# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

### July 2012

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**CENTER FOR INFORMATION**
**SYSTEMS AND ANALYSIS**

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### *Patient Centered Medical Home Program*

**Shared Savings**
The MMPP contractor for shared savings methodology, Discern Consulting, and staff convened meetings with commercial carriers participating in the MMPP program on July 18 to review the long form technical manual and the 2009/2010 test run of data needed to calculate shared savings methodology in preparation for the 2010/2011 analysis of actual shared savings that will be payable in September of 2012.

**Maryland Learning Collaborative**
Forty-plus Care Managers and staff attended a workforce development session on mental health screening on June 20.

### *Maryland Trauma Physician Services Fund*

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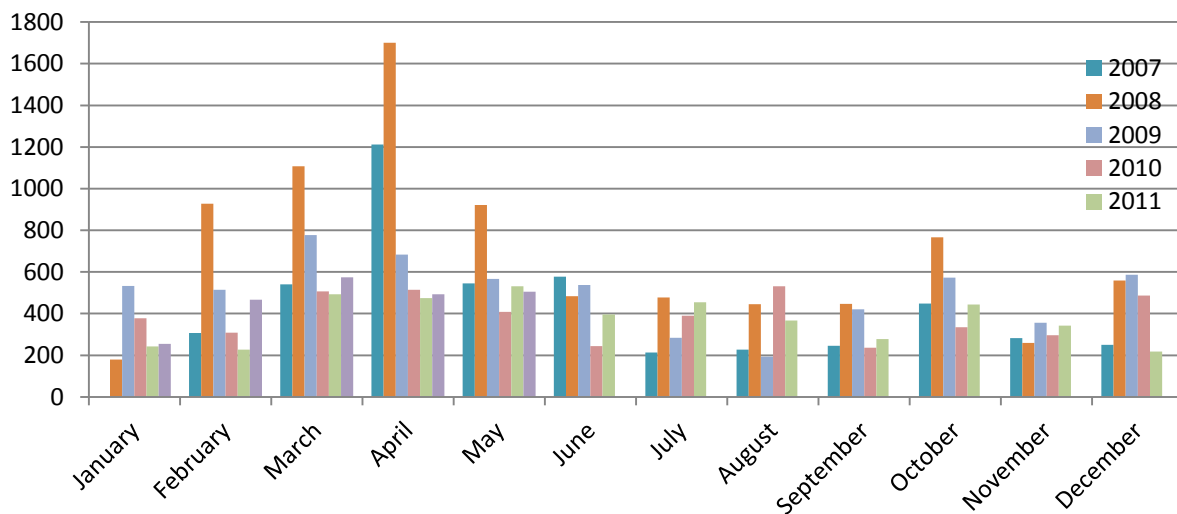


**Uncompensated Care Processing**
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $ 505,472for May of 2012. The monthly payments for uncompensated care from March 2007 through May 2012 are shown above in Figure 1.

**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, were 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 were due June 30th. To date, all carriers except one have submitted their 2011 data files. Screening of the submitted files is underway to identify errors that would require resubmission of the data; so far one of the payers has been asked to submit corrections for a file with incorrectly reported information. Having complete and accurate information available by September is necessary to determine shared savings among the primary care practices participating in the Maryland Multi-Payer Patient-Centered Medical Home Program.

**Report on Payments for Professional Services**
Division staff and the database contractor, Social and Scientific Systems, Inc., have redesigned this report to concentrate on a subset of the information in last year's report. The contents of the shortened report will be focused on payment rate information. New analyses for the revised report will include a comparison of rates paid by private carriers, Medicare, and Medicaid, and an assessment of the number of providers participating with major carriers by geographic region. The primary source of information for the report is the 2010 MCDB professional services claims data. The per capita spending analysis previously contained in the professional services report will be moved into a different report, *Spending for the Privately Insured,* in which the per capita spending will reflect payments for all covered health care services, including prescription drugs and hospital care.

**Assessment of the Assignment of Benefits Bill**
During the 2010 session of the General Assembly, Senate Bill 537 (Chapter 537, Acts of 2010)- Assignment of Benefits and Reimbursement of Non-preferred Providers was passed, which prohibits preferred provider organizations to enact policies that refuse to honor an assignment of benefits to a health care provider. The bill had an effective date of October 1, 2010.

