

MARYLAND HEALTH CARE COMMISSION

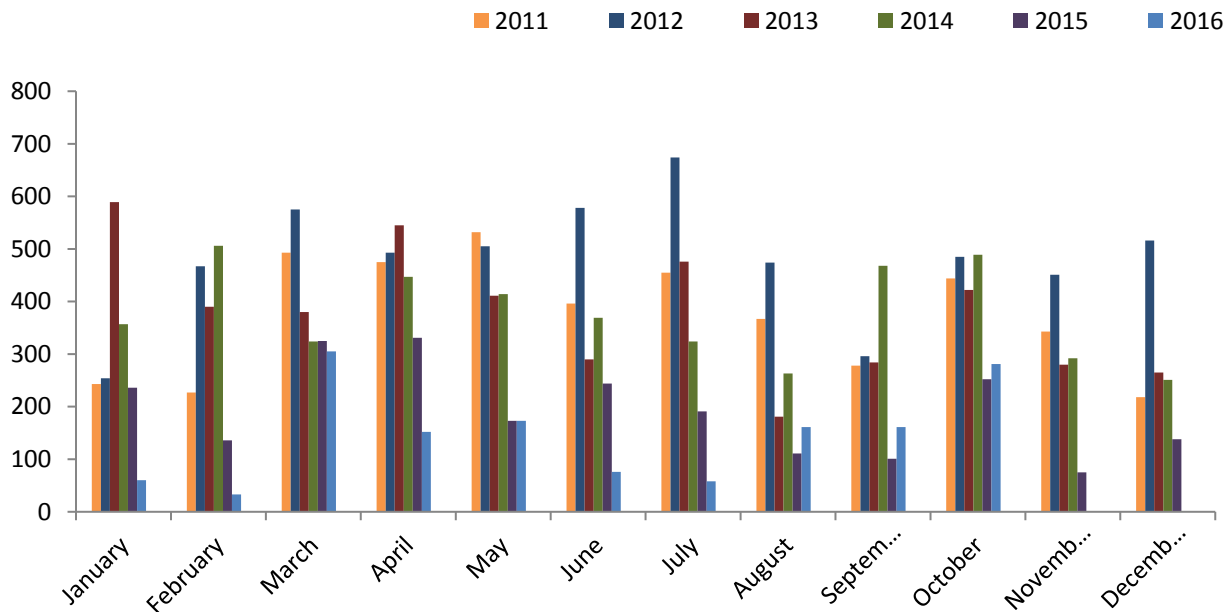
UPDATE OF ACTIVITIES

December 2016

EXECUTIVE DIRECTION

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 **\$280,887** for the month of October. The monthly payments for uncompensated care from January 2011 through October 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 have increased to 105% percent of the Medicare Fee Schedule for claims dated on or after July 1, 2016.

Annual Report

Following the Commission’s approval of release of the ***Report to the Maryland General Assembly, Operations from July 1, 2015 through June 30, 2016*** in November, this year’s report was released to members of the Maryland General Assembly and posted on the Commission’s website.

Cost and Quality Analysis – Kenneth Yeates-Trotman

Collaboration with Maryland Insurance Administration on Rate Review

Staff met with the Maryland Insurance Administration (MIA) Commissioner et al. on 11/23/2016 to give an update of the MCDB data collection as it relates to the MIA rate review process. In the meeting, staff discussed with the Commissioner, the Scope of the MCDB in terms of who are require to report to database and what data is reported; goals of the CCIIO cycle III rate review grant; MCDB/MIA data reconciliation process and its current status; MIA's access to the MCDB data; and how opportunities for use of the MCDB are improved by the data reconciliation with payors. We anticipate that the 2015 data will be available to the MIA on 1/31/2017 as we continue to work with some payors to complete the MCDB/MIA data reconciliation. As a meeting follow-up, staff shared the link to the Price Transparency Initiatives website which display's the MIA's public version 1 of the [Cost & Utilization dashboard](#). The MIA's non-public version includes individual payor information. The MIA will start using the dashboard in its rate review process once data reconciliation concludes and the agency's actuaries are comfortable with the reconciliation results.

