, 2010 for hospitals required to report this data to the Commission.

- *New Surgical Care Improvement Project Clinical Process of Care Measures*

Formal notice regarding two new Surgical Care Improvement Project Clinical Process of Care Measures that will be added to the Hospital Guide appeared in the July 16, 2010 issue of the *Maryland Register*. The two NQF endorsed process measures will be required for all Maryland hospitals reporting to the Hospital Performance Evaluation System effective January 1, 2011. CMS includes these measures in the RHQDAPU initiative as of January 1, 2010. The measures are briefly summarized below:

SCIP-Inf-9: **Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with the day of surgery being 0**

Description: Surgical Patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day 0

S**CIP-Inf-10**: **Surgery Patients with Perioperative Temperature Management**

Description: Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8°F/36°C recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time.

- *Patient Experience Data*

During July 2010, the Commission added service-specific data (medical, surgical, and maternity services) on patient experience to the Hospital Guide to supplement overall patient experience data currently reported. The patient experience data reported on the Hospital Guide is from the HCAHPS *(Hospital Consumer Assessment of Healthcare Providers and Systems)* survey, a standardized, national survey of patients' perspectives of hospital care. Maryland was one of three states that participated in the development and testing of the HCAHPS survey. The survey asks discharged patients 27 questions about their recent hospital stay, including key aspects of their care: communication with nurses and doctors; responsiveness of hospital staff; cleanliness and quietness of the hospital environment; pain management; communication about medications; discharge information; overall rating of the hospital; and, if they would recommend the hospital. The ratings come from surveys completed by approximately 41,000 patients discharged from Maryland's 46 acute care hospitals during calendar year 2009, and for the first time include patients' ratings of the care they received for specific clinical services, including maternity, medical, and surgical services.

Overall, 64% of patients indicate that they would definitely recommend the Maryland hospital where they received care. For maternity services, 68% of patients responded to the patient satisfaction survey by stating that they would definitely recommend the hospital to friends and family. Sixty-two percent (62%)

of medical service patients indicate that they would definitely recommend the hospital; 66% of surgical service patients indicate that they would definitely recommend the hospital.

- *Collection of Data on Specialized Cardiac Care Services*

All Maryland acute general hospitals with a waiver from the Commission to provide primary percutaneous coronary intervention (PCI) services or with a Certificate of Need issued by the Commission for a cardiac surgery and PCI program are required to enroll in and report quarterly data to the Commission from the: American College of Cardiology (ACC) Foundation's National Cardiovascular Data Registry (NCDR) ACTION Registry-GWTG; and, ACC Foundation's NCDR CathPCI Registry. These reporting requirements apply to eligible patients discharged on or after July 1, 2010. For the ACTION Registry-GWTG, hospitals may submit either ACTION Registry-GWTG Limited or Premier. The Commission published formal notice regarding these reporting requirements in the *Maryland Register* on April 23, 2010.

On June 29, 2010, the Commission held an ACTION Registry-GWTG Training Session to assist hospitals in preparing for the new requirements. Representatives from the NCDR provided an in depth review of the system data requirements, reporting features and quality metrics. Over thirty participants representing eighteen hospitals participated in the workshop.

The Commission is in the process of organizing a standing Maryland State Cardiac Data Advisory Committee to assist in implementing the percutaneous coronary intervention (PCI) data reporting requirements. All meetings of the Advisory Committee will be open to the public. A webpage has been added to the Commission's website to post materials related to the Maryland State Cardiac Data Advisory Committee and may be accessed at: http://mhcc.maryland.gov/cardiac_advisory/index.html

As part of the Advisory Committee, a subcommittee composed on PCI data coordinators for each hospital, will be established to consider transition issues between the MHCC STEMI Registry and the ACTION Registry and make recommendations to the Advisory Committee and Commission.

