MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

February 2017

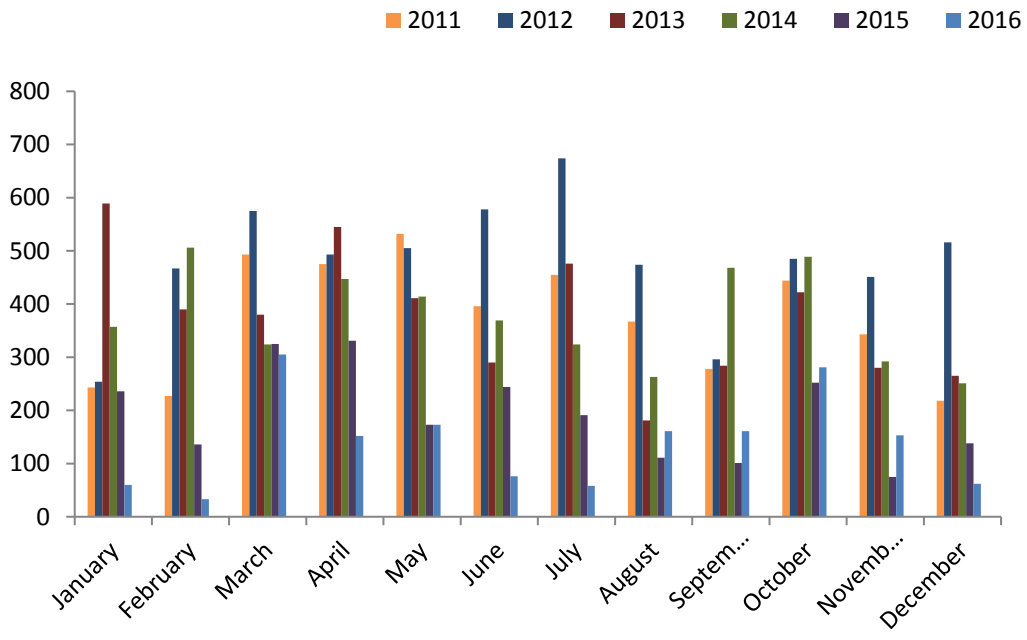
EXECUTIVE DIRECTION

Rural Health Workgroup

The next meeting of the workgroup is Monday, March 27th 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 **$61,506** for the month of December. The monthly payments for uncompensated care from January 2011 through December 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
The Level II and Level III trauma centers' and specialty trauma centers' applications for reimbursement of on call costs, which were due to the Commission no later than January 31, 2017, have been received by Commission staff.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Data Submission Status, Payor Compliance and Technical Support

MHCC Staff and Social & Scientific Systems (SSS) the MCDBs database vendor, continue to collaborate with one of our larger payors through weekly meetings to address various data quality issues with the payor's 2015 and first quarter 2016 MCDB data submissions. We anticipate all data quality issues with this payor to be corrected by month's end. As a result, we estimate the 2015 MCDB data including first quarter 2016 (which includes the claims run-off for 2015 and prior incurals) to be available on or before March 31, 2017. Based on 2016 MCDB data submissions, we anticipate the 2016 MCDB data to be ready by September 30, 2017.

Update on MCDB Data Warehouse (DW) and Extract Transform Load (ETL) Development

Data Warehouse (DW) Loads: SSS loading of 2015 Post-ERISA data is in progress and will be completed soon after one of our larger payors (mentioned above) data has passed all validation checks performed by SSS. We anticipate the timeline for the 2015 Post-ERISA loads to be March 15, 2017 (14 days after the payor's data passes all validation checks). SSS has completed dry runs before the payor's 2015 data resubmissions for the MIA and HSCRC 2015 data extracts as these would be early versions (without value added fields) of the 2015 MCDB data.

