

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

March 2018

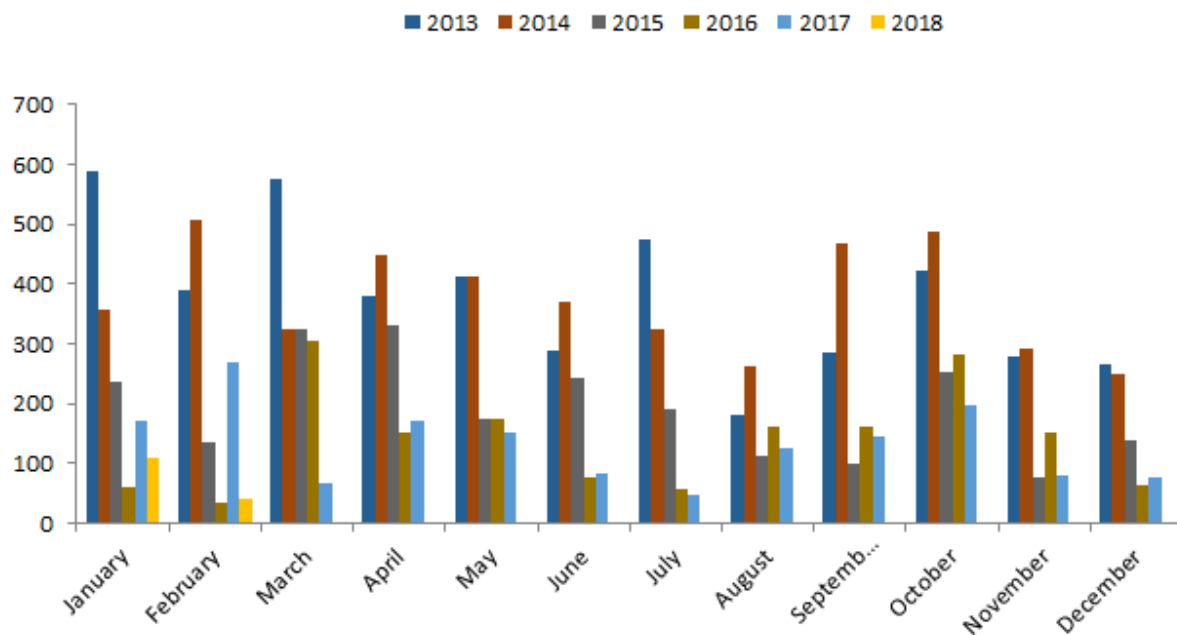
EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of \$41,114 for the month of February, 2018. The monthly payments for uncompensated care claims from January 2013 through February, 2018 are shown below in Figure 1. Uncompensated care payment levels could reach new lows in FY2018 even though trauma admissions remain roughly on par with previous years. Falling uncompensated payment levels suggest that trauma hospitals are becoming more effective in enrolling trauma patients in the Medicaid program and that the number of trauma patients enrolled in private insurance plans remains high.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2013-2018



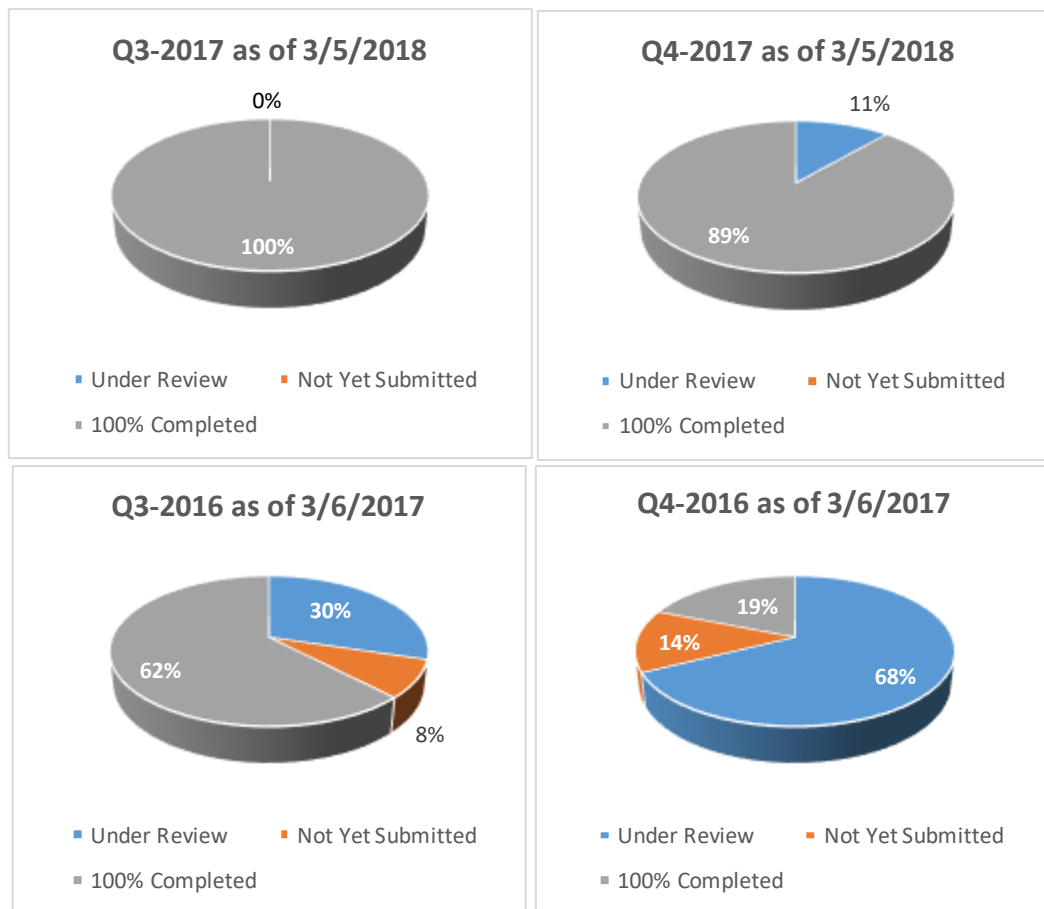
CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Data Submission Status, Payor Compliance, and Technical Support

