

**MARYLAND HEALTH CARE COMMISSION**

**UPDATE OF ACTIVITIES**

**January 2017**

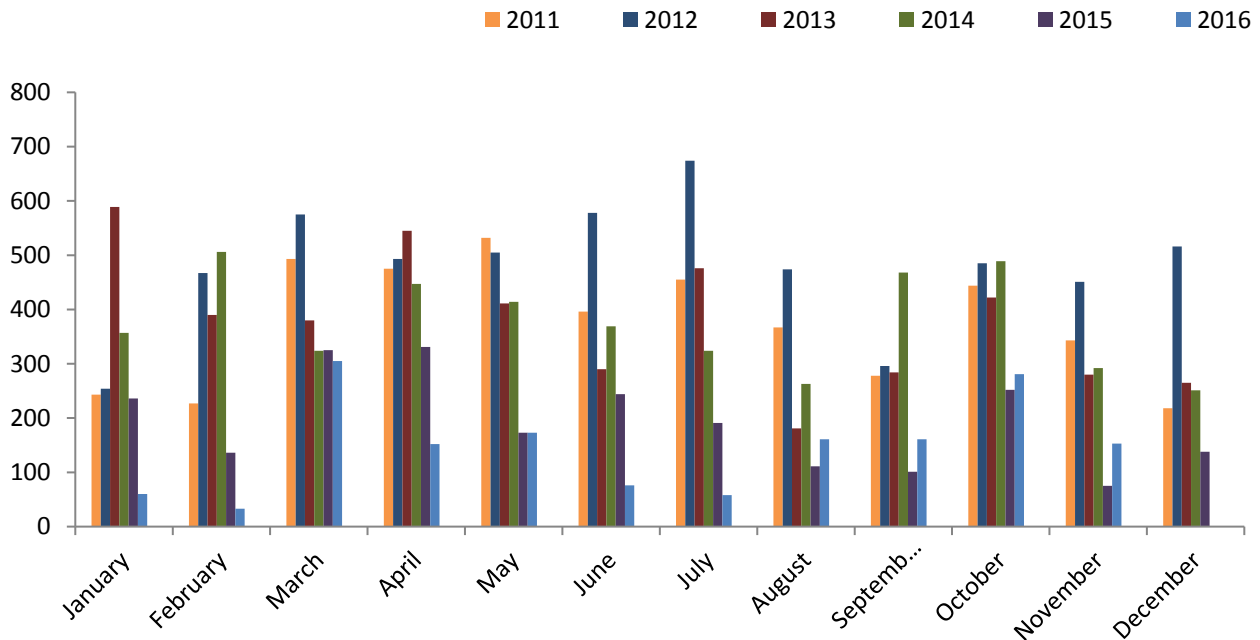
**EXECUTIVE DIRECTION**

**Rural Health Workgroup**

The Rural Health Workgroup met on Monday January 9<sup>th</sup> at Washington College in Chestertown Maryland. The group received an update on the Maryland All-Payer Model Contract and the Maryland Comprehensive Primary Care Model. The workgroup also had discussion on models and solutions proposed by the advisory groups. The next meeting of the workgroup is Monday March 27<sup>th</sup> in room 150 of the House Office Building in Annapolis.

**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 **\$152,681** for the month of November. The monthly payments for uncompensated care from January 2011 through November 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.

**On Call Stipends**

Applications from Level II and Level III trauma centers and the specialty trauma centers for reimbursement of on call costs are due to the Commission no later than January 31, 2017.

**Cost and Quality Analysis – Kenneth Yeates-Trotman**

**MCDB Data Submission Status, Payor Compliance and Technical Support**

The 2015 MCDB data including the first quarter of 2016 have been delayed due to untimely reporting from one of Maryland's largest payors. MHCC is in communication with the payor to have them comply in reporting data to the MCDB in a timely manner. With this delay, the 2015 MCDB data will not be available until at least February 28, 2017, if the payor submits clean 2015 and 1Q-2016 data by 1/31/2017. As a result, distribution of data from the MCDB to HSCRC, MIA, DHMH contractors and other users of the database has been delayed as well.

