

MARYLAND HEALTH CARE COMMISSION

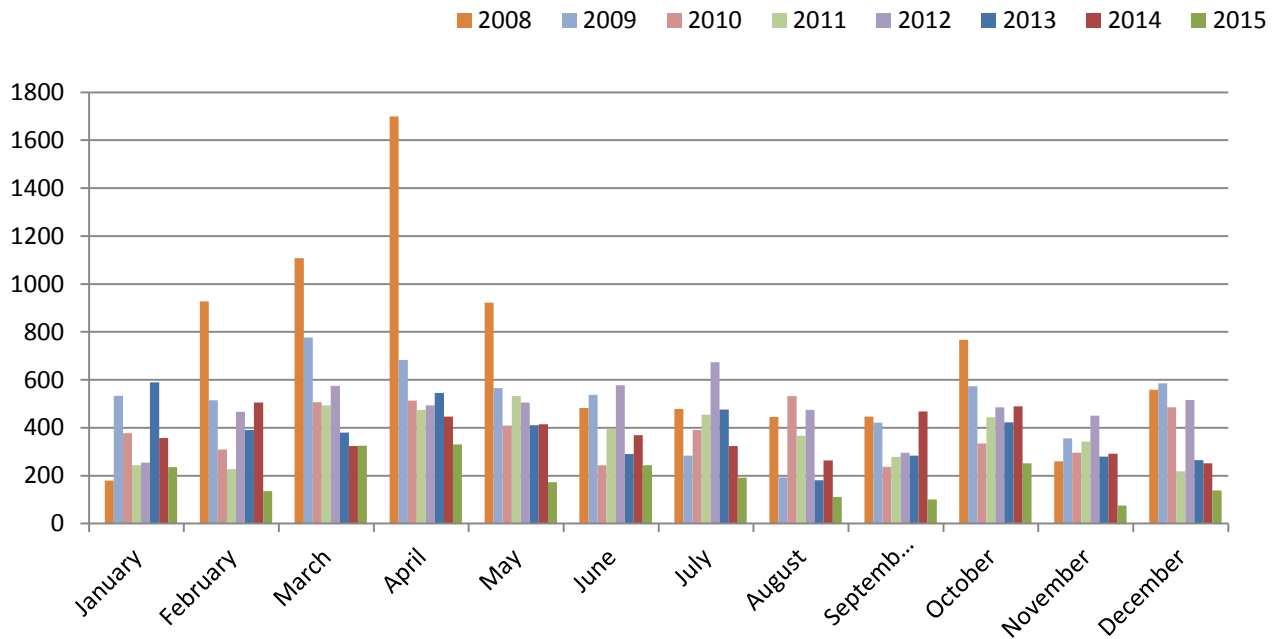
UPDATE OF ACTIVITIES

February 2016

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 **\$138,138** for the month of December. The monthly payments for uncompensated care from January 2008 through December 2015 are shown above in Figure 1.

Trauma Equipment Grants

The trauma centers' applications for equipment grant funding were 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.

On Call Stipends

The trauma centers' applications for on call stipends were due to the Commission no later than January 31, 2016.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

Total Cost of Care

In July 2015, MHCC was awarded a grant by the Network for Regional Health Information (NRHI) to test the implementation of the HealthPartners Total Cost of Care (TCOC) measure, which has been endorsed by the National Quality Forum. MHCC has contracted with the Hilltop Institute (Hilltop) to do the code implementation and testing of the measure. MHCC and Hilltop staff have been participating in NRHI's multi-site meetings, learning from other sites and sharing our experiences. Following the signing of a Memorandum of Understanding with Hilltop in December 2015, Hilltop has been sent MCDB data for 2012-2014 and begun the process of developing initial quality control tables to be sent to NRHI. Over the next six months, MHCC will work with Hilltop to implement and test the TCOC measure. In parallel, MHCC has begun developing a plan to identify and recruit large physician practices to serve as a pilot group to test and provide feedback on practice level reports that will be developed based on the TCOC measure. Staff will continue to update Commissioners on the progress of this effort, as key milestones are reached.