The Commission, in consultation with the Maryland Insurance Administration and the Office of the Attorney General, is required study the benefits and costs associated with the direct reimbursement of nonparticipating providers by health insurance carriers under a valid assignment of benefits; the impact of enacting a cap on balance billing for non-preferred, on call physicians; and the impact of the legislation on provider networks. The Commission was required to submit baseline parameters on or before January 1, 2012, an interim report on or before July 1, 2012 and a final report on or before October 1, 2014.

The Commission provided proposed study parameters to the General Assembly on February 25, 2011. However, the 2010 privately insured data that will be used for the interim (baseline) report has limitations that will require some revisions in the study parameters. The time needed for testing and implementation of the revisions will delay the delivery of the interim report. The Commission is requesting an extension of the due date for the interim report, which the Commission expects will be available by October 1, 2012.

## *Data and Software Development*

**Internet Activities**
The Commission's website migration to SharePoint has required staff to change how internet traffic to the MHCC websites will be monitored. Beginning next month, traffic to the Commission's main website, which is hosted on a DHMH server, will be evaluated using SharePoint web analytics reports supplied to staff by DHMH. Traffic to other Commission websites not located on the DHMH server, such as the Hospital Guide website, will be evaluated separately using Google Analytics. As a result of the change, long-term trends can no longer be reported for the combined traffic across all of our websites.

## 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.

<p align="center"><b>Table 1– Web Applications Under Development</b></p>

| Board | Anticipated Start Development/Renewal | Start of Next Renewal Cycle |
| --- | --- | --- |
| PCMH Quality Measure website | Completed: On-going Maintenance | |
| PCMH Registration and Administrative Site | On-going Maintenance | Project went live at the end of January, 2012 |
| 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) | Completed; On-going updates | |
| Boards and Commissions Licensing Sites (13 sites) | On-going Maintenance | |
| Boards & Commissions Licensing Sites (13 sites) | Modifying for Ethnicity (7 sites updated to date) | |
| Physician Licensing | Modifying for Ethnicity, Adding new questions for HIT, Telemedicine, and Active Licensed States Completed | Release: July 16 |
| Health Insurance Partnership Public Site | On-going Maintenance | |
| Health Insurance Partnership Registry Site | On-going Maintenance,   monthly registration, and on-going monthly subsidy processing | |
| Hospice Survey Update | Underway | Went Live February, 2012 |
| Long Term Care 2011 Survey | Survey is complete; Database results uploaded | Start of Project was January, 2012 |
| Hospital Quality Redesign | Planning | Start of Project: Fall 2010 |
| MHCC Assessment Database | Complete | Undergoing review of data before export. |

<p align="center"><b><i>Network Operations & Administrative Systems (NOAS)</i></b></p>

## Digitizing Technology Forms
Staff continued the process of digitizing technology request forms, including digital signatures.  To date, eight forms have been digitized and are available through the MHCC intranet.

## Virtualization Project (Redesign MHCC Data Center Infrastructure)
The new hardware storage rack will arrive the second week of July.  DHMH facilities personnel will verify sufficient power receptacles.  Virtualization software is on order.  The installation date is pending.

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

## Information Technology Helpdesk Portal
Staff released the beta version of the MHCC Information Technology Helpdesk Portal, which will operate in test mode for approximately 4 weeks while receiving feedback from the user community.  The helpdesk portal is for internal user technology issues.

### *Health Plan Quality and Performance*

Staff attended a meeting of the Maryland Health Benefit Exchange's Plan Management Advisory Committee on June 27th.  The meeting included a discussion of the Exchange's Consumer Web Portal design as well as preliminary discussions of pros and cons regarding whether to develop a policy in the State of Maryland that limits the amount of choices consumers should have in the Exchange.  Examples of policies being considered include the four choices below:

1.  Standardize all benefit designs, so that plans offered through the Exchange would all conform to one of a few sets of identical benefits and features.
2.  Adopt a "rule of 12" in which the result of (a) the number of issuers in a plan tier times (b) the number of benefit designs each issuer can offer in the respective tier does not exceed 12.  This would provide a maximum of 48 standard plans from which to choose (the 4 "metallic" levels x 12).
3.  Define a baseline benefit design that carriers could (but would not be required to) offer and also allow carriers to offer one additional benefit design of their own.
4.  Allow unlimited numbers of plans to be offered in the insurance Exchange as long as the metal level is met.