MHCC staff and Social Scientific Systems Inc. (SSS) met with all payors on January 5, 2017, to discuss the new 2017 MCDB Data Submission manual, Timeliness and Compliance of MCDB Data Submissions and refresher MCDB Portal training.

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

MHCC's application to NRHI to participate in Phase III of the Total Cost of Care has been approved. This new contract is for 2 years and is funded by the Robert Wood Johnson Foundation (RWJF) via a grant awarded by NRHI of \$25,000 per year. MHCC will participate as an "alignment site" contributing to the regional benchmark.

TCoC Phase II Benchmark Public Release: NRHI released the TCoC Benchmark report to all of its Members including MHCC on 1/12/2017 and is currently in the process of reaching out to various national and industry media outlets. The press release by NRHI will show that Maryland's TCoC results were the best among all regions that participated in the TCoC project. As per NRHI, all regional press releases must first be sent to NRHI for RWJF approval.

**Gobeille v. Liberty Mutual and Impacts on MCDB**

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 the Common Data Layout (CDL) with payors. The workgroup (NASHP, NAHDO, APCD Council, and APCD states) continue to meet weekly with payors to finalized definitions and documentations of fields and variables in the CDL as we await the Department of Labor's (DOL) decision on the comments submitted last fall (October 5, 2016) to the DOL.

**Database Development and Applications – Leslie LaBrecque**

**Data Processing/Tech Support:** processed 2016 quarter 3 hospital inpatient, outpatient and psych files; processed the 2016 Quarter 2 CathPCI data; provided 2014 and 2015 psychiatric patient days at acute care hospitals to the CON staff; assisted staff with SAS server issues; assisted Prince George's Health Department with sftp issues accessing the DC Inpatient files; assisted the CON staff with mapping race variables on the MDS; figured out how to renew the Tableau desktop licenses and sent staff instructions to updating their desktops.

**Data Release** - updated the DC hospital data release application and data dictionary; answered APCD questions from the Yale School of public health and KPMG; completed DUA amendments to get Medicaid PCMH attributed patients for 2013 added to our request for 2014-2015; gathered electronic signatures needed for the University of Maryland Rural Health Study access to Medicare data; worked with with Prince Georges County Health Department to get the required documents completed for access to the DC hospital data.

**Administrative** – updated MS-22s, updated performance standards and completed performance evaluations for the programming group; reviewed and evaluated web hosting bid boards.

**MHCC Website:** archived the October Commission meeting and created content for the November meeting; posted the 2017 MCDB Data Submission manual; assisted the CON staff with creation of a new ambulatory surgery workgroup page, request for public comment for organ transplant services, and recommended decision on the Baltimore Upper Shore Cardiac application submitted by Baltimore Washington Medical Center; assisted the HIT staff with mHealth page changes and the November CRISP report; ensured MHCC compliance with the state responsive design template; developed a new Industry Transparency quick links page and gathered critical links from the Health IT and Long Term Care staff; added the Nursing Home Family Satisfaction Survey data to the public use file download application;

### **Health Facility and Licensing Board Web Survey Applications**

**Hospice Survey** – participated in a meeting with the hospice community to review the hospice survey application and listened to suggestions for improvement for the 2017 survey; met with the hospice staff to review the final agreed upon changes to be implemented and worked with the developer of last year’s survey to go over its operation and methods for updates.

**Continuing Care Retirement Communities Direct Admission Survey** – worked with Linda Cole to archive quarter 3 data and launch quarter 4 data collection.

**Board of Psychologists** – Met with the Director and her team to review the licensing renewal application. They requested a new licensing type and questions to be collected for psychologist associates. The programming team worked together to add the new licensing section and tested the changes

**Adult Day Care** – working with the long term care staff on the adult day care update for facility profile, address and contacts on the long term care guide. Fixed mapping issues where facilities were missing coordinates and added new facilities.

