MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

November 2018

EXECUTIVE DIRECTION

Government Relations and Special Projects – Megan Renfrew

Note: the general election was held in early November. Government affairs staff will do an analysis of election results and new committee assignments in preparation for the 2019 legislative session.

Legislative Workgroups

Physician Maintenance of Certification Work Group
This workgroup brought 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. The letter summarizing the findings of the workgroup was sent to HGO chair Pendergrass on November 7, 2018. This letter reflects the changes requested in the October MHCC monthly meeting. All work group documents are available at
http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_maintenance_cert.aspx.

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 have also meet individually with private insurers and MHA. Two large work group meetings are scheduled for later this month. Staff plan to bring the report to the December MHCC Commission and MIEMSS Board meetings. The report is due to the legislature 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 and a large work group meeting was held in September. The group has three subgroups (data analytics; innovative programs; and community and consumer engagement) 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: News Updates and Social Media Activities
Our news coverage was light this month. The highlight is a blog post by MHCC Executive Director Ben Steffen and Chief of Government Affairs and Special Projects Megan Renfrew in the Health Affairs blog. We expect to receive news coverage in the week before the November MHCC meeting resulting from the release of the NHRI and Leapfrog reports on November 8th (just after the deadline for this report). We will include this coverage in the December updates.

MHCC-related News coverage and commentary (alphabetical order)
Divilio, Daniel, "Hershey seeks hospital services audit", The Star Democrat, Oct 31, 2018, https://www.stardem.com/news/local_news/hershey-seeks-hospital-services-audit/article_973d6acc-72af-510a-b7af-d1126bd4c00a.html Note subscription required. If you want a copy of this article, please contact Megan Renfrew.

Rosen, Barry and Witherup, Margaret M. "Two-room ambulatory surgery facilities", The Daily Record, November 6, 2018, https://thedailyrecord.com/2018/11/06/barry-rosen-margaret-witherup-two-room-ambulatory-surgery-facilities/

Sharrow, Ryan, "Len Stoler, wife Roslyn gift $25M to help fund expansion of University of Maryland cancer center", Baltimore Business Journal, Oct 25, 2018, https://www.bizjournals.com/baltimore/news/2018/10/25/len-stoler-wife-gift-25m-to-help-fund-expansion-of.html

Steffen, Ben and Renfrew, Megan, "Aligned Goals In Maryland's Price Transparency And Hospital Rate-Setting Initiatives, " Health Affairs Blog, October 30, 2018. DOI: 10.1377/hblog20181029.260460

"Telemedicine pilot programs expand access to care", The Record Observer, October 31, 2018 https://www.myeasternshoremd.com/qa/spotlight/telemedicine-pilot-programs-expand-access-to-care/article_99deb906-1f1e-5d8e-abf0-0a1f1798d622.html

Social Media Activities
MHCC continued regular social media posting on the MHCC Twitter, Facebook, and LinkedIn accounts. MHCC also posts on the Wear the Cost Twitter and Facebook accounts, although frequency has declined due to a gap in contracting support.

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 $121,785 for the month of September. The monthly payments for uncompensated care claims from January 2013 through September, 2018 are shown below in Figure 1.

