

# **MARYLAND HEALTH CARE COMMISSION**

## ***UPDATE OF ACTIVITIES***

**July 2019**

### ***EXECUTIVE DIRECTION***

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

##### **Legislative Study update**

*African American and Rural Community Infant Mortality Study.* The fifth meeting of the workgroup advising the Commission on this study is scheduled for July 19, 2019. Two additional large work group meetings are scheduled this year. The University of Maryland, working an Interagency Agreement with the Maryland Health Care Commission, has conducted initial literature reviews related to factors contributing to infant mortality and effective intervention programs, as well as an inventory of programs in Maryland that work on infant mortality issues. State staff have conducted data analysis of State Data. The final report for this study is due in November.

*EMS Reimbursement Work Group for New Care Delivery Models.* Subject to language in the FY 2020 budget, MIEMSS will continue to study this topic through 2019, building on the contents from the joint MIEMSS / MHCC report from January 2019. Based on a request from key legislative Committee Chairs, MHCC will also conduct an actuarial study of the cost of potentially mandating coverage of these service models in the private insurance market. MHCC is currently in the process of procuring actuarial services to support this effort.

*Assessment of services at the University of Maryland Shore Medical Center in Chestertown.* HSCRC released a task order to solicit bids for a contractor to support this task. MHCC staff are participating in the procurement process and will work in partnership with HSCRC staff and contractors on the assessment and development of potential models for rural health care.

##### **Legislative Update**

The Commission continues to work on implementation of bills passed in 2019. A presentation on implementation was provided at the June Commission meeting.

Staff are working on planning for 2020, including planning a briefing for Senate Finance on CON, which will be held in December.

##### **Selected news articles and commentary**

Butler, Erica, "State OKs access from Route 22 to new medical facility in Aberdeen", The Aegis, July 4,

2019, <https://www.baltimoresun.com/maryland/harford/aegis/ph-ag-aberdeen-hospital-0705-story.html>

Daily Record Staff, "Two UM School of Nursing faculty members appointed to health care commissions",

The Daily Record, July 3, 2019m <https://thedailyrecord.com/2019/07/03/two-um-school-of-nursing-faculty-members-appointed-to-health-care-commissions/>

Divilio, Daniel, "Application being prepped for relocation of behavioral health beds", Kent County News,

July 2, 2019, [https://www.myeasternshoremnd.com/kent\\_county\\_news/spotlight/application-being-prepped-for-relocation-of-behavioral-health-beds/article\\_c98d62d2-6634-5706-becc-6f89b3fde6c2.html](https://www.myeasternshoremnd.com/kent_county_news/spotlight/application-being-prepped-for-relocation-of-behavioral-health-beds/article_c98d62d2-6634-5706-becc-6f89b3fde6c2.html)

Eichensehr, Morgan "Baltimore hospitals partner with ride service firms to improve access, lower costs for patients, Baltimore Business Journal, June 10, 2019

<https://www.bizjournals.com/baltimore/news/2019/06/10/baltimore-hospitals-partner-with-ride-service.html>

Harris, Naomi, "Anne Arundel Health System hopes acquisition will advance vision of local care," Capital Gazette, June 24 2019,

<https://www.capitalgazette.com/news/ac-cn-aamc-partnership-expansion-20190610-story.html>

Harris, Naomi “Anne Arundel Medical Center to pay more than \$3 million to settle federal Medicare lawsuit”, Capital Gazette, June 27, 2019, <https://www.capitalgazette.com/news/crime/ac-cn-aamc-settlement-20190627-story.html>

Holt, Dustin, “Shore Health enhancing patient care with telemedicine”, The Star Democrat, July 8, 2019, [https://www.stardem.com/news/local\\_news/shore-health-enhancing-patient-care-with-telemedicine/article\\_1cc54189-e6cf-5628-8164-64f0b131d980.html](https://www.stardem.com/news/local_news/shore-health-enhancing-patient-care-with-telemedicine/article_1cc54189-e6cf-5628-8164-64f0b131d980.html)

McGee, Trish “Community speaks out, steps up to support hospital” The Star Democrat, June 28, 2019, [https://www.stardem.com/news/local\\_news/community-speaks-out-steps-up-to-support-hospital/article\\_d83d8166-2505-5b9e-9c6d-6e1eac651c30](https://www.stardem.com/news/local_news/community-speaks-out-steps-up-to-support-hospital/article_d83d8166-2505-5b9e-9c6d-6e1eac651c30).

