

# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

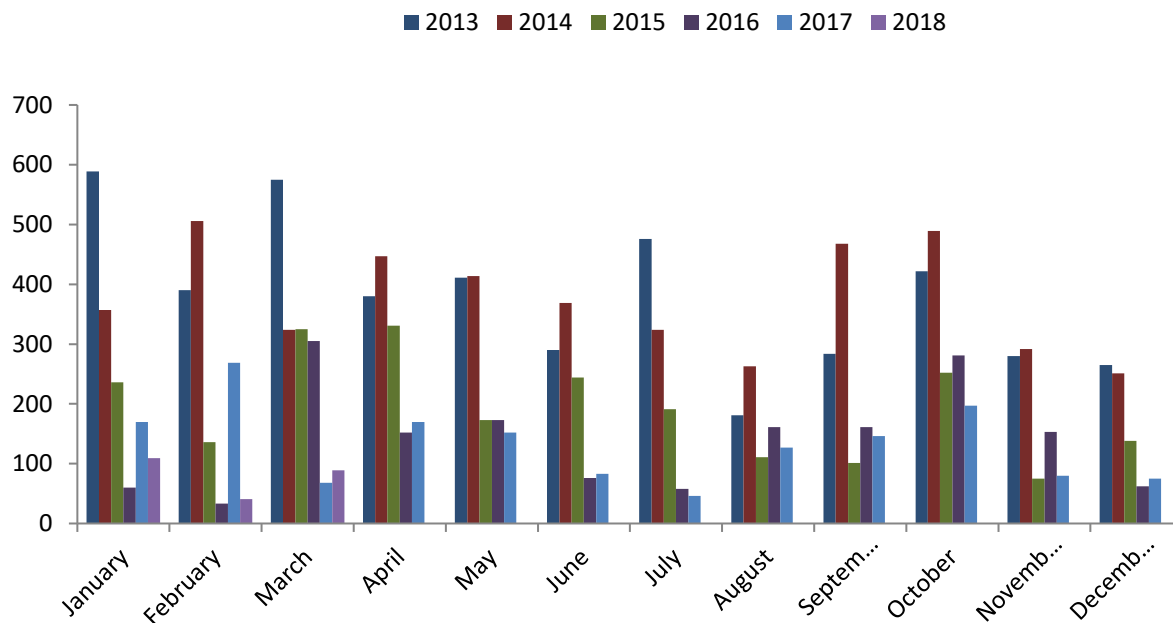
April 2018

### ***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 \$89,040 for the month of March, 2018, double the claims during the month of February. The monthly payments for uncompensated care claims from January 2013 through March, 2018 are shown below in Figure 1. Commission staff processed the grant applications to all Level II and Level III trauma centers. Upon review and approval, each trauma center will receive approximately \$85,714 for a total of \$600,000.



## CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

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

#### **Privately Fully-Insured Report, 2016**

The privately fully-insured report will be presented at the April Commission meeting.

**Illness levels in the 2016 individual market population are stabilizing.** Median expenditure risk scores show a slower rate of increase between 2015 and 2016 (0.27 to 0.31) compared to the increase from 2014 to 2015 (0.16 to 0.27). This relatively smaller increase in risk score indicates that illness levels in the 2016 individual market population are stabilizing.

#### **Per Member Per Month (PMPM) spending growth across all markets grew less in 2016 than in 2015.**

PMPM spending growth for all services combined grew less in 2016 than in 2015 for the large employer market (↑3% in 2016 vs. ↑7% in 2015), small employer market (↑1% in 2016 vs. ↑7% in 2015), and the individual market (↑12% in 2016 vs. ↑35% in 2015).

**Unit costs were somewhat volatile in 2016, increasing, decreasing or varying by service category across all markets.** Unit costs for three services categories — outpatient hospital facility, non-hospital facility, and labs/imaging—decreased across all markets (large employer, small employer, and individual) in 2016. Conversely, unit cost increased across all markets for physician supplied drugs and prescription drugs. The unit cost changes for inpatient hospital and professional services varied by market.

#### **MCDB Master Patient Index (MPI) Update, 2016**

**The rate of MPI assignment is higher in 2016 than in 2015.** The MPI is used to find the same individual across different data sources where the insurers, pharmacy benefit managers and third party administrators have different member IDs for the same person. It is generated by CRISP from demographic data on insured members that is supplied by the payers. In 2016, 100% of all payers—representing about 99% of MCDB enrollees—had an MPI reporting rate greater than 90%. In 2015, only 75% of payers had an MPI reporting rate above 90%.

