

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

October 2018

EXECUTIVE DIRECTION

Government Relations and Special Projects – Megan Renfrew

Legislative Workgroups

Physician Maintenance of Certification Work Group

This workgroup brings doctors, state agencies, hospitals, and payers together to discuss maintenance of certification requirements for physicians and the interaction of those requirements with payer and hospital privilege, network, and credentialing requirements. A final conference call is scheduled for October 10th to discuss a [revised draft letter](#) to HGO Chair Pendergrass (the work group discussed an earlier version of the letter in September). Staff will share the letter with the Commissioners after the meeting on the 10th and it is on the agenda for the MHCC meeting on October 16th.

EMS Reimbursement Work Group for New Care Delivery Models

MHCC co-leads this workgroup with MIEMSS. The Steering Committee (state staff) for this workgroup is meeting regularly on Medicaid and Medicare components of the task. MHCC and MIEMSS staff are also meeting one on one with private insurers before reconvening the large workgroup later in the fall. We plan to bring the report to the December MHCC Commission and MIEMSS Board meetings. The report to the legislature is due on January 1, 2018.

African American and Rural Community Infant Mortality Study

The steering committee for this work group has been meeting throughout the summer. The first full workgroup meeting was held September 17th, 2018. The group has three subgroups which will meet through the fall and winter. The final report for this study is due in November 2019. Information on additional work groups is included in specific MHCC Center updates.

MHCC in the News: Press and Social Media Activities and News Updates

We had less news coverage this month, in part because we did not have any press releases or press events. However, an article on Wear the Cost in the Washington Post and on the Kaiser Health News network was very successful at driving traffic to the Wear the Cost website.

News coverage and commentary related to Wear the Cost Initiative (alphabetical order)

Gooch, Kelly, “Maryland is displaying healthcare costs on T-shirts”, Beckers Hospital Review, September 26, 2018, <https://www.beckershospitalreview.com/finance/maryland-is-displaying-healthcare-costs-on-t-shirts.html>

Hancock, Jay, “New health education campaign puts costs upfront – on T-shirts”, Washington Post, September 22, 2018, https://www.washingtonpost.com/local/new-health-education-campaign-puts-costs-upfront--on-t-shirts/2018/09/22/c97ae01e-bd24-11e8-8792-78719177250f_story.html

Mole, Beth, “Fed up by crazy hospital bills, state makes passive-aggressive T-shirts,” ARS Technica, September 27, 2018, <https://arstechnica.com/science/2018/09/fed-up-by-crazy-hospital-bills-state-makes-passive-aggressive-t-shirts/>

CON-related news coverage and commentary (alphabetical order)

Acosta, Christina, “New Hospital could open by 2024,” The Star Democrat, September 26, 2018, https://www.stardem.com/news/local_news/new-hospital-could-open-by/article_edbe4b92-da29-5805-b452-d28c64bfa14e.html

Curtis, Tim, “UM Shore Regional Health plans \$350 million Easton hospital”, The Daily Record, September 18, 2018 <https://thedailyrecord.com/2018/09/18/um-shore-regional-health-plans-350-million-easton-hospital/>

Curtis, Tim, “Md. regulators approve Laurel Hospital conversion”, The Daily Record, September 20, 2018 <https://thedailyrecord.com/2018/09/20/md-regulators-approve-laurel-hospital-conversion/>

Editorial Board, “Editorial: The Vision 2020 Fiasco,” The Aegis, September 13, 2018 <http://www.baltimoresun.com/news/maryland/harford/aegis/opinion/ph-ag-edit-upper-chesapeake-0912-story.html>

Elsberg, Margie “Opinion: Hersey trying to prevent hospital’s ‘implosion’,” Kent County News, September 20, 2018, https://www.myeasternshoremd.com/kent_county_news/spotlight/hershey-trying-to-prevent-hospital-s-implosion/article_52637bd0-7cfd-53fe-809f-ce5332994594.html

Nocera, Jess, “Changes are coming to UM Laurel Regional Hospital,” Laurel Leader, September 14, 2018 <http://www.baltimoresun.com/news/maryland/howard/laurel/ph-ll-new-hospital-0913-story.html>

Popa, Rachel, “Laurel Regional Hospital wins approval for 75K-sq.-ft. facility offering outpatient surgery”,

Beckers ASC Review, September 27, 2018, <https://www.beckersasc.com/new-asc-development/laurel-regional-hospital-wins-approval-for-75k-sq-ft-facility-offering-outpatient-surgery.html>

Steward, Angie, “3 Maryland providers plan new ASC projects,” Becker’s ASC Review, September 18, 2010, <https://www.beckersasc.com/asc-transactions-and-valuation-issues/3-maryland-providers-plan-new-asc-projects.html>

Social Media Activities

MHCC continued regular social media posting for the MHCC Twitter, Facebook, and LinkedIn accounts and the Wear the Cost Twitter and Facebook accounts.