Owens, Jacob “Union Hospital plans to merge with Christiana Care,” Cecil Daily, June 20, 2019, [https://www.cecildaily.com/breaking/union-hospital-plans-to-merge-with-christiana-care/article\\_eafc132a-1f29-55c4-b7fc-009d6257c398.html](https://www.cecildaily.com/breaking/union-hospital-plans-to-merge-with-christiana-care/article_eafc132a-1f29-55c4-b7fc-009d6257c398.html)

#### Articles of interest

Scott Davis, Gary, et al., “Florida Repeals Significant Portions of Certificate of Need Law,” National Law Review, July 1, 2019, <https://www.natlawreview.com/article/florida-repeals-significant-portions-certificate-need-law>

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

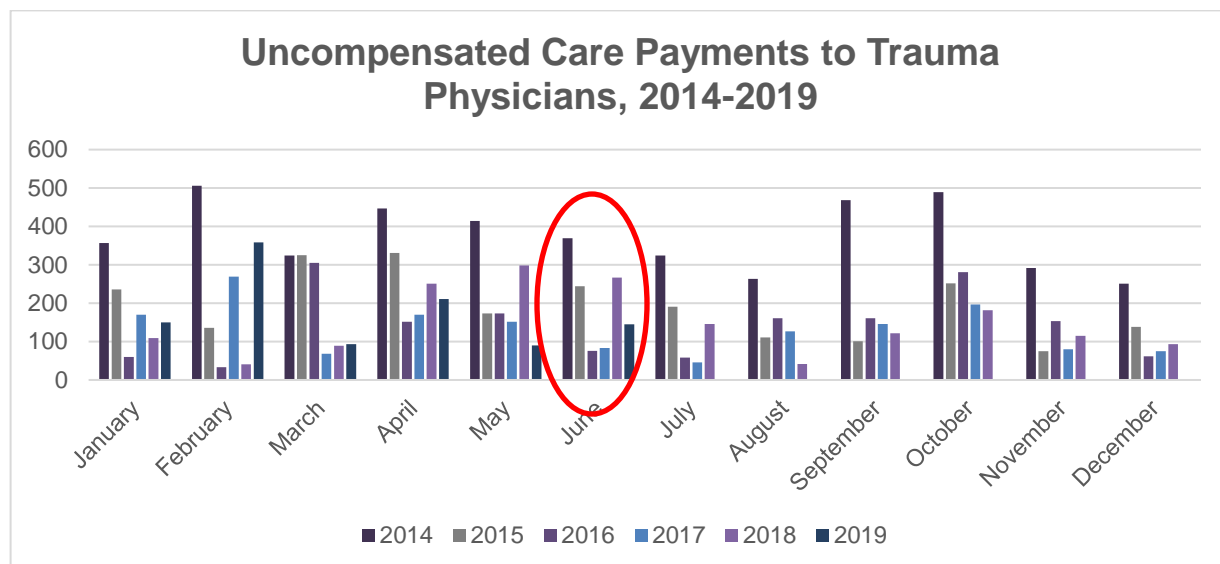
#### **Uncompensated Care Processing**

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, processed \$144,701 of uncompensated care claims during June 2019 as shown below in Figure 1.

Staff has processed the summary files FY 2018 for the Medicaid FFS for trauma procedures and the differential amounts owed to trauma providers if payments were calculated at 105% of the Medicare facility reimbursement rates with no modifiers. We were also able to work with staff at the trauma centers and practices to be able to distribute the MCO differential. All documentation of these reimbursements have been passed onto the CFO’s and/ or billing staff for audit purposes.

Staff continues the preliminary work on a methodology and the guidelines to subsidize the documented costs incurred by the State Primary Adult Resource Center (PARC) for costs for certain health care providers for standby. Meetings are underway with staff from PARC as we move to formulate this methodology. Data has already been identified which we can use to begin the process.