**Finding enrollees with carve-out pharmacy benefits using MPI improved in 2016 compared to 2015.** In 2016, 74% of all medical members with carve-out pharmacy benefits were matched (linked) to a PBM's eligibility file and 77% of these linked members had at least one drug claim in the PBMs prescription drugs (Rx) files. The 2016 results are a slight improvement from 2015 in which 72% of all medical members with carve-out pharmacy benefits were matched to a PBM's eligibility file, and only 55% of the linked members had at least one drug claim in the PBMs Rx files. (See Exhibit below).

**Exhibit: % of Enrollees with Identified Carve-Out Pharmacy Benefits (Medical Eligibility w/o Rx)**

Market Segment	2016		2015	
	% of Enrollees w/ Elig Records in PBM Files	% of Enrollees w/ Rx Records in PBM Files	% of Enrollees w/ Elig Records in PBM Files	% of Enrollees w/ Rx Records in PBM Files
Public Employee (Non-FEHBP)	84%	79%	80%	77%
Public Employee (FEHBP)	77%	77%	89%	27%
Private Employer (self-insured)	24%	61%	30%	64%
Total	74%	77%	72%	55%

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

### **Data Release**

**Data staff continued to improve MHCC Data Use Agreements for data release and coordinated data access for Medicare data and the MHCC’s Workforce Study.** Data staff performed the following: worked with our attorney generals to modify the APCD Data Use Agreement to clarify when Maryland data security laws vs out-of-state laws apply; completed a data use agreement for access to licensing Boards’ data by our contractor for the Workforce study; worked with CMS to get delivery of 2016 Medicare files; and sent out APCD and DC Data Quarter 1 summary report reminders to entities who received data.

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

**The Data Staff provided support for CathPCI, Minimum Data Set and Trauma Fund projects.** Support included: resolving issues with 2017 Q3 CathPCI data; assisting the Minimum Data Set contractor with length of stay calculations; training new staff on Trauma Fund data processing; and assisting Certificate of Need staff with analysis of hospice public use data.

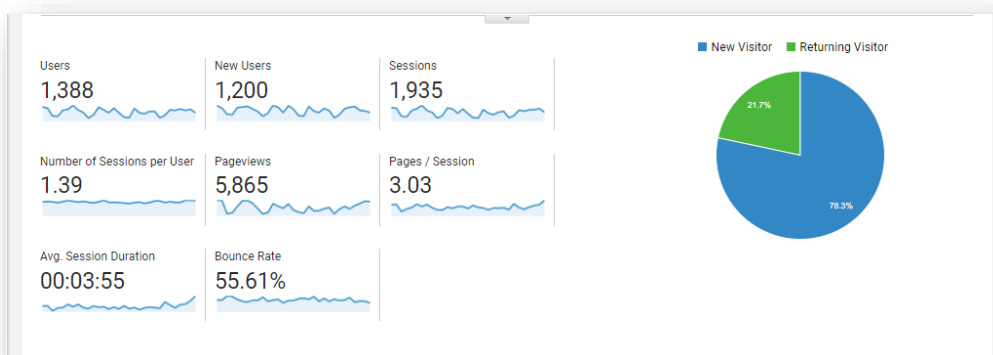
### **Web Applications**

**Data Staff created new website project areas, began redevelopment of the Ambulatory Surgery Facility Survey, and continued support for the website and surveys as follows:**

- **MHCC website:** assisted the Certificate of Need staff with public comment notifications and documents and creation of new pages; made extensive changes to Advanced Primary Care, Advance Directives, and the Telehealth and Electronic Preauthorization pages.
- **Ambulatory Surgery Survey:** worked Health Care Quality staff to begin development of a new survey application for collection of 2017 data.
- **Home Health Survey:** created new data input validations and updated the survey documentation.
- **Continuing Care Retirement Community Direct Admission Survey:** catalogued and archived submissions from October 1, 2017 to December 1, 2017.
- **Long Term Care Guide:** assessed and processed nursing home quality measure and health/fire safety inspection results data for upload to the Guide.
- **Long Term Care Facility Survey:** began production for the 2017 data collection; tested the ability of survey users to activate their survey before the start date and to validate the fiscal year and number of admissions on the assessment page.
- **Nursing Home and Assisted Living flu vaccination survey:** prepared the application and databases for the 2017-2018 launch.

