

MARYLAND HEALTH CARE COMMISSION

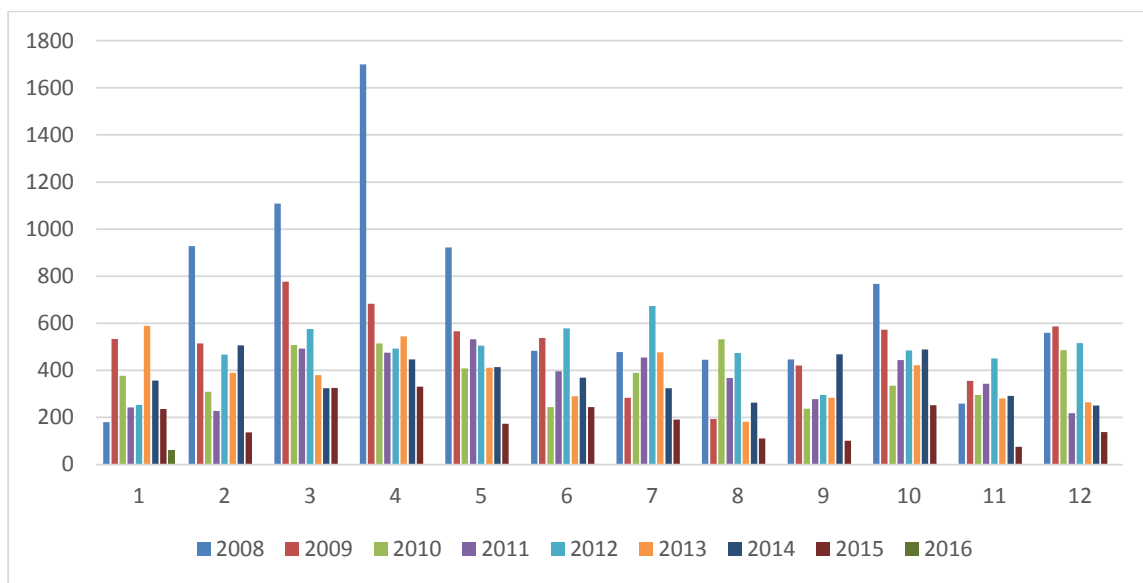
UPDATE OF ACTIVITIES

March 2016

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

**Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2016**



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **\$60,149** for the month of January. The monthly payments for uncompensated care from January 2008 through January 2016 are shown above in Figure 1.

Trauma Equipment Grants

The trauma centers' submitted applications for equipment grant funding over the past month. The Level II and Level III trauma centers will be eligible for up to \$42,000 each for this grant cycle.

On Call Stipends

Payment requests for the trauma centers' call stipends for the July through December 2015 timeframe were made on March 2, 2016.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

Update on MCDB DW Development

Social and Scientific Systems (SSS), the MCDB database vendor, continues to develop and evolve the MCDB data warehouse to meet MHCC needs. In the last few months, the focus has been on transitioning various tasks done via SAS programming into automated steps in the load process into the data warehouse. With the change to reporting based on paid claims in 2014, claims versioning and consolidation must be done in order to have the correct current view of a claim for analyses. SSS is implementing a claims versioning approach that will automatically load to the data warehouse when each carrier's claims are processed, and this feature will also permit the ability to revert the database to a point in time, which is needed to reproduce past analyses. SSS is also working with MHCC staff to implement value-added fields to ease querying and analysis and to develop standard data marts and views for common analytic needs. These activities are expected to continue until June 2016.

National Committees – Attribution Methods Consensus

MHCC staff is participating in multiple national and multi-site efforts to inform the development of patient attribution methods, which underpin many payment and delivery system reforms underway both that the local and national level. MHCC staff is now serving on the National Quality Forum – Attribution Committee, which aims to develop a national standard for attribution approaches across payors and specialties. The committee began its meetings in February with meetings extending through the summer and final recommendations expected in the fall. MHCC staff, in collaboration with the Hilltop Institute, also responded to the Health Care Payment – Learning Action Network Population Based Payment Workgroup's white paper on attribution best practices for primary care in private insurance. For both these efforts, MHCC is leveraging its work with the Network for Regional Healthcare Improvement and the Total Cost of Care collaborative.

