

# **MARYLAND HEALTH CARE COMMISSION**

## ***UPDATE OF ACTIVITIES***

**July 2017**

### ***EXECUTIVE DIRECTION***

#### **Rural Health Workgroup – Erin Dorrien**

The advisory groups met for the final time to review potential recommendations and a potential model for a “rural health community complex.” Over 30 recommendations were considered including creating a local planning board, considering a special designation for a small community hospital, increasing scholarship opportunities for medical students willing to work in a rural community.

The model envisions the establishment of community health complexes in the five county region. Ideally services would be co-located to create a “one-stop-shop” for patients even in smaller communities. The first goal of the model would be to ensure that all communities had access to essential primary care services. More sophisticated complexes would offer a broader range of services and would be deployed at FQHCs and medical office complexes. FMFs, a new type of small rural hospital, and regional medical centers would offer progressively more advanced specialty care along with the essential primary care services. In some of the larger communities multiple complexes might exist. Linking the region together would be “Patient-Centered Support Hub,” the backbone of which would be the technology to support integration, coordination of care, and linkage with community and social services. Staff noted that some community health complexes established either by Choptank FQHC or by Shore Health already existed in the region. However, many smaller communities lacked access even on periodic basis to primary care services. The services envisioned through the Patient-Centered Support Hub could be available through the CRISP integrated care network. Some workgroup members felt that the conversion of the hospital in Cambridge could serve as a great demonstration for this type of model.

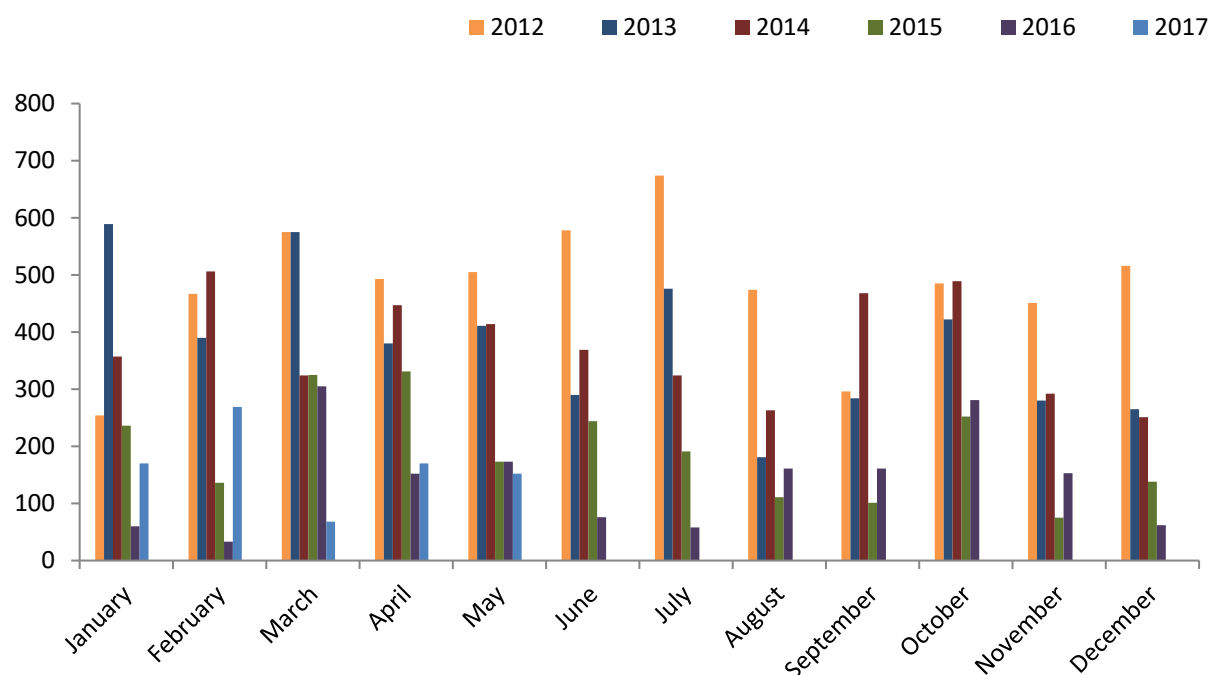
The model and advisory group recommendations will be discussed by the full workgroup at the next meeting on Tuesday, July 25, 2017.

#### **Maryland Trauma Physician Services Fund – Karen Rezabek**

##### **Uncompensated Care Processing**

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **\$151,967** for the month of May. The monthly payments for uncompensated care claims from January 2012 through May 2017 are shown below in Figure 1. The level of uncompensated care payments is below the historic trend as a result of expanded insurance coverage, particularly Medicaid coverage. MHCC staff has seen an uptick in uncompensated care payments in January and February compared to the same months for 2016. Payments for uncompensated care claims have increased to 105% percent of the Medicare Fee Schedule for claims dated on or after July 1, 2016.

**Figure 1**  
**Uncompensated Care Payments to Trauma Physicians, 2012-2017**



### **On Call Stipends**

The trauma centers' applications for on call stipends for January through June 2017 will be due to the Commission no later than July 31, 2017.

