MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

June 2012

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

MMPP Advisory Panel
On June 5th, the Maryland Multi-Payer Patient Centered Medical Home ("MMPP") convened its Advisory Panel. Two key items discussed were *Annotated Code of Maryland*, Chapter 3, Maryland Health Improvement and Disparities Reduction Act of 2012 and Chapter 326, Enhancement or Coordination of Patient Care (data sharing between carriers and practices). Staff will engage with several volunteer members of the Panel in the next few months to assess the feasibility of using the shared savings mechanism to stimulate and reward success in reducing health disparities through the program.

Shared Savings
The MMPP contractor for shared savings methodology, Discern Consulting, completed a test run of data for shared savings for commercial carriers and practices based on 2009 and 2010 claims data. MHCC, through Discern, also released carrier specific reports along with a long form technical manual on the shared savings methodology in early June. These documents were sent to carriers so that they could examine the methodology and results and determine if any significant data or process issues exist. The actual calculation of 2010-2011 shared savings will commence in August 2012 with shared savings payments being due to practices by the end of September 2012. Program staff are working closely with the Medicaid program staff to refine the calculation of shared savings and resolve issues related to data submissions for the Medicaid managed care organizations.

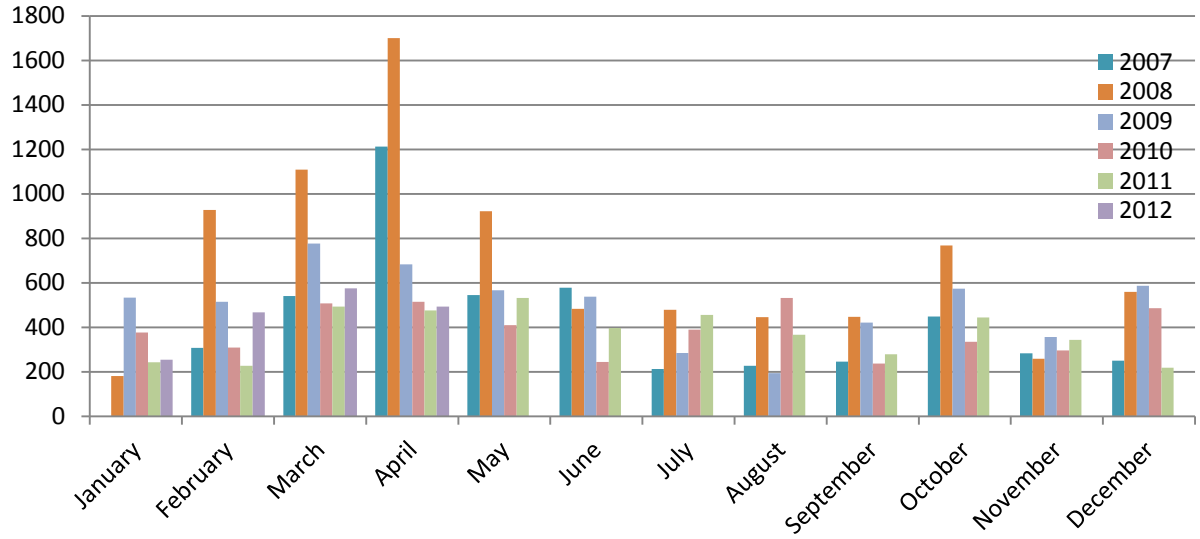
Quality Measurement
Discern also released practice-specific performance "dashboards" to each practice on June 11. These dashboards illustrate each practice's performance on quality measures in relation to the other MMPP practices as well as to national benchmarks. The dashboards also portray utilization and cost measures.

Maryland Learning Collaborative -- Care Manager Time Reporting Protocol
Participating practices began a preliminary, or voluntary, report of care manager time in June 2012. The official, required, Care Manager Time report is due on July 1, 2012. Care Managers were highly engaged in the design of the protocol, forms, and guidelines. They also provided input on training materials. Most Care Managers reported that the process was clear and easy to follow; that they needed a period of time to incorporate the forms and guidelines into their individual routines; and that periodic reminders and words of encouragement and discussion within the Care Manager bi-weekly calls would be welcomed.

Program Evaluation
The MMPP Evaluation contractor, IMPAQ, has completed its Data Collection Report and draft Report on Selection of Comparison Practices. Significant progress has been made in defining and securing access to claims data needed for utilization outcome measures and quality measures.

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2007-2012



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $493,165 for April of 2012. The monthly payments for uncompensated care from March 2007 through April 2012 are shown above in Figure 1.

On-Call and Standby Stipends
Maryland's Level II and Level III trauma centers' on-call applications, and Children's National Medical Center's annual standby application, are due to the Commission no later than June 30, 2012.