## Internet Activities

Data from Google Analytics for the month of December 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 December 2016 was 28,679 and of these, there were 56.71 % new sessions. The average time on the site was 2:03 minutes. Bounce rate of 75.95 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 December 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: 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, Inc., “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), (now a division of Altarum Institute), 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. 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. 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. The procedural episodes will be: total hip replacement, total knee replacement, colonoscopy, upper GI endoscopy, hysterectomy, and vaginal delivery using commercial data, followed by the same six procedural costs for Medicare enrollees. Based on feedback for the procedural episode pricing, the same process will be used for displaying the total costs for several chronic conditions. 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 St. Louis Business Health Coalition); 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 and appear in the CME video. 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 the end of the first quarter of 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**

Although the State Health Plan (SHP) chapter for freestanding medical facilities (FMFs) was adopted as proposed permanent regulations by the Commission in November, Commission staff delayed going forward with publishing proposed permanent regulations for a 30-day formal comment period. This decision was based on further feedback and discussion with hospital representatives in December 2016 with respect to the creation of FMFs through conversion of general hospitals. Commission staff will be requesting approval of proposed permanent regulations, with some revisions to the standards considered in November 2016, at the Commission's January meeting.

**State Health Plan: COMAR 10.24.11, General Surgical Services**

A surgical services work group was formed in December and held its first meeting on January 6, 2017. This work group will advise staff on updating COMAR 10.24.11, with particular review of proposed changes to this SHP chapter that would create exemption from CON review processes for certain types of ambulatory surgical facility projects containing two operating rooms. MHCC staff plans to hold a second work group meeting on February 14, 2017. Staff also began drafting potential revisions for this SHP chapter in December.

**State Health Plan: COMAR 10.24.15, Organ Transplant Services**

The 30-day formal comment period for the proposed permanent regulations for organ transplant services began in December 2016 and ended on January 9, 2017. There were no comments submitted. Commission staff will be requesting approval of final regulations at the Commission meeting in January 2017.

**Rural Health Study**

In December, MHCC staff wrote a meeting summary for the November meeting of the Rural Health Care Delivery Work Group, its second meeting. MHCC staff also participated in planning future meeting of the work group, including meeting material. The third meeting of this group was convened on January 9, 2017.

**Other**

In December, staff continued working on a White Paper regarding psychiatric services in preparation for an update to the State Health Plan chapter for psychiatric services. Staff also finalized MSGA and pediatric bed need projections for CY 2025. These projections will be published in the *Maryland Register* on January 20, 2017.

***Long Term Care Policy and Planning – Linda Cole***

**Hospice Survey**

A final draft of a revised and updated survey was prepared during December, based on a November 22, 2016 meeting with hospice providers and the feedback they provided. The changes being made are aimed at making the survey more consistent with national data collection and the updated Medicare cost report. MHCC staff is working to develop a revised online data collection tool.

**MDS RFP**

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.

A consulting contract was finalized in December with Hilltop Institute at the University of Maryland Baltimore County to assist MHCC in managing use of this data set.

CMS has been notified in order to make revisions to our Data Use Agreement (DUA) for this project. The DUA has been extended for an additional year, to January, 2018. Requests to add contacts and to add another year of MDS data are pending CMS approval.

### **Guidelines for 2017 Home Health Agency Certificate of Need (CON) Review**

Consistent with the Home Health Agency (HHA) Chapter (COMAR 10.24.16.04) 15 jurisdictions qualify as having a need for additional HHA services. For the 2017 CON review of HHA projects, the Commission will use the following regional configuration of the 15 jurisdictions, as published in the *Maryland Register* on November 14, 2016: Western Maryland (Allegany, Frederick, Garrett, and Washington Counties); Upper Eastern Shore (Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties); Lower Eastern Shore (Dorchester, Somerset, Wicomico, and Worcester Counties); and Southern Maryland (Calvert and St. Mary's Counties).