PROMETHEUS Analytics – Episode Grouper

Developing a consumer-facing price transparency portal is a key commitment for the CCIIO Cycle IV grant received by MHCC. MHCC has contracted with the Health Care Incentives Improvement Institute (HCI3), developers of PROMETHEUS Analytics Software, to develop episode-based measures. As part of its mission to promote cost transparency, HCI3 has licensed the software to MHCC without any fee. HCI3 will work in the Social and Scientific System's (SSS) Secure Data Center (SDC), where MHCC houses its MCDB data. SSS will support HCI3 in providing technical support for MCDB data. The software has been installed and initial development of needed data extracts has been completed. HCI3 will commence analysis of the data over the next month, with construction of episodes and cost, utilization, and quality measures to follow over the next three to six months. Staff will continue to update Commissioners on the progress of this effort, as key milestones are reached.

CME Course Development

Developing a provider-focused price transparency initiative is a key commitment for the CCIIO Cycle IV grant received by MHCC. After an initial environmental scan of best practices and discussions with stakeholders, MHCC staff has decided to pursue development of a Continuing Medical Education (CME) course in lieu of a web portal. The course will educate physicians about health care costs overall, especially on out of pocket costs for consumers. The course will focus on testing and imaging services, where there are alternatives and provider decisions can have immediate impacts on out of pocket costs for patients. MHCC has contracted with Freedman Healthcare to help coordinate development of the course. MHCC staff have begun preliminary analyses and begun to assemble a team to develop the CME course. Based on experience of MedChi, who is authorized to certify CME's, MHCC staff expects to develop the course over the next six to eight months. Staff will continue to update Commissioners on the progress of this effort, as key milestones are reached.

Internet Activities

Data from Google Analytics for the months of January 2016



- 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 January 2016 was 14,713 and of these, there were 55.89% new sessions. The average time on the site was 1:40 minutes. Bounce rate of 73.05 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, hsrc.state.md.us. Among the most common search keywords in January 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	New Quality Management Survey (8 new questions) and new skip pattern and new db fields created. Running live!
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Various updates to site	Psych changes made. Psych is Live
Physician Licensing Allied Health	Live	New Physician License Verification app with credit card interface completed for BOP
CCRC	<i>NEW</i>	New cycle ended – database uploaded
Health Insurance Partnership Registry Site	Taking Down	Preparing for archiving.
Hospice Survey 2015		LIVE
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	Major changes to Health Data & Quality Reporting menus, database, and editor.
MMCC Maryland Medical Cannabis Commission	LIVE	New tab for caregivers New banner

Database Development and Applications

Data Processing

- Developed a crosswalk that allows consistency between the private professional file and the Medicare utilization file for provider specialties
- Processed a preliminary 2015q4 inpatient file from HSCRC and updated the input program due to changes in the layout and provided a copy to the hospital guide vendor
- Developing program to read Cath/PCI XML files into analysis format but dealing with improperly constructed files from the hospitals
- Resolved errors with the 2009 DC Inpatient data
- Data requests: total services by provider on the medicare physician utilization file

Tech Support

- Upgraded the Tableau Server; assisted staff with upgrading Tableau desktop licenses; troubleshooting permissions on shared Tableau dashboards; created a shareable Tableau dashboard link to send out to interactors
- Assisted the Quality unit with planning for technical and data processing resources for the long term care portal
- Met with Srinivas to review possible business use case reports for the implementation of APCD data into Monahrq. Also reviewed questionnaires which identify our organization's goals and reporting requirements and worked with Srinivas to have it completed and sent back to AHRQ
- Support to admin staff with website updates, Minimum Data Set RFP, bid-board tech support to CON
- Access support to staff with the Ambulatory Surgery report
- Developed an inset map of Baltimore City in ARCMAP for a request from DHMH a map showing hospitals by affiliations through HIT
- Support to staff with SAS connection problems