***CENTER FOR ANALYSIS AND INFORMATION SYSTEMS***

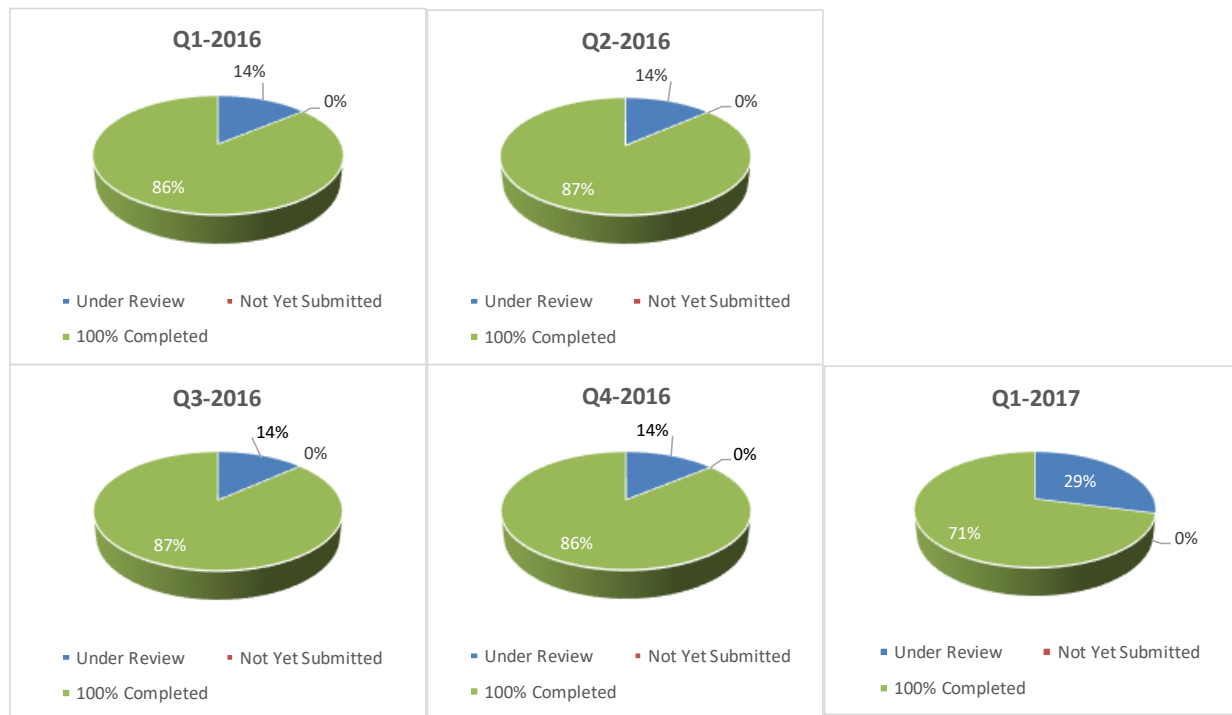
***Cost and Quality Analysis – Kenneth Yeates-Trotman***

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

**Despite some data quality setbacks, the MCDB 2016 and first quarter 2017 data are on track to be completed by 9/30/2017**

**2016 MCDB Data:** Two of our large payors need to resubmit 2016 MCDB data due to quality issues for two data files (medical and pharmacy). Staff and Social and Scientific Systems (SSS) are working these payors to get the files corrected as soon as possible. We anticipate these data quality issues to be resolved by 7/31. As of 7/3/2017, 86% (24 of 37 payors including PBMs and TPAs) have submitted clean data (pass all data validation checks performed by SSS) for all four quarters of 2016 as shown in the exhibit below.

**First Quarter 2017 MCDB Data:** As of 7/3/2017, 71% (24 of 34 payors) have successfully submitted clean data to the MCDB as shown in the exhibit below. We anticipate that all data reviews to be completed by the end of the month as payors are currently addressing various data quality questions and issues. The first quarter 2017 data completes the 2016 MCDB reporting as it includes claims run-off for 2016.



### Privately Fully-Insured Report 2015

**The report's presentation will be presented at the July meeting, with overall PMPM spending growth expected at 33% for the individual market**

The report will focus on the individual market as a whole and will examine On v. Off-exchange health care spending in Maryland for 2015 for the time. Results will show higher overall PMPM spending for on-exchange members as expected compared to off-exchange. Health care spending in all other markets (small group and large group) will be examined as well and will compare trends in cost and utilization for 2014 v. 2015. Looking ahead, staff will be exploring quarterly rolling 12 months updates of this report as well as expanding the report to show the trend of three years of year over year changes in results. For example, PMPM spending year over year changes for 2014, 2015, and 2016.

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

**Initial quality control (QC) tables were delivered to NRHI on time by MHCC staff**

MHCC staff has completed and delivered the initial QC tables of Phase III of the TCoC project. The QC tables were due to NRHI on 6/16/2017. Staff is currently reviewing feedback from NRHI on the tables and will respond a handful of questions about the tables by the end of this week. The QC tables are the underlying data for the whole TCoC project. In the coming weeks, staff and SSS will be working on risk adjustment part of the project which is due to NRHI by 8/31.

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

### **MCDB data warehouse enhanced with the creation of new DataMarts**

SSS has created new DataMarts and has loaded historic (2010-2014) eligibility and institutional services data so far. During the next two weeks, SSS will be loading historic data for pharmacy and professional services. The DataMart will be available for use by the end of the month. A training session on the DataMart facilitated by SSS will take place in early August.

