MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

April 2013

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

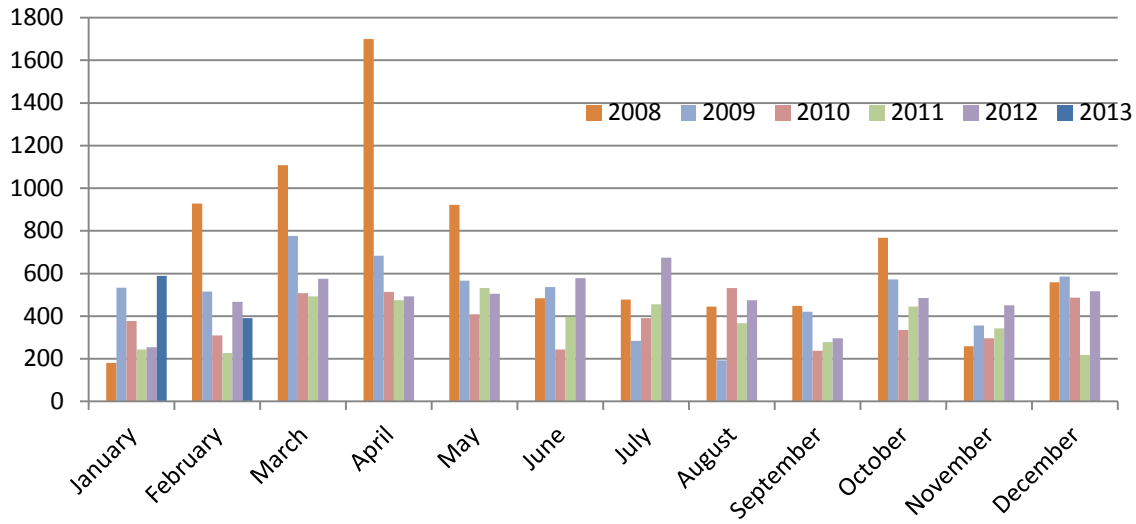
Maryland Learning Collaborative
The Maryland Learning Collaborative met on March 28, 2013 at Turf Valley Country Club in Ellicott City, Maryland.

HEZ Practices
The primary care practices in the Health Enterprise Zones are in the process of applying for possible participation in the Maryland Multi-payer Patient Centered Medical Home program.

MMPP Advisory Panel
The next meeting of the Advisory Panel will be on April 25, 2013 at 3:00 P.M. in Room 100 of the Maryland Health Care Commission's offices.

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2013



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately **$390,499** for February of 2013. The monthly payments for uncompensated care from January 2008 through February 2013 are shown above in Figure 1.

Cost and Quality Analysis

State Health Expenditures Report
Results from our annual state health expenditures study, produced by Social and Scientific Systems (SSS), will be presented at the April Commission meeting. The presentation will be made by Claudia Schur, PhD, and Lan Zhao, PhD of SSS. The findings to be presented include:

- Total and per capita personal health care expenditures for Maryland, 2011;
- Trend in the rate of increase in per capita spending for Maryland versus the U.S. from 2003–2011;
- Ratio of per capita health care expenditures to personal income, Maryland and the United States, 2000–2011;
- Distribution of spending across the types of service in 2011;
- Trend in the distribution of total personal health expenditures by type of service, Maryland and the U.S., 2000–2011;
- Share of total personal health care expenditures by payer source (Medicare, Medicaid, Other) for Maryland, 2011; and
- Trend in the payer source shares of total personal health care expenditures for Maryland and the U.S., 2000–2011.

Presentation on Expansion of Plans for All Payer Claims Database (APCD), Practitioner Performance Measurement Project
On March 25th, Linda Bartnyska made an invited presentation to the Health Care Reform Subcommittee of the Maryland Health Care Reform Coordinating Council. The presentation provided background information on the origins of Maryland's APCD, as well as its current content and uses. It outlined the Commission's plans to expand the APCD and how the expansion will enable the database to address new information needed by the MHCC, the MIA, the Health Benefit Exchange, and DHMH and local health improvement groups. The presentation also included information on the Commission's Practitioner Performance Measurement Project, including its purpose, the need for the Commission to become certified as a Qualified Entity by CMS, and the progress the Commission has made to date.

State Innovation Model (SIM) Design Kickoff Summit Meeting
The Center for Medicare & Medicaid Innovation awarded Maryland a State Innovation Models (SIM) grant to design a State Health Care Innovation Plan. Maryland has six months to submit its innovation plan to CMS for consideration of a Model Testing award. DHMH will hold a day-long kickoff meeting on April 12th to introduce participants in the model design effort to each other and to provide participants with background information on the components that will be included in the model.