Staff has begun using the new version of the SAS program which allows staff to bundle claims before they are sent to General Accounting for payment. The new program reduces time for staff and reduces the amount of data elements required to run the program. This new system will guarantee that the trauma centers and physicians receive their payments more timely. The programming unit has begun the work on completing the revision to the MIEMSS registry data. Because this is a cumulative file, these changes will be more beneficial to our contractor for accessing registry numbers to ensure patients are on the trauma registry, one of the requirements for payment. The redesign of this system will not hold up claims processing, so they will proceed as normal.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2018
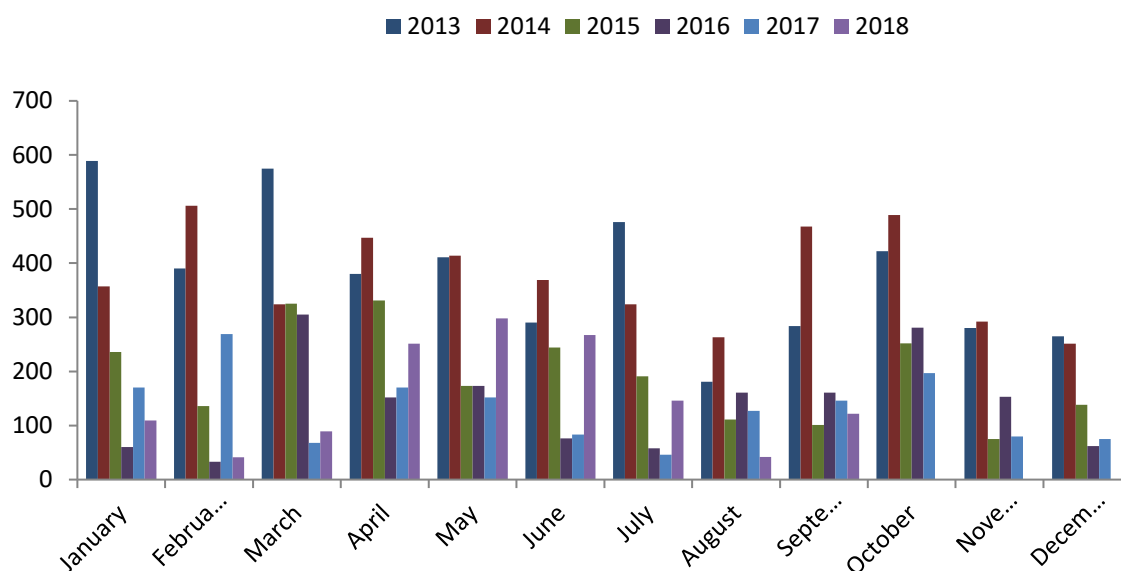
CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Data Submission Status, Payor Compliance, and Technical Support
2017 MCDB data update
SSS met the 2017 MCDB data delayed 10/31 timeline for completion. MCDB Standard Analytical Files (SAFs) were sent to HSCRC on 10/31 in support of the Total Cost of Care Model. Other SAFs for the years 2013 to 2016 were recreated by our database contractor Social & Scientific Systems, Inc. (SSS) to include payor IDs. These files were sent to HSCRC on 10/31 as well.

The new 2019 MCDB Data Submission Manual is now available to payors, pending approval by the Commission
There are no changes to payor reporting requirements for 2019. However, for 2019, we are enforcing the "Protection of Confidential Information" in MCDB data submissions by all payors. This enforcement will implemented through an attestation by each payor to encrypt all patient identifiers before all data reporting is sent to the MCDB portal. The manual will be presented at the November public meeting and, upon approval, will be posted on the MHCC website.

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

2016 Total Cost of Care (TCOC) Phase III Benchmark results show that Maryland has the lowest total cost among all participating regions across the country
Maryland, along with other regions across the country, participated in the NRHI TCOC benchmark reporting project for the past three years. During this most recent period, results show that Maryland has the lowest costs, with total costs of 14%, 16% and 20% lower than the average, risk-adjusted PMPM across the participating regions for 2014, 2015 and 2016, respectively. Maryland's performance during this period was driven by price. The project, which ended on 10/31/18, was funded by the Robert Wood Johnson Foundation (RWJF). The 2016 benchmark results will be presented at the November public meeting. Staff will submit the required final annual narrative and financial reports to NRHI by 11/15/18.

MHCC Staff Participates in NAHDO's 2018 Data Summit Conference
Several MHCC staff members attended and participated in the NADHO 2018 conference in early October and participated in two presentations: "Compensating for missing ERISA data in calculating per capita costs" and the "NRHI TCOC Phase III Benchmark results for 2015: The Maryland Story." The NADHO 2018 conference was dedicated to Linda Bartnyska.

Staff completes the 2019 HMO Payments to Non-Participating Providers
Maryland Health-General Article, §19-710.1 requires that MHCC implement a methodology to calculate minimum payment rates that Health Maintenance Organizations (HMOs) must pay to non-contracting (non-trauma) providers that provide a covered evaluation and management (E&M) service to an HMO patient. MHCC is required to annually update these minimum payment rates, which are published by the Maryland Insurance Administration (MIA). As specified in the law, E&M services as defined by the Centers for Medicare and Medicaid Services (CMS) in the Berenson-Eggers Type of Services (BETOS) terminology are calculated from the CMS Medicare Physician Fee Schedule, applied in August of 2008, adjusted by the cumulative Medicare Economic Index (MEI) prior to the start of each new calendar year. MHCC and MIA have agreed to modify the methodology if there is a new E&M services code included in the BETOS E&M categories. Fee levels for new codes are based on the current Medicare Physician Fee Schedule for the geographic region and inflated using the MEI in subsequent years. MHCC staff updated these payment rates and determiend that the MEI increase is 1.4% for 2018 (up from 1.2% for 2017). These rates will be published on the MIA website and disseminated to Maryland HMO's in November 2018.

