

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

April 2019

EXECUTIVE DIRECTION

Government Relations and Special Projects- Megan Renfrew

Legislative Study update: *African American and Rural Community Infant Mortality Study.* MHCC established a workgroup to advise the commission on this study. The study workgroup's third meeting was held on April 9th. Four additional large workgroup meetings are scheduled this year. The workgroup has three subgroups (data analytics, innovative programs, and community and consumer engagement), which have each met once. The University of Maryland, working under an Interagency Agreement with the Maryland Health Care Commission, has completed literature reviews related to factors contributing to infant mortality and effective intervention programs, which were discussed in the April 9th meeting. The final report for this study is due in November 2019.

EMS Reimbursement Workgroup for New Care Delivery Models. The final report for this study was submitted to the legislature in January 2019. Subject to language in the FY 2020 budget, MIEMSS will continue this study through 2019, in consultation with MHCC and HSCRC.

2019 Legislative Session:

The 2019 Legislative Session ended on April 8. Commissioners and staff held periodic conference calls to discuss MHCC positions on some of the more than 100 bills MHCC followed over the 90-day session. An in-depth analysis of the legislative session will be provided in the legislative wrap-up presentation at the April Commission meeting.

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

Chant, Bryan, "New Legislation Aims to Lower C-Section Rates in Maryland", Lawyers.com (Blog), March 15, 2019, <https://blogs.lawyers.com/attorney/medical-malpractice/new-legislation-aims-to-lower-c-section-rates-in-maryland-54046/>

Divilio, Daniel, "Meeting tonight to talk hospital legislation", March 13, 2019, https://www.myeasternshoremnd.com/kent_county_news/spotlight/meeting-tonight-to-talk-hospital-legislation/article_9dc2d5e1-61a0-5ff3-853a-99e6c7757845.html

Eichensehr, Morgan; "Johns Hopkins Bayview faces more pushback over planned \$469 million expansion", Baltimore Business Journal, March 26, 2019; <https://www.bizjournals.com/baltimore/news/2019/03/26/johns-hopkins-bayview-faces-more-pushback-over.html>

Elsberg, Margie, "Opinion: Hospital bill is just what the doctor ordered", Kent County News, March 14, 2019, https://www.myeasternshoremnd.com/kent_county_news/spotlight/hospital-bill-is-just-what-the-doctor-ordered/article_d9d43c23-a404-5e74-845b-078d743aee66.html

Gunts, Ed, "Brager-Gutman building and other Westside properties in search of a developer", Baltimore Fishbowl, March 14, 2019, <https://baltimorefishbowl.com/stories/brager-gutman-building-and-other-westside-properties-in-search-of-a-developer/>

McGee, Trish "Senate is unanimous in support of rural hospital pilot project in Chestertown" Kent County News, March 27, 2019 https://www.kpvi.com/news/national_news/senate-is-unanimous-in-support-of-rural-hospital-pilot-project/article_3f564b6b-5b07-51c6-a7ed-a46ccc3bb778.html

Other Relevant News

Bannow, Tara, "Western Maryland Health System plans to join UPMC", April 1, 2019, Modern Healthcare, <https://www.modernhealthcare.com/providers/western-maryland-health-system-plans-join-upmc>

Kurtz, Josh "Neall Taps Queen Anne's County Administrator for Health Dept. Deputy Secretary Slot" Maryland Matters March 27, 2019 <https://www.marylandmatters.org/blog/neall-taps-queen-annes-county-administrator-for-health-dept-deputy-secretary-slot/>

“Todd to lead operations at Maryland Health Department”, The Kent Island Bay Times and Record Observer, April 3, 2019, https://www.myeasternshoremn.com/qa/spotlight/todd-to-lead-operations-at-maryland-health-department/article_6fa7c4ac-84f1-5c3a-81cd-1c1b3cf145ee.html

