

MARYLAND HEALTH CARE COMMISSION

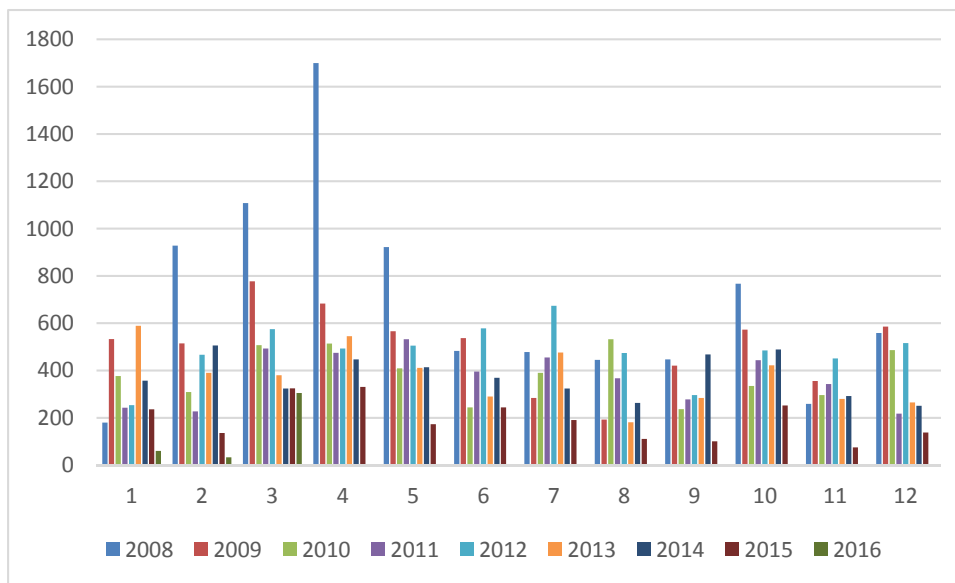
UPDATE OF ACTIVITIES

May 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 **\$304,962** for the month of March. The monthly payments for uncompensated care from January 2008 through March 2016 are shown above in Figure 1. Owing to expanded insurance coverage, the level of uncompensated care continues to decline. Beginning in July, payments for uncompensated claims will increase to 105% percent of the Medicare Fee Schedule.

Cost and Quality Analysis – Srinivas Sridhara

Gobeille v. Liberty Mutual and Impacts on MCDB

On March 1, 2016, the Supreme Court held that Employee Retirement Income Security Act (ERISA) pre-empted mandated reporting requirements of All-Payer Claims Databases (APCD), as it relates to self-insured ERISA plans. MHCC staff has assessed the impact on the Medical Care Data Base (MCDB), Maryland's APCD. The MCDB will continue to have 2-3 million covered lives for privately insured Maryland residents and 1.5-2 million members for Medicare and Medicaid combined, which altogether will capture about 80% of Maryland's insured population. MHCC staff expects the data to continue to be useful for most use cases.

In response to the Supreme Court ruling, MHCC staff has communicated with data submitters that MHCC will continue to enforce reporting of fully-insured and self-insured non-ERISA data. Data submitters are complying with this enforcement. Staff is also engaged with the National Academy of State Health Policy, National Association of Health Data Organizations, APCD Council, and other APCD states to develop a comprehensive plan to collaborate with the Department of Labor (DOL) and support the federal rule making process to revise ERISA reporting requirements to include membership and claim-level data consistent with APCD reporting. Staff will continue to update Commissioners, as this effort reaches milestones with DOL regarding the rule-making process.

MCDB Contract Award

MHCC staff released a RFP in December 2016 for a database vendor to collect MCDB data, validate and process data, and provide access to data. The RFP represented a major leap forward in technology and standards from past procurements for the MCDB. All data will be collected via a web-portal with an Extract, Transform, and Load (ETL) system to validate, process, and enhance the data. In addition, MHCC staff and its partners will have access to the data in a secure, federally-certified data enclave. After a thorough application and review process, MHCC staff selected Social and Scientific Systems, Inc., the current incumbent. This decision was reviewed and approved by the Board of Public Works (BPW) on April 27, 2016; however, the BPW decided to remove 20% of the budget reserved for Ad hoc analyses and projects. While the main data operations are not at risk, there will not be funds available for changes in scope that occur often in this type of effort. For example, there are currently no funds available to accommodate any changes that may be required to accommodate the ERISA ruling. MHCC staff continues to consider its alternatives for addressing this gap.