Administrative

- Got approval from budget to arrange training for programmers in .net, SQL Server, html5 and javascript in order to support web applications that will be transitioned to the programmers from David Mitchell

Web Updates

- prepared nursing home health & fire safety 2014/2015 data to update the long term care portal
- pricing transparency application: added new cost/utilization and geographic variation tabs with embedded tableau dashboards; added security protection to all pages on the test server
- Commissioners' site and MHCC site: uploaded numerous meeting documents and updated web pages, public use files, overhauled the Health Data and quality page, fixed obsolete links
- Public use file uploads updated for: assisted living, adult day care, chronic care and comprehensive care facilities

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The February 2016 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 42nd edition of the NOAS News & Notes newsletter. Features:

- Creating Tasks in Google Calendar
 - Instructions on how to add tasks directly to the Google calendar
 - Open calendar to the date that you'd like to create a task
 - Click on the bar above the time which says "GMT-05"

- Select task and fill in the name of the task as well as any notes
 - Click create task
 - Click on “Tasks” under the “My Calendars” tab on the left to view
- Setting Up Work Hours in Google Calendar
 - Instructions on how to set the work schedule in the Google Calendar
 - Open calendar
 - Go to the gear icon and click settings
 - Scroll down to working hours
 - Adjust the days of the week and times to coincide with the times you work
 - Save; Back to calendar

Special Projects

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

During the Fall of 2013, CMS/CCIHO 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 has been completed and is now available and accessible by MHCC staff. Four approaches to accessing the data in the data warehouse have been developed, which are currently being tested by staff, after which the team will meet to determine which approach allows for the fastest access to the data. Grant funds are also allowing the addition of claims versioning to the ETL portal. Currently, SSS is testing the 2015 claims versioning data for consistent results with the 2014 data.

September 1, 2015, CCIHO 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. In January, staff previewed sample data on joint replacement to select Commissioners who determined that the information could be valuable to physicians as long as 90-day readmission rate and length of stay data are included. Finally, staff completed the RFP to procure a new database contractor by May, which was posted on eMaryland Marketplace on December 7th. Two (2) proposals were received and the evaluation is in progress.

On September 19, 2014, MHCC was awarded a Cycle IV federal grant from CMS/CCIHO, 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 websites, as well as data displays to support MIA’s enhanced rate

review process. MHCC's Methodologist has expanded MHCC's decision support to the MIA in evaluating the MCDB for rate review activities with 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. Staff also procured a sole source contract with SSS to provide technical and infrastructure support to Tableau. Staff is in the process of drafting an RFP to procure a contractor for proprietary payment software, technical support, and training on episode of care bundling to display medical pricing measures on a 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. Staff has also recruited several industry stakeholders to obtain their feedback on the content and display for a consumer portal on pricing measures.

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. To date, the PMO has provided technical consulting to the MHCC and the database contractor regarding features of the ETL and the data warehouse. The PMO also assisted MHCC in writing the RFP for the new database contract, which included providing research on practices in other APCD states and consulting on technical issues. Freedman is currently in the process of developing a work plan for our CME course. Staff will work with MedChi's director of CME in the development of this course. A contract modification to extend the services of the PMO through the life of the grants (currently expiring in September 2016) was approved by the Board of Public Works on January 27th.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan: COMAR 10.24.17, Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services

Commission staff distributed a bulletin to the cardiac catheterization laboratory directors and other hospital administrators concerning the requirement in COMAR 10.24.17 for cardiologists performing PCI procedures to obtain at least 30 continuing medical education credits in interventional cardiology over each two-year period of practice.

Certificates of Conformance – Establishment of PCI Programs

Staff continued its review of the Certificate of Conformance applications from the University of Maryland Shore Medical Center at Easton (primary and non-primary PCI) and Holy Cross Germantown Hospital (primary PCI).