Maryland Trauma Physician Services Fund – Bridget Zombro

Uncompensated Care Processing

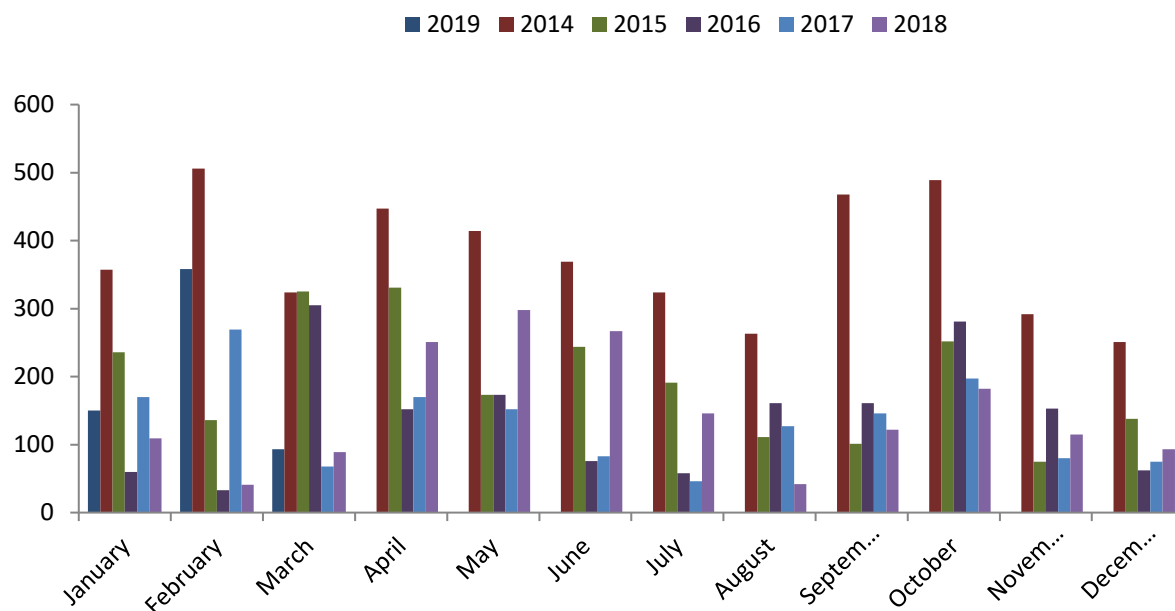
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, processed \$92,672 during March 2019 as shown below in Figure 1. Staff processed on-call for Suburban Hospital from July 1, 2018 through December 31, 2018 in the amount of \$454,852, bringing the total for on-call for all trauma centers to \$4,151,944.

In the Fiscal Year 2018 Report to the Maryland General Assembly on Trauma Fund payments and the program’s financial status, MHCC recommended modifications to the methodology for calculating payments to trauma physicians and trauma centers. Following through on this recommendation, the MHCC entered into an Interagency Agreement with UMBC - Hilltop during March. Hilltop will provide the MHCC with summary files for FY 2017 and FY 2018 for the Medicaid FFS and HealthChoice MCO payments for trauma procedures. Hilltop will determine the differential amounts owed to trauma providers if payments were calculated at 100 percent and 105 percent of the Medicare reimbursement rates without regard to CPT modifiers discounting the base reimbursement amount.

House Bill 607/Senate Bill 901, passed during the Legislative session, alters the purpose of the Maryland Trauma Physician Services Fund by requiring the MHCC to develop a methodology for reimbursing the documented standby/on-call costs incurred by the State Primary Adult Resource Center.

The Budget Reconciliation and Financing Act (BRFA) of 2019 as proposed included language to transfer \$2 million from the Trauma Fund. The BRFA passed by the House as proposed, but the Senate rejected the \$2 million reduction. The Conference Committee accepted the Senate version. The Fund is projected to have a 3 to 3.5 million dollar surplus at the end of the fiscal year.