Data Release

MHCC staff has reviewed and recommended one application for MCDB data to be presented at the May Commission Meeting. CMS has contracted with Lewin to provide it operational support in its monitoring and evaluation of the Maryland hospital payment model. Lewin has requested private insurance data for 2010-2014 now with 2015-2018 being added when available. The Staff Review Committee has carefully reviewed the merits of the use case, IRB approval, and data management plan, and will recommend approval at the May Commission meeting.

Special Projects – Janet Ennis

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

The accelerated processing of MCDB quarterly data submissions by carriers using Extract, Transform and Load (ETL) software continues to run smoothly and, if data issues are discovered, carriers are resubmitting data from earlier quarters, with a smooth and timely data reconciliation process. Staff continues working with the database contractor, Social and Scientific Systems (SSS) and the PMO (Freedman Healthcare, Inc.) on the design, development, and implementation of a data warehouse. SSS is implementing a claims versioning approach that will automatically load each carrier's processed claims to the data warehouse. SSS is also working with staff to implement value-added fields and to develop standard data marts for common analytic needs.

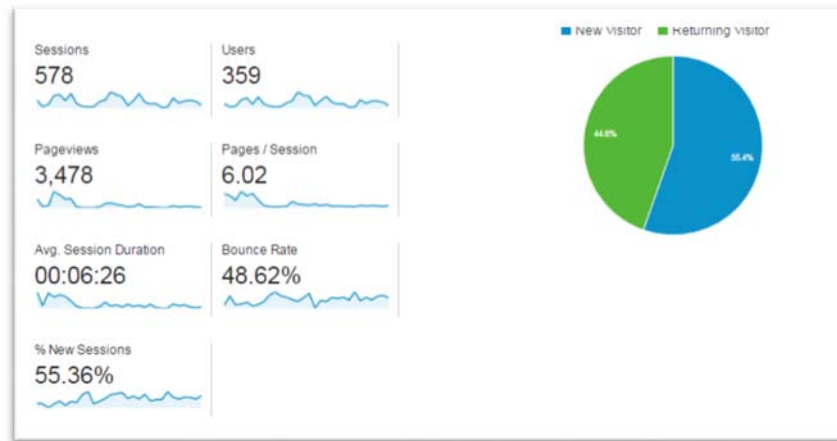
SSS was the successful bidder on the new five-year database contract, which was approved by the Board of Public Works on April 27, 2016. The contract will commence on May 1, 2016.

Under the medical pricing transparency initiatives funded by these federal grants, staff is developing a number of data displays: (1) a link to the Maryland Health Care Quality Reports web site 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; (2) a data dashboard of cost and utilization trends, which was developed to support MIA's enhanced rate review process; (3) a dashboard that provides the geographic location by zip code of health care spending in Maryland; and (4) an industry portal showing prices for procedures, which will provide both a practitioner view and a procedure view. A small procurement with Cyquent, Inc., from Rockville, MD supports the continued development and refinement of these data dashboards using Tableau software. In addition, a contract with Health Care Incentives Improvement Institute (HCI3), was approved by the Board of Public Works on April 27, 2016. HCI3 will provide technical support and training for their Prometheus episode of care bundling software, which will be used to generate medical pricing measures that will be displayed on a consumer portal. A variety of industry stakeholders will provide feedback on the content and display for this consumer portal. Moreover, each of these data displays/dashboards/portals are currently under development and are expected to be completed by the end of 2016, or the first quarter of 2017.

Through collaboration with our PMO; our Total Cost of Care (TCoC) Mentor (the Midwest Health Initiative); an advisory group of primary care physicians and orthopedists; and MedChi's CME director, staff is also developing a Continuing Medical Education (CME) course directed at primary care clinicians on the appropriate use of imaging in patients with low back pain and the costs associated with inappropriate imaging, including patient out-of-pocket costs. The first advisory group meeting was held on April 27, 2016. The next meeting on course content and video production will take place in June.