Maryland Trauma Physician Services Fund – Bridget Zombro

Uncompensated Care Processing

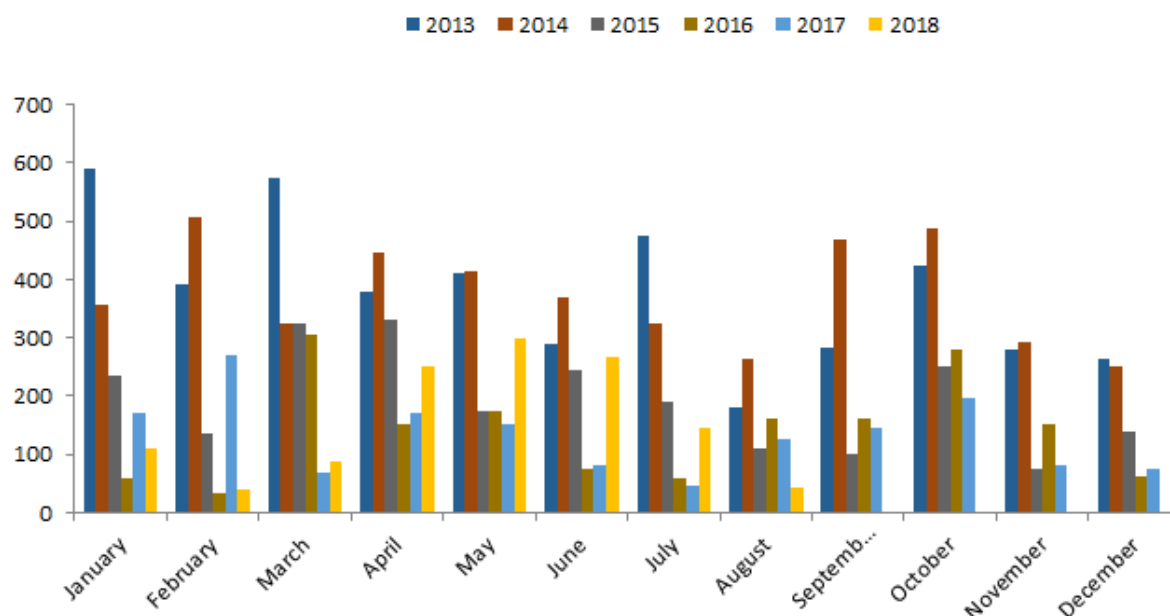
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of \$267,462 for the month of June, \$146,020 for July, and \$42,202 for August. The monthly payments for uncompensated care claims from January 2013 through August 2018 are shown below in Figure 1.

CoreSource processed these last three months of payments, concurrently. Payments were held over the summer as many of the programs and processes regarding reimbursement were streamlined.

Staff completed and tested the reprogramming of the in-house SAS program which allows us to bundle claims before they are sent to General Accounting for payment. We will now complete a new in-house program for the MIEMSS registry data. This new program will allow the contractor to more efficiently determine if patients are listed on the MIEMSS trauma registry, which is the first step in determining eligibility for uncompensated care payments. MHCC staff expects to continue to process claims using the current system until the new program is ready for introduction later this year.

During the month of September, staff processed on-call payments in the amount of \$3,987,524. These payments incorporate on-call hours for eligible trauma centers from January 2018 through June 30, 2018.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2018



CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

MCDB Data Submission Status, Payor Compliance, and Technical Support

2017 MCDB data delayed from the scheduled 9/30 timeline to 10/31.

The release of the calendar year 2017 MCDB scheduled for 9/30/2018 was delayed hardware constraints at SSS. CPU resources were constrained due to the an unexpectedly high number of resubmissions from the second quarter of 2018 coupled with MCDB Live DataMart data refreshes for 2018. The 2017 MCDB is on track to be available on 10/31 for users including the HSCRC. This data base will include revised FEHBP data for quarters 3 and 4 for 2017 and quarter 1 for 2018. The FEHBP data was resubmitted on 9/7 by one of our large payors.

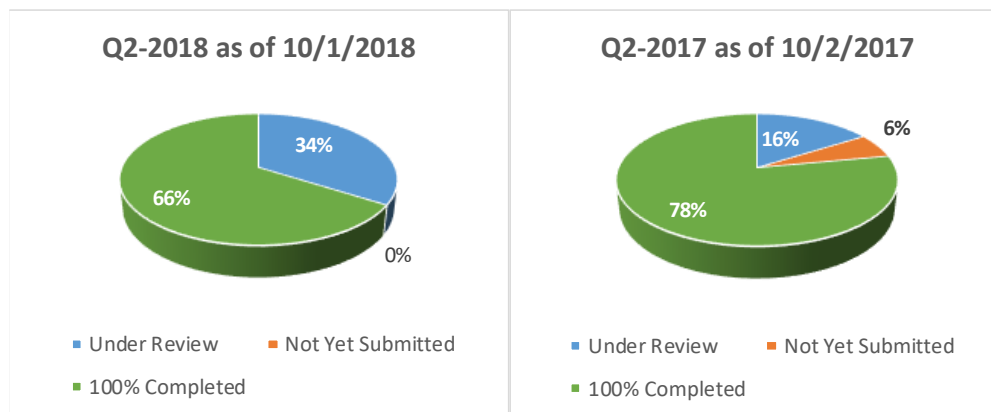
Payors submitted data at a slower rate than a year ago for second quarter 2018