One of the major items announced during this meeting was that it was anticipated that Brokers will be compensated by the carriers and Navigators will be compensated by the Exchange.

Teleconferences in late July or early August are being organized in preparation of defining the Commission's 2013 Quality and Performance Reporting Requirements for commercial health benefit plans. We have invited representatives from the Maryland Health Benefit Exchange to participate in the teleconferences so they can present their reporting requirements for qualified health, dental and vision plans (QHPs, QDPs and QVPs) that will participate in the 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 increased from an average of approximately 5 Maryland visits per day to 7 per day, with users viewing about 4 pages per visit, and spending an average of about 6 minutes per visit on the site.

**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 July 5, 2012 enrollment in the Partnership was as follows:  407 businesses; 1,110 enrolled employees; 1,868 covered lives.  The average annual subsidy per enrolled employee is almost $2,400; the average age of all enrolled employees is 40; the group average wage is about $27,000; the average number of employees per policy is 3.9.  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 has 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 Data Set Project**
Commission staff are working with Myers and Stauffer (contractor) via bi-weekly phone conference calls to make the transition from the federal minimum data set (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 is 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 both Parts I and II, and the data has been cleaned and checked. The public use data set will be developed and posted during the next few weeks.

**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 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.
Also, 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 developed an analysis and staff recommendations regarding the comments received during the Informal Public Comment period. The results of this analysis were presented at the June Commission meeting. Following the meeting, the staff analysis and recommendations, the complete set of comments, and the proposed changes in the draft regulations were posted on the Commission's website.

**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 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 29th. The most recent meeting was held on June 18, 2012. A draft of proposed regulations is currently under review.

**FY 2011 Home Health Agency Survey**
Sixty agencies participated in the 2011 Home Health Agency Survey, which ended on May 29, 2012. All facilities have submitted their survey data, and staff has begun the post data collection phase of cleaning

and auditing the data. This process is ongoing and may include follow up calls to the agencies to verify data, as needed.

**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. As of June 25, 2012, 100% of the facilities submitted their surveys. Seven hundred and eighteen (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). This year, the Commission will issue fines to 11 facilities that did not comply with the survey deadline and the grace period. In keeping with the Commission's policy, these facilities were notified throughout the survey collection period of the survey due date and the Commission's ability to fine for noncompliance. The facilities were notified of their right to file an appeal of the assessment within 10 business days of receipt of the notice; three facilities requested an appeal. The Commission is reviewing these requests and will mail invoices to all facilities.

### *Long Term Care Quality Initiative*

**Nursing Home Experience of Care Surveys – Work in Progress**
Facility and statewide reports have been reviewed and approved for release to nursing home administrators in July. Each nursing home will have a two week preview period before the reports are made public via the Consumer Guide to Long Term Care.

**Seasonal Influenza Vaccination Surveys for Staff Working in LTC**
Data for nursing homes and assisted living facilities or more are now posted in the Consumer Guide to Long Term Care. 19 facilities will receive recognition certificates for staff vaccination rates of 95% or greater.

LTC staff is already preparing for the upcoming influenza season which begins in less than two months. Efforts to assist facilities to increase rates of vaccination are underway. If resources permit, an audit of the survey results for the 2011-2021 influenza season will be conducted.

**Consumer Guide to Long Term Care**
CMS nursing home quality measure scores based on the new MDS 3.0 are scheduled for public release on July 19, 2012. This information will get posted for each nursing home on our website.

**Outreach**
Staff attended a networking event at the newly opened Greenhouse at Stadium Place to promote the Consumer Guide to Long Term Care Services to area providers. Other outreach activities include requesting placement of a link to the Consumer Guide on all Maryland county web sites and related long term care web sites and seeking advertising opportunities in local papers.

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

*Hospital Quality Initiatives (HQI)*

**Hospital Performance Evaluation Guide (HPEG) Update**
The Hospital Performance Evaluation Guide is updated on a quarterly basis. On July 11, 2012, MHCC updated the web-based Guide to include the most current data available for the process of care, patient experience (HCAHPS), common medical conditions, and maternity and newborn measures. These performance measures were updated using data for calendar year 2011. The HAI data has been updated to include hospital employee influenza vaccination rates for the 2011/2012 flu season and active surveillance testing for MRSA in ICU patients for the twelve month period ending March 30, 2012.

