MARYLAND HEALTH CARE COMMISSION
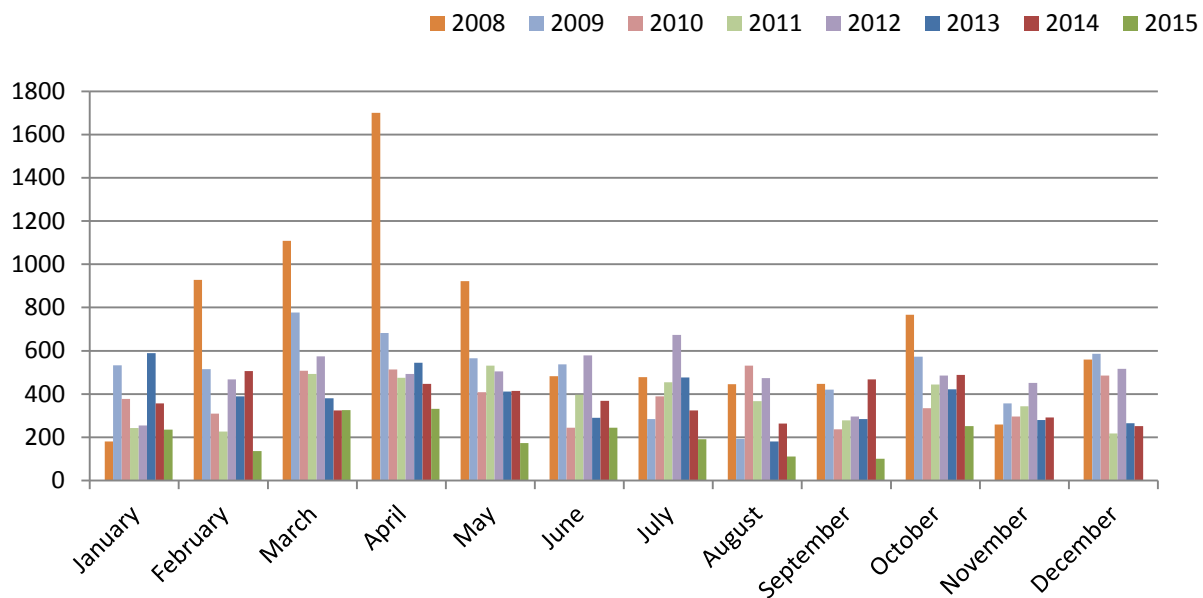
UPDATE OF ACTIVITIES

December 2015

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2015

Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **$251,634** for the month of October. The monthly payments for uncompensated care from January 2008 through October 2015 are shown above in Figure 1.

Annual Report
Following the Commission's approval of release of the ***Report to the Maryland General Assembly, Operations from July 1, 2014 through June 30, 2015,*** in November, this year's report was released to members of the Maryland General Assembly and posted on the Commission's website.

Trauma Equipment Grants
Commission staff have shared the application for the FY 2016-17 Trauma Equipment Grants with Senator Middleton, Chairman of the Senate Finance Committee and Delegate Hammen, Chairman of the House Health and Government Operations Committee for review and comment. The application form will be provided to the staff of the Level II and Level III trauma centers later in December. The centers' applications for equipment grant funding will be due to the Commission no later than February 1, 2016. The Level II and Level III trauma centers will be eligible for up to $42,000 each for this grant cycle.

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│  CENTER FOR ANALYSIS AND INFORMATION SYSTEMS      │
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Cost and Quality Analysis

Medical Care Data Base RFP
Over the past four months, staff have been working to develop a Request for Proposals for the Medical Care Data Base (MCDB). The contract with Social and Scientific Systems for data collection, processing, warehousing, and analysis of MCDB data will end next year, and the new contract is expected to be in place to provide some transition time, if needed. The RFP lays out requirements for: (1) continued automation of the data intake and data quality review process; (2) enhancements to the data warehouse (e.g. additional value added fields such as risk and episode groupers) and its capabilities; (3) inclusion of Medicaid and Medicare data in the data warehouse; (4) a secure data access environment, where all MCDB data will be stored and accessed in the future instead of locally in the MHCC data center; (5) business intelligence software; and (6) analysis and technical support for MHCC and state partners. The RFP development was supported by a contract with Freedman Healthcare.