### **Database Development and Applications – Leslie LaBrecque**

#### **Data Release**

The Data Staff is working with HSCRC to revise Data Use Agreements for DC hospital data and APCD data releases, and to assist them with finalization of their data management plan. The Staff continues to assist DC data requestors who currently have data with quarterly reports and data use agreement updates as well as assisting APCD requestors with following the APCD data release application protocol. Staff held conference calls to answer questions from potential APCD requestors. The Staff is working toward a new arrangement with Medicaid to streamline requestor application procedures for access to the Medicaid MCO portion of the MCDB and make the Medicaid data fields more consistent with the MCDB fields. The Staff is working with the MCDB vendor to prioritize releases of the 2015 APCD Standard analytical file.

#### **Data Processing and Tech Support**

The Data Staff continue to work with the DC Hospital Association to get corrected procedure code files. The Staff continued to provide feedback and technical support to the total cost of care team working on the WeartheCost project. The Staff researched the new licensing options for getting licensed AMA CPT code files for use with the ambulatory surgery facility survey and associated analyses and made arrangements to get the needed files. The Staff is working with the SAS government representative to assemble pricing for upgrading and converting our license over to Office Analytics. The Staff continues the process of moving sensitive files over to the virtualized server, setting up the permission groups and updating the programs to point to the new locations. The Staff upgraded the Tableau server to version 10.3. Staff researched and responded to questions from Hilltop about Bed Need and retention rates for the MDS program. Staff is currently working through processing Cath PCI Quarter 4 2016 data. Staff performed a data request reporting vaginal births by hospital.

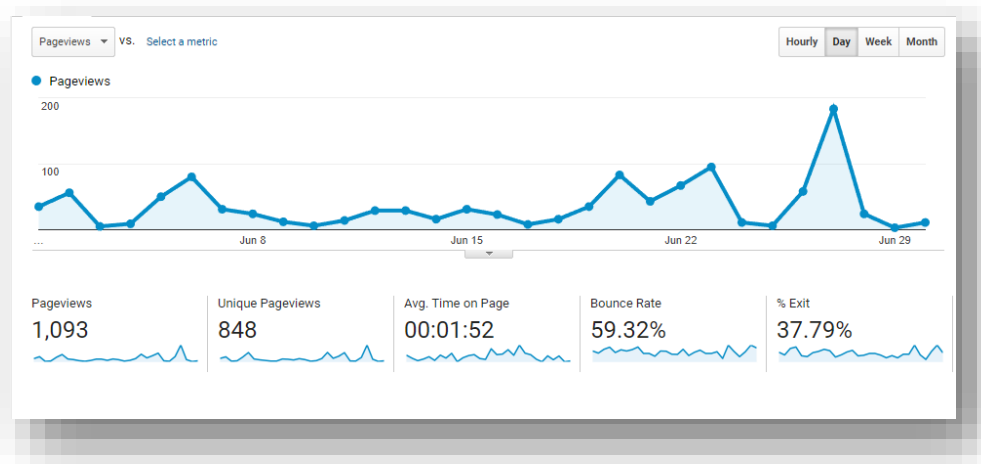
#### **Web Applications**

The Data Staff assisted the Health IT staff with implementation of a new section for Cybersecurity and with MACRA updates. Staff worked with the Budget staff to update assessment values for nursing homes and insurance companies in the Assessments web application. Staff researched and discussed with the Long Term Care Staff options for implementing API programming functionality for sections of the long Term Care Guide where data comes from CMS. Staff spent considerable time working through the Assisted Living facility profile update to the Long Term Care Guide as there were numerous data discrepancies. Staff completed changes to the Chiropractic Board licensing application and created new dynamic functionality to set headings and labels according to the type of license renewal. The Data Staff developed an alphabetical site index with short topic items to assist users with finding information on the MHCC website and implemented the new DHMH branding throughout the website. Staff is working with the Planning Staff to perform testing and prepare for the launch of the Home Health Agency Survey web application and continued development of administrative functionality for the application. Staff implemented final changes to the Ambulatory Surgery Survey and successfully launched it. Staff made CCRC Direct Admission Survey quarter 1 2017 data available to the Planning Staff.

## Internet Activities

### MHCC Website (<http://mhc.maryland.gov>)

Data from Google Analytics for the month of June 2017

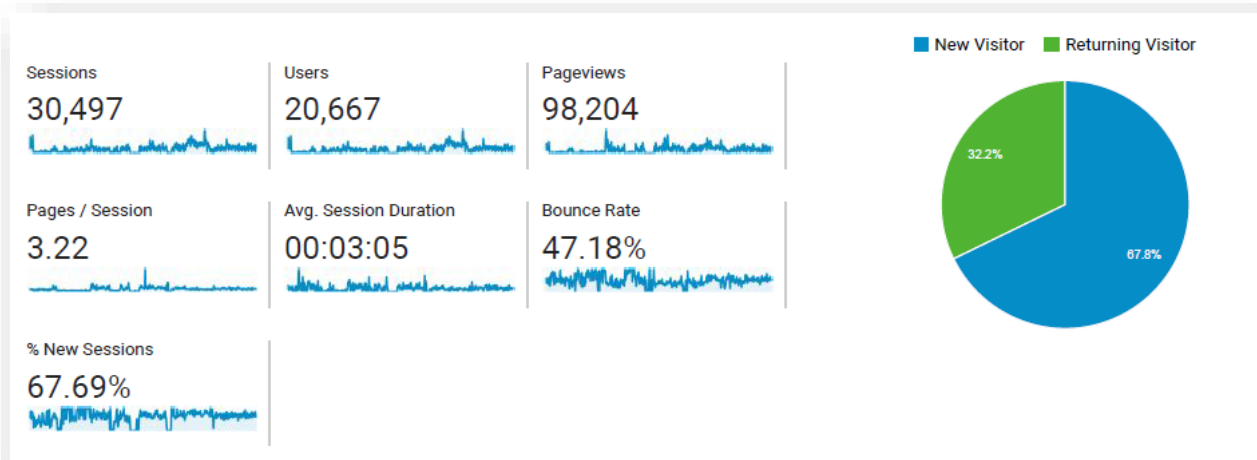


• Bounce rate is the percentage of visitors that see only one page during a visit to the site.