HQI staff, with the guidance of the HPEG Advisory Committee and with input from hospital quality and performance improvement staff, has proposed the addition of new inpatient hospital quality measures for reporting on the Hospital Guide to support the HSCRC Quality Based Reimbursement Program. The new measures will be reported in the Hospital Guide in 2013. A formal notice of the new requirements will be included in the July 27, 2012 issue of the Maryland Register. The new measures are summarized below:

• **AMI Measure**

| AMI-10 | Statin Prescribed at Discharge |
|--------|-------------------------------|

• **VTE Measures**

| VTE-1 | Venous Thromboembolism Prophylaxis |
|-------|-----------------------------------|
| VTE-2 | Intensive Care Unit Venous Thromboembolism Prophylaxis |
| VTE-3 | Venous Thromboembolism Patients with Anticoagulation Overlap Therapy |
| VTE-4 | Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol |
| VTE-5 | Venous Thromboembolism Discharge Instructions |
| VTE-6 | Incidence of Potentially-Preventable Venous Thromboembolism |

• **Stroke Measures**

| STK-1 | Venous Thromboembolism (VTE) Prophylaxis |
|-------|------------------------------------------|
| STK-2 | Discharged on Antithrombotic Therapy |
| STK-3 | Anticoagulation Therapy for Atrial Fibrillation/Flutter |
| STK-4 | Thrombolytic Therapy |
| STK-5 | Antithrombotic Therapy By End of Hospital Day 2 |
| STK-6 | Discharged on Statin Medication |
| STK-8 | Stroke Education |
| STK-10 | Assessed for Rehabilitation |

MHCC will collect stroke data through the American Heart Association/American Stroke Association "Get With the Guidelines" (GWTG)-STROKE program for those hospitals that are currently enrolled in the project. We will also work with those hospitals that do not participate in GWTG-STROKE to determine if a waiver from participation is appropriate.

**Healthcare Associated Infections (HAI) Data**
The Healthcare Associated Infections Advisory Committee met on June 27, 2012 to review current issues associated with the MHCC HAI data collection and reporting system. The Committee agreed to expand its focus on work force development and resource requirement issues for Infection Preventionists in light of increasing HAI data collection and surveillance demands. Ventilator-associated pneumonia will also be an area of the Committee's focus in FY2013. Other priority areas include 1) preparing for the release of surgical site infections (SSI) data for Hip, Knee and CABG procedures on the Hospital Guide in January, 2013; and 2) developing the audit protocol for validating the accuracy of the SSI data prior to public release.

**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. The staff continues to collaborate with HSCRC staff on data issues to support the Quality Based Reimbursement project and broader rate setting issues.

## *Specialized Services Policy and Planning*

**Cardiac Surgery and Percutaneous Coronary Intervention (PCI)**
Pursuant to HB 1141, adopted by the General Assembly in the 2012 Session, an MHCC Clinical Advisory Group (CAG) for Cardiac Surgery and PCI Services has been appointed. This panel of clinical experts will begin meeting in September to provide input and make recommendations for updating MHCC's regulatory standards in cardiac surgery and PCI. The CAG consists of interventional cardiologists, cardiac surgeons, institutional chief medical officers, cardiac catheterization laboratory administrators, and representatives of DHMH and MIEMSS. The membership includes experts from Maryland as well as from other states. The CAG will interface with MHCC's Cardiac Data Advisory Committee on measurement issues.

## *Certificate of Need ("CON")*

**CON's Approved**
Carroll Hospital Center – (Carroll County) – Docket No. 12-06-2330
A capital expenditure to develop a comprehensive community oncology center through a building addition and renovation of existing space.
Approved Cost: $27,975,000

**CON Letters of Intent**
Anne Arundel Medical Center- (Anne Arundel County)
Addition of 30 medical/surgical beds through the finishing of existing building shell space

Potomac Valley Nursing & Wellness Center – (Montgomery County)
Capital expenditure to add and renovate space

**First Use Approval**
Mercy Medical Center – (Baltimore City) – Docket No. 05-2402174
Construction of a new patient tower on the hospital campus and renovation to existing space
Partial First Use for Phase 2 of the project: Obstetrics/Pediatric Administration and Center for Advanced Fetal Care on the Second Floor; Interventional Pain Management Clinic on the Fourth Floor; Interventional Radiology, Pain Management Procedures, CT Scanner on the Fifth Floor; Labor and Delivery, Neonatal Intensive Care Unit, and Ante Partum Unit on the Eight Floor; and Obstetric Unit (29 beds), Normal Newborn Nursery, and Pediatric Unit (5 beds) on the Tenth Floor

**Determinations of Coverage**

- **Ambulatory Surgery Centers**

Frederick UroSurgical Center – (Frederick County)
Voidance of Determination of Coverage (issued 4/14/10) to establish an ambulatory surgery center at 110 Baughmans Lane, Frederick.   To date DHMH or the Commission has not obtained any indication that the ambulatory surgery capacity has been developed.