In December, staff developed guidelines for those interested in submitting a CON application to establish a new HHA in Maryland, or to expand an existing HHA to a jurisdiction which it is not currently authorized to serve. These guidelines include: a description of the multi-jurisdictional regions; types of applicants able to apply; qualifications for accepting a CON application; and qualifying Maryland applicants. These guidelines are posted on the Commission's website at:

[http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_con/documents/chcf\\_con\\_hha\\_guidelines\\_20161114.pdf](http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/chcf_con_hha_guidelines_20161114.pdf)

### **Chronic Hospital Occupancy Report**

As required by COMAR 10.24.08, Commission staff completed the Chronic Hospital Occupancy Report for Fiscal Year 2015 which was published in the December 9, 2016 issue of the *Maryland Register* and posted on the Commission's website at:

[http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_hospital/documents/acute\\_care/CHCF\\_LTC\\_Chronic\\_Hospital\\_Occupancy\\_fy15\\_20161209.pdf](http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/documents/acute_care/CHCF_LTC_Chronic_Hospital_Occupancy_fy15_20161209.pdf)

This report includes 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.

### **Home Health Agency Survey**

In December, revisions to the home health agency survey were completed and specifications were given to programming staff to create the web-based application for collection of the survey data. Staff is performing the initial testing and providing feedback to the programmer to make updates and revisions as needed.

### **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**

#### **CON's Approved**

##### **Recovery Centers of America-Earleville – (Cecil County) – Docket No. 15-07-2363**

Establish a Track I alcoholism and drug abuse intermediate care facility (ICF) with 21 inpatient-level detoxification/assessment beds located at 314 Grove Neck Road in Earleville.

Approved costs of the CON regulated portion of the project: \$5,595,384 (The applicant is also developing residential treatment bed capacity at the same site.)

Maryland House Detox – (Anne Arundel County) – Docket No. 16-02-2374

Establish a Track 1 alcoholism and drug abuse ICF with 16 inpatient detoxification beds to be located at 817 South Camp Meade Road in Linthicum.

Approved Cost: \$1,936,275

Massachusetts Avenue Surgery Center – (Montgomery County) – Docket No. 16-15-2378

Add a fourth operating room (OR) to an existing freestanding ambulatory surgical facility located at 6400 Goldsboro Road in Bethesda.

Approved Costs: \$266,397

**CON Letters of Intent**

Riva Road Surgical Center – (Anne Arundel County)

Add a second OR to an existing physician outpatient surgery (POSC) center located at 2635 Riva Road, Suite 118, in Annapolis.

Columbia Surgical Institute, LLC – (Howard County)

Add a second OR to an existing POSC located at 6020 Meadowridge Center Drive, in Elkridge.

University of Maryland St. Joseph Medical Center – (Baltimore County)

Capital expenditure for renovation of existing space to replace the existing surgical capacity.

**Pre-Application Conference**

Columbia Surgical Institute, LLC – (Howard County)

Add a second OR to an existing POSC.

December 14, 2016

UM-St. Joseph Medical Center – (Baltimore County)

Capital expenditure for renovation of existing space to replace the existing surgical capacity.

December 19, 2016

Riva Road Surgical Center – (Anne Arundel County)

Add a second OR to an existing POSC.

December 21, 2016

**CON Applications Filed**

Bayada Hospice – (Baltimore City) – Matter No. 16-24-2387

Establish a general hospice program to serve Baltimore City.

Proposed Cost: \$108,500

Carroll Hospice – (Baltimore City) – Matter No. 16-24-2388

Establish a general hospice program to serve Baltimore City.

Proposed Cost: \$52,750

P-B Health – (Baltimore City) – Matter No. 1602402389

Establish a general hospice program to serve Baltimore City.

Proposed Cost: \$7,500

**Change to an Approved CON Filed**

Lorien Howard Inc. d/b/a Encore at Turf Valley (Howard County) – Docket No. 15-13-2365

Changes to the physical plant design, bed configuration, project cost.