Looking Ahead: Over the next few weeks, staff will be working on the 2017 Per capita cost calculation for HSCRC, and the report on payment for professional services in Maryland (2014 – 2016).

Database Development and Applications

Data Release
Data Staff prepared and executed Data Use Agreement (DUA) amendments and requests for Certificates of Destruction for recipients of the Maryland claims data and the DC Hospital data.
Staff worked on data release problems with respect to DC data. MHCC convened a new data release group created on the sensitive drive that would restrict access to only approved users. Staff took down all DC data from the sFTP server since MHCC staff currently does not have a DUA with DC and modified MHCC website by removing any information concerning DC Inpatient data release. Staff reviewed all documentations for MDS contract to close out 2017. We provided SAS technical support to staff members. Continue to work with staff members within MHCC on DUAs. We sent out email reminders to entities that have APCD and DC DUA with the commission to submit their 3rd quarter reports. Staff created an amendment with the Commission for University of Massachusetts and IVantage Health Analytics due to changes in their data custodians. Both entities added new data custodians. MHCC prepared a Data Use Agreement modification to reflect these changes.

Data Processing and Tech Support
Data staff supported the Executive staff in Trauma Fund data processing, mapping, and technical support to Hilltop programmer, CathPCI and DC data processing.
Staff processed inpatient data for calendar years 2017 and 2018. We combined confidential and non-confidential data for 2008 and 2009 to allow for trend analysis development. Data staff processed inpatient and outpatient data for Advanta by dropping fields that are not required and saved processed data in Advanta folder. Staff zipped files and made it password protected and uploaded to oneHub. Sent a separate email with password to Advanta team and updated the data release document.

<u>**Web Applications**</u>
Data Staff assisted other staff with various website needs such as continuous updates to the Long Term Care (LTC) consumer guide, MHCC website support, and health facility survey assistance:

- **CCRC (Continuing Care Retirement Communities) Survey:** Application was not writing the correct discharge date to the database when page was updated. Resolved technical issue with discharge date and deployed updated web page to the production environment.
- **LTC Consumer Guide**: Updated nursing home facility vaccination rates for 2017-2018, nursing home state averages vaccination rates and nursing home facility profile. Resolved issue in nursing home vaccination rates table in the SQL database, wrote SQL queries to find and resolve matching discrepancies in nursing home facility profiles, delete query to delete facilities that were closed from the database, update query to update nursing home facilities name based on ownership changes, created scripts to format facilities phone numbers and URLs and updated corresponding table. Imported nursing home facilities profile and characteristics into a newly created table in the database. Modified application by adding new .NET controls that would allow for the display of new state averages data on a web page and added programming logic to fetch the data from the database. Deployed all database and web page changes to the test environment and tested application to ensure application was working correctly before deploying to the production server.
- **MHCC Website:** Continue to provide technical support to staff members by making changes and uploading large documents to the remote server as requested.
- **Nursing Home and Assisted Living Survey**: Disabled logon button for both surveys to prevent users from accessing the survey as collection period is over.
- **Ambulatory Surgery Survey:** Continue to provide technical support to users on access and completion of survey. Wrote SQL query to add new users to the database. Daily download of data to an access database and saved on the F drive for staff member.
- **Home Health Survey:** As requested by survey administrator, added a new feature to the email template within the application. Added a feature to allow survey administrator send out a notification letter notifying users of upcoming 2017 survey collection period. Modified template to send a copy of the notification letter to survey administrator. Modified template to provide the ability to send a copy of the notice letter with agency's login credentials to contact person email address other than the official email address. Updated report web page that would allow survey administrator to run reports based on official and secondary contact. Deployed modified files to the production server. Worked with survey administrators to send out notice letters to all active Home Health agencies. Modified database with new start and end dates as provided by survey administrator.