Certificates of Ongoing Performance

Staff worked on drafting the application for Certificate of Ongoing Performance reviews for cardiac surgery services, currently scheduled to begin in 2016.

State Health Plan (SHP) Chapter for Freestanding Medical Facilities

Staff is reviewing informal comments received on a draft SHP chapter posted for informal comment and has begun drafting a response to these comments. The comment period ended on January 19, 2016, and all comments have been posted on MHCC's web site. Action on a proposed regulation is anticipated for the March Commission meeting.

State Health Plan: COMAR 10.24.15, Organ Transplant Services

Staff continued to work on developing a revised State Health Plan chapter for organ transplant services. Staff anticipates posting a draft for informal comment in early 2016.

Long-Term Care Policy and Planning

Hospice Survey

Data collection for the FY 2015 Maryland Hospice Survey begins on February 8, 2016. Online data entry is available beginning on that date at: <http://mhcc.maryland.gov/Surveys/hospice2015/>
Data for Part I of this survey is due 60 days after the start date, or April 8, 2016. Data for Part II of the survey is due by June 6, 2016. Staff will review data submissions and assist with data entry as needed.

Nursing Home Occupancy Report

COMAR 10.24.08.05B (3) requires that the Commission publish an annual update on nursing home occupancy and required Medicaid participation rates. This is used for Certificate of Need reviews. Updated tables were published in the February 5, 2016 issue of the *Maryland Register*. These tables have also been posted on the Commission's website at: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/hcfs_ltc.aspx

Updating Hospice Need Projections

Data collection for the FY 2014 Maryland Hospice Survey has been completed and the public use data has been posted at: http://mhcc.maryland.gov/public_use_files/index.aspx

Updated population death data has also been obtained from the Maryland Vital Statistics Administration. These sources will be used to update the hospice use rates and the hospice need projections.

Updating the Home Health Agency (HHA) Chapter of the State Health Plan

At its November 19, 2015 meeting, the Commission approved the adoption of the new HHA Chapter to the State Health Plan (COMAR 10.24.16) with recommendations on changes to be made prior to publication for comment. The proposed regulations were modified as directed and notice was published in the January 22, 2016 issue of the *Maryland Register*. The formal comment period will extend through February 22, 2016.

Home Health Agency Survey

The 2014 Home Health Agency Survey utilization tables and public use data sets have been posted on the Commission website at: http://mhcc.maryland.gov/public_use_files/index.aspx

Long Term Care Survey

Staff has completed the data analysis and reports, including the public use data files, occupancy report, and other reports. Public use files have been posted at:
http://mhcc.maryland.gov/public_use_files/index.aspx

Certificate of Need (CON)

CON Letters of Intent

Edward W. McCready Memorial Hospital – (Somerset County)

Establish a 12-bed acute psychiatric unit serving adults in partnership with Adventist Health Care, Inc.

Edward W. McCready Memorial Hospital – (Somerset County)

Establish a 7-bed acute psychiatric unit serving adults in partnership with Adventist Health Care, Inc.

Edward W. McCready Memorial Hospital – (Somerset County)

Establish a 19-bed acute psychiatric unit serving adults in partnership with Adventist Health Care, Inc.

Determinations of Coverage

- **Acquisition/Change of Ownership**

LifeBridge-Clinical Associates ASC – (Baltimore County)

Acquisition of an ambulatory surgical facility from LifeBridge Health, Inc. by 46 physician members of Chesapeake Clinicians, PA

Nursing Enterprises, Inc.

Acquisition of a home health agency (HHA) from Nursing Enterprises, Inc. by Human Touch Home Health of Maryland, Inc. This HHA is authorized to serve patients residing in Montgomery and Prince George’s County

- **Capital Projects**

Frederick Memorial Hospital – (Frederick County)

Capital project for the construction of a new Cancer Center to be located at 1562 Oppossumtown Pike, in Frederick.