MCDB Data Submission Status, Payor Compliance and Technical Support

As mentioned above, the 2015 MCDB data is expected to be available by January 31, 2017 as data is delayed due to data issues relating to the MCDB/MIA data reconciliations with some of our largest payors. MHCC staff and Social Scientific Systems Inc. (SSS) is scheduled to meet with all payors on January 9, 2017 to discuss the new 2017 MCDB Data Submission manual, Timeliness and Compliance of MCDB Data Submissions and refresher training in using MCDB Portal.

Network for Regional Healthcare Improvement (NRHI) Total Cost of Care (TCoC)

According to NRHI, the release of the 2014 TCoC benchmark results have been delayed until early to mid-December 2016 due to late exclusion of the Colorado results. However, with this revision, the overall narrative that Maryland has the overall best TCoC results compared to the now other four states remains the same. Staff submitted the final report of Phase II of the TCoC project to NRHI on November 15, 2016. This concluded Phase II of the TCoC project for the contract period which ended on October 31, 2016. Staff is currently completing TCoC Phase III RFP proposal to participate in NRHI's final phase of the TCoC project. The new contract will be for 2 years and as before, it will be funded by the Robert Wood Johnson Foundation (RWJF) and managed by NRHI. Staff participation will be less than in Phase II and limited to national benchmark reporting as funding from the RWJF has reduce considerably. As a result, our partner, The Hilltop Institute during the Phase II project, will not be participating in the TCoC Phase III.

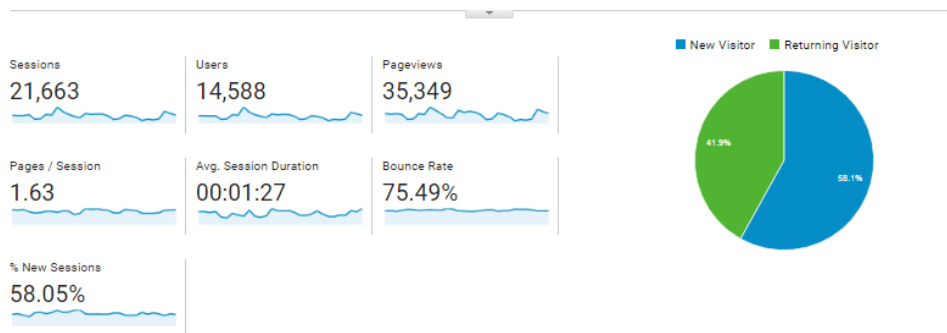
Database Development and Applications – Leslie LaBrecque

The Programming staff performed the following: assisted administrative staff with troubleshooting html code on the website as well as numerous other updates and with maintenance of the Commissioner's site; reviewing the Hospice survey and developing documentation and data flows, attended Hospice stakeholder meetings, and reviewed upcoming changes to the survey; reviewing and building a data dictionary table for the Board of Psychologists Licensing application and developing new functionality for licensing psychology associates requested by the Board; met with the long term care staff to discuss updates to nursing home staffing reporting and issues with the assisted living survey reports; implemented nursing home staffing data processing and website updates, as well as health and fire safety updates to the long term care guide; began

work on adult day care facility profile data updates; reviewed the code for Board licensing payment bank transactions including the API third party functions; obtained the hospital outpatient fiscal year files and converted them to calendar year files; assisted certificate of need staff with mapping tasks; reran the 2015 hospital inpatient file for quarter 3/4 because a hospital was late submitting their data; completed data requests for 2015 operating room charges for inpatient and outpatient by hospital and for 2015 patient days and discharges for private psych hospitals; assisted the network staff with resolving SAS server technical issues; overhauled and updated the DC hospital data release web page; working with Johns Hopkins Center for Population Health IT to develop a pilot umbrella data use agreement; working with the University of Maryland School of Public Health to get them access to Medicare data for the rural health analysis; worked with Medicaid to amend our data use agreement to get Medicaid PCMH attributed patient data for our contract with the University of Maryland School of Pharmacy; improved the APCD data release web page and added more clear pricing information; participated in review of the consumer pricing website; met with our Tableau contractor to go over requirements for improving the provider pricing application; set up tableau server accounts and permissions for the contractor for testing and development purposes; researching price and capabilities of google smartsheet for use with document management of the APCD data releases; completed modifications to the MHCC web hosting bid board and worked with the network and procurement staff to finalize and release; processed SAS server license renewals; working with the HIT staff to release board of physician data to our APCD contractor to help build the APCD provider directory to improve the ability to attribute patients to providers; answered questions from APCD requestors; did runs to determine the volume for selected procedures on the 2014 professional and institutional files.