Ben Steffen and Linda Bartnyska will attend the Kickoff Summit and make brief presentations. Ben will discuss current PCMH activities in Maryland (both carrier-specific and multi-payer) and the MHCC's plans for how they will be integrated into the SIM framework. Linda will discuss current data capabilities in the APCD and how the SIM funding received by the MHCC from the model design grant will be used to assess expansion of those capabilities. Our discussions will include what "success" would look like and the barriers that will need to be overcome.

Meeting with the HSCRC to Discuss Access to Medicare Data Files
Staff held a meeting with HSCRC staff in March to discuss the MHCC's plan to convert our current research data use agreement (DUA) to a State Agency DUA. Because both Commissions currently obtain Medicare data through separate research DUAs, we wanted to inform the HSCRC of our plans to obtain a State Agency DUA, including the authority to share the Medicare files with other Maryland agencies. We

discussed whether the State DUA files (which are limited to information on Maryland residents) would meet the needs of the HSCRC and how we might share the cost of obtaining the data.

Data and Software Development

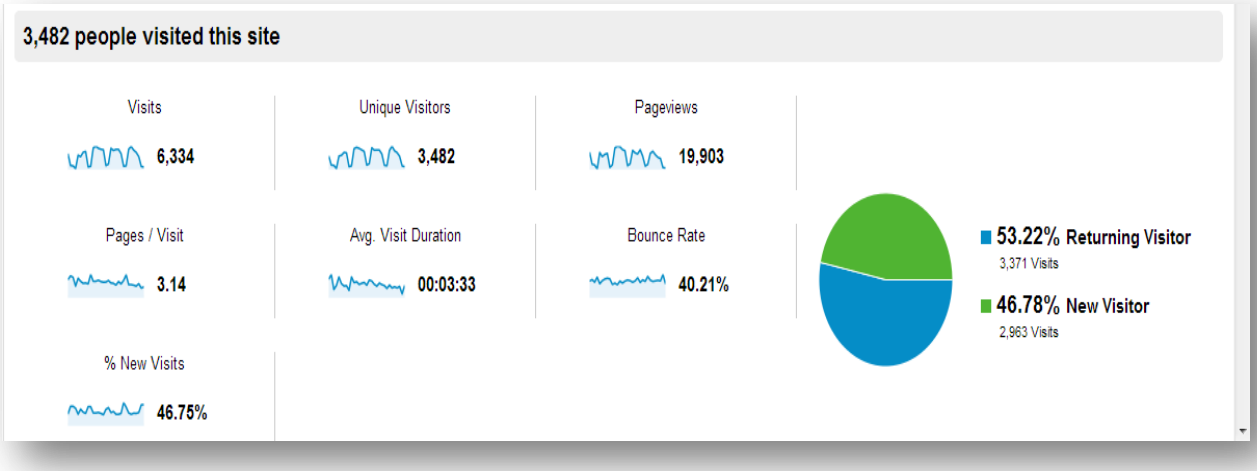
Internet Activities

As shown in the chart below, the number of visits to the MHCC website for the month of March was 2013 was 6,334 and of these, there were 3,482 unique visits. The average time on the site was 3:33 minutes. Bounce rate of 40.21 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories. Typically, visitors to the MHCC website 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 highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, Maryland.gov and crisphealth.org. Among the most common search keywords in January were:

- "Maryland health care commission"
- "MHCC"

Figure 2 - Data from Google Analytics for the month of March 2013



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 Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Case Management Monthly Tracking web site	Completed	3 months
PCMH QM Reporting	Active	6 months
PCMH Revised provider application/ data tables for Health Enterprise Zone practices	Active	n/a
PCMH Public Site	On-going Maintenance	
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	
PCMH Practices Site (New)	New User Guide On-going Maintenance	
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Psych Licensing Site	Ongoing support	Live
Physician Licensing	Live – On-going Support	Preparing for 2013 M-Z Renewals in July. New popup messages developed
Health Insurance Partnership Public Site	On-going Maintenance	
Health Insurance Partnership Registry Site	Monthly Subsidy Processing	
Health Insurance Partnership Registry Site	Monthly Registration	
Health Insurance Partnership Registry Site	On-going Maintenance	
Hospice Survey Update	Underway	Annual
Long Term Care 2012 Survey	Annual Maintenance	Completed changes for 2102 Survey. Testing new LTC Survey to MHCC Assessment interface. Active.
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	Active –Annual every April
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(for CFHS)

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The April IT Newsletter has been released, containing helpful information about MHCC IT systems and servers. Features:

- Notice:
  - The synchronization tool linking the old MHCC email application to the new Maryland.gov email system is a 3rd party tool that has limitations. All relative questions should be sent to your technology support team.
- Helpful Hints
  - The new microphones in the large conference are more sensitive to pick-up sound, but due to differences in voice, each presenter should still gauge the proper speaking distance between them and a microphone.
  - The primary application for the new Maryland.gov email system is a browser, Google Chrome. Because a browser is not a specialized email application, forms opened in Chrome must be saved to computers, edited, then emailed back to the recipient. Chrome will not automatically start Microsoft Word for Word documents, but can open PDF documents for viewing.
- Reminders
  - All recurring meetings scheduled using the old MHCC email platform should be rescheduled through Google Chrome for the new Maryland.gov email system. Though some recurring meetings were converted over to the new system, all users may no longer be receiving proper meeting updates.
  - Updates to various projects and data processing activities are now available under the Data section of the MHCC intranet.
  - Within the new Maryland.gov email system, confirmation for room and conference line reservations is manual. Please do not assume the resource is reserved until you receive the confirmation email.

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

Health Plan Quality and Performance

he MHCC works collaboratively with the Maryland Health Benefit Exchange (MHBE) to meet its requirements for quality and performance reporting. MHCC staff directed its report development contractor to develop several methodologies for a MHBE-specific 5-star rating system. The methodology selected by the MHBE for possible implementation was then presented to the MHBE's key stakeholder group consisting of qualified health, dental and vision plan representatives. Feedback from qualified plans on the proposed methodology has been collected and on March 28, 2013, the MHBE held a follow-up meeting with the related vendors to get their buy-off before MHBE staff presented the methodology selected for final approval by the Exchange Board on April 9, 2013.

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 May 2011. Over the past 30 days, the analytics have remained relatively steady, at approximately 6 Maryland visits per day, with users viewing about 4 pages per visit and spending an average of about 4 minutes per visit on the site. These Maryland statistics are slightly above the national average.

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 April 8, 2013 enrollment in the Partnership was as follows: 432 businesses; 1,180 enrolled employees; 1,936 covered lives. The average annual subsidy per enrolled employee is more than $2,400; the average age of all enrolled employees is 41; the group average wage is about $27,500; the average number of employees per policy is 3.9. The 5th annual report on the implementation of the Partnership was submitted to the General Assembly in January and posted on the Commission's website. Commission staff is currently in discussion with DHMH leadership and the Legislature to determine a transition plan for the Partnership, once state health insurance exchanges under the Maryland Health Connection become available to individuals and small employers in 2014.

Long Term Care Policy and Planning

Minimum Data Set Project
Commission staff continues 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. Programming for MDS 3.0 was initially done in SQL, and was then updated to SAS. Variables have now been updated into the MDS Manager Program. These programs are now being tested internally.

In addition, in response to issues raised by providers, staff contacted CMS to update certain variables collected in Section S (state-specific section) of the MDS. Staff worked with representatives of CMS and the changes have been accepted.

Work is now underway to develop the data necessary to support the Consume Guide for Long Term Care.

Hospice Section of the State Health Plan
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. When updated, these will be separate plan chapters. The hospice chapter (COMAR 10.24.13) continues to undergo review and update.

The Hospice Work Group was reconvened on January 16th. At that meeting, consensus was reached on the components of the methodology. The Senate Finance Committee was briefed on January 24th on progress made concerning the methodology.

One directive received from the Senate Finance Committee was to work on a plan for the Educational Initiative for hospice. In response, staff has met via conference call with the Health Officers of both Prince George's County and Baltimore City. Invitations have also been sent to the MHA, MedChi, Monumental Medical Society and the DHMH Office of Minority Health. The intent is to convene the first meeting in the next few weeks.

Hospice Survey
The FY 2012 Maryland Hospice Survey started effective February 19, 2013. Notices were sent out to providers on Monday, February 11th. Part I of the survey will be due 60 days after the survey commences. Part II will be due no later than June 10, 2013. The public use data set for the FY 2011 Hospice Survey has been posted on the Commission's website.

FY 2012 Home Health Agency Survey
On March 25, 2013, staff sent, via certified mail and email, the Home Health Agency Survey Notice letter informing providers of the survey data collection period and providing them with logon and password information to access the survey. The survey data collection period began on April 8, 2013, with a due date of June 6, 2013. Staff will provide technical support to providers during the data collection period.

FY 2012 Long Term Care Survey
For Comprehensive Care Facilities, the Long Term Care Survey and User Fee Assessment Survey were combined. The combined survey began on March 11, 2013 and is due April 9, 2013. Staff sent reminder notices to the facilities throughout the collection period. Eighty percent of the Comprehensive Care Facilities have had their surveys accepted.