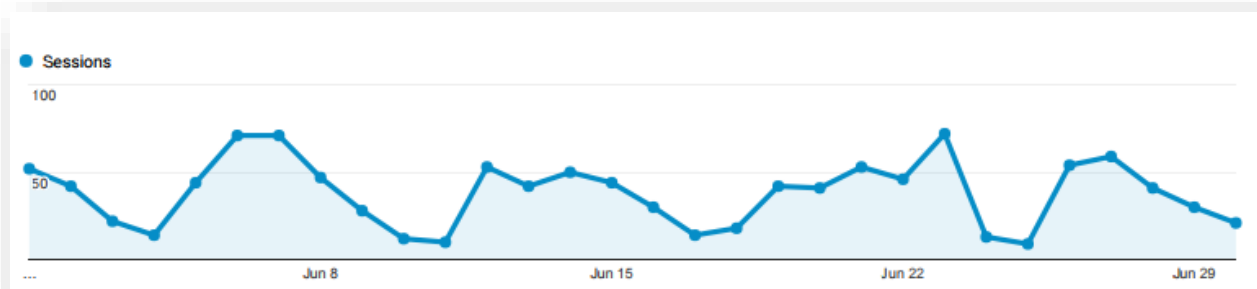
- As shown in the chart above, the number of pageviews to the MHCC website for the month of June 2017 was 1,093 and of these, 848 were unique pageviews. The average time on the site was 1:52 minutes. Bounce rate of 59.32% is the percentage of visitors that see only one page during a visit to the website 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 [mhc.maryland.gov](http://mhc.maryland.gov). Other government agencies include [dhmh.maryland.gov](http://dhmh.maryland.gov), [hscrc.state.md.us](http://hscrc.state.md.us). Among the most common search keywords in June were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

### MHCC Quality Report (<https://healthcarequality.mhcc.maryland.gov>)

Since the new site was released in December 2014, there have been 20,667 users of the consumer site and 98,204 page views. On average, 667 users per month have visited the site. About 68% of users are new visitors. In June 2017 the MHCQR site had 839 users and 3,492 page views, a small decrease from 861 users in May but a slight increase in page views from 3,465.



The average time on the site in June was just under 3 minutes. A discussion of the Maryland Health Care Quality Reports is found on page.



### **Policy, Cross-Payer & Workforce Analyses– Mahlet ‘Mahi’ Nigatu**

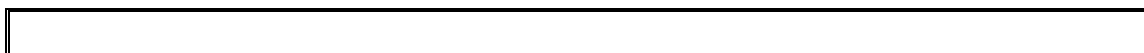
#### **Episode of Care Project**

#### **The release of the Consumer website, Wear The Cost, has been postponed to the Fall**

The anticipated go-live date for the Wear the Cost website has been moved to a tentative date in August with the possibility to go to September. We have decided to delay the release of this transparency tool for a short time due to hospitals' objections to Phase 2 of the All-Payer Model. The concerns about Phase 2 of the Model and the WearTheCost Website are not directly related, but the delay on release is out of an abundance of caution.

The Episode of Care project team continued making significant progress in the development of the public facing consumer website that displays healthcare prices for entire episodes of care and various other supplemental information. The site is titled “Wear the Cost” and will enable anyone to review costs and compare hospitals by cost and quality measures using Altarum’s (in the past known as HCI3) PROMETHEUS episode of care grouping software. The first public version of the site would include four procedural episodes: total hip replacement, total knee replacement, hysterectomy, and vaginal delivery using 2014 commercial data.

Altarum, Social Scientific Systems (SSS), Wowza, (a subcontractor to SSS) and Freedman Healthcare LLC, our PMO contractor continued working together on implementing changes to the website based on a consumer usability testing and developing the content of this consumer website such as blog entries, social media kit and enlightening useful resources for visitors to the consumer website. Altarum has also worked in conjunction with MHCC on the press conference planning.



**Acute Care Policy and Planning - Eileen Fleck**

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

Staff held a work group meeting to obtain additional feedback on June 1, 2017. Staff also worked on developing draft revised regulations that will be posted for informal comment, prior to Staff requesting the Commission consider draft proposed regulations in September.

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

MHCC staff has been reviewing the feedback received on the ICD-9 procedure codes that should define cardiac surgery and developing draft recommendations for corresponding ICD-10 codes.

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

**Hospice Survey: 100% Response Rate**

The FY 2016 Maryland Hospice Survey was available for online data entry beginning on Monday, March 13, 2017, with Part I due by May 13<sup>th</sup> and Part II due by June 6<sup>th</sup>. All surveys have now been completed. Staff are now working on data edits to produce an updated Public Use Data Set.