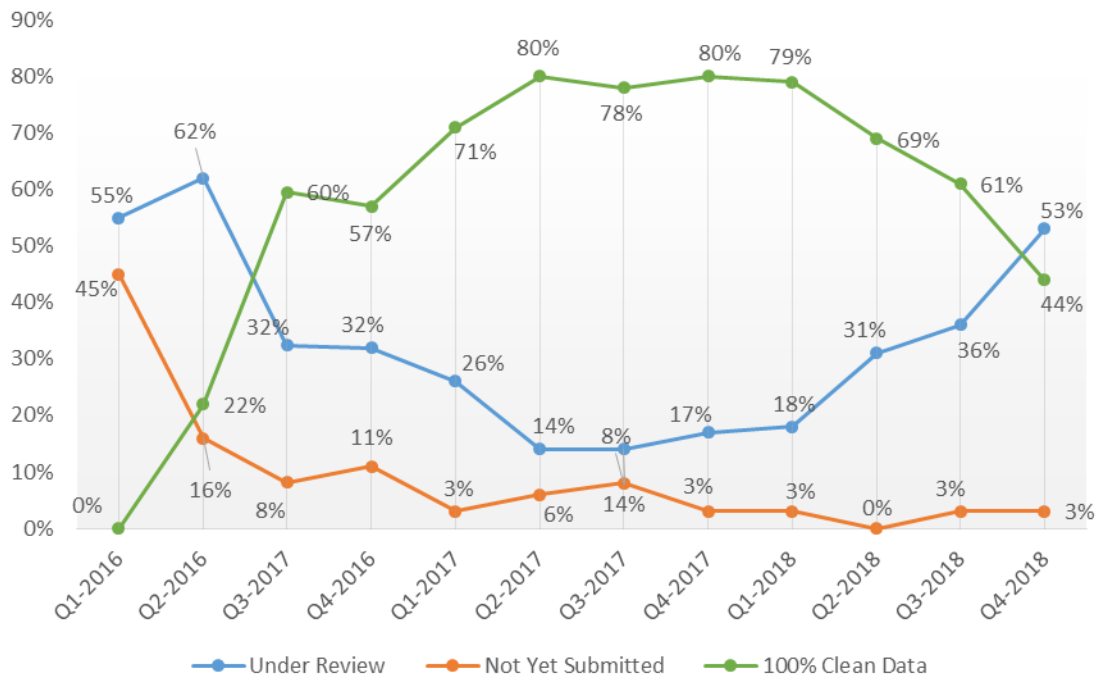
Figure 1. Uncompensated Care Payments to Trauma Physicians, 2014-2019



Cost and Quality Analysis – Kenneth Yeates-Trotman

Medical Care Data Base (MCDB) Data Submission Status, Payer Compliance, and Technical Support
After several quarters of continuous improvement in payer submitting clean data, payer data submissions are spending more time in data review.

Since quarter 1 2016, there has been continuous improvement in the number of payers submitting clean data to the MCDB leveling off at about 80% percent of all payers between second quarter 2017 and first quarter 2018. However, after Q1-2018, there has been a steady increase in the number of payers whose submissions are spending more time during the data review process. For example, the number of payers increased from 18% in Q1-2018 to 53% (just below the 55% Q1-2016 level) for fourth quarter submissions. At the same time, the number of payers whose data successfully pass all data validation checks decreased from 79% for Q1-2018 submissions down to 44% for Q4-2018 submissions falling below the number of payers whose data is under review for the first time since quarter 2, 2016. On the other hand, the number of payers with late initial submissions declined steadily from Q1-2016 (45%) through Q4-2018 (3% of the payers) data submissions. The unfavorable results are mainly due to a combination of employee turnover of key personnel at MHCC data vendor over the last six to twelve months and new teams assigned by payers to report data to the MCDB. Please see exhibit below. This exhibit shows the status of submissions for all payers in aggregate at about 39 days after the final data submissions timeline for each quarter by year.



| | Q1-2016 | Q2-2016 | Q3-2016 | Q4-2016 | Q1-2017 | Q2-2017 | Q3-2017 | Q4-2017 | Q1-2018 | Q2-2018 | Q3-2018 | Q4-2018 |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| N | 38 | 37 | 37 | 37 | 36 | 36 | 36 | 35 | 34 | 35 | 36 | 36 |

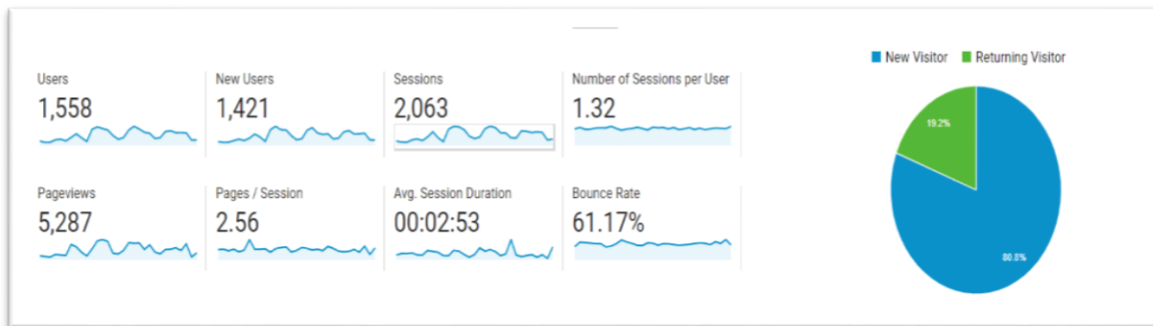
Professional Services Report Update (2015 -2017)

Payments per relative value units (RVU) for professional services (in-network only) for the private sector are slightly lower than Medicare payments and higher than Medicaid payments for the same services in Maryland.

