MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

October 2017

EXECUTIVE DIRECTION

### *Rural Health Workgroup – Erin Dorrien*

The Workgroup met on September 28th. The members reviewed public comments received on the recommendations and the final report submitted by the University of Maryland School of Public Health and the Walsh Center for Rural Health Analysis at NORC.

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 **$126,541** for the month of August. The monthly payments for uncompensated care claims from January 2012 through August 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. Though, as reflected in the chart below, that increase was not a trend, as payments made in 2017 have been similar to those made in 2016 for the months of April through July. Payments for uncompensated care claims 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
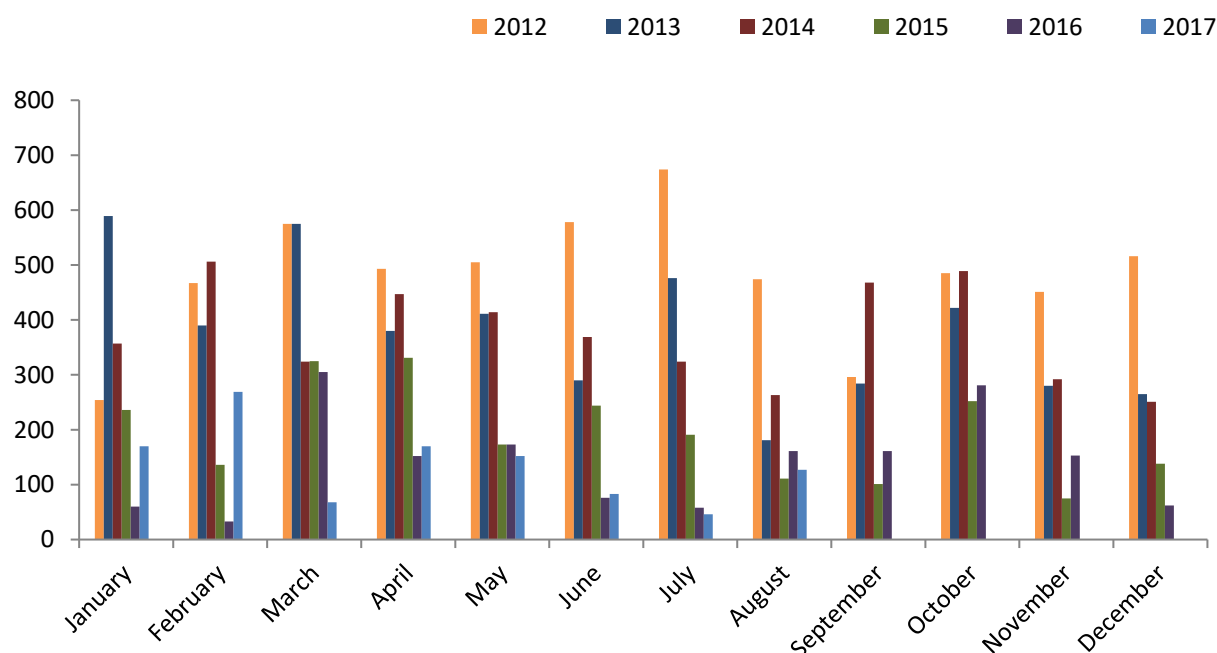
On-call and Standby Stipends

The trauma centers' applications for on-call stipends for January through June 2017 and the Children's National Medical Center's application for its annual standby stipend have been received. Requests for payments were made at the end of September.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Portal and ETL/DW Development, Master Patient Index
Social and Scientific Systems (SSS) developed MCDB DataMarts to enhance user access to MCDB data warehouse.
SSS has developed DataMarts for MHCC users to access data from the structured data warehouse (a SQL database. Users can access the data via SQL or SAS querying via the DataMarts which are made available in a secure data center (enclave), where the Division staff may access data on virtual machines. The enclave provides a safe environment to access and analyze the sensitive healthcare data contained in the MCDB. The DataMarts will replace the current MCDB SAS datasets and will not be available to the public.

CRISP successfully delivered to the MCDB EIDs (Master Patient Index) for all four quarters of 2016
SSS has merged EIDs (Master Patient Index or MPI) from CRISP into annual eligibility files for 2014, 2015 and 2016. The EIDs are used to link self-insured medical and pharmacy claim data, the key use case for EID in the MCDB. We are currently awaiting the results of the MPI merging and testing and are expecting a very good match of the MPI with member IDs from the MCDB eligibility file. If the EIDs from CRISP can be used, MHCC will link claims for medical services and claims for pharmacy services for federal, state, and local government employers. These newly-linked claims will enable MHCC to expand the number of services and episodes presented in applications such as WearTheCosts.