**Ongoing Hilltop Contract**

Staff is working with The Hilltop Institute at UMBC as its Minimum Data Set (MDS) and Long Term Care Planning consultant. Work is underway on Consumer Guide tables. A Design Plan has been reviewed and approved. A report on Medicaid updates and the impact on the MDS Manager Programs has been reviewed and comments submitted. Biweekly phone conference calls continue; the next call is scheduled for July 10<sup>th</sup>.

**Home Health Agency (HHA) Certificate of Need (CON) Applicants**

Planning staff continues to provide assistance to CON staff in reviewing applications to either establish an HHA or expand its authorized service area consistent with the HHA Chapter of the State Health Plan (COMAR 10.24.16). Letters of intent to serve the Lower Eastern Shore, which includes Dorchester, Somerset, Wicomico and Worcester Counties, were due July 7, 2017 and a pre-application conference is anticipated to be held on July 19, 2017.

**Revised Home Health Agency Survey**

The home health agency survey has been revised by staff, and specifications have been given to the programming team to create the web-based application for collection of the survey data. Staff is performing testing and providing feedback to the programmer to make updates and revisions as needed. Staff expects the survey data collection to begin in September, 2017.

**Long Term Care Survey**

The survey for assisted living, chronic hospital, and adult day care facilities was due by June 8, 2017. On June 22, 2017, the Commission issued the Notice of Assessment and Right to Contest fine letter to 24 facilities for non-compliance. The facilities have a 10 business day grace period from the notice date to complete the survey and request a waiver of the fine. Staff made several attempts by email, fax and telephone to contact the facilities prior to issuing the notice. 100% of the chronic facility surveys were submitted by the due date. Staff continues to provide help desk assistance to the assisted living and adult day care facilities that are still outstanding.

**Certificate of Need – Kevin McDonald**

**CON's Approved**

Columbia Surgical Institute – (Howard County) – Docket No. 17-13-2391

Conversion of an existing procedure room to an operating room to create a 2 operating room and 2 procedure room facility.

Approved Cost \$216,925

MedStar Franklin Square Hospital Center – (Baltimore County) - Docket No. 16-03-2360

Replacement of the current surgical services facilities and its sixteen outdated operating rooms and support area with a 14-OR surgical suite in a new 2-story building that will connect to its inpatient tower.

Approved Cost: \$70,000,000

**CON Letters of Intent Received**

Woodbourne Center – (Baltimore City)

Establish a new 40-bed psychiatric residential treatment facility to be located in Cambridge, Maryland to serve adolescent girls and boys, ages 12-18 years old.

Joseph Richey House – (Baltimore City)

Relocation of the 30 inpatient residential hospital beds from the Joseph Richey House located at 828 E. Eutaw Street, Baltimore to a new location in Stadium Place, Baltimore

**CON Applications Filed**

Suburban Hospital – (Montgomery County) – Matter No. 17-15-2400

Establish a liver transplant program at the hospital.

**Determinations of Coverage**

• **Ambulatory Surgery Centers**

Vascular Institute of Maryland, LLC – (Baltimore City)

Establish an ambulatory surgery center with 1 sterile operating room and 2 non-sterile procedure rooms to be located at 351 Camden Street, Suite 201, Baltimore.

American Access Care of Towson, ASC, LLC – (Baltimore County)

Establish an ambulatory surgery center with 1 sterile operating room and 1 non-sterile procedure room to be located at 25 Crossroads Drive, Suite 110, Owings Mills.

American Access Care of Baltimore, ASC, LLC – (Baltimore County)

Establish an ambulatory surgery center with 1 sterile operating room to be located at 8140 Corporate Drive, Suite 125, Nottingham.

• **Acquisition/Change of Ownership**

Frederick OB-GYN Surgery Center – (Frederick County)

Change in ownership of the facility. New determination of coverage required. Ambulatory surgery center with 1 non-sterile procedure room to be located at 61 Thomas Johnson Drive, Frederick.

King David Nursing and Rehabilitation Center – (Baltimore County)

Acquisition of 35% of the membership interests in the LLCs that own the real property and the licensed operation of King David Nursing and Rehabilitation Center (“King David”). The facility is currently and will continue to be operated by King David at Autumn Lake, LLC. However, the current sole member of King David, Aryeh Stern, will sell a total of 35% of the membership interests in both King David Realty LLC and King David at Autumn Lake, LLC. Mr. Stern will continue to be the managing member and majority owner of both entities.



Lions Center for Rehabilitation & Extended Care – (Allegany County)

Acquisition of the Lions Center for Rehabilitation & Extended Care by the Lions Center I, LLC.

The current owner of the real property is the Allegany County Board of Education. The current owner of the improvements and the bed rights is the Nursing Home Board of Allegany County ("NHBAC"), which is also the current operator. NHBAC formed the Lions Center for Rehabilitation & Extended Care, Inc., a not-for-profit corporation, along with a wholly owned subsidiary entity, the Lions Center 1, LLC, which will receive the transfer of assets and operations to this newly formed corporate organization. Lions Center I, LLC d/b/a The Lions Center for Rehabilitation & Extended Care will be the new operator, owner of the CON bed rights and licensee as part of the restructuring.

Envoy of Pikesville – (Baltimore County)

Modification to a previous change of ownership authorization. A potential acquisition of the real estate, building, and the bed rights associated with the facility currently operating as Envoy of Pikesville, by Brinton Woods Senior Living VI, LLC. Instead there will be no sale of the facility and its CCF bed rights, i.e., Pikesville RE, LLC. The current owner of the facility and its CCF bed rights, will remain the current owner of the facility and its CCF bed rights. The change that will occur, however, is a change of operator; the current operator is Envoy of Pikesville, LLC. After the transaction, the operator will be Brinton Woods of Pikesville.