## Internet Activities

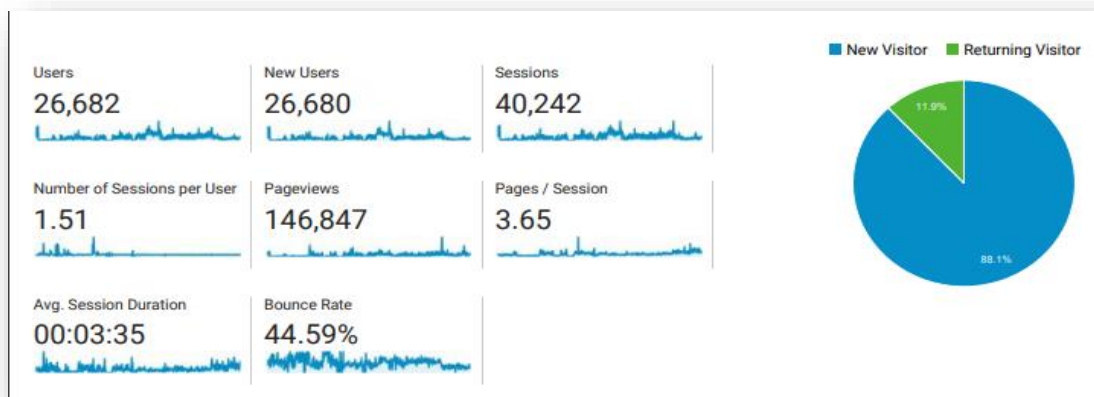
Data from Google Analytics for the month of March 2018



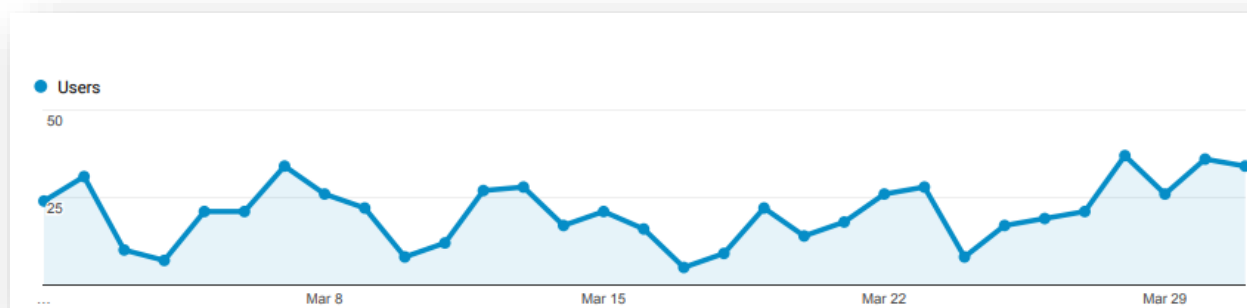
- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

- As shown in the chart above, the number of sessions to the **MHCC website** for the month of March 2018 was 1,935 and of these, there were 1,200 new users. The average time on the site was 3:55 minutes. Bounce rate of 55.61% 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 March 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 26,682 users of the consumer site and 146,847 page views. On average, 667 users per month have visited the site. About 88% of users are new visitors. In March 2018, the MHCQR site had 499 users and 4,735 page views. The number of users remained about the same from the previous month, but the number of page views decreased. However, the number of page views in February was unusually high, so these March results are more representative of the monthly viewership.

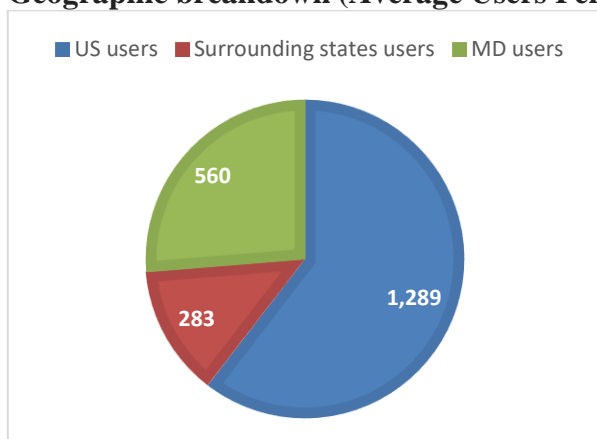


The average time on the site in March was about 6.5 minutes. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.