Estimated Cost: \$24,800,000

Determined to not require CON approval.

- **Other**

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

MedStar Southern Maryland Hospital Center Transitional Care Unit – (Prince George’s County)

Temporary delicensure and closure of the 24-bed comprehensive care facility unit

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

Staff continued drafting the report, *Health Information Technology, An Assessment of Maryland Hospitals* (report). This annual report details trends across Maryland’s 47 acute care hospitals regarding their adoption and use of health information technology (health IT). The report will include information on hospitals’ implementation of electronic health records (EHRs), computerized physician order entry, clinical decision support, electronic medication administration records, bar code medication administration, infection surveillance software, electronic prescribing (e-prescribing), patient portals, health information exchange (HIE), and telehealth. The report will also highlight hospitals’ use of population health management tools and their participation in the Medicare and Medicaid EHR Incentive Programs. Among the most notable findings: roughly 94 percent of hospitals have implemented a patient portal, and since 2012, growth in the adoption of patient portals has increased most rapidly as a result of meaningful use. In addition, staff developed survey questions for the 2015 reporting period, which were distributed to select hospital Chief Information Officers (CIOs) for feedback. All hospital CIOs will receive the survey questions via an online survey instrument in February.

Planning activities for the third virtual learning session with local health departments (LHDs) continued during the month. The learning session will focus on the benefits of value-based care delivery and how Management Service Organizations can assist in practice transformation. Staff began hosting virtual learning sessions last summer; the sessions are aimed at increasing LHDs’ knowledge about implementing health IT and innovative care delivery models. Staff also finalized the EHR pricing and functionality template (template) that will be included in the *LHD EHR User Resource Guide* (guide). The guide is intended to facilitate awareness and learning among LHDs as it relates to their use of EHRs in various

programs. LHDs provided feedback on the template, which will capture information on EHR use in somatic care, behavioral health, and billing. The template was distributed to all LHDs for completion. Staff anticipates releasing the guide in March.

During the month, staff continued updating the EHR Product Portfolio (portfolio). The portfolio, which was first introduced in September 2008, is a web-based resource to compare nationally certified EHR systems; vendor participation is voluntary. Staff is collecting information from participating vendors on the following: costs for acquiring their EHR systems including implementation, maintenance, and upgrade fees; available functionalities for practice staff as well as patients; and overall product ratings from various EHR users. The portfolio update will showcase ambulatory, dental, ophthalmology, and behavioral health EHR vendors. Updates are targeted to go live in February.

Health Information Exchange

Testing of a use case involving the integration of electronic transactions through the Chesapeake Regional Information System for our Patients (CRISP) concluded for Cyfluent during the month. Cyfluent is a Maryland-based electronic health network (EHN) that also offers an EHR and practice management system. The use case aimed to determine if administrative transactions can be effectively consumed by a health information exchange (HIE) to support risk stratification capabilities, care coordination workflows, and patient engagement activities. Results of the use case suggest that value exists in CRISP accepting administrative transactions from EHNs. Roughly 25 practices and nearly 100 physicians participated in the use case; approximately 32 additional Cyfluent practices will be connect to CRISP over the next several months. A similar use case with CRISP and another EHN, RelayHealth, is currently underway and will conclude this spring. Staff also continues working with CRISP and two institutional pharmacies operating in Maryland to develop an electronic medication use case wherein institutional pharmacy data will be made available to providers through CRISP.

Preliminary work for the annual information technology audit (audit) of CRISP in underway. Staff and the independent auditors, Myers and Stauffer, prepared the framework for evaluating whether CRISP and its vendors process, transmit and store patient data in a secure manner that minimizes the potential for an unauthorized disclosure or breach of protected health information. This year's audit will also include new procedures for cyber-security testing. These expanded procedures will assess CRISP controls on preventing unauthorized access from both internal and external threats, such as hackers. Myers and Stauffer expects to complete a draft report of the audit findings in May.

