

# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

March 2019

### *EXECUTIVE DIRECTION*

#### *Government Relations and Special Projects – Megan Renfrew*

**Legislative Workshop update:** *African American and Rural Community Infant Mortality Study*. The study workgroup for this study has met twice, and five additional meetings are scheduled this year. The workgroup has three subgroups: data analytics, innovative programs, and community and consumer engagement. The Commission has reached an Interagency Agreement with the University of Maryland to assist with the study. The final report for this study is due in November 2019.

**Legislative Session:**

Legislators introduced more than 1100 pieces of legislation. Commissioners and staff have held regular conference calls to discuss MHCC positions on proposed legislation, testified at hearings and submitted written testimony for legislative hearings in bills that impact the Commission, and worked with stakeholders to reach consensus and provide technical information. The Legislative Session runs through April 8, 2019.

***MHCC in the News: News Updates & Commentary related to MHCC (alphabetical order)***

Curtis, Tim, “Bills would help modernize Md. certificate of need process” The Daily Record, March 5, 2019, <https://thedailyrecord.com/2019/03/05/bills-would-help-modernize-certificate-of-need-process/>

Cohn, Meredith, “Panel regulating Maryland Hospitals Services gets new Chair”, The Baltimore Sun, February 21, 2019, [www.baltimoresun.com/health/bs-hs-health-care-commission-chair-20190221-story.html](http://www.baltimoresun.com/health/bs-hs-health-care-commission-chair-20190221-story.html)

Eichensehr, Morgan, “Why Maryland’s hospitals are spending billions to build”, Baltimore Business Journal March 1, 2019, <https://www.bizjournals.com/baltimore/news/2019/03/01/why-maryland-s-hospitals-are-spending-billions-to.html>

Eichensehr, Morgan, “University of Maryland Medical Center seeks state approval for new \$194M cancer center”, Baltimore Business Journal, February 27, 2019, <https://www.bizjournals.com/baltimore/news/2019/02/27/university-of-maryland-medical-center-seeks-state.html>

“Harford Community College instructor, musician Benny Russell one of governor's 'Green Bag' appointments”, The Aegis, February 19, 2019, <https://www.baltimoresun.com/news/maryland/harford/aegis/ph-ag-harford-green-bag-0220-story.html>

“Hogan submits 124 'Green Bag' appointments”, The Bay Times and Record Observer, February 22, 2019, [https://www.myeasternshorem.com/qa/news/regional/hogan-submits-green-bag-appointments/article\\_0648b7e4-f109-57c9-9c02-2d97bc0c22bd.html](https://www.myeasternshorem.com/qa/news/regional/hogan-submits-green-bag-appointments/article_0648b7e4-f109-57c9-9c02-2d97bc0c22bd.html)

Koral, Shayna, “Maryland governor appoints Dr. Andrew Pollak as chair of statewide Healthcare Commission: 3 notes”, Becker’s Spine Review, February 26, 2019, <https://www.beckersspine.com/orthopedic/item/44869-maryland-governor-appoints-dr-andrew-pollak-as-chair-of-statewide-healthcare-commission-3-notes.html>

“Drs. Constance Chu, Andrew Pollak & more: 16 orthopedic surgeons making headlines”, Becker’s Spine Review, February 28, 2019, <https://www.beckersspine.com/orthopedic/item/44900-drs-constance-chu-andrew-pollak-more-16-orthopedic-surgeons-making-headlines.html>

Meehan, Sarah, “AFL-CIO opposes Johns Hopkins Bayview expansion”, The Baltimore Sun, February 19, 2019, <https://www.baltimoresun.com/business/bs-md-ci-afl-cio-hopkins-bayview-20190219-story.html>

Mongilio, Heather “House health bills look to lower C-section rate, examine right to end life”, The Frederick News-Post, February 16, 2019, [https://www.fredericknewspost.com/news/health/house-health-bills-look-to-lower-c-section-rate-examine/article\\_1ab6b6aa-c8c3-5691-9846-c560da2208fa.html](https://www.fredericknewspost.com/news/health/house-health-bills-look-to-lower-c-section-rate-examine/article_1ab6b6aa-c8c3-5691-9846-c560da2208fa.html)

