MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2018

EXECUTIVE DIRECTION

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **$257,261.11** for the month of April, 2018. The monthly payments for uncompensated care claims from January 2013 through April, 2018 are shown below in Figure 1. Figure 1 illustrates that uncompensated care for April more than doubled over March's reimbursements, but this increase is not due to a spike in uncompensated care, but efforts to streamline claims processes for efficiency by our TPA. Staff will continue to work on streamlining claims submissions to avoid any future delays in reimbursements.

During the month of April, staff released Equipment Grant Applications to Level II and Level III Trauma Hospitals, they are: Suburban Hospital, Johns Hopkins Bayview Medical Center, Meritus Medical Center, Dimensions Healthcare System, LifeBridge Health, Western Maryland Health System, and Peninsula Regional Medical Center. Each applicant can request up to a maximum of $85,417 to be expended over a 2 year period.

Staff also processed $4,003,930 for on-call payments for July, 2017 through December, 2017. The next round of on-call will be processed at the beginning of fiscal year 2019, for the months of January through June, 2018.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2018
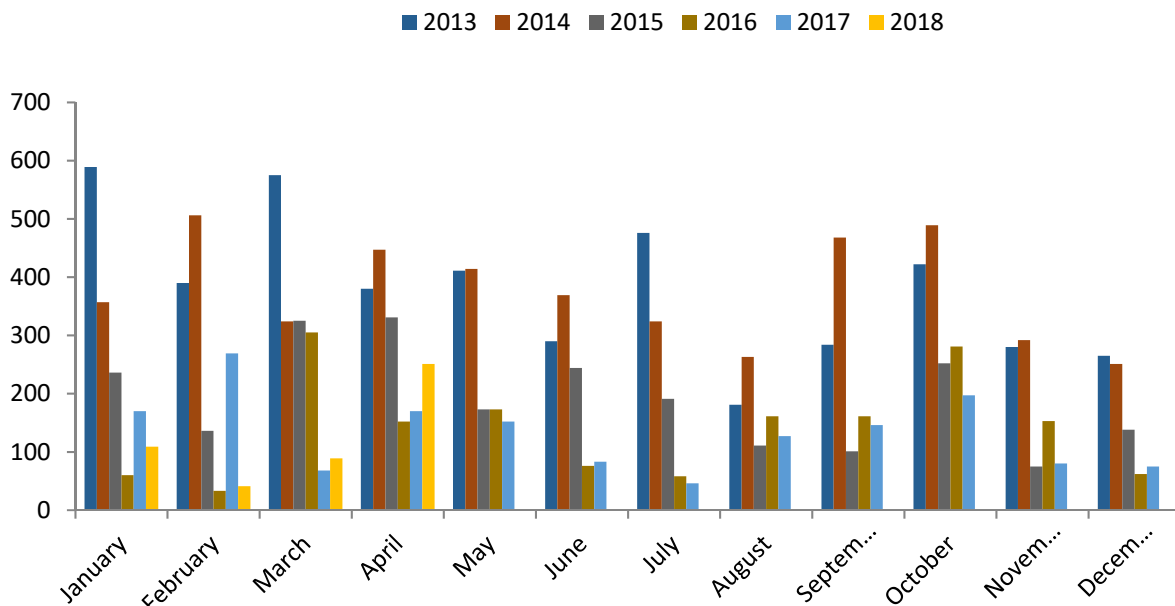
Cost and Quality Analysis – Kenneth Yeates-Trotman

Medical Care Data Base (MCDB) Data Submission Status, Payor Compliance, and Technical Support