MCDB Data Submission Status, Payor Compliance, and Technical Support
The 2016 MCDB data delayed (originally due 9/30/2017).
There is a delay in the delivery of the 2016 MCDB data due to unexpected claims versioning processing challenges with the new line-level 2016 institutional services file. MHCC moved to line-level data collection for the institutional services file starting in 2016. Previous files were collected at the claim level rolled-up to a stay and visit for inpatient and outpatient respectively. We anticipate the problem to be resolved within a week from 10/13. There are no issues with the other files (professional, pharmacy, and eligibility) for 2016.

The 2017 MCDB data is on track to be available on 9/30/2018
All payors have passed all data validation checks for the first and second quarters of 2017. The third quarter 2017 MCDB data submissions are due on 11/30/2017.

Collaboration with Maryland Insurance Administration (MIA) on Rate Review
MCDB to MIA Actuarial Memoranda data reconciliation shows good results.
Division staff has worked closely with one of our largest payors to align the carrier's MCDB data with data submitted by the company to the MIA via actuarial memoranda (AM). There is a ±2.5% tolerance for

discrepancies between the MCDB and AM data in which payors do not need to explain the variances. However, payors need to explain all discrepancies outside of the ±2.5% tolerance range.

Collaboration and partnership between division staff and the carrier made this effort into great success. The company's MCDB enrollment data (2014 to 2016) aligned within approximately ±1.1% of the AM data for individual and small group markets combined. For allowed claims incurred 2014 to 2016 with claims runout through 3/31/2017, facility inpatient aligned within ±5.0%, facility outpatient within ±3.0%, professional within ±2.5% and pharmacy within ±1.1% on average of the company's AM data for individual and small group markets combined. Although the inpatient and outpatient facility claims appeared to exceed the ±2.5% tolerance range, this was explained by a different system of defining inpatient and outpatient services in the MCDB versus the AM.

Staff continues to work with other payors to align the MCDB with AM data for individual and small group markets. For 2015, the four payors MCDB enrollment data comparisons with the AM data are as follows. Payor1 and Payor2 are within ±4.9% and ±1.6% respectively for small group market; Payor3 is within ±6.1% and ±1.6% for individual and small group markets respectively; Payor4 is within ±7.4% and ±1.4% for individual and small group markets respectively.

MHCC provides MIA with decision support analysis for premium rate review process
Division staff has provided the MIA with PMPM and trends analysis in support of the agency's 2018 rate review cycle. The trends analysis consists of observed total PMPM, unit cost and utilization trends for twelve, six, and three months ending broken down by facility inpatient, facility outpatient, professional and prescription drugs by payor (largest payor only) for the individual and small group markets respectively. The data used in this analysis was from 2014 to 2016. Please note that this data was on the same basis as the MIA actuarial memoranda data.

Database Development and Applications – Leslie LaBrecque

Data Release

Staff continued to develop, execute and provide oversight for both APCD and DC Hospital data use agreements (DUAs) as well as find ways to make the data more useful. Activities included:

- A discussion with Colorado CIVHC to learn more about the data products they develop and release;
- Completion of a DUA with hMetrix for the development of standardized reports that will allow hospitals to assess utilization patterns and financial performance across their patient population, as well as to identify the opportunity for streamlining patient care and avoiding unnecessary health care utilization across all care settings;
- Collaboration with the Maryland Health Benefit Exchange and their contractor, Hilltop, to execute an APCD DUA for the Exchange's reinsurance study;
- Issuance of third quarter DUA quarterly summary report reminders to both APCD and DC Data recipients; and
- Assistance to both the Berkeley Research Group and Dimensions Health Group regarding their DC Hospital DUAs.

Data Processing and Tech Support

The Data Staff continued to provide data processing and tech support for various Commission initiatives. Data processing activities included processing the fiscal year 2017 Maryland hospital inpatient and outpatient discharge data and creating the files needed to support the hospital guide website; updating the Trauma Fund Annual report program; and processing the CathPCI data for 2017 Quarter1 and training a new programmer to process this data. Tech support included working with the network staff and SAS to configure & budget the new SAS analytic server platform; participating on the new total cost of care consumer website team and providing feedback for both the website and video development; meeting with the Long Term Care (LTC) staff to go over LTC data update processing challenges and set and priorities appropriately; working with the AMA to get 2018 CPT descriptors for the ambulatory surgery facility survey; attending biweekly conference calls and provide programming support to the contractor for Minimum Data Set processing; providing SAS programming guidance to various staff.