Simmons, Melody, “AFL-CIO protests Johns Hopkins Bayview's planned \$469M expansion”, Baltimore Business Journal, Feb 19, 2019, <https://www.bizjournals.com/baltimore/news/2019/02/19/afl-cio-protests-johns-hopkins-bayviews-planned.html>

Stewart, Angie “Maryland knocks down barriers for 2-OR surgery centers — 6 insights”, Becker’s ASC Review, February 20, 2019, <https://www.beckersasc.com/new-asc-development/maryland-knocks-down-barriers-for-2-or-surgery-centers-6-insights.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. The Wear the Cost social media activities have been less frequent due to a gap in contracting support. However, the new contractor, The Hatcher Group, is now on board and will assist with social media posting for WTC.

**Maryland Trauma Physician Services Fund – Bridget Zombro**

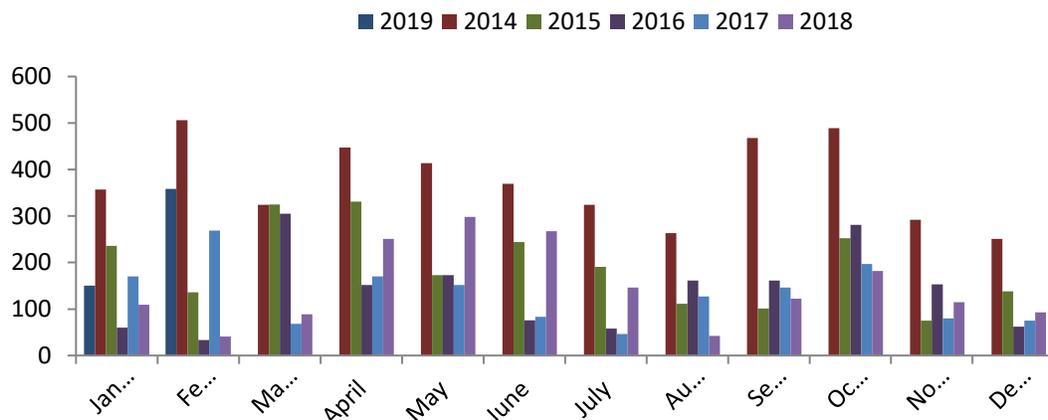
**Uncompensated Care Processing**

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, and the MHCC staff have worked together to clean-up claims which were returned to billing offices to correct missing information or claim forms which had numerous mistakes. Uncompensated care processing increased from \$149,657 in January to \$357,731 as problems were corrected. Payments for January and February are highlighted in blue and shown below in Figure 1.

Staff continues to work on a program for the MIEMSS registry data, which is scheduled to be concluded by the end of February. Creating a new system to organize the data will assist our contractor in identifying patients on the registry easier. Because there is no limitation on when a provider can file claims, this new program will allow our contractor to more easily identify patients on the registry which is a requirement under the statute for the Trauma Fund. Staff is writing two new RFPs for Third Party Administration and Auditing is still underway. To ensure a smooth transition, both of these contracts will be awarded before the current ones expire.

Staff will also begin to illustrate payments for on-call beginning next month; on-call payments continue to rise and encompass the largest portion of revenue paid out of the Trauma Fund. During February, staff completed on-call payments to Trauma Hospitals except for Suburban Hospital. Payments were made in the amount of \$3,697,092. MHCC will reimburse Suburban Hospital during March.