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

MHCC staff and SSS attended NRHI's kick-off meeting for Phase III of the TCoC project. For this phase, MHCC will be participating under the Alignment Sites category of which the primary focus of reporting would be National Benchmarks. SSS will be aggregating the data to produce benchmarks results for the project using 2015 data. MHCC will review all results before submitting to NRHI. Massachusetts is the other region participating in Alignment Sites category. There are two other categories of participants as follows: (i) Standardized Regions where the primary focus would be Physician Practice, Community and National Benchmark Reporting. There are six regions (CO, UT, St. Louis MO, MN, OR and Cincinnati OH) participating in this category. (ii) Development Sites where the main focus would to identify a barrier and work to overcome it utilizing the resources available through NRHI's Getting to Affordability (G2A) learning modules and social learning community. Four regions (Eastern PA, OR, VA, WA) are participating in this category. NRHI will provide grant reporting requirements via a webinar soon. The TCoC Phase III project is funded by the Robert Wood Johnson Foundation.

Collaboration with Maryland Insurance Administration (MIA) on Rate Review

MIA and MHCC plan to leverage the MCDB to support the MIA's review of rate filings. In order for the MIA to use the MCDB for rate review, all payors who provided claims and membership data in Actuarial Memoranda (AM) to the MIA via premium rate filings were required to change all program logic used to retrieve data for the MCDB. This was a heavy lift for payors and took several months to complete. Some payors have already complied by recoding the MCDB data and have resubmitted. Results show that the membership data now reconciles to the AM data for those payors who were able to complete the program logic change. However, for the allowed claims data reconciliation, some discrepancies exist for some of our larger payors. MHCC and SSS continue to collaborate with these payors to understand and correct these discrepancies.

Database Development and Applications – Leslie LaBrecque

Data Processing/Tech Support: developed an alternative method to avoid sorting on the MCDB data as we were running out of memory; worked on freeing up server space due to space issues; attended Minimum Data Set preparation meetings with staff ahead of the contract with Hilltop and transferred documentation and programs to Hilltop; made backup copies of all web applications and associated databases due to failures in the internal web application server; processed a request on Maryland hospital elective joint procedures by payer and hospital; provided network support to staff with printers and password updates; uploaded 2016 quarter 3 hospital discharge inpatient and outpatient files for the hospital guide contractor;
Data Release – processed several DC hospital discharge abstract data releases to various requestors; investigated and reported to data recipients about remaining issues with the DC data for 2015; working with the DC hospital association to correct the remaining data issues; provided support to the CON staff on the data releases; completed a data use agreement with the University of Maryland School for access to Medicare data for use in the rural health analysis; answered questions from potential MCDB data requestors; continued negotiations with Johns Hopkins School of Public Health to move forward the umbrella data use agreement.

APCD Support - attended MCDB project management and data warehouse/ETL meetings;
MHCC Website - reworked the industry quick links page; training admin staff with web update procedures; assisted CON staff with recommended decision posts, new pages and large document uploads; assisted HIT staff with telehealth updates; added new years of nursing home experience care data to the public use files download page.

Health Facility and Licensing Board Web Survey Applications

Long Term Care Survey – attended meetings to prepare for upcoming new web tasks; on the adult day care section, updated latitude and longitude data, resolved county display problems, wrote code to update the Medicaid provider number for some adult day care facilities that were missing and not displaying correctly, and imported 2014 data from the long term care survey data; researched and pinpointed an assisted living inspection report issue which needed to be fixed on the Office of Health Care Quality's server; performed a complete assisted living inspection report update, identified and reported on discrepancies between the MHCC database and the OHCQ reports.

Home Health Survey – made changes to the home health agency facility survey requested by the health facility quality staff.

Board of Psychologists – developing a new psych associate section for the psych renewal application; worked with the Psych Board web manager to back up the online web application and data, and add new columns to the Psychology database.

Board of Chiropractors – met with Board staff and made the requested changes to the chiro renewal application, tested the changes, and worked with them to back up the online web application and data, and add new columns to the Chiro database.

Hospice Survey – began modifications for this year's survey including adding 3 new readmission, age and gender categories, number of patients diagnosed with primary diagnosis, addition of reporting by nurse practitioner.