Internet Activities

Data from Google Analytics for the month of November 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 November 2016 was 21,663 and of these, there were 58.05% new sessions. The average time on the site was 1:27 minutes. Bounce rate of 75.49 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 November were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Special Projects – Janet Ennis

Health Insurance Rate Review and Medical Pricing Transparency: CCIO 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. Data from 2014 with claims versioning has been loaded into the data warehouse; 2015 through quarter 1 of 2016 data, with claims versioning, is being added now. The data files in the data warehouse all have the added feature of "slowly changing dimensions," which allows an analyst to choose data based on the date the data were submitted, in case resubmissions of data omit information pertinent to a particular analysis. The planned data marts have been postponed until March of 2017 to allow MHCC to hire a new staff member with data mart experience to guide their development.

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. Currently, this web application is being reviewed by several sister agencies, given the sensitivity of reporting the average price a physician receives for a service, volume of services, and total reimbursement. 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 the use of their Prometheus episode of care bundling software. MHCC is developing a public portal to display health care prices for entire episodes of care, such as hip replacement, that will permit anyone 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 public portal. Version 2 of 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 working with HCI3 and Commissioners to finalize the list of episodes that will appear on the website. The team agreed that Phase 1 of the website will include procedural episodes only, since procedures are tied to facilities rather than to medical practices, which makes the process much more manageable and understandable. Finally, grant funds have allowed for the procurement of a photographer as part of this website development project. 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 and scenarios for each doctor/patient vignette, and an accompanying slide deck with scripts to assist the physicians who agreed to do the voice-over narration for these slides. Grant funds allowed for the procurement of a video production company to produce up to four doctor/patient vignettes, two of which were filmed in Maryland and 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 10.24.19, Freestanding Medical Facilities

The State Health Plan (SHP) chapter for freestanding medical facilities (FMFs) was adopted as proposed permanent regulations by the Commission in November. The 30-day formal comment period on the proposed regulations will likely begin in early December. Commission staff met with representatives of the University of Maryland Medical System to discuss their concerns regarding the SHP chapter for FMFs.

State Health Plan: COMAR 10.24.11, Ambulatory Surgical Services

The first meeting of the ambulatory surgery work group has been scheduled for January 6, 2016. MHCC staff met with stakeholders concerned about potential adverse patient outcomes if new payment approaches in Maryland lead to more patients with higher risk factors receiving surgery at freestanding ambulatory surgical facilities instead of hospitals. In response to the concerns raised, MHCC staff also spent time investigating options for tracking outcomes of patients who have surgery in freestanding centers but are subsequently admitted to a hospital on the day of surgery or within a specified time period following surgery.

State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services

MHCC staff finalized the application form for a Certificate of Ongoing Performance for percutaneous coronary intervention (PCI) services. The application was distributed directly to hospital representatives and posted on MHCC's web site.

State Health Plan: COMAR 10.24.15, Organ Transplant Services

MHCC staff developed draft updated projections for organ transplant services based on data for the three-year period of calendar years 2013 to 2015. After further internal review of these projections, final projections will be published in the *Maryland Register*.

Certificate of Conformance

MHCC staff requested additional information and analysis from the University of Maryland Shore Medical Center at Easton (UMSMC-E), which has a pending Certificate of Need application for relocation of the hospital. UMSMC-E was previously granted a Certificate of Conformance to establish PCI services at its current location and the relocation requires a new Certificate of Conformance.