Project implementation activities continued during the month for the recipients of MHCC's round three telehealth grants. Grantees include: Associated Black Charities (ABC), Dorchester County Chapter; Gerald Family Care (GFC); and Union Hospital of Cecil County (UHCC). ABC is using mobile tablets so community health workers may video consult with nurses at Choptank Community Health System to increase access to care for patients in rural areas. GFC is using video communications and image capturing services to share information and provide consultations with gastroenterology, orthopedics, neurology, and behavioral health specialists at Dimensions Health System. UHCC is using remote monitoring devices to capture blood pressure, pulse, and weight of patients with chronic conditions discharged from the hospital; these devices also provide on-demand patient education and support. Staff has begun conducting monthly site visits to assess grantees progress with implementing telehealth technology and achieving monthly milestones.

During the month, staff prepared for the *Telehealth Symposium: Remote Monitoring and Chronic Care Management of High Risk Patients* (Symposium). The Symposium will feature use of telehealth for remote patient monitoring (RPM) with presentations from three grantees that are using RPM devices to manage patients with chronic conditions as well as the Veterans Administration and the American Telehealth Association. The Symposium is scheduled to take place on February 22nd at Anne Arundel Hospital Center. Grantees presenting at the Symposium are recipients of MHCC's round two telehealth grants and include: Crisfield Clinic, LLC; Lorien Health Systems; and UHCC. Staff continues to provide ongoing support to these grantees that are testing the effectiveness of RPM on reducing hospital readmissions and improving the health of patients with chronic conditions. In addition, staff is drafting reports that detail findings from the

round one telehealth grants; recipients included Atlantic General Hospital, Dimensions Healthcare System, and University of Maryland Upper Chesapeake Health. The reports will identify outcomes of the grantees use of telehealth that sought to improve transitions between hospitals and long term care facilities, reduce emergency room visits, and lower hospital admissions. Staff anticipates releasing the final reports in March.

Staff in conjunction with the University of Maryland, Lorien Health Systems, and CRISP (collaborative) continued developing the framework for a proposal in response to a funding announcement by the Patient Centered Outcomes Research Institute (PCORI). PCORI funds projects with the goal of improving health systems through alternative features intended to improve quality, outcomes, and efficiency of patient care. Two levels of funding are available for the grant: \$1.5M or \$5M. The collaborative has proposed a strategy for examining the effectiveness of discharge transitions for vulnerable senior citizens from skilled nursing facilities (SNF) by utilizing a telehealth transitional care model and an advanced transitional care model. These models include 24/7 remote patient monitoring at home for 60 days that will be supported by care coordinators located at the SNF. The strategy also includes plans to assess the impact on patient self-management and adherence to care plans as measured by readmissions over a period of two years. A letter of intent must be submitted to PCORI by March 2nd. PCORI will then invite select applicants to submit a proposal based on their review of the LOI.

During the month, staff convened a meeting of the HIE Policy Board (Board), a staff advisory group, to complete a final review of the informal comments received to the draft amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (HIE regulations). The Board recommended changes to the draft amendments regarding auditing, and accessing, using or disclosing data through a HIE in an emergency. The Board also proposed changes to the definition of “appropriate notice to consumers” to include verbal notification as being an appropriate notice to a consumer. Staff plans to recommend to the Commission proposed amendments to the HIE regulations in February.

Staff is currently in the planning phase of drafting a new State-Designated Health Information Exchange Designation Agreement, Memorandum of Understanding (MOU) in collaboration with CRISP. In general, the MOU serves as a confirmation of agreed upon terms and sets forth basic principles and guidelines outlining how CRISP and MHCC will work together to accomplish goals of advancing HIE in the State. The current MOU sunsets on February 13, 2016 and was in place for a three-year period. Anticipated additions to the MOU include requirements for CRISP to develop a Cybersecurity Framework consistent with the National Institute of Standards and Technology and the development of a Disaster Recovery and Business Continuity Plan that ensures core areas of the CRISP infrastructure can maintain operations within 12 hours of a declared disaster. The revised MOU is targeted for execution in February.