Web Applications

Data Staff is updating the home health agency survey application, resolved issues with web application security, refreshed website data, and assisted MHCC staff with website support including report postings, new pages, large document uploads and implementation of language translation. Data Staff developed and tested extensive changes to the home health agency survey application for the 2015 data collection. Data Staff resolved Google Chrome security warnings that were occurring with the Long Term Care Guide and worked with DoIT to get the Google language translation button to work with aspx pages. Web application data refreshes occurred for the 2015 Ambulatory Surgery Consumer Guide and public use files, and are in process for the Physician Supply web dashboard.

__Internet Activities__

Data from Google Analytics for the month of September 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 months of September 2017 was 555 and of these, there were 58.02% new sessions. The average time on the site was 4:07 minutes. Bounce rate of 56.40% is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

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

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

Since the Maryland Health Care Quality Reports (MHCQR) website was released in December 2014, there have been 23,645 users of the consumer site and 113,723 page views. On average 695 users per month have visited the site. About 68% of users are new visitors. In September 2017 the MHCQR site had 1,274 users and 6,169 page views, an increase from 1,117 users in August and an increase in page views from 5,244.
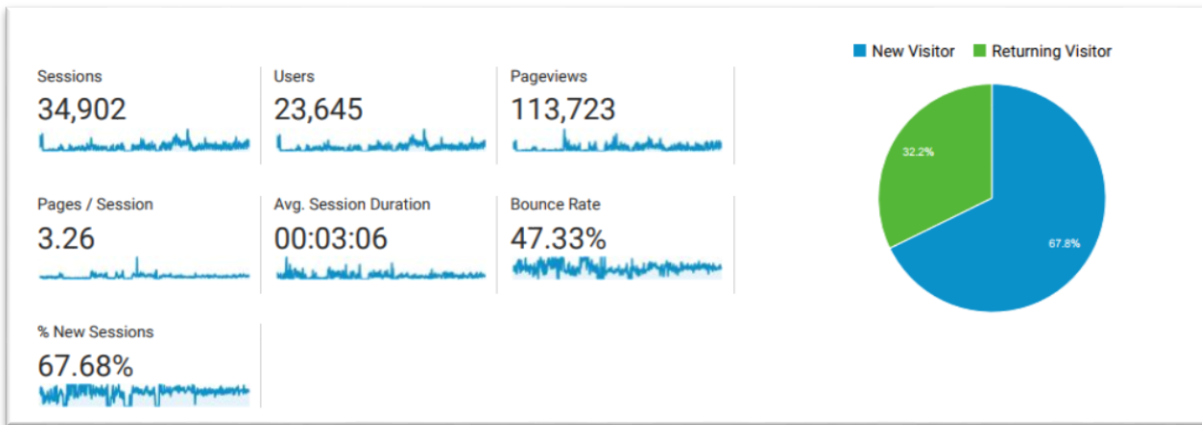
The average time on the site in September was about 3.5 minutes. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.
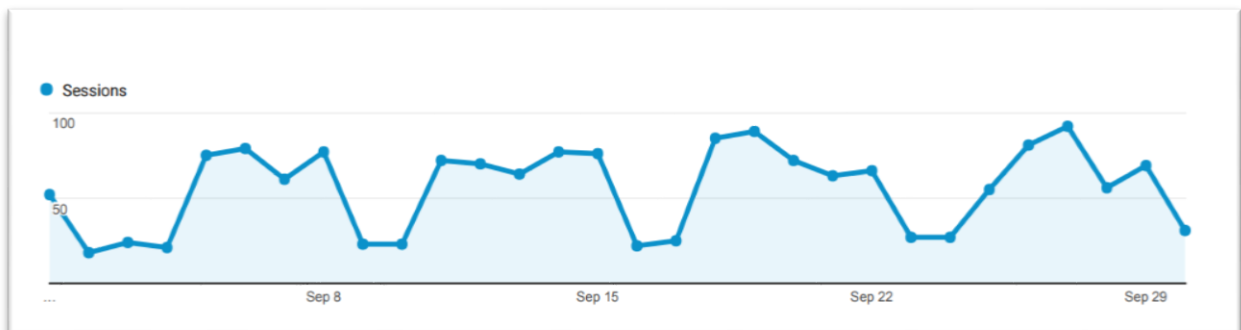
Special Projects – Janet Ennis

Health Insurance Rate Review and Medical Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants
Staff was awarded a No Cost Extension from CCIIO to extend the Cycle IV grant so that the one outstanding milestone under the grant can be completed; i.e., the launch of the consumer website displaying the total cost

for four procedural episodes based on commercial data: hip replacement, knee replacement, vaginal delivery, and endoscopy which will occur next month. A grant extension will also allow staff and our contractors to develop similar data displays using Medicare data.