Transparency Tools and Dashboard Development
As part of the CCIIO Cycle III and IV grant deliverables, MHCC will produce dashboards for specific topics and audiences: healthcare industry, consumers, providers, and the general public. Staff have been active in the planning phase for the consumer and provider portals. Staff have also been in active development on three other portals: (1) Industry Portal – this portal will display health care data, such has provider and procedure level prices and geographic distribution of services. Staff have developed data products and Tableau dashboards, with support from Unilytics, a Tableau development vendor. Staff expects to complete development in Q1 2016; (2) Maryland Insurance Administration (MIA) Dashboard – this dashboard is designed specifically to support MIA rate review and will provide utilization and cost trends in custom and non-public dashboards. Version 1 of this dashboard was released to the MIA, and there is ongoing collaboration on developing the next version to be released by summer 2016. In addition to the private dashboard for MIA, staff will release a public version of the dashboard in Q1 2016, with a demonstration at the January Commission Meeting; and (3) Geographic variation – this dashboard will display geographic variation in cost and utilization. Version 1 will provide high level details for private insurance enrollees. Future versions will show greater detail and include Medicaid and Medicare data. Staff will provide a demonstration of this dashboard at the January Commission Meeting.

Data Release – Staff Review Committee
MHCC's Staff Review Committee (SRC) met to review one revised application for MCDB data. The SRC recommended release of MCDB data to Johns Hopkins Bloomberg School of Public Health (JHSPH) faculty member, Brad Herring. The study has three aims: (1) to estimate the effect of the Total Patient Revenue (TPR) Program implemented in Fiscal Year 2011 in 10 rural Maryland hospitals on overall hospital care utilization and spending by the privately insured and Medicaid population in Maryland; (2) to assess whether the TPR program affected the patterns of service use and utilization of low-value care by this population; and (3) to determine whether the TPR program affected the intensity of care and quality outcomes for patients

admitted with one of four specific conditions: acute myocardial infarction, ischemic heart disease, hemorrhagic stroke, and ischemic stroke.   This application will be presented at the Commission Meeting on December 17, 2015 and requires Commission approval prior to release.

Internet Activities

Data from Google Analytics for the months of November 2015
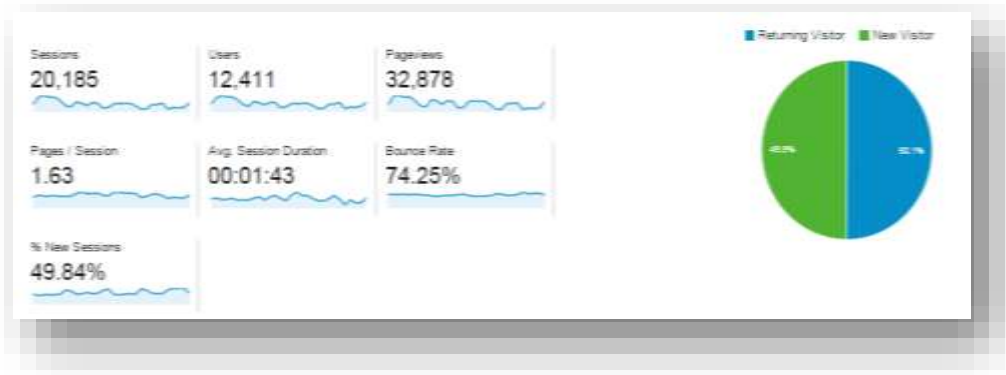
● Bounce rate is the percentage of visitors that see only one page during a visit to the site.

As shown in the chart above, the number of sessions to the MHCC website for the months of November 2015 was 20,185 and of these, there were 49.84% new sessions. The average time on the site was 1:43 minutes. Bounce rate of 74.25 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, hscrc.state.md.us. Among the most common search keywords in November were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Table Web Applications

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Public Site	Updates	Maintenance

PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Maintenance
PCMH Practices Site (New)	On-going Maintenance	Maintenance
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Various updates to site	Psych changes made. Undergoing testing. Go live Jan 4.
Physician Licensing **Allied Health**	**Live**	**Allied Health – License can now be printed out live, after application is complete.**
CCRC	*NEW*	New cycle starts.
Health Insurance Partnership Registry Site	Taking Down	Preparing for archiving.
Hospice Survey 2014		Closed. Uploaded database
Long Term Care 2014 Survey	Completed	Closed out web site and database
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	Closed
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	LIVE	Ongoing Maintenance
MMCC Maryland Medical Cannabis Commission	LIVE	New tab for caregivers New banner

Database Development and Applications

Data Processing
- Provided file support to the CON staff for the Mount Washington Pediatric file as well as data analysis support for the Washington Adventist Hospital project.
- We receive the data from hospitals for the CathPCI project and need to create an error report for missing/incorrect data. Data staff are working with the hospital quality staff to develop a data quality check program. Participated in CathPCI discussions to go over issues hospitals are having with the file submission format.
- 2014 Inpatient and Outpatient hospital discharge data request for operating room visits and total costs for CON staff
- Processed two data release requests to external entities

Tech Support
- Troubleshoot google analytics for admin staff
- Trauma fund excel file read-in troubleshooting
- Participating in discussions with CON staff about how to create data consistency across years due to changes in the file format from the DC Hospital Association over time.
- Provided drive mapping and printer installation network support to staff.

