MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2019

EXECUTIVE DIRECTION

Government Relations and Special Projects- Megan Renfrew

Legislative Study update: *African American and Rural Community Infant Mortality Study*. The third meeting of the workgroup advising the Commission on this study was held on April 9th. Four additional large work group meetings are scheduled this year. The University of Maryland, working under 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, which were discussed in the April 9th meeting. The next study workgroup meeting is June 4th. The final report for this study is due in November 2019.

EMS Reimbursement Work Group for New Care Delivery Models. The final report for the 2018 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.

Legislative Update:
The 2019 Legislative Session ended last month somberly with the death of long-time House Speaker Michael Busch. In a Special Session for Wednesday May 1st the House elected a new Speaker, Delegate Adrienne Jones (Baltimore County, D-10).

Gov. Hogan has held two bill signing events to sign bills resulting from the 2019 legislative session. Additional bill signing sessions are scheduled on May 13th and May 23rd. Bills that passed the legislature and are not signed or vetoed by the Governor will automatically become law at the end of the month.
The only MHCC priority bill that has been enacted at this point is House Bill 626, which exempts certain facilities that offer residential or intensive substance-related disorder treatment services and existing hospice programs from obtaining a certificate of need (CON) before changing bed capacity. The health care facility must file written notice of the intent to change bed capacity with MHCC at least 45 days before increasing or decreasing bed capacity. The bill also requires MHCC to review the chapter of the State Health Plan on Psychiatric Services.

MHCC in the News: News Updates & Commentary related to MHCC
Holt, Dustin, "MHCC approves Shore Health's proposed Cambridge medical facility", The Star Democrat, April 28, 2019, https://www.stardem.com/mhcc-approves-shore-health-s-proposed-cambridge-medical-facility/article_d35e744e-531a-509d-b3fd-414fcd5d427f.html
Holt, Dustin, "Shore Health excited about medical facility approval", The Dorchester Star, May 2, 2019, https://www.myeasternshoremd.com/dorchester_star/news/shore-health-excited-about-medical-facility-approval/article_4171a218-20ad-58b6-a457-a42c1c8f515e.html
Hutzell, Rick, "Opposition drops appeal, Anne Arundel Medical Center to open cardiac center by 2020", Capital Gazette, April 19, 2019, https://www.capitalgazette.com/news/annapolis/ac-cn-cardiac-surgery-20190419-story.html
"Lawmakers greenlight new UMES health professions building", Delmarva Daily Times, April 25, 2019, https://www.delmarvanow.com/story/news/local/maryland/2019/04/25/lawmakers-greenlight-new-umes-health-professions-building/3564274002/

"Maryland Lawmakers Greenlight New UMES Health Professions Building", WBOC16, April 24, 2019, http://www.wboc.com/story/40361615/maryland-lawmakers-greenlight-new-umes-health-professions-building

McGee, Trish, "Save the Hospital group wins, loses in 2019 legislative session" Kent County News, April 10, 2019, https://www.myeasternshoremd.com/kent_county_news/news/save-the-hospital-group-wins-loses-in-legislative-session/article_95890687-8208-5a28-a8bc-b85f2820930b.htm

Oliver, Eric, "Competitor drops opposition to Anne Arundel Medical Center's cardiac surgery center— 5 insights", Becker's ASC Review, April 22, 2019, https://www.beckersasc.com/asc-transactions-and-valuation-issues/competitor-drops-opposition-to-anne-arundel-medical-center-s-cardiac-surgery-center-5-insights.html

Stewart, Angie, "Shore Health wins approval for $38.5M freestanding facility with ASC- 3 details", Becker's ASC Review, April 29, 2019, https://www.beckersasc.com/new-asc-development/shore-health-wins-approval-for-38-5m-freestanding-facility-with-asc-3-details.html

Maryland Trauma Physician Services Fund – Bridget Zombro

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, processed $210,846 during April 2019 as shown below in Figure 1.

Staff continues to work with UMBC-Hilltop on summary files from FY 2017 and FY 2018 for the Medicaid FFS and HealthChoice MCO payments for trauma procedures and the differential amounts owed to trauma providers if payments were calculated at 100% and 105% of the Medicare facility reimbursement rates with regard to certain modifiers which will discount the base reimbursement amounts. The work plan for the project directs the summary files are due to Commission staff by May 16th. Staff will review these files and issue payments to trauma providers before the end of the fiscal year.