Payors continue to report data to the MCDB portal at a faster rate with fewer mistakes than a year ago. Results show that most payors continue to do a very good job in reporting data to the MCDB at a faster rate with fewer errors. For example, 56% of all payors first quarter 2018 submitted data is under review by Social & Scientific Systems (SSS, MCDB contractor) compared to only 39% for quarter 1, 2017 at about the same time last year. Also, for the fourth quarter, 2017, 97% of all payors were 100% completed (i.e., pass all data validation checks performed by SSS) while only 88% were fully completed for the fourth quarter, 2016 at approximately the same time a year ago.
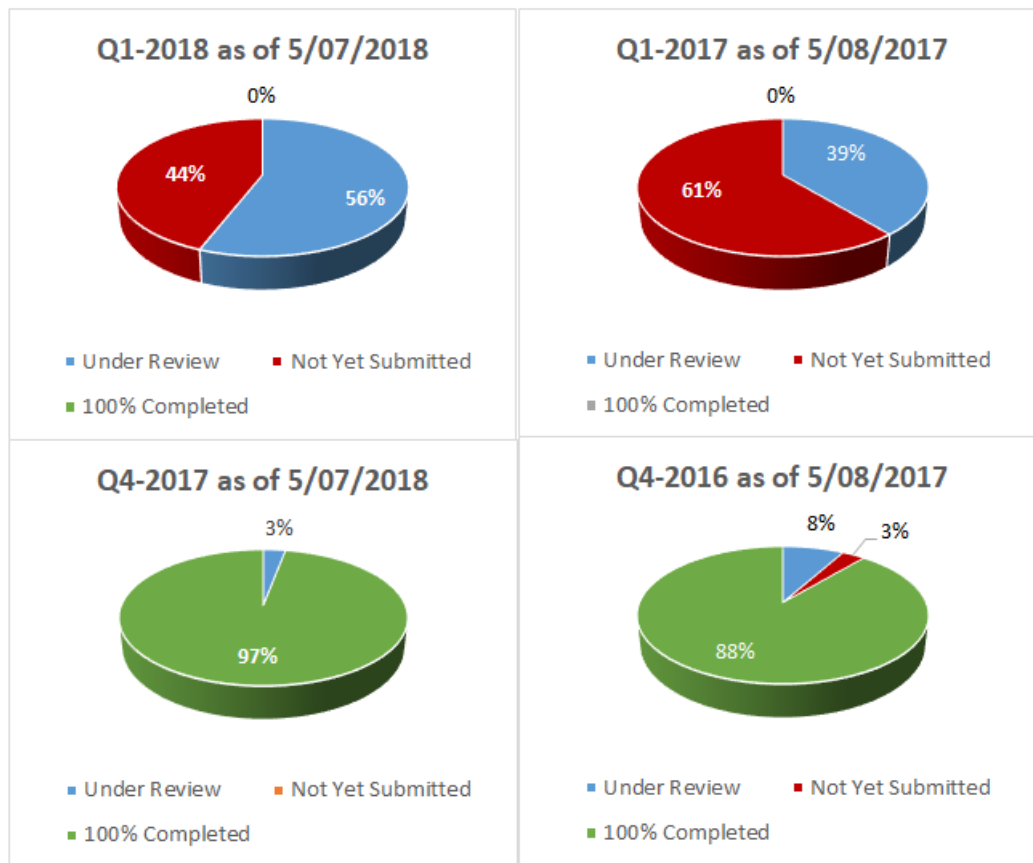
2016 Privately Fully-Insured Report Update
The report is under final review and will be posted on the Commissioners website on or before 5/17/2018.

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

MHCC is on track to meet all timelines set by NRHI for the TCoC project.
- Staff has completed and delivered to NRHI results for ACG (Adjusted Clinical Groups) grouper and attribution of patients to primary care physicians (PCP).
- Staff and SSS have begun the final quality control table data runs (Total Care Relative Resource- TCRRV). The TCRRV results are due to NRHI on 5/18/2018. The TCRRV is a SAS grouper developed by HealthPartners. The values measure resource consumption (e.g., the frequency and intensity of services utilized to manage a patient's care). Like the TCoC, Total Resource Use measures are based on a risk-adjusted PMPM relative to a specified peer group (e.g., all participating regions including Maryland) or benchmark. The Total Resource Use measure is calculated as the risk-adjusted total resources divided by the sum of the member exposed months attributed to the PCP. The TCoC is calculated regarding indices. Total Cost Index equals the product Resource Use Index and Price Index.