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

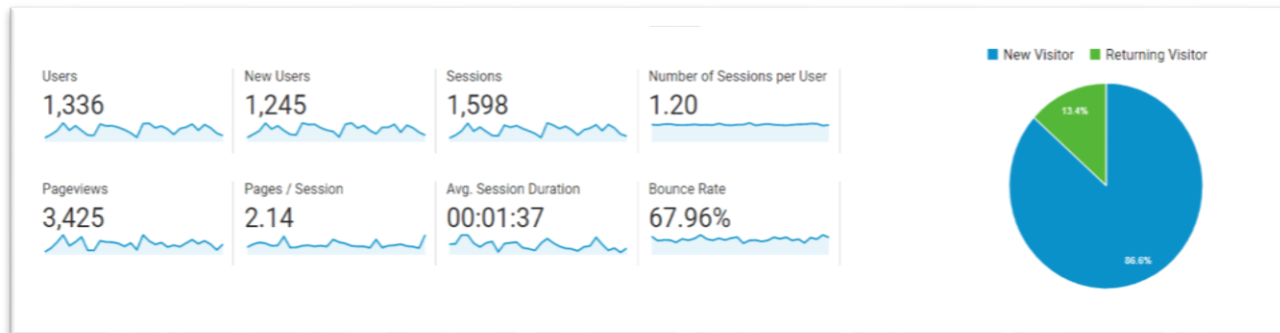


## Internet Utilization – Contributors: Valerie Wooding, Sametria McCammon & Mahlet Nigatu

This section of the update describes traffic to the MHCC, the Maryland Health Care Quality Reports, and the Wear the Cost websites.

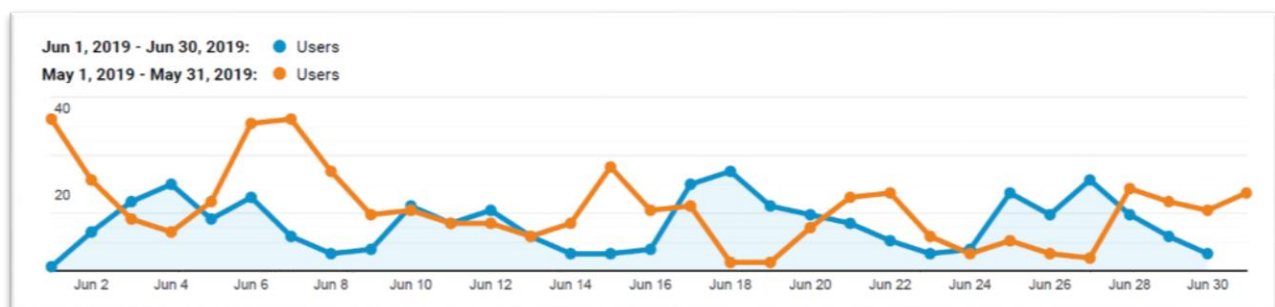
### Internet Activities

Data from Google Analytics for June 2019



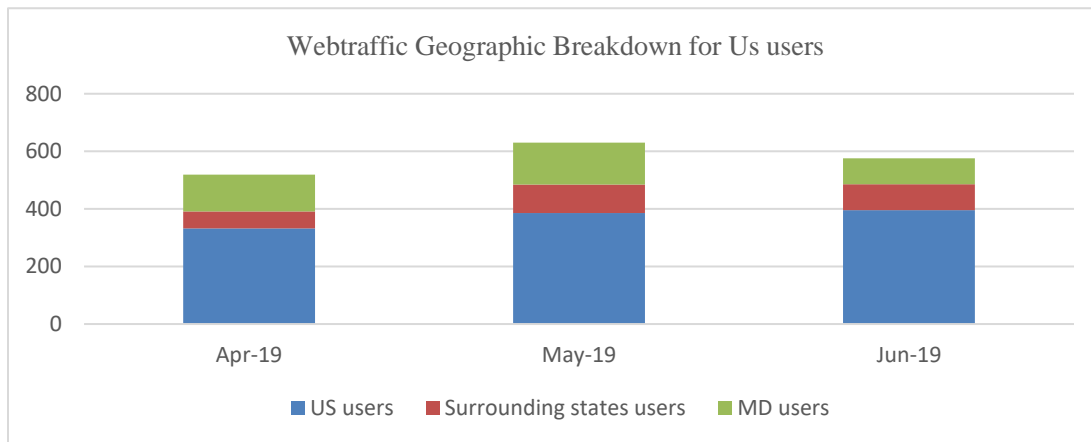
- Bounce rate is the percentage of visitors that see only one page during a visit to the site.
- As shown in the chart above, the number of sessions to the **MHCC website** for June 2019 was 1,598, and of these, there were 1,245 new users. The average time on the site was 1:37 minutes. The bounce rate of 68% 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 hsrc.state.md.us. Among the most common search keywords in June were: “Maryland Health Care Commission,” “assisted living facilities,” “home-based care” and “home health care agencies.”