Staff has begun the preliminary work on a methodology and the guidelines to subsidize the documented costs incurred by the State Primary Adult Resource Center for costs for certain health care providers for both on-call and standby.

Administration staff has finished third quarter projections and the fund is projected to have a 3.5 million dollar surplus at the end of the fiscal year. Please note these projections are not inclusive of the Medicaid differential payments.
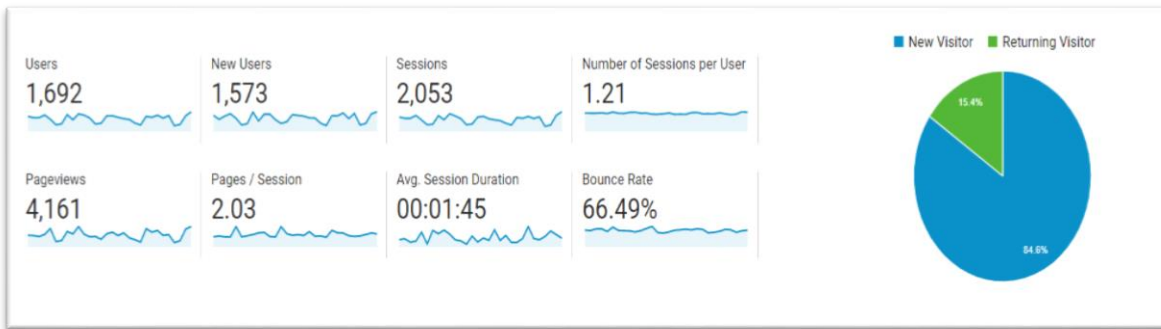
Figure 1. Uncompensated Care Payments to Trauma Physicians, 2014-2019
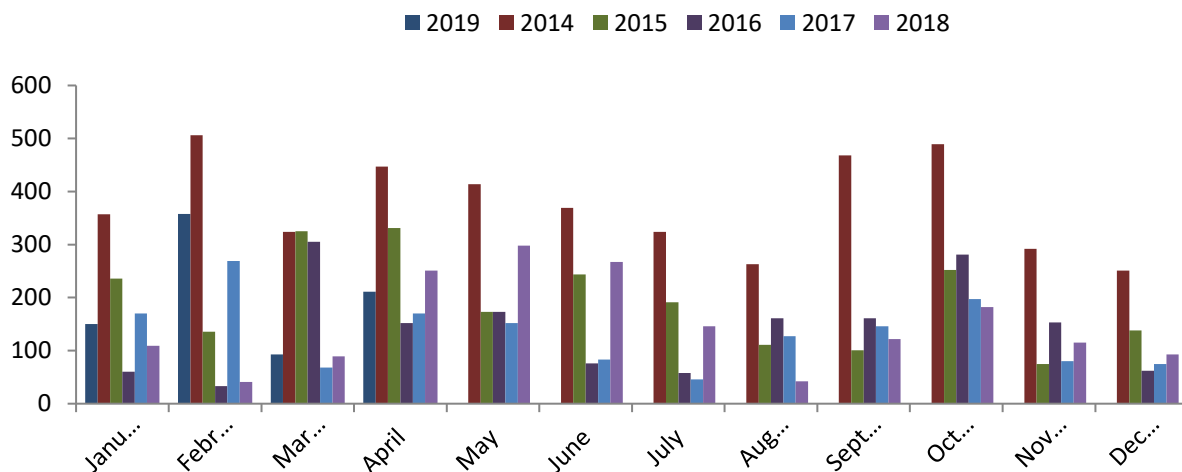
Internet Utilization – Contributors Valerie Agwale, Sandy Bittinger, Courtney Carta, and Mahlet Nigatu