Database Development and Applications- Leslie LaBrecque

Data from Google Analytics for the month of April 2016



- Bounce rate is the percentage of visitors that see only one page during a visit to the site. Note that percentage are rounded in the accompanying text.

As shown in the chart above, the number of sessions to the MHCC website for the month of April 2016 was 578 and of these, 55% were new sessions. The average time on the site was 6:26 minutes. Bounce rate of 48% 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 April were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Table and License Renewal Web Applications

With the retirement of a senior web developer in December, staff members are transitioning web and database maintenance and development site responsibilities, including Long Term Care, CCRC, and Hospice. Similarly for work with Occupation Boards and Commissions, staff is transitioning web and database maintenance and development site responsibilities.

Database Development and Applications

The programming staff performed the following: assisted the Office of Health Care Quality with procedures and scripts to facilitate getting the assisted living reports accurately uploaded on their server where the Long Term Care Portal can link to them; made final modifications on the 2014 provider pricing compare dashboard for internal review and added page hit counters to the Tableau Public Dashboards; development of programming code to be able to input the new CathPCI file submissions now coming in xml format; completed changes to launch the health care worker flu web surveys for the 2015—2016 flu season; completed home health 6 month quality measure data and patient satisfaction updates to the long term care

portal; assisted the CON staff with augmenting this year's ambulatory surgery facility survey with National Provider Identifiers (NPIs), questions to clarify whether each NPI is organizational or individual, and verification of the business practice addresses for each reported NPI; completed an annual ambulatory surgery facility directory update; completed data requests for number of medical oncology patients per oncology practice, and two requests for deliveries by Maryland hospitals, by cesarean/vaginal and average length of stay and charges.

Network Operations & Administrative Systems (NOAS) – Levone Ward

Information Technology Newsletter

The May 2016 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 45th edition of the NOAS News & Notes newsletter. Features:

- “How to Restore Deleted Google Calendar Events”
 - Instructs users how to recover events that have been accidentally deleted from their Google Calendar application

Network Storage Upgrade

Installed a new storage area network (SAN) device that expanded the storage of the virtual environment by an additional 10TB.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.15, Organ Transplant Services

Staff continued working on a draft revised State Health Plan (SHP) chapter for organ transplantation services for informal public comment. (It was posted on the MHCC website on May 5 and the informal comment period will run through June 1). The draft SHP chapter updates the approach for assessing the need for additional organ transplant programs. Staff will provide an overview of the draft SHP chapter at the Commission meeting.

State Health Plan: COMAR 10.24.19, Freestanding Medical Facilities

Staff worked on revisions to the draft SHP chapter for freestanding medical facilities (FMFs) to address legislation passed during the 2016 General Assembly Session, which created a new pathway to FMF development. In addition, informal comments submitted on earlier draft SHP chapter were reviewed and changes based on the comments considered. Staff plans to reconvene the FMF Work Group for a meeting to discuss proposed changes. The Work Group meeting will likely be held in late June, 2016.

Other

Staff attended a meeting of the Maryland Cardiac Surgery Quality Initiative on April 27, 2016 and presented a brief overview of some findings from the MHCC audit of the Society of Thoracic Surgeons' (STS) data base for Maryland hospitals. A final report from the auditor is expected before the end of May, 2016.

Staff began working on an update of the bed need projection for acute rehabilitation. The projection was last updated in October, 2014.

Long Term Care Policy and Planning –Linda Cole

Hospice Survey

Data for Part I of this annual survey was due on April 8, 2016. Data for Part I has now been submitted by all hospice providers. Staff has reviewed the submissions, and providers are responding to questions for follow-up. Data for Part II of the survey is due by June 6, 2016. The Hospice Network of Maryland has also assisted by sending out reminder notices to their members.

Hospice Plan Chapter Implementation

The Hospice Chapter of the State Health Plan (COMAR 10.24.13) includes a methodology as part of the regulations. The hospice need projections were recently updated using data from the FY 2014 Maryland Hospice Survey, updated population death data from the Maryland Vital Statistics Administration, and population data from the Maryland Department of Planning. A status report, including a history of plan development, updated use rate trends, and updated hospice need projections were presented at the March Commission meeting.