Internet Activities

Data from Google Analytics for the month of January 2017

- 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 January 2017 was 12,984 and of these, there were 55.32 % new sessions. The average time on the site was 1:38 minutes. Bounce rate of 72.66 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 January 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

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. The team, including MHCC staff, agreed that Phase 1 of the website will include six potentially shoppable procedural episodes, 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. Data testing began last year using service years 2013-

2014, so Phase I will report information for these years for the privately insured under 65 population as well as Medicare prior to the end of this grant in September. As soon as the grant deliverables for this pricing transparency project are met, SSS will update first the privately insured and then the Medicare results with 2014-2015 data.

Wowza has completed the design of the website, including photos produced by a photographer who was selected in a small bid process and paid with grant funds. The website design specifications have been given to SSS staff who are now building the site. Once the site is built, SSS will link the data files for each episode to the website for display. In the months prior to launching the website with data, the site will have a "coming soon" page that will enable visitors to sign up to be notified when the site becomes interactive.

In January, staff and team members from HCI3, SSS, and Wowza attended a meeting of MHA's Council on Clinical & Quality Issues during which the team discussed the purpose of MHCC's episode of care project, the data used, the HCI3 grouper, and what information would be displayed on the website. Members of the committee requested an opportunity to review the data for their hospitals in advance of the site going live. Using feedback from MHA members and staff, the team will develop episode summary records for each hospital (or other facility) whose average results will be displayed on the website prior to public display of the information so that they may vet their data. The process for this will be developed over the next few weeks.

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 has been 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 teams in Maryland and St. Louis 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 for free online for physicians for two years. A work plan to promote the course is under development.

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
At its January meeting, the Commission adopted an updated State Health Plan (SHP) chapter for organ transplantation services as final regulations. The regulations will become effective on February 27, 2017.

State Health Plan: COMAR 10.24.19, Freestanding Medical Facilities
Adoption of this proposed new SHP chapter, anticipated in January, was postponed in order to convene a meeting with other affected state agencies (the Health Services Cost Review Commission, DHMH's Office of Health Care Quality, and the Maryland Institute for Emergency Medical Services and Systems) and further consult with them on issues surrounding development of freestanding medical facilities through conversion of general hospitals. After, this additional consultation, MHCC staff made additional changes to

the draft regulations. MHCC staff plans to request approval of proposed permanent regulations at the February Commission meeting.

State Health Plan: COMAR 10.24.11, General Surgical Services
MHCC staff scheduled a second work group meeting for February 14, 2016. Staff worked on developing materials for this meeting and on draft regulations.

Rural Health Study
MHCC staff participated in planning future meetings of the rural health care delivery work group, developed work group meeting materials, and provided support to the University of Maryland researchers by providing data and other information.

Certificates of Conformance and Certificates of Ongoing Performance
MHCC staff received and began reviewing responses to additional questions regarding the application of the University of Maryland Shore Medical Center at Easton (UMSMC-E) for a Certificate of Conformance to perform primary and elective percutaneous coronary intervention (PCI) services. UMSMC-E previously received a Certificate of Conformance that authorized PCI services at its current location. However, UMSMC-E has a pending CON application for relocation of the hospital and it must obtain approval for PCI services at the new location.

MHCC staff updated the schedule for Certificates of Ongoing Performance for cardiac surgery programs. The revised schedule will be published in the *Maryland Register* on February 17, 2017. MHCC staff continues to work with staff from the Society of Thoracic Surgeons and Maryland hospitals with cardiac surgery programs to obtain agreement on the use of certain data required to begin reviewing applications for Certificates of Ongoing Performance.

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.

Long-Term Care Policy and Planning – Linda Cole

Hospice Survey
Work continues on development of a revised online data collection tool. Contacts and addresses are being verified to expedite the survey process when the updated survey is finalized.

