MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

October 2016

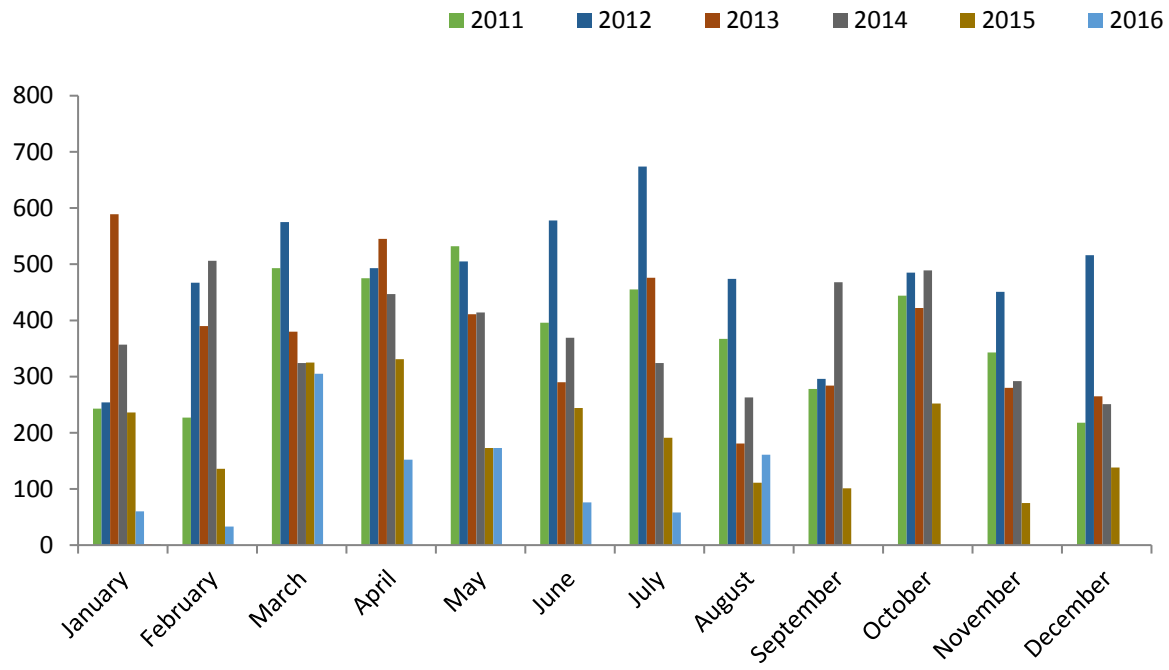
EXECUTIVE DIRECTION

Rural Health Workgroup

The special needs/vulnerable populations' advisory group and the transportation and access to care advisory group held webinars on October 4, 2016 and October 18, 2016, respectively. The workforce development advisory group will meet on October 21, 2016 and the economic development advisory group will meet on October 28, 2016. The full workgroup will meet on November 1, 2016 and will hear presentations from the University of Maryland School of Public Health, Shore Regional Health, Anne Arundel Medical Center, and Peninsula Regional Medical Center.

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2011-2016



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **$58,406** for the month of July and **$160,672** for the month of August. The monthly payments for uncompensated care from January 2011 through August 2016 are shown above in Figure 1. The level of uncompensated care payments continue to decline as a result of expanded insurance coverage. Payments for uncompensated claims will increase to 105% percent of the Medicare Fee Schedule for claims dated on or after July 1, 2016.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

Network for Regional Healthcare Improvement (NRHI) Total Cost of Care (TCoC) - Benchmark Results 2014