Cost and Quality Analysis

Maryland Medical Care Data Base (MCDB) – Submissions of 2011 Information
Data submissions of the 2011 claim and enrollment data are due June 30th. To date, none of the payers required to submit files have requested an extension of the submission deadline. However, 14 of the 21 submitting carrier units have request waivers for some of the variables that are considered critical variables and for which reporting thresholds have been established.

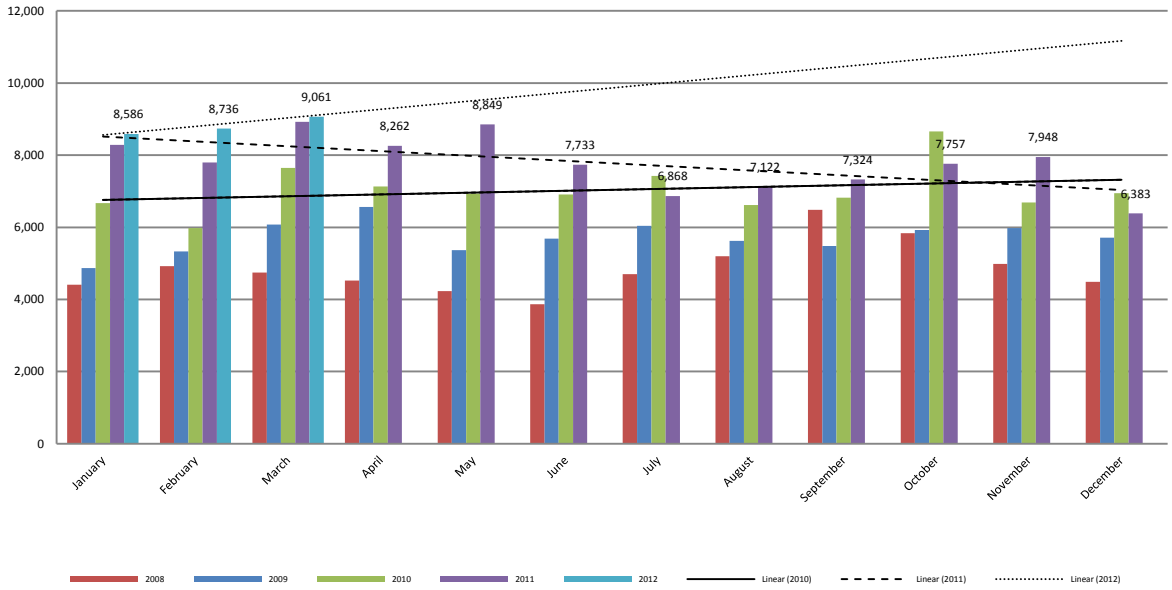
MCDB –Data Sharing
Division staff have been working with staff members of the Health Services Cost Review Commission (HSCRC) and the Maryland Insurance Administration (MIA) to provide them with access to MCDB data files. We have established a Memorandum of Understanding (MOU) with each agency. Because the data contains potentially identifiable information, the MOUs specify how the data will be protected from unauthorized access or data release. Staff is working with staff from HSCRC to define which of the many variables will be included in standard analysis files given to authorized users. The standard analysis files will exclude variables created by the data base contractor for use in data assessment and cleaning so that users will not be overwhelmed by the number of variables in the data files and will use the "best" variable available for items like physician specialty and payment.

MCDB – Data Expansion and Enhancement Possibilities
A soon-to-be submitted CCIIO grant application includes a request for funds for incorporating new information in the MCDB and improving the timeliness of the data. The grant application specifies inclusion of Medicaid MCO claims files, prescription drug claims for self-insured patients—obtained from pharmacy benefit managers (PBMs)—and a plan benefit description file to be submitted by private carriers. The grant also requests funds for developing a submission process that would reduce the delay in turning the data submissions into analysis files, as well as the creation of a master patient index (MPI) for each enrollee and patient in the MCDB. The MPI would be created by the Chesapeake Regional Information System for our Patients (CRISP) and is required for matching the PBM pharmacy data to the carrier files and tracking the transitions of enrollees across plan products. The additional information is needed by the MIA and the Health Benefits Exchange Board to assist in their responsibilities under the ACA.

MCDB - USHIK Participation
The United States Health Information Knowledgebase (USHIK) is a metadata registry of healthcare-related data standards funded and directed by the Agency for Health Research and Quality (AHRQ.) The registry is populated with the data elements and information models of Standards Development Organizations and other health care organizations. The purpose of the registry is to facilitate public and private organizations in harmonizing information formats with existing and emerging healthcare standards. Information on Maryland's All Payer Claim Data Base (APCD), known as the MCDB, is now included in the registry.

Data and Software Development

Figure 2 -- Unique Visitors to the MHCC Web Site



Internet Activities
The Commission's website migration to SharePoint during the month of April is still a work in progress. The data staff is working with the SharePoint contractor at Preston Street to develop meaningful statistical tools to use for trend comparisons with the previous data. The website visitor data remains difficult to report, though they are reflected in the trend line on Figure 2, above. The most frequent queries were for the hospital quality measures reports, the nursing home report card, and certificate of need. Google continues to be responsible for the largest number of search engine referrals to our sites. The most

common referring sites were the Maryland Web Portal (Maryland.gov), the DHMH website, mhcc.maryland.gov, bing.com, and search.maryland.gov.