MDS RFP
CMS has been notified in order to make revisions to our Data Use Agreement (DUA) for the Minimum Data Set (MDS), a federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. All DUA actions have been approved by CMS. The DUA has been extended for an additional year, to January, 2018. Contacts from Hilltop, MHCC's new MDS consultant (contract effective February 1, 2017) have been added, and another year of MDS data has been approved. In addition, 2016 MDS data has been requested from the Office of Health Care Quality (OHCQ) so that data processing can begin as soon as the work plan is approved.

Guidelines for 2017 Home Health Agency (HHA) Certificate of Need (CON) Review
MHCC 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

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). The CON review schedule for HHA projects, also published in the November 14th issue of the *Maryland Register*, includes specific timeframes for submission of letters of intent, pre-application conference dates, and application submission dates for each of the four multi-jurisdictional regions, and can be found on the Commission's website at http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/chcf_con_schedule_20161114.pdf

Long term care planning staff worked together with Certificate of Need (CON) staff in updating the CON application form for 2017 HHA CON reviews to be consistent with the HHA Chapter of the State Health Plan (COMAR 10.24.16).

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. 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-Waldorf - (Charles County) – Docket No. 15-08-2362
Establish an alcoholism and drug abuse intermediate care facility (ICF) with 64 medical monitored inpatient detoxification beds (subject to CON review) and an additional 76 intensive residential treatment beds to be located at 1110 Billingsley Road in Waldorf.
Approved Cost: $10,712,744 (inpatient detoxification facilities)
Total Project Cost: $28,669,470

Recovery Centers of America-Upper Marlboro – (Prince George's County) – Docket No. 16-16-2363
Establish an alcoholism and drug abuse ICF with 55 inpatient detoxification beds (subject to CON review) and an additional 70 intensive residential treatment beds to be located at 4620 Melwood Road in Upper Marlboro.
Approved Cost: $12,239,219
Total Project Cost: $27,816,407

CON Letters of Intent

VNA of Maryland
Expansion of an existing home health agency's authorized service area to include the Upper Eastern Shore Region (Caroline, Cecil, Kent, Queen Anne's and Talbot Counties).

Pre-Application Conference

VNA of Maryland
Expansion of an existing home health agency's authorized service area to include the Upper Eastern Shore Region (Caroline, Cecil, Kent, Queen Anne's and Talbot Counties).
January 24, 2017

MedStar Franklin Square – (Baltimore County)
Establish a liver transplant program at the hospital.

January 31, 2017

MedStar Franklin Square – (Baltimore County)
Establish a kidney transplant program at the hospital.
January 31, 2017

CON Applications Filed

Kaiser Permanente Gaithersburg – (Montgomery County) – Matter No. 16-15-2390
Addition of a third operating room to the existing freestanding ambulatory surgical facility.
Estimated Cost: $1,904,412

Determinations of Coverage

- **Acquisition/Change of Ownership**

Milford Manor Nursing Home – (Baltimore County)
Acquisition of the real property and improvements and beds rights of Milford Manor Nursing Home by King David Realty, LLC.
Purchase Price: $11,000,000

Celtic Healthcare of Maryland
Acquisition of two home health agencies operated by Celtic Healthcare of Maryland. The two agencies are License Number HH7162, which is authorized to serve Baltimore County and HH7160 which is authorized to serve Montgomery County, The acquiring entity is CareSouth HHA Holdings of Virginia. LLC.
Purchase Price for both entities: $1,400,000

- **Capital Projects**

University of Maryland Medical Center –Midtown Campus – (Baltimore City)
Capital expenditure to construct a 10-story building housing space for the provision of outpatient medical services, a community health education center, and a conference center. (The capital expenditure exceeds the expenditure threshold for hospitals requiring CON review and approval. The hospital was determined to not require CON on the basis that it has pledged to not seek any changes in regulated hospital rates related to this capital project that exceed $1.5 million.)
Estimated Cost: $56,500,000

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Staff attended a joint meeting of the Office of the National Coordinator for Health Information Technology (Health IT) Policy and Standards Committees. The Interoperability Standards Advisory Task Force (ISA Task Force) made recommendations to provide the industry with educational information about health IT interoperability standards and implementation specifications. The ISA Task Force noted that final recommendations will include additional details on use cases that better support consumer/patient access to their health information.