Simcare, ASC, LLC – (Carroll County)
Establish an ambulatory surgery center with 2 non-sterile procedure rooms to be located at 2702 Backacre Circle, Suite 290A, Mt. Airy.

Ambulatory Surgery Center Development Company, LLC – (Montgomery County)
Establish an ambulatory surgery center with 2 non-sterile procedure rooms to be located at 8455 Colesville Road, Suite 200, Silver Spring

- **Acquisitions/Change of Ownership**

Lorien Nursing & Rehabilitation Center – Columbia – (Howard County)
Transfer of 100% of the ownership from the estate of Nicholas B. Mangione to Mary C. Mangione, under the terms of Mr. Mangione's Last Will and Testament

- **Capital Projects**

Anne Arundel Medical Center – (Anne Arundel County)
Renovation to obstetrics and perinatal facilities
Proposed Costs:  $3,000,000 – MHA Bond Review Project

Greater Baltimore Medical Center – (Baltimore County)
Expansion and modernization of main pharmacy space
Proposed Costs:  $4,500,000 – MHA Bond Review Project

Sinai Hospital of Baltimore – (Baltimore City)
Expansion and renovation of emergency department; expand and relocate the pediatric emergency unit; and relocate the emergency observation unit.  Expand pediatric emergency unit from 10 exam room beds to 14 beds.
Proposed Costs:  $3,000,000 – MHA Bond Review Project

Chester River Hospital – (Kent County)
Expansion and renovation of the emergency department
Proposed Costs:  $4,300,000 – MHA Bond Review Project

Memorial Hospital at Easton – (Talbot County)
Expansion of Breast Center, to add gynecological care, including participation in state/federal breast and cervical cancer prevention, detection and treatment
Proposed Costs:  $1,820,000 – MHA Bond Review Project

Shady Grove Adventist Hospital – (Montgomery County)
Expansion and renovation of the emergency department
Proposed Cost:  $5,170,000 – MHA Bond Review Request

Mercy Medical Center – (Baltimore City)

Renovation of space in the hospital-owned building at 301 St. Paul Place to create a primary care center
Proposed Costs: $2,000,000 – MHA Bond Review Project

Montgomery Medical Center – (Montgomery County)
Expand and renovate the Helen P. Denit Center for Radiation Therapy
Proposed Costs: $8,058,632 – MHA Bond Review Project

Kennedy Krieger Institute – (Baltimore City)
Renovation of patient room space on the third floor
Proposed Costs: $5,000,000 – MHA Bond Review Project

St. Agnes Hospital – (Baltimore City)
Renovation of the seventh floor space
Proposed Project: $6,900,000 – MHA Bond Review Project

Good Samaritan Hospital – (Baltimore City)
Expansion and renovation of the Cancer Center
Proposed Costs: $625,000 – MHA Bond Review Project

Baltimore Washington Medical Center – (Anne Arundel County)
Finish eighth floor shell space to increase physician offices and establish a conference center
Proposed Costs: $4,500,000

- **Other**

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

Laurelwood Care Center at Elkton – (Cecil County)
Temporary delicensure of 33 CCF beds

Signature HealthCARE at Mallard Bay – (Dorchester County)
Temporary delicensure of 26 CCF beds

Chesapeake Shores – (St. Mary's County)
Temporary delicensure of 8 CCF beds

Apex Health of Silver Spring – (Montgomery County)
Temporary delicensure of 20 CCF beds

University Specialty Hospital – (Baltimore City)
Temporary delicensure of 88 special hospital chronic beds

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

Hammonds Lane Center – (Anne Arundel County)
Relicensure of 10 CCF beds

Layhill Center – (Montgomery County)
Relicensure of 4 CCF beds

Corsica Hills Center – (Queen Anne's County)
Relicensure of 5 CCF beds

Ellicott City Health & Rehabilitation Center – (Howard County)
Relicensure of 27 CCF beds

Moran Manor Health Care Center – (Allegany County)
Relicensure of 10 CCF beds

Devlin Manor Health Care Center
Relicensure of 10 CCF beds

- **Miscellaneous**

The Village at Crystal Spring – (Anne Arundel County)
Development of a 20 bed comprehensive care facility as a component of a continuing care retirement community to be located at Spa Road and Forest Drive in the City of Annapolis.  The retirement community will have 1,219 independent living units, 28 assisted living units and 20 CCF beds.