Mandated Health Insurance Services
Staff received a request from the Senate Finance Committee and the Health and Government Operations Committee to conduct an actuarial analysis on the medical, fiscal, and social impact of mandating insurance coverage in the fully-insured individual and large group markets for the coverage of fertility preservation procedures for iatrogenic infertility. Coverage for this service was proposed under Senate Bill 918 during the 2017 legislative session but failed to pass. MHCC contracted with NovaRest, consulting actuaries, to prepare this analysis. NovaRest will present the results of this evaluation to the Commission at the November 2017 public meeting.

Policy, Cross-Payer & Workforce Analyses– Mahlet 'Mahi' Nigatu

Episode of Care Project

The Consumer website soft-launch* was released on Oct 12th and the public release is scheduled for October 19th, 2017. A blog titled, "The Next Chapter in Transparency: Maryland's Wear the Cost," by Robert E. Moffit, Marilyn Moon, Francois de Brantes, and Suzanne Delbancoo will be published on the Health Affairs Website on October 19th to promote the site. (**soft-launch* - deployment of the website before the public announcement*)

The Episode of Care project team has released the soft-launch of our consumer-centric, price transparency "Wear the Cost" website that displays healthcare cost and quality for entire episodes of care. In this release, the cost and quality measures reflect 2014 and 2015 Commercial Fully insured claims data, and readmission rate has been added as a quality measure for hip and knee replacements (in addition to the rate of potentially avoidable complications). Intensive consumer testing was conducted on the soft-launch website using Maryland residents; their feedback will incorporated into website modifications that will take place over the next few weeks to improve the website for consumers.

Altarum, Social Scientific Systems (SSS), Wowza, (a subcontractor to SSS) and Freedman Healthcare LLC, worked together during the past month to implement changes to the website, including the addition of an educational video for the website. Altarum has started the Wear the Cost social media engagement on Twitter and Facebook and will live stream the press conference on YouTube. As part of the consumer engagement effort, Altarum has printed T-shirts with the cost of the four episodes. **The design of the t-shirt won the National Associates of Health Data Organization's 2017 Annual Conference Infographic contest.**

As reported previously, the website will present information for four procedural episodes: total hip replacement, total knee replacement, hysterectomy, and vaginal delivery. Episodes are defined using Altarum's (in the past known as HCI3) PROMETHEUS episode of care grouping software. A total of 29 hospitals are displayed on the website across all four episodes. **All the hospitals were given individualized event level detail reports to enable them to vet their data before the release of the website.** Prior to sending these reports, MHCC and Altarum held a half day in-person boot camp for hospitals to provide a background on the project objectives, a walk-through of the website, and information on the both the PROMETHEUS episode grouper and the content of their individualized reports. Hospitals will also have a sneak peek of the soft-launch site so that they can see how they compare to each other and prepare for questions. Staff also previewed the website with a couple of senior staff at the Maryland Hospital Association who will be assisting hospitals to understand the information on the website.

Staff gave a presentation on this website at the Mid-Atlantic Business Group on Health's September 25th meeting: Revolutionizing Hospital Cost and Quality. MABGH expressed interest in supporting the initiative and in disseminating an information package about the website to their employer members. The information package will be developed by Altarum and MHCC staff in the coming weeks.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.11, General Surgical Services
The Commission adopted proposed regulations at the September Commission meeting. Staff anticipates that notice of this action will be published in the *Maryland Register* within the next month announcing the start of a 30-day formal comment period.

Rural Health Study
MHCC staff participated in planning for a rural health care delivery work group meeting held September 28, 2017. Staff also participated in the development of the draft report for the Rural Health Care Study.

Long-Term Care Policy and Planning - Linda Cole

Hospice Survey-100% Response Rate
Staff continues to work on "cleaning" up this completed survey response to produce an updated Public Use Data Set.

Minimum Data Set (MDS) and Long-Term Care Survey
MHCC staff continues to work with it MDS and long-term care planning consultant, The Hilltop Institute at UMBC. During the past month, staff reviewed and approved a report on Federal Changes to Reimbursement Policy. Other issues addressed include validation reports, assessment of resident county variables, and setting up the Long Term Care Survey program updates, for creation of final data sets and reports generated from survey data.