The Maryland Health Care Quality Reports (MHCQR) website had 288 users in June (see graph below) which was lower than the number of users in May (397). Historically, the number of users decreases in the summer months. The average time spent on the site was about 4 minutes which is similar to the historical average time on the site of 3.45 minutes. The bounce rate was 36% which indicates strong interest once a visitor gets to the site. More discussion of the website is found in the Center for Quality Measurement and Reporting section.



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

The boost advertisement for the month of June have been halted and will resume in September. The total number of visitors in June was 1,680 (data not shown) which is more than 150% increase from the month of May. Most of the traffic, however, was from outside of the US. The average time spent on the site was one minute. The bounce rate for the site was 76%, slightly higher from May.



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

## ***CENTER FOR ANALYSIS AND INFORMATION SYSTEMS***

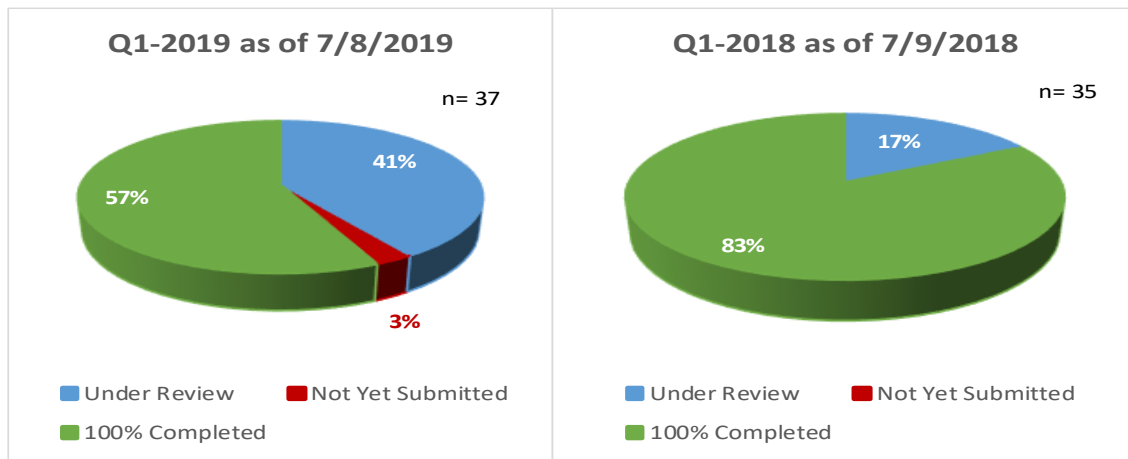
### **Cost and Quality Analysis – Kenneth Yeates-Trotman**

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

##### **Quarter 1 2019 MCDB data submissions are under review longer than a year ago.**

Payor MCDB data submission completeness and accuracy reviews are taking more time compared to the reviews for the comparable time period in 2018. Results show that for Q1-2019, 41% of all payors were under review compared to 17% at about the same time last year (lower percents are better). See the exhibit below. MHCC is examining potential bottlenecks in anticipation of the Q2-2019 submission that is due by 8/31/2019. Despite the longer review cycle, we do not anticipate delays in the availability of the full 2019 submission. Quarterly extracts for 2019 will be somewhat delayed, but MHCC has not established a delivery schedule for quarterly extracts because they are a new data product.

Despite the delay in the review of the Q1-2019 submissions, which contain 2018 “run-out” claims, the 2018 MCDB annual file is on track for release by 9/30/2019.



#### Looking Ahead:

- Staff is scheduled to deliver data (allowed claims and membership during the week of 7/8) to support the MIA in support of the 2020 rate review process

### **APCD Public Reporting and Data Release – Mahlet ‘Mahi’ Nigatu**

#### **Episode of Care – Consumer-Centric Price Transparency Initiative**

Work associated with re-run of the Medicare data has begun. The previously constructed episode costs understated actual cost because certain costs variables unique to Medicare claims were not included in the calculations. Staff in consultation with Remedy Partners, the episode validator, identified the required mapping logic for the cost variables for proper mapping to the Prometheus input specification. Altarum, the Prometheus is currently testing the impact of the changes before proceeding to the re-run. The Prometheus re-run, triggered the staff’s evaluation of total episode costs, which revealed a gap in facility cost and pharmacy costs. As noted in June, the Medicare episodes will **be reviewed with hospitals but not released to the public**

MHCC has released a RFP to seek a contractor to produce privately insured 2016/2017 episodes. The RFP responses are due on July 15th.