Web Development for Internal Applications
Table 1, below, presents the status of development for internal applications and for the health occupation boards. Both internal and contractual resources are used for these efforts.

Table 1– Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Quality Measure website	Underway	Went live Jan 26, 2012
PCMH Registration and Administrative Site	On-going Maintenance	
PCMH Public Site	On-going Maintenance	Project went live at the end of January, 2012
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	
PCMH Practices Site (New)	- Adding links to the quality measure Report results (pdf's) - Making the Practice site more user-friendly. On-going development	
Boards and Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Sites (13 sites)	Modifying for Ethnicity	
Physician Licensing	Modifying for Ethnicity, adding new questions for HIT, Telemedicine, and Active Licensed States	Will be ready on July 16
Boards and Commissions Licensing Sites – Opticians	On-going Maintenance	
Health Insurance Partnership Public Site	On-going Maintenance	
Health Insurance Partnership Registry Site	On-going Maintenance, adjustments, and monthly registration, on-going monthly subsidy processing	
Hospice Survey Update	Underway	Went Live February, 2012
Long Term Care 2011 Survey	Annual Maintenance	Start of Project was January, 2012 Went live April, 2012
Hospital Quality Redesign	Planning	Start of Project: Fall 2010
MHCC Assessment Database	Development	Went live: April, 2012

Network Operations & Administrative Systems (NOAS)

MHCC Migration to Gmail for Government
Several members of the MHCC staff will be "early adopters" for the Gmail for Government conversion, receiving the @maryland.gov email addresses during the DHMH transition. The "early adopters" will

provide feedback to DHMH and DoIT and help prepare MHCC for the transition during the 3rd quarter of 2012.

Virtualization Project (Redesign MHCC Data Center Infrastructure)
All computer equipment has arrived. The installation date has been moved to the 3rd week of July. Plans for data migration are now being put together.

Information Technology Newsletter
The June 2012 copy of the Network Operations & Administrative Systems (NOAS) newsletter was released.

Network Happenings

- Completed 5-year battery replacement in the Uninterruptable Power Supply (UPS) unit
- Renewed off-site tape and data storage contract through Maryland's Bid Board process.

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

Health Plan Quality and Performance

Staff presented to the Maryland Health Benefit Exchange Implementation Advisory Committee on May 31st. The detailed presentation covered issues and processes surrounding the "Evaluation and Public Reporting" of health benefit plans in Maryland, and focused heavily on the quality tools used in public reporting. Following the presentation, feedback from attendees and members of the Maryland Health Benefit Exchange Implementation Advisory Committee was positive.

A document containing previously discussed information regarding the MHCC Quality Improvement initiative for Maryland's commercial health benefit plans was issued on June 7th to all carrier participants. This initiative addresses use of a customized eValue8 tool for Maryland, the Maryland RELICC (Race/Ethnicity, Language, Interpreters, and Cultural Competency) Assessment. The Maryland RELICC Assessment tool will be used in addition to use of the HEDIS and CAHPS measurement tools that have been targeted to help identify various quality improvement measures in 2012 without defining specific goals for each of these measures, since 2012 will be the first year that health benefit plans will proceed with Maryland-only performance reporting. Quality Improvement goals for specific cardiac-related measures, as well as other measures, may be specified in future years, once health benefit plan performance in the State of Maryland is reported.

Teleconferences are being organized in preparation of defining the 2013 Quality and Performance Reporting Requirements for MHCC's commercial health benefit plans as well as the reporting requirements for qualified health, dental and vision plans being asked to participate in the Maryland Health Benefit Exchange.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
VIRTUAL COMPARE, the information-only web portal developed for use by small businesses, has been operational since last May. Over the past 30 days, the analytics have remained relatively steady, averaging approximately five Maryland visits per day, viewing about four pages per visit, and spending an average of about five minutes per visit on the site. About one half are new users of VIRTUAL COMPARE.

Each year, carriers participating in the small group market are required to submit to the Commission completed survey forms that include enrollment and premium information in the CSHBP for the preceding calendar year. This year's analysis is based on data for the calendar year ending December 31, 2011. Commission staff have analyzed these data and will present the findings of these surveys at the June 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 June 11, 2012, enrollment in the Partnership was as follows: 397 businesses; 1,108 enrolled employees; 1,839 covered lives. The average annual subsidy per enrolled employee is about $2,300; the average age of all enrolled employees is 40; the group average wage is almost $28,000; the average number of employees per policy is 4.0. The 4th annual report on the implementation of the Partnership was submitted to the General Assembly on January 1st and is posted on the Commission's website.