Home Health Agency (HHA) Inventory Updated
Planning staff continues to coordinate with the Office of Health Care Quality to assure that the listed jurisdictions on the HHA licenses are accurate and consistent with Commission's records for determining an HHA's authorized service area. Commission staff continues to monitor changes in HHA ownership changes that have occurred through acquisitions.

Home Health Agency Survey
Staff is performing testing and working with the programmer to finalize the survey application. Staff expects the new home health agency survey data collection, which will cover two years, to begin in the last quarter of 2017.

Certificate of Need - Kevin McDonald

CON Approvals

FutureCare-Homewood – (Baltimore City) – Docket No. 17-24-2396
Addition of 30 comprehensive care facility (CCF) beds and renovation.
Approved Cost: $6,799,182

Changes in an Approved CON

Washington Adventist Hospital – (Montgomery County) – Docket No. 14-15-2349
Construction of a central utility plant and parking garage as a component of the approved capital project.
Approved Increase in Project Cost: $64,145,958
Total Revised Approved Cost: $400,198,988

CON Letters of Intent

<u>Sacred Heart Home – (Prince George's County)</u>
Replacement of a 102-bed CCF.

Pre-Application Conference

<u>Sacred Heart Home – (Prince George's County)</u>
September 29, 2017

CON Applications Filed

<u>VNA of Maryland – (Lower Eastern Shore) – Matter No. 17-R4-2407</u>
Expand the approved service area of a home health agency to Dorchester, Somerset, Wicomico and Worcester Counties.
Estimated Cost: $34,000

<u>Seasons Residential Treatment Center – (Prince George's County) – Matter No. 17-16-2408</u>
Establish a 72-bed residential treatment center (RTC) to be located on Allentown Road in Fort Washington.
Estimated Cost: $17,958,263

<u>Woodbourne Center – (Dorchester County) – Matter No. 17-09-2409</u>
Establish a 40-bed RTC at 821 Fieldcrest Road in Cambridge.
Estimated Cost: $2,641,273

Changes in an Approved CON Filed

<u>Suburban Hospital – (Montgomery County) – Docket No. 15-15-2368</u>
Fitting out of shell space to create more private patient rooms and relocate two cardiac catheterization laboratories. The changes in the project will also rearrange support departments in the below grade building level, add a stairwell and an elevator to provide better public access to an existing auditorium, and reassign space near the new main entrance.
Estimated Increase in Project Cost: $17,503,423
Currently Approved Cost: $200,550,831

Determinations of Coverage

- **Physician Outpatient Surgery Centers**

<u>Washington Vascular SurgiCenter – (Montgomery County)</u>
Establish a physician outpatient surgery center (POSC) with one non-sterile procedure room (PR) at 7610 Carroll Avenue, Suite 100, in Takoma Park.

- **Acquisition/Change of Ownership**

<u>SMART Pain Surgery Center at Germantown – (Montgomery County)</u>
Change in ownership of a POSC with one non-sterile PR. The center is located at 19851 Observation Drive, Suite 360, in Germantown.

<u>SMART Pain Surgery Center at Owings Mills – (Baltimore County)</u>
Change in ownership of a POSC with one non-sterile PR. The center is located at 9 Park Center Court, Suite 100, in Owings Mills.

SMART Pain Surgery Center at White Marsh – (Baltimore County)
Change in ownership of a POSC with one non-sterile PR. The center is located at 8100 Sandpiper Circle, Suite 214, in White Marsh.

Greater Chesapeake Surgery Center, L.L.C. – (Baltimore County)
Change in ownership of an ambulatory surgical facility (ASF). Ownership shares previously possessed by physicians were acquired by MedStar Ambulatory Services, Inc.

MedStar Surgery Center at Brandywine, L.L.C. – (Prince George's County)
Change in ownership of an ASF. New ownership structure will consist of MedStar Health/SurgCenter Development JV Company, L.L.C. (51%) and physician-owners who will be performing services at the ASF (no more than 49% ownership). MedStar Health/SurgCenter Development JV Company, L.L.C. is a joint venture of MedStar Ambulatory Services, Inc. and Surgical Development #3, L.L.C.

Lutherville Endoscopy Center, L.L.C. – (Baltimore County)
Change in ownership of a POSC with two non-sterile PRs. The center is located at 1300 Bellona Avenue, Suite 3008, in Lutherville.