In a final report (the first of its kind) to be released publicly by NRHI by the end of October of this year, results will show that Maryland has the lowest Risk Adjusted Total Cost and Total Resource Use PMPMs ($277 and $282 respectively) compared to the five other states (CO, MN, MO, OR and UT) participating in the TCoC project. Colorado has the highest risk adjusted PMPMs of $415 and $374 for Total Cost and Total Resource Use respectively. When comparing the PMPMs to an average risk adjusted benchmark PMPM, Maryland also has the lowest Total Cost Index (TCI) and Resource Use Index (RUI) of 0.82 and 0.86 respectively. This means that Maryland is approximately 18% (TCI = 0.82) more cost-efficient than the benchmark compared to all five states. Maryland also use about 14% (RUI = 0.86) less resources on average than the benchmark to treat patients which is the lowest compared to the other five states. These results may be in part as a result of the CareFirst PCMH (Patient-Centered Medical Home) program operating in Maryland over the past five years. Also, Maryland has the lowest Facility Inpatient and Outpatient costs as a percent of total actual cost (IP: 16%, OP: 27%) compared all five states. This is an indication that Maryland's new global payment model established with the Center for Medicare and Medicaid Innovation (CMMI) is performing as expected. The data used in the TCoC project is for commercial business (excludes Medicare and Medicaid). The TCoC project ends on October 31, 2016 and the final TCoC report is due to NRHI on November 15, 2016.

Gobeille v. Liberty Mutual and Impacts on MCDB – Comments on DOL Notice of Proposed *(Docket # EBSA-2016-0010; RIN 1210-AB63)* Rulemaking Affecting APCDs

Staff continues its engagement with the National Academy for State Health Policy (NASHP), National Association of Health Data Organizations (NAHDO), 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 self-funded group health plans reporting requirements to include membership and claim-level data consistent with APCD reporting. On July 21, 2016, the Department of Labor (DOL) published a Notice of Proposed Rulemaking and a Notice of Proposed Revision of Annual Information Return/Reports proposing changes to the Form 5500 annual report for employee benefit plans. On October 5, 2016, MHCC staff submitted comments to the DOL with regards to "those conforming amendments and the proposed annual reporting requirements for plans that provide group health benefits, including the new Schedule J, in light of the Supreme Court's recent decision in *Gobeille v. Liberty Mutual Insurance Co*. NASHP/APCD Council have also submitted more detail comments (including a Schedule J to APCD Common Data Layout crosswalk) to the DOL on behalf of APCD states including Maryland. The comments are a collaborative effort between NASHP/APCD Council and APCD states in requesting that the DOL uses its statutory authority to require self-funded plans to submit health care claims and related data under the Public Health Service Act (PHSA), which was incorporated into ERISA and applied to group health plans by ERISA. If DOL agrees with the submitted comments, then APCD states can expect collection of self-funded data via the DOL to start sometime in 2018.

MCDB Payor Compliance and Technical Support

The 2015 MCDB data is expected to be available by November 15, 2016 as data is delayed due to late submissions of the Q1-2016 data by some of our largest payors. On October 6, 2016 MHCC staff and Social Scientific Systems Inc. (SSS) held an all payor meeting to discuss MCDB Timeliness and Compliance,

MCDB Data Submission, Using the MCDB Portal, Upcoming MCDB timelines and Future Meeting and addressed Payor Questions and Concerns. Beginning in with the Q3-2016 (Third Quarter 2016) MCDB Data, MHCC will begin to impose penalties (COMAR 10.25.12: up to $1,000 per day per report) on payors with seriously delinquent MCDB data submissions.

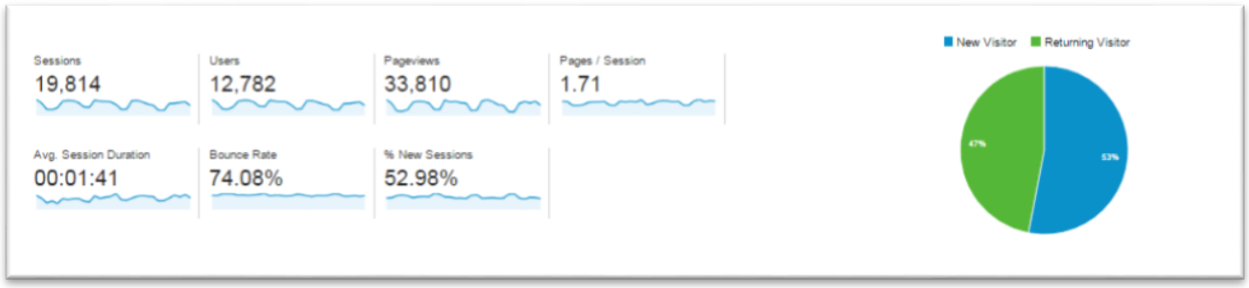
Database Development and Applications – Leslie LaBrecque