#### **Reducing waste and low-value care**

Staff identified Milliman MedInsight Health Waste Calculator (HWC) to produce low-value services measures. As part of the 2019-2022 strategic priorities setting effort, MHCC aims to publish opportunities for reducing unnecessary and low-value services by using Choosing Wisely’s measures and guidelines to flag wasteful and low-value care. HWC generates over 40 low-value care measures identified through Choosing Wisely guidelines. The goal is to generate the measures using 2016 and 2017 MCDB data. MHCC will engage providers and other key health care stakeholder MHCC to select the most relevant measures to start conversations between providers and patients about choosing care that is appropriate and necessary and that does not cause the patient harm.

## **Expansion and improvement of the MCDB data release process and regulation**

Staff drafted a new data release application package comprised of an application, data management plan, and supplemental material. Staff identified key areas of the data release that require change or development of a new process which includes changes to the COMAR 10.25.06.06 which is currently being drafted. The roadmap also includes expanding the types of data files that are made available for applicants and streamlining the application review process to provide an expeditious response and feedback to applicants.

### **Special Projects – Janet Ennis**

#### **Mandated Health Insurance Services:**

##### **Small procurements issued for actuarial consulting services:**

Staff received a request from the Senate Finance and the House Health and Government Operations Committees to assess the following: (a) the social, medical, and financial impact of establishing a mandate for covering treatment and release programs; alternative destination treatment; and mobile integrated health programs; and (b) the prospect that these programs could induce demand for health care services and what actions payers could take, if any, to limit that unintended outcome. These assessments are intended to complement the study on reimbursement for new models of EMS care delivery under SB682 (2018) which directed the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and MHCC to study and report on the feasibility of reimbursing three models of EMS care provided through EMS providers in Maryland. This report, in consultation with MIEMSS, is due by December 31, 2019. MHCC staff issued a small procurement for an actuarial consultant to conduct this analysis. Also in 2019, MIEMSS is required to report to the Legislature on the progress in implementing a State plan for reimbursing the three models of care under HB100 (2019).

Insurance Article § 15-1502, Annotated Code of Maryland, requires that every four years, the Commission is to conduct an analysis on each existing mandated health insurance service in Maryland, including a comparison of Maryland's mandates to those in Delaware, Pennsylvania, Virginia, and the District of Columbia. This four-year comprehensive cost and comparison report is due by January 1, 2020. MHCC staff issued a small procurement for an actuarial consultant to conduct this evaluation and prepare a report.

MHCC staff also issued an RFP for project management consulting services to support the Center on new and ongoing projects such as the continued expansion of the Wear the Cost consumer-centric price transparency website.

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

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

#### **State Health Plan: COMAR 10.24.07**

The acute psychiatric services workgroup met on June 17, 2019. Staff worked on developing draft standards for the State Health Plan chapter for acute psychiatric services based on feedback from the work group.

#### **Focused Review of a Cardiac Surgery Program**

Staff completed a focused review of the cardiac surgery program at Prince George's Hospital Center. This review was triggered by a cardiac surgery case volume that fell below 100 cases for two consecutive years (2016 and 2017). Commission staff contracted with independent clinical experts including cardiac surgeons to conduct the focused review. The focused review included a review of cardiac surgery cases with mortality

over a two years period. This review led to the conclusion that the program provides appropriate care for cardiac surgical patients.

### **Certificates of Ongoing Performance for Percutaneous Coronary Intervention (PCI) Programs**

Staff began reviewing the first batch of applications submitted for Certificates of Ongoing Performance for PCI programs.

### **Certificate of Conformance**

Staff began reviewing the application for a Certificate of Conformance from Howard County General Hospital to establish an elective PCI program.

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

### **Minimum Data Set (MDS)**

In June, the Hilltop Institute (Hilltop), MHCC's MDS contractor, presented the Contract Year 2 Quality Review Process for MDS data and finalized the Contract Year 2 Long Term Care Survey Design Plan. A quarterly status meeting is planned for July. Staff continues to hold bi-weekly conference calls with Hilltop staff.

### **State Health Plan Update -COMAR 10.24.20 and COMAR 10.24.08**

The State Health Plan (SHP) regulations for comprehensive care facilities were repealed and replaced through adoption of COMAR 10.24.20 as final rules at the June 20, 2019 Commission meeting. A new version of COMAR 10.24.08, now limited to standards for review of chronic care hospital services, was also adopted as final regulations. Following approval by the Commission, these regulations are expected to be published in the July 5, 2019 issue of the *Maryland Register* and to become effective ten days after publication.