## **Determinations of Coverage**

- **Acquisition/Change of Ownership**

### Surgical Center of Greater Annapolis – (Anne Arundel County)

Change in ownership interest of the facility. Dr. Alan Wolf will no longer have an ownership interest.

### Frederick Villa Nursing & Rehabilitation Center – (Baltimore County)

Change in indirect ownership of the entity that owns the real estate interest in a comprehensive care facility (CCF).

Purchase Price: N/A

### Berlin Nursing & Rehabilitation Center – (Worcester County)

Acquisition of the beds rights of Berlin Properties, LLLP by Healthway Realty, LLC which will purchase the beds right to the CCF currently operated as Mid-Atlantic Long Term Care, LLC d/b/a Berlin Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

### Oakland Nursing & Rehabilitation Center – (Allegany County)

Acquisition of the beds rights of Oakland Long Term Care, LLC by East Alder Realty, LLC which will purchase the beds right to the CCF currently operated as Mid-Atlantic Nursing Home of Western Maryland, LLC d/b/a Oakland Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

### Restore Health & Rehabilitation Center – (Charles County)

Acquisition of the beds rights of Mid-Atlantic of Waldorf Realty, LLC by Einstein Realty, LLC which will purchase the beds right to the CCF currently operated as Mid-Atlantic of Waldorf Care, LLC d/b/a Restore Health & Rehabilitation Center.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

### Northampton Manor Nursing & Rehabilitation Center – (Frederick County)

Acquisition of the beds rights of Northampton Manor Realty, LLC by East Sixteenth Realty, LLC which will purchase the beds right to the CCF currently operated as Northampton Manor Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

### Alleghany Health Nursing & Rehabilitation Center – (Allegany County)

Acquisition of the beds rights of Alleghany Healthcare Group by Furnace Realty, LLC which will purchase the beds right to the CCF currently operated as Mid-Atlantic of Cumberland, LLC d/b/a Alleghany Health Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

### Fairfield Nursing & Rehabilitation Center – (Anne Arundel County)

Acquisition of the beds rights of Mid-Atlantic of Fairfield Realty, LLC by Fairfield Loop Realty, LLC which will purchase the beds right to the CCF currently operated as Fairfield Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

### Forest Haven Nursing & Rehabilitation Center – (Baltimore County)

Acquisition of the bed rights of Forest Haven Realty, LLC by Edmondson Realty, LLC which will purchase the beds right to the CCF currently operated as Forest Haven Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

### Devlin Manor Nursing & Rehabilitation Center – (Allegany County)

Acquisition of the beds rights of Devlin Manor Realty, LLC by Christie Realty, LLC which will purchase the beds right to the CCF currently operated as Devlin Manor Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets

Chapel Hill Nursing & Rehabilitation Center – (Baltimore County)

Acquisition of the beds rights of Mid-Atlantic of Chapel Hill Realty, LLC by Robosson Realty, LLC which will purchase the beds right to the CCF currently operated as Chapel Hill Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

Julia Manor Nursing & Rehabilitation Center – (Washington County)

Acquisition of the beds rights of Julia Manor Realty, LLC by Mill Street Realty, LLC which will purchase the beds right to the CCF currently operated as Julia Manor Nursing & Rehabilitation.

Purchase Price: \$255,000,000 for the entire portfolio, not yet allocated to individual assets.

***CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY***

***Health Information Technology Division – Nikki Majewski, Division Chief***

Staff attended the joint meeting of the Office of the National Coordinator for Health Information Technology's (Health IT) Policy and Standards Committees. Participants discussed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Quality Payment Program policy, which aims to increase momentum in driving improvements in care delivery and reforming Medicare Part B payments for more than 600,000 clinicians through either the Merit-based Incentive Payment System or Advanced Alternate Payment Models.

Staff is finalizing the Cybersecurity Self-Assessment (tool) using the National Institute for Standards and Technology Cybersecurity Framework. The tool will assist small health care providers in identifying potential risks, addressing gaps in cybersecurity processes, and implementing cybersecurity best practices processes. Testing of the tool with stakeholders is occurring over the next month. The tool is targeted for release in the first quarter of 2017.