Mandated Health Insurance Services

Throughout the legislative session, Commission staff tracked the progress of several bills proposing new mandates or modifications to existing mandates. To date, staff have received one request for an actuarial analysis: requiring carriers to cover orthotics for the management of a diabetic's feet. Senator Middleton's letter requesting this fiscal, medical, and social impact report indicated a December 31, 2012 due date.

Long Term Care Policy and Planning

Minimum Date Set (MDS)

Commission staff are working with Myers and Stauffer (a Commission contractor) via bi-weekly phone conference calls to make the transition from the federal MDS 2.0 to MDS 3.0, as well as to convert the program from FoxPro to SAS programming language so that it is supported by and consistent with other programs at the Commission. The initial focus has been on reviewing and updating variables and programs from MDS 2.0 to 3.0. Variables have now been updated into the MDS Manager Program. These programs are now being tested.

Hospice Survey (FY 2011)

The Commission collects data annually from all licensed hospice programs in Maryland. Letters regarding the release of the FY 2011 Maryland Hospice Survey were sent out on February 13, 2012. The official launch date for the online survey was February 14th. The survey is completed in two parts. Part I is due 60 days after receipt of the survey notice. This year that was April 16, 2012. Part II (which is based on Medicare cost report data) is due no later than June 7, 2012. All hospice programs have completed Part I, and the data has been cleaned and checked. Three hospices did not complete Part II of the survey by the deadline and they have been contacted. For the remainder, the data is being cleaned and checked.

Draft Hospice Section

The State Health Plan for Facilities and Services addresses health services that are regulated under the Certificate of Need (CON) program. One chapter, COMAR 10.24.08, covers nursing homes, home health agencies, and hospice programs. This chapter is currently undergoing review and update. In lieu of a single chapter covering the three types of health services noted above, there will now be a separate COMAR chapter for each. The first chapter for update will be hospice services.

The Chapter on Hospice Services (COMAR 10.24.13) was released for a 30-day Informal Public Comment period on April 13, 2012. Comments were due to the Commission by May 14, 2012. Staff presented an overview of the Chapter at the April 19th Commission meeting. In addition, in response to requests to address questions, staff held in Informal Public Meeting on April 27th.

Staff received updated population projections based on the 2010 census and posted revised need projections, as well as a step-by-step description of the need methodology, on its website on May 23, 2012.

Staff is now in the process of reviewing and analyzing the comments received. At the June Commission meeting, staff will present an update on the comments received and staff analysis and recommended changes. Following this presentation and review by the Commission, staff will post comments, analysis, and staff recommendations for changes to the draft Chapter on the Commission's website. Staff also intends to post the draft Plan Chapter, with revisions, for a second Informal Public Comment period; the timeframes for which are yet to be determined.

Hospice Regulations Workgroup
The Office of Health Care Quality (OHCQ) within DHMH has convened a work group to develop regulations to address the development of residential hospice programs, or "hospice houses." These programs currently do not fall under the purview of the licensing regulations. Commission staff is participating in this development process. The first meeting was held on November 29, 2011. The most recent meeting was held on May 17, 2012. A draft of proposed regulations is currently under review. Commission staff had a conference call with OHCQ staff to discuss issues related to coverage of hospice under Certificate of Need.

Meeting with OHCQ
Staff of the Commission met with OHCQ staff on May 30th. Several topics relating to long term care issues were discussed. Providers for home health agencies, hospices, nursing homes, and assisted living were discussed. Topics covered included the ability to remove a license for non-performance; quality data; information on licenses; obtaining updated inventory data, and others. Staff plans to have quarterly meetings to discuss areas of mutual interest.

FY 2011 Home Health Agency Survey
Phase 2 of the Home Health Agency Survey has been competed with a 100% submission rate. Forty agencies completed the survey, which began on March 1, 2012 and ended on May 29, 2012. The data for Phase 2 and Phase 1 have been combined and are now available for staff to begin the post data collection phase of cleaning and auditing.

Long Term Care Survey
The Long Term Care Survey data collection period began on March 26, 2012 with a due date of May 24, 2012. 718 facilities participated in this survey, including Comprehensive Care Facilities (234), Chronic Care Facilities (8), Assisted Living Facilities (356), and Adult Day Care Centers (120). As of June 11, 2012, 98% of the facilities have submitted their surveys and have received acceptance notices, and 2% of the facilities have not yet submitted their surveys.

Throughout the survey collection period, 30-Day, 15-Day, 7-day, and Final courtesy warning reminders, referencing the ability to issue penalties for noncompliance, were sent to facilities who had not submitted their survey by the date of each reminder. Facilities were informed of the option of requesting an extension to the submission date in case of extenuating circumstances. On May 30, 2012, in keeping with the Commission's policy, staff sent a notice to 42 facilities that had neither requested an extension nor completed their survey by the May 24, 2012 deadline, granting them a courtesy 10 business day extension to June 8, 2012.