Web Updates
- Commissioners' site: updated with meeting documents/items for November meeting, archived October meeting items, linked agenda, updates and minutes on the meeting schedule page
- Intranet: with the commissioner's inside report cover, posted updated procurement templates and removed previous versions, training admin staff to post PEP evaluation documents
- MHCC website: had meeting to hammer out agreement of some navigation changes to the website, training newly assigned admin staff to make website updates, careers page updates, removed obsolete request for public comments, uploaded meeting documents for the provider carrier workgroup, commissioner's bio page changes, posted the Palliative Care report, provided support to admin staff for linking reports to the announcement page, changed navigation for announcements and videos, changed the policy and legislative templates, updated page keywords, updated overview page, posted press release for the recommendation of approval of relocation of Washington Adventist hospital, updated the navigation for health IT
- Physician Dashboard: implemented extensive dashboard changes due to a field change in the electronic medical record use data;
- Long Term Care Guide: Performed extensive review of nursing home quality measure updates because a new nursing home quality measure file is ready and there are some measures that are now missing. Went over changes with the hospital quality staff and cleaned up and prepared the file for use in the guide.
- Public Use File Downloads: Worked with the hospice staff to review accuracy of the hospice public use file update and get it posted to the website;

Training
- Completed monthly security training, attended web accessibility training

Administrative
- Researched prices and availability of data files for cpt, icd-10 for 2014-2016 and getting quotes for replacement online coder
- Processed paperwork for SAS and Tableau license renewals

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The December 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 40th edition of the NOAS News & Notes newsletter. Features:

- How To: "Find Available Time on a Guest's Google Calendar"
  - Instruction on how to schedule a meeting and find available time on a guest's Google calendar
    - Go to calendar
    - Create an event
    - Add individuals
    - Click find a time (located beside the event details button)
      - Google will automatically check each individual calendar
    - Compare schedules and choose a day and time when all participants can attend
    - Complete your event info
    - Save and send

Special Projects

Health Insurance Rate Review and Medical Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants

During the Fall of 2013, CMS/CCIIO awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly $3 million initially over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allows MHCC to assist the MIA in rate review activities, and to enhance Maryland's medical pricing transparency efforts. The grant money is used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also were used to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions is being achieved through the use of Extract, Transform and Load (ETL) software that screens data submissions for quality and completeness at the point of data submission and rejects submissions that do not comply with the screening criteria. The ETL software was obtained through SSS, our current database/ETL contractor. The ETL portal went live for carrier data submission on September 30, 2014. Quarterly data submissions continue and, if data issues are discovered, carriers are resubmitting data from earlier quarters, with a smooth and timely data reconciliation process. In addition, staff continues working with the database contractor and the PMO on the design, development, and implementation of a data warehouse. The data warehouse prototype is completed and reviewed by staff, and production mode is anticipated by the end of the month. On September 1st CCIIO awarded a one-year No Cost Extension (through September 30, 2016) to the Cycle III grant, which will allow staff to continue performing all grant related activities using remaining grant funds, including the development of a data display that will show the variation in costs for all professional services typically associated with an elective hospital admission, summarized by hospital. The information is intended for a general audience that might be interested in understanding the range of prices across hospitals. Some data quality issues continue to delay the production process; however, SSS is cleaning the data and staff will plan a preview of sample data to select Commissioners by the end of January. Finally, staff collaborated with the PMO and a consultant from DoIT in drafting an RFP to procure a new database contractor by May. This RFP was posted on eMaryland Marketplace on December 7th.