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. MHCC has contracted with Freedman Healthcare to help coordinate development of the course. MHCC will collaborate locally with MedChi and with a partner from the TCOC work, the Midwest Health Initiative (MHI) and its partner, the St. Louis Business Group on Health. The course will educate physicians about health care costs overall, especially on out of pocket costs for consumers, and highlight both national trends and regional trends. The course will focus on best practices for diagnosis, treatment, and management of low back pain. MHCC staff has been working with Freedman and MHI to develop a CME course plan and application and begun to develop a framework for data to be presented. 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 February 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 February 2016 was 15,411 and of these, there were 51.92% new sessions. The average time on the site was 1:58 minutes. Bounce rate of 70.37 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, hsrcr.state.md.us. Among the most common search keywords in February 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
General	Transfer Plan	Setting up a transition for web site design and maintenance.
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 – Added new features
CCRC	<i>NEW</i>	Live
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

- Downloaded and processed the most recent National Plan and Provider Enumeration System (NPPES) for use in the pricing application and found new fields were added and rewrote the processing program

Tech Support

- Attended a meeting with the quality staff to hammer out issues with facility-level updates to the long term care portal
- Reviewed hospital survey requirements with the CON staff for an annual 5 part survey to hospitals using access forms
- Troubleshooting Microsoft Ace OLE DB driver to allow communications between SQL and MS files; provided Excel troubleshooting
- Review and provide feedback on the MIA dashboard; provide assistance with Tableau Public updates
- Attended several meetings to discuss how to implement a MONAHRQ wing using the MONAHRQ open source framework using MCDB data. Constructed a sample data file that we could use. Met with AHRQ team to go over wings and flutters and discuss the different variables in the xml file and how to implement a wing. Also reviewing the open source framework documentation on Github.
- Updated all website governor logos with Larry Hogan's name and image
- Provided network permissions support to staff; provided SAS programming and mapping support to the CON staff
- CathPCI support: trying to figure out how to import the hospital XML files but the schema is missing. Working with the hospital quality staff to resolve
- Provided troubleshooting support to the Trauma processing

Administrative

- Working with the ambulatory surgery survey vendor to turn over the application and database to MHCC
- wrote up evaluation criteria for the tableau consulting bid-board
- developed an application development schedule to assign responsibilities for application support for all web applications particularly ones that David Mitchell will need to turn over to other programmers
- got quotes for and assessed whether purchasing SAS desktop licenses owned by MHCC would make sense over the long run over having our vendors purchase them
- Wrote up KSAs, questions, and advertisement for David Mitchell's replacement PIN
- Select programming staff attended training in HTML & HTML5 with CSS 2

Web Updates

- Wrote instructions for programming staff to bring the **ambulatory surgery directory** current with the 2014 data and working with the CON staff to get the data in the format needed to prepare for the annual directory update
- Working with quality staff to hammer out responsibilities for **long term care guide** data updates and new administrative functionality as well as made fixes to OHCQ links and caregiver information; updated the data feeds/data source and data update schedules document; processed home health quality measures and patient satisfaction updates; working with quality staff to understand how to prepare the file format needed for the assisted living, nursing home and adult day care facility profiles; worked with the quality staff and with Carol Christmyer to review the calculations for the nursing home health fire safety Maryland state range data and automate the process and completed a full health fire safety update;

researching and troubleshooting issues with assisted living facility OHCQ survey reports not being found on the OHCQ server