Results show that for the second quarter of 2018 (2018-Q2), payors submitted data at a slower rate compared to a year ago. For example, 66% of all payors submitted clean data (pass all validation checks) compared to 78% for 2017-Q2 at about the same time last year. See exhibit below. The slowdown is due to:

- Additional data validation checks to test for the quality of reporting colonoscopy procedures found in the professional services file compared to corresponding colonoscopy services found in the institutional services file for a given patient resulting in longer data reviews
- SSS data processing servers competing for CPU time and resources in processing higher than usual number of resubmissions for 2018-Q2, normal processing 2017 MCDB data for users which includes

claims versioning and value-added fields, and replenishing the live MCDB DataMart (new process compared to a year ago) with the most recent 2018 data submitted by payors

- Other data issues regarding MIA/MCDB data reconciliations for the small group market for a large payor. In short, the group numbers used by the payor's pricing actuaries to query data for the company's rate filings to the MIA are different to the group numbers used to define the small group market in the MCDB.



MCDB Data Warehouse (DW) and Extract Transform Load (ETL) Development

MCDB Live DataMart increases its capability via new Use Cases

The Live DataMart (LDM) is a subset of the main MCDB data warehouse (DW). The LDM will have the most recent data reported by payors including three years plus the current year-to-date (YTD) data. The LDM currently has 2017 and 2018 YTD data. The LDM is now able to provide:

- Validated payors data on a quarterly basis which includes
 - (i) Streaming the validated data from the DW by payor and quarter
 - (ii) Include value-added fields and claims-versioned results
 - (iii) Update with any resubmissions that migrate to the DW
- Source data to create the annual MCDB
 - (i) Build the rows necessary for any user to create the annual MCDB or a quarterly MCDB
 - (ii) Allow any user to choose claims-versioned results or original payor submissions data
 - (iii) Include data for the most recent MCDB submission
 - (iv) Source data to create the annual MCDB
- Source data to create deliverable standard analytic files (SAFs)

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

The final release of 2016 NRHI TCOC Benchmark results delayed.

NRHI's 2016 TCOC regional benchmark results are scheduled for release on November 15th. The delay is due to extreme TCRRV (Total Care Relative Resource Value, developed by HealthPartners) to Allowed ratios due to compound drugs pricing from two participating regions. TCRRVs quantify resource-use for all procedures and services in a health care system. These values are designed to facilitate easy comparisons across procedures, peer groups, and health care settings (i.e., inpatient, outpatient, professional, and pharmacy). TCRRVs can also be used to measure price variation—since they measure resource use. The values can be coupled with actual costs to quantify price. Expressed as a formula, Total Cost = Total Resource Use × Price. With the delayed results release, Maryland will still show as having the lowest total cost across all six participating regions (MD, CO, UT, OR, MN, SL MO). The Robert Wood Johnson Foundation (RWJF) funds the study which ends with the 2016 results.

Looking Ahead: Over the next few weeks, staff will be working on

- The new 2019 MCDB data submission manual which will be presented at the November Commission meeting seeking approval of the manual.

- The 2019 HMO Payments to Non-Participating Providers
- Payment for professional services in Maryland (2014 – 2016)

Database Development and Applications

Data Release

Data Staff prepared and executed data use agreement amendments and requests for Certificates of Destruction for recipients of the Maryland MCDB data and the DC Hospital data.

Data Processing and Tech Support

The data staff provided support for Trauma Fund processing, mapping, technical support to Hilltop programmer, CathPCI and DC data processing. Support included assisting programmer with VPN token and providing hilltop with a new computer as well as providing SAS technical support to MHCC staff. Addressed questions from University of Pennsylvania with regards to DC data, reprocessed 2014 and 2015 DC data, encrypted data and placed it on the sFTP server for download. Tested new SAS program written for trauma fund by running three months of data. Also ran and generated annual reports for trauma fund. Assisted with security training to MHCC staff, assisted with access to ArcGIS iMAP drive, cleaned up the discharge abstract folder on the SAS drive. Worked with IT-CNP to test and upgrade the proxy infrastructure and disable TLS 1.0 protocol on all the hosted by IT-CNP.

Web Applications

Data Staff assisted MHCC Staff with various website needs, updated Consumer Guide to Long Term Care data, developed new consumer guide functionality, and provided health facility survey assistance as follows:

- **CCRC (Continuing Care Retirement Communities) Survey:** Download second quarter data and set dates for quarter 3 data collection period.
- **LTC Consumer Guide:** Updated assisted living facility vaccination rates 2017-2018 data, prepared application and database package for both Long Term Care and Ambulatory surgery consumer guide needed to attach with RFP, resolve nursing home vaccination rates discrepancies, added new functionality to display data source information on assisted living flu rates template page and modified stored procedure data to display and omit older year data on the Long term care guide portal.
- **MHCC Website:** assisted the Certificate of Need and Health IT staff with new web pages, large document uploads, document archival, resolve broken links, made changes to the MCDB contact information with the retirement of Leslie at the end of the month, deleted outdated information from the website.
- **Ambulatory Surgery Survey:** Continued to provide technical support to users with respect to access to the survey. Resolved and updated facilities whose facility names were missing from the database, periodic download of survey data to an access database for survey administrator. Worked with several users to resolve application error on the procedure and operating room.
- **Home Health Survey:** Setup home health survey 2017, preload data and set start and end date. Begin testing application to ensure error free and stability, modified validations on the 2017 application to validate 2017 dates.