Database Development and Applications – Leslie LaBrecque

Data Release

Data Staff organized data release committee activities, facilitated file-sharing activities and negotiated data use agreements (DUAs). Regarding data release, data release committee met to review a pre-application request from Decision Resources Group and approved this requestor to go forward with their main application; the committee also reviewed a commercial request for MCDB data from mymedicalshopper. MHCC staff facilitated communications between Medicaid and HSCRC for HSCRC's request to gain access to Medicaid data for CMS TCOC analyses, resulting in HSCRC gaining access to the data through Medicaid's contractor, The Hilltop Institute. For DUAs, staff sent out DUA expiration notices and quarterly summary report notices to data recipients, and worked with both the University of Pennsylvania and Prince George's county to update their DUAs for DC hospital data.

Data Processing and Tech Support

The Data Staff provided data processing, analysis, network and file acquisition support. Support included: determining which version of the SAS install files are needed for the new server installation; filing a new data request to CMS ResDAC for the Master Beneficiary Summary File cost/use and chronic conditions segments as well as the Medpar RIF for 2016; providing technical support at meetings with the MHCC's Minimum Data Set vendor; streamlining the Trauma fund programs to make them easier to run; assisting the Health IT staff with SAS regression procedures and Access training; generating Google Analytics reports for various project areas; and working with our website hoster and the network staff to resolve security certificate issues.

Web Applications

Data Staff made survey fixes, enhancements and data updates as follows:
- **MHCC website:** archived obsolete EHR pages, added new advance directives and Certificate of Need pages; created a new press release area
- **Ambulatory Surgery Survey:** overhauled the ambulatory surgery directory to look like the hospital guide and added a new page to report on flu vaccination rates and planning for reporting additionally on Hospital Outpatient centers

- **Assessments:** assisted Administrative staff with the addition of a new comprehensive facility to the assessment application
- **Home Health Survey:** updated the home health patient satisfaction survey tables; worked with the long term care staff to add the 45 day/15 day survey due warning letter to the database
- **Long Term Care Guide:** updated Nursing Home quality measures, facility information, and state averages; added new assisted living facilities
- **Long Term Care Facility Survey:** added new comprehensive, assisted living and adult day care facilities to the database; sent out notice letters to the facilities with login credentials.

Internet Activities
Data from Google Analytics for the month of April 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 April 2018 was 1,932 and of these, there were 1,242 new users. The average time on the site was 3:18 minutes. Bounce rate of 55.33% 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 and hscrc.state.md.us. Among the most common search keywords in April 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 27,043 users of the consumer site and 149,489 page views. On average, 659 users per month have visited the site. About 88% of users are new visitors. In April 2018, the MHCQR site had 432 users and 2,642 page views. The number of users and page views declined from the previous month.

The average time spent on the site in April was about 4 minutes. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.

The below summary shows 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 can improve both traffic to and the effectiveness of the site.
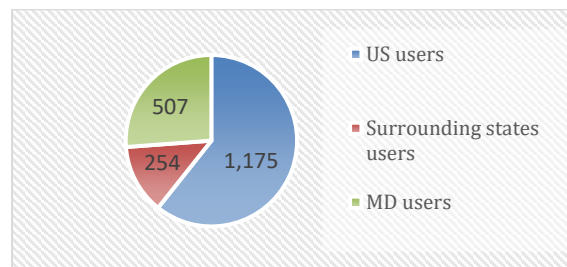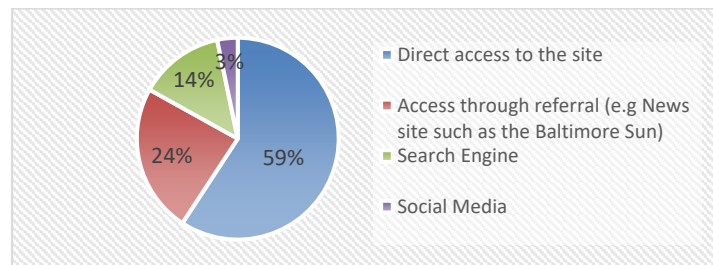
__Policy, Cross-Payer & Workforce Analyses– Mahlet 'Mahi' Nigatu__

__Episode of Care – Consumer-Centric Price Transparency Initiative__

2015/2016 Commercial data public release is planned for June 21, 2018. The new release 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 consist of commercial fully insured and government self-funded members' claims.