- **Commissioners and MHCC Website** - updated commissioner's MHCC site with meeting documents/items for January Commissioner's meeting; worked with MHCC staff to ensure all documents needed for the meeting were posted on the commissioner's site prior to meeting date; created archive page and archived all documents for the January meeting; updated the MCDB record layout guide on the MCDB page; worked with the HIT staff to: set up an HER portfolio archive page, assisted with moving files from the G drive to the webroot folder, assisted with formatting text on the page, updated the electronic health networks page, display the announcement for the upcoming telehealth symposium, created a new HIT announcement page to display the agenda and other relevant information about the symposium, create a table for the EHR's portfolio page, requested a checkmark to show which ehers' vendor had a particular service, downloaded checkmark icon from the internet, reduced its size using fireworks and used to enhance the page display of the electronic health record portfolio page, made changes to the Telehealth and announcement page, updated the request for public comments page, took down old announcement; responded to request to fix link on the hospital guide from DHMH, notified them that the website had been updated and provided them with the new link to the hospital guide application; linked February commission meeting on the meeting schedule page; helped admin staff with job postings to the careers page.
- Uploaded the 2014 freestanding ambulatory surgery facilities file to the **public use file downloads** application; made changes to the html page and uploaded it to the server

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The March 2016 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 43rd edition of the NOAS News & Notes newsletter. Features:

- "Remember, Don't Take the Bait"
 - Reminder to users about responding to unsolicited emails that request:
 - Personal information
 - Financial information
 - Organizational information
 - Reminder to never give out:
 - Network login information
 - Username
 - Password
 - Reminder to notify IT dept. if there are any concerns or questions about an email received, prior to opening or clicking links within an opened email
- Instruction on how to customize the App Launcher within the Google for Business interface
- Friendly tip about smiling leading to better wellness

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 still being developed to include value added fields. Completion is anticipated by the end of March, after which staff can begin initial testing of the data warehouse. Grant funds are also allowing the addition of claims versioning to the ETL portal. Currently, SSS is processing the 2014 claims versioning data. Some data quality issues for a few payors have been discovered. Adjustments to the data will be made before testing.

On September 1, 2015, 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. 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, the RFP to procure a new database contractor by May 2016 was posted on eMaryland Marketplace on December 7, 2015. Two (2) proposals were received; the evaluation committee has agreed on a successful bidder, and the contract will be proposed to the Board of Public works for approval on April 27, 2016.

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 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. Moreover, staff posted a small procurement to continue with dashboard development using Tableau. A vendor will be selected later this month. Staff is also in the process of drafting an RFP to procure a contractor to provide technical support and training for the Prometheus episode of care bundling software, which will be used to generate medical pricing measures that will be displayed on a consumer portal. The contract will be proposed to the Board of Public Works for approval on April 27, 2016. Staff has already recruited several industry stakeholders to provide feedback on the content and display for this consumer portal. Staff is also in the process of recruiting clinicians to participate on an advisory group for the development of a CME course directed at primary care clinicians on appropriate use of imaging in patients with low back pain and the costs associated with inappropriate imaging, including patient out-of-pocket costs.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to assist MHCC in managing the Cycle III and Cycle IV projects 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. Through

discussions with our Total Cost of Care mentor, the Midwest Health Initiative (MHI), staff determined that MHI has a similar interest in a CME course; as a result, both groups agreed to jointly produce the course. Research by our PMO determined that low back pain would be the optimal CME course.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

Certificates of Conformance – Establishment of PCI Programs

Staff completed 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).

State Health Plan (SHP) Chapter for Freestanding Medical Facilities

Staff reviewed informal comments received on a draft SHP chapter posted for informal comment. Rather than proceeding at this time with proposed regulations, staff is awaiting the outcome of legislation introduced in the 2016 General Assembly session that will alter the path to development of FMFs if they are developed as part of general hospital conversions to ambulatory care campuses. All comments have been posted on MHCC's web site.

State Health Plan: COMAR 10.24.15, Organ Transplant Services

Staff is in the final stages of developing a revised State Health Plan chapter for organ transplant services. Staff anticipates posting a draft for informal comment in April.

Annual Report on Selected Maryland General and Special Hospital Services, FY 2016

This annual publication, reviewing 2015 hospital service capacity indicators (beds, operating rooms, emergency department capacity, and other service inventories) was posted on the MHCC website in February. It can be found at:

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/hcfs_hospital_acute_services.aspx

Long Term Care Policy and Planning

Minimum Data Set (MDS) Project

A Request for Information was posted on the Commission's website to gauge interest in contractual work to build on the MDS Manager work previously performed by Myers and Stauffer. Several responses were received on the last day of February, indicating that an Request for Proposal should be finalized.