The Programming staff performed the following:

Made progress on the data use agreement (DUA) and attachments with the University of Maryland School of Pharmacy to perform the Medicaid PCMH shared savings calculations under contract to MHCC; finalized 4 other DUA amendments with Medicaid; finalized the MCDB DUA with University of Maryland School of Public Health for the impact of changes in hospital rate setting; answered data release questions from APCD requestors; processed 2015 DC inpatient data and released to requestors; continued to train administrative staff to archive website documents and provided technical support for website updates as needed; set up all of the web surveys on our intranet and updated the survey technical documentation in the preparation for the transition of web programmers; set up new data update flow to the long term care guide for nursing home private pay daily rates and facility profiles; updated the LTC Guide with 2016 long and short stay nursing home survey reports, family satisfaction survey results, and quality measure scores; working with the Health Boards to determine which license renewals we will be responsible for maintaining and also to get login credentials to access the licensure databases; worked with the network staff to free up space on the SAS server and apply system updates; provided technical support for the CON primary service area program.

Internet Activities

Data from Google Analytics for the month of September 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 month of September 2016 was 19,814 and of these, there were 52.98% new sessions. The average time on the site was 1:41 minutes. Bounce rate of 74.08 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, hscrc.state.md.us. Among the most common search keywords in September were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Web Applications - David Mitchell

Physicians Renewal (A-L) – Completed. 15738 renewals collecting $8.2M (Credit card $7.9M)

Massage running live. Normal maintenance
Social Work running live – Normal maintenance

Making major changes to Board of Counselors & Therapists renewals.

CCRC survey completed.

Home Heath survey under construction

Special Projects – Janet Ennis

Health Insurance Rate Review and Medical Pricing Transparency:
CCIIO 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 also holds periodic meetings with carriers when necessary to resolve any data issues and/or discrepancies. Staff continues working with the database contractor, Social and Scientific Systems (SSS) and the PMO (Freedman Healthcare, LLC) 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 in the data warehouse and to develop standard data marts for common analytic needs. Development of phase one of the data warehouse is on track, with the first of the planned data marts in the warehouse to be completed by the end of the year.

Under the medical pricing transparency initiatives funded by these federal grants, staff is developing a number of web-based interactive displays to assist consumers, clinicians, and other health care professionals in health care decision making. To date, we have completed public versions of: (1) a data dashboard displaying cost and utilization trends by insurance market, rating area, and product, which was developed to support MIA's enhanced rate review process; and (2) a dashboard that provides health care spending in Maryland by geographic location (zip code)– both dashboards are posted on the MHCC website. Based on comments received, staff will develop a refined version of each dashboard. Staff is also completing a third display of procedure-level health care prices paid by commercial insurance and Medicare (including the average patient payment), searchable by procedure, clinician, specialty, and geographic location. A small procurement with Cyquent, Inc., from Rockville, MD supports the development and refinement of these data dashboards using Tableau software.

Through this grant funding, staff secured a contract with Health Care Incentives Improvement Institute (HCI3) for their technical support and training in their Prometheus episode of care bundling software. MHCC is developing a consumer portal to display health care prices for entire episodes of care, such as hip replacement, that will permit consumers to review costs and compare providers by cost and quality measures. HCI3, SSS, and Wowza, (a subcontractor to SSS) are working together on the development of this consumer portal. A prototype of the website was presented to a number of Commissioners and patient advocates to get reaction to and feedback on the content, design, and display of the prototype. Staff is currently working with HCI3 and Commissioners to finalize the list of episodes that will appear on the website. The portal is expected to be completed and made public by the end of the first quarter of 2017.

In collaboration with our PMO; our Total Cost of Care (TCoC) Mentor (the Midwest Health Initiative); and an advisory group of primary care physicians and orthopedists, 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. Staff and the CME development team created course content, scenarios and scripts for each doctor/patient vignette, and an accompanying slide deck with voice-over narration. Grant funds allowed for the procurement of a video production company to produce up to four doctor/patient vignettes, two of which will be filmed in Maryland and will feature local physicians. This project is expected to be completed by February 2017, and the CME course will be available online for physicians for one year.