Healthcare-Associated Infections (HAI) Data

The Healthcare-Associated Infections (HAI) Advisory Committee held its monthly meeting in June to review and discuss a variety of activities related to HAI prevention and control. Current and ongoing activities are highlighted below:

- *Validation of Data on Central Line-Associated Blood Stream Infections (CLABSI) in the ICU*

Since July 1, 2008, Maryland hospitals have been required to use the National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on Central Line-Associated Blood Stream Infections (CLABSI) in any ICU. Hospitals are required by NHSN to report data in the system within 30 days following the end of the month. The Commission has collected several months of CLABSI data and initiated an independent quality review of the data prior to public release of the information on the Hospital Guide. The Commission engaged the services of a contractor with expertise and experience in auditing health care infections data. The contractor, APIC Consulting Services, Inc., completed the on-site reviews and facility specific results were shared with hospitals for review and comment. *The Maryland CLABSI: Data Quality Review and Chart Audit Report* summarizes the chart review process and findings and has been posted on the MHCC HAI webpage.

- *Release of Central Line-Associated Bloodstream Infections (CLABSI) Feedback Reports to Hospitals*

The staff has released CLABSI feedback reports to hospitals for the 12- month data period beginning July 1, 2009 through June 10, 2010. These reports enable hospitals to compare their individual CLABSI rates to statewide performance by ICU type. The reports also compare individual hospital performance to national performance using a Standardized Infection Ratio (SIR), a metric used by the CDC to compare hospital and state performance. These reports were released for hospital review as part of the on-going validation and data quality review process necessary to ensure accurate and meaningful public reporting. The feedback reports incorporate updates and corrections identified as a result of the CLABSI data quality review and audit process. The fiscal year 2010 feedback reports will be used for the initial public reporting of CLABSI data on the Hospital Guide in October of this year.

- *Public Reporting of Central Line-Associated Bloodstream Infections (CLABSI) on the Hospital Guide*

To ensure that the CLABSI data is presented in a meaningful and useful way, the Commission has engaged the services of the Center for Innovation in Quality Patient Care at Johns Hopkins to assist in developing alternative presentations of the data for public reporting. The contractor will perform a review the literature and environmental scan, solicit input through focus groups and develop recommendations at the HAI Advisory Committee for public reporting the CLABSI data on the Hospital Guide. On August 10-11, 2010, the Commission, with the assistance of Johns Hopkins, held Focus Group meetings with both consumers and health care professionals to obtain feedback on best practices for publicly reporting HAI outcome data.

- *Health Care Worker Seasonal Influenza Vaccination Survey*

For the first time, data on the number of hospital health care workers who received seasonal influenza vaccinations during last year's seasonal flu season have been publicly reported on the Hospital Guide. The Centers for Disease Control and Prevention have long recommended annual influenza vaccinations for all health care workers. The National Quality Forum includes influenza vaccination of health care workers as one of its 34 safe practices that should be utilized universally to reduce risk to patients. For the 2009-2010 flu season, 78% of Maryland hospital health care workers received the seasonal influenza vaccination.

- *Surgical Site Infection Data Reporting*

Effective July 1, 2010, hospitals are required to collect data on Surgical Site Infections (SSI) for surgeries involving hip replacements, knee replacements, and CABG, using the CDCs National Healthcare Safety Network System (NHSN). To facilitate communication regarding this new initiative, the staff will work with the HAI Advisory Committee to develop supporting materials, including a Frequently Asked Questions (FAQ) document for posting to the Commission's HAI webpage.

Other Activities

In support of MHCC's hospital quality initiatives, the staff continues to reach out to other units within DHMH, federal agencies, professional organizations and other states, to share and gather information and to identify opportunities for collaboration and improvement.

Specialized Services Policy and Planning

The revised application forms to apply for a waiver to provide primary percutaneous coronary intervention (pPCI) services in a hospital without on-site cardiac surgery are available at: http://mhcc.maryland.gov/hospital_services/specialservices/cardiovascular/ppci.html. The Commission will receive pPCI waiver applications on the dates listed in the published schedule and review each application to determine whether the hospital meets the requirements in Table A-1 of COMAR 10.24.17.