The professional services report examines the variation in payment rates for professional services in Maryland and provides a comparison of private payment rates to Medicare and Medicaid payment rates for the same services. Results from the report show that private payments per RVU are about 3% Medicare for 2017 about the same as Medicare for 2016 and about 3% below Medicare for 2015. Compared to Medicaid payment rates on average, private payer rates are about 18%, 15%, and 11% higher than Medicaid payment rates for 2017, 2016, and 2015 respectively for the same in-network services. MHCC staff will present the results of the report at the April Commission meeting.

Internet Activities

Data from Google Analytics for March 2019

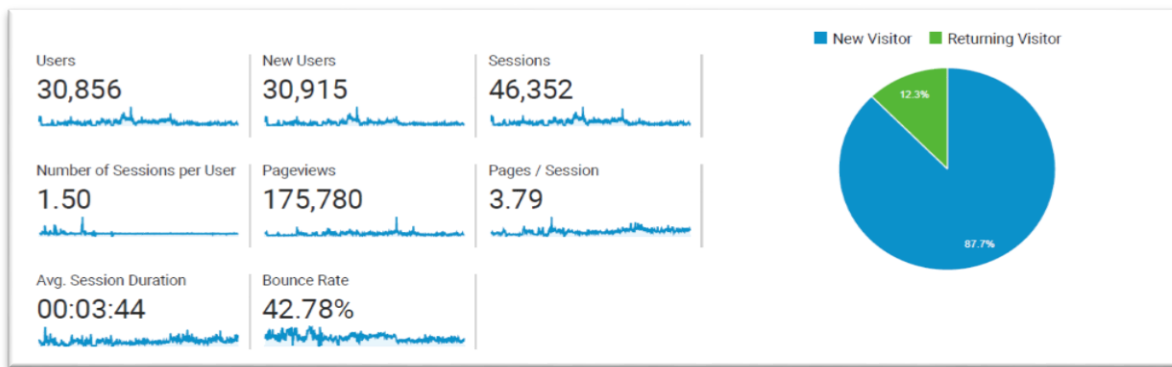


• Bounce rate is the percentage of visitors that see only one page during a visit to the site.

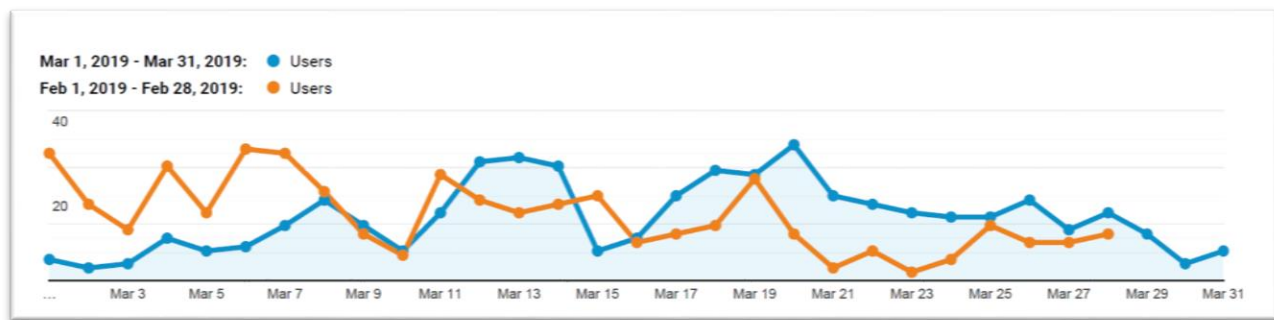
- As shown in the chart above, the number of sessions to the MHCC website for March 2019 was 2,063, and of these, there were 1,421 new users. The average time on the site was 2:53 minutes. The bounce rate of 61.17% is the percentage of visitors that see only one page during a visit to the website and 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 March were: “Maryland Health Care Commission,” “assisted living facilities,” “home-based care” and “home health care agencies.”

Cost and Quality Website Statistics

Since the Maryland Health Care Quality Reports (MHCQR) website was released in December 2014, there have been 30,856 users of the consumer site and 175,780 page views. Since its inception, about 593 users on average visit the site each month. About 88% of the users are new visitors.