Several small health care providers (providers) are testing the Cybersecurity Self-Assessment (tool). The tool encompasses key elements of the National Institute for Standards and Technology Cybersecurity Framework. The tool assists users in identifying potential gaps in their cybersecurity readiness and gain an

understanding of best practices to guard against a cyber-attack. The tool aims to help prepare providers to maintain critical infrastructure, sustain operations, protect against current and future threats, and respond to and recover from a cyber-attack. The tool was developed by staff with stakeholder assistance and is targeted for release in February.

Staff developed the hospital health IT survey (survey) for the 2016 reporting period. Survey questions were vetted with hospital Chief Information Officers (CIOs). The survey is conducted annually to assess diffusion of health IT among acute care hospitals in Maryland, including use of electronic health records (EHRs), electronic prescribing, patient portals, health information exchange (HIE), telehealth, mobile applications, and data analytics. Staff developed and tested the online survey, which will be distributed in February to hospital CIOs.

During the month, staff drafted regulations detailing the process that an electronic advance directive service organization would follow in seeking State Recognition. State Recognition will be awarded by MHCC to select organizations that meet standards for privacy and security, among other things. These standards were developed in collaboration with stakeholders and the Department of Health and Mental Hygiene (DHMH), as required by House Bill 1385, *Procedures, Information Sheet, and Use of Electronic Advance Directives.* On January 19th, House Bill 188, *Public Health – Advance Directives – Witness Requirements, Advance Directives Services, and Fund* was introduced that would require enhancements to the draft regulations. Staff plans to monitor the bill over the next month.

Staff is developing guiding principles to serve as the framework for establishing a roadmap to support health care reform using health IT. The guiding principles will focus on diffusion of health IT to create alignment across health care reform initiatives while improving quality, efficiency, safety, and patient-centered health care. Staff is engaging stakeholders in the development of the guiding principles and plans to align the roadmap with federal initiatives centered on care coordination and value-based care delivery models.

Staff provided project initiation support to the round one mobile health grantee, Johns Hopkins Pediatrics at Home (PAH). PAH and its technology partner are developing a mobile application designed to support patient engagement in managing asthma among a pediatric population. The mobile application will securely transmit information to participants to facilitate use of their customized Asthma Action Plan and enable communications with PAH nurses, among other things. The project is set to launch in the spring and continues through June 2018.

During the month, staff analyzed data collected as part of an Ambulatory Surgical Center (ASC) EHR Survey (survey). The survey was distributed to ASCs in November and inquired about their EHR adoption status, perceived benefits of using an EHR, and challenges with EHR implementation. The survey also included questions about ASCs use of HIE. Findings from the survey will be used to assess policy challenges with health IT adoption among ASCs. A report is targeted for release in the spring.

National data on incidents involving a breach of unsecured protected health information (PHI) is being analyzed by staff. The data accounts for breaches affecting 500 or more individuals from 2009 through 2016. Staff is also reviewing details of incidents that occurred in Maryland, including provider type, number of individuals affected, type of breach, and location of breach. Staff plans to develop an information brief of the findings, which will include select recommendations for safeguarding electronic health information. The information brief is targeted for release this summer.

Health Information Exchange Division – Angela Evatt, Division Chief

Staff participated in a meeting of the Chesapeake Regional Information System for our Patients (CRISP) Integrated Care Network (ICN) Steering Committee (committee). The committee discussed the need to evaluate care coordination measures to ensure adequate assessment of care management activities. Staff also convened a preliminary kick-off call with CRISP, the Health Services Cost Review Commission (HSCRC), and Mosaica Partners (Mosaica) to discuss the framework for the independent verification and validation

(IV&V) of the ICN. Mosaica will conduct an impartial review of performance, identify issues, and make recommendations for the ICN project. IV&V activities are scheduled to begin in February.