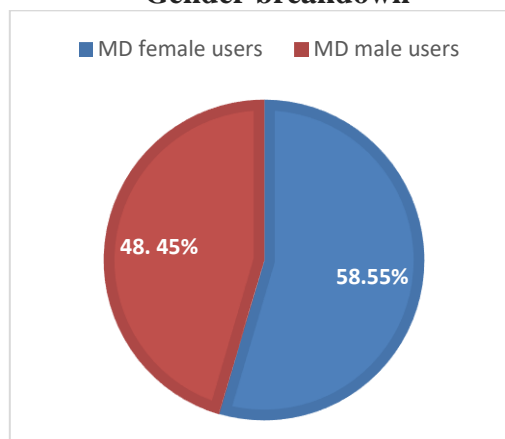


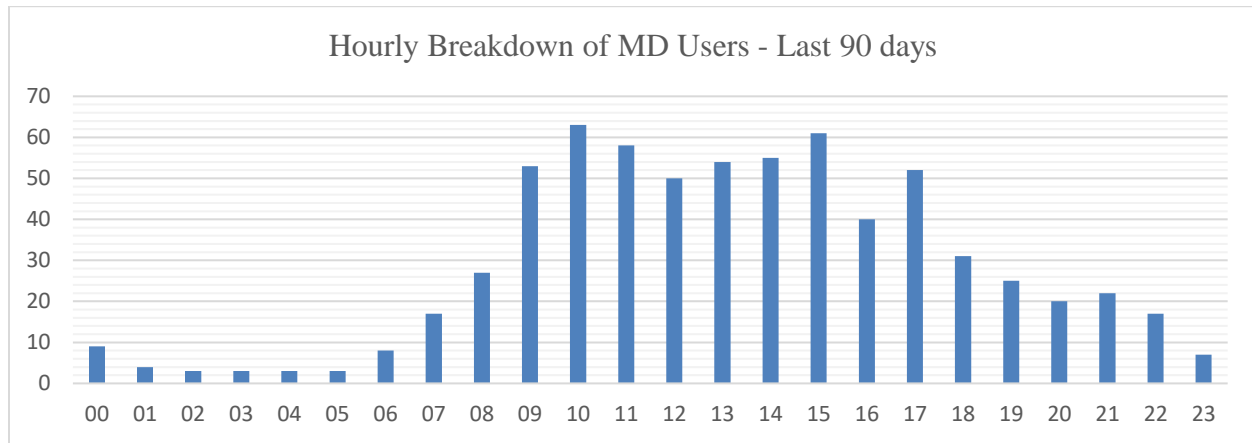
Below is a summary of some of the metrics generated for the ‘Wear The Cost’ site based on the website usage from launch (Oct 2017). These new and robust website traffic analytics were deployed with a goal of understanding our visitors so that we might improve both traffic to and the effectiveness of the site.

### Geographic breakdown (Average Users Per Month)



### Gender breakdown





### **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 pre-public release hospital review period to be completed by April 13th.** Staff completed quality checks of the commercial 2015/2016 episode of care data and generating the individualized hospital level reports for 36 hospitals. The hospitals have been sent their individualized data reports for their review and vetting. The two-week data review period will end on April 13<sup>th</sup>. This data update of the WearTheCost site will be limited to the four existing procedural episodes: total hip replacement, total knee replacement, hysterectomy, and vaginal delivery. The data consists of commercial fully insured and government self-funded members’ claims.

**S-3 and Wowza, S-3 subcontractor, deployed the first round of the User Acceptance testing (UAT) site with the new website redesign features.** The team implemented the site redesign plan and released a UAT for MHCC review. 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.

**Revision of the ‘Wear The Cost’ introductory video and a new photolibrary are complete.** As part of the enhanced website redesign, staff, along with our contractors, worked on revising the video currently displayed on the ‘Wear The Cost’ site. Using a local photographer, contractors (with staff participation) conducted a two-day photoshoot to create a library of photos for use on the redesigned website.

#### **Primary Care and Selected Specialty Workforce Study**

**Data submissions from four Boards have been completed and passed onto IHSMarket for use in supply modelling.** Staff received data from Boards of Nursing, Psychology, Social Work and Counselors and is currently working with the Board of Physicians to receive physician and physician assistant data. Once all the data for the workforce is collected, the contractor, IHSMarket, will run various models to estimate primary care and selected specialty workforce supply under current delivery models and under the new innovative models currently being negotiated with CMS to be launched in 2019. Demand modelling for these specialties is already underway. When the demand and supply models are completed, the contractor will generate forecasts for possible future provider shortfalls under the different delivery models being examined, both for Maryland overall and by Maryland jurisdiction.

## ***CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT***

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

#### **COMAR 10.24.17, State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services**

No written comments were submitted in direct response to the draft regulations that were posted for informal comment on March 1, 2018. However, Staff received feedback from the Commission at the March Commission meeting and further input from members of the MHCC Cardiovascular Services Advisory Committee. It used this input to develop revised draft regulations which will be recommended for adoption as proposed regulations.