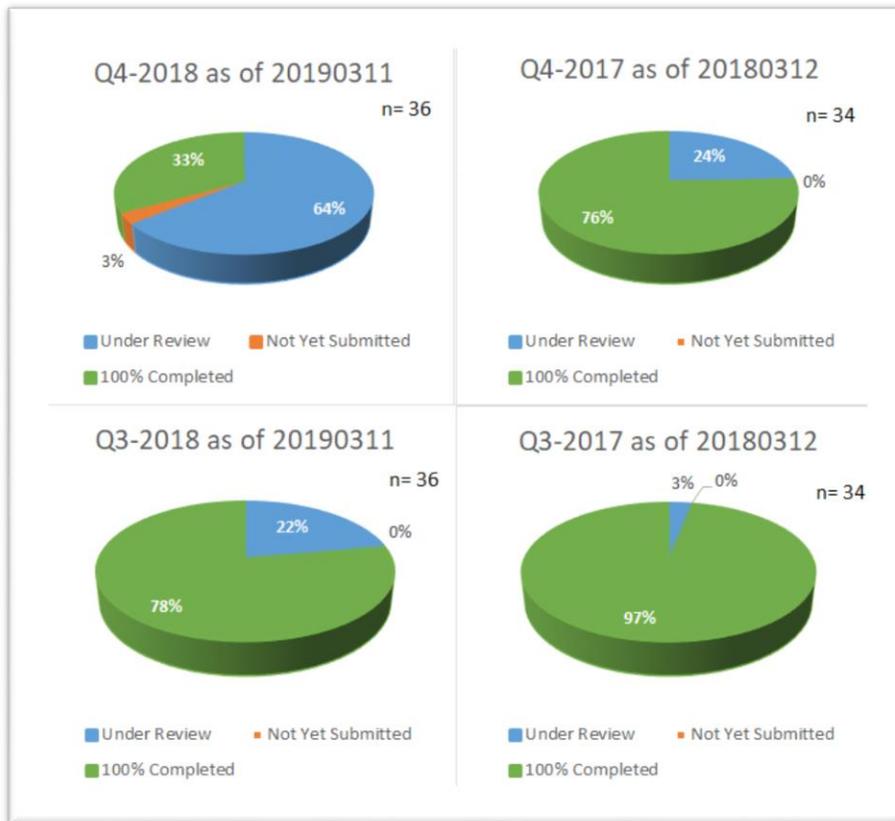
**Figure 1. Uncompensated Care Payments to Trauma Physicians, 2014-2019**



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

**Medical Care Data Base (MCDB) Data Submission Status, Payor Compliance, and Technical Support**  
**There are more payors submissions on average in the data review process compared to a year ago.**

The number of payors whose submissions are in the data review process is more this year than a year ago. For example, for quarter 4, 2018 as of 3/11/2019, 64% (vs. 24% for Q4-2017) of all payors submission data are under review compared to a year ago. Also, for quarter 3, 2018 as of 3/11/2019, about 22% of all payors had data submissions under review vs. only 3% for quarter 3, 2017 at about the same time last year. This slowdown is due to the turnover of key personnel assigned to the MCDB contract at Social and Scientific Systems over the last six months. See exhibit below.



**Some payors begin to report the Self-Insured Employee Retirement Income Security Act (ERISA) health plans data voluntarily to the MCDB for 2019.**

Starting in quarter 1 2019, Aetna will start to report self-insured ERISA plans data to the MCDB voluntarily. Other payors such as Cigna are reporting self-insured ERISA plans data voluntarily as well. The ERISA data has been missing from the MCDB since 2015 due to the Supreme Court ruling in the Gobeille v. Liberty Mutual Insurance company court case on March 1, 2016, holding that the ERISA preempts Vermont’s APCD reporting law concerning health benefit plans offered on a self-insured basis by private employers. The ERISA data lost was about a third (34%) of the MCDB’s commercial data. The Commission hopes that other larger payors such as CareFirst and United Healthcare will begin reporting ERISA plans data to the MCDB voluntarily similar to Aetna and Cigna. Please see a distribution of 2014 MCDB members enrolled in self-insured ERISA plans by payor.

## Distribution of MCDB Members enrolled in Self-Insured ERISA health plans by Payor (2014)

Payor	Distribution
Aetna	22%
CareFirst	27%
Cigna	25%
United Healthcare	25%
Total	100%