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

General Website Traffic for April 2019

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

The number of sessions to the general **MHCC website** for April 2019 was 2,053, and of these 1,573 of the sessions were new users. The average time on the site was 1.45 minutes. Average time on a website is an industry standard metric. Longer time on a site can indicate stronger user interest. The bounce rate for the website was 66%. The bounce rate reflects the percentage of visitors that view only one page at that website. A bounce rate also measures the intensity of visitor' interest, higher bounce rates indicate less interest and often also less content. Informational websites, like our sites, typically have bounce rates of from 40% to 60%. 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 aware of MHCC and 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 April 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 400 users in April (see graph below) compared to 392 in March. The average time spent on the site was about 5 minutes, which suggests greater user engage compared to the historical average time on the site of 3.45 minutes. The bounce rate for the site was 32%, which indicates stronger interest once a visitor gets to the site. More discussion of the website is found in the Center for Quality Measurement and Reporting section.
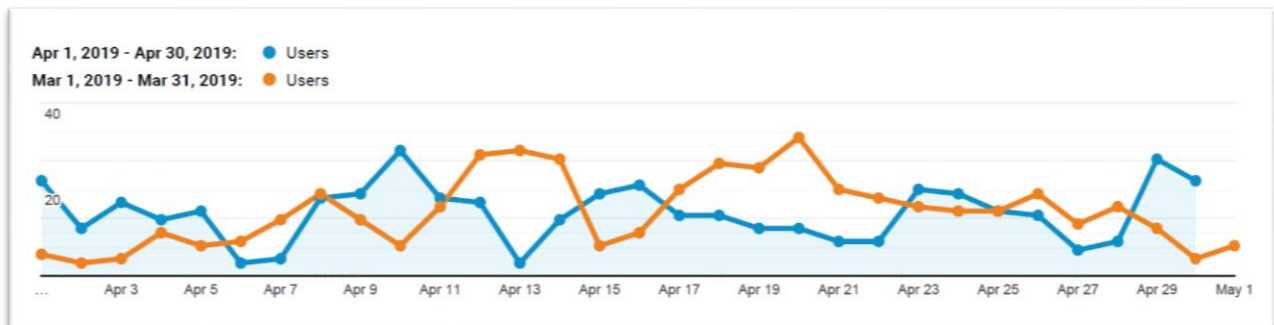
MHCC's contractor Freedman Health continued to create and deliver a report to MHCC on media placements, social media engagements, advertising campaigns, and website traffic and metrics from the Wear the Cost website. There were 541 visitors to the site in April. We expect usage to pick up once the Google AdWords account is launched. The AdWords will raise aware of the site in Google search queries. Based on website usage from re-launch (July 2018) until April, traffic from all geographic categories has gone up for April. Time on the site was 3.1 minutes. The bounce rate for the site was 60%, down slightly from March.
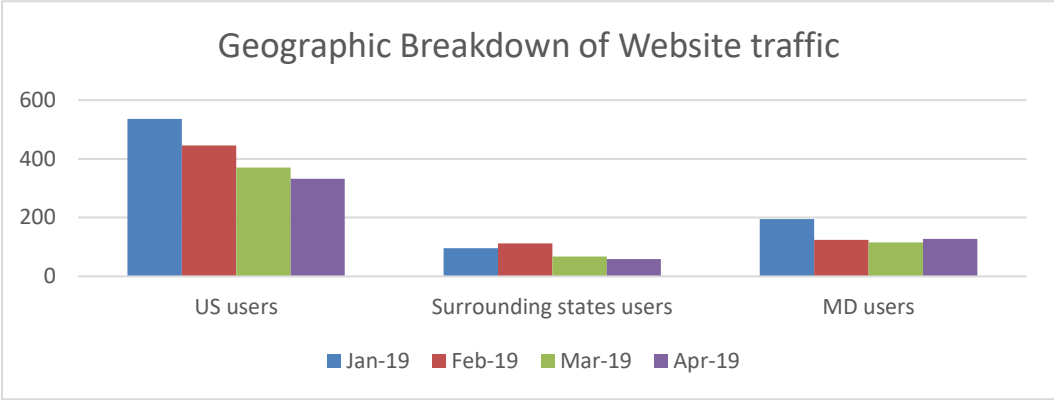
Note: Surrounding states = DE, DC, NJ, PA, VA, WV

Social Media Impressions for the Wear The Cost website
In April, organic impressions on Twitter increased by 75.2 percent and similarly Facebook impression also increased.

| Impressions Metrics	Totals	Organic Impressions increased by
Average Organic Impressions per Day	329.4	▲75.2%
Total Organic Impressions	9,882	since previous date range

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
The number of payors that have not yet reported data to the MCDB for the first quarter of 2019 has increased compared to a year ago.
Early results for the first quarter of 2019 show that the number of payers that have not yet reported data to the MCDB has increased compared to a year ago. For example, as of 5/6/2019, about 67% of all payors have not yet submitted data the MCDB for the first quarter of 2019 compared to about 44% for quarter 1, 2018 at about the same time last year. The timeline for payers to report clean data to the MCDB for quarter 1, 2019 is 5/31/2019. These slowed rates of payer MCDB data reporting is primarily due to lengthy data review times

of payer data submissions by Social and Scientific Systems (SSS, MHCC's data vendor) throughout most of 2018. For example, for quarter 4, 2018, 30% of all payers data are still under data review by SSS compared to only 3% a year ago. See the exhibit below.