Hospice Survey

Data collection for the FY 2015 Maryland Hospice Survey began on February 8, 2016. Online data entry was 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.

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 have been used to update hospice use rate estimates and the hospice need projections. A status report and update on hospice need projections will be presented at the March Commission meeting.

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

Four organizations submitted comments on the proposed HHA Chapter COMAR 10.14.16 during the formal comment period which ended February 22, 2016. An analysis of these comments and staff recommendations will be presented at the March Commission meeting.

Home Health Agency Survey

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

Staff is currently reviewing possible revisions for the Home Health Agency Survey for the 2015 survey collection period.

Long Term Care Survey

Staff has completed the data analysis and reports, including the public use data files, occupancy report, and other reports generated from this survey of nursing homes, assisted living facilities, and adult day care programs. Public use files have been posted at:

http://mhcc.maryland.gov/public_use_files/index.aspx

Staff is working on updates to the Long Term Care Survey for the 2015 data collection period.

Certificate of Need ("CON")

Modified CON's Approved

Prince George's Post-Acute, LLC – (Prince George's County) – Docket No. 13-16-2347

Increase in the approved cost of this comprehensive care facility (CCF) project from \$19,070,505 to \$27,929,096 and a change in the physical plant design

CON's Relinquished

Lorien Harford, III, LLC – (Harford County) – Docket No. 15-12-2359

Construction of a 70-bed CCF to be located at 2000 Rock Spring Road, Forest Hill, Maryland
Approved Cost: \$12,215,376

CON Letters of Intent

Doctor's Community Hospital – (Prince George's County)

Establish an adult inpatient behavioral health unit and outpatient program with 15-20 acute psychiatric beds on the hospital campus

Stella Maris, Inc. – (Baltimore County)

Construction of a building addition to the existing CCF. No change in bed capacity.

Pre-Application Conference

Stella Maris, Inc. – (Baltimore County)

Construction of a building addition to the existing CCF. No change in bed capacity.

February 17, 2016

CON Applications Filed

Kaiser Permanente South Baltimore County Medical Center – (Baltimore County) – Matter No. 16-03-2372

Addition of one operating room (OR) to an existing two-OR ambulatory surgical facility (ASF) located at 1701 Twin Spring Road in Halethorpe

Estimated Cost: \$1,474,617

Greater Chesapeake Surgery Center – (Baltimore County) – Matter No. 16-03-2373

Relocation of a two-OR ASF and replacement with a four-OR ASF. The facility is currently located at 1212 York Road in Lutherville. The new site is 2118 Green Spring Drive in Lutherville
Estimated Cost: \$1,938,633¹

Determinations of Coverage

• **Ambulatory Surgery Centers**

Newbridge Surgery Center at Prince Frederick, LLC - (Calvert County)

Relocation of the existing physician's outpatient surgery center from 70 Sherry Lane, Suite 201 to 80 Sherry Lane, Suite 101B, in Prince Frederick

MVP Ambulatory Surgical Centers, LLC – (Howard County)

Addition of pain management as a specialty provided at this physician outpatient surgery center located at 8860 Columbia 100 Parkway, Suite 400, in Columbia

• **Acquisition/Change of Ownership**

Anchorage Nursing & Rehabilitation Center – (Wicomico County)

Blue Point Nursing Center – (Baltimore City)

Northwest Nursing & Rehabilitation Center – (Baltimore City)

Acquisition by WO Holdings, LLC of the membership Interests in WP Nursing Parent, LLC which is the operator of these CCFs

Caton Manor – (Baltimore City)

Acquisition of Caton Manor, operated by 3330 Wilkens Avenue Operations LLC, by Genesis HealthCare Subsidiary, 101 Development Group, LLC. It will purchase the real property and improvements from the current owner, Diamond Senior Living, LLC. In turn, it will assign its property rights to the new owner of the facility, 3300 Wilkens Avenue Property, LLC, which will then lease the property to the operator

Patapsco Valley Manor – (Baltimore County)