The Commission's non-primary percutaneous coronary intervention (npPCI) waiver program permits a limited number of hospitals to participate in a research project conducted by the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT). A randomized clinical trial recruiting patients from multiple hospitals in multiple states, the C-PORT study is assessing the safety and efficacy of providing npPCI services for certain patient groups at hospitals without on-site cardiac surgery. The Commission granted npPCI waivers to nine hospitals through a one-time, three-phase process. On September 18, 2008, the Commission issued a two-year research waiver to each of the following hospitals: Anne Arundel Medical Center, Saint Agnes Hospital, Shady Grove Adventist Hospital, and Southern Maryland Hospital Center. As required by the C-PORT study, all participating hospitals completed an elective PCI development program; the issuance of the four hospitals' waivers became effective on December 31, 2008. On March 19, 2009, the Commission granted waivers permitting Frederick Memorial Hospital and Washington County Hospital to participate in the C-PORT elective angioplasty study; the issuance of the two nonmetropolitan hospitals' approved research waivers was effective on June 30, 2009. On June 18, 2009, Baltimore Washington Medical Center (BWMC), Holy Cross Hospital (HCH), and Johns Hopkins Bayview Medical Center (JHBMC) received npPCI research waivers. The issuance of JHBMC's waiver was effective on September 28, 2009; the waivers issued to BWMC and HCH were effective on September 30, 2009. The Commission has established conditions for a hospital to maintain the research waiver and may take action to extend the waiver term to permit a compliant hospital's continued participation in the C-PORT study beyond two years. Updated information about the status of the C-PORT study and hospital waiver performance and monitoring will be reported at the October meeting.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Staff reviewed the proposed regulation COMAR 10.25.16, *Electronic Health Record Incentives*, approved by the Commission in June. This regulation is a requirement under House Bill 706, *Electronic Health Records – Regulation and Reimbursement* (HB706), which passed during the 2009 legislative session. The proposed regulation requires the six largest state-regulated payers to provide primary care practices with an incentive of monetary value for adopting an electronic health record (EHR). The payers include: Aetna, CareFirst, CIGNA, Coventry, Kaiser and United HealthCare. The 30-day public comment period ended on August 31st, staff received comments from roughly 29 stakeholders. Feedback on the proposed regulation has been fairly consistent; with primary care providers as the recipient of the incentive satisfied with the proposed regulation, and most other providers disappointed by the limited definition of an eligible provider. Staff plans to include the proposed regulation, stakeholder comments, and any additional recommended changes to the regulation in the report required by HB706 to the Senate Finance Committee and the House Health and Government Operations Committee by January 1, 2011. The legislature has 60 days to provide comment on the proposed regulations.

Staff administered an EHR adoption environmental scan (scan) to approximately 70 independent nursing homes in Maryland. This is the second year that staff assessed the progress of nursing home EHR adoption. Several nursing home administrators provided assistance in developing questions to include in the scan. The purpose of the scan is to identify the current rate of adoption, challenges to adoption, and future plans related to EHR implementation. Staff received about an 80 percent response rate and is currently analyzing the data. The results of the environmental scan will be reviewed with nursing home administrators at the Lifespan/Health Facilities Association of Maryland's October conference in Ocean City. Staff is in the planning stages for two education and awareness sessions, to be held in late 2010 and early 2011, aimed at educating nursing home administrators on EHRs and health information exchange (HIE).

Staff is currently developing a Nursing Home EHR Product Portfolio (portfolio). This portfolio will include: product pricing, privacy and security policies for application service providers, PowerPoint presentation over viewing each product, case studies, reference reports resulting from staff evaluations of vendor references (individually and combined), five-year projected costs, contact information, and website links for each vendor; the portfolio is scheduled for release in the fall. Staff is also developing a nursing home EHR brochure to promote the education and adoption of EHRs in nursing homes. The brochure will summarize the results of the EHR environmental scan and include information on the portfolio.

The *2010 Health Information Technology: An Assessment of Maryland Hospitals* report was released in August. This release followed an elaborate review process by Chief Information Officers (CIOs) from the academic health systems and several community hospitals. The report is based on data from the *Hospital Health Information Technology Survey* (survey) and is presented in aggregate, based on size, geographic location, and affiliation with other hospitals and health systems. The survey assesses the extent of adoption in seven health information technology (HIT) areas among the state's 46 acute care hospitals. The survey was designed to assess the extent of HIT adoption within the care areas and enable a comparison to national HIT adoption trends; it also includes an evaluation of HIT planning efforts as well. Overall, HIT adoption increased in most areas from the previous year.