CMS/CCIIO awarded MHCC a 12-month No Cost Extension (NCE) to these grants, (through September 2017), which will allow each project under the grants to be successfully completed.

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
The Commission adopted a draft update of COMAR 10.24.15 as a proposed regulation at its September 20, 2016 meeting. Substantive changes in the draft were adopted by the Commission and, following the meeting, Staff concluded that those changes would require changes in the "Impact" standard of the proposed regulations adopted by the Commission. Staff scheduled a Commission meeting for October 14, 2016 for the purpose of reviewing and acting on these additional changes.

State Health Plan: COMAR 10.24.19, Freestanding Medical Facilities
Commission staff reviewed and analyzed the formal public comments received on COMAR 10.24.19, proposed permanent regulations that were adopted at the July Commission meeting. The four comments received have been posted on MHCC's web site.

State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services
MHCC staff continued to work on finalizing the application for a Certificate of Ongoing Performance for percutaneous coronary intervention (PCI) services.

Rural Health Study
Staff provided support for a meeting of a work group of the Rural Health Task Force held on October 4, 2016. Staff also revised the meeting summary for the Rural Health Summit held on August 30, 2016. Staff also conducted research on health care facilities and the health care workforce in the Mid-Eastern Shore area and then presented this information at the Rural Health Summit.

Other
Staff has been working on a White Paper regarding psychiatric services in preparation for an update to the State Health Plan chapter for psychiatric services. Staff is also completing work on updating the MSGA and pediatric bed need projections.

Long-Term Care Policy and Planning – Linda Cole

FY 2015 Hospice Data
The public use data set was posted on August 15, 2016. Subsequent to posting, staff discovered some inconsistencies with some data in Eastern Shore counties. A revised and updated public use data set was posted on September 20, 2016.

Minimum Data Set Request for Proposals
The Minimum Data Set (MDS) is a federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. The data, required by the Centers for Medicare and Medicaid Services (CMS), provides a comprehensive assessment of each resident's functional capabilities and needs. Resource Utilization Groups (RUGs) are part of this process and provide the foundation for the resident's care plan. Since this patient-level data set is so complex and voluminous, MHCC has worked in the past with a vendor to create and maintain an MDS Manager program to run the data necessary for long term care policy and planning work. Staff has completed work on a Request for Proposals (RFP) to secure a vendor to do this work. Proposals were received on September 6, 2016. Responses were obtained from three organizations: Hilltop Institute at the University of Maryland Baltimore County, Myers and Stauffer, and Telligen. A review committee was established and met three times in September. Follow up questions were sent to bidders, and references were checked for both organizations and individual staff. Bidders were also asked to present a Best and Final Offer after financial proposals were reviewed. Staff is in the process of reviewing responses to questions that were posed to bidders.

Expanding Opportunities for Delivery of Quality Home Health Agency Services in Maryland
Commission staff posted draft quality measures and required performance levels for public comment, in accordance with COMAR 10.24.16.07. These draft quality measures and performance levels, when finalized, will be used in the establishment of a review schedule for consideration of CON applications to establish or expand home health agency services in Maryland. No comments were received during the comment period, which ended September 22, 2016. The Commission will be asked to approve the draft measures and performance levels at its October meeting.

Home Health Agency Survey
The home health agency survey has been revised and updated by staff and specifications have been given to the programmer to create the web-based application for collection of the survey data.

Long Term Care Survey
Staff is in the process of auditing and cleaning the data that will be used to produce reports used by the Commission and the public. This survey covers nursing home, assisted living, and adult day care services.