#### **On-Going Performance Review of Cardiac Surgery Programs**

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

#### **COMAR 10.24.09, State Health Plan for Facilities and Services: Acute Rehabilitation Services**

The AELR Committee approved the Commission's request for the emergency adoption of amendments to these regulations. The amendments were limited to changes in the description of how data on the use of acute rehabilitation services will be obtained for use in forecasting acute rehabilitation bed need. The effective period of emergency status began on March 17 and runs through June 22, 2018. During the formal comment period for the proposed regulations that ended on March 19, 2018 no written comments were submitted. Staff plans to request approval of final regulations at the April Commission meeting.

Staff developed updated bed need projections consistent with the emergency regulations effective March 17, 2018. These projections have been submitted for publication in the *Maryland Register* in April 2018.

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

#### **Minimum Data Set (MDS) and Long-Term Care Survey**

MHCC staff provided a full day training session for staff of the Hilltop Institute (Hilltop), MHCC's MDS and long-term care data consultant, on March 5, 2018. Draft nursing home occupancy reports were presented and reviewed, and a second year contracting schedule was submitted for review. Staff continues to hold bi-weekly conference calls with Hilltop staff.

#### **Nursing Home Work Group**

After two meetings with the Nursing Home Work Group, staff completed this phase of updating the comprehensive care facility (CCF or nursing home) chapter of the State Health Plan. Work is now underway on preparing a draft Plan chapter for informal review and comment.

The second meeting of the Nursing Home Work Group was held on March 1, 2018. At that meeting, staff discussed amendments to the rules governing the addition of bed capacity without CON review and approval, docketing rules, requirements for collaboration between CCFs and other long-term care providers, a standard for quality of care, and facility design. There was also a discussion of nursing home-hospital collaboration efforts. A presentation was made on recommended updates to the nursing home bed need methodology. Materials from both meetings of the work group are posted at:

[https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups\\_nursing\\_home.aspx](https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_nursing_home.aspx)

#### **Home Health Agency (HHA) Certificate of Need (CON) Review Cycle for Upper Eastern Shore**

MHCC is extending the cycle of HHA CON reviews initiated in 2017 by scheduling a second review cycle for the Upper Eastern Shore region, which consists of Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties.

Staff developed a Guidelines document to assist potential applicants in understanding eligibility qualifications consistent with the CON application acceptance rules found in the HHA Chapter of the State Health Plan (COMAR 10.24.16.06). This Guidelines document also provides a listing of qualified Maryland HHAs, hospitals, and nursing homes based on the same quality metrics used for the 2017 HHA CON review, with the exception that Center for Medicare and Medicaid Services (CMS) Home Health Compare scores have been updated. The Guidelines document was posted on the MHCC website on March 15, 2018 and may be found at this link

[http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_con/documents/chcf\\_con\\_hha\\_guidelines\\_updated\\_20180315.pdf](http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/chcf_con_hha_guidelines_updated_20180315.pdf)

MHCC staff contacted the following associations to alert them to the upcoming review cycle and the publication of the Guidelines: Maryland-National Capital Homecare Association, Health Facilities Association of Maryland, LifeSpan, Maryland Hospital Association, and the National Association for Home Care & Hospice.

### **HHA Survey**

The Commission had a 100% submission rate for the annual survey of HHAs for FY 2015. Staff has completed review of the data and it will be processed for the creation of reports.

The FY 2016 HHA Survey data collection period started on March 5, 2018. Responses from 56 HHAs are due by May 3, 2018. Staff is providing technical assistance to the surveyed agencies during the data collection period.

### **Long-Term Care Survey**

In March, staff trained Hilltop staff on how to audit and update the Medicaid Cost Report data and the Long-Term Care Survey data. Staff is finalizing review of the 2016 Survey data with Hilltop.

## **Certificate of Need – Kevin McDonald**

### **CONs Approved**

#### **Thomas Johnson Surgery Center – (Frederick County) – Docket No. 17-10-2410**

Establishment of an ambulatory surgical facility (ASF) in Frederick through addition of a second operating room at an existing physician outpatient surgery center (POSC).

Approved Cost: \$183,031

### **CON Applications Filed**

#### **Hope House – (Prince George's County) – Matter No. 18-16-2416**

Addition of 22 alcoholism and drug abuse treatment intermediate care facility (ICF) beds in Laurel.

Estimated Cost: \$0 (conversion of bed capacity certified for lower acuity service)

#### **Peninsula Regional Medical Center – (Wicomico County) – Matter No. 18-22-2417**

Addition of 15 acute psychiatric beds for children and adolescents in Salisbury.