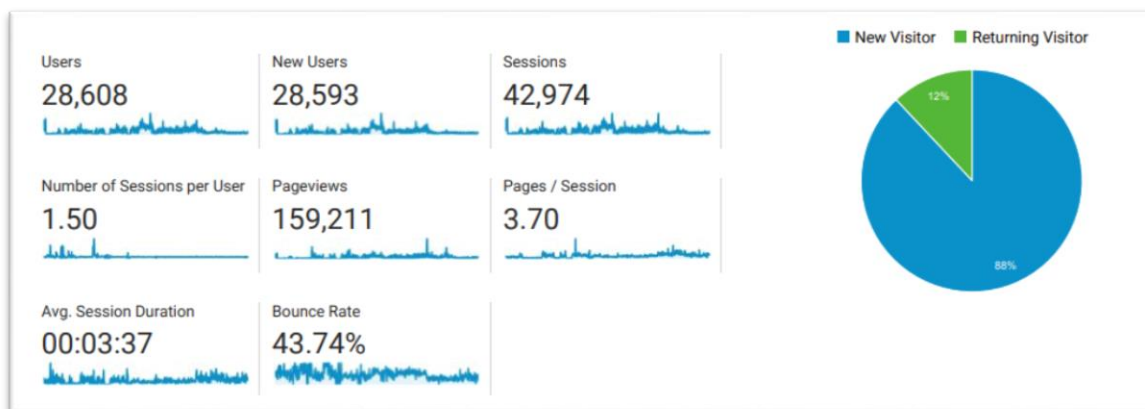
Internet Activities

Data from Google Analytics for the months of September 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 September 2018 was 1,698 and of these, there were 1,299 new users. The average time on the site was 1:55 minutes. Bounce rate of 65.25% 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 health.maryland.gov and hsrc.maryland.gov. Among the most common search keywords in September were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Since the Maryland Health Care Quality Reports (MHCQR) website was released in December 2014, in September 2018, the MHCQR site had 317 users compared to 368 users in August. The number of page views was very similar from the previous month; there were 2,105 page views in September compared to 2,081 in August.



The average time spent on the site in September was about 5 minutes, representing a 16% increase in the length of time users spent on the site. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



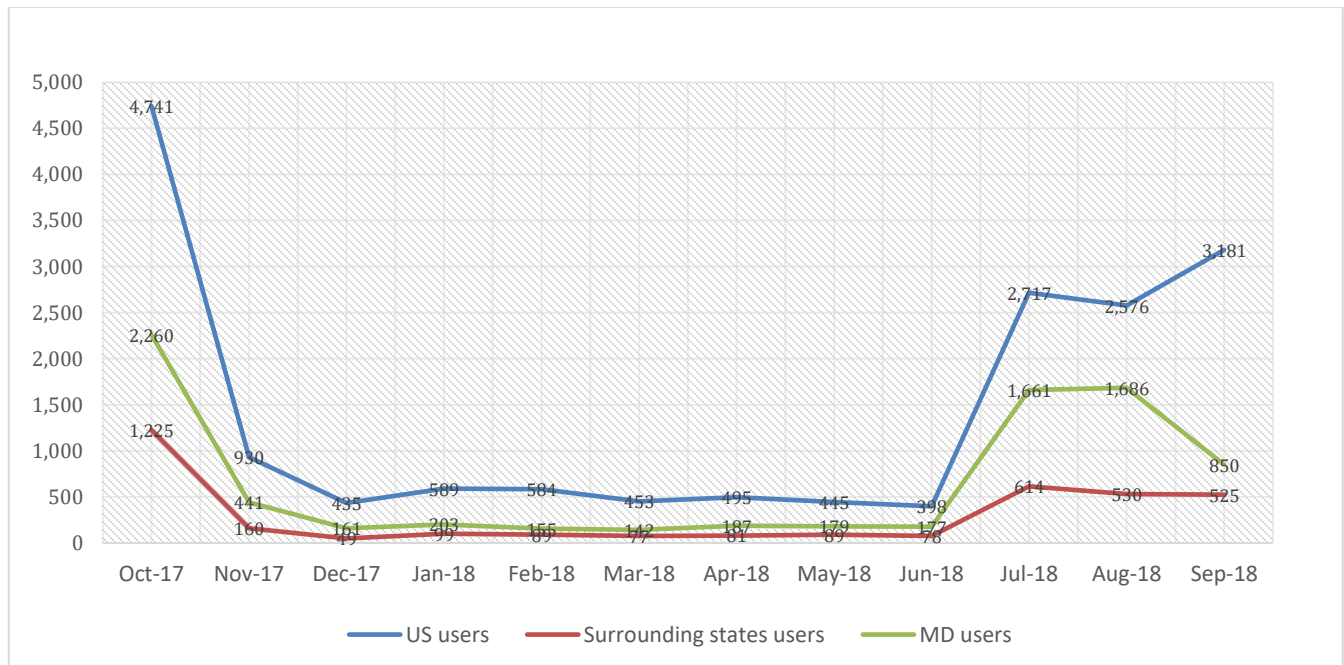
Policy, Cross-Payer & Workforce Analyses – Mahlet ‘Mahi’ Nigatu