MGH Community Health, Inc.
Clarification with respect to authorized jurisdictions.  The agency is authorized to serve Howard and Montgomery Counties

Hospice of Queen Anne's County – (Queen Anne's County)
Permission to provide hospice services to a patient residing in Kent County

University Specialty Hospital – James Lawrence Kernan Hospital – Maryland General Hospital (Baltimore City)
Closure of USH, relocation of 12 special hospital-chronic beds from USH to Kernan Hospital, and relocation of 80 special hospital-chronic beds from USH to MGH, establishing special hospital-chronic care as a new service at MGH

### *Policy and Planning*

**Acute Rehabilitation**
On July 12, 2012, a meeting of the Acute Rehabilitation Work Group was convened to review and discuss a first draft of proposed amendments to COMAR 10.24.09, State Health Plan standards for acute rehabilitation hospital facilities.

**Mission Lifeline**
On June 28, 2012, HPP staff participated in a "steering committee" conference call developing a second annual "STEMI" conference for Maryland.  The conference, planned for the Fall of 2012, is sponsored by MIEMMS and Mission Lifeline, a program of the American Heart Association focused on improving STEMI outcomes and cardiac resuscitation systems performance.

*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 network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information.  During the meeting, the committee reviewed responses to a Request for Information (RFI) on Governance for the Nationwide Health Information Exchanged released by ONC.

The RFI seeks broad input on a range of topics, including the creation of a voluntary program where entities that facilitate electronic health information exchange (HIE) could be validated with respect to their conformance to certain ONC-established conditions for trusted exchange; the scope and requirements for the initial exchange; and a process to classify the readiness for nationwide adoption and use of technical standards and implementation specifications to support interoperability on a national basis.

Staff finalized the annual Health *Information Technology Assessment of Maryland Hospitals* (report) during the month, which is based on survey findings from all 46 acute care hospitals in Maryland. The survey assesses the level of health IT adoption and implementation in Maryland hospitals. The Maryland Hospital Association and the hospital Chief Information Officers (CIOs) were invited to review the data and provide feedback prior to finalizing the report. The survey collects information about the adoption and implementation of leading HIT functions, including electronic health records (EHRs), electronic prescribing (e-prescribing), computerized physician order entry, electronic medication administration records, barcode medication administration, infection surveillance software, HIE, and telemedicine. The report is scheduled for release in July. Over the next several months, staff plans to discuss potential enhancements to the survey with hospital CIOs.

During the month, staff convened the Management Service Organization Advisory Panel (panel) to discuss existing criteria for State Designation. The existing criteria includes over 90 requirements related to privacy, confidentiality, technical performance, business practices, security and services, as well as offer practices HIE-related services. The panel is evaluating enhancing the criteria to reflect industry changes in technology and business practices. The Electronic Healthcare Network Accreditation Commission, the national accreditation organization for MSOs, presented to the panel on the concept of adopting core criteria that should be required for accreditation. Core criteria would include select technology and business-related requirements that an applicant must adopt for national accreditation and State Designation. The panel is expected to continue deliberating on the value of core criteria over the next couple of months.

Implementation planning to meet the requirements of House Bill 470 (HB 470), *Maryland Health Care Commission – Preauthorization of Health Care Services – Benchmarks*, that was passed during the 2012 legislative session is underway. Among other things, HB 470 requires the MHCC to work with state regulated payers (payers) and pharmacy benefit managers (PBMs) to attain benchmarks for standardizing and automating the prior authorization process. HB 470 requires a report to the Governor and the General Assembly by March 2013. Staff is in the preliminary stages of meeting with payers and PBMs to discuss implementation activities to attain the benchmarks. In September, the MHCC is planning to convene a multi-stakeholder workgroup to discuss various technology adoption and provider education strategies. Staff has engaged Audacious Inquiry (AI) through a competitive process to assist in completing the work.