Hospital review of 2015/2016 commercial data pre-public release was completed on April 13, 2018. All hospitals that met the criteria to be displayed on the 'WearTheCost.Org' website received their individualized data reports for review. The two-week data review period ended on April 13, 2018.

S-3, Wowza (S-3 subcontractor), and staff conducted a consumer usability testing on the first round of the User Acceptance Testing (UAT) site which contains the new website redesign features. Consumers from Maryland were recruited to participate in the usability testing. The feedback obtained from the testing was incorporated in the second release of the UAT site. 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.

Staff and Altarum, S-3's subcontractor, completed developing a media strategy plan for the 'Wear The Cost' re-launch campaign and content promotion. The plan comprises an integrated campaign to reach consumers, employers, and policymakers with targeted messages about WearTheCost. The various approaches include: press release for the launch, campaign using social media platforms, ad blitz using AdSense and other advertising tools, and monthly blogs on the 'WearTheCost.org' site.

2015/2016 Medicare data processing to begin by the end of May 2018. MHCC sought a contractor to process Medicare data using the Prometheus Analytic software through a public bid board notice. Staff selected Altarum and execution of the contract is being finalized. Medicare processing will begin by the end of May 2018 with a target public release date of February 2019.

Primary Care and Selected Specialty Workforce Study

Data submissions for all boards have been completed and passed onto IHSMarket for use in supply modelling. Staff received and passed data from Boards of Nursing, Psychology, Social Work and Counselors and Board of Physician's physician data held by MHCC to IHSMarket. IHSMarket has completed vetting the data and is currently running various models to estimate primary and selected specialty care workforce needs under current delivery models as well as new innovative models currently being negotiated with CMS to be launched in 2019. Selected specialties include: OB/GYN/ General Surgery, Behavioral Health, and Cardiothoracic Services. IHSMarket presented to staff preliminary data from the demand side of the modelling which will be finalized and presented to the Workforce workgroup. 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
An updated version of this SHP chapter was approved as a proposed regulation at the Commission's April meeting. The definition of cardiac surgery has been revised and updated in this proposed regulation and some changes in the review standards for cardiac surgery and the standards for on-going performance review of PCI services were also incorporated.

COMAR 10.24.09, State Health Plan for Facilities and Services: Acute Rehabilitation Services
Changes to this chapter of SHP regulation were adopted as final regulations at the Commission's April meeting. The changes will enable staff to use a more flexible approach in identifying acute rehabilitation service use, a

change necessitated by conversion of hospital utilization data bases to ICD 10 and other changes in reporting practices that have occurred in Maryland in recent years.

Updated need projections for acute rehabilitation beds were published in the *Maryland Register* on April 13, 2018.

Long Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS)
The Hilltop Institute at UMBC, MHCC's MDS and Long Term Care Planning consultant, submitted a final version of an historic crosswalk in April, documenting all changes to MDS 3.0 from 2010 to the present. This will be updated going forward.

COMAR 10.24.20 Development
Staff is continuing to work on the update to the Nursing Home Chapter of the State Health Plan, which will be promulgated as COMAR 10.24.20. Staff held two meetings with the Nursing Home Work Group to discuss issues in updating the Chapter. Materials from the meetings may be found at: https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_nursing_home.aspx.   Staff received input on the draft Plan chapter from a Commissioner Consultative Group (CCG), prior to the April Commissioner meeting. The CCG met three times during the development of the Nursing Home Chapter.

Hospice Survey
Part 1 of the FY 2017 Maryland Hospice Survey was due by April 16, 2018 All but one provider completed the survey. One survey requires additional corrections. All are expected to be completed by May 11. Part II responses are due in June. Staff is providing technical assistance to providers to assist with questions and data entry issues.

Long Term Care Survey
The 2017 Long Term Care Survey data collection began on April 16, 2018. The due date for Comprehensive Care Facilities is May 15, 2018. The due date for Chronic Hospital, Assisted Living, and Adult Day Care facilities is June 14, 2018. Staff continues to provide technical support to providers during the data collection period.

Work continues on the Long-Term Care Survey programs. Staff is finalizing review of the 2016 Long Term Care data with the vendors.