MHCQR site saw slight increases for all metrics in March. There were 392 users (see graph below) compared to 385 in February. The number of page views increased from 2,202 in February to 2,721 in March. The average time spent on the site also increased slightly from 4.7 minutes to five minutes. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



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

Based on website usage from re-launch (July 2018) until March, traffic from all geographic categories has gone down for March. Expect the traffic to increase with the start of new web ads slated to begin early in April. The vaginal delivery episode continues to generate the most viewed pages by visitors from Maryland, and surrounding states. The hip replacement episode is the most viewed by returning visitors.

| Metric | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| US users | 495 | 445 | 398 | 2,717 | 2,576 | 3,181 | 865 | 393 | 281 | 536 | 446 | 371 |
| Surrounding states users | 81 | 89 | 78 | 614 | 530 | 525 | 172 | 109 | 61 | 96 | 112 | 68 |
| MD users | 187 | 179 | 177 | 1,661 | 1,686 | 850 | 192 | 121 | 102 | 195 | 124 | 116 |

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

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

Episode of Care – Consumer-Centric Price Transparency Initiative

MHCC will award a contract to Remedy Partners, Inc. to assess the Prometheus results. Under the contract, **Remedy** will evaluate Medicare 2015/2016 data results and provide an assessment of episode prevalence, average total episode costs, and potentially avoidable complication (PAC) costs and rates. Additionally, Remedy will provide an assessment of the established episode volume thresholds. The results of this evaluation will be presented to MHCC and WTC workgroup. Remedy will focus on the episodes

identified for reporting, namely: CABG, PCI, Stroke, Pneumonia, AMI, Hip Fracture, Hip Replacement, Knee Replacement, and Lumbar Fusion.

First phase of the web development (UAT#1 – User Acceptance testing) for the Medicare Expansion completed. S-3 finished the first round of the ‘Wear The Cost’ website expansion work. This work is the first part of the three-phase development of the ‘Wear the Cost’ expansion. Staff, along with contractors, provided feedback which S-3 incorporate in the coming round two UAT release. MHCC anticipates having Remedy Partners complete testing of the data and have it ready for UAT #2 which is scheduled for the first week of May.

The Hatchers Group continued supporting WTC communication work. The Hatchers Group, MHCC’s contractor for the communication work for ‘Wear The Cost’ developed and disseminated social media content to promote ‘Wear The Cost.’ The contractor, with the guidance from staff, also identified blog topics and completed working on the first blog which will be placed on the website.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

Certificates of Ongoing Performance for Cardiac Surgery

MHCC issued three Certificates of Ongoing Performance for cardiac surgery services on March 21, 2019. Adventist HealthCare Washington Adventist Hospital and Peninsula Regional Medical Center received four-year certifications (requiring renewal in 2023). Western Maryland Regional Medical Center was received a three-year certification.

Staff developed Certificate of Ongoing Performance reports for cardiac surgery programs operated by three hospitals (Johns Hopkins, MedStar Union Memorial, and University of Maryland St. Joseph’s), in anticipation of bringing recommendations for final action to the April Commission meeting.

Update of State Health Plan (SHP) for Facilities and Services: Acute Psychiatric Services (currently included in COMAR 10.24.07)

A Workgroup for Acute Psychiatric Services was established and will convene for its first meeting on May 3, 2019. Staff conducted additional research for incorporation in the White Paper on Acute Hospital Psychiatric Services that will be distributed to the workgroup prior to the first meeting.

Development of SHP Regulations for Residential Treatment Center Services (currently included in COMAR 10.24.07)

Staff conducted a survey of residential treatment centers in Maryland to gather data on licensed, staffed, and physical bed capacity; trends in total discharges, days, and average daily census; and sources of referral.

Certificate of Ongoing Performance for Percutaneous Coronary Intervention Filed

Anne Arundel Medical Center – (Anne Arundel County) - Matter No. 19-02-CP010

Johns Hopkins Bayview Medical Center – (Baltimore City) – Matter No. 19-24-CP011

Carroll Hospital – (Carroll County) – Matter No. 19-06-CP012

MedStar Franklin Square Medical Center – (Baltimore County) – Matter No. 19-03-CP013

Howard County General Hospital – (Howard County) – Matter No. 19-13-CP014

St. Agnes Hospital – (Baltimore City) – Matter No. 19-24-CP015

University of Maryland (UM) Baltimore Washington Medical Center – (Anne Arundel County) – Matter No. 19-02-CP016

UM Upper Chesapeake Medical Center – (Harford County) – Matter No. 19-12-CP017

Long Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS)

During the past month, staff reviewed several deliverables from The Hilltop Institute, MHCC's MDS consultant. These included a historical MDS 3.0 variable crosswalk. A long-term care (LTC) survey design plan, an LTC quality review process, an invoicing schedule for the current contract Year 3, and several tables displaying data on Maryland comprehensive care facility population.