The Long Term Care Survey for Adult Day Care Centers, Chronic Care Hospitals and Assisted Living Facilities started on March 11, 2013 and is due on May 9, 2013. On April 9, 2013, staff will send via email the 30 Days Reminder Notice to Chronic Care, Assisted Living and Adult Day Care facilities that have either (1) Not Started, (2) In Progress but have not submitted, or (3) Rejected and have not resubmitted a corrected survey. Staff continues to provide technical support to providers during the collection period.

Long Term Care Quality Initiative

Long Term Care Staff Influenza Vaccination Survey
The survey opened on April 15, 2013 for data submission. Both assisted living residences of 10 beds or larger and nursing homes are required to submit data. Final rates will be calculated and shared with Commissioners by early June.

Hospice Quality
Staff met with the Maryland Hospice & Palliative Care Network of Executive Director to discuss advancement of measures for hospice quality. The Network Staff were supportive of a collaborative project to review pain measure data in Maryland Hospices.

Other
LTC staff attended the conference Transitions: Handle with Care Partners Preventing Avoidable Readmissions. The conference was sponsored by HSCRC, the Maryland Hospital Association, and Delmarva Foundation content was directed to staff of Maryland's acute care hospitals, post acute, and LTC providers with the goal of aggressively reducing hospital readmissions in Maryland. Participants were expected to form a cross-continuum team prior to the conference day and analyze certain data. This effort is notable for its focus on collaboration between hospitals and other providers, community organizations and individuals who play a key role in patients' care after they leave the hospital. The Consumer Guide to Long Term Care will be a valuable resource as this effort moves forward.

Johns Hopkins Medicine has been awarded a Healthcare Innovation Grant from the Centers for Medicare & Medicaid Services (CMS) to improve community health and reduce health disparities for an underserved population in East Baltimore. One aspect of the initiative includes improving acute and post-acute care delivery using trans-disciplinary care coordination. Seven nursing homes are part of the initiative. The grantees are exploring the feasibility of using the Maryland Short Stay Nursing Home Survey results as one way to measure change.

CENTER FOR HOSPITAL SERVICES

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update
In preparation for the upcoming update of the Hospital Performance Evaluation Guide, clinical and HCAHPS data for the third quarter of 2012 were collected through the Quality Measures Data Center. All hospitals successfully submitted their data for this time period. The next update to the Hospital Performance Evaluation Guide is scheduled for April 11, 2013 and will include an update of clinical and HCAHPS data as well as an update for CLABSI data through calendar year 2012. Staff also continues to prepare for the collection and public reporting of outpatient measures, as well as the expansion of inpatient data collection policies. Questions regarding the changes to MHCC's quality data collection policies are being compiled into frequently asked question documents for future distribution to hospitals.

MHCC received the aggregated results for the 2012 quality data validation process. The overall average performance on data accuracy for the first and second quarters of 2012 was 94.9%.

HQI staff hosted a webinar with the Quality Measures Data Center on March 5, 2013 regarding MHCC's expanded hospital quality data collection policies for inpatient, outpatient, and healthcare-associated infections. The webinar was well attended, with over 100 participants; this group included Quality Measures Data Center administrators, infection preventionists, and hospital IT staff involved in data submission. Audio for the webinar has been posted to the Quality Measures Data Center website for public use.

The Hospital Performance Evaluation Guide Advisory Committee held its monthly meeting on March 25, 2013. New quality measures data collection policies as well as an overview of HQI procurement activities were discussed.

Healthcare Associated Infections (HAI) Data
Hospital Quality Initiatives staff continues to work with Advanta Government Services on the FY2012 CLABSI and SSI data audit and quality review.

The preliminary results of the third annual survey of hospital infection and prevention and control programs have been submitted. A final report and presentation are being prepared.

Beginning in July 2013, Maryland hospitals will be required to utilize the CDC National Healthcare Safety Net (NHSN) surveillance system for collection of Clostridium difficile infections data (CDI LabID events). CDILabID events that occur in all inpatient locations must be reported (Neonatal ICUs, Well Baby Nurseries, and Well Baby Clinics are excluded) through the CDC surveillance system. The staff is preparing for this new reporting initiative.

Staff members attended the APIC Clostridium difficile Educational and Consensus Conference in March 2013.

Cardiac Data Coordinators Meeting
On April 2, 2013 the quarterly Cardiac Data Coordinators Meeting was held at the MHCC offices. MHCC co-hosted the meeting with MIEMSS. Topics of discussion at the meeting included a review of the NCDR ACTION Registry data quality review system and issues related to cardiac data reporting requirements and processes.