MCDB data submitters continue to report data at a faster rate with fewer errors for 2017 than for 2016.

MCDB data submitters continue to report data to the MCDB portal at a faster rate for 2017 than for 2016. For example, for quarter 3, 2017, 100% of all payors have submitted clean data to the MCDB compared to 62% (Q3-2016) at the same time last year. For quarter 4, 2017, 89% of all payors reported clean data compared to only 19% (Q4-2016) last year. February 28, 2018, was the deadline for all payors to report error-free Q4 2017 data through the MCDB portal. Please see exhibit below.



Network for Regional Healthcare Improvement (NRHI) Total Cost of Care (TCoC) Phase III Project
MHCC staff delivered on time the initial quality control (QC) tables for round 2 of the NRHI TCoC Phase III project.

Staff and SSS have delivered on time the initial QC tables for round 2 of the NRHI TCoC project. The data submitted was for 2016 which will be used for regional benchmark reporting for 2016. MHCC along with four other regions are participating in the project. The timeline to report the initial QC tables to NRHI was 3/2/2018. The TCoC project is funded by the Robert Wood Johnson Foundation (RWJF).

Looking Ahead

The detailed version of the 2016 Privately Fully-Insured Report has been delayed due to data issues. The report would be available in April of this year.

Database Development and Applications – Leslie LaBrecque

Data Release

Data Staff supported MHCC staff involved in ordering Medicare files from the Research Data Assistance Center (RESDAC), assisted external APCD data requestors with special requests, improved the APCD data use agreement, sent out quarterly report reminders, and developed a tracking data base for all data user agreements. Data Staff performed the following: worked with CMS to obtain the Medicare file request for 2016 files worked with our new assistant attorney general to 1) create a conditional pre-approval letter for use with grant funding approvals, 2) clarified data use agreement issues that came up with the University of Massachusetts, and 3) improved the clarity of a few sections of the data user agreement; responded to data release questions; sent out reminders for late 2017 quarter 4 APCD and DC data release holders; created tracking databases for all data use agreements including non-APCD and DC data agreements along with a monthly DUA tracking report.

Data Processing and Tech Support

The Data Staff provided support for CathPCI and Minimum Data Set data processing, CON reporting, and inventory tracking. Support included: technical assistance for the resubmission for CathPCI 2016 Q3, Q4, and 2017 Q1 from one facility, all of the files were replaced; processed CathPCI 2017 quarter 3 data; created a city-county-region crosswalk in support of geo-information for google analytics; ran the 2016 stays and days program for private and acute care psychiatric hospitals for the CON Staff; provided support to the budget and network staff with floor and furniture planning, hardware and software inventory, and surplus tracking.

Web Applications

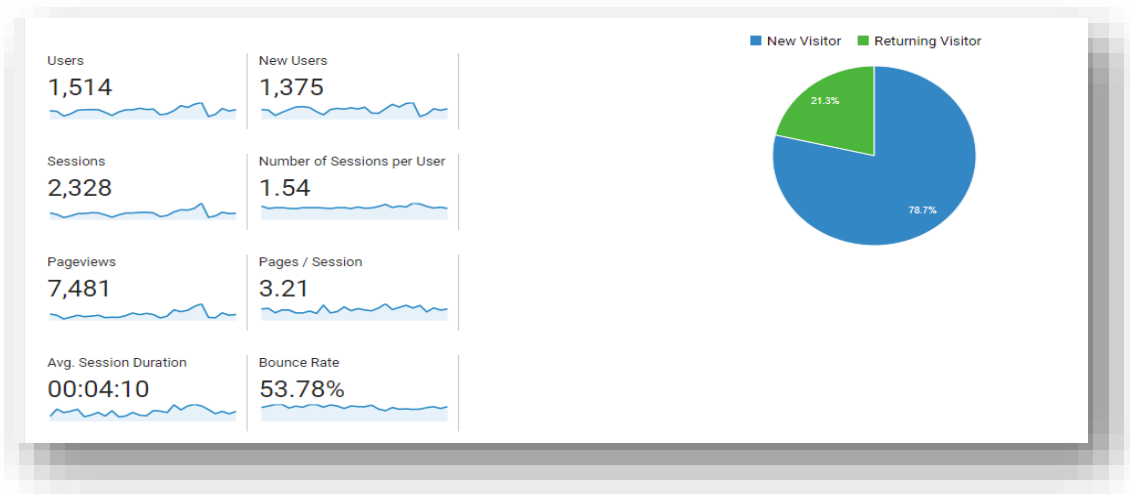
Data Staff made survey questionnaire corrections, enhancements and data updates as follows:

- **Ambulatory Surgery Survey:** Daily data downloads and are working with the hospital Staff to streamline the survey questions.
- **Home Health Survey:** updated help documentation, assisted with sending out acceptance letters to agencies, fixed errors on submission stats, provisioned capability to both exempt agencies and also capture limited agency information and added this information to the administrative section, added new data quality validators for the Medicare and Medicaid questions, and implemented other miscellaneous changes. The survey will launch March 5.
- **Hospice Survey:** worked with the Hospice Staff to implement additional changes to the 2017 survey including creation of new blank pdf applications for Part 1 and Part 2, inclusion of the updated instruction manual, and changes to section 5 as requested by the Hospice Staff. The survey was launched February 19th.
- **Long Term Care Guide:** updated nursing home staffing 2016-2017 data and implemented CMS star ratings on the staffing tab.

- **Nursing Home and Assisted Living flu vaccination survey:** assisted the Long Term Care staff making changes to the surveys and created login accounts for review and testing.

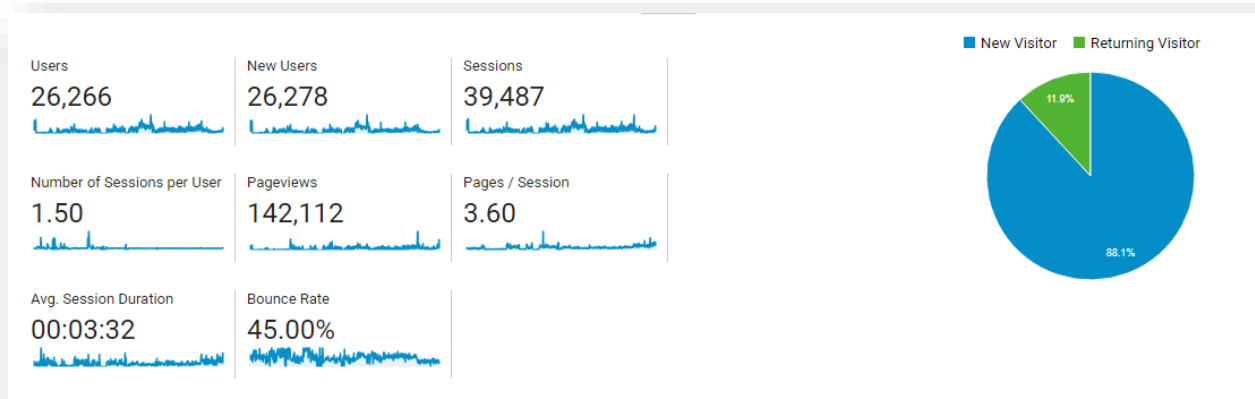
Internet Activities

Data from Google Analytics for the month of February 2018

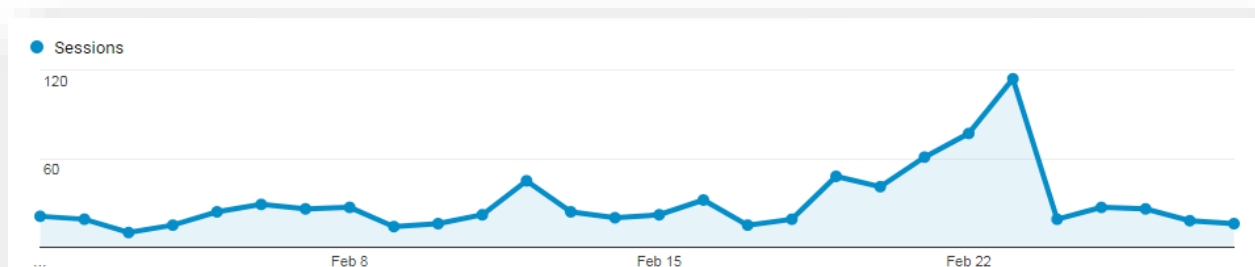


- Bounce rate is the percentage of visitors that see only one page during a visit to the site.
- As shown in the chart above, the number of sessions to the **MHCC website** for the month of February 2018 was 2,328 and of these, there were 1,375 new users. The average time on the site was 4:10 minutes. The bounce rate of 53.8% 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, hsrc.state.md.us. Among the most common search keywords in February 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 26,266 users of the consumer site and 142,112 page views. On average, 674 users per month have visited the site. About 88% of users are new visitors. In February 2018, the MHCQR site had 500 users and 6,438 page views. This is more than a 20 percent increase from 402 users, and a 70 percent increase from 3,763 page views in January 2018.