Rural Health Study

MHCC staff participated in planning future meeting of the rural health care delivery work group and discussed various models for health care delivery in rural areas with the work group co-chairs. MHCC staff also met with representatives from the North Carolina Department of Health and Human Services to discuss a particular model for rural health care.

Other

Staff continued working on a White Paper regarding psychiatric services in preparation for an update to the State Health Plan chapter for psychiatric services in 2017. Staff also continued work on updates to the medical surgical and pediatric bed need projections.

Long-Term Care Policy and Planning – Linda Cole

Hospice Survey

A meeting was held on November 22, 2016 with MHCC staff and hospice providers. The current Maryland Hospice Survey was reviewed, and recommendations were made for some modifications to make the survey more consistent with national association data collection. In addition, changes were recommended to make data collection consistent with updates to the Medicare cost report. MHCC staff are working to finalize changes to the survey and to develop a revised online data collection tool.

Minimum Data Set Request for Proposal

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 provides a comprehensive assessment of each resident's functional capabilities and needs. Resource Utilization Groups are part of this process and provide the foundation for the resident's care plan.

This patient-level data set is complex and voluminous. MHCC has worked in the past with a vendor to create and maintain an MDS Manager program to process the data necessary for long term care policy and planning work. Staff completed work on a Request for Proposal (RFP) earlier this year to secure a vendor to do this work. Responses to the RFP was filed in September. Responses were obtained from three organizations: Hilltop (UMBC), Myers and Stauffer, and Telligen. A review committee was established, 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. Since one bidder recommended a different approach for storing and accessing data, all bidders were given an opportunity to respond to that approach in a second follow-up. Staff is in the process of finalizing a contract award.

Expanding Opportunities for Delivery of Quality Home Health Agency Services in Maryland

Commission staff provided a brief update on the Hospital CAHPS summary star ratings for Maryland in comparison to that of the nation at the November Commission meeting. About 60 percent of Maryland's hospitals met the performance threshold of 3 Stars or better, compared with about 80 percent of hospitals nationwide. This threshold will be used as a qualifying criterion for hospitals wishing to become HHA applicants.

Chronic Hospital Occupancy Report

As required by COMAR 10.24.08, Commission staff completed the Chronic Hospital Occupancy Report for Fiscal Year 2015 and submitted it, in November, to the *Maryland Register* for publication in the December 9, 2016 issue. This report identifies the number of licensed special hospital-chronic beds, patient days, and average annual bed occupancy for the five private and two State-operated chronic hospitals. This report will be posted on the Commission's website.

Home Health Agency Survey

The home health agency survey has been revised 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 final stages of cleaning the data that will be used to produce reports used by the Commission and the public.

Certificate of Need – Kevin McDonald

CONs Approved

Calvert Memorial Hospital – (Calvert County) – Docket No. 15-04-2370

A capital expenditure to construct a building addition, expanding the number of private patient rooms, creating a dedicated observation unit, and expanding space for outpatient, ancillary, and support services.

Approved Cost: \$51,654,138

Changes in Approved CONs

Kaiser Permanente South Baltimore County - (Baltimore County) Docket No. 16-03-2372

A \$652,834 increase in the approved cost of this addition of an operating room (OR) to an existing freestanding ambulatory surgical facility.

New Approved Cost: \$2,253,239.

CON Letters of Intent

Suburban Hospital – (Montgomery County)

Establish a liver transplant program

Kaiser Permanente – (Montgomery County)

Add an OR to a freestanding ambulatory surgical facility with two ORs

MedStar Franklin Square – (Baltimore County)

Establish a kidney transplant program

MedStar Franklin Square – (Baltimore County)

Establish a liver transplant program

Determinations of Coverage

- **Ambulatory Surgery Centers**

Elkridge ASC, LLC – (Howard County)

Establish a physician outpatient surgery center (POSC) with one sterile operating room and one non-sterile procedure room to be located at 6816 Deerpath Road in Elkridge. The center will operate at the same address as Gemini ASC Elkridge, LLC and will operate only two days a week (Tuesday and Thursday).