Maryland Patient Safety Center Annual Conference
Staff members attended the 9th Annual Patient Safety Conference on April 5, 2013. The conference, hosted by the Maryland Patient Safety Center, provided the opportunity for staff members to improve their knowledge of patient safety in Maryland and efforts being made to improve patient care in Maryland health care facilities. Staff attended sessions on reported adverse events (presented by the Office of Health Care Quality), disparities in patient safety, strategies for improving patient safety, and improvement of physician hand-off practices.

Specialized Services Policy and Planning

Cardiac Services

Clinical Advisory Group (CAG) on Cardiac Surgery and PCI Services
The seventh meeting of the Clinical Advisory Group (CAG) on Cardiac Surgery and PCI Services was held on March 14, 2013. Co-Chair David Williams, M.D., led the meeting which focused on proposed standards for percutaneous coronary intervention (PCI) services. Thomas Aversano, M.D., gave a presentation on proposed measures to use for evaluating the quality of PCI services at hospitals. The CAG also discussed external review and other standards for PCI programs. The final meeting of the CAG will be held April 11th.

Primary PCI Waiver Renewals
On March 14, 2013, the Commission approved renewal of Upper Chesapeake Medical Center's primary PCI waiver.

Certificate of Need ("CON")

Pre-Application Conferences
On March 19, 2013 a pre-application conference was held with representatives of Washington Adventist Hospital. The hospital is planning to file an application to replace and relocate its general acute care facilities and redevelop its existing campus as a site for delivery of specialty hospital and outpatient services.

On March 27, 2013 staff attended a meeting with representatives of the University of Maryland Medical System, Dimensions Health System, and Prince George's County government officials to discuss the CON process and requirements in preparation for the planned filing of an application to replace and relocate Prince George's Hospital Center.

Modified CON Applications Filed
Magnolia Center – Docket No. 11-16-2315 – (Prince George's County)
Construction of a new replacement comprehensive care facility (CCF) on a site near the existing facility, operated as Magnolia Center, a 104 bed CCF, on the campus of Doctors Community Hospital, in Lanham. The replacement facility will have 130 beds. The additional beds included in the replacement facility were operated at Gladys Spellman Hospital
Cost: $20,685,511
Modification Request: Change in the financing mechanism, and ownership of the building

St Agnes Hospital – Docket No. 07-24-2188 – (Baltimore City)
Commission staff determined that the proposed changes in the renovation phase of this project, reducing the number of nursing units to be renovated from five to three and the related request to eliminate a previously approved condition would require a modification of the CON originally approved July 19, 2007 and subsequently modified on October 21, 2010.

Application Review Conference
On March 19, 2013 Staff met with representatives of Mid-Atlantic Waldorf to discuss responses to Staff request for additional information related to a requested modification to previously approved CON – Docket No. 11-08-232 - to build a new 67-bed comprehensive care facility ("CCF"), to be developed along with a 90-bed assisted living ("AL") facility.

Determinations of Coverage

- **Ambulatory Surgery Centers**

Surgery Center of Maryland, LLC – (Montgomery County)
Closure of the ambulatory surgery center located at 3801 International Drive, Suite 300, Silver Spring

Endoscopy Center of North Baltimore, LLC – (Baltimore County)
Addition of practicing physician at surgery center

Fairview Urocenter, LLC – (Charles County)
Addition of 1 non-sterile procedure room for a total of 2 procedure rooms at the surgery center

Windsor Mill Surgery Center, LLC – (Baltimore County)
Establish an ambulatory surgery center with 1 sterile operating room and 2 non-sterile procedure rooms to be located at 2373 North Rolling Road, Baltimore

Summit Ambulatory Surgical Center, LLC – (Carroll County)
Relocation of an existing ambulatory surgery center from 826 Washington Road, Westminster to 410 Malcolm Drive, Suite A, Westminster

Seneca Meadows Surgery Center – (Montgomery County)
Establish an ambulatory surgery center with 1 sterile operating room and 1 non-sterile procedure room to be located at 20680 Seneca Meadows Parkway, Suite 210, Germantown

Deer Pointe Surgical Center – (Wicomico County)
Addition of practicing physician at surgery center

HyperHeal Hyperbarics, Inc. – (Baltimore County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 10540 York Road, Suite H, Cockeysville

MD Laser Surgery Center, LLC – (Howard County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 7120 Minstrel Way, Suite 103, Columbia

Zion Ambulatory Surgery Center – (Baltimore City)
Relocation of an existing ambulatory surgery center from 9110 Philadelphia Road, Suite 306, Baltimore to 9106 Philadelphia Road, Suite 108, Baltimore

CEC Surgical Services, LLC – (Wicomico County)
Establish an ambulatory surgery center with 1 sterile operating room and 1 non-sterile procedure room to be located at 1414 South Salisbury Boulevard, Salisbury

- **Acquisitions/Change of Ownership**

Riverside Ambulatory Surgery Center, LLC – (Wicomico County)
Change in ownership of the surgery center from Alan W. Hopson, P.A. to Kevin Thomas, D.P.M.