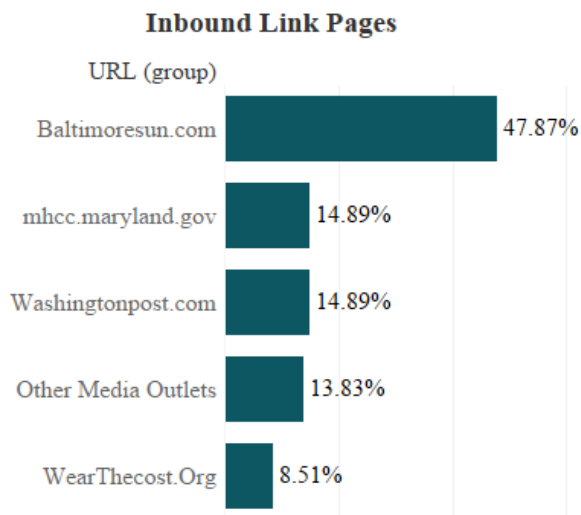
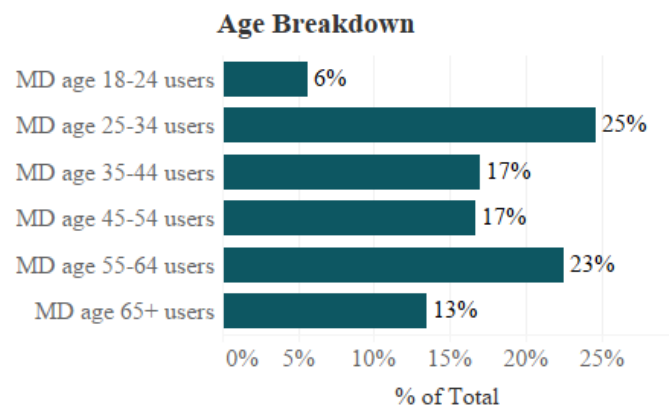
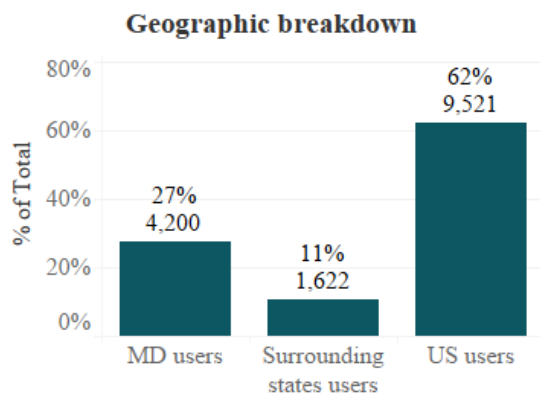


The average time on the site in February was about 8 minutes, which is 2 minutes longer than the average amount of time spent on the site in January. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



A new and robust website traffic analytics tool was deployed on the current Wear The Cost website.

With the aim of improving traffic and the effectiveness of the site, staff worked with the Freedman Healthcare team to implement their Google Analytic Report Writer on the WearTheCost website. The report writer easily generates more metrics than the regular google audience analytics provides and is customizable based on our needs. The detailed website traffic analytics from Report Writer will be used to understand the consumer audience that is currently visiting the website and how the audience changes with revisions to the website. Below is a summary and some of the metrics generated for the ‘Wear The Cost’ site based on the website usage from launch (Oct 2017) through February 2018.



Sources of new users by month

Metric	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
MD new users direct	1,267	233	74	93	83
MD new users referral	584	65	39	22	11
MD new users search	244	53	18	31	26
MD new users social	84	2	1	15	3

Demographic Information for Maryland Visitors

- Among Maryland visitors, 46% were men – strong equity considering typical patterns for health; websites and that half of comparisons on WTC focused on “women’s” procedures; and
- Visitors from the 25-34 year and the over 55 population accounted for almost 50% of visitors. Not surprising, given that the procedures highlighted were normal childbirth, joint replacements, and hysterectomies.

Maryland Visitors Are Seeing Procedure-Level Comparisons

- About 20% of Maryland site visitors saw a procedure-level comparison;
- For return Maryland visitors, 38% saw procedure-level comparisons;
- Vaginal delivery was of more interest to first-time visitors; hip and knee replacement was of more interest to return visitors;
- Visitors that visit the vaginal delivery content, particularly via search, tended to leave the site and did not compare other episodes; and
- Visitors that enter the site via the home page or other comparisons are more likely to be interested in multiple comparisons.

Most Maryland Visitors are Viewing More than 1 Page

- MD First-Time Visitor “Bounce Rate” 41%
- MD Return Visitor “Bounce Rate” 53%*

* Strong Numbers for a Site of this Type

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

Episode of Care – Consumer-centric Price Transparency Initiative

“Wear the Cost” website 2018 progression plan: 2015/2016 Commercial data processing completed and data files to be delivered to MHCC by March 8th. Altarum, sub-contractor to Social & Scientific Systems(S-3), has completed the processing of the Commercial 2015/2016 claims data through the Prometheus Episode grouper software. The data consists of Commercial Fully insured and Self-funded Non-ERISA members’ claims; processing involved running the claims data and generating output data files that are used to report healthcare cost and quality of entire episodes of care on the WearTheCost.Org site. The output data files will be delivered to MHCC once quality checks are completed upon which staff will start working on generating the individualized hospital level reports for hospitals to review and vet their data. This second wave of update of the site would include four procedural episodes: total hip replacement, total knee replacement, hysterectomy, and vaginal delivery.