Update of SHP Regulations for Comprehensive Care Facilities, COMAR 10.24.20

At the Commission's February meeting, a new chapter of SHP regulations updating COMAR 10.24.08 was adopted as proposed regulations. (A proposed COMAR 10.24.20 was adopted in late 2018 but substantive changes in these proposed regulations were made through the action taken in February.) The proposed regulations have been submitted for publication in the April 12, 2019 issue of the *Maryland Register*. It is anticipated that the formal public comment period will run from April 12 through May 13, 2019.

Post-Acute Care Workgroup

On March 27, 2019, Division staff attended a Post-Acute Workgroup convened by the Secretary of the Maryland Department of Health. Discussion focused on two primary patient populations, older persons being discharged from hospitals for institutional or home-based post-acute care and the younger population in need of psychiatric and behavioral health services following a hospital discharge. The group will convene two subgroups focused on the two population subgroups to address issues with reducing hospital length of stay and reducing the total cost of care.

Home Health Agency (HHA) Survey

Staff finalized the documentation to process the FY2015 and FY2016 data updates and the creation of the final HHA public use data set and reports.

Certificate of Need – Kevin McDonald

CON's Approved

Amedisys Maryland, L.L.C. – (Prince George's County) – Docket No. 16-16-2382

Expansion of general hospice services into Prince George's County.

Approved Cost: \$38,000

Bayada Home Health Care, Inc. – (Prince George's County) – Docket No. 16-16-2383

Establishment of a general hospice authorized to serve residents of Prince George's County.

Approved Cost: \$131,000

Montgomery Hospice – (Prince George's County) – Docket No. 16-16-2384

Expansion of general hospice services into Prince George's County.

Approved Cost: \$1,482,515

P-B Health Home Care Agency, Inc. – (Prince George's County) – Docket No. 16-16-2385

Establishment of a general hospice authorized to serve residents of Prince George's County.

Approved Cost: \$105,000

Adventist Rehabilitation Hospital of Maryland – (Montgomery County) Docket No. 18-15-2428

Relocation of a 42-bed special rehabilitation hospitals from the Takoma Park campus of Adventist HealthCare Washington Adventist Hospital (WAH) to the campus of the relocated WAH currently under construction in Silver Spring.

Approved Cost: \$19,547,323

Determinations of Coverage

- **Ambulatory Surgery Centers**

KureSmart Pain Surgery Center-Dundalk, L.L.C. – (Baltimore County)

Establish an ambulatory surgery center with one non-sterile procedure room to be located at 1576 Merritt Boulevard, Suite 18B, in Dundalk.

- **Acquisition/Change of Ownership**

North Place Operating Company, the operator of the eleven comprehensive care facilities (CCFs) listed below, will be sold by the ownership group of Tony Oglesby, Terrance Oglesby and Paxton Oglesby to Jerrald Stewart Roles. There will be no change in the ownership of the real assets.

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

Forest Hill Health & Rehabilitation Center – (Harford County)

Overlea Health & Rehabilitation Center – (Baltimore City)

Glen Burnie Health & Rehabilitation Center – (Anne Arundel County)

Arcola Health & Rehabilitation Center – (Montgomery County)

Summit Park Health & Rehabilitation Center – (Baltimore County)

Bethesda Health & Rehabilitation Center – (Montgomery County)

Bel Air Health & Rehabilitation Center – (Harford County)

North Arundel Health & Rehabilitation Center – (Anne Arundel County)

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

Frederick Health & Rehabilitation Center – (Frederick County)

Lorien Nursing & Rehabilitation Center of Riverside – (Harford County)

Riverside Realty L.L.C. will acquire the real property and improvements of this CCF. Riverside SNF Operator, L.L.C. will operate the facility and own the bed rights.

Purchase Price: \$20,000,000

ACTS Retirement-Life Communities (“ACTS”) will acquire Integrace, Inc. and its facilities, listed below, via an affiliation agreement under which its controlled affiliate, ACTS Acquisition Company, L.L.C., will be substituted for Integrace’s current board of directors. The transaction will not result in any change in the owners of the real property and improvements, the owners of the bed rights, or in the operator of the facilities.

Fairhaven, Inc. – (Carroll County)

Buckingham’s Choice, Inc. – (Frederick County)

Copper Ridge Nursing Home – (Carroll County)

Bayleigh Chase, Inc. – (Talbot County)

- **Capital Projects**

UM Baltimore Washington Medical Center – (Anne Arundel County)

Construction of a five-story medical office building on the hospital campus and expansion of an existing parking garage.