Estimated Cost: \$8,520,716

#### **Lorien Nursing & Rehabilitation Center-Columbia (Howard County) – Matter No. 18-13-2418**

Addition of 40 CCF beds and related renovation in Columbia.

Estimated Cost: \$1,287,000

#### **Baltimore Detox Center – (Baltimore County) – Matter No. 18-03-2419**

Establish a 24-bed alcoholism and drug abuse treatment ICF in Woodlawn.

Estimated Cost: \$502,250



Gaudenzia-Baltimore – (Baltimore City) – Matter No. 18-24-2420

Addition of 30 alcoholism and drug abuse treatment ICF beds.

Estimated Cost: \$0 (conversion of bed capacity certified for lower acuity service)

Gaudenzia-Crownsville – (Anne Arundel County) – Matter No. 18-02-2421

Establish a 27-bed alcoholism and drug abuse treatment ICF in Crownsville.

Estimated Cost: \$0 (conversion of bed capacity certified for lower acuity service)

**Change in Approved CON Filed**

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

Relocation of a special rehabilitation hospital from the existing hospital campus in Takoma Park to the approved site for the relocated general hospital facilities in Silver Spring.

Estimated Cost: \$19,395,869

Found to require review as a CON application.

**Withdrawal of CON Applications**

Woodbourne Center – (Dorchester County) – Matter No. 17-09-2409

Establishment of a 40-bed residential treatment center (RTC) in Cambridge.

Estimated Cost: \$2,641,273

**Determinations of Coverage**

• **Ambulatory Surgery Centers**

Shady Grove Surgery Center, L.L.C. – (Montgomery County)

Establish a POSC with one non-sterile procedure room to be located at 2403 Research Boulevard, Suite 200, in Rockville.

Hendi Ambulatory Surgery Center, P.C. – (Montgomery County)

Addition of two non-sterile procedure rooms to an existing POSC located at 5454 Wisconsin Avenue, Suite 725, in Chevy Chase.

VSA Surgery Center, LLC – (Baltimore County)

Establish a POSC with one non-sterile procedure room to be located at 1840 York Road, Suites E-F, in Timonium.

Park Center Surgical Center, L.L.C. – (Prince George's County)

Establish a POSC with one non-sterile procedure room to be located at 14201 Park Center Drive, Suite 408, in Laurel.

Chesapeake Bay Surgery Center, L.L.C. – (Cecil County)

Establish a POSC with one sterile operating room and three non-sterile procedure rooms to be located at 101 Chesapeake Boulevard, Suite C, in Elkton. The center will operate on the same premises as Precision Surgical Center, L.L.C. on three days per week

Precision Surgical Center, L.L.C. – (Cecil County)

Establish a POSC with one sterile operating room and three non-sterile procedure rooms to be located at 101 Chesapeake Boulevard, Suite C, Elkton. The facility will operate on the same premises as Chesapeake Bay Surgery Center, L.L.C. on two days per week

**Acquisition/Change of Ownership**

Bergman Eye Surgery Center d/b/a Physicians Surgery Center – (Washington County)

Change in ownership of a POSC with one sterile operating room and one non-sterile procedure room located at 220 Champion Drive, Suite 100, in Hagerstown. The new owner and operator is Chesapeake Eye Surgery Center, L.L.C.

ASC Development Company, L.L.C – (Montgomery County)

Change in ownership of a POSC with two non-sterile procedure rooms located at 19735 Germantown Road, Suite 360, in Germantown. The new owner and operator is Jim Robinson, CEO of Ambulatory Surgery Center, Development Co. and Kristoffer De Lara, M.D, Medical Director of the center

Massachusetts Avenue Surgery Center, L.L.C. – (Montgomery County)

Acquisition of majority ownership interest (55%) by SCA-Bethesda, L.L.C. of the ASF located at 6400 Goldsboro Road, Suite 400, in Bethesda.

- **Licensure**

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

Signature Healthcare at Mallard Bay – (Dorchester County)

Temporary delicensure of 25 CCF beds.

Chesapeake Shores – (St. Mary’s County)

Temporary delicensure of eight CCF beds.

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

NMS Healthcare of Hagerstown – (Washington County)

Relicensure of a temporarily delicensed CCF beds to be operated by Wye Oak Healthcare of Hagerstown, L.L.C. d/b/a Cadia Healthcare-Hagerstown under a new leasehold agreement with Sabra.

- **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

Good Shepherd Center – (Baltimore City)

Extension of the period of temporary delicensure for an RTC. The period will end on August 23, 2018.