On September 19, 2014, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than $1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to

further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland. To date, staff has procured Business Intelligence (BI) software from Tableau to support the development of dashboards to be displayed on MHCC's consumer and provider portals, as well as data displays to support MIA's enhanced rate review process. Staff also procured a sole source contract with SSS to provide technical and infrastructure support to Tableau. Staff is also drafting an RFP to procure a contractor for proprietary payment software and technical support on pricing measures for episodes of care for the consumer portal. Staff is also in the process of recruiting clinicians to participate on an advisory group to assess whether a CME course can be an effective tool for educating clinicians about the prices associated with services they might order their patients.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III and Cycle IV grants are met. MHCC's Methodologist assists the PMO with specific grant initiatives, specifically with MCDB decision support to the MIA in evaluating the MCDB for rate review activities and the development of a data display dashboard that provides the MIA with cost and utilization trends for rate review analyses. The data dashboard also serves as the data reconciliation model that helps facilitate the reconciliation of APCD data and data received by the MIA in Actuarial Memoranda (AM) as part of carrier rate filings.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.17, Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services
The Cardiac Services Advisory Committee (CSAC) met on November 18, 2015. Members discussed strategies for re-evaluating the scope of cardiac surgery, as defined in COMAR 10.24.17. The Maryland Cardiac Surgery Quality Initiative also provided a handout with a list of ICD-9 codes that they proposed for either including or excluding from a definition of cardiac surgery. A draft summary of the CSAC meeting was distributed to CSAC members and will be posted on MHCC's web site.

Certificates of Conformance
Staff is reviewing Certificate of Conformance applications from the University of Maryland Shore Medical Center at Easton and Holy Cross Germantown Hospital to introduce PCI services. Review for completeness was concluded.

State Health Plan Chapter for Freestanding Medical Facilities
Staff has almost completed development of draft regulations for freestanding medical facilities. Staff anticipates that the draft regulations will be posted for informal public comment in December.

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services
Staff continued to work on developing a revised State Health Plan chapter for organ transplant services. Staff currently anticipates posting a draft for informal comment in early 2016.

State Health Plan: COMAR 10.24.07, Psychiatric Services
Staff received a petition from Sheppard Pratt Health System to amend Standard AP 10 of COMAR 10.24.07. Sheppard Pratt Health System requests that this Standard be amended to allow an applicant to demonstrate why the bed occupancy standard for evaluating requests to expand psychiatric bed capacity should not apply. The petition has been posted on MHCC's web site, along with a request for public comments.

Other
Staff received a request from Cardiac Core Community Lab for approval to begin external review of PCI cases for Maryland Hospitals and provided copies of signed contracts with four hospitals. Staff is in the process of confirming that all conditions for approval have been met.

Long-Term Care Policy and Planning

Minimum Data Set Project
Work is underway on a Request for Proposal to continue the MDS Manager work previously performed by Myers and Stauffer over the last several years.

Hospital Palliative Care Study
During November, staff finalized work on this report. A final meeting of the Hospital Palliative Care Advisory Group was held on October 20th to review the draft report. Following discussion and input by the Advisory Group, staff conducted some additional analysis, and circulated the report one more time for final input by the Advisory Group. Staff presented this report to the Commission at its November 19, 2015 meeting. Commissioners instructed staff to address several issues in the cover letter accompanying the report. The final report and cover letter were submitted to the Governor and the General Assembly on November 24, 2015.

Work on this project, including the Advisory Group meetings and the final report are posted on the Commission's website at: http://mhcc.dhmh.maryland.gov/Pages/HPCP_Project.aspx

Hospice Survey
Data collection for the FY 2014 Maryland Hospice Survey has been completed. 100% of the hospices submitted data for this survey. Based on input from providers and consultants, an issue with the data was resolved. A revised public use data set was posted on November 3, 2015 on the Commission's website at: http://mhcc.maryland.gov/public_use_files/index.aspx

Chronic Hospital Occupancy Report
Commission staff has developed the Chronic Hospital Occupancy Report for FY 2014. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on the number of licensed beds, patient days, and bed occupancy for both private and state-operated chronic hospitals. The five private chronic hospitals in FY 2014 include: University of Maryland Rehabilitation and Orthopedic Institute (formerly James Lawrence Kernan Hospital); Johns Hopkins Bayview Medical Center; Levindale Hebrew Geriatric Center and Hospital; University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital); and Laurel Regional Hospital. The two state-operated chronic hospitals include Western Maryland Hospital Center and Deer's Head Hospital Center. The Chronic Hospital Occupancy Report for FY 2014 was submitted November 17, 2015 to be published in the December 11th issue of the *Maryland Register* and will be posted on the Commission's website.