The course of Action: MHCC has sent a warning letter to SSS regarding the data vendor's performance over recent months. The Commission gives SSS until 7/15/2019 for the vendor to improve its performance. The Commission will take more drastic measures after 7/15/2019 against SSS if the vendor shows a marginal improvement in its performance.
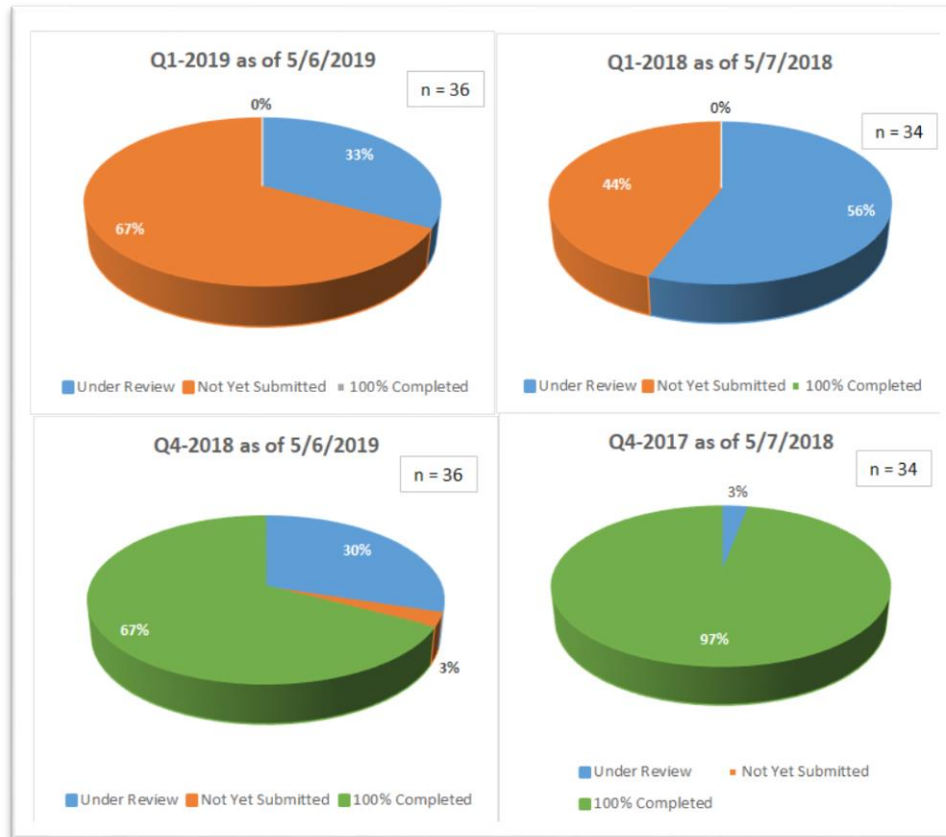
MCDB Master Patient Index (MPI) Update, 2017

The rate of MPI assignment remains high from 2016 to 2017
The MPI is used to find the same individual across different data sources where the insurers, pharmacy benefit managers and third-party administrators have different member IDs for the same person. It is generated by CRISP from demographic data on insured members that is supplied by the payers.

In 2017, 97% of all payers—representing about 99.9% of MCDB enrollees—had an MPI reporting rate greater than 90%. In 2016, 100% of all payers—representing about 98.8% of MCDB enrollees—had an MPI reporting rate above 90%. The slight drop in the reporting rate is due to one payer's entity (small) not reporting any MPI in 2017. MPI assignment is categorized into four major groups based on the reporting rate of MPI assignment for each payer: High (>90%), Medium (75 – 90%), and Low (>0 and < 75%).

Finding enrollees with carve-out pharmacy benefits using MPI improved in 2017 compared to 2016
In the table below,
- The *"percentage of enrollees with eligibility records in the PBM files"* means the percent of total enrollees with carve-out pharmacy benefits that could be matched to the PBM's eligibility files.