- **Licensure**

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

NMS Healthcare of Hagerstown – (Washington County)
Temporary delicensure of all 206 CCF beds at the facility, effective July 4, 2017.

Miscellaneous

Metropolitan Ambulatory Urologic Institute – (Prince George's County)
Acknowledgement of closure of an ambulatory surgical facility (ASF). The facility was located at 7759 Belle Point Drive, in Greenbelt.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Cybersecurity
Staff is developing a cybersecurity symposium for the 2017 LifeSpan-Network and Health Facilities Association of Maryland Annual Conference. The presentation will discuss the changing landscape of cybercrime in health care and share best practices to inform how long-term care organizations can better prevent, detect, and respond to evolving cyber threats. The conference takes place in late October.

Hospital Health Information Technology Assessment
Data from the annual hospital health information technology (health IT) assessment was analyzed by staff. The assessment includes all acute care hospitals in the State and their strategic initiatives using health IT to achieve Maryland goals for improving care and reducing growth in health care spending. A report on the findings is targeted for release in December.

Health Care Breach Assessment
Staff is conducting an all-state analysis of health care breaches to assess Maryland's ranking nationally. The analysis builds upon the information brief (brief) released in June (*Health Care Data Breaches: A Changing Landscape*) that assessed breaches nationally and in Maryland. Data was obtained from the Office for Civil Rights Breach Portal. A brief detailing the findings is targeted for release in the first quarter of 2018.

State Health IT Adoption Policy Guide
Activities are underway to develop a State health IT adoption planning guide (guide). The guide is intended to include various policy perspectives on health IT diffusion more broadly across Maryland. The guide will highlight achievements and barriers as they relate to adoption, meaningful use, and interoperability.

Mobile Health Grantee Program Measures
Staff is working with mobile health (mHealth) grantee, Johns Hopkins Pediatrics at Home, to collect outcome measures on 90-day pre/post hospitalizations and emergency department visits for participating patients. Data will be used to measure impact of the program on reducing high cost and high risk clinical utilization through use of mHealth technology. The grantee is in the ninth month of operations.

Privacy and Security Audit – CRISP
Preparations for the annual privacy and security audit of the State-Designated Health Information Exchange (HIE) are underway with Myers and Stauffer LC (auditors), and the Chesapeake Regional Information System for our Patients (CRISP). The auditors will conduct a Service and Organization Controls 2, Type 2 audit of CRISP and its contractors
.
Independent Verification and Validation – ICN
Staff continues collaborating with CRISP and Mosaica Partners, the consultant engaged by CRISP, for the ongoing independent verification and validation review of the Integrated Care Network (ICN) initiative. Review activities focus on the six work streams: Point of Care; Care Managers and Coordinators; Population Health Teams; Patients; Administrators and Policymakers; and Common Infrastructure.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grants
Staff is supporting the round three telehealth grantees in developing their project reports, which are targeted for release in early 2018. Grantees focused on increasing access to care and care management and include Gerald Family Care, Associated Black Charities, and Union Hospital of Cecil County (UHCC). Collaboration activities are underway with Gilchrist Greater Living, a round four grantee, to finalize their project report, which assessed the impact in primary care. Staff is working with the University of Maryland Shore Regional Health (Shore Health) round five grantee and CRISP to leverage HIE services. Shore Health's project focuses on increasing access to palliative care services in Kent County, and is expanding access to emergency behavioral health for patients in Kent and Queen Anne's Counties. In addition, staff convened a telehealth workgroup to explore a potential round six grant opportunity. Staff also presented on MHCC's telehealth initiatives to HIMSS Analytics, a national health care research advisory firm at UHCC.

Telehealth Webinars
A virtual educational session featuring telehealth adopters was held during the month. The session highlighted two organizations' experiences in deploying strategies for building provider awareness and acceptance of telehealth services. Attendees included MHCC telehealth grantees, hospital representatives, and other providers.

Telehealth Readiness Assessment Tool
A request for information was released to about 15 organizations with expertise in telehealth and survey design. Staff is exploring the possibility of developing a telehealth readiness assessment tool (tool) that will assess provider and patient readiness to participate in telehealth.

Electronic Health Record Adoption
Staff is developing a brief on electronic health record (EHR) adoption among physicians statewide and completing an environmental scan of non-adopters. The brief will detail current adoption and identify the challenges that impede physician adoption.