Envoy of Denton – (Cecil County)

Modification to a previous change of ownership authorization. The potential acquisition of the real estate, building, and the bed rights associated with the facility currently operating as Envoy of Denton, by Brinton Woods Senior Living VI, LLC, was called off. Instead there will be no sale of the facility and its CCF bed rights; Denton RE, LLC, the current owner of the facility and its CCF bed rights, will continue to own the facility and its CCF bed rights. The change that will occur, however, is a change of operator; the current operator is Envoy of Denton, LLC. After the transaction, the operator will be Brinton Woods of Denton.

Maryland Surgery Center for Women, LLC – (Montgomery County)

Change in ownership of the facility. New determination of coverage required. Establish an ambulatory surgery center with 1 sterile operating room and a 3 non-sterile procedure rooms to be located at 11400 Rockville Pike, Suite C-25, Rockville.

- **Capital Projects**

Howard County General Hospital – (Howard County)

Major renovations to the catheterization lab and the replacement and relocation of fluoroscopy equipment. Estimated Cost: \$2,850,000 with \$450,000 being requested from the MHA Bond Review Program.

Holy Cross Hospital – (Montgomery County)

Renovation of 4 rooms in the emergency department ("ED") for use as behavioral health ED rooms. Estimated Cost: \$125,000 with \$57,500 being requested from the MHA Bond Review Program.

Holy Cross Health Network – (Montgomery County)

Construction of an integrated senior health center within Elizabeth House, a new subsidized senior residence building owned and operated by the Housing Opportunities Commission of Montgomery County. Estimated Cost: \$2,552,238 with \$500,000 being requested from the MHA Bond Review Program.

Meritus Health – (Washington County)

Purchase of a Mobile Health Clinic Winnebago. Estimated Cost: \$250,624 with \$125,312 being requested from the MHA Bond Review Program.

Anne Arundel Medical Center – (Anne Arundel County)

Renovation of the Richard I. Edwards Pavilion, and outpatient surgical center to replace the HVAC and upgrade its lighting with LEDs. Estimated Cost: \$1,270,000 with \$635,000 being requested from the MHA Bond Review Program.

Atlantic General Hospital – (Worcester County)

Renovations to the inpatient care areas located on the second floor of the hospital. Estimated Cost: \$2,659,956 with \$1,303,378,000 being requested from the MHA Bond Review

- **Licensure**

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

Maplewood Park Place – (Montgomery County)

Temporary delicensure of 8 CCF beds.

- **Other**

GBMC Healthcare System – (Baltimore County)

Relocation of the Gilchrist Center Baltimore – Joseph Richey House – CON Review required for relocation of facility.

Washington Adventist Hospital – (Montgomery County) – Docket No. 13-15-2349

Modification to the physical plant design of the approved project necessitated by soil conditions, and by an opportunity to improve the efficiency and “buildability” of the project does not constitute significant changes to the physical plant design of the project to require review and approval by the Commission.

<b><i>CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY</i></b>
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**Health Information Technology Division – Nikki Majewski, Division Chief**

**Health IT Roadmap development**

Staff continues to collect stakeholder feedback on the draft framework for the State Health Information Technology (IT) Roadmap (roadmap). The framework is an evolving construct that includes guiding principles and goals for advancing health IT statewide. Development of the roadmap is intended to be iterative in collaboration with stakeholders. The roadmap is targeted for completion at the end of the year.

**Round two mHealth grant**

Collaboration with stakeholders to frame a round two mHealth use case is underway. The focus is on diffusing remote patient monitoring to support care transitions for patients with chronic conditions. A request for applications (RFA) is targeted for release in August. Funding for the grant is up to \$150K and requires a 1:1 financial match.

**Financial audit of CRISP**

Preliminary activities for the annual financial audit of the State-Designated HIE, Chesapeake Regional Information System for Our Patients (CRISP), are underway with CliftonLarsonAllen. The auditor will assess CRISP’s internal controls and management of program funds. Staff is working with Myers and Stauffer to finalize the annual CRISP privacy and security audit. The audit focuses on the IT security assets considered essential to protecting electronic health information. The report will be released in July.

**Assessing cybersecurity breaches in Maryland**

Preliminary data analysis is underway on cybersecurity breaches that compares Maryland to the nation from 2010 through 2016. Data used for the analysis was obtained from the Office of Civil Rights online portal, which contains information on breaches of unsecured protected health information affecting 500 or more individuals. This analysis builds on previous work by staff to assess reported breaches in Maryland.

**Telehealth round three report**

Staff collaborated with round three telehealth grantees to identify project themes, outcomes, and lessons learned that will frame the round three telehealth brief. Grantees include Gerald Family Care, Associated Black Charities in Dorchester County, and Union Hospital of Cecil County. Grantees implemented telehealth to increase access to care and assist in care management for patients with chronic diseases.

**Advancing round four and five telehealth projects**

Staff provided guidance to the round four grantee, Gilchrist Greater Living, on their sustainability model and round five telehealth grantee, University of Maryland Shore Regional Health (Shore Health), in selecting clinical measures. Gilchrist Greater Living is using telehealth to demonstrate the impact of telehealth in primary care. Shore Health is implementing telehealth to increase access to palliative care through expansion of its Shore Regional Palliative Care Program for patients in Kent County. The project also expands access to behavioral health in the emergency department and inpatient settings for patients in Kent and Queen Anne's County.