- The *"percentage of enrollees with prescription drug records in the PBM files"* means the percent of *linked enrollees* that have at least one record in the PBM prescription drug files.

- *"linked enrollees"* means enrollees with prescription drug records in the PBM files

In 2017, results showed that records for 74% of total enrollees (same as last year) with carve-out pharmacy benefits could be matched to the PBM's eligibility files, and 78% of the linked enrollees have at least one record in the PBMs prescription drugs (Rx) files. The 2017 results are about the same as those in 2016 which had records for 74% of total enrollees as well with carve-out pharmacy benefits that matched to the PBM's eligibility files. Also, about 77% of the linked enrollees had at least one record in the PBMs Rx files for 2016. (See Exhibit below).

Exhibit: % of Enrollees with Identified Carve-Out Pharmacy Benefits (Medical Eligibility w/o Rx)

	2017		2016	
Market Segment	% of Enrollees w/ Elig Records in PBM Files	% of Enrollees w/ Rx Records in PBM Files	% of Enrollees w/ Elig Records in PBM Files	% of Enrollees w/ Rx Records in PBM Files
Public Employee (self-insured Non-FEHBP)	78%	78%	77%	77%
Public Employee (FEHBP)	88%	79%	84%	79%
Private Employer (self-insured)	19%	59%	23%	61%
Total	**74%**	**78%**	**74%**	**77%**

Looking Ahead
- Work continues on the 2017 Privately Insured report which will be available for the June 2019 Commissioners meeting

Policy, Cross-Payer & Workforce Analyses – Mahlet 'Mahi' Nigatu
Episode of Care – Consumer-Centric Price Transparency Initiative

Remedy Partners, Inc. began Medicare data result evaluation and will provide the first round of the review result by May 9th. MHCC identified Remedy Partners as only other firm with expertise in PROMETHEUS Analytics® software and MHCC 'Wear The Cost' Prometheus Output. The Remedy Partners team has extensive unique experience working with the PROMETHEUS Analytics® software since many staff members were part of the original team from Health Care Incentives Improvement Institute (HCI3), the company that developed the software. MHCC awarded a contract to Remedy Partners who can assess the work already completed by Altarum.

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 established reliability scores and minimum volume thresholds. Remedy will also re-run the reliability score if required. The results of this evaluation will be presented to MHCC. Remedy will facilitate meetings with the MHCC team and stakeholders to review recommendations and evaluation results.

Communication and Outreach
MHCC hired the Hatchers Group 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 developed a work plan for the communication work. The Hatchers Group drafted and finalized a social messaging strategy comprised of content for social media, including graphics and a six months social media ad campaign plan. The team has identified prominent social media handles and hashtags which will be used to amplify 'Wear The Cost' social media reach. A minimum of five (5) original posts are shared each week on Wear The Cost social media outlets – Facebook and Twitter - targeting Maryland consumers, health policymakers, and healthcare sector audiences.

Hatchers Group finalized a potential list of blog topics and drafted the first blog post for 2019. https://www.wearthecost.org/jointheconversation/new-national-price-transparency-rule-and-what-it-means-for-marylanders/. The team will periodically develop features/stories/blogs (a minimum of one 500 to 700-word piece of content per month) and set of topics devised in consultation with MHCC staff and other contractors. Information on Wear the Cost web traffic is presented above.

Special Projects – Janet Ennis

Mandated Health Insurance Services: Actuarial Analyses requested/due this year

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 treat 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. 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 is currently in discussions with Legislative staff on the value of this report and the optimal approach to the analysis.

For both reports, MHCC will need to contract with one or more consulting actuaries to conduct the analyses. The depth and extent of analysis for each evaluation is impacted by the budget constraints of the small procurement regulations.

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 April 18, 2019. MedStar Union Memorial Hospital, The Johns Hopkins Hospital, and the University of Maryland St. Joseph Medical Center received four-year certifications (requiring renewal in 2023).

Staff developed Certificate of Ongoing Performance reports for cardiac surgery programs operated by two hospitals (Sinai Hospital of Baltimore and University of Maryland Medical Center) in anticipation of bringing recommendations for final action to the May Commission meeting.

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

Staff made final changes to the *White Paper on Acute Psychiatric Hospital Services* presented to the Commission at their February 2019 meeting and distributed it to the newly-formed Psychiatric Hospital Services Work Group for discussion at its first meeting on May 3, 2019.