### Internet Activities

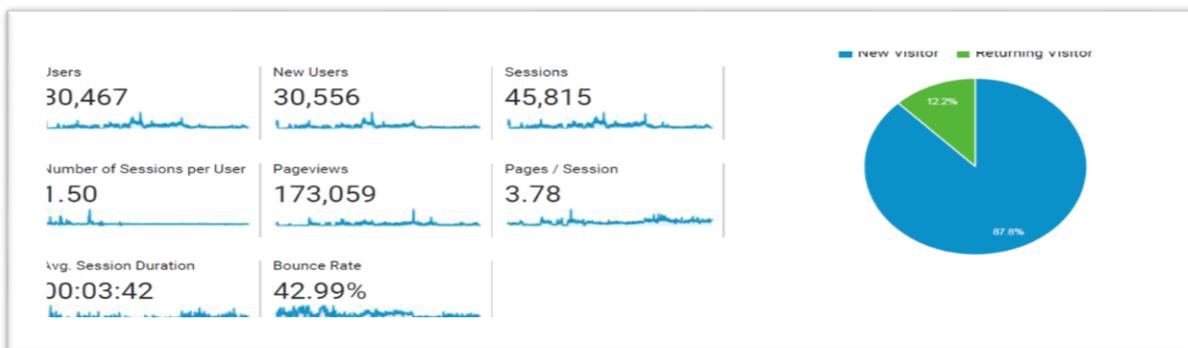
Data from Google Analytics for February 2019



- 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 February 2019 was 1,841, and of these, there were 1,368 new users. The average time on the site was 1:56 minutes. The bounce rate of 61.92% 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 hsrcr.state.md.us. Among the most common search keywords in February were: “Maryland Health Care Commission,” “assisted living facilities,” “home-based care” and “home health care agencies.”

Since the Maryland Health Care Quality Reports (MHCQR) website inception in December, there have been 30,467 users of the consumer site and 173,059 page views. Since its inception, 597 users on average visit the site each month. About 88% of users are new visitors.



MHCQR site saw 385 users in February (see graph below) compared to 586 in January. The number of page views also decreased from 3,867 in January to 2,202 in February. These decreases are likely attributed to the close of the website marketing and advertising campaign, which ended mid-February. The average time spent on the site was approximately four minutes. 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**

**Staff will contract with Remedy Partners to review the Medicare 15/16 Episode of Care measures.**

Staff continued testing the result and found eight episodes ready for reporting, four Acute (Stroke, Pneumonia, AMI and Hip Fracture) and three procedural episodes (Hip Replacement, Knee Replacement, and Lumbar Fusion). Upon completion, MHCC staff determined the episodes require a second set of eyes to confirm the findings that deemed these episodes complete and ready for the WearTheCost workgroup review.

**The Hatchers Group began the WTC communication work.** The Hatchers Group was selected to support the development and implementation of a comprehensive public-facing communications strategy for the Wear The Cost initiative. Staff held a kick-off meeting, and develop a work plan for the communication work. The Hatchers Group completed updating messaging material and begun media and social media outreach.

**Web traffic metrics for the ‘Wear The Cost’ consumer website**

Based on website usage from re-launch (July 2018) until February, traffic from all geographic categories has gone down slightly from January. Expect the traffic to go higher with the start of ads. With the absence of ads, vaginal delivery continues to lead as most viewed pages by the majority of visitors are from Maryland and surrounding states.

Metric	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
<b>US users</b>	453	495	445	398	2,717	2,576	3,181	865	393	281	536	446
<b>Surrounding states users</b>	77	81	89	78	614	530	525	172	109	61	96	112
<b>MD users</b>	142	187	179	177	1,661	1,686	850	192	121	102	195	124

Note: Surrounding states = DE, DC, NJ, PA, VA, WV

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

***Acute Care Policy and Planning – Eileen Fleck***

**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 and provided an overview of the White Paper at the February Commission meeting. Staff anticipates that the first workgroup meeting will be held in April.

**Certificates of Ongoing Performance for Cardiac Surgery and PCI Services**

Staff worked on finalizing three Certificate of Ongoing Performance reports for cardiac surgery programs for consideration at the March Commission meeting.

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

**Ongoing Hilltop Contract:**

During the past month, staff reviewed and approved several tables being prepared by Hilltop using MDS data to describe resident characteristics and utilization of nursing homes. A task was also finalized that reviews recent changes in Medicaid reimbursement policy. A design plan for the MDS Manager Program was also reviewed and approved. Staff continues to hold bi-weekly conference calls.

