

# **MARYLAND HEALTH CARE COMMISSION**

## ***UPDATE OF ACTIVITIES***

**November 2019**

### ***EXECUTIVE DIRECTION***

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

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

*African American and Rural Community Infant Mortality Study.* The approved report for the study was sent to the Chairs of the Senate Finance Committee and the House Health and Government Operations Committee on November 1, 2019.

*EMS Reimbursement for New Care Delivery Models.* In the spring, CMS announced a Medicare payment model called Enhanced Triage, Treat, and Transport (ET3). The following jurisdictions in Maryland applied for this program: Montgomery County, Baltimore City, Annapolis, Charles County and Howard County. The application period was extended and closed on October 5, 2019. Subject to language in the FY 2020 budget, MIEMSS will continue to study reimbursement for three new models of care through 2019 (MIEMSS report is due 12/1/2019). MHCC was also requested to study the potential actuarial impact of the three models of care on the private insurance market. MHCC's report is due 12/31/2019.

*Assessment of Services at the University of Maryland Shore Medical Center in Chestertown.* MHCC is required, under SB 1010, to conduct an assessment of services at the hospital in Chestertown. LD Consulting is supporting this work. The assessment is due to the legislature on January 1, 2020.

*Models for Rural Health Care: Options.* MHCC has contracted with NORC to develop a set of models for rural health delivery, with a focus on the Mid-Shore region of the State. The purpose of this project is to provide options for discussion within the community and with elected officials. This report will likely be completed in mid-January and will benefit from the data analysis by LD consulting.

##### **Legislative Update**

On December 10, MHCC and HSCRC staff will present at a Senate Finance Committee briefing on Certificate of Need Modernization and CON Integration with Total Cost of Care Model. Preparation for the 2020 legislative session is moving forward. The deadline for Members of the General Assembly to request drafting of prefiled bills has passed, and the deadline for introduction of these bills is November 20. After this deadline, MHCC staff hope to have more clarity about which proposed departmental bills are moving forward.

##### **MHCC in the news: Selected news articles and commentary**

Acosta, Christina "Concerns raised for proposed psychiatric health unit move" Oct. 9, 2019, The Star Democrat, [https://www.stardem.com/news/local\\_news/concerns-raised-for-proposed-psychiatric-health-unit-move/article\\_db3abc44-c4a7-5e37-afc6-137024794ade.html](https://www.stardem.com/news/local_news/concerns-raised-for-proposed-psychiatric-health-unit-move/article_db3abc44-c4a7-5e37-afc6-137024794ade.html)

Acosta, Christina "Legislators address Mid-Shore senior concerns" Nov 3, 2019, The Star Democrat, [https://www.stardem.com/news/local\\_news/legislators-address-mid-shore-senior-concerns/article\\_be84441b-b069-5b9b-b894-1d13c7e47d9d.html](https://www.stardem.com/news/local_news/legislators-address-mid-shore-senior-concerns/article_be84441b-b069-5b9b-b894-1d13c7e47d9d.html)

Baker, Rushern (Former Prince George's County Executive) "Maryland residents could be undermined by congressional action on surprise medical bills" Oct. 25, 2019, Washington Post <https://www.washingtonpost.com/opinions/2019/10/25/maryland-residents-could-be-undermined-by-congressional-action-surprise-medical-bills/>

Butler, Erika, Havre de Grace councilwoman concerned about health care in city with changes proposed in Aberdeen, the Aegis, October 16, 2019, <https://www.baltimoresun.com/maryland/harford/aegis/cng-ag-hdg-health-care-1018-20191016-m6b73uz4jzft7o4qpgdr5qupzm-story.html>

Elsberg, Margie “Opinion: State health officials weighing psychiatric bed move” Oct. 16, 2019, Kent County News, [https://www.myeasternshoremd.com/kent\\_county\\_news/spotlight/state-health-officials-weighing-psychiatric-bed-move/article\\_40e03a04-7e5f-568d-8a29-0f005fe20d56.html](https://www.myeasternshoremd.com/kent_county_news/spotlight/state-health-officials-weighing-psychiatric-bed-move/article_40e03a04-7e5f-568d-8a29-0f005fe20d56.html)

Gooch, Kelly “Luminis Health CEO: Rebranding of merged hospitals honors legacies, looks toward future” Oct. 22, 2019 <https://www.beckershospitalreview.com/hospital-transactions-and-valuation/luminis-health-ceo-rebranding-of-merged-hospitals-honors-legacies-looks-toward-future.html>

Kareiva, Ona M.D. “Letter: Regional System: Easton doctor supports move to Chestertown” Oct. 22, 2019 [https://www.myeasternshoremd.com/kent\\_county\\_news/spotlight/regional-system/article\\_b01be8a7-9b20-5cf7-966c-045b799cd74d.html](https://www.myeasternshoremd.com/kent_county_news/spotlight/regional-system/article_b01be8a7-9b20-5cf7-966c-045b799cd74d.html)