As of June 11, 2012, seven facilities had not yet started the survey and four were in the process of completing the survey. On June 12, 2012, these facilities were issued a notice of fines retroactive to the due date of May 24, 2012 for failure to comply with the survey deadline and grace period. Fines will accrue until facilities complete their survey. Staff continues to provide technical assistance to facilities.

Long Term Care Quality Initiative

Nursing Home Experience of Care Surveys – Work in Progress
The data collection ended June 8, 2012; analysis of data is in process. Facility and statewide reports are anticipated to be released in July.

Seasonal Influenza Vaccination Surveys for Staff Working in LTC
The survey closed and data will be released via the Consumer Guide after presentation to the Commission. Staff have proposed a Certificate of Recognition for facilities with exceptional staff influenza vaccination rates.

Consumer Guide to Long Term Care
CMS has announced that the revised nursing home quality measures due to the transition to MDS 3.0 will be released by the end of July. A new CMS initiative to reduce psychotropic drug use among nursing home residents will increase the focus on measures related to use of certain drugs among nursing home residents. Staff will carefully review the revised measures to determine if modifications are needed to the Consumer Guide.

Staff implemented a quality control effort and found a number of assisted living residences that have either no survey report, or no recent survey reported, on the Consumer Guide. In collaboration with Office of Health Care Quality staff, the reasons for no report were identified and are being corrected. Access to survey reports of long term care facilities are a frequent request by consumers using the Guide.

Staff is writing a Bid Board Request to obtain services for maintenance and updates to the Consumer Guide when the current contract expires June 30, 2012.

Outreach
Staff attended networking events to promote the Consumer Guide to area providers.

Home Health Quality
Staff proposed home health quality measures for inclusion in the draft State Health Plan that is currently in development.

CENTER FOR HOSPITAL SERVICES

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update
The Hospital Quality Initiatives (HQI) staff, with the guidance of the HPEG Advisory Committee, is proposing the addition of new inpatient hospital quality measures for reporting on the Maryland Hospital Performance Evaluation Guide and to support the HSCRC Quality Based Reimbursement Program. We are proposing to add AMI-10 (Statin Prescribed at Discharge) as well as the VTE and STROKE measures for inpatient services. The proposed measures were released for informal comment. The HQI staff continues to work with the hospital industry towards collection of new and meaningful hospital performance data to inform consumers and facilitate quality improvement.

Healthcare Associated Infections (HAI) Data
Maryland hospitals are required to use the CDC National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on central line associated bloodstream infections (CLABSIs) in any ICU and surgical site infections related to Hip, Knee and CABG procedures. MHCC has established a five year contract with Advanta Government Services, Inc (AGS) to provide HAI data

quality review and on-site medical chart audit services. The audit of the FY2011 CLABSI data has been completed and hospitals have been provided a summary of their results. The staff continues to work with AGS to develop the protocol for the 2013 CLABSI and SSI data audits.

Data Collection Initiative for Specialized Cardiac Care
All Maryland acute general hospitals with a waiver from the MHCC to provide primary percutaneous coronary intervention (PCI) services or with a certificate of need for a cardiac surgery and PCI program are required to report quarterly data to the Commission through use of the American College of Cardiology Foundation's (ACCF) National Cardiovascular Data Registry (NCDR®) ACTION Registry®-GWTG™ and ACCF's NCDR CathPCI Registry®. These reporting requirements apply to eligible patients discharged on or after July 1, 2010. A copy of the Register notices and related information is available on the Commission's Cardiac Data webpage located at http://mhcc.maryland.gov/cardiac_advisory/index.html.

The staff has developed a process for the transfer of the ACTION and CathPCI registry data to the MHCC. We continue to work collaboratively with MIEMSS to maintain a single data transfer process to accommodate the requirements of both agencies and to minimize the burden on hospitals. The staff is generating preliminary analyses from the registry datasets for review by our Cardiac Data Advisory Committee. The next Committee meeting, scheduled for June 13, 2012, will function as a working session for review of the cardiac data that will support our hospital performance evaluation system.

Specialized Services Policy and Planning

Specialized Cardiovascular Services
Staff continues to develop the Clinical Advisory Group (CAG) on Cardiac Surgery and PCI, which will provide expertise and recommendations on standards for emergency (also known as primary) PCI and elective (also known as non-primary) PCI and cardiac surgery services. The group will be composed of experts in cardiac surgery services and PCI services, from both inside and outside of Maryland. Key clinical professional and hospital organizations, and other clinical experts have submitted nominations, and MHCC will send appointment letters by June 20. The staff anticipates that the CAG will hold six to eight public meetings between July 2012 and June 2013. In addition, staff is considering interim regulations for primary PCI and non-primary PC, to address oversight during the period that the State Health Plan chapter for cardiac services is under revision. Dr. Tom Aversano, C-PORT Principal Investigator, is providing input into the development of interim rules.