### **Post-Acute Work Group**

The Maryland Department of Health has convened a Post-Acute Work Group to address patient population groups that are difficult to discharge from hospitals. The group is focused on two primary subgroups: young persons with behavioral health issues and adults needing nursing home and other long-term care services. Staff attended the June 28, 2019 work group meeting via teleconference.

### **FY 2018 Hospice Survey**

Collection of survey data from hospices was concluded on June 6, 2019. All surveys have now been submitted, reviewed, and accepted. Data will now be downloaded for cleaning and development of a public use data set and tables.

### **2019 Leadership Summit on Total Cost of Care**

Staff attended a 2019 Leadership Summit, "Total Cost of Care: Succeeding with Data Management" on June 24, 2018. The meeting was co-sponsored by the Maryland Hospital Association (MHA), the Lifespan Network, the Maryland-National Capital Homecare Association, and the Chesapeake Regional Information System for our Patients (CRISP).

MHA presentations addressed the key provisions of the Total Cost of Care Model, including a description of new opportunities and serious challenges for hospitals and other stakeholders across the continuum. They noted that success of the model depends on partnerships and coordination across the health system, as well as between different types of health care providers.

CRISP provided an overview of how health information can be used to support the Maryland model and how understanding data trends can guide improvement for better coordination of care between hospitals and post-acute care providers. Hospice presentations focused on how CRISP services are used for hospice admission and to avoid hospital readmissions.

The Health Services Cost Review Commission (HSCRC) gave a presentation on the Maryland Primary Care Program addressing the sources of clinical and financial hospital data, as well as collaboration with CRISP

regarding skilled nursing facility reporting. HSCRC will soon be incorporating federal MDS and Outcome and Assessment Information Set (OASIS) data for home health agency services.

### **Long Term Care Survey**

Data collection for the comprehensive care facility component of this annual survey has been completed for the 2018 survey period with a 100% completion and acceptance rate. The due date for chronic hospitals, assisted living facilities, and adult day care facilities was June 29, 2019 and work on obtaining final submissions is under way. Staff provided Hilltop with the 2018 Medicaid Cost Report Data.

### **Certificate of Need – Kevin McDonald**

#### **CON Withdrawn**

Lorien-LifeCenter Howard II d/b/a Lorien-Elkridge (Howard County) – Docket No. 16-13-2379

Addition of 25 comprehensive care facility (CCF) beds at an existing CCF.

Approved Cost: \$5,457,500

#### **CON Letter of Intent**

Greater Baltimore Medical Center (Baltimore County)

Capital expenditure for a three-story building addition to a general hospital.

#### **Pre-Application Conference**

Greater Baltimore Medical Center

June 26, 2019

#### **First Use Approval**

Calvert Memorial Hospital (Calvert County) – Docket No. 15-04-2370

Capital project for the expansion and modernization of a general hospital.

Approved Cost: \$51,654,138

#### **Determinations of Coverage**

- **Ambulatory Surgery Centers**

KureSmart Pain Surgery Center-Columbia, L.L.C. (Howard County)

Establish a physician outpatient surgery center (POSC) with one non-sterile procedure room to be located at 5500 Knoll Drive, Suite, 501, in Columbia.

Summit Ambulatory Surgical Center, L.L.C. (Montgomery County)

Establish a POSC with one sterile operating room and six non-sterile procedure rooms to be located at 12435 Park Potomac Avenue, Suite 410, in Potomac.

- **Acquisition/Change of Ownership**

Doctor's Community Hospital and Doctor's Community Rehabilitation and Patient Care Center (Prince George's County)

Anne Arundel Health System, Inc. will become the sole member of Doctor's Hospital, Inc., which owns and operates Doctor's Community Hospital, a general hospital, and Doctor's Community Health Ventures, Inc., which has a 51% ownership interest in Magnolia Gardens Limited Liability Company, which is the sole owner of the land and the building in which Doctors Community Rehabilitation and Patient Care Center, a CCF, operates.



- **Capital Projects**

Sinai Hospital of Baltimore (Baltimore City)

Capital project for the construction of The Sinai Center for Hope which will house multiple agencies responsible for a variety of crime prevention and victim service programs.

Estimated Cost: \$11,500,000 with \$1,000,000 being requested from the MHA Bond Program

- **Waiver Beds**

Birch Manor Healthcare Center (Carroll County)

Denial of a request to add seven CCF beds at an existing CCF by creating seven three-bed patient rooms. The facility failed to document that the facility has the licensable, physical space to accommodate the additional beds in an appropriate living environment, defined in the SHP to include patient rooms that have no more than two beds per room.