<u>**Technical Support/Training**</u>
In collaboration with MHCC's Network Support staff, updated the HiTech inventory database with computer equipment that were assigned/reassigned to staff, modified application by adding a check-out/check-in feature to the inventory database to enable staff keep track of equipment. Attended orientation meeting from SSS and setup virtual machine on MCDB data enclave. Staff member worked with Network Support staff on the SAS pre-installation. Provided technical support by assisting with the mapping of network drive for several staff members, tested folder/security access for the new SOC folder that was created on the exclude drive that would be used to store SOC reports. Created a new directory and group for SOC reports. Attended Hilltop MDS conference calls.

Internet Activities
Data from Google Analytics for October 2018
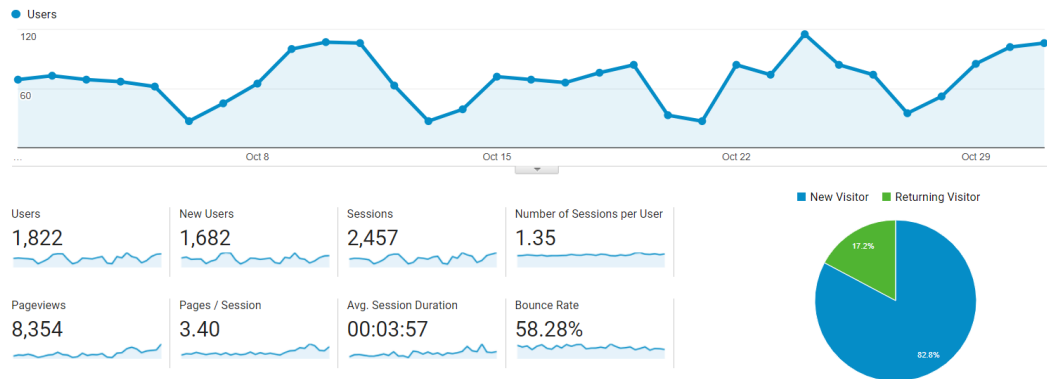
- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

- As shown in the chart above, the number of sessions to the **MHCC website** for the October 2018 was 2,457 and of these, there were 1,682 new users. The average time on the site was 3:57 minutes. Bounce rate of 58.28% 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 October 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 29,041 users of the consumer site and 162,964 page views. Since inception, an average of 618 users visit the site each month. About 88% of users are new visitors. In October 2018, the MHCQR site had 486 users compared to 317 users in September, representing a 53 percent increase. The number of page views was also higher than the previous month; there were 3,754 page views in October compared to 2,105 in September.

The average time spent on the site in October was about 6 minutes, representing a 20% increase in the length of time users spent on the site in September. 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
Altarum successfully executes PROMETHEUS software using Medicare data:
MHCC's pricing contractor, Altarum, completed the execution of PROMETHEUS software to generate episodes of care based on 2015-2016 Medicare data. Staff and Altarum are now testing the results. Upon completion of the testing phase, MHCC staff will determine the episodes that are deemed complete and ready for the WearTheCost workgroup review. The workgroup will assist staff in determining the episode groups and result to be displayed on the website.

Staff reviews proposals from potential vendors to continue communication strategy for the "Wear the Cost" consumer website:
To successfully continue public engagement and outreach for this website, MHCC seeks a contractor to support the development and implementation of a comprehensive public-facing communications strategy for the Wear The Cost initiative. The strategic plan will include such tasks as public education, press releases, strategic messaging, developing compelling and engaging blogs, social media content and monitoring, and additional stakeholder engagement to advance Wear The Cost's mission to reach a larger audience.