Acquisition of Patapsco Valley Manor, operated by 9109 Liberty Road Operations LLC, by Genesis HealthCare Subsidiary, 101 Development Group, LLC. It will purchase the real property and improvements from the current owner, Diamond Senior Living, LLC, and in turn will assign its property rights to the new owner of the facility, 9109 Liberty Road Property, LLC, which will then lease the property to the operator

Laurelwood Care Center at Elkton – Cecil County)

Acquisition by WO Holdings, LLC of the membership Interests in the operator/current tenant of Laurelwood Care Center at Elkton

• **Other**

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

Mandrin Care Center – (Anne Arundel County)

Temporary delicensure and closure of the eight hospice beds at 3675 Solomons Island Road in Harwood

Chesapeake Shores – (St. Mary's County)

Temporary delicensure of eight CCF beds

Signature Healthcare at Mallard Bay – (Dorchester County)

Temporary delicensure of 24 CCF beds

¹ This cost estimate only includes the cost of renovating space for two ORs and equipping those ORs. It will be revised.

- **Waiver Beds**

BridgePark Healthcare Center – (Baltimore City)

Addition of four CCF beds, bringing total bed capacity to 99

Greater Baltimore Medical Center Sub-Acute Unit – (Baltimore County)

Addition of two CCF beds, bringing total bed capacity to 27

- **Other**

Advance Recovery Systems – (Prince George’s County)

Development of residential substance abuse treatment center for alcohol and drug abuse providing the following levels of service:

- Level I-Outpatient Treatment
- Level II-Intensive Outpatient
- Partial Hospitalization
- Clinically Managed High Intensity Residential Treatment (III.5)
- Level I-D Ambulatory Detoxification without Extended On-Site Monitoring
- Level II-D Ambulatory Detoxification with Extended On-Site Monitoring
- Level III.2-D Clinically Managed Residential Detoxification

It was determined not to require approval by the Commission.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

The survey tool for the annual hospital health information technology (health IT) assessment was distributed to hospital Chief Information Officers. The survey tool is used to collect information from all 47 acute care hospitals on their use 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), telehealth, and population health management tools. New to this year’s survey are questions inquiring about hospitals cybersecurity programs and implementation of various mobile applications. Staff anticipates receiving completed surveys in March. In addition, staff continued to finalize the *Health Information Technology, An Assessment of Maryland Hospitals* (report), which details findings from last year’s assessment. Staff anticipates releasing the report in March.

Staff convened a virtual health IT learning session (session) with local health departments (LHDs) and the Department of Health and Mental Hygiene. This was the third session of a lunch & learn webinar series intended to provide peer-to-peer learning opportunities regarding the selection, adoption, and use of health IT. During the session, guest speakers from The Maryland Learning Collaborative, the Howard County LHD, and ZaneNet, a Maryland-based Management Service Organization (MSO), discussed the benefits of value-based care delivery and how MSOs can assist in practice transformation. Staff began the lunch & learn webinar series last summer to increase LHDs’ knowledge about implementing health IT and to build awareness regarding various innovative care delivery models. Staff also disseminated the EHR pricing and functionality template (template) for LHDs to complete. The template will be included in the *LHD EHR User Resource Guide* (guide). The guide aims to facilitate awareness among LHDs as it relates to their use of EHRs; staff anticipates releasing the guide in April.

Staff continued updating MHCC’s web-based EHR Product Portfolio (portfolio). The portfolio is a resource for comparing nationally certified EHR systems. Included in the portfolio is information on overall user ratings, costs, and functionality, which includes features for patients. First released in September 2008, the

portfolio is updated annually. This year's updates 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 March.

Health Information Exchange

During the month staff participated in five Advisory Board meetings for the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP): (1) Clinical, (2) Finance & Sustainability, (3) Technology, (4) Privacy and Security, and (5) Reporting & Analytics. The Clinical Advisory Board discussed several use cases that would allow public health authorities to access clinical information made available through CRISP for public health purposes. The Finance and Sustainability Advisory Board discussed CRISP's financial performance for FY2016 and the draft budget for FY2017. The Technology Advisory Board discussed the selection of a security and monitoring vendor and approved the recommendation to enter into negotiations with a secure texting vendor. The Privacy & Security Advisory Board discussed the CRISP security program dashboard. The Reporting & Analytics Advisory Board discussed the different pathways for securing Medicare data. During the month, staff also provided support to the independent auditor, Myers and Stauffer, who is performing the annual privacy and security audit of CRISP. A preliminary report of the findings is expected in May.