Gemini ASC Elkridge, LLC – (Howard County)

Establish a POSC with one sterile operating room and one non-sterile procedure room to be located at 6816 Deerpath Road in Elkridge. The facility will operate at the same address as Elkridge ASC, LLC and will operate only three days a week (Monday, Wednesday and Friday).

Tower Oaks Surgery Center – (Montgomery County)

Addition of oculoplastic ophthalmic surgery at an existing facility.

- **Acquisition/Change of Ownership**

Tower Oaks Surgery Center – (Montgomery County)

Addition of four additional physician owners.

- **Licensure**

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

Adventist Behavioral Health Eastern Shore RTC – (Dorchester County)

Temporary delicensure of this facility located in Cambridge. All 15 acute special hospital-psychiatric beds and all 59 residential treatment center beds are temporarily delicensed.

Laurelwood Care Center – (Cecil County)

Temporary delicensure of 23 comprehensive care facility (CCF) beds.

Anchorage Nursing & Rehabilitation Center – (Wicomico County)

Temporary delicensure of 11 CCF beds.

Good Samaritan Hospital – (Baltimore City)

Temporary delicensure of 30 CCF beds.

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

Signature Healthcare at Mallard Bay – (Dorchester County)

Relicensure of 24 temporarily delicensed CCF beds bringing total licensed bed capacity to 160.

Chesapeake Shores – (St. Mary’s County)

Relicensure of eight temporarily delicensed CCF beds bringing total licensed bed capacity to 125 beds.

- **Waiver Beds**

Bayleigh Chase – (Talbot County)

Authorization for nine additional CCF beds bringing total licensed bed capacity to 99 beds.

Solomons Nursing Center – (Calvert County)

Authorization for eight additional CCF beds bringing total licensed bed capacity to 95 beds.

Adventist Behavioral Health & Wellness – Rockville – (Montgomery County)

Authorization for 10 additional special-hospital psychiatric beds bringing total licensed bed capacity to 117 special hospital-psychiatric beds.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Staff continues development of the Cybersecurity Self-Assessment (tool). The tool contains five sections, one each to address the five functions of the National Institute for Standards and Technology Cybersecurity Framework: Identify, Protect, Detect, Respond, and Recover. The tool is aimed at helping small health care organizations identify potential risks and address gaps in their cybersecurity policies. Stakeholder testing is scheduled to begin in January; the tool is anticipated for release in the first quarter of 2017.

Staff finished drafting the annual report on health IT diffusion among acute care hospitals in the State. The report highlights findings from a survey conducted by staff earlier this year that inquired about hospitals adoption and use of health IT. The report details specific information on hospitals’ implementation of

electronic health records (EHRs), electronic prescribing, patient portals, health information exchange (HIE), and telehealth. The report is targeted for release in January.

Activities continued during the month to develop draft regulations for House Bill 1385, *Procedures, Information Sheet, and Use of Electronic Advance Directives*. Staff is collaborating with the Department of Health and Mental Hygiene (DHMH) on two workgroups. One workgroup is tasked with developing criteria for vendors seeking recognition from MHCC to connect to the State-Designated HIE. The other workgroup is tasked with identifying potential policy challenges relating to witness requirements and a statewide education and outreach plan about advance directives. Final recommendations are expected in early 2017.

Activities are underway to update the State Health IT Plan (plan). Staff is in the preliminary stages of engaging stakeholders to map out an achievable vision for health IT in Maryland over the next three years. The strategy is to build upon the existing framework for advancing the adoption and meaningful use of health IT more broadly throughout the State with the aim of improving quality, efficiency, safety, and patient-centered health care. Maryland's priorities will be aligned with new federal initiatives that strive to accelerate care coordination and support evolving value-based care delivery models.

The stakeholder evaluation panel continues to meet with the leading applicants who responded to the *Announcement for Grant Applications: Improving Patient Outcomes using mHealth Technology*. Applicants were asked to host a site visit to present their use case and demonstrate the project workflow and technology. Approximately \$100,000 in grant funding is available for this grant. One or more applicants will be awarded funding over an 18-month period to assess how mHealth can promote consumer engagement and improve health outcomes. An award announcement is anticipated in December.