**Web traffic metrics for the 'Wear The Cost' consumer website:**
Based on website usage from re-launch (July 2018) until October, traffic from all geographic categories dropped as a result of the absence of ads for the month of October. However, national traffic more than doubled compared to the beginning of the ad campaign. With the absence of ads, vaginal delivery was the episode most viewed by Marylanders.
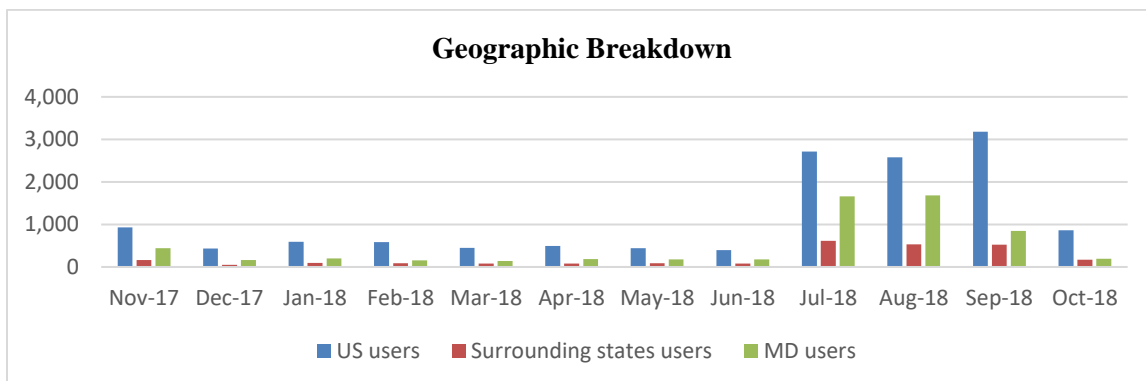
Overall Maryland site visitors' sessions by Maryland cities:
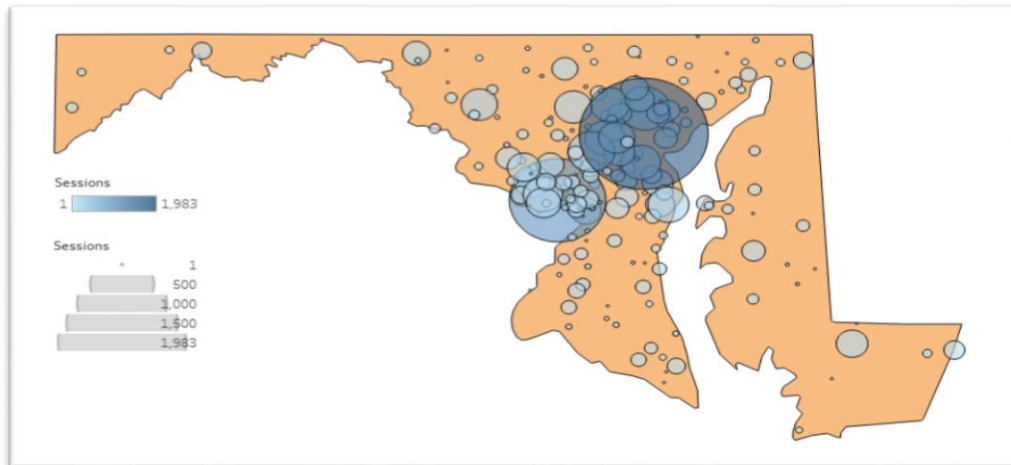
A total of 105 Maryland consumers signed the appeal to doctors, hospitals, and insurance companies to work together to make all costs public and provide the highest quality care at the lowest possible costs. More than half of those who signed the appeal expressed their willingness to be contacted.
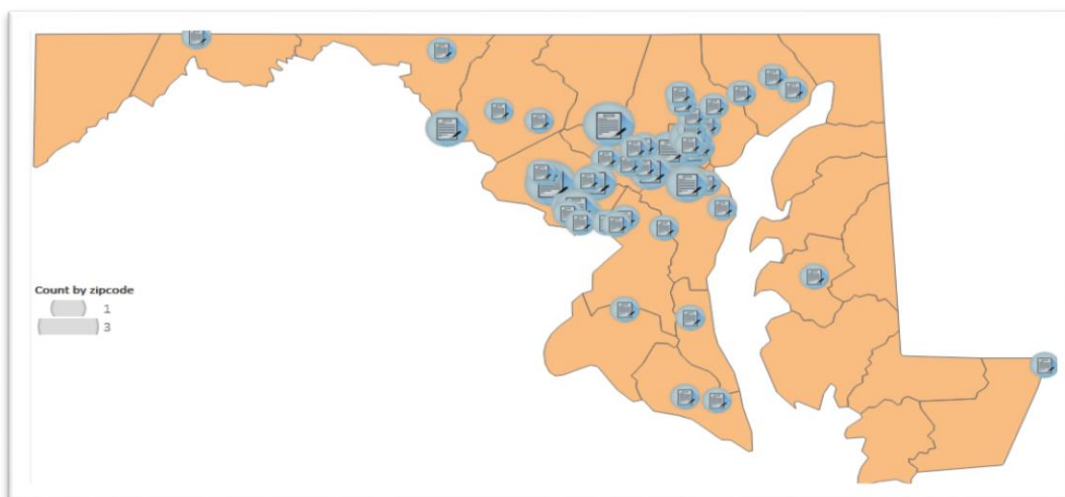
Special Projects – Janet Ennis