Staff continues working with CRISP on a use case pilot involving the integration of electronic transactions from ambulatory provider administrative systems for event notifications. The pilot is testing how data from administrative systems can be included in electronic alerts to care managers when a patient has an encounter with a provider. Cyfluent, a Maryland-based Electronic Health Network (EHN), is sending to CRISP select electronic claim data elements from about 25 practices; an additional 30 practices will be added over the next several months. RelayHealth is also sending electronic transactions to CRISP from about 30 practices, which is expected to increase to nearly 100 by the end of April. Findings from the use case pilot will inform future care coordination initiatives. In addition, staff is working with consultant pharmacists from the Long-Term and Post-Acute Care (LTPAC) HIE Access Workgroup to finalize a CRISP access use case pilot. The pilot is intended to assess the impact of extending CRISP user access to include LTPAC consultant pharmacists on transitions of care between hospitals and LTPAC facilities.

The MHCC round three telehealth grantees have begun to implement their telehealth projects aimed at improving population health through the use of telehealth technology. Grantees include: Associated Black Charities (ABC), Dorchester County Chapter; Gerald Family Care (GFC); and Union Hospital of Cecil County (UHCC). ABC is providing community health workers with mobile tablets for purposes of conducting video consultations between patients and nurses at Choptank Community Health System with the goal of increasing access to care for patients in rural areas. GFC is using video communications and image capturing services to conduct 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 as well as providing on-demand patient education and support. Staff conducted site visits during the month to assess the grantees progress with implementing telehealth technology and to help provide guidance in achieving their monthly milestones.

The Telehealth Symposium: Remote Monitoring and Chronic Care Management of High Risk Patients (Symposium) was held during the month. The Symposium showcased the work of the round two telehealth grantees using remote patient monitoring (RPM) devices to manage patients with chronic conditions. The round two telehealth grantees include: Crisfield Clinic, LLC; Lorien Health Systems; and UHCC. The Symposium also included presentations by Lois Freeman, Doctor of Nursing Practice, of the Veterans Administration and Gary Capistrant, Chief Policy Officer, of the American Telehealth Association. Staff continues to work with the round two grantees that are testing the effectiveness of RPM on reducing hospital readmissions and improving the health of patients with chronic conditions. In addition, staff continued drafting the information brief for the round one telehealth grantees. The information brief highlights findings from the round one grantees in reducing emergency room visits and lowering hospital admissions using telehealth. The round one grantees include: Atlantic General Hospital; Dimensions Healthcare System; and University of Maryland Upper Chesapeake Health. Staff anticipates releasing the information brief in April.

Staff continues to work with Lorien Health Systems, the University of Maryland, and CRISP (collaborative) to finalize a Letter Intent (LOI) in response to a funding announcement by the Patient Centered Outcomes Research Institute (PCORI). PCORI funds patient-centered initiatives that focus on improving health systems through alternative features intended to improve quality, outcomes, and efficiency in patient care. PCORI's Cycle 1 funding opportunity will provide approximately \$1.5M for up to three years for smaller studies and about \$5M for up to five years for larger studies. The collaborative plans to examine the effectiveness of telehealth for transitioning patients from a skilled nursing facility (SNF) to home as compared to the transitional comprehensive care approach. The collaborative conducted focus groups with patients, caregivers, and administrators from the SNF to gain feedback on key study components. A LOI is due to PCORI by March 2nd; PCORI will then invite select participants to submit a full application for the funding opportunity.

During the month, staff convened a meeting of the HIE Policy Board (Board), a staff advisory group, to review a use case that would allow CRISP to provide DHMH information about People Living with HIV/AIDS (PLWH) by utilizing the CRISP Encounter Notification Service (ENS). The Secretary of DHMH and local Health Officers are required to monitor HIV/AIDS diagnoses and ongoing health outcomes for reported cases, and to implement disease control activities to prevent the transmission of HIV/AIDS. The Board recommended approval of the use case, which will allow DHMH to better understand the health care utilization of PLWH who are not currently engaged in medical care. The Board also discussed consumer access to their health information being stored and transmitted via an HIE.