Project Cost: \$54,600,000

- **Licensure**

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

UM Laurel Regional Hospital – (Prince George’s County)

Temporary delicensure of 18 special rehabilitation hospital beds.

Chesapeake Shores – (St. Mary’s County)
Temporary delicensure of eight CCF beds.

Signature Healthcare at Mallard Bay – (Dorchester County)
Temporary delicensure of 25 CCF beds.

○ **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**
Good Shepherd Center – (Baltimore City)
Relinquishment of 115 temporarily delicensed residential treatment center beds

○ **Other**
HomeCall, Inc. – (Carroll County)
Relocation of home health agency office from 844 Washington Road, Suite 301 to 844 Washington Road, Suite 205, in Westminster.

HomeCall, Inc. – (Frederick County)
Relocation of home health agency office from 5301 Buckeystown Pike, Suite 490 to 5301 Buckeystown Pike, Suite 425, in Frederick.

HomeCall, Inc. – (Montgomery County)
Relocation of home health agency office from 2301 Research Boulevard, Suite 303 to 9200 Corporate Boulevard, Suite 370, in Rockville.

• **“Waiver” Beds**

Restore Health Rehabilitation Center – (Charles County)
Addition of seven CCF beds for a total of 80.

Oak Manor Health Care Center – (Montgomery County)
Addition of five CCF beds for a total of 150.

Sagepoint Nursing & Rehabilitation Center – (Charles County)
Addition of five CCF beds for a total of 170.

Layhill Nursing & Rehabilitation Center – (Montgomery County)
Addition of ten CCF beds for a total of 128.

Pyramid Walden, L.L.C. Anchor Facility – (St. Mary’s County)
Addition of ten alcoholism and drug abuse intermediate care facility beds for a total of 52.

CENTER FOR HEALTH INFORMATION & INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records System Workgroup (Chapter 435)

Development of the final report from a feasibility study for a statewide repository of dispensed non-controlled dangerous substances continues. An Electronic Prescription Records System Workgroup was convened to develop proposed recommendations. A presentation to the Commission is scheduled for the June meeting. The final report is due to the Governor and General Assembly by January 2020.

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

A review of the final draft report is underway by the Health Record and Payment Integration Program Advisory Committee (Committee). The Committee assessed technical and operational matters in creating a health record and payment integration program. A presentation to the Commission is targeted for the May meeting. The final report is due to the Governor and General Assembly by November 2019.

Hospital Health Information Technology Assessment

A draft report detailing findings from the 2018 annual hospital health information technology (health IT) assessment was completed. Electronic health records (EHR), health information exchange (HIE), and telehealth priorities and perceived value among hospitals are included in the report. The draft is being vetted with hospitals and targeted for release in April. Planning for the 2019 hospital health IT assessment survey is in progress.

Dental Health IT

Data analysis of the dental health IT environmental scan (scan) was completed. Findings from the scan are targeted for release in June. The American Dental Association conducted a national health IT survey using questions developed by staff.

Electronic Advance Directives

Review of the USLWR, LLC (dba U.S. Living Will Registry and U.S. Advance Care Plan Registry) electronic advance directives service application for State-Recognition is advancing. U.S. Living Will Registry and U.S. Advance Care Plan Registry has been electronically storing advance directives and advance care planning documents since 1996. A presentation to the Commission is targeted for the May meeting.

Comprehensive Care Facility Health IT Adoption

Drafting of the *Comprehensive Care Facilities Adoption of Health Information Technology* brief is underway. The data was obtained through MHCC's annual long-term care survey. The brief details EHR, HIE, and telehealth adoption, and is targeted for release in May.

Cybersecurity

Planning continues for a cybersecurity symposium, which will be structured as a learning and action event using various potential cyber threats scenarios. Attendees will include hospital and nursing home Chief Information Officers and Chief Information Security Officers, among others. The symposium is anticipated to take place in September.

Health Information Exchange Division – Justine Springer, Acting Division Chief

Telehealth Grant Projects

MHCC staff provided guidance to the University of Maryland Quality Care Network and Mosaic Community Services, Inc. in developing strategies to increase patient recruitment for medication management and reconciliation, and medication-assisted treatment projects. Staff provided advice to Charles County Public Schools in drafting a scope of work to develop a telehealth establishment and sustainability plan that would support teletherapy and other telehealth services for Charles County.

School-Based Telehealth Workgroup (Senate Finance Request)

The MHCC staff developed draft recommendations and supporting rationale to advance the use of school-based telehealth. The School-Based Telehealth Workgroup will provide feedback on the draft in April. A presentation to the Commission is tentatively scheduled for the July meeting. The final report is due to the Senate Finance Committee in November 2019.