Villa Rosa Nursing Home – (Prince George's County)
Change of the operator of Villa Rosa Nursing Home, Inc., a religious, not-for-profit entity that does not have individual persons as owners. The new operator will be Villa Rosa Nursing and Rehabilitation Center, LLC ("VRNRC"), owned by Scott Rifkin, Scott Potter, and Howard Friner. Ownership of the real assets of the facility by the Pious Society of the Missionaries of St. Charles Borromeo, Inc. ("PSMSCB") will not change as part of this transaction.

Zion Ambulatory Center – (Baltimore City)
Change in ownership of the surgery center from David Gichtin, M.D. to Michael Gardyn D.O.

Bayada Home Health Care, Inc.
Acquisition of Maryland Home Health (Montgomery County) by Bayada Home Health Care

Bergman Eye Surgery Center, LLC d/b/a Physicians Surgery Center – (Washington County)
Change in ownership of the surgery center from Erik A. Bergman, M.D. to Augustus Stern, M.D.

- **Other**

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

Hamilton Center – (Baltimore City)
Temporary delicensure of 19 CCF beds

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

Aurora Senior Living of Manokin, LLC – (Somerset County)
Relicensure of 9 temporary delicensed CCF beds

Chester River Manor – (Kent County)
Relicensure of 10 temporary delicensed CCF beds

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

Randallstown Center – (Baltimore County)
Permanent relinquishment of 12 licensed CCF beds

  - **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

Brinton Woods of Frankford – (Baltimore City)
Permanent relinquishment of 7 temporary delicensed CCF beds

Brinton Woods Nursing & Rehabilitation Center – (Carroll County)
Permanent relinquishment of 1 temporary delicensed CCF beds

The Pines (Talbot County)
Permanent relinquishment of 10 temporary delicensed CCF beds

  - **Miscellaneous**

Nursing Enterprises, Inc.
Change in address of home health agency from 8701 Georgia Avenue, Suite 701, Silver Spring, (Montgomery County) to 6525 Belcrest Road, Suite 660, Hyattsville (Prince George's County)

Meritus Medical Center – (Washington County)
Determined that request to finish 5 rooms of shell space on the 5 West units for use as administrative space does not require CON approval

Meritus Medical Center – (Washington County)
Determined that request to finish 25 beds on 5 West for use in patient care during time of peak census and during times that other patient rooms are taken out of service in order to make repairs does require CON review and approval.

Policy and Planning

On February 15, 2013, the newest addition of the Ambulatory Surgery Provider Directory was published on the MHCC website. The *Directory* contains data for the 2011 calendar year based on surveys of: (1) "Ambulatory surgical facilities" defined in Maryland regulation as outpatient surgical facilities with two or more operating rooms; (2) other freestanding (not hospital-based) facilities with ambulatory surgical capacity but no more than one sterile operating room; and (3) hospital-based ambulatory surgery services.

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 (health IT) 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. The committee discussed the progress of eligible hospitals and providers in achieving meaningful use. During the meeting, the ONC presented the results of a Prescription Drug Monitoring Program (PDMP) pilot study. The pilot focused on integrating prescription drug history information from PDMPs into provider and pharmacy systems to enable more informed decision-making at the point of care.

Staff continues to review data submitted by hospital Chief Information Officers (CIOs) in response to the 2012 Hospital Health Information Technology Survey (survey). The annual survey, conducted for the last five years, assesses how Maryland's 46 acute care hospitals are adopting and using health IT, including computerized order entry, electronic health records (EHRs), bar code medication administration, infection surveillance software, health information exchange (HIE), electronic prescribing, and telemedicine. This year, hospitals also reported on their participation in the Medicare and Medicaid EHR Incentive Program, including submission of meaningful use requirement data and use of patient portals. Staff plans to add questions to the survey next year to assess hospitals' meaningful use outreach and education efforts to affiliated ambulatory practices. A report of the findings is expected to be released in early summer.