At that time, Commissioners raised questions and requested additional data. This was sent in a report to Commissioners. Hospices also responded with letters to Commissioners. Another presentation was made at the April Commission meeting. This report is posted at:

http://mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/documents/presentations/MHCC_Prst_20160421.pdf

During the April presentation, staff responded to the questions raised by Commissioners:

- Where are hospices authorized to provide care?
- Do they provide care where they are authorized?
- How is the use of hospice measured?

- What is the process for updating the State Health Plan?
- How is unmet need determined?
- How does use of hospice vary by race, by urban/rural status?

At the conclusion, staff recognized the positive efforts of existing hospices to provide care, as well as to conduct education and outreach efforts. However, since need is still identified for Baltimore City and Prince George's County, staff recommended implementation of the Plan Chapter through publication of a CON review schedule. Commissioners concurred and a schedule will be published in the *Maryland Register* in May.

Nursing Home Bed Need Projections

Updated nursing home bed need projections were published in April. Only the bed need inventories were updated at this time.

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/documents/chfc_ccf_bedneed_projections_fy16_corrected_20160429.pdf. These updated projections will be used to govern future CON reviews.

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

Following the Commission's adoption of the HHA Chapter (COMAR 10.24.16) at its March 17, 2016 meeting, the regulations were published as final regulations in the *Maryland Register* on April 1, 2016 with the final effective date of April 11, 2016. Commission staff anticipates seeking a consultant for assistance in the initial review and analysis of Home Health Compare and HHCAHPS® data for selection of quality measures and establishment of performance levels for those quality measures to be achieved by a CON applicant, consistent with regulations (COMAR 10.24.16).

Home Health Agency Survey

Commission staff are in the initial phase of refining the Home Health Agency (HHA) Survey for FY 2015. Staff are collaborating with the Maryland National Capital Homecare Association (MNCHA) and HHA representatives to discuss ways for improving the data collection instrument.

Long Term Care Survey

The 2015 Maryland Long Term Care Survey Notice letter was sent by email (only) on March 25, 2016. The Survey collection period started on April 4, 2016 for all facilities. 233 facilities participated in the comprehensive care survey collection. The due date for comprehensive care facilities was May 3, 2016. 97% of the Surveys have been submitted and accepted. Staff is continuing to work with the facilities that have not started (1), not submitted (4), or submitted but experienced rejection of the survey (3).

The due date for chronic hospitals, adult day care centers and assisted living facilities is June 2, 2016. Staff emailed the 30 Day Reminder Notices to all facilities that have not submitted their surveys.

Hospital Services Planning and Policy/Certificate of Need – Kevin McDonald

Certificate of Need (CON) Applications Filed

Stella Maris – (Baltimore County) – Matter No. 16-03-2376

Construction of a new four-level addition to the existing comprehensive care facility (CCF). No additional bed capacity is proposed.
Estimated Cost: \$23,440,750

Determinations of Coverage

Ambulatory Surgery Centers

Glen Echo Surgery Center, LLC - (Montgomery County)

Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 5550 Friendship Boulevard, Suite 100, Chevy Chase

- **Acquisition/Change of Ownership**

Thomas Johnson Surgery Center, LLC – (Frederick County)

Acquisition of a majority ownership of the surgery center by SCA-Frederick, LLC. Surgical Care Affiliates, LLC will be replacing Cataract and Laser Center Partners, LLC d/b/a Ambulatory Surgical Center of America as the managers of this physician outpatient surgery center.

SurgiCenter of Baltimore, LLP – (Baltimore County)

LifeBridge Health, through one or more of its affiliates is acquiring a controlling interest in SurgiCenter of Baltimore, LLP

Ellicott City Ambulatory Surgery Center – (Howard County)

LifeBridge Health, through one or more of its affiliates is acquiring a controlling interest in Surgery Center of Ellicott City, LLLP

<i>CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY</i>
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Health Information Technology – Matt McBride

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Joint Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee reviewed the Precision Medicine Task Force recommendations as it pertains to critical pathways to health IT interoperability. The recommendations include collaboration around pilots and testing of standards that support: interoperability for research; policies and standards for privacy and security of cohort participant data; and a participant-driven approach to patient data contribution. The committee discussed identifying appropriate interoperability measurements for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The ONC released a Request for Information on April 7th to obtain stakeholder feedback on how to measure interoperability.