S-3 and Wowza, S-3 subcontractor, will incorporate staff feedback to complete and deliver the final version of the website redesign prototype. The team continued working on refining the prototype and implementation plan for the redesign based on the feedback from staff. The redesign of the consumer-centric website will enable seamless inclusion of additional years of data, new measures, and episode information for different payor/population cohorts such as Medicare and Medicaid.

Revised ‘Wear The Cost’ introductory video production to be completed the first week of April. As part of the enhanced website redesign, staff along with our contractors, are working to revise the video currently displayed on the ‘Wear The Cost’ site. Freedman Healthcare LLC, our PMO contractor, and team developed a storyboard that will be used to guide the design sprint during which the team will make text changes, record and edit the video.

MHCC is establishing a permanent workgroup that will provide MHCC with input on the presentation of information on the website, as well as future episodes to be added.

Working towards our commitment to build on collaborative efforts, the staff is establishing a permanent stakeholder workgroup that will include physicians/MedChi; representatives of Maryland hospitals/the MHA; and other providers/organizations, in addition to the consumer members that provided feedback on a prototype of the site prior to its initial release. Input from individuals with different expertise on the episodes of care and the consumer perspective is critical to providing the most accurate and useful information on this consumer-centric website. The workgroup will meet no more than monthly and will provide MHCC with input on the presentation of information on the website, as well as future episodes to be included.

Primary Care and Selected Specialty Workforce Study

Staff finalized and executed the contract for a study to estimate primary care and selected specialty workforce needs under current delivery models and under the new innovative models currently being negotiated with CMS to be launched in 2019. IHS Global, the contractor, will apply a forecasting model that can account for the supply and demand for primary care, behavioral health, and certain surgical and medical specialists for Maryland overall and by Maryland jurisdictions. 2015/2016 Healthcare practitioner datasets gathered as part of the biannual re-licensure will be used for the study. Staff is currently working on the uptake of data from the various boards and developing the deliverable timeline.

Special Projects – Janet Ennis

Population Health Benchmark Feasibility Study on Cost of Diabetes Care

Staff selects contractor for this analysis

MHCC’s evaluation team awarded a contract to Ms. Judy Loren, an independent contractor, to analyze population health measures focusing on the examination of the costs to treat Maryland’s nonelderly privately insured diabetics. The results of this evaluation will be used for internal MHCC analysis to determine whether the MCDB is an appropriate data source to monitor the cost of care for populations of varying health

status. Specifically, the contractor will produce benchmark costs from the data using actual costs and quality measurement criteria (from CMS or other sources) and assess the strength of the underlying data and the resultant benchmarks. The Contractor will also make recommendations on how to best characterize the costs of care in the diabetic population for purposes of cost projections, which require estimates of future population demographics and adherence to standard protocols in the treatment of diabetes.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.17

A meeting of the Cardiac Services Advisory Committee was convened on January 23, 2018. The Committee discussed draft language for updating and amending specific standards in COMAR 10.24.17 and the definition of 'cardiac surgery' in that State Health Plan chapter, which will now be defined using ICD-10 coding. Staff plans to use this feedback to develop draft regulations for informal comment.

On-Going Performance of Cardiac Surgery Programs

Staff continues to review applications from cardiac surgery program for Certificates of Ongoing Performance.

External Peer Review Organizations

MHCC received a request for approval of an external peer review organization, MedStar Cardiovascular Research Network (MCRN). MCRN proposes to provide external review of percutaneous coronary intervention cases in Maryland hospitals. Staff has relayed questions to MCRN based on its review of the request.

Certificates of Conformance

Howard County General Hospital submitted a letter of intent on January 12, 2018, for the proposed addition of elective percutaneous coronary intervention (PCI) services. Currently, Howard County General Hospital provides only primary PCI services. The application is due by February 16, 2018.

State Health Plan: COMAR 10.24.09

The Governor's office, the Department of Fiscal Services, and the Joint Committee on Administrative, Executive, and Legislative Review (AELR) approved proposed permanent regulations (the State Health Plan chapter covering acute inpatient rehabilitation services) that were approved by the Commission in December 2017. Notice will be published in the Maryland Register on February 16, 2018. AELR has not approved the proposed emergency regulations. Staff is working with the co-chairs to seek AELR approval on an emergency basis. One of the co-chairs believes that emergency regulations should only be approved by AELR in instances of exigent health and safety issues.