During the month, staff finalized the Management Service Organization (MSO) State-Designation renewal application for distribution to MSOs. COMAR 10.25.15, *Management Service Organization State-Designation*, requires that MSOs renew their State-designation every two years. MSOs provide centralized administrative and technical services to providers in adopting an EHR, which includes the maintenance of the technology and ensuring the privacy and confidentiality of data. State-designation ensures that MSOs meet specific criteria to comply with industry best practices, and is a requirement for participation with the Regional Extension Center (REC). Currently, about 14 MSOs are State-Designated, and roughly three MSOs are in Candidacy Status. Staff is collaborating with the REC to assess the progress of MSOs in providing support to practices in implementing health IT. During the month, staff collected information from approximately three MSOs and plans on collecting data from the

remaining MSOs in April. Staff anticipates using the findings to identify enhancements to the State-designation criteria.

Staff continues to work with the State-regulated payers (payers) and pharmacy benefit managers (PBMs) to meet the three benchmarks for the preauthorization of medical and pharmaceutical services (health care services), required in Health-General Article §§19-101 and 19-108.2 (2012). Phase 1 required payers to make available on their website a list of health care services that require preauthorization and the criteria for making a preauthorization determination by October 1, 2012. The Phase 2 benchmark required payers and PBMs to implement an online process to electronically accept prior authorization requests by March 1, 2023. The Phase 3 benchmark requires payers and PBMs to provide real-time approvals on select services when no additional information is required for approving preauthorization requests by July 1, 2013. During the month, staff provided guidance to payers in preparation for the July 1st benchmark date. Staff is in the planning stages for developing the report to the Governor and General assembly on the attainment of the Phase 3 benchmarks, which is due at the end of the year. Audacious Inquiry (AI) has been competitively selected to assist in completion of the work.

Planning activities are underway to conduct an environmental scan (scan) of independent long term care (LTC) facilities. During the month, staff finalized key questions to be included in the scan. Over the next month, staff plans to review the questions with the two trade associations: Health Facilities Association of Maryland and Lifespan Network. The scan is aimed at assessing EHR adoption planning and implementation among non-chain LTC facilities. Staff also plans to conduct interviews with approximately five nursing home administrators to assess broad challenges of health IT adoption. Findings from the scan will be used by staff to develop strategies for expanding health IT adoption among independent LTC facilities. Staff anticipates administering the scan in May; an information brief is targeted for release in the late summer.

Staff continues to modify the web-based EHR Product Portfolio (portfolio). In addition to the existing 32 EHR vendors that currently participate in the portfolio, staff has a preliminary commitment from an additional eight vendors to participate. First released in 2008, the portfolio offers evaluative and comparative information about EHR products and is frequently used by the State-Designated HIE and by MedChi, The State Medical Society (MedChi), in promoting EHR adoption. Participating vendors must have national certification, offer a discount to Maryland providers, and supply the following information: EHR product screen prints; user references; product pricing and implementation cost projections; privacy and security policies; and case relevant studies. Vendors that are connecting to the State-Designated HIE, the Chesapeake Regional Information System for Our Patients (CRISP), are featured in the portfolio. The updated portfolio is expected to be released next month.

Staff is in the planning stage for convening a health IT consumer advisory group (advisory group). The purpose of the advisory group is to develop broad strategies for building awareness and trust among consumers in Maryland regarding the use of health IT. At the end of 2011, staff convened a series of focus groups with consumers, providers and community-based organizations to identify key challenges to increasing consumer awareness of health IT. In September 2012, MHCC released the *Health Information Technology Consumer Awareness & Education Brief* (brief). The brief included a recommendation to establish an advisory group based on the findings of the focus groups convened in 2011. The advisory group will develop a blueprint that will be used as a guide to address key challenges related to consumer awareness and trust of health IT. Staff plans to convene the initial meeting of the advisory group in June.

Staff finalized its review of State-regulated payer (payer) compliance at the request of about seven physician practices under COMAR 10.25.16, *Electronic Health Records Reimbursement*. The regulation requires payers to provide incentive payments to primary care practices that adopt and use an EHR system, among other things. In general, the concerns centered on payer compliance with the method that was used to calculate payment. Staff determined payment calculations to be consistent with the current

regulation. Staff did identify a payer that had encountered challenges in making timely payments to qualified practices; the challenges have since been resolved. Staff plans to work with payers and MedChi to ensure primary care practices are appropriately informed about the program requirements. To date, approximately 68 primary care practices and about $662K have been paid under the regulation.

Health Information Exchange

Staff continues to provide guidance to CRISP in implementing the HIE and to its Advisory Board that consists of four committees: Finance, Technology, Clinical, and Small Practice Advisory Committees. Staff participated in the Small Practice Advisory Committee meeting during the month. The Small Practice Advisory Committee supports the REC and guides use case development. At the meeting, they discussed the challenges and opportunities of small practices in receiving automatic electronic notifications regarding patient encounters. In March, contract negotiations between SureScripts and HIEs were resolved, and CRISP is now able to receive electronic medication history data. Each year, staff contracts with a third party to complete a security audit of CRISP. CliftonLarsonAllen (CLA) was selected to perform the audit. Staff finalized the identification of approximately 150 information security controls to include in the audit. CLA anticipates completing a preliminary report of the audit in late summer.