Planning activities for the annual information technology audit (audit) of CRISP are underway. Staff and the independent auditors, Myers and Stauffer, refined the audit scope as well as the procedures for evaluating whether CRISP and its vendors process, transmit, and store patient data securely to minimize unauthorized disclosure or breach of PHI. Myers and Stauffer expects to complete a draft report of the audit findings in May. CRISP has nearly finalized their cybersecurity, disaster recovery, and business continuity plans being developed with input from staff. Staff continues to provide support to CRISP in the identification of a Medicare data provider analytics platform.

Various stakeholder follow up activities occurred during the month on the informal comments to the proposed amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (regulations). The proposed amendments require HIE organizations that offer consumers access to their protected health information to implement certain privacy and security protections beyond the minimum required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Staff is drafting an information brief (brief) to highlight outcomes and lessons learned from the round two telehealth grants. Round two assessed how remote patient monitoring (RPM) can reduce hospital encounters among patients with chronic health conditions. Grantees included: Crisfield Clinic in Somerset County, Union Hospital in Cecil County (UHCC), and Lorien Health Systems in Baltimore and Harford Counties. Staff plans to release the brief by the end of March.

Staff continues to support the round three telehealth grantees to assess how telehealth can increase access to care, reduce wait times, and improve patient self-care. During the month, staff completed a site visit at Gerald Family Care (GFC). GFC is offering patients video consultations with specialists at Dimensions. Associated Black Charities is using mobile tablets to facilitate video consultations between community health workers and patients with nurses at Choptank Community Health. UHCC is using mobile tablets to provide patient education to individuals with chronic conditions that are discharged from the hospital. The projects will continue through May 2017.

Staff conducted field work with Gilchrist Greater Living, a round four telehealth grantee, to assess their use of RPM devices to manage chronically ill adults who are homebound. Discussions are underway with MedPeds regarding identifying lessons learned from their telehealth project, which provided virtual consultations to patients with poorly controlled diabetics. The round four grant period began in June 2016 and continues through November 2017.

Efforts are underway to implement the round five telehealth project by staff and the grant recipient, University of Maryland Shore Regional Health (Shore Health). Shore Health plans to increase access to palliative care using telehealth by expanding the clinical care and service area of the Shore Regional Palliative Care Program to patients in Kent County. Shore Health also plans to expand behavioral health services to patients in Kent and Queen Anne's County by implementing telehealth for emergency department psychiatric services and inpatient psychiatric consultations. The project will continue through July 2018.

During the month, staff met with the University of Maryland, Lorien Health Systems, Howard County Health Department, and CRISP (partners) to discuss plans to re-submit a proposal in response to a funding announcement by the Patient-Centered Outcomes Research Institute (PCORI). The partners discussed needed enhancements to its original proposal based on feedback received from PCORI. The funding opportunity is for approximately $5 million over four years. A letter of intent must be submitted to PCORI by February 14th. PCORI will invite select applicants to submit a proposal for consideration in March.

Staff convened an electronic data interchange workgroup to identify key elements of administrative transactions (established under HIPAA) that could inform care delivery when integrated with an HIE. The workgroup included representatives from CRISP, Availity, eClinicalWorks, Columbia Medical Practice, and University of Maryland Faculty Physicians. In addition, two electronic health networks (EHN) were

recertified: Allscripts Healthcare, LLC and Instamed Communications, LLC. Staff continues to develop an assessment tool to support its review of EHN cybersecurity.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Staff continues to assist practices participating in the Centers for Medicare & Medicaid Services (CMS) Practice Transformation Network (PTN). The MHCC, Maryland State Medical Society—MedChi (MedChi), and the Maryland Learning Collaborative have partnered as a subcontractor to New Jersey to provide PTN activities in Maryland. Nearly 500 practices have enrolled in the PTN and an additional 300 have committed to participate. PTN coaches collected practice data for required quality metric reporting and assisted practices with meaningful use reporting.