Episode of Care – Consumer-Centric Price Transparency Initiative

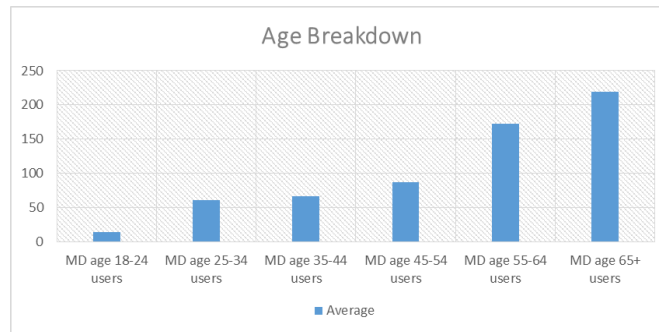
2015/2016 Medicare data ingestion into the Prometheus software continued Altarum continued executing the software for the complete set of Medicare 2015/2016 data. Upon delivery of the data MHCC staff and WearTheCost workgroup will begin the review of the episode groups and result to select the procedural episodes that are going to be displayed. The plan is to display possibly up to 9 episodes.

Staff partnered with NRHI and Integrated HealthCare Association (IHA) to organize Price Transparency Twitter Chat. On September 13th WearTheCost team participate in a Twitter Chat organized in partnership with Network for Regional Health Improvement (NRHI) and IHA which gained a high level of engagement with total 32 participants and 125 organic tweets that had 3800+ impression. Altarum and staff conducted social media advertising campaign which including ads in adwords, twitter and facebook.

The exhibits below show the web traffic metrics of the ‘Wear The Cost’ website based on the website usage from re-launch (July 2018). Traffic from all geographic categories remained steady from the time of relaunch in July into August while national traffic increased 23% in the September. This is likely due to the



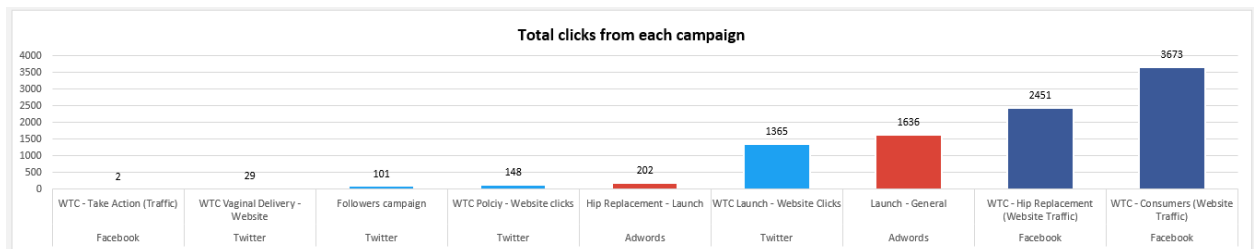
- Site remained popular among age 45 and above which is attributable to the type of procedures reported on the WearTheCost site.



- Average cost per click (CPC) reduced for google adword for the month of September and the overall average CPC across all platforms remained under a dollar which is the recommended range for this type of website.

| Average CPC | | Jul | Aug | Sep |
|-------------|--------|--------|--------|--------|
| g+ | \$1.07 | \$1.93 | \$0.64 | \$0.52 |
| twitter | \$1.34 | \$1.08 | \$1.55 | \$1.00 |
| f | \$0.40 | \$0.66 | \$0.39 | \$0.26 |

- Facebook continues to be the biggest source of total clicks with Hip Replacement and the overall website gaining most of the traffic.



Special Projects – Janet Ennis

Population Health Benchmark Feasibility Study on Cost of Diabetes Care

MHCC Staff and Contractor collaborate with HSCRC Staff on diabetes study:

MHCC's contractor, Judy Loren, is analyzing population health measures focusing on the examination of the costs to treat Maryland's nonelderly privately insured diabetics. Early on in this project Commissioner O'Grady collaborated with the team of MHCC staff, Judy, and SSS staff on the focus for this analysis. Most recently, MHCC and Judy reviewed the data findings with HSCRC staff to determine how this information can tie to their population health efforts related to the TCOC model. 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. Judy will present the study results at the November public meeting.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

State Health Plan: COMAR 10.24.17, State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services

MHCC staff finalized draft revised regulations and requested that the Commission adopt re-proposed regulations at the September Commission meeting. The Commission adopted these regulations, and once a notice is published in the *Maryland Register*, a formal 30-day comment period will begin.

State Health Plan: COMAR 10.24.07: State Health Plan for Facilities and Services: Overview, Psychiatric Services, and Emergency Medical Services

Staff continued working on a White Paper in preparation for an update of the State Health Plan regulations for acute psychiatric services.