Staff is working with HIEs and electronic administrative health networks (networks) to identify performance measures to assess the effectiveness of HIT adoption. Most technology audits are aimed at providing information and assurance about controls within an organization. A need exists to identify performance measures that can be used to obtain objective data to assess the performance and management of HIEs and networks. Staff anticipates using performance measures to address the effectiveness of technology programs and measure the extent to which these programs are achieving defined goals and objectives. The performance measures will also provide HIEs and networks with objective information that provides a prospective focus on best practices and cross-cutting issues to improve their programs. Staff has engaged AI through a competitive process to assist in completing the work.

Planning activities are underway to reconvene the Telemedicine Task Force Technology Solutions and Standards Advisory Group (advisory group). Last year, the advisory group developed recommendations around establishing a centralized telemedicine network that interoperates with the statewide HIE. A

centralized telemedicine network would enable the existing telemedicine networks to communicate across networks and support a provider directory that identifies providers available to consult on care at the point of delivery.  Last month, staff identified key challenges associated with the recommendations that the advisory group will address when it reconvenes.  The advisory group is expected to identify a range of standards and technology solutions for an interoperable telemedicine network in Maryland; establish recommendations for policies and strategies that address unique concerns of various telemedicine models underway in Maryland; and identify appropriate organizations to educate providers of the availability of the centralized telemedicine network and how to connect to the network.  Staff engaged AI through a competitive process to assist in completing the work.

Staff is in the initial stages of developing a report to the Governor and General Assembly detailing recommendations for proposed changes in state law to achieve optimal electronic health record (EHR) adoption and use among Maryland providers.  House Bill 706 *Electronic Health Records – Regulation and Reimbursement*, signed into law in May 2009, requires the MHCC to report on the progress providers are making around EHR adoption and in achieving meaningful use, and propose changes in state law to achieve optimal EHR adoption and use by October 1, 2012.  The report will include suggestions regarding changes in state law aimed at increasing EHR adoption, an approach to increasing transparency of EHR and HIE pricing and services, strategies to encourage providers to utilize HIE services, and an approach to promote education and awareness efforts of HIT benefits within businesses and other select stakeholders.  Staff engaged AI through a competitive process to assist in completing the work.

**Health Information Exchange**

Staff reviewed the results of the technology security audit (audit) of the statewide HIE with the Chesapeake Regional Information System for our Patients (CRISP) Audit Committee.  CliftonLarsonAllen, LLP (CLA) participated in the discussion and reviewed the security controls that were evaluated in the audit.  CLA performed the security audit and evaluated systems where data is processed, stored, and transmitted by CRISP and its technology partners.  The security audit found about four areas of moderate risk for improvement related to physical and environmental datacenter security controls, website security, and entity user controls.  As part of the meeting, action steps to address the identified risks were discussed.  Staff plans to work with CRISP to ensure the appropriate risk mitigation activities occur over the next six months.

Staff continues to provide support to the statewide HIE in implementing the Regional Extension Center (REC) program.  The REC has contracted with approximately 15 MSOs to expand EHR adoption among priority care providers and to connect to the HIE.  The REC received approximately $6.4M from the ONC to implement the program.  Staff continues to provide guidance to the CRISP Advisory Board that consists of four committees:  Finance, Exchange Technology, Clinical, and Small Practice Advisory Committee.  Last month, staff participated in the Clinical Advisory Committee.  During the meeting, members discussed allowing users of the statewide HIE to access information available through the HIE for quality assessment and improvement activities, including care coordination.  CRISP also reviewed the encounter notification use case that provides real-time notification to providers regarding hospital admission and discharge of their patients.

Staff continues to implement activities related to the Challenge Grant.  In January 2011, the MHCC was awarded about $1.6M from the ONC as part of the *State Health Information Exchange Cooperative Agreement Program* to address challenges experienced by long-term care facilities (LTCs) regarding HIE and to share innovative solutions nationwide.  The goal of the Challenge Grant is to integrate six LTC facilities with the statewide HIE and implement the HIE virtual health record with almost 50 LTC facilities.  Roughly four LTC facilities are partially integrated with the statewide HIE.  During the month, technical integration activities continued with these LTC facilities; nearly 42 LTC facilities have agreed to receive electronic hospital discharge summary information from the statewide HIE.  The grant also requires 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.  Last month, staff

finalized a recommendation report on advance directives and MOLST forms and submitted the document to the Secretary of the Department of Health and Mental Hygiene.