Planning activities are underway for the 2016 hospital health IT survey. The survey is conducted annually and collects information on hospitals implementation of electronic health records (EHRs), electronic prescribing, patient portals, health information exchange (HIE), telehealth, mobile health (mHealth) and data analytics. The online survey is targeted for release in February to hospital CIOs. The survey provides health IT adoption benchmarking on all acute care hospitals in Maryland.

Staff continues to collaborate with the Department of Health and Mental Hygiene (DHMH) to implement the requirements of House Bill 1385, *Procedures, Information Sheet, and Use of Electronic Advance Directives*. Staff is facilitating a criteria and connectivity workgroup to develop standards, and an application process for vendors offering electronic advance directives services that seek MHCC recognition to connect to the State-Designated HIE. Draft vendor criteria for MHCC recognition was developed with input from a broad variety of stakeholders. A second workgroup led by DHMH is addressing policy challenges related to advance directives, including witness requirements and an education and outreach strategy. Both workgroups plan to propose their recommendations in early 2017.

Staff is in the preliminary stage of engaging stakeholders to identify achievable goals over the next three years for the State Health IT Plan (plan). The plan serves as a road map for increasing the adoption and meaningful use of health IT statewide with the objective of improving quality, efficiency, safety, and patient-centered health care. The plan will align with new federal initiatives aimed at care coordination and evolving value-based care delivery models.

Implementation activities are underway with the *Improving Patient Outcomes using mHealth Technology* grant recipient, Johns Hopkins Pediatrics at Home (JH PAH). JH PAH is deploying a mobile application designed to encourage patient engagement in managing their asthma by conducting regular health assessments, tracking the patient's Asthma Action Plan, providing real time-time clinical and educational feedback, and facilitating secure communication between the patient and a JH PAH nurse. The project will continue through July 2018.

**Health Information Exchange Division – Angela Evatt, Division Chief**

Staff participated in two Advisory Board meetings of the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP): Technology and Research Subcommittee. The Technology Advisory Board discussed plans to enhance the Healthcare Provider Directory. The Research Subcommittee approved the release of data to Johns Hopkins Bloomberg School of Public Health for the IRB approved AIDS Linked to the IntraVenous Experience (ALIVE) study. Participants also discussed strategies for patient education and awareness building.

Staff continues to provide support to CRISP in developing their cybersecurity, disaster recovery, and business continuity plans, which are expected to be completed in early 2017. CRISP plans to include these documents in their application for HITRUST and EHNAC accreditation. Staff participated on the CRISP vendor selection committee to identify a vendor to develop a health care provider directory. The committee plans to identify a vendor in January. Staff continues to assist CRISP in the evaluation of responses received for a Medicare data system and provider analytics platform.

Staff began drafting an information brief (brief) for the round two telehealth grantees. Included in the brief will be an overview of lessons learned from Crisfield Clinic in Somerset County, Union Hospital in Cecil County, and Lorien Health Systems in Baltimore and Harford Counties. The brief is aimed at informing future telehealth initiatives. The round two projects uses remote patient monitoring (RPM) to reduce hospital readmissions and emergency room visits among patients with chronic health conditions. The brief is targeted for release in the first quarter of 2017.

Staff continues to support the round three telehealth grantees as they implement RPM to increase access to care, reduce waiting times, and improve patient self-care. 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. Union Hospital of Cecil County is using RPM to support care management and improve patient health awareness. Round three continues through May 2017.

Staff is providing guidance to the round four telehealth grantees as they implement their projects. Round four grantees include Gilchrist Greater Living and MedPeds. The projects are assessing the impact of telehealth in primary care in support of value-based care delivery. Round four grants began in June 2016 and continue through November 2017.

Evaluation activities of the two finalists continue for *Announcement for Grant Applications: Telehealth Technology Pilot – Round Five*. Round five focuses on increasing access to primary and behavioral health care services on the eastern shore. An award announcement is anticipated in January. The grant funding period is 18 months and will allocate up to \$100,000 to the awardee(s).