Staff is in the preliminary stage of drafting a State-Designated HIE Designation Agreement (Agreement) in collaboration with CRISP; the existing Agreement sunsets at the end of February. The Agreement serves as confirmation of agreed upon terms and outlines basic principles and guidelines for how CRISP and MHCC will work in collaboration to accomplish goals for advancing the use of HIE across the State. The draft includes additions that pertain to adopting a cybersecurity framework consistent with the national framework for improving cybersecurity; 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; enhancements to reduce false positives in the Master Patient Index; and an annual cost allocation report by State agency. The Agreement is targeted for completion in March.

Innovative Care Delivery

A meeting with a panel of primary care providers (Council) was convened by staff during the month to discuss opportunities that align primary care with requirements of new reimbursement models. The Council includes representatives from physician groups and the Executive Director of the Health Services Cost Review Commission. During the meeting, the Council discussed a number of topics, such as the contribution of primary care and the balance of governance in regard to evolving hospital reimbursement models. The Council is considering standardized payments and quality measurement, promoting primary care education, and the diffusion of new care delivery approaches. The advantages and disadvantages of existing payment models in use by the Centers for Medicare & Medicaid Services (CMS) and other states, such as the Michigan Primary Care Transformation Project, were also discussed. Potential work products, such as developing white papers, and the timing of these work products are being considered by the Council.

During the month, staff continued to explore with the Virginia Health Quality Center (VHQC) and the New Jersey Innovation Institute (NJII) the possibility of being a sub-contractor for implementing practice transformation activities in Maryland. VHQC and NJII are awardees of the CMS Medicare Practice Transformation Network (PTN) Cooperative Agreement. Awardees of the PTN Cooperative Agreement are tasked with collaboratively leading 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. VHQC and NJII have been approved by CMS to assist with practice transformation activities for those states that did not receive an award. Staff is planning to help VHQC identify participating practices. Staff is also exploring sub-contractor options for Maryland with NJII in

partnership with MedChi, The State Medical Society, and the Department of Family and Community Medicine at the University of Maryland School of Medicine.

Staff is reaching out to practices participating in the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) to remind them to submit their quality measures for calendar year 2015 by March 4th. MMPP practices are required to submit quality measures through a web-based portal. Quality measures for 2016 were updated to 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. A MMPP practice may qualify for 30, 40, or 50 percent shared savings incentive payments based on their performance on select quality and utilization measures. Staff is also working with the Maryland Medical Assistance program (Medicaid) and Medicaid Managed Care Organizations to calculate incentive payments earned by participating practices for the Medicaid portion of the MMPP for calendar year 2014. Commercial carriers expect to distribute 2014 incentive payments in March.

Electronic Health Networks & Electronic Data Interchange

Two EHNs were recertified during the month: Office Ally, Inc. and RelayHealth. As part of the certification process, EHNs must receive national accreditation every two years demonstrating compliance with over 100 criteria related to privacy, security, and business practices. Approximately 40 EHNs operating in Maryland are certified by MHCC in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. In addition, staff finalized an information brief during the month summarizing payors' 2014 Electronic Data Interchange (EDI) activity. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with annual premium volume of \$1M or more, including specialty payors, to provide MHCC with an EDI Progress Report (report) by June 30th each year. During the month, staff notified payors required to submit a report. Staff plans to distribute the 2015 EDI reporting tool in March.

National Networking

Staff attended two webinars during the month. Healthcare Informatics held a webinar on *Winning the War on Complexity in Healthcare Cybersecurity*, which featured a discussion on the change health care is undergoing and the challenges this poses for cybersecurity, including clinical challenges, availability of skilled professionals, and infrastructure. The Office of the National Coordinator for Health Information Technology (ONC) hosted *Leveraging the EHR Certification Program for Clinical Data Extraction*, which discussed the three sections of the ONC EHR Certification program.