HIE Privacy and Security Policy Development
Staff convened the HIE Policy Board, a staff advisory workgroup. Participants discussed HIE policy around interstate sharing of electronic health information. Staff invited Mariann Yeager, CEO of The Sequoia Project, a national HIE network exchange consortium, to present on common trust agreements and nationwide data sharing policy challenges.

Comprehensive Care Facility Health IT Adoption
Staff is preparing the annual *Comprehensive Care Facilities Adoption of Health Information Technology* report. The report assesses health IT implementation as it pertains to EHRs, HIE, and telehealth in skilled nursing facilities (SNFs). Findings are intended to inform future initiatives aimed at expanding adoption and utilization of health IT in SNFs.

Electronic Health Networks Certification and Electronic Data Interchange Activities
Staff recertified five Electronic Health Networks (EHNs): Navicure, Optum 360, Change Healthcare, eRx Network, and QS1. Data analysis is underway of roughly 57 payor Electronic Data Interchange Progress Reports. Select payors are required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* to annually submit a report. A brief is targeted for release in November.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network Reporting
Staff analyzed the first performance data of the Practice Transformation Network (PTN); around 90 practices participate in the PTN and all have shown improvement over the baseline. A PTN grant was awarded to the New Jersey Innovation Institute (NJII) in 2015 by the Centers for Medicare & Medicaid Services (CMS). The MHCC, MedChi–The Maryland State Medical Society, and the Maryland Learning Collaborative partnered as a subcontractor to NJII for PTN services in Maryland.

Maryland Primary Care Program Outreach Activities
Awareness building activities of the Maryland Primary Care Program (MDPCP) continue in collaboration with the Maryland Department of Health (MDH). The MDPCP is a primary care delivery and reimbursement redesign model developed by staff, MDH and HSCRC in support of the Total Cost of Care Model. A decision to approve the model is anticipated by CMS later this fall.

Maryland Multipayor Patient Centered Medical Home Program Shared Savings
Commercial carriers remitted shared savings payments to qualifying practices for the 2015 performance year of the Maryland Multipayor Patient Centered Medical Home Program. About 21 out of the 51 participating practices will receive shared savings payments. In addition, calculations for Medicaid shared savings for the 2015 performance year are underway.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Ten social media posts initiated in October
Staff continues to focus on the promotion of the MHCQR website. There were 10 social media posts made or planned in October. Topic posts for October include National Primary Care Week, Health Literacy Month, International Infection Week, National Healthcare Quality Week, and National Health Education Week.

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.

Over 20,000 users of the MHCQR 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 23,645 users of the consumer site and 113,723 page views. In September 2017 the site had 1,247 users and 6,169 page views. This is an increase from 1,117 users and 5,244 page views in August. 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 identity website enhancements and to facilitate greater transparency. To that end, staff worked with the Leapfrog Group to facilitate inclusion of Maryland hospitals in their Hospital Safety Grading System. MHCC generated certain Hospital Acquired Conditions (HAC) and Patient Safety Indicator (PSI) measures from the HSCRC Inpatient Discharge Data Set to support the Leapfrog transparency initiative. All Maryland hospitals received a preview score from the Leapfrog Group in September. The preview period closed October 3 and hospital safety scores will be posted in late October 2017. MHCC continues to provide support to hospitals with questions about the data and this new initiative.

Outpatient Quality Initiative − Sebastiana Gianci

Health care is shifting from inpatient to outpatient settings, especially for elective procedures. As patients increasingly seek cheaper and more convenient care, there is a trend amongst the largest U.S. hospitals to invest in surgery centers, emergency rooms and urgent care clinics. This trend coupled with an emphasis on person- and family-centered care, provides an opportunity for MHCC to affect health outcomes for Marylanders via supporting improved quality and performance drivers.

MHCC is addressing the challenge of how to effectively measure quality in this setting given the wide range of services that are provided—from routine preventive care to complex surgical and invasive procedures—by conducting a landscape analysis of treatment facilities beginning with a focus on hospital outpatient quality and performance metrics. Next steps may explore Freestanding Ambulatory Surgical Centers and Freestanding Medical Facilities. A *State-by-State Compendium of Outpatient Quality Reporting Initiatives* is under development. The Compendium will focus on outpatient data/methodological best practices and lessons learned

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 continue to stay abreast of statewide activities, including efforts from MHA, MIEMSS, and HSCRC. While there are many issues that contribute to long wait times, MHCC is focused on inappropriate use of the ED for conditions that could be treated at an urgent care facility. Determining the difference between urgent and emergent care can be challenging and there is no central urgent care locator available online. Staff are in the beginning stages of developing an inventory of urgent care centers that can be accessed through our consumer website.