Certificate of Need – Kevin McDonald

CON's Approved

Sheppard Pratt Hospital at Elkridge – (Howard County) – Docket No. 15-13-2367
The relocation and replacement of its current 78-bed special hospital for acute psychiatric services, located at 4100 College Avenue in Ellicott City with a new 85-bed hospital to be located near the intersection of Route 103 and Route 1 in Elkridge.
Approved Cost: $96,532,907

Green Spring Station Surgery Center – (Baltimore County) – Docket No. 15-03-2369
Establishment of a free-standing ambulatory surgery center with five operating rooms and four procedure rooms to be located at 2330 West Joppa Road in Lutherville.
Approved Cost: $16,340,840

Determinations of Coverage

- **Acquisition/Change of Ownership**

Towson Surgical Center – (Baltimore County)
AmSurg Corporation, an owner of this ambulatory surgical facility, is merging with Envision Healthcare in an all-stock transaction. The particular corporate entity that currently owns and operates the facility will not change but the new corporation created by the merger, which will be called Envision Healthcare Corporation, will replace AmSurg as a parent company of this entity.

Woodside Center – (Montgomery County)
Change in the operator of this comprehensive care facility (CCF). Medical Facilities, Inc. the owner of the real assets will enter into a lease with Regency Care of Silver Spring, LLC (RCSS), under which RCSS will operate the facility

- **Licensure**

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

Presbyterian Home of Maryland, Inc. d/b/a Carsins Run at Eva Mar – (Baltimore County)
Temporary delicensure of all 22 CCF beds at this facility

  - **Other**

MedStar Harbor Hospital and MedStar Union Memorial Hospital – (Baltimore City)
Addition of 26 acute psychiatric beds at MedStar Harbor Hospital and elimination of 26 acute psychiatric beds at MedStar Union Memorial Hospital

Presbyterian Home of Maryland, Inc. d/b/a Carsins Run at Eva Mar – (Baltimore County)
Abandonment of three unimplemented waiver CCF beds

FutureCare-Old Court – (Baltimore County)
Acquisition of all assets and liabilities from the current operator of this CCF, FutureCare-Old Court, by FCOC, LLC, a wholly-owned subsidiary of the current operator

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Division Chief Position Vacant

Staff attended the joint meeting of the Office of the National Coordinator for Health Information Technology's (Health IT) Policy and Standards Committees. The meeting focused on the Interoperability Experience Task Force (task force) recommendations for improving the interoperability experience for stakeholders. The task force identified three priority categories, which includes the ability to: effectively use health information; encode data that is syntactically and semantically interoperable; and exchange health information.

The Hospital Cybersecurity Symposium (symposium) was held on September 7th in Baltimore. Staff convened the symposium in collaboration with the Healthcare Information Management Systems Society Maryland Chapter, the Health Services Cost Review Commission, and the Maryland Hospital Association. The symposium was well attended by senior leadership at hospitals and some ambulatory settings, among others. During the symposium, industry leaders discussed the changing landscape of cybercrime in health care and shared best practices for assessing and preparing for risks, including vendor accountability and cyber liability insurance.

A Cybersecurity Self-Assessment Tool (tool) is being developed by staff to assist small health care organizations in assessing their current policies and procedures and identifying potential cybersecurity risks. The tool utilizes the National Institute of Standards and Technology Cybersecurity Framework and includes five sections: Identify, Protect, Detect, Respond, and Recover. The first section is targeted for release in November.

Staff is preparing an information brief (brief) detailing key findings from a cybersecurity assessment of Maryland acute care hospitals. The brief is scheduled for release in October and includes information on how hospitals are managing risks and increasing employee awareness about cybersecurity. Staff is also developing the annual hospital health IT report, which highlights hospitals' diffusion of health IT. The report will include information on health IT trends with some national comparisons and is targeted for release in November.

During the month, staff completed an environmental scan (scan) that identified benefits, challenges, and financing opportunities for a statewide image exchange repository through the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP). The scan assessed hospital interest in expanding a use case where images could be made available through the CRISP Query Portal. Results from the scan are expected to be released in November.

In collaboration with the Department of Health and Mental Hygiene (DHMH), staff is planning to convene a kick-off meeting on October 13th to discuss key components of House Bill 1385, *Procedures, Information Sheet, and Use of Electronic Advance Directives*. The law aims to facilitate use of web-based technology to support the diffusion of electronic advance directives. Two subgroups will be formed: one to identify the technical requirements for vendors seeking MHCC recognition to connect to the State-Designated HIE, and another to address policy challenges around a statewide communication plan and in addressing witness requirements for electronic advance directives. The subgroups are expected to begin meeting in late October.