**COMAR 10.24.20 and COMAR 10.24.08 Development:**

After the release of these regulations by the Commission at its October meeting, the regulations were published in the December 7<sup>th</sup> issue of the Maryland Register, with comments due by January 7, 2019. Comments were received on COMAR 10.24.20 from twenty-one individuals or organizations. No comments were received on COMAR 10.24.08.

An analysis of comments and staff recommendations was presented at the February Commission meeting. At that meeting, the Commission voted to approve the staff recommendations on changes to COMAR 10.24.20. The new proposed regulation requires another public comment period. Staff anticipates that the regulations will be published in the April 12<sup>th</sup> issue of the Maryland Register.

**FY 2018 Hospice Survey:**

The FY 2018 Maryland Hospice Survey was launched on February 14, 2019. Part I of the survey is due by April 15, 2019. Part II is due by June 6, 2019. The staff has been available for consultation on survey questions. Tables were developed by the Center for Quality Measurement and Reporting based on data obtained during the FY 2017 Maryland Hospice Survey. These tables are posted at:

[https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_hospice/hcfs\\_hospice.aspx](https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospice/hcfs_hospice.aspx)

**Home Health Planning:**

Staff continues to provide technical assistance to CON staff on home health agency projects, particularly about charity care requirements.

**Home Health Survey:**

Staff is working on cleaning data and finalizing the FY2015 and FY2016 audit process to create the final home health agency (HHA) public use data set and reports.

**Long Term Care Survey:**

Staff continues to review the long term care data reports on beds and patient days and provide Hilltop with changes to update the Medicaid Cost Report data files. Staff also continues to answer questions related to processing the data. Staff finalized the review of the Year One Architectural Design for long term care, and

provided changes to update it. Work continues with Hilltop, with ongoing review of all data files and processes for the FY 2017 Long Term Care Survey data.

*Certificate of Need – Kevin McDonald*

**CON's Approved**

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

Conversion of existing 18 residential beds at 429 Main Street to ICF beds ASAM Levels 3.7 and 3.7WM and the addition of 4 beds to establish a 22 bed Intermediate care facility

Approved Cost: \$0

**Modified CON's Approved**

**Anne Arundel Mental Health Hospital – (Anne Arundel County) – Docket No. 16-02-2375**

Request for increase of project cost of \$3,300,763 for a total of \$28,285,558

**CON Letters of Intent**

**National Harbor Surgical Partners - (Prince George's County)**

Establish an ambulatory surgery facility with 2 operating rooms to be located at National Harbor Medical Pavilion at 201 National Harbor Boulevard

**Pre-Application Conference**

**National Harbor Surgical Partners - (Prince George's County)**

February 15, 2019

**CON Applications Filed**

**White Marsh Surgery Center – (Baltimore County) – Matter No. 19-03-2437**

Addition of a second operating room to the surgery center located at 4924 Campbell Road, Suite 200, White Marsh

Proposed Cost: \$1,050,000

**University of Maryland Medical Center – (Baltimore City) – Matter No. 19-24-2438**

New construction and renovation to the existing hospital located at 22 South Green Street and the expansion of cancer center services.

Proposed Cost: \$194,368,000

**Determinations of Coverage**

- **Ambulatory Surgery Centers**

**KureSmart Pain Surgery Center-Catonsville, LLC – (Baltimore County)**

Establish an ambulatory surgery center with 1 non-sterile procedure rooms to be located at 4660 Wilkens Avenue, Suite 208, Baltimore.

**Urological Institute of Maryland, LLC – (Baltimore County)**

Establish an ambulatory surgery center with 1 sterile operating room and 2 non-sterile procedure rooms to be located at 1701 York Road, Timonium.

**Meraj ASC, LLC – (Calvert County)**

Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 1015 Prince Frederick Boulevard, Suite 102, Prince Frederick.

- **Acquisition/Change of Ownership**

Howard County Gastrointestinal Diagnostic Center, LLC – (Howard County)

Change in ownership of the ambulatory surgery facility. New determination of coverage required. Establish an ambulatory surgery center with three non-sterile procedure rooms to be located at 10710 Charter Drive, Suite 120, Columbia.