Health-care Acquired Infections (HAI) Data
The role of the HAI Advisory Committee is evolving
Staff presented 2016 HAI results to the HAI Advisory Committee in July. MHCC staff and committee members discussed ideas for the future direction of the committee. The committee was originally developed to guide MHCC on which HAI measures should be publicly reported. After MHCC made the decision to align with CMS measures, the role of the group has changed. MHCC and committee members agreed to use the meeting times as an opportunity for infection preventionists come together to discuss successes,

challenges, and ask questions to their peers. MHCC is analyzing HAI trends and developing proposed presentation topics for meetings in 2018.

Specialized Cardiac Services Data
Maryland requirements for cardiac registry use have changed
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, staff worked with MIEMSS, AHA, and ACC to update registry requirements. MHCC has opted to remove ACC NCDR ACTION registry requirements from the regulations. Hospitals may voluntarily continue using NCDR ACTION but MIEMSS will now require hospitals to enroll with AHA GWTG so that they can continue obtaining valuable EMS data that is not part of the current NCDR ACTION registry. MHCC continues to offer support to hospitals, ACC, AHA, and MIEMSS during this transition period.

Health Plan Quality & Performance – Sherma Charlemagne-Badal

The 2017 Health Plan audit is complete and MHCC has received Maryland and plan wide Healthcare Effectiveness Data Information Set (HEDIS) and Consumer Assessment of Health Providers and Systems (CAHPS) data along with Maryland Behavioral Health Assessment (BHA), Race, Ethnicity, Language, Interpreters, and Cultural Competency (RELICC), Quality Profile (QP) data. Audit results indicate that Maryland's health benefit plans are maintaining a track record of good performance across many of the measures and indicators being evaluated. Overall, the health benefit plans continue to perform well when compared to the national average. In fact, rates were up in all areas in comparison to prior years of reporting and areas needing improvement decreased. When considering all measures, measures within the following four categories stand out for high performance and corresponding star assignment: Primary Care and Wellness for Children and Adolescents, Respiratory Conditions – Adult and Child, Primary Care for Adults – Cardiovascular Conditions and Diabetes and Behavioral Health. In addition, each plan reported measures achieving National Top Performance levels. The audit results has been used to update the Health Plan Guide as of October 13, 2017 and will be presented in further detail during the October commission meeting. Consumers now have access to the most updated health plan quality reports as it relates to customer ratings of health plans, clinical care ratings, health care disparities efforts, provider network statistics, performance areas in which plans excelled, performance areas in which plan continue to need improvement and information on which plans achieved National Top Performance (NTP) standards.

Staff has commenced work to improve evaluation of health plan efforts to reduce health disparities. To this end, staff will convene a workgroup and conduct a review of the relevant literature with an aim to examine domains measured, measure items, data sources, population(s) measured, data collection processes, and methods of reporting. To assist with efforts to improve measurement and reporting of health disparities work undertaken by health plans, staff is participating in the Johns Hopkins Bloomberg School of Public Health through the Public Health Applications for Student Experience (PHASE) program. Through this program, one graduate student intern will dedicate weekly hours to assist with the review process from October 23, 2017 through to May 18, 2018. Staff will continue to update commissioners as the project progresses.
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Long Term Care Initiative – Sherma Charlemagne-Badal

Maryland Nursing Home Employee Flu Vaccination Rates Continue to Rise, 87% in 2016-2017

Maryland Assisted Living Employee Flu Vaccination Rates Continue to Rise, 55% in 2016-2017

MHCC initiated employee flu vaccination reporting requirements for nursing homes and assisted living facilities in 2010. These long term care facilities have consistently improved since inception of the reporting initiative.

Assisted living facilities and nursing homes have received notification that the Maryland Health Care Worker Influenza Vaccination and Infection Control Survey data collection period opened as of October 1, 2017 and will continue through March 31, 2018. All Maryland nursing homes and assisted living facilities are required to complete this survey each year. The survey results are used to inform the public of nursing home and assisted living facility staff influenza vaccination rates, as well as to provide feedback to facilities on the results of their efforts to improve vaccination rates. Nursing homes and assisted living facilities can use this information to continue to improve or implement their health care worker vaccination programs.

The LTCG has been updated with assisted living facility deficiency reports and nursing homes and assisted living health care worker influenza vaccination survey results for flu season 2016-2017. Adult medical day facility profile information is next in queue to be updated. . Consumer inquiries continue to be handled by staff.