Health Information Exchange Division – Angela Evatt, Division Chief

Staff participated in four Advisory Board meetings of the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP): Privacy and Security, Clinical, Finance, and the Data Use Subcommittee. The Privacy and Security Advisory Board discussed the Protenus pilot, which is using a patient privacy monitoring platform to monitor inappropriate use of CRISP. The Clinical Advisory Board discussed a use case that would allow CRISP to release health information for research purposes in alignment with State and federal laws. The Finance Advisory Board discussed growth in costs for privacy and security and operating expenses related to ambulatory connectivity and proposed user fee adjustments for hospitals. The Data Use Subcommittee reviewed risk scores calculated by using case mix data available to providers through CRISP.

Staff provided feedback to CRISP on the draft cybersecurity, disaster recovery, and business continuity plans. Feedback will guide CRISP in the development of their final draft plans, which are expected to be completed in early 2017. Staff is also providing support to CRISP in evaluating proposals received in response to a Healthcare Provider Directory vendor request for proposals. Staff continues to assist CRISP in the evaluation of responses received for a Medicare data system and provider analytics platform.

Round two telehealth grants concluded on November 30th and final reports were submitted to staff by the grantees (Crisfield Clinic in Somerset County, Union Hospital in Cecil County, and Lorien Health Systems in Baltimore and Harford Counties). Staff is assisting the grantees with revisions and drafting the introductory brief for the final reports. The projects use remote patient monitoring (RPM) to reduce hospital readmissions and emergency room visits among patients with chronic health conditions. The reports include outcomes and lessons learned from the projects and is targeted for release in the first quarter of 2017.

Staff continues to support the round three and four telehealth grantees as they implement their projects. Round three aims to increase access to care through use of two-way audio/video technology and improve patient self-care by integrating RPM with EHR technology. Round four is using telehealth technology to support value-based care delivery in primary care settings. Round three will continue through May 2017; round four will conclude in November 2017.

Applicants who responded to the *Announcement for Grant Applications: Telehealth Technology Pilot – Round Five* and met evaluation criteria were invited to present their use case to an evaluation panel. Approximately \$100,000 in grant funding is available for round five. One or more of the applicants will be awarded grants over an 18-month period to use telehealth to increase access to primary and behavioral health care services on the eastern shore. An award announcement is anticipated in January.

Recruitment activities are underway to convene an electronic data interchange (EDI) workgroup. The workgroup will identify elements from administrative transactions that can inform care delivery when integrated with an HIE. Over the last year, staff collaborated with CRISP to implement several use cases with two electronic health networks, RelayHealth and Cyfluent. The use cases make available to CRISP information from administrative transactions from ambulatory providers. The workgroup will begin meeting in January.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network (PTN) activities continued during the month to help practices meet the requirements included in the Centers for Medicare & Medicaid Services (CMS) new Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule. Several ambulatory site visits were conducted by the PTN collaborative consisting of staff, The Maryland State Medical Society—MedChi, and the Maryland Learning Collaborative. Practice transformation coaches completed about 50 practice assessments in areas such as team based relationships, population management and coordinated care. The coaches build a provider specific work plan from the results of the assessment. The work plan focuses on areas of opportunity for improvement and is used by coaches to help practices complete the transformation process.

Staff consulted with several key stakeholders to obtain feedback on a proposed initiative aimed at advancing MACRA awareness for providers statewide. Information gathered by staff focused on educational session topics and included structure for the program, frequency, and session length. Session topics under consideration include payment methodology, incentive categories and reporting, quality, measure selection, and scoring methodology. MARCA education sessions are anticipated to begin during the first quarter of 2017.

Staff continues to work with the Health Services Cost Review Commission and DHMH to design a primary care model (model) for submission to CMS under the All Payer Model Agreement. The goal of the model is to improve the health of Maryland's population by making person-centered, team-based, and evidence-based care more widely prevalent throughout the State. The model will include value-based incentives for ambulatory physicians aligned with other CMS initiatives, as well as care redesign features. The proposed model was presented to the Primary Care Council for feedback during the month and will be submitted to CMS by the end of the year.