- **Other**

University of Maryland (UM) Capital Region Health – (Prince George’s County)

Relocation of a 28-bed special rehabilitation hospital from the campus of UM-Laurel Regional Hospital in Laurel to the campus of UM-Prince George’s Hospital Center in Cheverly and temporary delicensure of 28 special rehabilitation beds.

UM Capital Region Health – (Prince George’s County)

Relocation of a 46-bed special hospital for chronic care from the campus of UM-Laurel Regional Hospital in Laurel to the campus of UM-Prince George’s Hospital Center in Cheverly and the temporary delicensure of 34 of 46 special hospital for chronic care beds.

The Village at Providence Point, Inc. (Formerly The Village at Crystal Spring) – (Anne Arundel County)

Change in previous determination of coverage for a CCF to be established by a continuing care retirement community (CCRC) under the exception to CON at COMAR 10.24.01.03K. The CCRC will establish a 16-bed CCF rather than a 20-bed CCF in addition to 223 independent living units and 16 assisted living units. The facility will be located at the intersection of Spa Road and Forest Drive in Annapolis.

Brighton Woods of Arlington West – (Baltimore City)

Revision to existing Memorandum of Understanding with the Maryland Medical Assistance Program lowering the minimum required Medicare participation rate from 79.6% of total patient days to 46.9% of total patient days.

- **Addition of CCF Beds without CON**

Stadium Place Nursing & Rehabilitation Center – (Baltimore City)

Addition of 4 CCF beds for a total of 53 CCF beds.

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

**State Recognition Program of Electronic Advance Directives Services**

Staff released for public comment draft criteria for State Recognition of an electronic advance directives service. The criteria was posted in the *Maryland Register* and on MHCC's website. The comment period ended on March 30<sup>th</sup>; one comment letter in support of the criteria was received. Staff plans to send electronic advance directive vendors information about the recognition program in April. The recognition program aims to increase access to electronic advance directives using the State-Designated Health Information Exchange (HIE). Planning activities are underway to assess the status of electronic advance directive initiatives statewide.

**Hospital Health Information Technology Assessment**

The development of the annual hospital health information technology (health IT) assessment (assessment) is underway. The assessment inquires about how hospitals are using health IT to transform care delivery, along with hospital perceptions of evolving cybersecurity threats and use of risk mitigation techniques. The survey is targeted for release in April. The report on findings is anticipated for release in early 2019.

**CRISP Independent Reviews**

Staff continues to collaborate with independent auditors, Myers and Stauffer, LLC (MSLC) on the annual privacy and security audit of the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP). Staff is working with MSLC in developing an earned value analysis (EVA) tool that will be used by the auditors in completing a bi-annual EVA assessment of the CRISP Integrated Care Network.

**Dental Health IT Program Development**

Staff is working with the Maryland State Dental Association (MSDA) to develop two health IT education sessions. The first session will be held at the MSDA in June and the second session in September, during their 2018 Chesapeake Dental Conference. In addition, staff is preparing for a May meeting with the Board of Dental Examiners to discuss the value of including select health IT questions on the licensing application.

**Dispensed Prescription Reporting**

Planning activities are underway to convene stakeholders to assess challenges and opportunities for pharmacies, and other select dispensers, to make available to the State-Designated HIE non-controlled dangerous substance prescription fill information. Stakeholders will also explore the possibility of leveraging the existing technical infrastructure that supports the Prescription Drug Monitoring Program.

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

**Telehealth Grant Projects**

Staff continues to provide support to the round five grantee, University of Maryland Shore Regional Health, as it develops its final project deliverable, a telehealth palliative care implementation policy and technology

tool kit. Staff is working with mHealth grantee Johns Hopkins Pediatrics at Home in developing a similar telehealth final project. The application review process for the medication management and reconciliation project was finalized. Staff is also in the process of evaluating applications for a medication assisted treatment for opioid use disorders project.

### **School-Based Telehealth**

Staff convened a framing workgroup of select State agencies to assist in shaping the composition, goals, and objectives of a School-Based Telehealth Workgroup (workgroup) that will explore the feasibility of expanding telehealth in primary and secondary schools. The Senate Finance Committee requested MHCC to convene a workgroup to develop recommendations. Staff is exploring grant options for a school-based telehealth project in behavioral health and primary care as a way to inform activities of the workgroup.

### **Telehealth Readiness Assessment Tool**

Staff released a Bid Board notice ( $\leq$ \$50K) to identify practices to test the telehealth readiness assessment (TRA) tool that is under development. In January, RTI was awarded a contract to develop questions and a scoring methodology for a telehealth readiness assessment tool for use by independent physician practices. The work is targeted for completion in August. Staff plans to identify a contractor to develop a TRA web-based application in September.