Kareiva, Ona M.D. “Letter: Doctor supports move” Oct. 22, 2019 [https://www.stardem.com/print/lettereditor/doctor-supports-move/article\\_eb717072-1f99-5b82-af21-9f4c3c059b78.html](https://www.stardem.com/print/lettereditor/doctor-supports-move/article_eb717072-1f99-5b82-af21-9f4c3c059b78.html)

Mathis, Don, “Letter: Harford fortunate to have expanding health care services”, The Aegis, October 17, 2019, <https://www.baltimoresun.com/maryland/harford/aegis/opinion/cng-ag-letter-mathis-1018-20191017-j6txxy7wjvgkxa5dn7dkehi4pm-story.html>

McGee, Trish, “Easton doctors oppose relocation to behavioral health beds to Chestertown”, Kent County News, October 17, 2019, [https://www.myeasternshoremd.com/kent\\_county\\_news/news/easton-doctors-oppose-relocation-of-behavioral-health-beds-to-chestertown/article\\_0d31c36c-9f17-524d-9eb5-8dffeca2772f.html](https://www.myeasternshoremd.com/kent_county_news/news/easton-doctors-oppose-relocation-of-behavioral-health-beds-to-chestertown/article_0d31c36c-9f17-524d-9eb5-8dffeca2772f.html)

McGee, Trish “Doctors sign letter opposing proposed move” Oct 20, 2019, Kent County News, [https://www.stardem.com/news/local\\_news/doctors-sign-letter-opposing-proposed-move/article\\_f58e634a-d2ef-5e86-b0b9-75bfe4575b34.html](https://www.stardem.com/news/local_news/doctors-sign-letter-opposing-proposed-move/article_f58e634a-d2ef-5e86-b0b9-75bfe4575b34.html)

McGee, Trish, “Easton doctors oppose relocation to behavioral health beds to Chestertown”, Dorchester Star, October 23, 2019, [https://www.myeasternshoremd.com/dorchester\\_star/news/regional/easton-doctors-oppose-relocation-of-behavioral-health-beds-to-chestertown/article\\_283dc963-d08d-59e5-a8a5-9eae08ff3a79.html](https://www.myeasternshoremd.com/dorchester_star/news/regional/easton-doctors-oppose-relocation-of-behavioral-health-beds-to-chestertown/article_283dc963-d08d-59e5-a8a5-9eae08ff3a79.html)

Ross, Susan “Letter: Physician supports move”, The Star Democrat, October 23, 2019, [https://www.stardem.com/print/lettereditor/physician-supports-move/article\\_b8266d4c-c60e-5f60-8002-b70e0527d860.html](https://www.stardem.com/print/lettereditor/physician-supports-move/article_b8266d4c-c60e-5f60-8002-b70e0527d860.html)

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

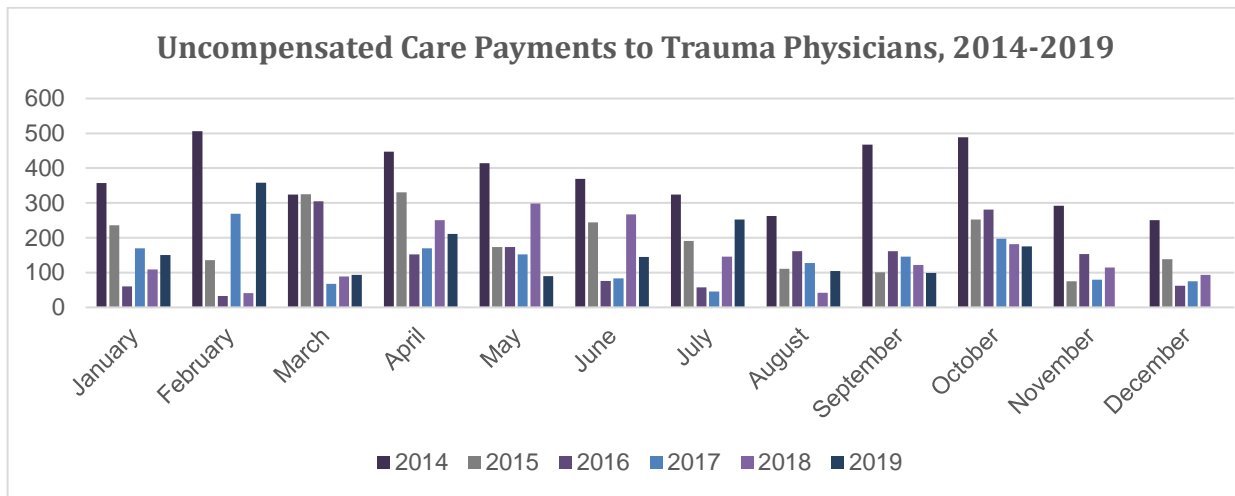
#### **Uncompensated Care Processing**

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, processed \$175,111.81 of uncompensated care claims during October 2019.