Innovative Care Delivery

During the month, staff met with the Virginia Health Quality Center (VHQC) and the New Jersey Innovation Institute (NJII) to discuss opportunities to participate in the Centers for Medicare and Medicaid Services (CMS) Practice Transformation Network (PTN) Cooperative Agreement awards. Awardees of the PTN Cooperative Agreement will collaboratively lead practices through the transformation process, which involves the redesign of medical practices by shifting the focus from quantity of care to improved health outcomes and coordinated care delivery for patients. Awardees have been approved by CMS to assist with practice transformation activities for those states that did not receive an award. The PTN application submitted by CRISP for Maryland was not selected for an award. Staff is exploring with VHQC and NJII the possibility of being a sub-contractor for implementing practice transformation activities in Maryland using the transformation process proposed in the CRISP application.

Staff continues to work with a subgroup of the Practice Transformation Workgroup (PTW) to develop a framework for establishing a statewide practice transformation education program. During the month, staff consulted with several Accountable Care Organizations (ACOs) inquiring about practice education and monitoring techniques used by ACOs. Two ACOs, Medstar and Universal American, discussed how they utilize provider websites, newsletters, provider quality report cards, and other educational materials to

communicate to participating practices. Both ACOs agree that sharing of best practices is beneficial to participating practices and noted that the integration of health IT continues to be a factor in successful practice transformation.

Staff sent to Medicaid updated eligibility listings for participating practices in the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP). The eligibility files will be used to issue fixed transformation payments for the period of January to June 2016. Staff also distributed updated quality measures for 2016 to participating practices. The updated measures align with the CMS Physician Quality Reporting System, a reporting program that allows practices the opportunity to assess quality of care provided to their patients. MMPP practices are expected to report on quality measures for calendar year 2015 in February. Based on MMPP practices' performance on select quality and utilization measures, they may qualify for 30, 40, or 50 percent of shared savings incentive payments.

Electronic Health Networks & Electronic Data Interchange

During the month, staff completed the recertification of ACS EDI Gateway. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*, requires that payors accepting electronic health care transactions originating in Maryland only accept transactions from an EHN certified by MHCC. Certification requires EHNs to receive accreditation by a national accrediting organization, such as the Electronic Network Accreditation Commission (EHNAC). Staff is conducting an internal audit of the roughly 40 certified EHNs to identify potential gaps in the certification process. Results will be compiled in a report and shared with EHNAC in an effort to enhance the existing EHN accreditation process. A final report is anticipated to be finalized in March.

Staff identified payors that must submit a 2015 Electronic Data Interchange (EDI) Progress Report (report). Payors with premium volume exceeding \$1M annually, including select specialty payors, are required by COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, to provide MHCC with an annual report by June 30th each year. The report identifies the volume of payors' practitioner, hospital, and dental transactions submitted electronically. Staff continues drafting an information brief on 2014 EDI data. A final report will be released in February.

National Networking

Staff attended several webinars during the month. The Milbank Memorial Fund Multi-State Collaborative hosted *Identifying Bright Spots in Total Cost of Care and Quality: America's Most Valuable Providers*, which featured a discussion with leaders from Stanford University Clinical Excellence Research Center about their research efforts to assess value in clinical health care. The Healthcare Information and Management Systems Society presented *Building the Post-Acute Care Management Network*, which highlighted technology initiatives to fill gaps in post-acute care. FierceHealthIT presented *How Telemedicine Can Cut Costs, Drive Revenue and Improve Care for Providers*, which showed how rural hospitals are reducing barriers to access and improving quality through innovative telemedicine solutions. FierceHealthIT also presented *Cybersecurity and Healthcare: A Panel Discussion with Industry Thought Leaders*, which focused on ways to ensure an organization's cybersecurity policies are aligned with best practices, as well as how to use risk assessments and training to prevent internal and external threats.