Cardiac Services Advisory Committee
A meeting of the Cardiac Services Advisory Committee (CSAC) was convened on April 30, 2019. The focus of this meeting was consideration of public reporting by MHCC of measures for performance and quality of cardiac surgery and percutaneous coronary intervention services.   CSAC members agreed on a set of criteria to use for evaluating potential measures and discussed the goals of public reporting.

Long Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS)
During the past month, staff approved the Year 3 invoicing schedule prepared by Hilltop Institute (Hilltop), MHCC's MDS contractor, the Long Term Care Design Plan, and a historical MDS 3.0 variable crosswalk. Review of work by Hilltop on a series of tables using MDS data to describe the nursing home population continued and those tables are nearly complete.

Update of COMAR 10.24.20, SHP Regulations for Comprehensive Care Facilities
The proposed regulations, approved at the February Commission meeting, were published in the April 12, 2019 issue of the *Maryland Register*. The formal public comment period will run through May 13, 2019. Information about the proposed regulations may be found at:
http://mhcc.maryland.gov/mhcc/pages/home/public_comment/public_comment.aspx

Long Term Care Services and Supports Financing:
Staff participated in a webinar that described states' efforts to develop innovative programs to finance long-term care services, particularly in non-institutional settings. Speakers described programs in: Washington state; Minnesota; and Maryland. The Maryland program is still in the initial stages and has not yet been implemented.

FY 2018 Hospice Survey:
There was only one outstanding survey response for this annual survey as of the due date of April 15, 2019, for Part I. This hospice was granted an extension. Staff is reviewing for completeness and contacting hospices on problems or questions identified in review of the responses. Part II of the survey is due in June.

Long-Term Care Survey:
All providers required to complete this annual survey were notified on April 22, 2019 concerning the data collection period and activation of the survey. Data collection began on May 1, 2019 for all facilities.

Certificate of Need – Kevin McDonald

CON's Approved
Atlantic General Surgical Center – (Worcester County) – Docket No. 18-23-2431
Establish an ambulatory surgical facility (ASF) with two operating rooms and three procedure rooms in Ocean Pines.
Approved Cost: $8,023,827

Exemptions from CON Review Approved
University of Maryland (UM) Shore Medical Center at Dorchester – (Dorchester County) – Docket No. 18-09-EX006
Conversion of a general hospital to a freestanding medical facility (FMF) with 22 emergency treatment spaces and six observation beds.
Approved Cost: $38,497,006

UM Shore Medical Center at Easton (Talbot County) and UM Shore Medical Center at Dorchester – Docket No. 18-20-EX007
Consolidation of certain facilities and services of two general hospitals corollary to the conversion of one of the hospitals to an FMF. The project will consist of the renovation of existing space at UM Shore Medical Center at Easton to create an acute psychiatric unit for adults.
Approved Cost: $5,178,535

Certificates of Ongoing Performance for Cardiac Surgery Approved
The University of Maryland St. Joseph Hospital – (Baltimore County) – Docket No. 17-03-CP007
MedStar Union Memorial Hospital – (Baltimore City) – Docket No. 17-24-CP008
The Johns Hopkins Hospital – (Baltimore City) – Docket No. 17-24-CP009

First Use Approvals

Green Spring Station Surgery Center – (Baltimore County) – Docket No. 18-03-2369
Establishment of an ASF with five operating rooms, and four non-sterile procedure rooms located at Green Spring Station in Lutherville.
Approved Cost: $16,340,840

Adventist HealthCare Home Care Services, Inc., - (Western Maryland) – Docket No. 17-R2-2397
Expansion of the authorized service area of an existing home health agency (HHA) to include Frederick County.
Approved Cost: $75,000.

Determinations of Coverage

- **CON Review Not Required**
Carroll Hospice – (Carroll County) – Docket No. 18-06-2433
As a result of the enactment of House Bill 626 into Maryland law on April 5, 2019, it was determined that CON review is no longer required for this existing Maryland general hospice to add patient beds. The application proposed the addition of six beds at an estimated cost of $1,815,000

- **Acquisition/Change of Ownership**

Ludwick Laster & Surgery Center, L.L.C. – (Washington County)
Change in ownership of this physician outpatient surgical center located at 10212 Governor Lane Boulevard, Suite 1004, in Williamsport.