Hospital Services Policy and Planning/Certificate of Need

Certificate of Need ("CON")

CON's Approved

Holy Cross Hospital of Silver Spring – (Montgomery County) – Docket No. 08-15-2286
Establishment of a new general hospital in Germantown
Reissued on Remand from Circuit Court

CON Letters of Intent

National Lutheran Home and Village at Rockville, d/b/a The Village at Rockville – (Montgomery County)
Provide home health agency services to its CCRC residents

Garrett County Memorial Hospital – (Garrett County)
Construction of a four-story addition to the existing hospital

College View Center – (Frederick County)
Relocation of the 119-bed comprehensive care facility (CCF) currently located at 700 Toll House Avenue in Frederick to a new site in the 300 block of Ballenger Center Drive in Frederick

Pre-Application Conferences

Garrett County Memorial Hospital – (Garrett County)
Construction of a four-story addition to the existing hospital structure
May 16, 2012

College View Center – (Frederick County)
Relocation of a CCF
May 17, 2012

First Use Approval

Williamsport Nursing Home – (Washington County) – Docket No. 07-21-2195
Relocation of 22 temporarily delicensed CCF beds from Clearview Nursing Home to the facility, new construction and renovations for a 121-bed CCF
Cost: $10,513,100

Determinations of Coverage

- **Ambulatory Surgery Centers**

Newbridge Surgery Center at Waldorf, LLC – (Charles County)
Establish an ambulatory surgery center with 1 non-sterile procedure rooms to be located 3581 Old Washington Road, Suite G, Waldorf

SurgCenter at National Harbor, LLC – (Prince George's County)
Establish an ambulatory surgery center with 1 sterile OR and 2 non-sterile procedure rooms to be located at 125 Potomac Passage, Suite 200, National Harbor

Columbia Surgery Center – (Howard County)
Addition of physician (Diane Broomfield, M.D.) to the surgery center

- **Acquisitions/Change of Ownership**

Southern Maryland Hospital Center – (Prince George's County)
Change in ownership shares

Endoscopy Center at Robinwood, LLC – (Washington County)
Change in the ownership interest of the existing surgery center

- **Other**

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

FutureCare Pineview – (Prince George's County)
Temporary delicensure of 11 CCF beds

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

Citizen's Care & Rehabilitation Center – (Frederick County
Relicensure of 25 CCF beds

- **Miscellaneous**

Southern Maryland Hospital Center – (Prince George's County)
Termination of the acute inpatient psychiatric program for adolescents

Planning and Policy

On May 8, 2012, Center for Hospital Services (CHS) staff participated in a conference call with Dr. Tom Aversano and representatives of several other states with hospitals that had participated in the C PORT E research trials, to discuss plans for the registry information developed for that research going forward.

On May 10, 2012, CHS staff met with representatives of Johns Hopkins Medicine concerning projection of need for solid organ transplantation and approaches to updating and reconsideration of current policies and standards for organ transplantation in the current State Health Plan.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology
Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (HIT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information infrastructure, which includes adopting transmission standards for the exchange of electronic health information. During the meeting, the committee finalized comments to the notice of proposed rulemaking of the Centers for Medicare and Medicaid Services (CMS) Stage 2 Electronic Health Record (EHR) Incentive Program and Certification Criteria. The committee also reviewed the progress of the CMS EHR Incentive Program. Approximately 42 percent of all eligible hospitals, nationally, have received an EHR incentive payment and approximately one out of every nine Medicare eligible professionals nationwide are considered by CMS as Stage 1 meaningful users of EHRs.

Staff invited the Maryland Hospital Association and the Chief Information Officers of Maryland's 46 acute care hospitals to review the findings and provide comments on the final draft of the annual hospital HIT report. All hospitals in the state responded to the annual survey that assesses HIT adoption in seven categories: computerized physician order entry (CPOE), EHRs, electronic medication administration records (eMARs), infection surveillance software (ISS), electronic prescribing (e-prescribing), electronic health information exchange (HIE), and telemedicine. The survey is similar to nationally administered surveys; however, it is unique in that it includes questions related to HIT planning and inquires on the number of primary care units that have implemented different HIT functionalities. This is the first year the staff collected information regarding the use of telemedicine and the number of units using each technology to gauge HIT use within hospitals. The report is scheduled to be released in June.

This month, staff received feedback on the final draft of the annual *Freestanding Ambulatory Surgical Center Health Information Technology Survey* report from the Maryland Ambulatory Surgical Association (MASA). This is the third year of the assessment, which evaluates ambulatory surgical centers' (Centers) progress in adopting HIT components including: CPOE; EHRs; eMARs; BCMA; ISS; and e-prescribing. All 335 Centers in the state responded to the survey, which is administered as part of

the larger *Maryland Freestanding Ambulatory Surgical Center Survey*. The report includes an analysis of HIT adoption by Centers within specific geographic regions and between single specialty and multi-specialty Centers. In 2011, approximately 42 percent of Centers reported using some form of technology to manage patient health information, an increase of about 15 percent from 2010. Staff plans to release the report in June.