Long-Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS)

In September, Section B MDS variables (dealing with hearing impairment) were added to the database. Hilltop Institute, MHCC's MDS consultant, submitted a draft report on the Long-Term Care Survey Processes and Recommendations. Staff has reviewed and is awaiting detailed documentation of program changes.

COMAR 10.24.20 (New State Health Plan Designation for the Comprehensive Care Facilities Plan Chapter) Development

In development of this update to the State Health Plan chapter of regulation for nursing home facilities and services, staff convened a small subgroup of Commissioners, as well as a Nursing Home Work Group. The latter group included representatives of Health Facilities Association of Maryland (HFAM), Lifespan, Medicaid, the Office of Health Care Quality, and a consumer representative. Based on input from these groups, staff completed internal development work on this draft chapter.

The draft chapter was posted for Informal Public Comment at:

https://mhcc.maryland.gov/mhcc/pages/home/public_comment/public_comment.aspx

In response to a request from the industry, the time period for comments was extended to July 13, 2018. During this informal public comment period, comments were received from the following:

- Health Facilities Association of Maryland
- Lifespan Network
- Lorien Health Services
- Office of Health Care Quality of the Maryland Department of Health

A background and status report on the development of this Chapter was presented at the June Commission meeting. Staff held a meeting with a small subgroup of Commissioners on September 20, 2018. In addition, in response to issues raised during the Informal Public Comment period, staff held a third Nursing Home Work Group meeting on October 4, 2018. Staff will be presenting the draft chapter, COMAR 10.24.20 to the Commission at its October meeting and requesting promulgation as proposed permanent regulations. At the same time, staff will be revising the current COMAR 10.24.08 to remove nursing home services, leaving this chapter as a brief set of regulations applicable to special chronic hospital projects. Action on COMAR 10.24.08 is contingent on the promulgation of COMAR 10.24.20.

Hospice Survey Data:

Data collection and data cleaning for the FY 2017 Maryland Hospice Survey was completed and the public use data set has been posted at: http://mhcc.maryland.gov/public_use_files/hospicedownload.html
Staff is in the process of developing tables summarizing hospice data for posting.

Home Health Survey:

The 2015 and 2016 tables summarizing survey data were created. Staff will make updates based on review and follow up with agency providers during the data cleaning process.

Long Term Care Survey (comprehensive care facilities, assisted living facilities, and adult day care):

Staff worked with the state vendor, Hilltop Institute, to finalize the work plan and complete project documentation for the FY 2016 data.

Certificate of Need ("CON") – Kevin McDonald**CONs Approved**

Children's Hospital Ambulatory Surgery Center – Docket No. 18-16-2413 (Prince George's County)

Establish an ambulatory surgical facility with two operating rooms located at 2900 West Campus Way in Glenarden.

Approved Cost: \$10,400,000

Changes in Approved CON Approved

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

Add the development of a 10-bed acute psychiatric unit serving adults in approved shell space in the replacement general hospital under construction in Silver Spring (Adventist HealthCare White Oak Medical Center). The beds are currently operated at Washington Adventist Hospital (WAH) in Takoma Park and were authorized to be part of the bed complement of a special psychiatric hospital authorized to operate at WAH's Takoma Park campus after completion of the replacement general hospital.

Approved cost: \$3,300,000

Exemptions from CON Review Approved

University of Maryland (UM) Capital Regional Health/UM Laurel Regional Hospital D.N. 18-16-EX002 (Prince George's County)

Conversion of UM Laurel Regional Hospital (LRH) to a freestanding medical facility (FMF). The project will be implemented in two phases. Initially, the FMF will operate within the existing general hospital physical plant while a new building for the FMF is constructed on the campus of LRH. In addition to emergency and observation services, the FMF will also provide rate-regulated ambulatory surgery, wound care, and psychiatric partial hospitalization and intensive outpatient services.

Approved Cost: \$53,225,855

CON Applications Filed

Johns Hopkins Bayview Medical Center – (Baltimore City) – Matter No. 18-24-2430

Add 16 special rehabilitation hospital beds currently licensed as special chronic hospital beds. Post project, the hospital campus will, in addition to the general hospital, include a 60-bed special chronic hospital and a 28-bed special rehabilitation hospital.

Estimated Cost: \$0

Atlantic General Surgical Center – (Worcester County) – Matter No. 18-23-2431

Construction of an ambulatory surgical facility with two sterile operating rooms and three non-sterile procedure rooms to be located in a medical office building on Racetrack Road in Ocean Pines.