Seven organizations that submitted a Letter of Intent (LOI) in response to the *Announcement for Grant Applications: Improving Patient Outcomes using mHealth Technology* met the required criteria to submit a full application to MHCC for consideration. The organizations plan to propose use cases that utilize mobile technology to promote patient engagement and improve patient outcomes. The MHCC will competitively award a total of $100,000 for one or more grants over an 18-month period. Awards will be announced in November.

Health Information Exchange Division – Angela Evatt, Division Chief

The annual financial audit of CRISP is underway. Independent third party auditors, CliftonLarsonAllen LLP are assessing the accounting practices of CRISP, including their management of certain programs funded by federal grants. Audit results are expected to be finalized in October. Additionally, draft plans submitted by CRISP for cybersecurity, disaster recovery, and business continuity are under review. Staff continues to assist CRISP in the evaluation of vendor responses for a Medicare data system and provider analytics platform.

Final preparations occurred during the month for the 2016 report, *State-Regulated Payor and Pharmacy Benefits Manager Preauthorization Benchmark Attainment*. Maryland law, enacted in 2011, requires MHCC to report to the Governor and General Assembly through 2016 on State-regulated payors' and pharmacy benefits managers' compliance with implementing the four preauthorization benchmarks. The final report is targeted for release in October.

The HIE Policy Board (Board), a staff advisory group, convened two meetings during the month to deliberate on the draft HIE consumer access policies. The Board considered policies for caregiver and guardian rights to access medical information for individuals who have authorization over their health care. The Board also discussed a review and appeal process for denial of a health care consumer's access to medical information in accordance with federal regulations. The Board anticipates finalizing draft consumer access policies in November.

Staff is analyzing data obtained from the Annual Long Term Care Survey related to health IT adoption among all 233 comprehensive care facilities (CCFs) in the State. Data will be used to draft an information brief that provides an update on CCFs' diffusion of electronic health records (EHRs), telehealth, and HIE. The information brief is targeted for release in November.

The round two telehealth grantees are assessing findings from their 18-month projects, which conclude on November 30, 2016. Staff is providing support to grantees during the assessment process. The grantees (Crisfield Clinic in Somerset County, Union Hospital in Cecil County, and Lorien Health Systems in Baltimore and Harford Counties) implemented remote patient monitoring (RPM) technology with the goal of reducing hospital readmissions and emergency room visits for patients with chronic health conditions. The grantees will submit a report detailing project outcomes and lessons learned in November.

Staff continues to support the round three telehealth grantees as they implement two-way audio/video technology to increase access to care, reduce waiting times, and improve patient self-care through integration of RPM technology with an EHR. Associated Black Charities is facilitating video consultations between community health workers and patients with nurses at Choptank Community Health. Gerald Family Care is offering patients video consultations with specialists at Dimensions. UHCC is using RPM to support care management and improve patient health awareness. Round three will continue through May 2017.

Staff is providing guidance to the round four telehealth grantees on project milestones and key deliverables as they continue to plan for the implementation of their projects. Round four aims to assess the impact of telehealth in primary care settings in support of value-based care delivery. Gilchrist Greater Living, a geriatric primary care practice, is providing care management to homebound patients using RPM. MedPeds, a family medicine practice, is providing chronically ill patients with 24/7 access to physicians through a mobile application. Round four grants began in June 2016 and will continue through November 2017.

Three organizations that submitted an LOI in response to the *Announcement for Grant Applications: Telehealth Technology Project – Round Five* met the required criteria to submit a full application to MHCC for consideration. Round five will demonstrate the impact of using telehealth to increase access to primary and behavioral health care services in eastern shore counties. A total of $100,000 will be awarded to one or more grants over an 18-month period. Awards will be announced in November.