Staff is in the planning phase of convening an electronic data interchange (EDI) workgroup. The workgroup will identify key elements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) administrative transactions that can enhance care delivery when made available through an HIE. Stakeholders on the workgroup include: CRISP, RelayHealth, Cyfluent, Columbia Medical Practice, and University of Maryland Faculty Physicians, Inc. The workgroup is anticipated to convene in January.

**Innovative Care Delivery Division – Melanie Cavaliere, Division Chief**

Practice Transformation Network (PTN) activities continue to assist practices in meeting the Centers for Medicare & Medicaid Services (CMS) requirements in the MACRA final rule. The PTN collaborative consists of staff, The Maryland State Medical Society—MedChi, and the Maryland Learning Collaborative. Nearly 350 providers have signed a participation agreement and about 400 providers have committed to participate in the PTN. PTN practice coaches for those practices that have signed a participation agreement completed an initial practice assessment. The assessment focuses on areas such as, team-based relationships, population management, and coordinated care.

Staff finalized activities for the January MACRA awareness lunch-and-learn education and awareness session. The session will be hosted by the Maryland State Medical Society—MedChi. Additional sessions are being planned for the first quarter of 2017. Staff continues to collaborate 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 includes value-based incentives for ambulatory physicians. Revisions to the proposed model were made during the month based on stakeholder comments.

Staff anticipates releasing Medicaid incentive payments during the first quarter of 2017 to practices that participated in the Maryland Multi-Payor Patient Centered Medical Home Program. Participating practices that achieved certain quality, utilization, and cost goals are eligible to receive incentive payments. Staff continues to work on the incentive payment data analysis for 2015 commercial incentive payments.

The 2017 criteria for the Management Service Organization State Designation Program (program) was released during the month. The program designates qualified organizations to support practice transformation through the adoption and meaningful use of health IT. The program was established in 2010 with a focus on expanding EHR adoption. New criteria is aimed at recognizing organizations that can support practices participating in new health care delivery and payment models.

***CENTER FOR QUALITY MEASUREMENT AND REPORTING***

***Center for Quality Measurement and Reporting***

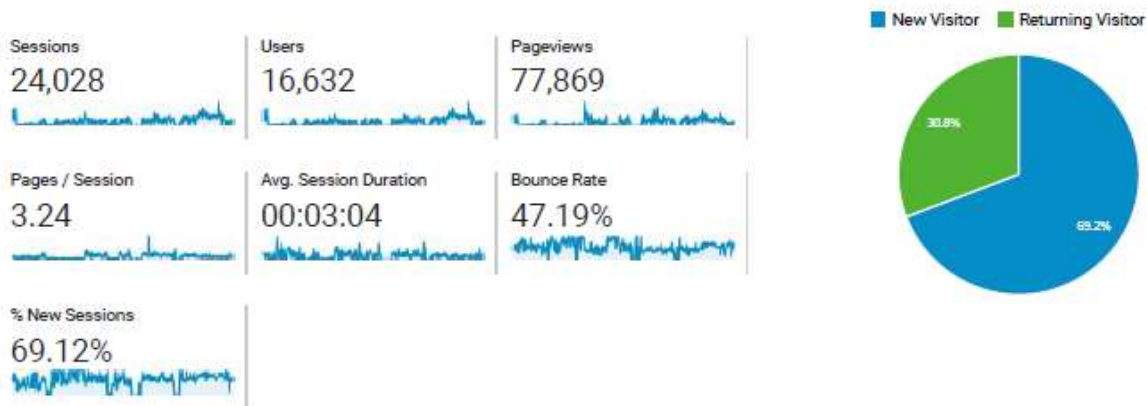
**The Maryland Health Care Quality Reports website**

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 ended in December 2016, and a final report detailing the overall outcome of the media campaign has been prepared by the contractor. Overall, the campaign contributed to the 37,575 clicks to the MHCQR website between September 2016 and early December 2016. The number of users on the website during this time period nearly doubled from the number of users from the previous three months (1,954 users from June 2016 through August 2016 versus 4,984 users between September 2016 and December 2016.) The dramatic increase in traffic to the MHCQR consumer site demonstrates the value of a multimedia advertising campaign and the need to implement an ongoing promotional strategy.