Long Term Care Policy and Planning – Linda Cole

Nursing Home Work Group

A meeting of a Nursing Home Work Group was convened on January 30, 2018. This Work Group will advise MHCC staff on updating the Nursing Home Chapter of the State Health Plan, COMAR 10.24.08. Membership includes representatives of nominated by the Health Facilities Association of Maryland, Lifespan Network, the Maryland Department of Health's Medicaid program and Office of Health Care Quality, and a consumer representative selected by MHCC staff. Staff presented a series of reports, including a Maryland Nursing Home Chartbook, a Background Paper on Nursing Homes and Long Term Care, an Issue Brief on Nursing Home Quality Measures. The next meeting of the Work Group will be held on March 1, 2018. Information on the Work Group and meeting materials are posted at:

Hospice Survey

Work is underway to prepare for the Maryland Hospice Survey, which will gather information for Fiscal Year 2017. All hospices have been requested to provide updated contact information to expedite the survey process. The online survey is expected to be available for data entry during February.

Home Health Agency Survey

The FY 2015 Home Health Agency Survey data collection period ran from November 27, 2017 to January 25, 2018. (Collection of data for 2015 and 2016 was delayed while the survey was revamped.) Currently, 88% (49) of the surveys have been accepted; 5% (3) have been rejected for corrections; and 7% (4) are still in the process of being completed.

Long Term Care Survey

Staff reviewed the Medicaid Cost Report data output created by Hilltop, MHCC's contract consultant for the Minimum Data Set and long-term care data, and provided a list of edits to be corrected. Staff continues to provide guidance to Hilltop for the Long Term Care Survey programs to be updated and reports to be generated.

Certificate of Need – Kevin McDonald

Change in Approved CON

Prince George's Post-Acute, L.L.C. – (Prince George's County) – Docket No. 13-16-2347

Increase in approved expenditure for the establishment of a comprehensive care facility (CCF).

Additional Expenditure Approved: \$3,066,232

New Total Approved Project Cost: \$30,995,328

CON Letters of Intent

Lorien Nursing Home-Columbia – (Howard County)

Addition of 40 CCF beds to an existing 205-bed CCF

Peninsula Regional Medical Center – (Wicomico County)

Addition of 15 acute psychiatric beds for a new child and adolescent psychiatric program.

Free State Detox, L.L.C. – (Baltimore County)

Establish a 24-bed alcoholism and drug abuse intermediate care facility (ICF) to be located at 1825 Woodlawn Drive, in Woodlawn

Gaudenzia, Inc. – (Anne Arundel County)

Establish a 60-bed alcoholism and drug abuse ICF to be located at 107 Circle Drive, in Crownsville

Pre-Application Conference

Lorien Nursing Home-Columbia – (Howard County)

January 22, 2018

CON Applications Filed

Children's National of Prince George's County – (Prince George's County) – Matter No. 18-16-2413

Establish an ambulatory surgical facility with two operating rooms to be located at 2900 West Campus Way, in Glenarden. (Applicant is Children's National Medical Center, Inc.)

Determinations of Coverage

- **Ambulatory Surgery Centers**

Waterfront Surgical Center – (Baltimore City)

Avoidance of a January 30, 2013 determination of coverage to establish a physician outpatient surgery center (POSC) at 2700 Lighthouse Point, Suite 404, in Baltimore. To date neither MDH nor MHCC have received any indication that the POSC has been developed.

- **Acquisition/Change of Ownership**

Each of the centers listed immediately below (the first two are freestanding ambulatory surgery centers and the rest are POSCs) replace Spartan Merger Sub 2, L.L.C. with SCAI Holdings, L.L.C. in its chain of ownership. Each also implemented an internal restructuring, adding an additional holding company to the chain of ownership, SCA Holdco, Inc.

Surgery Center of Chevy Chase – (Montgomery County)

Montgomery Surgery Center – (Montgomery County)

Surgery Center of Rockville – (Montgomery County)

Surgery Center of Easton – (Talbot County)

Thomas Johnson Surgery Center, L.L.C. – (Frederick County)

Parkway Surgery Center, L.L.C. – (Washington County)

St. Thomas More – (Prince George’s County)

Change in the operator of a CCF owned by Sabra Health Care of Northeast, L.L.C. (Sabra). Neiswanger Management Services (“NMS”) is being replaced by Cadia Healthcare-Hyattsville.

NMS Healthcare of Silver Spring – (Montgomery County)

Change in the operator of a CCF owned by Sabra. NMS is being replaced with Cadia Healthcare-Wheaton.

Bay Ridge Health Care – (Anne Arundel County)

Change in the operator of a CCF owned by Sabra. NMS is being replaced by Cadia Healthcare-Annapolis.

NMS Springbrook – (Montgomery County)

Change in the operator of a CCF owned by Sabra. NMS is being replaced with Cadia Healthcare-Springbrook.

Maryland Center for Digestive Health – (Anne Arundel County)

Change in ownership of a POSC.

Towson Surgical Center – (Baltimore County)

Change in ownership of an ambulatory surgical facility.

- **Waiver Beds**

Eastern Shore Hospital Center – (Dorchester County)

Addition of four psychiatric beds at the facility, increasing its total bed capacity to 84.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

State Recognition Program of Electronic Advance Directives Services

On March 2nd, staff released for public comment draft criteria for State Recognition of an electronic advance directives service. The draft criteria were developed in collaboration with stakeholders in the fall of 2016. Public comments will be accepted through March 30th. Final regulations for COMAR 10.25.19: *State Recognition of an Electronic Advance Directives Service* are expected to become effective March 12th. The regulations aim to facilitate use of cloud-based technology to support electronic advance directives.