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.

An update to the site was completed in January 2016. Over the next few months staff will focus on developing the QMDC portal into a resource and communication center for hospitals and preparing for the April 2016 site update, which will include updates to HAI, pricing, and quality indicators data through CY2015. Staff will also be prioritizing increasing awareness of the site through greater promotional activities.

Health-care Acquired Infections (HAI) Data

Staff continue to work through issues regarding new HAI data requirements that became effective last year, specifically 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. This expansion has increased the number of adult and pediatric reported units from 78 ICUs to approximately 277 ICUs and medical, surgical, and medical/surgical wards. Staff continue to quality check the data in anticipation of the upcoming April update to the Hospital Guide. Staff has also completed work on creating a new data template to include the adult and pediatric medical, surgical, and medical/surgical wards for upcoming public reporting. Calendar year 2015 CLABSI data will be updated on the April release of the Hospital Guide along with calendar year 2015 CDI Lab ID (*Clostridium difficile*) data.

Staff continue to collaborate with the hospitals and the MHCC audit contractor on the next HAI data review and validation project. Several hospitals are encountering issues in providing the required laboratory data that the MHCC audit contractor needs to review and validate the NHSN data.

The next HAI Advisory Committee meeting has been rescheduled for February 24th due to the snowstorm. Staff are participating on a conference call with DHMH Center for Surveillance, Infection Prevention and Outbreak Response representatives to discuss their proposed changes to the Maryland HAI Plan in response to a CDC Ebola grant awarded to DHMH.

Quality Center staff met with HSCRC staff to discuss their ongoing NHSN data requirements. Due to staffing shortages in the Quality Center, the need to streamline MHCC data quality review activities was discussed. The MHCC and HSCRC staffs agreed to work collaboratively in communicating with hospitals on data requirements, timelines, applications, etc. to promote timely, complete and accurate reporting.

Specialized Cardiac Services Data

All Maryland hospitals that provide PCI services are required to participate in the ACC 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 QMDC 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 data submission and 3rd quarter submission is underway. The QMDC data submission, processing and editing system continues to be refined to improve functionality. MHCC has collected ACTION and CathPCI data through 3Q2015. Hospitals are currently submitting 3Q2015 CathPCI Outcomes Report to the QMDC. Collection of 4Q2015 data will begin in March 2016.

The Cardiac Data Coordinators Quarterly Meeting scheduled for February 9, 2016 was cancelled due to inclement weather. The group will reconvene at the May 10, 2016 meeting.

Health Plan Quality & Performance

As a part of the transition of the Health Benefits Plan reports from a static pdf report to an interactive consumer guide, the HEDIS and CAHPS measures were incorporated into the new Maryland Healthcare Quality Reports (Quality Reports) consumer website in October 2015. In January, the conversion of remaining health plan quality measures were completed. The Quality Reports website now includes

information on plan performance related to efforts to address health disparities (RELICC) and well as information on provider networks available by health plan. Behavioral health providers are identified by professional type. Contract modifications for the HEDIS and CAHPS contracts are underway to accommodate two additional HMOs that will be included in the 2016 release of the web-based Health Plan Guide.

The Long Term Care Initiative

The nursing home experience of care survey contract has been modified to enable the performance of the long stay family survey in 2016. The modification request was reviewed and approved by the Board of Public Works at the January 6, 2016 public meeting. The survey cycle is underway and staff is working with its contractor to move forward with dissemination of surveys to resident family members. The staff will review alternative survey instruments before initiating the next procurement for a survey contractor and will collaborate with the Maryland Medicaid Office and the HSCRC throughout the review process. Both agencies have been users of MHCC survey results in the past.