- **Capital Projects**

UM-Baltimore Washington Medical Center – (Anne Arundel County)

The renovation project at the hospital will increase the bed capacity of the general hospital. A Certificate of Need Review is Required.

- **Other**

Encompass Home Health – (Montgomery County)

Relocation of home health agency office from 2275 Research Boulevard, Suite 500 Rockville to 1295 Piccard Drive, Suite, 310, Rockville.

Forest Hill Health and Rehabilitation Center – (Harford County)

Revision to existing Memorandum of Understanding rate with the Medical Assistance Program of 66.8% to a reduction of 48.86%.

Patuxent River Health & Rehabilitation Center – (Prince George’s County)

Revision to existing Memorandum of Understanding rate with the Medical Assistance Program of 60.1% to a reduction of 41.04%.

Collingswood Rehabilitation and Healthcare Center – (Montgomery County)

Revision to existing Memorandum of Understanding rate with the Medical Assistance Program of 44.9% to a reduction of 42.41%.

Westgate Hills Rehabilitation and Healthcare Center – (Baltimore City)

Revision to existing Memorandum of Understanding rate with the Medical Assistance Program of 69.3% to a reduction of 48.86%.

Meadow Park Rehabilitation and Healthcare Center – (Baltimore County)

Revision to existing Memorandum of Understanding rate with the Medical Assistance Program of 58.9% to a reduction of 44.82%.

Frederick Health & Rehabilitation Center – (Frederick County)

Revision to existing Memorandum of Understanding rate with the Medical Assistance Program of 58.8% to a reduction of 42.83%.

Heritage Harbour Health & Rehabilitation Center – (Anne Arundel County)

Revision to existing Memorandum of Understanding rate with the Medical Assistance Program of 60.1% to a reduction of 39.06%.

***CENTER FOR HEALTH INFORMATION & INNOVATIVE CARE DELIVERY***

***Health Information Technology Division – Nikki Majewski, Division Chief***

***Electronic Prescription Records System Workgroup (Chapter 435)***

A Draft Recommendations Subgroup (subgroup) convened to discuss key themes and formulate informal draft recommendations. Draft recommendations will be vetted broadly with stakeholders in March. 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) reviewed a final draft of proposed recommendations. Modifications proposed by the committee were made to the final draft recommendations. The final draft report will be vetted with stakeholders in March. The final report is due to the Governor and General Assembly by November 2019.

***Hospital Health Information Technology Assessment***

Development of the draft annual hospital health information technology (health IT) assessment is underway. The report highlights hospital priorities and perceived value of electronic health records (EHR), health information exchange (HIE), and telehealth. A final report is targeted for release in April. Modifications were made to the 2019 health IT survey, which will be released to hospitals in the second quarter of 2019.

***Dental Health IT***

Data were collected from 145 dental practices who responded to an MHCC health IT environmental scan (scan). An information brief detailing findings from the scan is anticipated for release in June. Symposium materials were developed for a March Southern Maryland Dental Society health IT education event.

***Podiatry and ASC Health IT Assessment***

An information brief (brief) was drafted on EHR adoption among podiatrists. Development of an ambulatory surgical center EHR adoption brief is underway. The Maryland Podiatric Medical Association and Maryland Ambulatory Surgery Association provided support in obtaining information from their members. The briefs are scheduled for release in March.

***Cybersecurity***

Potential themes for a cybersecurity symposium are being vetted with hospital Chief Information Officers and Chief Information Security Officers. A summer event is being planned that will target hospital leadership; representatives from nursing homes will be invited to attend.

***Health Information Exchange Division – Justine Springer, Acting Division Chief***

***HIE Privacy and Security Policy Development***

The HIE Policy Board (board) released the “*Health Information Exchange During a State of Emergency*” policy guidance document. This document aims to assist HIEs in developing an access policy for a state of emergency. A board subcommittee is reviewing select provisions in COMAR 10.25.18, Health Information Exchanges: Privacy and Security of Protected Health Information, based on the October 1, 2018 definition change of an HIE in law.