Staff continues to work with the Centers for Medicare and Medicaid Services (CMS) on their EHR Demonstration Project (project). About 120 practices in Maryland are eligible to earn up to $290,000 over a five-year period for adopting EHRs and reporting to CMS on select quality measures. CMS is currently evaluating the results from the annual *Office System Survey* that will determine the initial incentive payment that Medicare will make to practices this fall. The results of the survey will be released in September; staff will use the findings to work with practices to ensure that they utilize the full functionality of the EHR and to reach meaningful use. Last month, staff provided educational materials on meaningful use to about 60 practices in the process of adopting an EHR. Maryland is one of four states participating in this project; the other states include Louisiana, Pennsylvania, and South Dakota. Staff approved Erickson IT and Advanced Data System in July and D'Souza & Associates in August for Management Service Organization (MSO) Candidacy Status. An MSO must meet a core set of criteria before their application for State Designation can be approved and the MSO placed in Candidacy status. Approximately 16 MSOs have been approved by staff for Candidacy Status; they have one year to complete almost 90 criteria required for State Designation. MSOs are organizations that provide centralized administrative and technology services, allowing providers to adopt a hosted EHR through a monthly subscription fee. MSOs are considered a viable alternative to the EHR client-server model, which requires providers to assume the maintenance and upkeep of the technology, and the privacy and security of the data. HB 706 requires the MHCC to designate one or more MSOs by October 2012.

Staff provided support to the Chesapeake Regional Information System for our Patients (CRISP), the state designated HIE, in developing criteria for the Regional Extension Center (REC) program. CRISP received $5.5M in federal funding to administer a program that will assist 1,000 priority primary care providers in adopting and becoming meaningful users of EHRs. This program will utilize MSOs for expanding EHR adoption and connecting to the HIE. CRISP completed development of the MSO Participation Agreement and identified three milestones that the MSO must ensure providers meet: purchase of an EHR, implementing the functionality of an EHR, and achieving meaningful use. CRISP has submitted all the required documentation to the Office of the National Coordinator for Health Information Technology for approval of the MSOs to work with CRISP. The REC program is scheduled to begin in September.

Staff provided feedback to the Johns Hopkins University School of Nursing (JHU) in their development of the HIT curriculum. The university received funding under the *American Recovery and Reinvestment Act of 2009* (ARRA) in April for the development of HIT-related graduate and certificate education programs. JHU received approximately $1.8M for the *Curriculum Development Centers Program* to

develop graduate level programs for HIT, and about $3.7M for the *University-Based Training Programs* to train professionals for vital, highly specialized HIT roles. JHU is currently developing curriculum related to: *Working with Health IT Systems, Quality Improvement, Working in Teams, and Introduction to Project Management*. These courses will be included in a national HIT certification program; the other grant participants include the University of Alabama, Columbia University, Duke University, and Oregon Health and Science University.

Health Information Exchange

Staff continues to provide guidance to the CRISP Advisory Board, which consists of three committees: Finance, Technology, and Clinical Excellence. During the month, the Finance Committee met to discuss the HIE Sustainability and Service Pricing Plan (plan). This plan outlines the business case for stakeholders and the HIE value proposition. A sub-committee of the Clinical Excellence Committee met to review the technology configuration. The Technology Committee's sub-committee continued evaluating the Initiate Systems Master Patient Index (MPI) as an alternative to the MPI in the Axolotl core infrastructure. The Technology sub-committee also began to identify requirements for EHR product level integrations. Staff provided support to CRISP in their website redesign, which includes a number of enhancements related to provider education and progress of the HIE. CRISP is currently connecting Holy Cross Hospital and Washington Adventist Hospital to the HIE. Conversations are currently underway with the remaining three hospitals in Montgomery County; CRISP anticipates connecting these hospitals by the end of September.