Updating the Home Health Agency (HHA) Chapter to the State Health Plan
An analysis of the public comments received during the 30-day informal comment period which ended October 30, 2015 along with staff recommendations was presented at the November 19, 2015 Commission meeting. Written comments were received from a total of three organizations: Erickson Living (Adam Kane); Maryland National Capital Homecare Association (MNCHA) (Ann Horton); and Maxim Healthcare Services (Andy Friedell). During Commission discussion, staff was directed to revise the proposed regulations to establish that Maryland-specific performance would be the benchmark used to qualify applicants with multiple Medicare-certified HHAs, rather than average performance among all operating HHAs. Following discussion, the Commission approved the adoption of the new HHA Chapter to the State Health Plan, COMAR 10.24.16 as proposed permanent regulations. At the same time, the Commission approved amending COMAR 10.24.08 to delete portions of that Chapter pertaining to HHA services, but leaving in place the remainder of that Chapter, which will become a regulation that primarily addresses Nursing Home services.

Home Health Survey
The 2014 Home Health Agency Survey data has been cleaned. The utilization tables and public use data sets have been completed and will be posted on the Commission website.

Long Term Care Survey
The 2014 Long Term Care Survey collection period ended on June 30, 2015. Staff has completed the initial phase of the data cleaning and is working on creating the various reports including the public use data files, occupancy report, and other reports.

Certificate of Need

CON Letters of Intent
Frederick Memorial Hospital – (Frederick County)
Construction of an outpatient cancer center to be located at 1652 Opossumtown Pike, Frederick

Garrett County Memorial Hospital – (Garrett County)
Addition of an operating room and expansion and modernization of two existing operating rooms.

Pre-Application Conferences
Garrett County Memorial Hospital – (Garrett County)
Addition of an operating room and expansion and modernization of two existing operating rooms
November 24, 2015

Frederick Memorial Hospital – (Frederick County)
Construction of an outpatient cancer center (see above).
November 30, 2015

First Use Approval
Ashley, Inc. d/b/a Father Martin's Ashley – (Harford County) – Docket No. 13-12-2340
Addition of 15 Alcoholism and Drug Abuse Intermediate Care Facility beds and construction of additional clinical and support space.
Final Cost: $20,413,426

Determinations of Coverage
- **Ambulatory Surgery Centers**

GI Wellness Center of Frederick, LLC – (Frederick County)
Establish an ambulatory surgery center with four non-sterile procedure rooms to be located at 165 Thomas Johnson Drive, Suites B & C, Frederick

Greater Chesapeake Surgery Center, LLC – (Baltimore County)
Change of ownership of the ambulatory surgery center

Cecil Surgery Center – (Cecil County)
Change in the name of the surgery center to Chesapeake Surgical Services

Rockledge Surgery Center – (Montgomery County)
Change of ownership of an ambulatory surgery center with two non-sterile operating rooms located at 6410 Rockledge Drive, Suite 201, Bethesda

- **Other**

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

Northwest Hospital Sub Acute Unit – (Baltimore County)
Delicensure of 10 comprehensive care facility (CCF) beds

- ▪ <u>**Relicensure of Bed Capacity or a Health Care Facility**</u>

<u>Chesapeake Shores – (St. Mary's County)</u>
Relicensure of eight CCF beds

<u>Signature Healthcare at Mallard Bay – (Dorchester County)</u>
Relicensure of 21 CCF beds

<u>Laurelwood Care Center at Elkton – (Cecil County)</u>
Relicensure of 33 CCF beds

- • <u>**Waiver Beds**</u>

<u>Mercy Medical Center Transitional Care Unit – (Baltimore City)</u>
Addition of three CCF beds

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

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 presented an overview of the 2015 Edition Health IT Certification Criteria Final Rule (final rule). The final rule builds on past rulemakings and aims to facilitate greater interoperability through enhanced certification criteria, standards, and implementation specifications. The committee also considered ways to ensure that health IT capabilities are broadly available for providers to be successful in alternative payment models.

Staff continues to work on the annual report entitled, Health Information Technology, *An Assessment of Maryland Hospitals* (report). Over the last month, staff contacted various hospital Chief Information Officers to discuss hospital responses to select survey questions. The report highlights health IT adoption among all 47 acute care hospitals in Maryland including: computerized physician order entry; electronic health records (EHRs); medication administration systems; infection surveillance software; electronic prescribing (e-prescribing); health information exchange (HIE), telehealth; and patient portals. The report will also detail hospital adoption of population health management software, patient portals, and the impact of transition to Stage 2 meaningful use. The report is expected to be released in February.