***Telehealth Grant Projects***

Guidance was provided to University of Maryland Quality Care Network for recruitment of patients in their medication management and reconciliation project, and to Mosaic Community Services, Inc. in their medication-assisted treatment project. Draft objectives and measures were developed for Charles County Public Schools’ school-based teletherapy project.

### **School-Based Telehealth Workgroup (Senate Finance Request)**

The School-Based Telehealth Workgroup (workgroup) convened a Draft Recommendations Subgroup to develop informal draft recommendations. The recommendations and supporting rationale will be vetted with the workgroup in March. A final report is due to the Senate Finance Committee in November 2019.

### **Telehealth Readiness Assessment Tool**

Technical specifications were discussed with the Research Triangle Institute International (RTI) necessary to web-enabling the Telehealth Readiness Assessment (TRA) tool. A draft Bid Board notice (under \$50K contract announcement) was developed to fund development of an electronic TRA tool. The TRA tool is designed to assist practices in their readiness for telehealth.

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

### **Practice Transformation Activities**

The Maryland Practice Transformation Network (PTN) convened a practice educational symposium to review characteristics of high performing PTN practices. The PTN program concludes at the end of September 2019. In 2016, New Jersey Innovation Institute (NJII) partnered with MHCC, MedChi, The Maryland State Medical Society (MedChi), and the Maryland Learning Collaborative (MLC) to support statewide transformation. The work is funded through a cooperative agreement to NJII by the Centers for Medicare & Medicaid Services.

### **Specialist Transformation Network**

Input was obtained from several national and local oncologists on elements for a specialist transformation network (STN) oncology initiative. Proposed performance measures were vetted with several oncology practices. STN partners include MHCC staff, MLC, MedChi, Discern, and Center for Health Information & Decision Systems at The University of Maryland.

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

Final revisions were made to the Patient and Family Advisory Council (PFAC) guidance document (guide). Feedback from Maryland practices was used to develop the guide. PFACs are organized by practices and are a requirement for participation in many alternative care delivery models. The guide is planned for release in April.

### **Care Management Roundtable**

Key themes were developed for the care management roundtable discussion. The discussion will center on care management across the health care landscape, and care management best practices. The draft curriculum was vetted with several providers; the roundtable discussion is targeted to occur in April.

### **Maryland Primary Care Program Advisory Council**

Staff from MHCC, Health Services Cost Review Commission, and the Maryland Primary Care Program (MDPCP) compiled a list of potential nominees for the MDPCP Advisory Council (council). The purpose of the council is to obtain input from key stakeholders on the operations of the MDPCP. The council will be convened and staffed by MHCC.

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

### ***Website Promotion: Forty social media posts initiated in February***

Staff continues to focus on the promotion of the MHCQR website. There were approximately 40 social media posts made in February. Topic posts for February included general information about the Quality Reports website, American Heart Health month, and National Wise Health Care Consumer Month. These topics coincide with the U.S. Department of Health and Human Services National Health Observances and other health-related events and are designed to link readers back to the MHCQR website.

### ***Over 30,000 users 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 30,467 users of the consumer site and 173,059 page views. In February 2019, the site saw 385 users and 2,202 page views. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

### ***MHCQR Website Marketing and Outreach***

Staff began a marketing and advertising campaign in December 2018. The animated video created for marketing purposes was shown in movie theaters around the state. Other mediums, including stills images and posters, were also displayed in theaters. The animated clip was simultaneously advertised on YouTube. During the campaign, the overall number of website users increased by about 20 percent. Additionally, the number of new users increased by about 22 percent. Staff will continue to think of creative ways to advertise and promote the website and to engage consumers.

## **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. Staff sent preview reports to hospitals with hospital-acquired condition (HAC) and patient safety indicator (PSI) data for Spring 2019 public reporting. Leapfrog expects to release updated grades in May 2019. Starting with the Fall 2019 Safety Grades, Leapfrog will begin collecting HAC and PSI data from publicly reported CMS files.

### ***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 by established timelines. The first Cardiac Data Coordinator quarterly meeting of 2019 was held Tuesday, February 12, 2019. The meeting covered changes to several national registries and group discussion of various cardiac-related topics of interest. The next meeting is May 14, 2019.