Staff continues to evaluate data from the annual hospital Health Information Technology (health IT) Survey (survey). The survey collects data from all 47 acute care hospitals in Maryland to assess adoption and 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, patient portals, health information exchange (HIE), telehealth, and population health management tools. This year, the survey includes new questions about cybersecurity; data provided by hospitals will be used to help inform future policy discussions regarding the growing threat of cybersecurity vulnerabilities. Staff intends to release a report detailing the survey findings this fall. Staff is also in the preliminary stages of planning a hospital Chief Information Officer Cybersecurity Symposium.

The *Local Health Department (LHD) EHR Resource Guide* (guide) was released during the month. The guide was developed following an EHR environmental scan (scan) conducted by staff in the fall of 2014 to assess use of EHRs among all 24 LHDs. Staff collaborated with LHDs in developing the guide, which aims to help LHDs navigate the process of acquiring EHR systems and becoming meaningful users of health IT. The guide serves as a centralized source of information related to LHDs use of EHRs to support specific programs, such as behavioral health or dental, as well as other administrative functions including scheduling

and billing. The guide also includes presentation materials from the lunch and learn webinar series (series) hosted by MHCC over the past year. The series included three webinars that focused on EHR workflow redesign, utilization of HIE services, and value-based care delivery. Staff is in the planning stages for developing additional health IT awareness and education initiatives for LHDs.

During the month, staff attended several webinars. Edifecs hosted *The VBC Success Recipe: 1 Part Focus Plus 3 Parts the Right Tools*, which provided an overview of innovative tools that can enable health care enterprises to overcome challenges and succeed at every stage of a value-based care program. Greenway Health hosted *Why isn't there a Government-Run National HIE already?*, which presented strategies utilized by government-run and private HIEs. Healthcare IT News hosted *Beyond Monitoring: Leveraging Unified IT Performance Management for Patient Care and Satisfaction*. The webinar discussed how application and desktop virtualization can promote growth, flexibility, and cost savings in health IT.

Health Information Exchange -- Angela Evatt

The annual privacy and security audit of the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP) continued during the month. Staff reviewed a preliminary draft report submitted by Myers and Stauffer detailing findings from the independent audit. The report is expected to be finalized in May and will include specific recommendations for CRISP to enhance controls around privacy and security. Staff continues working on a use case with CRISP for the integration of electronic transactions from ambulatory provider administrative systems for event notifications. Nearly 46 practices using RelayHealth, a certified electronic health network (EHN), are now providing administrative transactions to CRISP. Over the last six months, staff has provided support to RelayHealth and CRISP in developing a use case where select information from administrative systems are included in electronic care manager alerts. A similar initiative occurred with Cyfluent, a Maryland-based EHN, last summer.

Staff is collaborating with CRISP in their development of cybersecurity (CS) and disaster recovery and business continuity (DRBC) plans, consistent with the requirements outlined in the State-Designated HIE Designation Agreement (Agreement). The Agreement was renewed in April and requires CRISP to finalize CS and DRBC plans within 120 days. In general, the Agreement outlines basic principles and guidelines for how MHCC and CRISP will continue to work in collaboration to accomplish goals for advancing the diffusion of HIE across the State. The Agreement marks the seventh year of CRISP serving as the State-Designated HIE and is for a three-year period. In addition, staff is in discussions with CRISP regarding its strategy to minimize mismatched patient records in its Master Patient Index (MPI), a database of patient information (e.g. name, date of birth, gender, etc.) used for identifying patient records across different clinical and administrative systems. New to the Agreement is a requirement for CRISP to report on initiatives related to reducing false positive matches (i.e. incorrectly linking similar records belonging to two different people) in the MPI.