Staff continues to work on the incentive payment data analysis for practices that participated in the Maryland Multi-Payer Patient Centered Medical Home Program. Practices are eligible to receive incentive payments if they achieve certain quality, utilization, and cost goals. Throughout the four year program, approximately half of the practices qualified annually for incentive payments. Commercial incentive payments for 2015 and Medicaid incentive payments for 2014 and 2015 are anticipated to be released during the first quarter of 2017.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

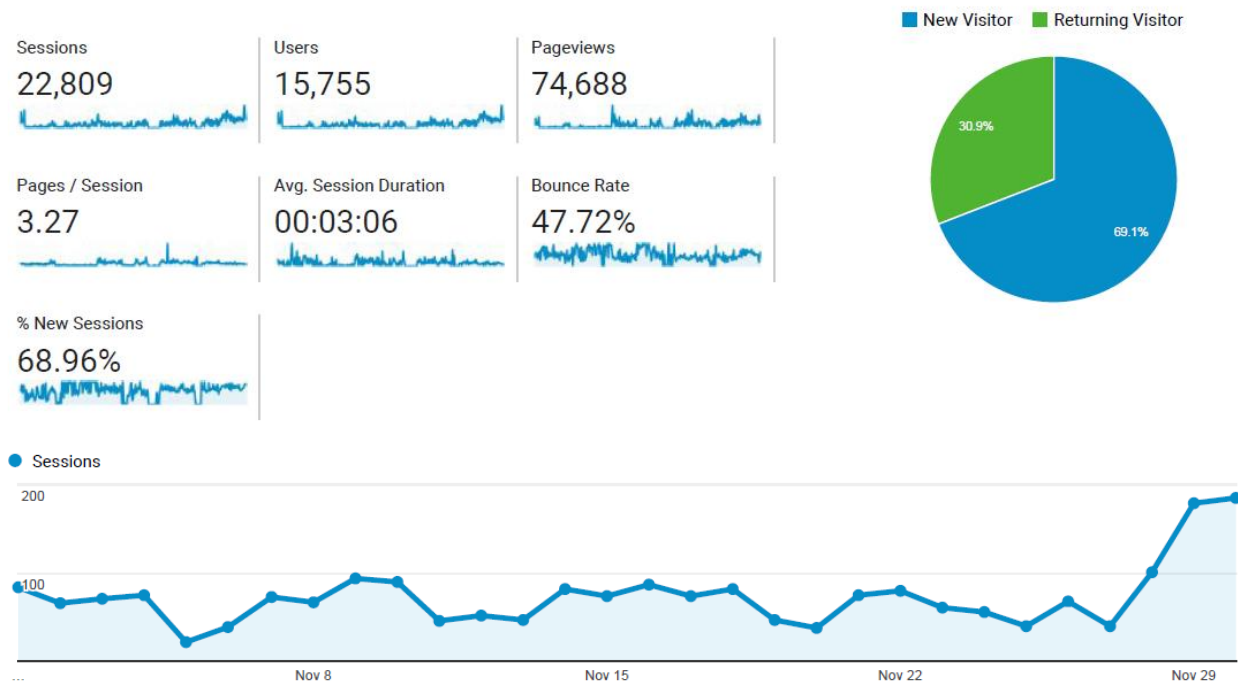
Center for Quality Measurement and Reporting

The Maryland Health Care Quality Reports website

The staff recognizes the need to focus on increasing awareness among consumers of the quality and performance information available on the Maryland Health Care Quality Reports (MHCQR) website. In July, MHCC initiated a small procurement to obtain marketing services to promote the consumer website. Pinnacle Communications was selected to work on initial promotional efforts. Over the past six months, the project has focused on social and print media strategies including radio, Google and Facebook ads. A YouTube promotional video was developed and posted to the MHCC Facebook page and health related content designed to engage consumers have been posted on an ongoing basis. The video and posts can be accessed using the following link: <https://youtu.be/Hi4KBBuHpHQ>. The Pinnacle contract expires this month and staff is now working with the contractor to assess the effectiveness of the campaign.