<b><i>CENTER FOR HEALTH INFORMATION &amp; INNOVATIVE CARE DELIVERY</i></b>
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**Health Information Technology Division – Nikki Majewski, Division Chief**

**Health Care Data Breach Assessment**

A review of health care data breaches affecting 500 or more individuals in 2018 is underway. Data were obtained from the U.S. Department of Health and Human Services, Office for Civil Rights online portal. The analysis assesses breach trends in Maryland and the nation compared to previous years. An information brief is targeted for release in September.

**Health Information Exchange Assessment**

A Request for Proposals (RFP) is being drafted to identify a contractor that can assess performance of the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP), with HIEs nationally. A key objective is to pinpoint core HIE competencies post-HITECH and gauge technology diffusion across providers, payors, consumers, and researchers. The RFP is targeted for release in November.

**Transitions of Care Telehealth Grant**

Development of a draft *Announcement for Grant Applications* (announcement) is proceeding. The grant announcement seeks applicants for a large-scale and sustainable telehealth program in comprehensive care facilities (CCF). The grant aims include curbing unnecessary emergency department use and re-hospitalization. A stakeholder Request for Information regarding key program elements is targeted for release in July.

**Electronic Prescription Records System Workgroup**

A final draft report was reviewed by the Electronic Prescription Records System Workgroup (workgroup). The draft incorporates feedback from the workgroup on certain policy matters for a statewide repository of non-controlled dangerous substances. The report is due to the Governor and General Assembly on or before January 2020.

**Hospital Health Information Technology Assessment**

The 2019 hospital health information technology (health IT) survey was distributed to Chief Information Officers of acute care hospitals. This is the second year the survey includes questions regarding value as it relates to electronic health records (EHRs), HIE, telehealth, and cybersecurity. Data collection will take place through August.

### **Dental Health IT**

Discussion is advancing with the Academy of General Dentistry to collaborate on a health IT education and awareness initiative for their members. Planning activities are taking place with the Maryland State Dental Association for its September Chesapeake Dental Conference where staff was invited to present on health IT.

### **Comprehensive Care Facility – Health IT Adoption**

Drafting of the *Comprehensive Care Facilities Adoption of Health Information Technology* brief (CCF brief) is advancing. The CCF brief highlights trends in health IT adoption with some comparison to national benchmarks. Information on CCFs' perceived value of health IT will also be included in the CCF brief, which is targeted for release in August. Planning for a CCF health IT adoption webinar is in progress. The event is targeted to occur in September.

### **Cybersecurity**

Key themes and potential speakers for a fall cybersecurity symposium (symposium) are being considered. The symposium will be an educational event targeting hospital and CCF leadership. The Maryland Hospital Association and the Maryland Chapter of the Healthcare Information and Management Systems Society are collaborating with staff on plans to host and promote the symposium.

### **CRISP Privacy and Security Audit**

Staff is reviewing draft reports of CRISP's compliance with federal and State regulations and Trust Services Criteria as part of the Service Organization Control 2 examination. Schellman & Company, Inc. was selected by CRISP to conduct the audits and a cybersecurity assessment. Review of the reports and discussion of the audit findings with CRISP is targeted to be completed in August.

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

#### **Telehealth Grant Projects**

The University of Maryland Quality Care Network is continuing patient enrollment efforts and identifying strategies to expand the eligible candidates for its pharmacist medication management and reconciliation intervention. On a second grant, Charles County Public Schools selected a consultant to develop its telehealth sustainability plan.

#### **School-Based Telehealth**

The School-Based Telehealth Workgroup (workgroup) provided feedback on the revised draft recommendations and supporting rationale to advance telehealth in schools. Planning has begun to reconvene the workgroup in August to discuss the final draft. The report is due to the Senate Finance Committee by November 2019. Presenters were identified for a three-part school-based telehealth webinar aimed at building awareness among school nurses. An application for continuing education credits is pending with the Maryland Nurses Association. CME credits will make the seminar series more attractive to participants. The series is expected to launch in September.

#### **Telehealth Readiness Assessment Tool**

Seven proposals were received in response to a Bid Board notice (under \$50K contract announcement) for web-enabling the Telehealth Readiness Assessment (TRA) tool. Proposals were evaluated and supplementary information was requested from two bidders. An award is anticipated in July.