Staff distributed an online survey tool to collect information on electronic preauthorization requests from State-regulated payors (payors) and pharmacy benefits managers (PBMs). The survey will collect information on the total number of preauthorization requests submitted in 2015 to assess utilization of electronic preauthorization as compared to paper-based processes. In addition, the survey will collect information on outreach and education efforts by payors and PBMs to inform providers about the availability and benefits of electronic preauthorization. Health-General Article § 19-108.2 required MHCC to work with payors and PBMs to implement online processes for electronic preauthorization requests beginning in 2012. A final report to the Governor and General Assembly will be released in the fall of 2016.

The HIE Policy Board (Board), a staff advisory group, met to continue developing a draft consumer access policy for information available through an HIE. During the meeting, the Board considered two use cases involving health care consumers and health information available through HIEs: ability to view and download their electronic health information; and ability to control access to their electronic health information. Discussions occurred on health care consumer access to their information and the ability to

transmit that information to a personal health record. The Board also discussed the need to establish processes for a health care consumer to request amendments to their information available through an HIE.

Six applications were received in response to the *Announcement for Grant Applications: Telehealth Technology Pilot – Round Four*. The proposed projects use telehealth technology to support value-based care delivery in primary care settings with the intent to expand patient access to health services tailored to the needs of different communities and patient populations. The grant period is for 18-months; a 2:1 financial match is required, among other things. The applications are being reviewed by an evaluation panel that is composed of staff, representatives from the Department of Health and Mental Hygiene, physicians, and other stakeholders. Staff plans to invite finalists to present on their telehealth project proposals prior to making grant decisions. One or more grants are expected to be awarded in late June.

Staff continues to provide support to the round two telehealth grantees: Crisfield Clinic in Somerset County, Union Hospital in Cecil County (UHCC), and Lorien Health Systems in Baltimore and Harford Counties. Grantees projects are assessing the impact of using remote patient monitoring (RPM) technology to improve the health of patients with chronic conditions and reduce hospital readmissions and emergency room visits. Grantees are utilizing RPM devices to assist with their case management efforts by collecting and monitoring information on patient health indicators such as weight, glucose levels, and heart rate. The round two grants were awarded by MHCC in June 2015 and will continue through November 2016. Staff plans to provide consultative support to grantees over the summer as they complete their final reports. Staff has provided grantees with a template to guide the development of their final report.

Staff continues to assist the round three telehealth grantees with their telehealth projects, which are using telehealth to support improvements in population health. Associated Black Charities, Dorchester County Chapter is providing mobile tablets to community health workers to facilitate video consultations between patients and nurses at Choptank Community Health System in order to increase access to care for patients in rural areas. Gerald Family Care is conducting telehealth consultations with specialists at Dimensions to reduce waiting times and improve access to care. UHCC is using RPM devices to manage patients with chronic conditions that are discharged from the hospital and to provide on-demand patient education to improve patient self-care and health awareness. The round three grants were awarded in December 2015 and will continue through May 2017.

The MHCC is collaborating with Lorien Health Systems, the University of Maryland, and CRISP (collaborative) to prepare an application for a funding announcement by the Patient-Centered Outcomes Research Institute (PCORI), *Improving Health Systems – Cycle 1 2016*. A letter of Intent (LOI) submitted by the collaborative in February was approved by PCORI in April, allowing the collaborative to submit a full application. The application outlines plans to examine the effectiveness of telehealth to support care coordination purposes. The plan includes use of RPM devices 24/7 at home for patients after they transition from a long-term care facility. The duration of the project is for four years with funding up to \$5M. PCORI funds research projects to study the comparative effectiveness of alternative features of health care systems with the intent to optimize quality, outcomes, and efficiency of patient care. The deadline for submission for the full application is June 6th and selections are announced in November with projects getting underway in January 2017.

Staff continues to provide guidance to about 44 payors in completing the 2016 Electronic Data Interchange Progress Report (report). COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks* require payors with annual premiums of \$1M or more, including select specialty payors, to report census level data on administrative health care transactions annually to MHCC. Staff has received about 18 percent of the reports, which are due by June 30th.