During the month, staff recertified Availity, an electronic health network (EHN). As part of the EHN certification process, MHCC evaluates the national accreditation site audit report and provides applicants with recommendations where enhancements in operations would help reduce risks associated with data breaches. Staff is also developing a guide to increase cybersecurity preparedness among EHNs doing business in Maryland. Approximately 35 EHNs are certified to operate in Maryland.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Staff continues to support practices in transitioning to value-based care consistent with the Centers for Medicare & Medicaid Services (CMS) quality alignment initiatives under the Practice Transformation Network (PTN). A collaborative formed by staff including MedChi, The State Medical Society and the Maryland Learning Collaborative will assist the New Jersey Innovations Institute who received a $50M PTN award from CMS in 2015 to implement practice transformation activities. Approximately 1,500 providers in Maryland have expressed interest in participating in the PTN.

Practices that participate in the Maryland Multi-Payer Patient Centered Medical Home Program (MMPP) submitted data on quality measures and care management for the 2015 performance year. Data on quality and cost metrics are used to calculate MMPP practice eligibility for shared savings incentive payments. Staff anticipates completing the incentive payment calculations for Medicaid and commercial payors in November.

Staff provided support to DHMH and CRISP in reviewing vendor proposals to design a primary care model under the All Payer Model. The scope of work for this project is to develop a concept paper describing the proposed model that will be submitted to CMS at the end of the year. The panel reviewed the proposals and developed best and final questions for the lead finalist. An award is expected to be made in October; the work will continue through January 31, 2017.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Center for Quality Measurement and Reporting

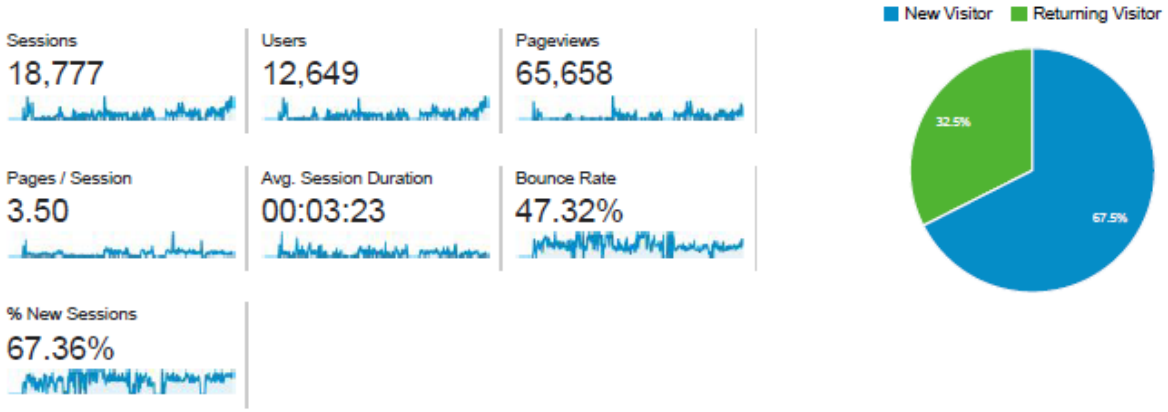
The Center staff have been working with The Leapfrog Group representatives to facilitate sharing of Patient Safety Indicator (PSI) data in support of their efforts to include Maryland hospitals in their Hospital Safety Scoring system. CMS has agreed to provide the PSI software to enable the calculation of PSI scores for Maryland Medicare patients only, which is comparable to the manner in which the scores are calculated by CMS nationwide.

Staff was able to receive Maryland HCAHPS and clinical data that has been suppressed as part of the most recent (10/1/14 – 9/30/15) Hospital Compare update. The Maryland hospital measures data was suppressed by CMS in light of data quality concerns related to their new 5-Star Hospital Rating initiative. The CMS Hospital Compare data file was shared with hospitals for review.