Certificate of Need – Kevin McDonald

CONs Approved

Anne Arundel Medical Center Mental Health Hospital – (Anne Arundel County) – Docket No. 16-02-2375
Establishment of a 16-bed special psychiatric hospital for adults to be located at Riva Road and Harry S. Truman Parkway in Annapolis.
Approved Cost: $24,984,795

Sacred Heart Home – (Prince George's County) – Docket No. 17-16-2411
Capital expenditure for on-site replacement of a comprehensive care facility (CCF). CCF bed capacity will be reduced by this project from 102 to 44 beds.
Approved Cost: $19,219,869

CON Applications Filed

Brinton Woods Health & Rehabilitation Center – (Carroll County) – Matter No. 18-06-2422
Relocation of a 60-bed CCF located at 1442 Buckhorn Road, Sykesville to the campus of Carrol Hospital
Estimated Cost: $14,837,500

Encompass Health Rehabilitation Hospital – (Prince George's County) – Matter No. 18-16-2423
Establishment of a 60-bed special rehabilitation hospital to be located at Melford Boulevard and Marconi Drive in Bowie.
Estimated Cost: $36,698,894

Exemption from CON Requests Filed

Dimensions Health Corporation d/b/a University of Maryland (UM) Capital Region Health, UM Laurel Regional Hospital - (Prince George's County)
Conversion of UM Laurel Regional Hospital to a freestanding medical facility.
Estimated Cost: $53,100,000

First Use Approvals

Lorien Howard, Inc. d/b/a Encore at Turf Valley – (Howard County) – Docket No. 15-13-2365
Addition of 28 CCF beds
Approved Cost: $3,680,040

Prince George's Post-Acute, LLC – (Prince George's County) – Docket No. 13-16-2347
Establishment of a 150-bed CCF on Brightseat Road in Landover.
Approved Cost: $30,995,328

Withdrawal of CON Applications

MedStar Southern Maryland Hospital Center – (Prince George's County) – Matter No. 13-16-2350
Capital expenditure for expansion and renovation of a general hospital in Clinton.
Estimated Cost: $126,380,662

Determinations of Coverage

- **Ambulatory Surgery Centers**

Lutherville Surgery Center, L.L.C. – (Baltimore County)
Establish a physician outpatient surgery center (POSC) with one sterile operating room and three non-sterile procedure rooms to be located at 1609 Joppa Road.

Synergy Surgery Center, L.L.C. – (Prince George's County)
Establish a POSC with one non-sterile procedure room to be located at 12150 Annapolis Road, Suite 209 in Glenn Dale

- **Acquisition/Change of Ownership**

Bridgepark Healthcare Center – (Baltimore City)
Acquisition of a CCF by Bridgepark Realty, L.L.C.
Purchase Price: $11,500,000.

Delmar Surgical Center, L.L.C. – (Cecil County)
Acquisition of a POSC by Delmar Surgical Center, L.L.C., which is wholly owned by Greg Lindberg.

Transitions Healthcare at Sykesville – (Carroll County)
Change in ownership of a CCF. Three current owners will buy out the interest of a fourth and the three will comprise the ownership of MM Sykesville, LLC.

Bedford Court – (Montgomery County)
Acquisition of the real property and improvements of a CCF by Welltower PropCo Group, L.L.C.
Purchase Price: $96,000,000

The Grand Lodge of Ancient, Free and Accepted Masons "Maryland Masonic Homes" – (Baltimore County)
Business reorganization of a CCF to set up a 501(c)(3) organization known as the Maryland Masonic Homes, Ltd.

Maryland Center for Digestive Health, L.L.C. – (Anne Arundel County)
Acquisition of a POSC by Covenant Surgical Partners, Inc. (75% ownership interest). Twelve physicians will have remaining ownership interest.

University Center for Ambulatory Surgery – (Prince George's County)
Acquisition of a POSC by Doctors Health System, Inc.

Lutherville Endoscopy Center, L.L.C (Baltimore County)
Acquisition of a POSC by MedStar Ambulatory Services, Inc. (51.01% ownership interest). Three physicians will have the remaining ownership interest.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records Study

Staff developed a draft Charter to guide workgroup activities associated with assessing the benefits and feasibility of developing an electronic prescription information system (system), consistent with Senate Bill 13, *Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report*. The General Assembly passed Senate Bill 13, which requires MHCC to convene stakeholders to complete an assessment and report. Staff anticipates convening stakeholders in June. A report is due before January 2020 to the Governor and General Assembly.