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.

In addition to preparing for the April 2016 update to the Maryland Health Care Quality Reports (MHCQR) website, staff has also been focusing on promoting the website. A Request for Information (RFI) was released last month to obtain expertise and guidance in promoting and marketing healthcare information to consumer audiences. The staff has received 19 responses from interested vendors and organizations in response to the RFI and follow up discussions have been initiated. Staff will continue meeting with

interested vendors through the end of March and will use the information and ideas gathered through our discussions to inform our procurement for marketing and consumer engagement services.

The Hospital Performance Evaluation Guide Advisory Committee meeting was held on February 22, 2016. Staff reviewed the January update to the site as well as emergency department process improvement and healthcare-associated infections initiatives.

Health-care Acquired Infections (HAI) Data

Staff are working to update the Hospital Guide HAI tables in an effort to streamline public reporting of both catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infections (CLABSI) data with the expansion of reporting to the 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 will be pulling data to create a preview report for hospitals to review before the data is displayed on the Hospital Guide in April. Calendar year 2015 CLABSI data will be updated on the April release of the Hospital Guide along with calendar year 2015 CDI (*Clostridium difficile*) and MRSA bacteremia Lab ID data.

Staff continue to collaborate with the hospitals and the MHCC audit contractor on the next HAI data review and validation project. Hospitals that were unable to provide required laboratory data by the deadline will be removed from the audit and provided with on-site training to help work through process issues. Audits are tentatively scheduled to take place in April.

The HAI Advisory Committee meeting was held on February 24th. Staff reviewed the proposed changes to reporting HAI data with the expansion of required units. Staff also discussed the differences between two statistical analyses for colon surgery and abdominal hysterectomy SSIs (surgical site infections) measurement, one of which is used by CMS. Staff reviewed the January updates to the QMDC website and discussed dissemination strategies. The CDC Healthcare Associated Infections Progress Report was also discussed. Staff participated in an Antimicrobial Stewardship meeting held by DHMH Center for Surveillance, Infection Prevention and Outbreak Response representatives at MHCC offices.

Staff created and disseminated an HAI Data Schedule for calendar year 2015 to hospitals that outlined data requirements for both MHCC and HSCRC along with dates the data will be pulled from NHSN. Quality Center staff met with HSCRC staff to finalize upcoming NHSN data requirements. Staff will be creating data tables for HSCRC for CLABSI, CAUTI, and SSI data in support of the QBR Initiative.

The annual CDC Healthcare Associated Infections Progress Report (<http://www.cdc.gov/HAI/pdfs/progress-report/hai-progress-report.pdf>) was released in early March. This report is based on 2014 data. As expected, Maryland continues to perform well in reducing CLABSIs but performance is not as positive in other areas with higher numbers of CAUTIs, MRSA bacteremia, and *C. difficile*. Staff held a conference call with CDC staff members to discuss Maryland results, prevention efforts and next steps. Staff have also contacted VHQC, the state's QIN-QIO, and MHA in an effort to collaborate to improve these results going forward. Preliminary 2015 data shows improvement in CAUTIs and *C. difficile* infections; however, the large decrease in CAUTIs is likely due to the changes in definition that took place in 2015. MRSA bacteremia for 2015 continues to remain high in Maryland hospitals.

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 QMDC data submission, processing and editing system continues to be refined to improve functionality.

The deadline to submit 4Q2015 ACTION data was March 7, 2016. Staff is currently reviewing submissions for compliance and working with those hospitals to address technical issues.

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 2016 HEDIS audits have begun and the CAHPS member surveys have been distributed to health plan members for completion. The staff continues to work with its contractors to coordinate activities that will support the first full transition of the Health Plan Report to the interactive web-based Health Plan Guide in 2016.

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 survey cycle is underway and the dissemination of surveys to resident family members will begin later this month. 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.

The Long Term Care Guide has been updated with more current information on general consumer resources, as well as current data on Home Health Agency quality measures and patient satisfaction. Assisted Living, Comprehensive Care and Adult Medical Day facility data is being formatted for upload to the portal and will be complete this month.