Staff convened the MSO Advisory Panel to discuss the existing criteria for State Designation. To achieve State Designation, MSOs must meet over 90 criteria related to privacy, confidentiality, technical performance, business practices, security and services, as well as offer practices HIE-related services. During the meeting, staff discussed findings from an MSO environmental scan it conducted with participating practices in the winter. Practices noted the wide array of services MSOs provided in obtaining the meaningful use incentives as the leading reason for signing up with an MSO. Nearly 80 percent said that utilizing an EHR will help improve care delivery. Nearly 332 practices in Maryland have engaged the services of an MSO. MSOs assist providers in overcoming the challenges associated with the adoption of EHR systems, including the cost and maintenance required for the technology and the privacy and security responsibilities associated with storing electronic health information.

Staff completed drafting recommendations around proposed changes in state law to achieve optimal EHR adoption and use among Maryland providers. Over the last few months, staff has worked with providers, payers, and other organizations to identify specific changes in state law to advance EHR adoption. Staff also worked with stakeholders to identify potential barriers and solutions that would result from changes in state law. This initiative is a requirement under House Bill 706 *Electronic Health Records – Regulation and Reimbursement*, signed into law in May 2009. The recommendations focus on transparency in EHR pricing and HIE services and promotes education and awareness on the benefits of HIT within primary and secondary schools and businesses. Over the next month, staff plans to ask stakeholders for comments on the draft recommendations. The report is due to the Governor and the General Assembly at the end of the summer. Audacious Inquiry, LLC (AI) was competitively selected to provide assistance in completing the work.

Health Information Exchange

Staff worked with CliftonLarsonAllen, LLP (CLA) to finalize the results of the technology security audit (audit) of the statewide HIE, CRISP. The audit identified roughly four moderate risk opportunities for improvement; security controls, website controls, an evaluation of the adequacy of physical and environmental controls, and user entity controls. CLA will present the findings to the statewide HIE Board of Directors audit committee in June. Over the next year, the statewide HIE will implement the technology changes to minimize the risks identified during the security audit. Staff continues to provide support to the statewide HIE, in implementing the Regional Extension Center (REC) program. CRISP received roughly $6.4M in federal funding to administer a program that would assist 1,000 priority care providers in adopting and becoming meaningful users of EHRs. The REC has contracted with approximately 15 MSOs to expand EHR adoption among priority care providers and to connect to the HIE. The ONC reports that nationwide the REC programs have enrolled roughly 40 percent of all primary care physicians.

Staff continues to provide support to the statewide HIE in developing strategies for expanding the use of the Virtual Health Record Portal (portal) and Direct messaging pilot. The portal allows users to view patient hospital information such as lab, radiology, transcription, and medication histories using an Internet browser. The leading benefits of Direct messaging include a secure exchange of electronic health information and improved care coordination activities, which can support the Patient-Centered Medical Home (PCMH) model and support the achievement of Meaningful Use standards. In collaboration with the statewide HIE and the Maryland Learning Collaborative, staff trained about 50 providers in the Maryland Multi-Payer PCMH pilot in the use of the portal at the quarterly meeting of the Maryland Learning Collaborative. Staff also had a preliminary discussion with the Maryland State Dental Association (MSDA) about the possibility of dentists using both the portal and Direct messaging. Staff

submitted an article to the MSDA for their newsletter, which highlights the portal and Direct messaging opportunities.

Staff provided support to the Department of Health and Mental Hygiene's (DHMH) Health Data Innovation Contest (contest). Conceived by the Secretary of DHMH, the contestants submitted practical ideas for the creative use of data to improve the health status of Maryland residents. Applicants were encouraged to propose solutions to public health challenges using data from more than 16 existing health-related databases in combination with various other publically available state and federal databases. Applicants were also requested to propose ideas that leverage Maryland's HIE infrastructure and lead to significant health gains, while respecting privacy. The participants submitted their ideas online using a social media tool and the public voted on the ideas. The Abell Foundation provided a grant of $5,000 for cash awards to the contest winners. Selecting from the applicants that received the largest number of votes, a panel of judges selected *Improving the Reporting of Fatal and Non-Fatal Drug Overdose* as the overall winner of the contest, while three other applicants received small monetary awards for their entries.

Implementation activities related to the Challenge Grant (grant) continued during the month. Maryland received an award of approximately $1.6M from ONC to develop solutions to exchange electronic clinical documents between long term care and post acute care facilities and proximate hospitals by leveraging the HIE. The goal of the Challenge Grant is to integrate six long-term care facilities with the HIE and implement the HIE portal with almost 50 long term care facilities. The grant also required the MHCC to plan and test the availability of electronic advance health care directives (advance directives) and Medical Orders for Life Sustaining Treatment (MOLST) forms. A focus group was convened to deliberate on the technical and policy challenges related to electronic advance directives and MOLST forms. The focus group's recommendations include: enable advance directives to be electronic and accessible via a web portal, and develop a database for electronic MOLST forms. In May, staff developed a timeline and budget to implement the recommendations. Staff expects to solicit input from the focus group members and finalize the implementation timeline in June.