Population Health Benchmark Feasibility Study on Cost of Diabetes Care
MHCC Contractor to present findings at November public meeting:
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. 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, and to help HSCRC staff determine how this information can tie to their population health efforts related to the TCOC model. As part of her analysis, the contractor is producing benchmark costs from the data using actual costs and quality measurement criteria (from CMS or other sources) and will 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

Certificates of Ongoing Performance
MHCC staff received information from the Society of Thoracic Surgeons that shows how individual Maryland hospitals performed relative to the national benchmark for all-cause 30-day risk adjusted operative mortality for CABG cases for three reporting periods, ending with CY 2017. This information, which is consistent with a performance metric included in the proposed regulation adopted by the Commission in September 2018, will be provided to hospitals. MHCC staff also published an updated schedule for Certificate of Ongoing Performance reviews for percutaneous coronary intervention services in the *Maryland Register* on October 26, 2018. This schedule has also been posted to MHCC's web site.

State Health Plan: COMAR 10.24.07
Staff continued working on a White Paper in preparation for an update of the State Health Plan chapter for acute psychiatric services. Staff anticipates this document will be finalized in November.

Other Activities
Staff provided informal feedback to the Office of Health Care Quality regarding draft regulations pertaining to ambulatory surgical facilities and freestanding medical facilities.

Long-Term Care Policy and Planning – Linda Cole

Ongoing Hilltop Contract
MHCC staff are working with The Hilltop Institute at UMBC as the Minimum Data Set (MDS) and Long Term Care Planning consultant. During the past month, a draft Summary of Changes to Medicare and Medicaid Reimbursement was sent for review. Staff has also held discussions about testing data for quality assurance. Staff continues to hold bi-weekly conference calls.

COMAR 10.24.20 and COMAR 10.24.08 Development
Staff presented draft regulations to the Commission at its October meeting for consideration as proposed regulations. After the presentation, the Commission adopted COMAR 10.24.20 as proposed permanent regulations to replace existing regulations regarding comprehensive care facilities in COMAR 10.24.08, which will be removed from that chapter of the State Health Plan for Facilities and Services upon COMAR 10.24.20 becoming final regulations. The Commission also adopted other changes to COMAR 10.24.08 as proposed permanent regulations. Final action on COMAR 10.24.08 is contingent on the final promulgation of COMAR 10.24.20.

Before and after the Commission meeting, letters were received from the nursing home associations and a nursing home provider. The Executive Director subsequently spoke with representatives of Health Facilities Association of Maryland and Lifespan.

In addition, a meeting summary of the October 4th Nursing Home Work Group meeting has been posted on the Commission's website at:
https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_nursing_home.aspx

Hospice Survey Data
Data collection and data cleaning for the FY 2017 Maryland Hospice Survey has been completed and the public use data set has been posted at: http://mhcc.maryland.gov/public_use_files/hospicedownload.html Staff are working on development of hospice data tables to supplement the public use data set. Work will also soon be underway to plan for the FY 2018 data collection.

Home Health Survey
Staff began the process for the FY 2017 Home Health Agency Survey data collection. The survey notice letter was sent on November 2, 2018. The survey data collection start date is November 13, 2018 and the due date is January 11, 2019. This will be the third Home Health Agency Survey data collection for 2018; therefore, on October 11, 1018, staff sent a notification letter to all home health agency providers informing them of the intended data collection period and the reason for the timeframe change for the FY 2017 data collection. Staff tested the application and added new features within the administrative function. Testing is ongoing.