The Agency for Healthcare Research and Quality (AHRQ) has developed a new and enhanced version of the MONAHRQ software that is used to support the website. Work is underway to incorporate the new software features and functionality into the next website update scheduled for the Spring.2017.

The staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been over 15,000 users of the consumer site and nearly 75,000 page views.



Hospital Quality Initiatives – Courtney Carta

Health-care Acquired Infections (HAI) Data

Staff continues to monitor CDC's rebaselining efforts, as CDC has delayed the roll out of the new metrics until January 2017. CDC is finalizing updates to adjusted risk models for HAI baseline standardized infection ratios (SIRs). Staff are planning to hold a webinar in mid-January to update and inform hospitals of the potential implications associated with the rebaselining efforts. Staff are also preparing for the next quarterly HAI Advisory Committee which is scheduled for January 25, 2017.

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 have been completed 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 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. The staff continues to work with hospital representatives to facilitate full representation of Maryland hospitals on the ACC website.

Health Plan Quality & Performance – Theresa 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, CAHPS and RELICC measures have been fully integrated into the new MHCQR consumer website. The kick-off meeting for the 2017 Health Plan audit and survey requirements was held on November 30, 2016. The staff reviewed plans for a more cost effective strategy for fulfilling our state mandate to report on the performance and quality of commercial health benefit plans operating in Maryland.

The Long Term Care Initiative – Sherma Charlemagne-Badal

Nursing Home Updates

Nursing home data updates on the Consumer Guide to Long Term Care (CGLTC) are complete. Over the last few months we have successfully replaced outdated *facility profile, contact information, facility characteristics, resident characteristics, federal quality measures, nursing home staffing* (CMS and Maryland Medicaid wage data), *health and fire safety/deficiencies, family experience of care, and private pay daily rates* data on the guide. Consumers now have access to the most recently available data with which to make informed health care choices. As we plan for future updates, we continue to develop methods of bringing efficiency to the process.

A review of Nursing Home Consumer Assessment of Healthcare Providers and Systems (NHCAHPS) survey is underway as a potential replacement to the MHCC Family Experience of Care Survey. A move toward the use of NHCAHPS would allow access to important quality data not currently collected by MHCC (e.g. resident sense of security), and would coincide with CMS' aims under the IMPACT Act to standardize patient assessment to allow for improved quality comparison.

We continue to use the MHCC Facebook page and twitter account to inform consumers of important health initiatives. This month, in observance of National Influenza Vaccination Week, consumers received

abbreviated information and links on influenza vaccination. CDC recommended content along this theme was shared with consumers. The information is intended to encourage consumers to get the flu shot and to ask their health care providers about flu vaccination policies.

Home Health Updates

Updates to home health facility *profile data (facility contact information, ownership type, Medicare participation, services provided, jurisdictions served, languages supported) and branch offices* data are progressing. Data has been acquired, formatted, and is currently with the webmaster responsible for posting to the website. Updates to CMS' *quality measures (OASIS) and patient satisfaction measures (HHCAPHS)* are fairly recent and will be updated once more outdated measures have been attended to.

Assisted Living Updates

We have received the access database files from OHCQ. The files are needed to provide updated links on the LTC guide to *deficiency reports* housed on OHCQ servers for each assisted living facility. Our webmaster is currently in the process of performing this update. We continue to liaise with OHCQ staff to resolve challenges with consumer access to existing reports.

Adult Day Care Updates

Long Term Care Survey (LTCS) data has been formatted and will be used to update *facility profile information, contact information, and other information* for adult day care facilities. Our webmaster is currently in the process of performing this update.

General Long Term Care Guide Updates

A plan is being developed and implemented to guide the updating of content and links contained on the LTC Guide. The process will involve reviewing, fact-checking, adding or removing content as necessary, and linking to appropriate internal and external sources as appropriate.