Staff collaborated with representatives from several local health departments (LHDs) to develop the agenda for the third virtual learning session (session). Staff is aiming to convene the next session in December. These sessions are intended to provide peer-to-peer learning on health IT; the next session will include information regarding the benefits of Value-Based Care Delivery for LHDs and how Management Service Organizations can support LHDs. Staff completed revisions to the EHR pricing and functionality template (template) that will become part of a *LHD EHR User Resource Guide* (guide). Over the next month, LHDs will be asked to complete the template that focuses on somatic care, behavioral health, and billing. Staff plans to release the guide in January.

Staff continues to develop the information brief, *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland*. This information brief presents an overview of EHR and HIE

adoption among Maryland's comprehensive care facilities (CCFs). Data for the information brief was collected via the State's 2015 Annual Long Term Care Survey. In general, about five EHR systems are used by approximately 93 percent of CCFs in Maryland with an EHR. Almost 69 percent of these CCFs selected PointClickCare (PCC) as their EHR system. Connecting PCC to the State-Designated HIE, CRISP, would enable roughly 37 percent of all CCFs to have access to electronic health information. The majority of CCFs that have purchased an EHR system are using the following features: diagnosis or condition list; care plans; resident demographics; assessments other than the minimum data set, activities of daily living; vital signs and laboratory data; allergy list; and discharge summaries. The information brief is expected to be released in December.

The annual update to MHCC's web-based EHR Product Portfolio (portfolio) is currently underway. The portfolio is a resource for comparing nationally certified EHR systems. The portfolio serves as a resource for providers in their assessment of EHR systems and includes pricing and functionality information. Included in the portfolio is information pertaining to the overall provider rating, costs, functionality, and features for patients. First released in September 2008, the portfolio undergoes a complete revision every year in the fall. This year's updates will include provider reviews related to usability, efficiency, and ease in becoming meaningful users of the software. Staff anticipates releasing the next version of the portfolio in January 2016.

Health Information Exchange

Staff participated in three CRISP Advisory Board meetings during the month: the Clinical Advisory Board, the Finance & Sustainability Advisory Board, and the Privacy and Security Advisory Board. The Clinical Advisory Board discussed the availability of care plans and developing a summary of a patient's care profile that would be used in managing their care. The Technical Advisory Board discussed aspects of the data router that is being developed to support the statewide integrated care network infrastructure. The Privacy and Security Advisory Board discussed CRISP's progress in addressing privacy and security risks, including auditing hospital and provider practices to ensure their compliance with the CRISP participation agreement, as well as exploring new audit tools such as Protenus, a software service that allows CRISP to proactively monitor individual data release and access patterns in real-time to ensure adherence to internal and external privacy and security policies.

Staff continues working with CRISP, Cyfluent, and RelayHealth, electronic health networks (EHNs) operating in Maryland to implement use case pilots that utilize information from ambulatory provider administrative systems for event notifications. The pilots are aimed at determining whether administrative transactions can be used effectively in HIE to support risk stratification capabilities, care coordination workflows, and patient engagement activities. During the month, RelayHealth completed testing the exchange of select claim data elements with CRISP. Cyfluent, a Maryland-based EHN is currently sending to CRISP select electronic claim data elements from providers that use Cyfluent's practice management solution. Over the last six months, the Cyfluent pilot has addressed issues related to outreach and onboarding of ambulatory practices, and test the ability to identify populations with co-morbidities. Findings from the use case pilots will inform future care coordination initiatives. In addition, staff continues working with several institutional pharmacies of CCFs to promote the sharing of patient medication data with CRISP in order to improve patient medication reconciliation. Conversations are underway with the three largest institutional pharmacies doing business in Maryland.

Staff awarded three $30,000 round three telehealth grants to fund innovative telehealth use cases aimed at improving the patient experience and the overall health of the population being served. The award recipients are: the Association of Black Charities, Dorchester County Chapter (ABC); Gerald Family Care, PC (GFC); and Union Hospital of Cecil County (UHCC). Awardees will provide a 2:1 funding match and implement their projects over an 18-month period. ABC, a community association that assists minority and rural communities with navigating the health care system will utilize specialized mobile tablets to facilitate primary care and behavioral health video consultations with a licensed nurse care coordinator from Choptank Community Health System. GFC will implement telehealth video consultations and image sharing services between patients at three family practice locations and Dimensions Health System specialists providing gastroenterology, orthopedics, neurology, and behavioral health services. The UHCC will provide chronic

care patients discharged home with mobile tablets and peripheral devices to capture blood pressure, pulse, weight, and provide on-demand patient education to facilitate patient monitoring by the hospital care management team and data sharing with primary care and Emergency Department providers. Staff plans to meet with grantees on a monthly basis to assess performance and provide guidance in developing the use cases.