Long Term Care Survey
Staff continues to work with the state vendor, Hilltop, to finalize the work plan and complete the project documentation for the FY 2016 long term care survey data.
Other: Staff is creating reports for the hospice pubic use data set

Certificate of Need ("CON") – Kevin McDonald

CONs Approved

UM-St. Joseph Medical Center – Docket No. 18-03-2415
Renovation and replacement of the hospital's 15 mixed use general operating rooms and support areas, which are currently located in two separate areas on the ground floor with a surgical suite consisting of 11 general operating rooms and one hybrid special purpose operating room. The project will also renovate and replace the hospital's 4 cardiac special purpose operating rooms and cardiac procedure suite.
Approved Cost: $60,000,000

CON Exemptions Approved

Adventist Health Care – Shady Grove Medical Center and Washington Adventist Hospital – 18-15-EX005
Consolidate 16 of the 26 adult acute psychiatric beds now in operation at Washington Adventist Hospital in Takoma Park with the psychiatric facilities at Shady Grove Medical Center in Rockville. The number of licensed acute psychiatric beds at Shady Grove Medical Center will increase from 117 to 133 beds.
Approved Cost: $3,400,000

CON Applications Filed

Maryland Surgery Center – (Montgomery County) – Matter No. 18-15-2434
Conversion of an existing procedure room to a second sterile operating room for a total of 2 sterile operating room and 4 non-sterile procedure rooms at the facility located in Rockville
Proposed Cost: $183,155

HealthSouth Chesapeake Rehabilitation Hospital – (Wicomico County) Matter No. 18-22-2435
Addition of 10 inpatient rehabilitation beds to the current 64 bed facility located in Salisbury
Proposed Cost: $5,717,015

Determinations of Coverage

- **Acquisition/Change of Ownership**

Anchor at Walden Sierra – (St. Mary's County)
Acquisition of Anchor of Walden a 42-bed intermediate care facility Sierra by Pyramid Walden, LLC.

- **Other**

Compass Regional Hospice – (Queen Anne's County)
Addition of 4 residential hospice beds to the facility which currently has 6 general inpatient hospice beds.
Approved Cost: $2,250,000

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records System Workgroup (Chapter 435)
A technology subgroup discussed a vendor neutral infrastructure for making information on non-controlled dangerous substances (CDS) available to providers. Discussions highlighted potential benefits, barriers/challenges, and solutions for non-CDS reporting. A final report is due to the Governor and General Assembly by January 2020.

Health Record and Payment Integration Program Advisory Committee (Chapter 452)
The Health Record and Payment Integration Program Advisory Committee (committee) discussed Maryland prompt payment of claims requirement and payor reimbursement trends. The committee also discussed integrating electronic health records (EHRs) within the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP). A final report is due to the Governor and General Assembly by November 2019.

Electronic Advance Directives
An application for State Recognition was received from U.S. Living Will Registry. COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service*, outlines requirements for vendors that seek State Recognition. Discussions with Vynca, an electronic advance directive vendor, occurred regarding the process for making their repository accessible through CRISP.

Hospital Health Information Technology Assessment
Review of the data and identification of key messages is underway for the hospital health information technology (health IT) annual assessment. This year's report will focus on hospitals perceived value of health IT. A report is planned for release in the first quarter of 2019.

CRISP Vendor SOC Audit Report Reviews
Non-disclosure agreements (NDAs) were executed between MHCC and five CRISP technology vendors. The NDAs allow MHCC to obtain a copy and review CRISP vendors Service Organization Control (SOC) audit reports. Myers and Stauffer, LC conducted an independent review of the SOC audit reports and will finalize their report in November.

Cybersecurity Webinar

A cybersecurity lunch and learn webinar for small health care practices occurred on October 25th. The webinar provided information about a new *Buy Maryland Cybersecurity* tax credit, and included information on industry best practices for improving cybersecurity.

Dental Health IT

Health IT adoption benefits were discussed at the Southern Maryland Dental Society and the Frederick County Dental Society member meetings. A health IT education and awareness session was provided at the Harford-Cecil Dental Society education forum.

Health Information Exchange Division – Angela Evatt, Division Chief

HIE Privacy and Security Policy Development

The HIE Policy Board, a staff advisory work group, discussed the availability of select patient care notifications made available through an HIE. A review of the regulations is underway to identify areas where alignment is needed with Senate Bill 17, *Health Information Exchanges – Definitions and Regulations*. The law became effective on October 1st.