### ***Healthcare Associated Infections (HAIs)***

Staff is preparing for the first round of public reporting for 2019 which will include central line-associated bloodstream infections (CLABSI), Clostridium difficile (c. diff), and Methicillin-Resistant Staphylococcus Aureus (MRSA). On February 28, MHCC held a webinar for hospital infection preventionists to discuss state reporting requirements and to give a demonstration on running reports in CDC's National Healthcare Safety Network program. The webinar was well received. The public reporting process will continue throughout March and the results will be posted on the MHCQR website in April.

### ***CMS Star Ratings***

The Centers for Medicare & Medicaid Services (CMS) released the latest version of Hospital Compare in February 2019. Hospital Compare is a consumer-based website that provides information about how well hospitals provide care to patients. The site publicly reports consumer ratings, quality measures, and an

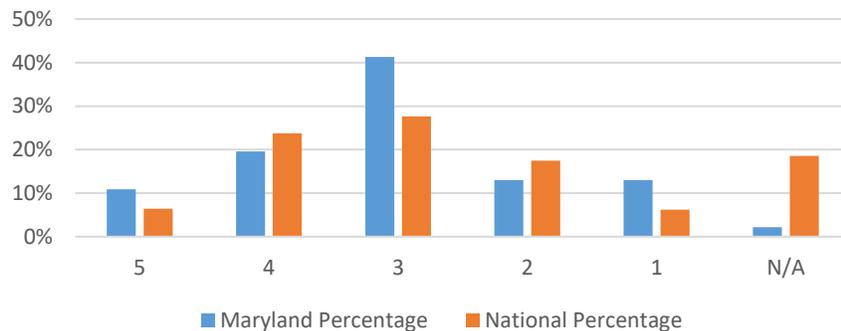
overall star rating. The star rating is a summary metric that takes in to account all the measures. Star ratings help consumers at a glance compare the quality of care provided by hospitals.

Five hospitals or about 11 percent of acute care hospitals in Maryland that received a star rating received a 5-star rating: Peninsula Regional Medical Center, Anne Arundel Medical Center, MedStar Union Memorial Hospital, MedStar Good Samaritan Hospital, and the University of Maryland St. Joseph Medical Center. These hospitals have higher than the national average performance. Only about 6 percent of hospitals received a 5-star rating. Proportionally, Maryland performed similarly to the nation for 4-star hospitals but had a higher percentage of 3-star hospitals (41 percent vs. 28 percent). The state also performed similarly to the nation for 2-star hospitals but had a higher percentage of 1-star hospitals (13 percent vs. 6 percent)

Overall Rating	Maryland (N=46)*	National (N=4,573)
5 stars	5 (10.86%)	293 (6.41%)
4 stars	9 (19.56%)	1,086 (23.75%)
3 stars	19 (41.30%)	1,264 (27.64%)
2 stars	6 (13.04%)	800 (17.49%)
1 stars	6 (13.04%)	282 (6.17%)
N/A	1 (2.17%)	848 (18.54%)

\*University of Maryland Shore Health at Easton and University of Maryland Shore Health at Dorchester share a CMS certification number (CCN) and are included as one facility in CMS Hospital Compare

CMS Overall Star Ratings



For more information and to see how all Maryland hospitals performed, visit <https://www.medicare.gov/hospitalcompare/search.html>

### **Long Term Care Quality Initiative—Stacy Howes**

#### ***Nursing Home Experience of Care Survey***

The 2018 Maryland Family Experience of Care Survey commenced in July 2018. This year, the survey includes a Spanish-language option in order to allow more families to participate. Data collection is complete, and data analyses are almost complete. We achieved a 49% response rate for the 2018 survey administration year. In mid-March, final reports will be distributed to facilities and the statewide report will be posted to the Maryland Quality Reports.

#### ***Long Term Care Guide***

The Long Term Care Guide has been updated with nursing home health and safety deficiency reports using the most current data files from CMS.

### **Health Benefit Plans**

Performance information on Maryland Health Benefit 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. For the 2019 performance year, Health Plans are preparing to submit Behavioral Health Reports.