**Round six telehealth grant**

Planning activities are underway for a round six telehealth grant to increase access to care in underserved communities. Approximately \$100K in funding will be made available to one or more entities over an 18-month time frame. Staff continues to collaborate with stakeholders in developing the use case. A 2:1 financial match is required.

**HIE care alerts using claims data**

The Electronic Data Interchange (EDI) Workgroup (workgroup) continues to review ambulatory claim-based administrative transaction data segments and elements that can enhance CRISP provider alerts. Workgroup participants include representatives from CRISP, Availity, eClinicalWorks, Columbia Medical Practice, and University of Maryland Faculty Physicians. A use case is expected to be finalized over the next couple of months.

**HIE privacy and security policy development**

Staff collaborated with the HIE Policy Board (board), a staff advisory workgroup, to identify policies that facilitate HIE diffusion and enhance existing privacy and security requirements. Policies are used by staff when considering amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*.

**Private payor EHR adoption incentives calculated at \$9.7M over five years**

Staff completed a review of State-Regulated Payor EHR Adoption Incentive Program (program) progress reports during the month. COMAR 10.25.16 *Regulation- Electronic Health Record Incentives* requires select payors to offer monetary incentives to practices for adopting an EHR. Approximately \$9.7M in incentive payments have been made since the regulations were implemented in October 2011. The regulations sunset on December 31, 2018.

**Five EHNs awarded MHCC-recertification and 42 payers submitted an EDI Progress Report**

Staff completed recertification of the following electronic health networks: SSI Claimsnet, LLC; NantHealth, Inc.; Surescripts; Tesia Clearinghouse, LLC; EDI Health Group; and Cerner Corporation. EDI Progress Reports (reports) were obtained from 42 payers required to report in 2017 under COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. The reports include census-level information regarding administrative transactions and are used to develop initiatives aimed at expanding the use of electronic information in ambulatory practices.

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

**Building awareness – Practice Transformation Network reporting**

Staff provided guidance to Practice Transformation Network (PTN) coaches in collecting first quarter key performance indicators, which are due at the end of July. The MHCC, MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative (partnership) are a subcontractor to the New Jersey Innovation Institute PTN, recipient of the Centers for Medicare & Medicaid Services (CMS) PTN grant. Staff also supported the partnership in advancing practices through Phase II: reporting and using data to generate improvements.

**Primary Care Council convenes**

The Primary Care Council (Council) convened to discuss the Maryland Comprehensive Primary Care (MCPC) program requirements. Information from the Council was used in finalizing the program requirements. The Council was established in 2016 to assist staff in developing policies that help align primary care delivery with the requirements of Maryland's new All-Payer Model and expand access to primary care, among other things.

**Maryland Advanced Primary Care Delivery Program application**

Staff supported the Maryland Department of Health in development of Care Transformation Organization (CTO) questions and the evaluation rating scale, which will be used to select CTOs participating in the MCPC program. CTOs are expected to provide clinical and technical supports to select ambulatory practices. In addition, the MCPC program application was submitted to CMS to begin July 1, 2018, if approved.

**Educating providers on alternative payment models**

Staff presented on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) at the Children's IQ Network Conference. Staff discussed MACRA as part of the larger shift in health care payment reform and Maryland's evolution towards value-based care and population health in pediatrics. Staff also provided an overview of the MCPC and MACRA guidelines for 2017.

**CENTER FOR QUALITY MEASUREMENT AND  
REPORTING**

**The Maryland Health Care Quality Reports (MHCQR) website**

**Maintenance of MONAHRQ Software for Independent Use by MHCC**

Staff has obtained access to the AHRQ MONAHRQ software source code and our contractor, AGS, LLC has begun to review the code for continued application within our consumer website. As a reminder, AHRQ will no longer support the MONAHRQ application after this federal fiscal year, but we are confident that AGS will be able to adopt and maintain the application going forward. Staff and AGS participated in the final MONAHRQ webinar held on July 12, 2017 and continue ongoing dialogue with AHRQ to ensure an efficient transition.

**Website Promotion: Twenty-five social media posts initiated in July**

Staff continues to focus on the promotion of the MHCQR website. There have been 25 social media posts either made or planned for future release in July. Topic posts in July 2017 include National Immunization Awareness month, along with other general summer safety tips and service information for seniors, such as transportation and assistive technology. These topics coincide with the U.S. Department of Health and Human Services National Health Observances and are also designed to link readers back to the MHCQR website. Staff has also continued to disseminate promotional rack cards at off-site meetings and conferences.

### **Over 20,000 users of the MHQR website since inception**

Staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 20,667 users of the consumer site and 98,204 page views. In June 2017 the MHCQR site had 839 users and 3,492 page views, a slight decrease from 861 users in May but a slight increase in page views from 3,465. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

### **Maryland hospitals to be assigned Hospital Safety Scores in the fall**

The staff works with stakeholders to identify website enhancements and to facilitate greater transparency. To that end, we have been working with the Leapfrog Group to facilitate inclusion of Maryland hospitals in their Hospital Safety Grading System. MHCC will generate certain Hospital Acquired Conditions (HAC) and Patient Safety Indicator (PSI) measures from the HSCRC Inpatient Discharge Data Set to support the Leapfrog transparency initiative. MHCC, in collaboration with The Leapfrog Group, held a webinar for hospital representatives on June 23<sup>rd</sup> to inform them of the new developments. The webinar was positively received and we are moving forward to formalize the data sharing process for implementation in the fall 2017.