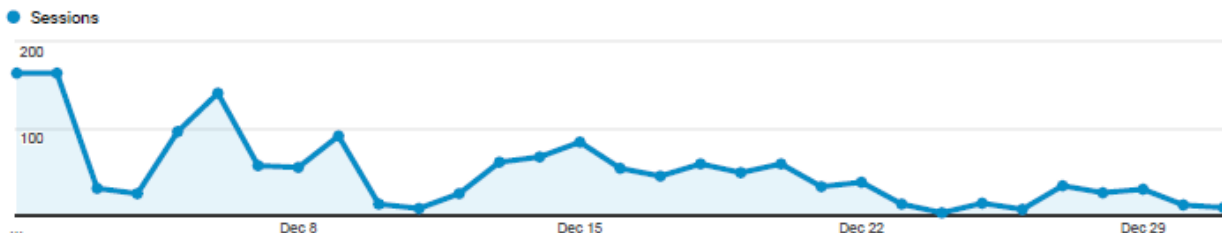
As part of the promotional campaign, HQI staff tabled at the Department of Health and Mental Hygiene’s 13<sup>th</sup> Annual Health Equity Conference, held in Baltimore on December 13, 2016. Staff plans to continue to identify opportunities to promote the website at other local events and statewide healthcare conferences.

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 February 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 16,632 users of the consumer site and nearly 77,869 page views.



In December 2016 the MHCQR site had 1,355 users and 3,697 page views.



**Hospital Quality Initiatives – Courtney Carta**

**Health-care Acquired Infections (HAI) Data**

CDC finalized updates to adjusted risk models for healthcare associated infection (HAI) baseline standardized infection ratios (SIRs) and rolled out the new metrics in early January. Staff have run reports in the National Healthcare Safety Network using the updated baselines to identify new statewide HAI results for 2015 data. Staff are planning to hold a webinar on January 25<sup>th</sup> to update and inform hospital infection control professional of the implications associated with the rebaselining efforts and to provide preliminary results using the new baselines. Because this is a major activity, HAI Advisory Committee members are invited to attend the webinar in lieu of the quarterly meeting.

Staff are also preparing for a social media blitz to promote the Maryland Health Care Quality Reports website. February is National Wise Health Care Consumer month. The social media posts will provide viewers with tips on how to be a wise consumer and direct them to various information available on the MHCQR website such as how to view hospital quality ratings and how to locate providers.

### **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 currently underway for 3Q2016.

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.

The Cardiac Data Coordinators Committee, which meets on a quarterly basis at the MHCC offices, is currently in the process of selecting a new committee chair. This decision will be finalized at the February meeting.

### **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 MHCC consumer website. The kick-off meeting for the 2017 Health Plan audit and survey requirements was held in November, at which time, the staff reviewed plans for a more cost effective strategy for fulfilling our state mandate to report on commercial health plans. The revised strategy for HEDIS and CAHPS data collection is expected to result in significant savings to the MHCC and will be implemented with the 2018 data audit and member survey cycle.

### **The Long Term Care Initiative – Sherma Charlemagne-Badal**

Updates to the Assisted Living, Adult Day Care, Home Health, and Hospice data on the long term care guide continue.

Nursing Home Family Experience of Care Survey data and Nursing Home Patient Satisfaction Survey data are being made available for public use.

As an additional cost savings measure, the Nursing Home Family Experience of Care Survey has moved from annual to biennial administration. Nursing homes have received information relevant to this change.

The quality assurance process continues for the Consumer Guide to Long Term Care and staff participate in educational webinars and events to keep abreast of evolving CMS quality measurement requirements.