Staff solicited comments from stakeholders on its draft recommendations to increase the use of HIE services by ambulatory care practices in Maryland. Recommendations include requiring ambulatory care practices with an EHR to contribute and use electronic information from an evolving menu set of options; coordinate establishing courses relating to HIT with the Maryland Board of Physicians; educate employers on the value of EHRs and HIE; encourage human resource groups to inform employees on the benefits of EHRs and HIE; and educate the Maryland Association of Health Underwriters and other insurance brokers in Maryland about the benefits of EHRs and HIE. Stakeholders will be asked to review the final recommendations in June. AI was selected through a competitive process to assist with the work effort. A report is scheduled for release in early summer.

Staff continued to review the informal comments received from over 33 stakeholder organizations to informal draft regulations addressing the privacy and security of health information exchanged through HIEs. House Bill 784, *Medical Records – Health Information Exchange*, signed into law by Governor Martin O'Malley in May 2011, requires the MHCC to develop regulations for privacy and security of protected health information obtained or released through an HIE. The HIE Policy Board (board) is responsible for making policy recommendations to staff that address the privacy and security of electronic health information. Policies proposed by the board are used by staff to guide the development of the HIE privacy and security regulations. Staff plans to release a second informal draft of the regulations for additional public comment in July. During the past month, staff convened several stakeholder meetings to discuss comments received to the informal draft regulations; similar additional meetings are scheduled to occur over the next four weeks.

Staff finalized the draft *Strategy to Develop a Consumer Health Information Exchange Awareness & Education Initiative*. Although the potential benefits of HIT adoption for consumers are far reaching,

many consumers have concerns about sharing health information electronically. These concerns center mostly on privacy and security and the misuse of data. Increasing consumer awareness and education about health IT is expected to lessen these concerns. In the fall of 2011, staff convened a series of consumer focus groups to identify an effective strategy to build consumer trust in HIT. The focus groups provided an opportunity to engage consumers, providers, and community-based organizations in identifying an approach in order to build consumer and provider confidence in electronic health information. Koss on Care was competitively selected to provide assistance in facilitating the focus groups and in drafting the final report that is targeted for release in July.

Staff is in the preliminary stage of collaborating with Maryland Medical Assistance and the statewide HIE in identifying opportunities to secure additional funding under the State Medicaid Health Information Technology Plan (plan). Last year, CMS approved a Medical Assistance's plan to administer the American Recovery and Reinvestment Act of 2009 EHR adoption and meaningful use incentives for eligible providers and hospitals. The plan required Medical Assistance to complete an HIT Implementation Advance Planning Document (HIT-IAPD) that describes how the EHR adoption incentive program will be administered. CMS has recently indicated that they will consider funding HIE efforts as part of the annual update to the HIT-IAPD. CMS funding for the federal financial participation is at 90 percent; the state would be responsible for the 10 percent matching funds. Medical Assistance is required to submit an update to the HIT-IAPD in September. Staff plans to continue exploring funding opportunities available from CMS with Maryland Medical Assistance staff and representatives of the statewide HIE.

Electronic Health Networks & Electronic Data Interchange

Staff completed the recertification of Zirmed and Secure EDI, LLC during the month. 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 40 networks. Staff distributed the 2012 Electronic Data Interchange EDI Progress Report (form) to approximately 49 payers that are required to complete the form. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers with premiums of $1M or more to complete the form by June 30th of each year. Staff streamlined the reporting requirements for the 2012 collection cycle.

National Networking

Staff participated in several webinars hosted by the National eHealth Collaborative. *ONC's National HIE Strategy* discussed ONC's recently released strategy for HIE, how the Stage 2 Meaningful Use requirements affect ONC's strategy, and what the next steps are to accelerate HIE. *The Patient's Role in Improving the Quality of Information in EHRs* explored the current status/opportunity for physicians to use a patient's knowledge to improve the quality of information in EHRs, as well as the next steps that providers can take to understand how to incorporate patient feedback into their record-keeping to ensure accuracy of information in EHRs. *Innovative Consumer Engagement in Behavioral Health: The Centerstone Substance Abuse Project* introduced a new model (Electronic Recovery Oriented System of Care program) for online patient engagement to help people with substance abuse and behavioral health issues. The ONC presented *Using Health IT for Care Coordination across Inpatient and Outpatient Settings*, which discussed how patient care coordination was achieved in rural and urban safety net environments and how the barriers related to the infrastructure of HIT, governance issues, staff communication, patient engagement, and the sharing of patient data were resolved.