Post-Acute Care Center – (Baltimore City)
The acquisition of this comprehensive care facility, located at 5009 Frankford Avenue in Baltimore City by Aryeh Stern (50%), Morris Meisels (42%), and Siyata Dshmaya, L.L.C. (8%). Both the operating entity, Post-Acute Care Center Opco, L.L.C. and the real assets and bed rights, Post-Acute Care Center Propco, L.L.C. are being acquired.

Personal Touch Home Care of Baltimore
Acquisition of this HHA by HomeCentris Home Health II, L.L.C. The authorized service area of this HHA is Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties and Baltimore City.

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

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records System Workgroup (Chapter 435)

A draft report is being reviewed by the Electronic Prescription Records System Workgroup. Legislation passed in 2018 required stakeholders be convened to assess policy matters for a statewide repository of non-controlled dangerous substances dispensed in Maryland. Staff plans to present the recommendations at the June Commission 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)

The Health Record and Payment Integration Program Advisory Committee (Committee) completed their review of the final draft report. The Committee assessed the feasibility of creating a health record and payment integration program. The final report is due to the Governor and General Assembly by November 2019.

Hospital Health Information Technology Assessment

Hospital Chief Information Officers reviewed the draft report, *Health Information Technology – An Assessment of Maryland Acute Care Hospitals*. The report assesses hospital progress and perceived value of electronic health records (EHR), health information exchange (HIE), and telehealth. Planning for the 2019 hospital health IT assessment is in progress.

Dental Health IT

Drafting of an information brief (brief) from a health IT adoption environmental scan is proceeding. Included in the brief is a national comparison using data collected by the American Dental Association. In addition, planning has been initiated for a dental health IT workgroup that will identify strategies to expand adoption and meaningful use of health IT.

Electronic Advance Directives

The application for State Recognition of an electronic advance directives service organization submitted by USLWR, LLC dba as U.S. Living Will Registry is nearly complete. Applications are reviewed for alignment on technical and privacy and security standards. State Recognition is voluntary, but a prerequisite for an electronic advance directive vendor to connect to the State-Designated HIE.

Comprehensive Care Facility Health IT Adoption

Development of the brief, *Comprehensive Care Facilities Adoption of Health Information Technology*, continues. The brief details health IT adoption among Comprehensive Care Facilities in the State, including EHR and HIE adoption. The brief is targeted for release this summer.

Cybersecurity

Planning activities for the cybersecurity symposium are advancing with the Maryland Hospital Association and the Maryland Chapter of the Healthcare Information and Management Systems Society (HIMSS). The symposium will include several best practice cases aimed at enhancing cybersecurity incident response planning. The symposium is targeted to occur in September.

CRISP Designation Agreement

Updates are being made to the Chesapeake Regional Information System for our Patients (CRISP) Designation Agreement (DA). The current DA was approved by the Commission at its April 21, 2016 meeting and expires this July. Maryland Code, Health-General §19-143, charged MHCC and HSCRC with the designation of a statewide HIE in 2009. Staff plans to present the draft DA to the Commission in July.

CRISP Privacy and Security Audit

A review is in progress of the CRISP Service and Organization Controls 2, Type 2 audit (audit) report. CRISP engaged Schellman & Company, Inc. to assess compliance with security, availability, confidentiality, and privacy standards. A final audit report will be released this summer.

Transitions of Care Telehealth Grant

Grant planning activities have begun to expand diffusion of telehealth in skilled nursing facilities. The grant will focus on integrating telehealth into nursing home workflows to address potentially avoidable hospitalizations. An *Announcement for Grant Applications* is targeted for release in June.

Health Information Exchange Division – Justine Springer, Acting Division Chief

HIE Privacy and Security

A review is underway of COMAR 10.25.18: *Health Information Exchanges: Privacy and Security of Protected Health Information.* The Maryland General Assembly passed Senate Bill 17, Health Information Exchanges – Definitions and Regulations that expanded the definition of an HIE entity during the 2018 legislative session. The law went into effect this past October.

Telehealth Grant Projects

Collaboration continues with the University of Maryland Quality Care Network to develop strategies aimed at increasing patient enrollment in the virtual pharmacist medication management and reconciliation intervention. Mosaic Community Services, Inc. is considering a six-month grant extension to implement additional patient referral networks. Objectives and measures were finalized for the Charles County Public Schools teletherapy for special education project.