Telehealth Grant Projects

The University of Maryland Quality Care Network and Mosaic Community Services, Inc. submitted draft telehealth sustainability plans following the grant period. The application review process is underway for the two *School-Based Telehealth Grant Announcements* released in July. Award announcements are anticipated in December.

School-Based Telehealth Workgroup (Senate Finance Request)

The School-Based Telehealth Workgroup discussed benefits, barriers/challenges, and solutions to diffusing telehealth in schools. A final report is due to the Senate Finance Committee in November of 2019.

Telehealth Readiness Assessment Tool

Practice feedback from field testing, interviews with Medicaid, and the Maryland Telehealth Alliance were used to enhance the Telehealth Readiness Assessment (TRA) tool. A final version of the TRA tool content is anticipated in December.

EDI Activity

A request for additional administrative transaction census information was requested from two of the 32 payors that submitted an Electronic Data Interchange (EDI) Progress Report (report). Drafting of an information brief is underway. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payors to submit an annual report by June 30th. An information brief is anticipated in January.

ASC Health IT Assessment

An online ambulatory surgical center (ASC) EHR environmental scan (scan) was distributed to ASCs statewide. The scan was developed in collaboration with the Maryland Ambulatory Surgery Association. The online survey is available through November.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation

The Maryland Practice Transformation Network, November 14th Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) educational program agenda was finalized. A practice transformation initiative aimed at specialty practices developed in collaboration with MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative is being vetted with key stakeholders. The initiative will help prepare practices to participate in alternative care delivery models.

Patient and Family Advisory Council Guidance Document
Field testing scheduling is underway for the draft Patient and Family Advisory Council (PFAC) guidance document, which will assist practices with implementing PFACs. PFACs consist of patients and family members that provide input to practices on ways to improve the patient experience.

Practice Transformation Assessments
A review of information collected from an environmental scan that assessed 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 planned for release in January of 2019.

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 30 social media posts made in October. Topic posts for October included Health Literacy month, National Primary Care week, International Infection Prevention week, and National Healthcare Quality 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 160,000 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 29,041 users of the consumer site and 162,964 page views. In October 2018, the site saw 486 users compared to 317 users in September. This represents a fifty-three percent increase. There was also a significant increase in page views from 2, 105 in September to 3,754 in October. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

MHCQR Website Update
The last quarterly update to the MHCQR consumer website was released in late October. This update included hospital quality measures, patient satisfaction scores, updated health plan information, new feature stories, and other standard maintenance items.

Hospital Quality Initiatives – Courtney Carta

Leapfrog Work Continues
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 Fall 2018 release and preview reports were distributed to hospitals for review. Fall safety grades were released in early November and hospitals saw improvement. Eight hospitals received an "A" grade compared to just three hospital in Spring 2018. Almost half of hospitals received an "A" or a "B" grade and fifteen hospitals showed improvement by at least 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.

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 is currently underway. The next quarterly cardiac data coordinator's meeting is Tuesday, 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. This year, the survey includes a Spanish-language option in order to allow more families to participate. Questionnaires were mailed to families in mid-October, followed by reminder postcards two weeks later. Approximately 25% of the mailed surveys have been completed and returned to the contractor. A second mailing will commence in two weeks.

Website Marketing and Outreach
Staff attended the Hospice and Palliative Care Conference to promote the Maryland Health Care Quality Reports website.

The Long Term Care Guide has been updated with nursing home facility profile data from the most recent Long Term Care survey.

Health Benefit Plans

Performance information on Maryland Health Benefits Plans has been updated on the consumer website for the 2018 Open Enrollment period. The site now includes 2017 HEDIS measures and CAHPS survey results. This update is unique in that it represents the implementation of our streamlined approach to Health Plan reporting. NCQA (Health plan accrediting body) requires plans to perform audits of their clinical data (HEDIS data). NCQA also requires Plans to survey members on their experience with the Plan (e.g., customer service, communication with physicians, access to care and overall satisfaction). Prior to this reporting period, MHCC engaged contractors to perform HEDIS audits and CAHPS surveys, focusing on Maryland members only. For this reporting period, we've eliminated the Maryland member only audits and surveys and we are using the NCQA results. The results are similar to previous years. We estimate savings from this new approach to be approximately $1.5 million over the next three years.