Round one telehealth grants submitted their final report at the conclusion of the grant period on October 30th. The grants focused on improving the outcomes of transitions between hospitals and long term care facilities, as well as reducing emergency room visits and hospital admissions for patients residing in these facilities. The report includes final outcomes and lessons learned for round one awardees Atlantic General Hospital, Dimensions Healthcare System, and University of Maryland Upper Chesapeake Health. Staff plans to release an assessment brief of the reports, along with the reports in January. Staff continues to provide support to the round two awardees, Crisfield Clinic, LLC, Lorien Health Systems, and UHCC. Staff is in the planning stages for a telehealth symposium to be held in February in Annapolis for round two grantees to report on their progress and to showcase the early work of round three awardees.

Staff participated in several association conferences during the month. At the Maryland Association of Adult Day Care Services (MAADS) annual conference, staff provided an overview of health IT and the Commission's role in developing a statewide HIE. During the MAADS conference, staff also discussed the value of HIE and how to take advantage of services of the State-Designated HIE, CRISP. Staff also presented on electronic preauthorization of medication and health services required by State-regulated payors and pharmacy benefit managers at the 2015 Montgomery County Medical Society Payor Conference. At the 2015 Conference of the Hospice and Palliative Care Network of Maryland, staff presented on MHCC's activities in health IT and innovative care delivery.

Innovative Care Delivery

During the month, staff released an issue brief on evaluation findings applicable to the Maryland Medicaid program and their patients in the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) pilot. The issue brief, which was derived from an independent evaluation of the MMPP released in July of 2015, assessed the impact of the PCMH model on the MMPP Medicaid patients. The findings indicate that the program had a positive impact on patient satisfaction, provider satisfaction, health care disparities, practice transformation, and health care cost, quality and utilization. Most notably, health care disparities improved for all three racial quality measures, all five racial utilization measures, two of four payor quality of care measures, and four of nine payor utilization measures. The current Medicaid MMPP practices will continue to participate in the PCMH program through June 2016.

Staff convened a second meeting of the Practice Transformation Workgroup (PTW) subgroup to discuss a framework for establishing a statewide practice transformation education program (education program). The education program will include elements for technical assistance, care coordination training, peer-to-peer learning with the goal of enhancing practice knowledge, and sharing of best practices. A key principle of the framework will be that education pertaining to practice transformation is available to any practice participating in an advanced care delivery model. The subgroup will continue to develop the framework over the next couple of months. PTW subgroup participants include physicians, nurses, and quality improvement experts from academia, accountable care organizations (ACOs), and Federally Quality Health Centers (FQHCs).

Staff also worked with commercial payors to collect total cost of care and utilization measure data for MMPP practices to compute the shared savings incentive payments for the 2014 performance year. MMPP practices may qualify for 30, 40, or 50 percent of saving incentive payments based on performance on quality and utilization measures. Historically, about half of the practices have qualified for a shared savings incentive payment in each of the prior performance years. Incentive payments are expected to be disbursed to qualifying practices by the end of the year. Staff is also working with Medicaid to collect cost data to analyze the change in total cost and utilization for Medicaid patients attributed to MMPP practices that are

enrolled in Managed Care Organizations (MCOs). This data will determine if practices qualify for a shared saving incentive under that portion of the MMPP.

Electronic Health Networks & Electronic Data Interchange

During the month, staff worked with HealthFusion, a California-based EHN, regarding their recently announced merger with QSII (merger) and how this merger would affect their national accreditation and MHCC certification. The MHCC granted an extension until January 18th to allow HealthFusion time to obtain national accreditation. Staff also recertified one EHN during the month, ACS EDI Gateway. Payors that accept electronic health care transactions originating in Maryland can only accept transactions from an EHN certified by MHCC, as required by COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. Certification requires EHNs to receive accreditation by a national accrediting organization, which includes compliance with over 100 criteria related to privacy, security, and business practices. Approximately 40 EHNs operating in Maryland are certified by MHCC. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with premium volume exceeding $1M annually, including select specialty payors, to provide MHCC with an annual Electronic Data Interchange (EDI) Progress Report (report) by June 30th of each year. Reports identify the volume of payors' practitioner, hospital, and dental claims submitted electronically, among other things. Staff anticipates releasing an information brief on 2014 EDI highlights in December. Next month, staff plans to notify payors that must submit a report on their 2015 data to MHCC by June 30, 2016.