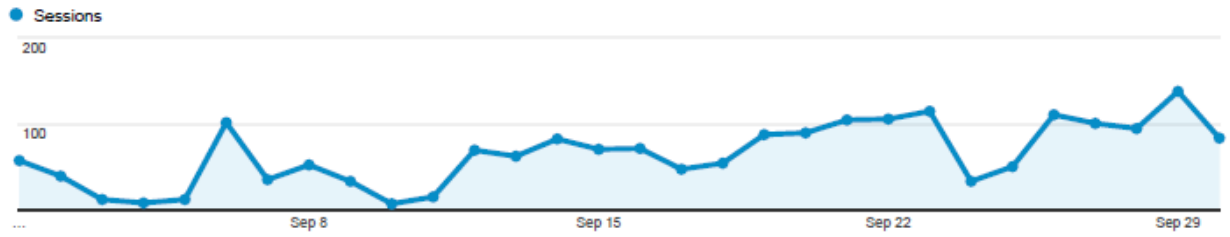
The Maryland Health Care Quality Reports website
Staff is currently focusing its efforts on the promotion of the Maryland Health Care Quality Reports (MHCQR) website. Pinnacle Communications is serving as the contractor for developing promotional materials, including print materials, a radio ad, and web-based advertisements. A YouTube video has been developed and posted to the MHCC Facebook page. The video can be accessed using the following link:

https://youtu.be/Hi4KBBuhpHQ. Pinnacle is also refining text, keywords, and visuals for Facebook and Google ads.

The staff continues to monitor the traffic to the site using Google Analytics software. Since the new site was released 21 months ago, there have been over 12, 000 users of the consumer site.



In September 2016 there were almost 2,000 sessions among 1,492 users, an increase from 1,330 sessions and 954 users in August 2016.



Hospital Quality Initiatives – Eileen Witherspoon

Health-care Acquired Infections (HAI) Data
The quarterly HAI Advisory Committee was held on July 27, 2016. Staff reviewed the July updates to the MHCQR website and updates to the promotion strategy. MHA led a discussion on ideas for improving the Hand Hygiene Initiative. DHMH discussed proposed antimicrobial stewardship programs requirement for CMS Conditions of Participation.

In response to a request from HSCRC, staff sent documentation to HSCRC staff explaining the decrease in CAUTIs and slight increase in CLABSIs seen in 2015 in acute care hospitals as well as highlighting the impact NHSN definition changes had on these infection categories.

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. NCDR registry data and outcome report submissions in the QMDC are underway for 2Q2016.

Staff is considering linking to the American College of Cardiology (ACC) CardioSmart site, which reports hospital-specific metrics drawn from the CathPCI and ICD registries. The site, which also includes resources and tools for cardiac patients and their families, would be a supplement to cardiac core measures data currently reported on MHCQR. Data reported on CardioSmart is currently used by US News and World Report for calculation of cardiac care scores, and starting this year they are also crediting hospitals who participate in the NCDR registry. If MHCC moves forward with linking to CardioSmart hospitals may be required to opt in with the ACC for public reporting of their data.

Health Plan Quality & Performance – Theressa Lee (acting)

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 MHCQR consumer website in October 2015. In January, the conversion of remaining health plan quality measures was 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 and CAHPS surveys have been completed and the results are now posted on the October update to the consumer website. This release represents the first full transition of the Health Plan Report to the interactive web-based Health Plan Guide.

The Long Term Care Initiative – Sherma Charlemagne-Badal

Consumer Guide to Long Term Care feature story on health care worker (HCW) vaccination has been posted to the website. The purpose of the feature is to emphasize the importance of the health care worker vaccination to the health of long-term care residents, to highlight the successes and challenges of the HCW vaccination initiative in Maryland, to appeal to consumers to get vaccinated, and to empower consumers to ask providers about HCW vaccination programs at their facilities.

Consumer Guide to Long Term Care feature story on Hospice services is under development for future release on the consumer website. The purpose of the feature is to inform consumers about the racial disparity in use of hospice services and to empower them by using research to provide insight into reasons for the noted disparity and ways in which they may make a difference. Other topics under consideration include:

1. Pay gaps, poverty, and long term care options for women

2. Publication highlight: “Associations Between Family Rating on Experience With Care and Clinical Quality-of-Care Measures for Nursing Home Residents “

3. Maryland home health patients and care coordination disparities

The Nursing Home Federal Quality Measure data has been added to the Consumer Guide to Long Term Care.

The Nursing Home Health and Fire Safety/Deficiencies reports are in the process of being added to the Consumer Guide to Long Term Care.

Reminder for the mandatory survey of staff influenza vaccination rates for long term care facilities went out on September 26, 2016.