The first session of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Support and Awareness Program was convened by staff in collaboration with MedChi. The session included a high level education on MACRA, as well as information on State value-based payment models and practice transformation. Planning is underway for additional sessions, which qualify for continuing medical education credits.

Staff continues to work with HSCRC and DHMH in developing the Maryland Comprehensive Primary Care model (model). The model was developed as part of the State's All Payer Model Agreement with the goal of identifying ways for ambulatory physicians to earn value-based incentive payments. The overarching goal is to improve the health of Maryland's population by fostering more person-centered, team-based, and evidence-based care delivery throughout the State.

The Medicaid shared savings incentive payment calculations were finalized by staff for eligible practices that participated in the Maryland Multi-Payor Patient Centered Medical Home Program. An internal review of the calculations is underway. Staff anticipates forwarding to Medicaid the practice incentive payments that are earned for achieving certain quality, utilization, and cost goals in February. Activities are underway to analyze the 2015 incentive payment data for commercial carriers.

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

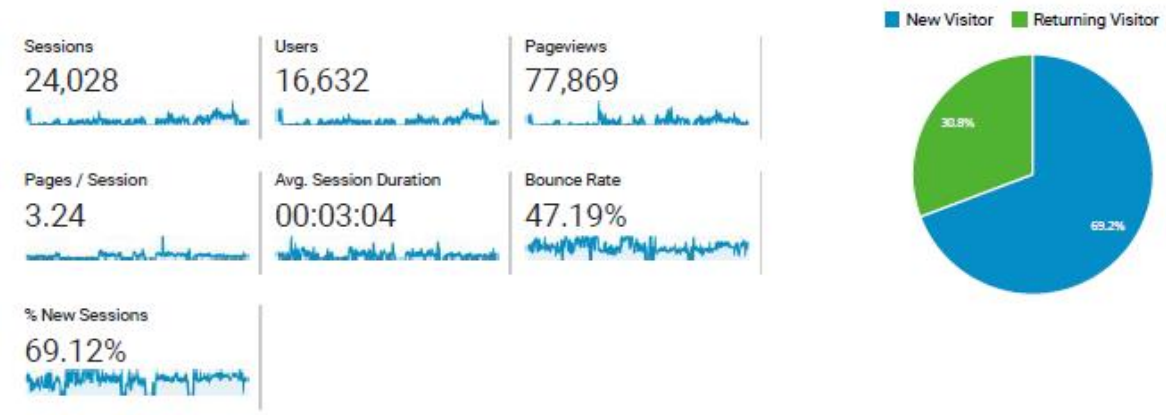
The Maryland Health Care Quality Reports website

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.

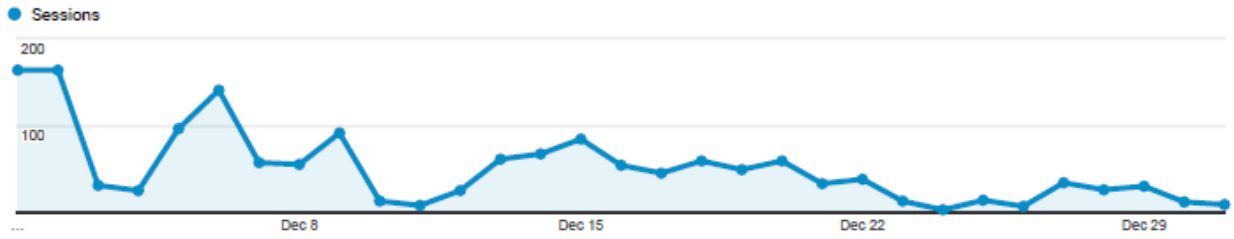
As part of the promotional campaign, HQI staff tabled at the Department of Health and Mental Hygiene's 13th Annual Health Equity Conference, held in Baltimore on December 13, 2016. Staff plans to continue to identify opportunities to promote the website at other local events and statewide healthcare 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 25th 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 – 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, 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.