### **Telehealth Lunch and Learn Session**

Planning activities are underway for a May session that will focus on Medicaid remote patient monitoring reimbursement policies. The session will highlight telehealth project deployment and lessons learned from providers that have implemented remote patient monitoring. Approximately 100 stakeholders participated in the last session.

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

### **Practice Transformation Network**

Data analysis is underway for the nearly 90 practices participating in the Practice Transformation Network (PTN) using practice reported quality, utilization, and cost measures. Staff is also developing a report on practice progression through the Centers for Medicare & Medicaid Services (CMS) defined phases of practice transformation. The New Jersey Innovation Institute (NJII) was awarded a practice transformation grant by CMS in February 2016. NJII partnered with MHCC, MedChi (the Maryland State Medical Society), and the Maryland Learning Collaborative to transform participating practices.

### **Maryland Primary Care Program**

Staff is working with the Maryland Department of Health (MDH) in developing awareness building events of the Maryland Primary Care Program (MDPCP). Staff is collaborating with MDH in developing a draft guidance document required by CMS for practices that participate in the MDPCP. Staff plans to finalize a practice assessment tool in April to assess primary care practice transformation activities. A decision by CMS to approve the model is anticipated later this spring.

### **Patient Family Advisory Council Guidance Document**

A Bid Board notice ( $\leq$ \$50K contract) was released to identify a contractor to develop a Patient Family Advisory Council (PFAC) guidance document. PFACs are a component of alternative care delivery models where providers partner with patients and their families to provide guidance on how to improve the patient experience. The guidance document will help practices design services and improve overall quality in the delivery of those services.

### **Maryland Multi-Payer Patient Centered Medical Home Program**

Staff is coordinating with Hilltop on the data analysis of Medicaid Managed Care Organizations (MCOs) 2016 performance data of the 50 practices that participated in the Maryland Multi-Payer Patient Centered Medical Home Program. Shared savings is paid to practices that meet defined quality, cost, and utilization benchmarks.

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

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

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

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

Staff continues to focus on the promotion of the MHCQR website. There were 25 social media posts made or planned in April. Topic posts for March include National Public Health Week, World Immunization Week, and National Minority Health Month. 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 26,680 users of the consumer site and 146,847 page views. In March 2018, the site had 499 users which is about the same number of users in February. The site also saw a decrease in page views from 6,438 in February compared to 4,735 page views in March. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

#### **Mini Website Update**

The first update of 2018 to the MHCQR consumer website was released in early March which featured updated quality measures and new price transparency features. A second website update is planned for late April to include CY2017 healthcare-associated infection (HAI) data. This update will include data for *Clostridium difficile* (c. diff), Methicillin-resistant staphylococcus aureus (MRSA), and central-line associated bloodstream infections (CLABSI).

### **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 later in the month. 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* (CDI) and MRSA bacteremia Lab ID data. The State continues to perform better than the national benchmark for both CDI and CLABSI. For MRSA, the state is performing about the same as the national benchmark. This is the first year public reporting is based on the 2015 NHSN updated baselines so results are not directly comparable to CY2016. The remaining HAI data (CAUTI, SSI, and HCP Influenza Vaccination) will be updated in July.

Staff are also working to plan the next quarterly peer learning session for hospital infection preventionists in conjunction with the HAI Advisory Committee meeting. The meeting is planned for April 25 and will focus on CAUTI.

**Specialized Cardiac Services Data**

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR CathPCI data registries and report quarterly data to the Commission in accordance with established timelines. Data collection for 4Q2017 is planned for late April. As a reminder, MHCC lifted ACC NCDR ACTION requirements for STEMI/NSTEMI patients because MIEMSS will now require hospitals to report using the American Heart Association's Get With the Guidelines tool.

**Outpatient Quality Initiative – Sebastiana Gianci**

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

**State Compendium of Outpatient Quality Initiatives**

This month the OQI is in process of finalizing our State Compendium of Outpatient Quality Initiatives. We believe this compendium will help highlight important learning opportunities by capturing best practices and lessons learned about state outpatient quality initiatives

**OQI Website Development**

OQI is presenting mock-up drafts this month to its website development team to glean time and feasibility of website development.

**Long Term Care Quality Initiative****Procurement for experienced survey administrator nearing completion**

In December 2017, the MHCC issued a Request for Proposals (RFP) to obtain a contractor with health care survey administration experience to conduct the Nursing Home Experience of Care Survey. Proposals have been submitted in response to the RFP and reviewed by an evaluation committee. The recommendation for award has been forwarded to the MHCC procurement officer for processing and preparation for review and approval by the Board of Public Works in June.