Health Record and Payment Integration Program Advisory Committee

Planning activities are underway to establish an Advisory Committee (committee) consistent with Senate Bill 896, *Maryland Health Care Commission – Health Record and Payment Integration Program Advisory Committee*. The General Assembly passed Senate Bill 896, which requires assembling a committee to assess a health record and payment integration program. Staff anticipates convening the committee in June. A report is due before November 2019 to the Governor and General Assembly.

Health Care Data Breach Analysis

Staff completed an analysis of health care data breaches that occurred in 2017. The U.S. Department of Health and Human Services, Office for Civil Right (office) posts on their website breaches of unsecured protected health information affecting 500 or more individuals that are under investigation by the office. Records breached in Maryland reduced from about 661,269 in 2016 to around 49,427 in 2017. Staff plans to release a summary of findings in June.

Electronic Advance Directives

Staff notified electronic advance directives vendors that the application for State-Recognition is available on MHCC's website. Staff also presented at an advance directives workshop convened by the Maryland Department of Health; attendees consisted of organizations supporting a statewide advance directives public health campaign.

Hospital Health Information Technology Assessment

Staff is finalizing the annual hospital health information technology (health IT) assessment questions. This year, survey questions are focused on the impact of health IT on quality of care and population health management. Staff anticipates releasing the survey in June and a report on the findings in early 2019.

CRISP Independent Reviews

Field work is underway for the annual privacy and security audit of CRISP. A final report prepared by independent auditors, Myers and Stauffer, LC (MSLC), is planned for May, and will include information on corrective actions taken by CRISP on the prior audit findings. Staff is collaborating with MSLC in identifying key components for the earned value assessment of the Integrated Care Network.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grant Projects

The round five grantee, University of Maryland Shore Regional Health, is continuing to develop their final project deliverable – a telehealth palliative care implementation tool kit. Staff is providing support to Johns Hopkins Pediatrics at Home as they develop their mHealth grant project. Planning activities are underway for the kick-off meeting with the University of Maryland Quality Care Network; work on the grant is scheduled to begin in May. Staff also finalized the selection of a grantee for a telehealth project focused on medication assisted treatment for opioid use.

School-Based Telehealth

The framing workgroup, which consists of select State agencies, developed a stakeholder workgroup Charter that outlines the goals and objectives of a School-Based Telehealth Workgroup (workgroup). During the 2018 legislative session, the Senate Finance Committee requested that MHCC convene a workgroup to formulate recommendations to expand the use of telehealth in primary and secondary schools. Staff plans to convene a stakeholder workgroup in June. A report is due to the Senate Finance Committee in November 2019.

Telehealth Readiness Assessment Tool

Staff released a Bid Board notice (≤$50K) to identify a vendor to develop supporting guidance resources for the telehealth readiness assessment (TRA) tool that is under development. Staff continues to work with RTI to draft the TRA tool questions and scoring methodology, and identify independent physician practices for field testing the TRA tool.

Telehealth Lunch and Learn Session

Staff finalized speaker selection for a May webinar that will highlight the expanded Medicaid remote patient monitoring (RPM) reimbursement requirements. The webinar includes consideration items to inform provider RPM implementation initiatives.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network

Staff analyzed quality, utilization, and cost measure data for the nearly 90 practices participating in the Practice Transformation Network. In 2016, The New Jersey Innovation Institute (NJII) was awarded a practice transformation grant by the Centers for Medicare & Medicaid Services (CMS). NJII partnered with MHCC, MedChi, and the Maryland Learning Collaborative to transform participating practices in Maryland.

Maryland Primary Care Program

Staff continues to develop a Request for Proposal to identify contractors that can provide practice transformation support to primary care practices that need transformation assistance under the Maryland Primary Care Program (MDPCP). A decision by CMS to approve the MDPCP is anticipated within the next

few months. During the month, staff developed a primary care environmental scan to assess progress on key transformation activities.