National Networking

Staff attended several webinars during the month. Healthcare Informatics presented two webinars: *The Digital Doctor – A Conversation on How to Get It Right*, identified steps to avoid unanticipated negative consequences of technology as it affects the work environment, employees, and their relationships with each other and their patients, as well as advances in technology that deliver a return on information from EHRs. *The Patient Experience – Utilizing Data to Improve Care, Increase Efficiencies, and Provide Value*, centered around a multispecialty medical group's use of big data and analytics to inform their engagement strategy to improve outcomes and engage patients, and identified trends, opportunities and barriers. The eHealth Initiative hosted *Connecting the Consumer - Technology for Patient Engagement*, which highlighted how patient centered medical homes and other innovative delivery models strive to place patients at the center of care.

> *CENTER FOR QUALITY MEASUREMENT AND REPORTING*

Hospital Quality Initiatives

The Maryland Health Care Quality Reports
The Maryland Quality Measures Data Center (QMDC) website and secure portal support direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver. The QMDC, a major component of the Hospital Guide infrastructure, has been transformed into a single point of consumer access to quality and performance information on hospitals, other health care providers and health plans in Maryland.

The staff is preparing for the next update in January 2016. Activities include,

- Continued interface with the AHRQ MONAHRQ contractor to resolve technical issues with the 6.2 software version

- Implementation of system workarounds as needed to address software limitations

- Development of web displays for RELICC and Behavioral Health Assessment data for Health Plans

- Collection of updated quality measures data to supplement missing data from CMS downloads

- Update of long term care measures from CMS downloads

Healthcare Associated Infections (HAI) Data
Staff continues to work with hospitals on the new HAI data requirements that became effective January 1, 2015 including the expansion of CDI and MRSA bacteremia Lab ID event reporting into outpatient emergency departments and 24-hour observation units, as well as the expansion of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infections (CLABSI) into adult and pediatric medical, surgical, and medical/surgical wards.

A webinar reviewing the results of the data review and validation of the first and second quarter 2014 HAI data was held for hospitals on November 18th. The webinar was informative and interactive for participants. An additional webinar/conference call is scheduled for December 16th to provide guidance for facilities on the upcoming HAI data request for the next year of the data review and validation project. Staff also attended a CDC HAI meeting in Atlanta in mid-November. Staff had participated on a CSTE (Council of State and Territorial Epidemiologists) multi-state workgroup tasked with creating an HAI data analysis and presentation standardization toolkit for states. This new toolkit was highlighted at the CDC HAI meeting in Atlanta.

Specialized Cardiac Services Data
All Maryland hospitals that provide PCI services are required to participate in the ACC's NCDR ACTION and CathPCI data registries and report the quarterly data to the Commission in accordance with established timelines. The staff is transitioning the cardiac data submission and management process to the Quality Measures Data Center secure portal beginning with 1st quarter 2015 submissions to centralize our data collection activities. The staff has completed the transition of the 1st and 2nd quarter submission and 3rd quarter submission is underway.

The Commission also requires all hospitals with cardiac surgery programs to participate in the Society for Thoracic Surgery (STS) cardiac data registry. This database supports the CON program and the health planning activities of the Center for Health Facilities Planning and Development. An audit of the STS data has been completed and results have been forwarded to the individual hospitals for review. A conference call with hospitals is scheduled for December 16th to review the process and answer questions. A statewide webinar will be scheduled for January to review statewide findings with data submitters and physicians.

Health Plan Quality & Performance

The 2015 health benefit plan quality and performance reports were released last month. The three quality reports include a condensed Consumer Edition, the Comprehensive Quality Report, and the Maryland Health Connection Quality Report 2015. These reports represent the last release of a pdf version of the report series as the Commission is transitioning to a web based interactive display of health plan quality and performance information. The HEDIS and CAHPS measures have been incorporated into the new consumer site. As mentioned previously, the staff is working with our contractor to convert the RELICC and BHA information into interactive web based displays for the January release.

The staff has also initiated the activities that must be accomplished to support this public reporting initiative for 2016. On December 2nd the staff conducted a successful Kickoff meeting and webinar on 2016 quality reporting with representatives from all carriers that participate in quality and performance reporting in Maryland. MHCC staff and audit partners presented updates and answered questions on upcoming requirements and processes.

The Long Term Care Initiative

The nursing home experience of care survey contract has been modified to enable the performance of the long stay survey in 2016. The survey cycle begins in January and staff is preparing communication to nursing homes to inform them of upcoming survey requirements.