Hospital Health Information Technology Assessment

A final draft of the hospital health information technology (health IT) report was completed during the month. The report presents findings from the annual acute care hospital health IT survey. The report highlights hospitals adoption of health IT. Survey development for the 2017 assessment is underway and is anticipated for release in April.

Health IT Policy Compendium

Staff reviewed leading national health information exchange (HIE) and telehealth initiatives during the month. Activities at the national level will be used to guide the development of proposed policies and strategic initiatives in a compendium aimed at increasing health IT adoption statewide. The compendium is targeted for release in the fall.

CRISP Independent Reviews

Staff worked with independent auditors, Myers and Stauffer, LLC (MSLC) to finalize the field work scope and timeline for the annual privacy and security audit of the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP). MSLC continues to assess CRISP's progress implementing corrective actions for the prior year audit. Staff is also working with MSLC and CRISP to define project milestones for the Earned Value Assessment of the Integrated Care Network.

Dental Health IT Program Development

Staff collaborated with the Maryland State Dental Association (MSDA) to identify strategies aimed at expanding health IT among dentists. Staff finalized a continuing education training session curriculum that focuses on electronic health records (EHRs) and HIE. The MSDA will host the event this spring. Staff submitted a proposal to the MSDA for an education session at their summer conference. Staff also convened a dental workgroup to discuss leading challenges and potential solutions to health IT adoption.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grant Projects

The round three and four telehealth reports were finalized by staff during the month. The reports detail outcomes from grantees' telehealth projects. Grantees include Gerald Family Care, Associated Black Charities of Dorchester County, Union Hospital of Cecil County, MedPeds, and Gilchrist Greater Living. The round five grantee, University of Maryland Shore Regional Health, is continuing to develop their final project deliverable. Staff provided guidance to Johns Hopkins Pediatrics at Home on data collection and analysis activities for their pediatric asthma mobile health project. Staff is also evaluating proposals received in response to the telehealth grant announcement released last November for medication management and reconciliation. Staff received several applications to a January grant announcement for expanding access to medication assisted treatment for opioid use disorders in underserved areas of the State.

Telehealth Readiness Assessment Tool

Staff provided support to RTI International in developing framing questions for a telehealth readiness assessment (TRA) tool. In January, staff awarded RTI a Bid Board contract (\leq \$50K) for the development of the TRA tool. The TRA tool is aimed at helping independent physician practices assess provider, patient, caregiver, and organizational readiness to adopt telehealth.

Telehealth Lunch and Learn Session

MHCC sponsored a virtual telehealth educational webinar in February. The session highlighted key compliance and reimbursement issues for physician practices. Over 100 individuals participated in the webinar. Planning activities are underway for another webinar this spring.

Health IT Information Briefs

Staff finalized the information brief on health IT adoption among comprehensive care facilities (CCFs) in Maryland. Additional information briefs are in development, covering topics on telehealth adoption by

ambulatory practices; EHR implementation barriers for small practices; and an environmental scan of dental EHR adoption. These information briefs are planned for release in the spring.

HIE Privacy and Security

The Office of the National Coordinator for Health Information Technology released the Draft Trusted Exchange Framework (TEFCA) for public comment in January. TEFCA is a voluntary agreement that establishes policy for HIEs that participate in national data sharing. Staff is reviewing TEFCA's principles for trusted exchanges and minimum requirements to identify potential areas of alignment and challenges with COMAR 10.25.18 *Health Information Exchanges: Privacy and Security of Protected Health Information*.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network

Support activities continued for the nearly 90 practices participating in the Practice Transformation Network (PTN). The New Jersey Innovation Institute (NJII) was awarded a practice transformation grant by the Centers for Medicare & Medicaid Services (CMS) in February 2016. The MHCC, MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative have partnered with NJII to transform participating practices. Staff supported practices on various quality improvement activities and in collecting 2017 key performance indicators. Staff also participated in a practice education session on the Merit-based Incentive Payment System reporting requirements and alternative payment models under the Medicare Access and CHIP Reauthorization Act of 2015.

Maryland Primary Care Program

Staff participated in several Maryland Primary Care Program (MDPCP) stakeholder awareness building events. Staff is assisting the Maryland Department of Health in developing a draft guidance document for organizations interested in becoming a Care Transformation Organization. Planning activities are underway to convene a practice transformation organization meeting in April. Practice transformation organizations will be invited to take part in a primary care practice transformation strategy development discussion. CMS continues to review the MDPCP model; a decision to approve the model is anticipated within the next 90-days.

Patient Family Advisory Council Guidance Document

Staff modified the Patient Family Advisory Council (PFAC) guidance document Bid Board notice (\leq \$50K contract). Requirements to align the work with the Comprehensive Primary Care Plus Change Package were included in the Bid Board. PFACs are a supportive strategy of alternative care delivery models where patients and families partner with the care team to provide guidance on how to improve the patient and family experience.