Patient Family Advisory Council Guidance Document

An evaluation panel consisting of internal and external reviewers reviewed responses to a Bid Board notice (<$50K contract) for a contractor to develop and field test 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 improve overall quality of services they provide. Staff anticipates awarding the contract in May.

Maryland Multi-Payer Patient Centered Medical Home Program

Analysis of the 2016 performance data from the participating Medicaid Managed Care Organizations (MCOs) and the 51 participating practices is underway. Practices that qualify for shared savings based on performance on quality, cost, and utilization measures will receive payment from the MCOs in July.

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
(https://www.facebook.com/MHCC.MD/, https://twitter.com/mhCCMD)
Staff continues to focus on the promotion of the MHCQR website. There were 25 social media posts made or planned in May. Topic posts for May include National Stroke Awareness Week, World Hand Hygiene Day, and National Women's Health 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 27,000 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 27,036 users of the consumer site and 149,489 page views. In April 2018, the site had 432 users which is a decrease from 499 users the previous month. The site also saw a decrease in page views from 4,735 in March compared to 2,642 page views in April. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

Mini Website Update
A mini update to the MHCQR consumer website was released in late April and included CY2017 healthcare-associated infection (HAI) data. This update included data for Clostridium difficile (c. diff), Methicillin-resistant staphylococcus aureus (MRSA), and central-line associated bloodstream infections (CLABSI). More information about the results is included in the Hospital Quality Initiatives section below.

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 2018 release and preview reports were distributed to hospitals for review. Spring safety grades were released in late April and Maryland hospitals saw modest improvement. Three hospitals received an "A" grade compared to just one hospital in fall 2017. Ten hospitals showed improvement by one letter grade. To view Maryland hospital 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. The first round of HAI public reporting will includes CY2017 updates to CLABSI, Clostridium Difficile (c. diff) and MRSA bacteremia Lab ID data. The State continues to perform better than the national benchmark for both c. diff 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.

In an effort to promote greater collaboration among hospitals, the MHCC staff expanded the purpose of the quarterly HAI Advisory Committee meeting to include more interactive learning sessions. After very positive feedback from the January learning session focused on c. diff, MHCC staff opted to continue the format for the next quarterly meeting. On April 25th, all hospitals were invited to participate in person or remotely (through webinar) in a meeting that focused on sharing the experiences of three high performing hospitals in reducing certain healthcare associated infections. The topic for the April meeting was reducing CAUTI infections. Johns Hopkins Bayview, Johns Hopkins Hospital, and Greater Baltimore Medical Center all performed 'Better than the National Experience' for controlling CAUTI infections over the past few years (according to CDC's National Healthcare Safety Network (NHSN) surveillance system methodology). Over thirty hospital infection prevention professionals participated in the meeting. The meeting included an active Q&A session and attendees expressed a continued interest in future learning/sharing opportunities. Given the overwhelmingly positive feedback for these sessions, staff plan to use a similar format for future meetings.

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 was completed in late April. . As a reminder, MHCC eliminated 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. MHCC completed the final data collection for Q42017 ACTION items in late April.

<u>*Outpatient Quality Initiative – Sebastiana Gianci*</u>

State Compendium of Outpatient Quality Initiatives
OQI continues to work on development of a State Compendium of Outpatient Quality Initiatives. We believe this compendium will help highlight important learning opportunities by capturing best practices and lessons learned about outpatient quality initiatives. We have added a listing of other notable outpatient quality initiatives from federal, international and other entities.

OQI Website Development
The OQI staff is working with the Center for Analysis and Information Systems web development staff to build the framework pages for the new OQI website.

Procurement for survey administrator completed and ready for BPW approval
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 will be considered at the June 20th meeting of the Board of Public Works.

Healthcare Worker Influenza Vaccination Survey in process
The Nursing Home Healthcare Worker Influenza Vaccination and Infection Prevention and the Assisted Living Staff Influenza Vaccination Survey are in process, with an anticipated completion date of May 30. For the 2017-2018 flu season, 227 nursing homes and 388 assisted living facilities will complete the survey. Facility healthcare worker vaccination rates are posted on the Consumer Guide to Long Term Care. In addition, the results for the nursing homes helps support the Medicaid Pay For Performance Program.