Staff is in the planning stage to convene four regional meetings with hospital CIOs and Chief Medical Informatics Officers. The meetings will focus on the expansion of hospital admission, discharge and transfer (ADT) reporting from hospitals to the State-Designated HIE. Currently, all 46 acute care hospitals in Maryland are sending select ADT data to CRISP. ADT data is used to generate automatic, real-time patient alerts upon request to ambulatory practices. The meeting discussions will focus on the leading technical challenges and timeframes for enhanced hospital reporting to CRISP. Meetings are expected to occur in May and June in Baltimore, Southern Maryland, Western Maryland and on the Eastern Shore. In April, staff plans to conduct health IT site visits with Union Hospital of Cecil County and Calvert Memorial Hospital. Staff has been meeting with hospital CIOs around the State to identify challenges and discuss solutions to health IT implementation and interoperability with HIEs and ambulatory practices.

Staff received roughly 16 applications from independent LTC facilities for funding to improve care transitions between LTC facilities and hospitals. Staff received approval from ONC in February to use approximately $600K from the nearly $1.6M under the 2011 ONC Challenge Grant award to advance the use of electronic health information in select LTC facilities. Staff anticipates up to six awards; an evaluation panel consisting of representatives from MHCC, CRISP, the University of Maryland Center for Health Information and Decision Systems (CHIDS) and the Maryland Department of Health and Mental Hygiene are reviewing the applications. Staff also plans to use some of the funding to complete a use case for institutional pharmacies on publishing medication data to CRISP. During the month, staff also continued to work with CHIDS to finalize a technical evaluation report for the Challenge Grant. CHIDS was tasked with conducting an evaluation of the Challenge Grant to identify the factors that enable or impede the timely exchange of electronic summary of care documents.

Planning activities continued during the month to develop initiatives aimed at increasing the number of eligible providers that participate in the Centers for Medicare & Medicaid Services (CMS) EHR adoption incentive program. Approximately 46 percent of eligible providers that have registered for the incentive program have completed the CMS required activities to receive payment. Eligible providers can earn up to $44K from Medicare or $63K from Medicaid for the adoption and meaningful use of EHRs. Staff continues to evaluate programs in other states similar to Maryland to develop programs that can be deployed statewide that will accelerate participation in the incentive program. During the month, in collaboration with Medicaid, staff hosted a webinar to review the process for eligible providers to receive an EHR adoption incentive. AI was competitively selected to provide assistance in completing the work. A final report is expected to be released this summer.

Staff is in the planning stages of developing an environmental scan to identify the barriers and workflow challenges that ambulatory practices face in the adoption and use of telemedicine. Discussions are underway to reconvene the three advisory groups from the 2010 Telemedicine Task Force: clinical advisory group, technology and solutions and standards advisory group, and the financial and business model advisory group. Senate Bill 934, *Telemedicine Task Force – Maryland Health Care Commission*, as proposed requires MHCC to reconvene the Telemedicine Task Force to identify opportunities for using telemedicine to improve health status and care delivery. A preliminary report is due to the Governor, Senate Finance Committee, and the House Health and Government Operations Committee before January 1, 2014 and a final report before December 1, 2014.

Electronic Health Networks & Electronic Data Interchange

COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers with premiums of $1M or more, and select specialty payers, to complete an annual electronic data interchange (EDI) progress report (form) by June 30th of each year. Staff distributed the form for the 2013 collection cycle to nearly 56 payers. The report identifies electronic health care transaction volumes and electronic health networks (EHNs) operating in Maryland. During the month, staff completed recertification for Surescripts, LLC and Tesia PCI. COMAR 10.25.07 – *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires payers to use EHNs certified by MHCC. Certification is awarded to EHNs that have achieved accreditation by a qualified accreditation organization recognized by MHCC.

National Networking

Staff attended several webinars this month. The Southwest Telehealth Resource Center hosted, *Blending Telehealth with Health Information Exchange* that presented how HIEs can be leveraged for telehealth. The eHealth Initiative hosted, *Achieving Information Exchange – An Inside Look at Two Approaches to Interoperability at Scale* that presented the organization goals for Baptist Healthcare System and Jersey Health Connect as they address challenges to achieving successful HIE. The Health Resources and Services Administration presented, *Using Clinical Decision Support in Safety Net Provider Settings* that explored how health centers and rural providers can implement and use clinical decision support systems.