Maryland Multi-Payer Patient Centered Medical Home Program

Staff requested 2016 performance year data from Medicaid Managed Care Organizations to complete shared savings calculations. Shared savings payments are based on practices achieving certain benchmarks on quality, cost, and utilization measures. About 18 practices qualified for Medicaid shared savings payments for the 2015 performance year.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Twenty-seven social media posts initiated in March

Staff continues to focus on the promotion of the MHCQR website. There were 27 social media posts made or planned in March. Topic posts for March include National Nutrition Month and Patient Safety Awareness Week. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events, and are designed to link readers back to the MHCQR website.

More than 26,000 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 26,266 users of the consumer site and 142,112 page views. In February 2018, the site had 500 users, an increase from the 402 users that visited the site in January. The site also saw a large increase in page views; 6,438 in February compared to 3,763 page views in January. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

First Website Update of 2018

The first update of 2018 to the MHCQR consumer website was released in early March. This release includes updated hospital quality measures as well as updated data (Jan thru Sept 2017) on inpatient hospital charges for diagnosis related groupings (APR-DRGs). The website now also includes an enhancement to the Price Transparency section. Hospital inpatient charges can now also be displayed by APR-DRG, by hospital and by payer (i.e., Medicare, Medicaid, Commercial, Other). The website update now also includes CMS star ratings for Home Health providers. A demonstration of the new features will be given at the March 2018 Commission meeting.

Hospital Quality Initiatives – Courtney Carta

Updated Hospital Safety Grades to be Released in the Spring

In 2017, Maryland hospitals were included in the Leapfrog Group's national hospital grading system for the first time. MHCC continues to support this initiative by providing data to Leapfrog. Updated Patient Safety Indicator (PSI) measure results were generated for the next release and preview reports were distributed to hospitals for review. The next round of safety scores for Maryland hospitals will be released in April. To view past performance, visit the Leapfrog website, <http://www.hospitalsafetygrade.org/>. Staff continue to provide support to hospitals with questions about the data and methodology.

Healthcare Associated Infections (HAI) Data

First round of annual HAI performance measures

The MHCC updates HAI performance measures annually on the Hospital Guide. Staff are working to update the HAI tables with CY2017 data. The first round of HAI public reporting will include updates to CLABSI, Clostridium Difficile (*C. difficile*) and MRSA bacteremia Lab ID data. The remaining HAI data (CAUTI, SSI, and HCP Influenza Vaccination) will be updated in July. Mid-March, hospitals will receive a preview report of preliminary data pulls, allowing them time to make corrections or changes before the data are frozen for public reporting. This is the first year we will report using the 2015 NHSN updated baselines. Due to the new baseline, we expect performance to look worse than in previous years. Results will be presented at the quarterly HAI Advisory Committee meeting on April 25th.

Specialized Cardiac Services Data

Maryland requirements for cardiac registry use have changed for 2018

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 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 removed ACC NCDR ACTION registry requirements from the regulations. MHCC continues to offer support during this transition period. MHCC will present the proposed change in requirements during the March 2018 Commission meeting.

Outpatient Quality Initiative – Sebastiana Gianci

The Outpatient Quality Initiative (OQI) staff continues to move forward on the activities identified in the annual work plan.

OQI Website Development

This month OQI had its second meeting of the outpatient guide development team. First, we will do testing to investigate how best to present quality measures of interest to Maryland consumers derived from the CMS Conditions of Coverage. These conditions include the CMS Hospital OQR Quality Measures (OP) and Ambulatory Surgical Center (ASC) measure sets.

Concise Incident Analysis Pilot

Concise Incident Analysis (CIA) tool methodology is based on a formal Root Cause Analysis (RCA) investigation. Using this “*RCA or FMEA-Lite*” approach, we are aiming to meet a QI training request identified in our recent MASA Feedback Exercise. On February 22, staff met with Andrea Hyatt, President of the Maryland Ambulatory Surgery Association (MASA), to discuss the development of a joint MASA-MHCC pilot initiative. Specifically, in our pilot we are looking into tailoring an established, open-source tool (hosted on the CPSI, AHRQ, WHO websites) to a Maryland Ambulatory Surgical Center audience. In the tool’s initial development by a JHU-CPSI team, a conscious and deliberate decision was made to focus on four key RCA areas. The conclusion of a peer-reviewed study of this tool found that “a concise tool for the investigation of patient safety incidents with low or no harm was well accepted across a select group of hospitals from five countries.” (Pham JC ; Hoffman C ; Popescu I; et al. *A tool for the concise analysis of patient safety incidents. Jt Comm J Qual Patient Saf.* 2016; 42: 26-36) A small design meeting of the pilot lead team is being scheduled in mid-March at MASA.

Long Term Care Quality Initiative

In December 2017, the MHCC issued a Request for Proposals to obtain a contractor with consumer health care survey administration experience to conduct the Nursing Home Experience of Care Survey. The survey captures family and responsible party satisfaction with the services provided to Maryland Nursing Home residents and is intended to assist consumers in their decision making process as they seek nursing home services. The procurement process is moving forward on schedule. The proposal review process should be completed by the end of March.