#### **Electronic Data Interchange Activity**

Electronic Data Interchange (EDI) Progress Reports (Progress Reports) were received from 33 payors as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. Data from the Progress Reports will be used to assess EDI adoption among providers and to identify potential problems among providers. An EDI brief is targeted for release in November.

### **State-Regulated Payor EHR Incentives**

Drafting is underway for an information brief that highlights incentives paid under COMAR 10.25.16, *Electronic Health Record Incentives*. The program concluded at the end of 2018 and required the six largest private payors to provide EHR adoption incentives to primary care practices under certain circumstances. The brief is targeted for release in August.

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

#### **Practice Transformation Activities**

The Practice Transformation Network (PTN) was recognized by the Centers for Medicare & Medicaid Services for achieving enrollment goals, supporting transformation, improving health outcomes, reducing unnecessary hospitalizations, generating savings, and reducing unnecessary tests and procedures. The PTN is a four-year partnership between MHCC, MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative, and concludes in September.

#### **MDPCP Advisory Council**

The nominee approved by the Commission at its June meeting was notified of their appointment to the Maryland Primary Care Program (MDPCP) Advisory Council (council). The council will provide input to the operations of the MDPCP and is targeted to convene in September.

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

The Patient and Family Advisory Council (PFAC) guidance document was promoted among ambulatory practices during education and outreach sessions. PFACs are a care delivery requirement of select alternative payment models, including the MDPCP.

#### **Care Management Focus Group**

The Care Management Focus Group (focus group) convened to discuss select care management policy challenges. During the meeting, participants discussed opportunities for assessing practice readiness to engage in care management. The focus group will meet throughout the summer and fall to identify policies to help guide development of a *Care Management Learning and Action Guide*.

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

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Thirty social media posts initiated in June

Staff continue to focus on the promotion of the MHCQR website. There were approximately 35 social media posts made in June. Topic posts for June included National Men's Health Month, Alzheimer's and Brain Awareness Month, and National Safety Month. 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.

*Over 180,000 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 31,902 users of the consumer site and 182,103 page views. In June 2019, the site saw 288 users and 1,616 page views, representing a decrease in website traffic compared to the

previous month. Traffic to the site is presented graphically under the Executive Direction section of this update.

### **Hospital Quality Initiatives – Courtney Carta**

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

Staff completed public reporting for CY2018 healthcare-associated infections. The state performed at or above the national benchmark for all required infection types, with the exception of abdominal hysterectomy. The statewide healthcare worker influenza vaccination rate was 97% which is consistent with the rates for the past several years. Public reporting of the results on the MHCQR website is delayed until September when the vendor contract is in finalized.

#### ***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 is currently underway for Q1 2019. The next Cardiac Data Coordinator quarterly meeting is August 13, 2019.

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

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

The 2018 Maryland Family Experience of Care Survey concluded in April 2019. The statewide report, facility reports, and the public use dataset were posted to the Maryland Quality Reports site and the Consumer Guide. The 2019 survey has begun, and the Spanish-language option will be offered again this year. July 5 was the deadline for nursing homes to submit their resident lists, and 93% of homes have complied. We are in contact with those who have not submitted lists.

We have contracted with Envision Creative Art to create posters and resident newsletter advertisements to encourage family members who visit nursing home residents to complete the surveys. The posters will be mailed to nursing homes in August along with a letter encouraging them to display the posters near entrances. Newsletter advertisements will be emailed in early August for inclusion in the nursing homes' August and September newsletters.

#### ***Health Plan Quality Initiative***

The final date for health plans to upload HEDIS results to the contractor was July 1, and health plans will be submitting CAHPS scores by August 1.

#### ***Consumer Guide to Long Term Care***

The Long Term Care Guide has been updated with Maryland nursing home health, fire and safety inspection results, using the most current data from CMS Nursing Home Compare. The webpages have been updated with revised content and updated web addresses to external resources.

#### ***Maryland Pay4Performance Data Sharing***

Results of the 2018 Nursing Home Experience of Care survey and the Nursing Home Health Care Worker Vaccination and Infection Prevention survey have been shared with the Medicaid Long Term Services and Supports office to support their annual Pay4Performance award determinations.

#### ***Health Care Worker Influenza Vaccination and Infection Control Survey***

The nursing home and assisted living health care worker influenza survey has concluded, with results publicly posted on the Consumer Guide in late July. Both the overall nursing home vaccination rate and the overall assisted living facility vaccination rate saw modest improvements from 2017-18 survey year.