Activities aimed at increasing ambulatory care providers use of HIE services continued during the month. Staff incorporated stakeholder comments in further developing recommendations that are intended to increase use of HIE services by ambulatory care providers.  The leading recommendations include requiring ambulatory care practices with an EHR to contribute and consumer electronic information from an evolving menu set of options; coordinate establishing educational courses relating to HIT with the Maryland Board of Physicians; educate employers on the value of EHRs and HIE; encourage the state's leading human resource association to inform employees on the benefits of EHRs and HIE; and educate the Maryland Association of Health Underwriters in Maryland about the benefits of EHRs and HIE.  Once finalized, staff intends to work with stakeholders to adopt the recommendations.  Staff engaged AI through a competitive process to assist in completing the work.
A report is scheduled to be released in September.

Staff continued to review the comments received from over 33 stakeholder organizations to the informal draft of the HIE regulations that address the privacy and security of electronic health information.  During the month, staff met with various stakeholders to discuss select comments and to evaluate proposed changes in the draft requirements.  Staff plans to release a second informal draft of the regulations for additional public comment in August.  House Bill 784, *Medical Records – Health Information Exchange* (HB 784), 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.  Staff convened the HIE Policy Board (board) work group to finalize policy recommendation for *Consumer Verification* and *Complaints* policies.  The board is a staff advisory group consisting of various stakeholders that is tasked with making policy recommendations on the privacy and security of electronic health information.

Staff completed work on the *Consumer Health Information Technology Awareness & Education Strategy* (report).  The report identifies an approach intended to increase consumer trust and awareness in HIE.  The report proposes that a Consumer Advisory Council (council) be convened to facilitate the development of consumer HIT engagement initiatives related to awareness and education, with the goal of building trust among consumers in electronic health information.  If convened, the council is expected to develop an HIT consumer awareness and education blueprint, which will guide statewide initiatives aimed at increasing consumer awareness and trust in HIE.  The blueprint would be developed with input from a broad range of stakeholders, such as consumer advocacy organizations, providers, and HIEs.  The recommendations were developed through a series of focus groups consisting of consumers, providers, and community-based organizations.  A consulting group, Koss on Care, was selected through a competitive process to assist in completing the work.

Staff, in collaboration with Medical Assistance, solicited contractor bids to identify a contractor that can assist in drafting an HIE funding request to include in the annual Medical Assistance HIT Implementation Advance Planning Document (HIT-IAPD).  The HIT-IAPD describes how Medical Assistance expects to administer the EHR adoption incentive program outlined in the State Medicaid Health Information Technology Plan.  Last year, the Centers for Medicare & Medicaid Services (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.  CMS recently indicated they will consider funding HIE activities included in the annual update to the HIT-IAPD.  In September, Medical Assistance plans to submit to CMS an update to the HIT I-APD; a contractor is expected to be selected in July.  CMS funding includes a 10 percent match that states are responsible for on approved HIT-IAPD funding requests.

**Electronic Health Networks & Electronic Data Interchange**

Staff provided consultative support to Allscripts, Availity, and Quadax in completing the MHCC recertification process. COMAR 10.25.07 – *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires payers that accept electronic health care transactions originating in Maryland to accept transactions from MHCC certified networks. During the month, staff provided guidance to about 51 payers required to submit an EDI Progress Report (report) by June 30th. COMAR 10.25.09 – *Requirements for Payers to Designate Electronic Health Networks* requires payers with a premium volume of $1 million or more to complete an annual report. This report includes census level information on administrative health care transactions for roughly eight transaction types defined by the Health Insurance Portability and Accountability Act of 1996.

**National Networking**

During the month, staff attended several webinars. Health IT News, *Get Control of Your Medical Images with Cloud-Based Vendor-Neutral Archive* presented how health care organizations can cost effectively manage the explosive growth of medical images through a vendor-neutral platform. The eHealth Initiative presented *A New Era of Healthcare: Using Connected Health Information of Health Care Delivery*, which examined the current initiatives to connect a variety of dissimilar systems together to support care delivery models under health care reform. Henry Schein presented *Facts and Myths of Meaningful Use*, that clarified meaningful use and how eligible professionals can qualify to receive EHR Incentive funds.