In late July, Governor Martin O'Malley, Lieutenant Governor Anthony Brown, and Secretary John Colmers, along with the MHCC convened a *Health Information Technology Forum* (Forum) with the hospital Chief Executive Officers (CEOs) and other senior level executives from Maryland's acute care hospitals at Sinai Hospital in Baltimore. In attendance at the Forum were elected officials, media, and more than 200 hospital representatives. The Governor, Lieutenant Governor, and Secretary encouraged the hospital CEOs to sign a Letter of Intent (LOI) concerning connectivity to the HIE. They stressed the value of the HIE and the significance of sharing information between places of care and coordinating efforts across different providers that will become even more important in an era of personalized medicine and accountable care. Hospitals were asked to select a timeframe for connecting: early, 6 months; mainstream, 6-12 months; deferred, 12-18 months; and late, 18-24 months.
The statewide HIE Policy Board convened to continue its discussion on key policies for the HIE. The Policy Board has decided to assign members as primary reviewers to evaluate policy under development. The Policy Board held preliminary discussions on policies for *Participating Provider Access, Patient Choice, User Authentication,* and *Sensitive Health Information*. Staff incorporated proposed changes to these policies and circulated them for review in advance of the September 28th meeting. Approximately 17 policies have been identified by the Policy Board for development. The prioritization of the policy developed process is largely informed by CRISP.

Staff continues to provide assistance to the Maryland Medical Assistance Program (Medicaid) in completing the work associated with the CMS approved *HIT Planning Advanced Planning Documents* (HIT P-APD). In April, CMS awarded Medicaid around $1.3M to develop a *State Medicaid HIT Plan* (SMHP). The SMHP will describe how the state will develop a high-level management statement of the state's vision, needs, purposes/objectives, and plans for implementing HIE in Medicaid. CMS approved staff recommendations related to completing a feasibility assessment of Medicaid's alignment with existing health IT initiatives, and assessing the Medicaid providers' level of readiness to meet the meaningful use requirements and to identify what information providers will need from Medicaid to participate in the ARRA incentive program. Staff completed the development of a draft Request for Proposal that will identify a vendor who can develop and maintain a program to administer the Medicaid ARRA incentives to eligible providers and hospitals for the adoption and meaningful use of EHRs.

Electronic Health Networks & Electronic Data Interchange

Staff completed the recertification of Eyefinity and GE Healthcare in July. Electronic health networks (networks) operating in Maryland are required to be certified as defined in COMAR 10.25.07 – *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*. Payers that accept electronic health care transactions originating in Maryland must accept transactions from MHCC certified networks. Currently the MHCC has certified approximately 45 networks. Last month, staff completed its annual update to the EHN manual; revisions were aimed at streamlining key application processes.

Staff received 100 percent compliance with the reporting requirements under COMAR 10.25.09 – *Requirements for Payers to Designate Electronic Health Network.* This year, roughly 66 payers were required to submit an EDI Progress Report by June 30th; payers with a premium volume of $1 million or more are required to submit an annual report. Staff is currently analyzing the data and expects to complete a first draft of the report in November. The EDI Progress Report includes census level information on administrative health care transactions for roughly eight transaction types identified under the *Health Insurance Portability and Accountability Act of 1996,* Administrative Simplification Provisions.

National Networking

Staff attended the annual eHealth Initiative's (eHI) *National Forum on Health Information Exchange*. This session brought panel experts together to discuss HIE concerns such as sustainability, meaningful use, inter-state coordination, and engaging consumers. Staff also participated in several eHI webinars: *Today's Policy Workgroup to Focus on Meaningful Use* that presented the final rules published by CMS; *Patient & Family Engagement Work Group to Focus on Meaningful Use* that provided an educational and learning forum for consumer-focused stakeholders; and *Case Study in HIE: Minnesota Health Information Exchange (MN HIE)* that described the development and current status of the MN HIE. Staff also participated in two webinars hosted by Axolotl: *'Open' Health Information Exchange* that discussed how Rochester RHIO, one of the most integrated in the country, is positioning its HIE to work for everyone in the continuum of care; and *The Role of HIE in Meaningful Use Connecting to Your Ambulatory Physicians Disparate EMRs* that reviewed the Santa Cruz HIE.