School-Based Telehealth Workgroup (Senate Finance Request)

The School-Based Telehealth Workgroup reviewed the draft recommendations and supporting rationale to advance telehealth in schools. Drafting of the final report is advancing and is due to the Senate Finance Committee by November 2019. Staff plans to present the recommendations at the July Commission meeting.

ASC Health IT Review

Drafting of an information brief highlighting EHR adoption in ambulatory surgical centers (ASCs) is in progress. The brief details EHR diffusion and adoption challenges for ASCs. The brief is targeted for release in June.

Telehealth Readiness Assessment Tool

Modifications were made to the scope of work for a Bid Board notice (under $50K contract announcement) to secure a vendor to web-enable the Telehealth Readiness Assessment (TRA) tool. A previous Bid Board notice did not result in the identification of a vendor to complete the work. The TRA tool is intended to help inform practices about provider, patient, caregiver, and organizational readiness for telehealth.

School-Based Telehealth Webinars

Planning activities continue in developing a webinar series aimed at building awareness of the value of telehealth in school health services. Telehealth can complement and expand the capacity of schools to meet the health care needs of children. Several national champions in school-based telehealth have been invited to participate in the webinar series that is scheduled to begin this summer.

EDI Progress Report

Guidance was provided to several payers in completing their annual EDI Progress Report (report). COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers with premiums exceeding $1 million to submit a report by June 30th. The report includes census information on HIPAA administrative transactions.

Practice Transformation Activities

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

Specialist Transformation Network

Development is underway for an initiative aimed at helping oncology practices successfully participate in population and quality-based alternative payment models. Meetings continue with national and local oncologists to obtain input on initiative elements, such as quality measures and practice data requirements.

Patient and Family Advisory Council Guidance Document

Promotion activities continued for the Patient and Family Advisory Council (PFAC) guidance document (guide). PFACs are a care delivery requirement of some alternative payment models. Education and outreach sessions to promote use of the guide were held with the PTN, Montgomery County Medical Society and MedChi. A session is planned with for the MDPCP practices in May.

Care Management Focus Group

Policy discussion items were identified in collaboration with stakeholders for consideration by a care management focus group (group). The group will guide the development of a *Care Management Best Practice Learning and Action Guide* that practices can use to inform their care management strategies. Group meetings are anticipated to occur throughout the spring and summer.

Maryland Primary Care Program Advisory Council

Nominees approved by the Commission at its April meeting were notified of their appointment to the MDPCP Advisory Council (council). The purpose of the council is to provide input from key stakeholders to the operations of the MDPCP. The council is targeted to meet this summer.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Fifty social media posts initiated in April
Staff continues to focus on the promotion of the MHCQR website. There were approximately 50 social media posts made in April. Topic posts for March included National Public Health Week, National Minority Health Month, and World Immunization Week. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health-related events, and are designed to link readers back to the MHCQR website.

Hospital Quality Initiatives – Courtney Carta

Healthcare Associated Infections (HAIs)
Staff is preparing for the final round of public reporting for CY2018 healthcare-associated infection data. This will include surgical site infections (COLO, HYST, CABG, HPRO, KPRO), catheter-associated urinary tract infections, and healthcare worker influenza vaccinations. Data will be displayed on the website in July.

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 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 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. Staff investigated the possibility of comparing the results of the survey to the Nursing Home CAHPS, but the Nursing Home CAHPS is voluntary and not publically reported. Additional analyses for the 2018 results revealed a strong, positive, statistically significant correlation to the CMS star rating system, specifically the health inspection and staffing star ratings.

Staff is in the process of preparing for the 2019 survey which will commence on May 20. The Spanish-language option will be offered again this year.

Consumer Guide to Long Term Care
The Long Term Care Guide has been updated with the Maryland Nursing Home Family Experience of Care Survey reports. The Statewide Report is located on the landing page, and facility-specific reports can be viewed on the individual facility profiles. Results from the Experience of Care survey are shared with the Long Term Services and Supports office to determine the annual Pay4Performance awards.

Health Care Worker Influenza Vaccination and Infection Control Survey
The nursing home and assisted living health care worker influenza survey will conclude on May 20, with results publicly posted on the Consumer Guide in July. Nursing home vaccination rates and infection control data are shared with Medicaid Long Term Services. These data are used by Medicaid in determining nursing home annual Pay4Performance awards.