ASC Health IT Assessment

Data analysis continues for the ambulatory surgical centers EHR adoption information brief. The brief overviews the perceived value and challenges associated with EHR implementation. The brief is targeted for release in May.

Telehealth Readiness Assessment Tool

MHCC released at Bid Board notice (under \$50K contract announcement) for web-enabling the Telehealth Readiness Assessment (TRA) tool developed in a collaboration between RTI and MHCC for helping practices assess their readiness to adopt telehealth. Web-enabling the tool allows users to complete a practice assessment online and download resource materials. The TRA tool.

School-Based Telehealth Webinars

Curriculum development is proceeding for a webinar series aimed at promoting telehealth use for school health services. Based on input from the School-Based Telehealth Workgroup, MHCC has concluded that telehealth is underutilized, but potentially a powerful tool to assist school nurses in meeting the student populations' health care needs. The three-part series will feature national champions and is targeted to begin in May.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Activities

The Maryland Practice Transformation Network (PTN) is planning an April webinar on care transitions. The PTN is a partnership between MHCC, MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative. The PTN concludes in September 2019.

Specialist Transformation Network

Meetings continue with national and local oncologists to obtain input on elements for a specialist transformation network oncology initiative. The purpose of the initiative is to help oncology practices to participate in population and quality-based alternative payment models. Staff developed an educational slide deck and brochure that we are previewing with several practices.

Patient and Family Advisory Council Guidance Document

Promotion activities commenced for the Patient and Family Advisory Council (PFAC) guidance document (guide). Staff is developing education and outreach sessions to promote the use of the guide with the Maryland Primary Care Program (MDPCP) practices and local medical societies. MHCC staff hopes to use the PFAC document beyond existing programs and we are working with several alternative payment model development efforts to prepare for new PFACs should CMMI approve the models.

Care Management Roundtable

A physician advisory panel was convened to provide input on planning the care management roundtable. The event is intended to identify elements of a care management framework that can be used across the health care delivery spectrum. The roundtable discussion is targeted to occur in April.

Maryland Primary Care Program Advisory Council

Potential nominees for the MDPCP Advisory Council (Council) were contacted to assess their interest in participating on the Council. Staff will present proposed members to the Commission for approval at the meeting.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Thirty social media posts initiated in March

Staff continues to focus on the promotion of the MHCQR website. There were approximately 30 social media posts made in March. Topic posts for March included Patient Safety Awareness Week, National Nutrition Month, National Kidney Month, and Colorectal Cancer Awareness Month. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health-related events. Raising awareness among consumers about these topics can also elevate the MHCQR website as a source of trusted information.

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 30,856 users of the consumer site and 175,780 page views. In March 2019, the site saw 392 users and 2,721 page views, representing a slight increase from February traffic. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

Hospital Quality Initiatives – Courtney Carta

Healthcare Associated Infections (HAIs)

Staff completed the first round of public reporting for 2019 which includes central line-associated bloodstream infections (CLABSI), Clostridium difficile (c. diff), and Methicillin-Resistant Staphylococcus Aureus (MRSA). Average hospital performance in Maryland was better than the national benchmark for C. diff and CLABSI (overall, ICUs, and NICUs) and performance was about the same as the national benchmark for MRSA and CLABSI among non-ICU units. Statewide HAI performance continues to improve; there were fewer infections than predicted for all infection types. The raw number of infections decreased for all infection types compared to CY2017 data, except for CLABSI in non-ICU units (120 infections in CY2017 compared to 128 infections in CY2018). Results will be published on the MHCQR website later in the month. The next update of Health Care Quality Reports Website is scheduled for May and will include surgical site infections, catheter-associated urinary tract infections, and healthcare worker influenza vaccinations.

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 on an established schedule. The next Cardiac Data Coordinator quarterly meeting is May 14, 2019.

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 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, staff distributed final reports to facilities. The statewide report, facility reports, and a public use dataset will be posted to the Maryland Quality Reports site and the Consumer Guide by the end of April.

Consumer Guide to Long Term Care

The Long Term Care Guide has been updated with hospice data from the most recent MHCC annual Hospice Survey.

Health Care Worker Influenza Vaccination and Infection Control Survey

The data collection period for the annual “Flu” survey has concluded. All Maryland nursing homes and assisted living facilities with ten or more beds have received their survey link and password to complete the annual survey. The survey will conclude in mid-May, with results publicly posted on the Consumer Guide.