Estimated Cost: \$8,883,332

UM Shore Medical Center at Easton – (Talbot County) – Matter No. 18-20-2432

Replacement and relocation of the existing general hospital to a new site at 10000 Longwoods Road in Easton.
Estimated Cost: \$249,904,500

Carroll Hospice – (Carroll County) – Matter No. 18-06-2433

Addition of six beds at “Dove House,” a general inpatient hospice facility operated by Carroll Hospice in Westminster, increasing the facility’s bed capacity from eight to 14 beds.
Estimated Cost: \$1,815,000

First Use Approvals

Recovery Centers of America – Earleville – (Cecil County) – Docket No. 15-07-2363

Establish an alcoholism and drug abuse treatment intermediate care facility which will include 21 withdrawal management/assessment beds (ASAM Level 3.7) and 87 beds for residential treatment (ASAM Level 3.5) located at 314 Grove Neck Road in Earleville.
Final Project Cost: \$7,388,582 (limited to the Level 3.7 facilities)

Bethesda Chevy Chase Surgical Center – (Montgomery County) – Docket No. 17-16-2401

Establishment of an ambulatory surgical facility through addition of a second operating room at a one-operating room physician outpatient surgical center.
Final Project Cost: \$1,759,618

Garrett County Memorial Hospital – (Garrett County) – Docket No. 12-11-2337

Capital expenditure for a four-story building addition and renovation project.
Final Project Cost: \$22,775,317

Determinations of Coverage

• **Ambulatory Surgery Centers**

Complete Pain Surgery Center of White Marsh, L.L.C. – (Harford County)

Establish a POSC with one operating room to be located at 100 Walter Ward Boulevard, Suite 300, in Abingdon.

Rockville Surgical Suites, L.L.C. – (Montgomery County)

Establish a POSC with one operating room to be located at 3200 Tower Oaks Boulevard, Suite 100, in Rockville.

• **Acquisition/Change of Ownership (New Determination of Coverage Required)**

Bethesda Endoscopy Center, L.L.C. – (Montgomery County)

Acquisition of a 30% ownership position by Physicians Endoscopy, L.L.C. in this physician-owned POSC with three non-sterile procedure rooms located in Bethesda.

• **Capital Projects**

Crofton Care & Rehabilitation Center – (Anne Arundel County)

Construction of new building space and the renovation of existing space to create 17 new single occupancy patient rooms, visiting area, nurses’ station and renovated courtyard. Bed capacity at the facility will not change. Determined not to require Commission approval.
Estimated Cost: \$3,000,000

- **Licensure**

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

Calvert Memorial Hospital Transitional Care Unit – (Calvert County)

Relinquishment and permanent de-licensure of a temporarily delicensed 18-bed comprehensive care facility (CCF) operated within the general hospital.

MedStar Harbor Hospital – (Baltimore City)

Relinquishment and permanent de-licensure of five temporarily delicensed pediatric beds at the general hospital.

- **“Waiver” Beds**

Caroline Nursing and Rehabilitation Center – (Caroline County)

Addition of six CCF beds bringing the total bed capacity of the facility to 93 CCF beds.

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

Electronic Prescription Records System – Assessment and Report (Chapter 435)

The Electronic Prescription Records System Workgroup (workgroup) discussed current processes and data standards for reporting dispensed prescriptions for controlled dangerous substances (CDS). The workgroup assessed potential benefits, barriers/challenges, and solutions as it relates to mandated reporting of non-CDS drugs. A final report is due by January 2020.

Health Record and Payment Integration Program Advisory Committee (Chapter 452)

The Health Record and Payment Integration Program Advisory Committee (committee) discussed results from a 2016 pilot that incorporated electronic administrative transactions into the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP). Lessons learned from the pilot are being used to inform committee deliberations. A final report is due by November 2019.

Electronic Advance Directives

An application for State Recognition was received from Vynca, Inc. (vendor). COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service*, outlines requirements for vendors that seek State Recognition. A review of the application was completed and additional information was requested from the vendor.

Hospital Health Information Technology Assessment

An analysis of hospital responses to the health information technology (health IT) survey is underway. This year’s survey assesses perceived value of health IT in supporting quality based-care initiatives. A report is targeted for release in the first quarter of 2019.

CRISP Privacy and Security Audit

Myers and Stauffer, LC prepared a final draft report detailing findings from the CRISP privacy and security audit; they anticipate presenting key findings to the CRISP Audit Committee in November. Responsibility for conducting the annual audit has been transited from MHCC to CRISP beginning in 2019. CRISP selected an audit organization in response to its Request for Proposals.

Cybersecurity Webinar

The agenda was finalized and presenters secured for the October 25th cybersecurity webinar. Information about the event was distributed to various health care associations. The agenda focuses on building cybersecurity awareness and best practices to reduce risk of a cyber-attack.

Dental Health IT

A health IT education session that featured current trends, future direction, and peer learning occurred at the Maryland State Dental Association's (MSDA's) annual conference. In addition, an overview of health IT was provided to the Allegany-Garrett Dental Society. The MSDA is encouraging dentists to complete an MHCC online health IT adoption survey.

Health Information Exchange Division – Angela Evatt, Division Chief

HIE Privacy and Security Policy Development

The HIE Policy Board (board), a staff advisory workgroup, convened to discuss policies pertaining to the exchange of protected health information contained in patient care notifications. Senate Bill 17, *Health Information Exchanges – Definitions and Regulations* takes effect on October 1st. The law changes the definition of an organization defined as an HIE. The existing regulations are being reviewed to identify potential changes based on the new definition.

Telehealth Grant Projects

The University of Maryland Quality Care Network and Mosaic Community Services, Inc. went live with their projects and initiated data collection activities. The application review process is underway for the seven responses to two *School-Based Telehealth (SBT) Grant Announcements* that were released in July.