## **Hospital Quality Initiatives – Courtney Carta**

### **Hospital Initiatives**

#### **Maryland continues to lag behind the US on wait times in the ED**

Maryland has the longest emergency department (ED) wait times in the country. Staff initially planned to develop a survey to identify potential challenges that contribute to the long ED wait times. However, based on discussions with hospitals and the MHA as well a review of other activities underway in the state, our plans for developing a hospital survey have been placed on hold. The staff will keep abreast of statewide activities and look for ways to add value, such as the development of an inventory of urgent care centers that can be accessed through our consumer website

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

#### **Maryland hospitals continue to perform better than the nation on several HAI metrics**

Staff completed the final round of HAI data pulls for annual public reporting. The HAI measure results for CY2016 are now posted on the MHCQR website. Infections that were updated include CAUTI and Surgical Site Infections (SSIs) for Colon, Hysterectomy, CABG, Hip, and Knee procedures. Maryland hospitals continue to perform better than the national experience for most infection types. The exceptions are MRSA and surgical site infections associated with Colon procedures, where Maryland hospitals are performing similarly to the national experience. We are eagerly awaiting the release of the HAI CDC Annual Report for national comparisons. Hospital employee flu vaccination rates were also updated to reflect the 2016-2017 flu season. Consistent with the previous flu season, the statewide hospital employee flu vaccination rate is 97%, which is well above the Healthy People 2020 annual target goal of 90%.

### **Specialized Cardiac Services Data**

#### **Maryland requirements for cardiac registry use are changing**

In April 2017 an announcement was made regarding the dissolved relationship between the American College of Cardiology and the American Heart Association in terms of maintaining the joint (ACTION/GWTG) registry. This new development has implications for our cardiac data collection activities because our current regulations require hospital participation in the joint registry. In light of this news, the staff is working with MIEMSS and the affected hospitals to determine how to move forward. Staff have participated in separate calls with AHA and ACC to discuss advantages, disadvantages, and potential implications of choosing one registry over another.

### **Health Plan Quality & Performance – Sherma Charlemagne-Badal**

Staff is in the process of streamlining the Health Plan Quality Reporting initiative by eliminating Maryland member specific HEDIS audits and CAHPS surveys and transitioning to use of NCQA data based on all plan member results. On July 19, 2017 staff will host a webinar to present and discuss with health plans the proposed changes to the Quality Performance Reporting Requirements (QPRR). Specifically, the MHCC reporting requirements for Healthcare Effectiveness Data Information Set (HEDIS) 2018 and the 5- star methodology used for health plan rating will be reviewed. Plans will have access to the QPRR prior to the conference call and will have until July 28, 2017 to submit formal comments. Race, Ethnicity, Language, Interpreters, and Cultural Competency (RELICC) results and recommendations will be presented to plans via webinar on July 27<sup>th</sup> and July 28<sup>th</sup> 2017.

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

*The employee flu vaccination rate for Nursing Homes is 87% and 55% for Assisted Living Facilities*  
The MHCC 2016-2017 Health Care Worker Influenza Vaccination survey captured data from Maryland Medicare certified nursing homes and assisted living facilities licensed for ten (10) or more beds operating in the state of Maryland. Survey results indicate that nursing home and assisted living health care worker vaccination rates remained fairly stable across the 2015-16 and 2016-17 flu seasons. The survey results are presented below:

<b>Nursing Home Statewide Stats</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
<b>Vaccination Rate</b>	73.55%	79.34%	85.50%	87.63%	<b>86.90%</b>
Nursing Homes Submitting a Survey	225	230	230	229	<b>228</b>
<b>Nursing Homes with a staff vaccination rate of 95% or higher</b>	16.4% (37)	23.5% (54)	41.3% (95)	43.7% (100)	<b>42.8% (98)</b> ★
Nursing Homes with 60% or more staff vaccinated*	70.2% (158)	78.7% (181)	84.3% (194)	88.0% (202)	<b>85% (193)</b>
<b>Mandatory Vaccination Policy</b>					
<b>Mandatory policy in place</b>	22.4%	31.3%	46.1%	48.5%	<b>50.0%</b>
Plan to implement mandatory policy in the upcoming influenza season	14.8%	19.6%	11.3%	9.2%	<b>10.1%</b>
No plan for mandatory policy	62.8%	49.1%	42.6%	42.3%	<b>39.9%</b>

<b>Assisted Living Statewide Stats</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
<b>Vaccination Rate</b>	49.0%	53.2%	57.9%	56.2%	<b>54.7%</b>
Assisted Living Facilities Submitting a Survey	318	334	376	379	<b>370</b>
<b>Reason for Declining Vaccination</b>					
Medical	3.1%	2.7%	1.5%	2.0%	<b>2.9%</b>
Religious	1.0%	1.2%	1.3%	1.4%	<b>0.9%</b>
Other	45.7%	42.9%	39.3%	40.3%	<b>41.6%</b>

\*2012 StateStat Goal

Assisted living facility profile, contact, ownership, services and private pay daily rates data has been updated on the Consumer Guide. Staff continues to experience delays in updates to the guide. Consumer inquiries continue to be handled by division staff.