Innovative Care Delivery – Melanie Cavaliere

During the month, staff convened the Primary Care Council (Council). The Council consists of representatives from physician groups, MHCC Commissioners, and representatives from the Health Services

Cost Review Commission (HSCRC). During the meeting, the Council discussed an organizational document that includes the mission and objectives of the Council. The Council was also presented with information on the HSCRC proposed Pay for Outcomes (P4O) program. P4O is a voluntary program under Maryland's new All-Payer Model that allows hospitals to incentivize community providers and practitioners to reduce potentially avoidable hospitalizations by implementing care redesign interventions. The Council is expected to develop recommendations that will help Maryland to reach its goal of achieving an all-payer, population-based, hospital payment model that can reduce hospital expenditures while maintaining or improving quality of care. Staff is evaluating responses to a bid board to identify a vendor that can develop up to five position briefs that will be constructed based on Council deliberations.

Staff continues to explore a partnership with MedChi, The State Medical Society, and the Department of Family and Community Medicine at the University of Maryland School of Medicine as a sub-contractor with the New Jersey Innovation Institute (NJII) for implementing practice transformation activities in Maryland. NJII was a recipient of the Centers for Medicare & Medicaid Services (CMS) Practice Transformation Network (PTN) Cooperative Agreement and is tasked with collaboratively leading practices through a transformation process developed by CMS. Improved health outcomes and coordinated care delivery are key goals of practice transformation, shifting the focus of care delivery from quantity to quality. Staff anticipates finalizing the partnership agreement in May.

Staff presented updates for the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) at an event held by the Maryland Learning Collaborative. The presentation included aggregated results of the shared savings incentive payments distributed by commercial carriers to participating practices in calendar year 2014. Twenty-one practices qualified for incentive payments, which are based on their performance of select quality, utilization, and cost measures. During the event, staff also discussed revisions to the MMPP agreement. Staff continues to work with the Maryland Medical Assistance Program including Managed Care Organizations to gather data needed to calculate incentive payments for calendar year 2015.

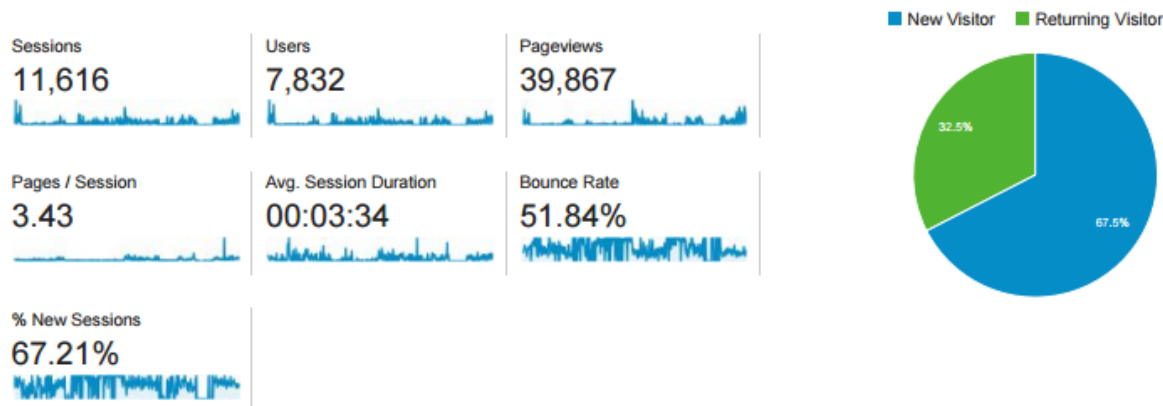
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The Maryland Health Care Quality Reports Website

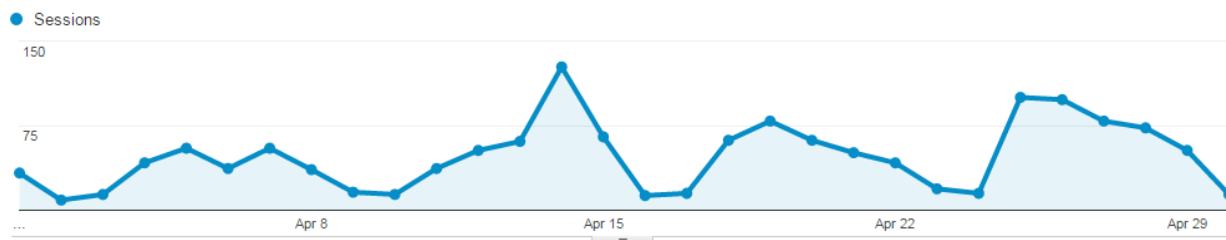
Staff is currently focusing its efforts on the promotion of the Maryland Health Care Quality Reports (MHCQR) website. A Request for Proposal seeking consultant services to implement and support a Promotion Campaign for the MHCQR was distributed in April; MHCC received 14 responses to this request. Staff has reviewed the proposals and is currently in the process of selecting a recipient.