School-Based Telehealth Workgroup (Senate Finance Request)

Preparations are underway for the October School-Based Telehealth Workgroup (SBT workgroup) meeting, which will include an overview of the school health services requirements. The SBT workgroup will continue deliberating on the benefits, barriers/challenges, and solutions of school-based telehealth. A final report is due to the Senate Finance Committee in November of 2019.

Telehealth Readiness Assessment Tool

Field testing interviews with practices continued to inform enhancements to the draft telehealth readiness assessment (TRA) tool. Feedback from field testing and stakeholder interviews will be incorporated into the TRA tool content over the next month. Comment on the TRA tool was sought from Medicaid and the Maryland Telehealth Alliance. The TRA tool content is expected to be finalized by December.

EDI Activity

Drafting of an information brief is underway based on analysis of 32 payor Electronic Data Interchange (EDI) Progress Reports (report) submitted by June 30th, as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. The reports are used to develop strategies aimed at increasing EDI. An information brief is targeted for release in November.

Telehealth Webinar

The October 9th telehealth webinar highlighted strategies for enhancing patient engagement in telehealth. Information about the webinar was widely distributed to practices. The session included two presentations aimed at assessing patient readiness to participate in telehealth, and appropriateness of telehealth interventions.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation

On October 11th, Maryland Practice Transformation Network (PTN) practices participated in a Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) education and awareness symposium.

Preparations are underway for a practice transformation initiative aimed at specialty practices that will build on lessons learned from the PTN. Specialty practices will be prepared to participate in an alternative care delivery model upon program completion.

Patient and Family Advisory Council Guidance Document

A primary care focus group was convened to collect feedback on the draft Maryland specific Patient and Family Advisory Council (PFAC) guidance document. The PFAC guidance document aims to assist practices with implementing PFACs, which help practices work collaboratively with patients and families to improve the patient experience. Field testing of the PFAC guidance document is targeted for November.

Practice Transformation Assessments

An analysis of data collected from select practices to assess practice transformation is underway. Questions focused on team-based care, clinical quality and performance measurement, use of health IT, professional satisfaction, and practice organization. An information brief is targeted for release in January.

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

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Fifty social media posts initiated in September

Staff continue to focus on the promotion of the MHCQR website. There were approximately 50 social media posts made in September. Topic posts for September included World Heart Day, National Atrial Fibrillation month and informational topics for long term care services available to seniors. 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 150,000 page views of the MHCQR website since inception

Staff continues to monitor traffic to the site using Google Analytics software. Since the site was released in December 2014, there have been 28,608 users of the consumer site and 159, 211 page views. In September 2018, the site saw 317 users compared to 368 users in August. This represents fourteen percent decrease. However, there was a slight increase in page views from 2,081 in August to 2,105 in September. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

MHCQR Website Update

Staff are preparing for the next quarterly update to the MHCQR consumer website later on this month. This update will include hospital quality measures, patient satisfaction scores, and other standard maintenance items. This is the last major web update of 2018.

Hospital Quality Initiatives – Courtney Carta

Leapfrog Work Continues

MHCC continues to support the Leapfrog Hospital Safety Grade initiative by providing patient safety indicator (PSI) and hospital acquired condition (HAC) data. Staff worked with Leapfrog to prepare data for the next release in the Fall 2018. Staff sent PSI and HAC calculation preview reports to the hospitals in August. Leapfrog sent a preview of the overall safety grades to the hospitals in late September. The public

release was expected in late October but is delayed until November due to Hurricane Florence. To view current Maryland hospital performance, visit the Leapfrog website, <http://www.hospitalsafetygrade.org/>.

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 and outcome reports to the Commission in accordance with established timelines. Data collection for Q2 has been delayed to problems with the updated version of the CathPCI registry. Technical issues are expected to be resolved and data collection will resume in November. The next quarterly meeting is November 13, 2018.

Long Term Care Quality Initiative—Stacy Howes

Nursing Home Experience of Care Survey

The 2018 Maryland Family Experience of Care Survey commenced in July. In conjunction with the contractor, we are in the process of having the materials printed and preparing the survey mailing. Questionnaires are expected to be mailed to families in mid-October. This year, the survey will include a Spanish-language option. This language option will allow more families to participate.

Long Term Care Health Care Worker Influenza Vaccination and Infection Control Survey

Assisted living facilities and nursing homes have received notification that the Maryland Health Care Worker Influenza Vaccination and Infection Control Survey data collection period begins October 1, 2018 and will continue through March 31, 2019. All Maryland nursing homes and assisted living facilities are required to complete this survey each year. The survey results are used to inform consumers of nursing home and assisted living facility staff influenza vaccination rates, as well as to provide feedback to facilities on the results of their efforts to improve vaccination rates. Additionally, the Medicaid Office of Long Term Care and Community Support Services will use the data on employment of an infection control professional and staff immunization rates to calculate nursing home scores for the Pay-for-Performance methodology.

The Long Term Care Guide has been updated with assisted living facility deficiency reports, and nursing homes and assisted living health care worker influenza vaccination survey results for flu season 2017-2018.

Health Benefit Plan

The Center is updating the Quality Reports website with more current HEDIS audit and CAHPS survey results for health benefit plans.