The Hospital Performance Evaluation Guide Advisory Committee was held on April 25, 2015. Staff reviewed the April update to the MHCQR website and Quality Measures Data Center (QMDC) web portal.

The staff continues to monitor the traffic to the site using Google Analytics software. Since the new site was released 16 months ago, there have been over 7,800 users of the consumer site.



There were 1,429 sessions among 940 users for the month of April, which is a 32% increase in the number of users from the March results (710 users).



Hospital Quality Initiatives – Eileen Witherspoon

Health-care Acquired Infections (HAI) Data

Staff have begun reviewing 2015 catheter-associated urinary tract infection (CAUTI), surgical site infection (SSI), and healthcare personnel influenza vaccination data for completeness in NHSN in preparation for the upcoming data pull for public reporting on the Hospital Guide. This data will be put into preview reports for the hospitals to review prior to the release on the Hospital Guide in June.

Staff continue to collaborate with the hospitals and the MHCC audit contractor on the current HAI data review and validation project. All audits have been completed for 12 facilities. Once the final results are compiled, staff will plan a webinar for all Maryland hospitals. Staff also participated on a conference call with staff from the Office of Evaluation and Inspections at the Office of Inspector General to answer questions they had about the HAI data audits that MHCC has performed.

The HAI Advisory Committee meeting was held on April 27th. Staff reviewed the updates to the MHCQR website, the CDC Healthcare Associated Infections Progress Report, and the promotion strategy to increase consumer awareness of the website. Various stakeholders provided updates on their initiatives including the DHMH-led antimicrobial stewardship workgroup, MHA's hand hygiene initiative, VHQC's HAI Collaborative and antimicrobial stewardship workgroup, and the Maryland Patient Safety Center's Clean Environment Initiative.

VHQC (the Maryland/Virginia QIN) requested MHCC participation in onsite visits to several Maryland hospitals as part of their HAI data quality review initiative. MHCC staff will be attending onsite visits with VHQC during the second week in May to reinforce the collaborative relationship between the two organizations. VHQC will be reviewing hospital compliance with NHSN protocols, definitions and other factors that affect reporting accuracy.

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 has transitioned 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 deadline to submit 4Q2015 CathPCI Outcome Reports to the QMDC is May 22, 2016. The QMDC data submission, processing and editing system continues to be refined to improve functionality.

The Cardiac Data Coordinators quarterly meeting was held on May 10, 2016. The group discussed recent developments in the NCDR public reporting initiative and implications for Maryland hospitals and the MHCC quality reporting system. The group also discussed strategies for improving physician engagement in understanding and improving performance on cardiac measures. The next quarterly meeting is scheduled for August 9, 2016.

Health Plan Quality & Performance – Theresa Lee (acting)

As a part of the transition of the Health Benefits Plan reports from a static 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.

The 2016 HEDIS on-site audits of commercial health plans have been completed. Behavioral Health Reports have been submitted by the plans and forwarded to our web development contractor. The CAHPS surveys have been distributed to health plan members and mail survey returns will be accepted through May 22nd. 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 October 2016.

Long Term Care Initiative – Theresa Lee (acting)

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, surveys have been sent to resident family members and staff are responding to consumer questions and concerns. The annual Long Term Care employee vaccination survey is also underway. Reminder notices for Nursing Homes and Assisted Living Facilities were sent during the week of May 9th. The deadline for submission of completed surveys is May 20th.

The staff are working with the Office of Health Care Quality (OHCQ) to address technical issues that prevent consumer access to the OHCQ Assisted Living Facility deficiency reports from the Long Term Care Guide. The OHCQ has identified corrective action steps and the MHCC Information & Analysis staff have developed an executable program to facilitate appropriate formatting of the reports by OHCQ.