The MHCC staff has created a recommended methodology for reimbursing a portion of the documented standby costs incurred by the State Primary Adult Resource Center (PARC). The staff will describe the methodology during the presentation of the Maryland Trauma Physicians Services Annual Report at the November Commission meeting.

The MHCC hosted the quarterly meeting of Trauma Net, the association of trauma hospitals and providers, on November 5, 2019. MHCC staff presented on the current status and future solvency of the Trauma Fund. Trauma Net members were particularly emphatic that any Trauma Fund reserves be directed at trauma system needs rather than being reallocated for other non-trauma needs as occurred in 2018 when \$8 million was reallocated from the Trauma Fund to Medicaid for physician reimbursements. MHCC staff pointed out that funds could only be used for purposes authorized in the statute and offered to work with Trauma Net to identify unmet needs.

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



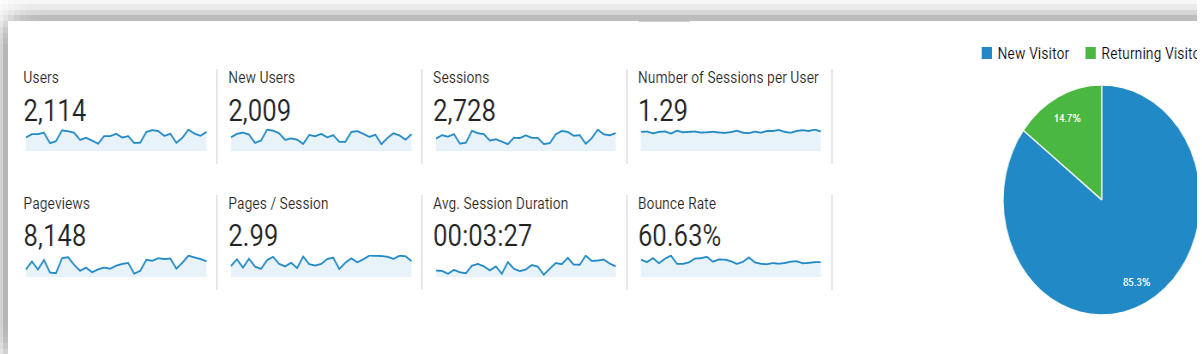
**Internet Utilization – Contributors: Valerie Wooding, Julie Deppe, Sametria McCammon and Mahlet Nigatu**

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

**Internet Activities**

**MHCC Website**

Data from Google Analytics for October 2019

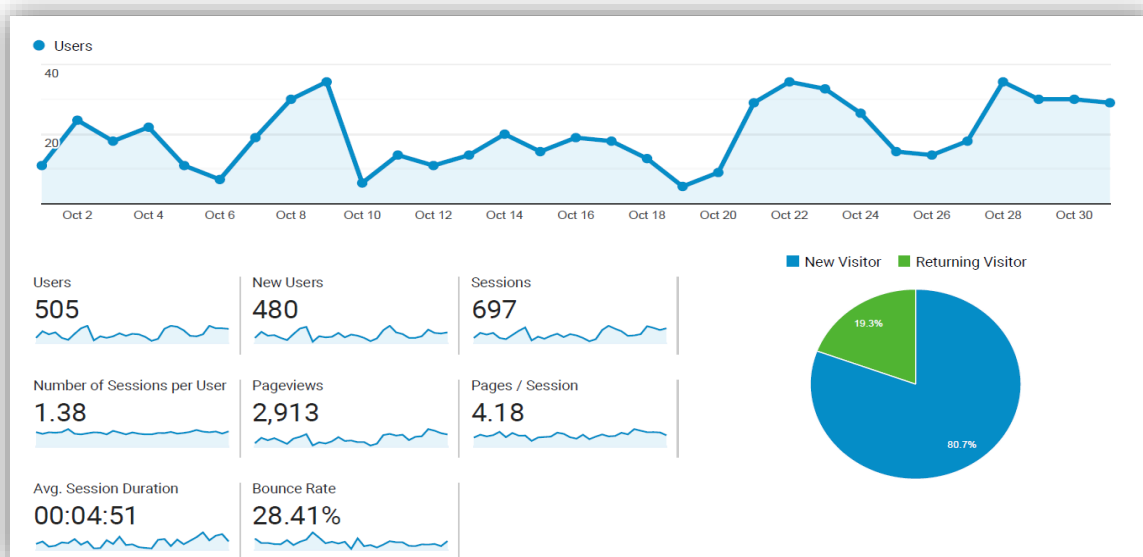


- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

- As shown in the chart above, the number of sessions to the **MHCC website** for October 2019 was 2,728, and of these, there were 2,009 new users. The average time on the site was 3:27 minutes. The bounce rate of 61% 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 October were: “Maryland Health Care Commission,” “assisted living facilities,” “home-based care” and “home health care agencies.”

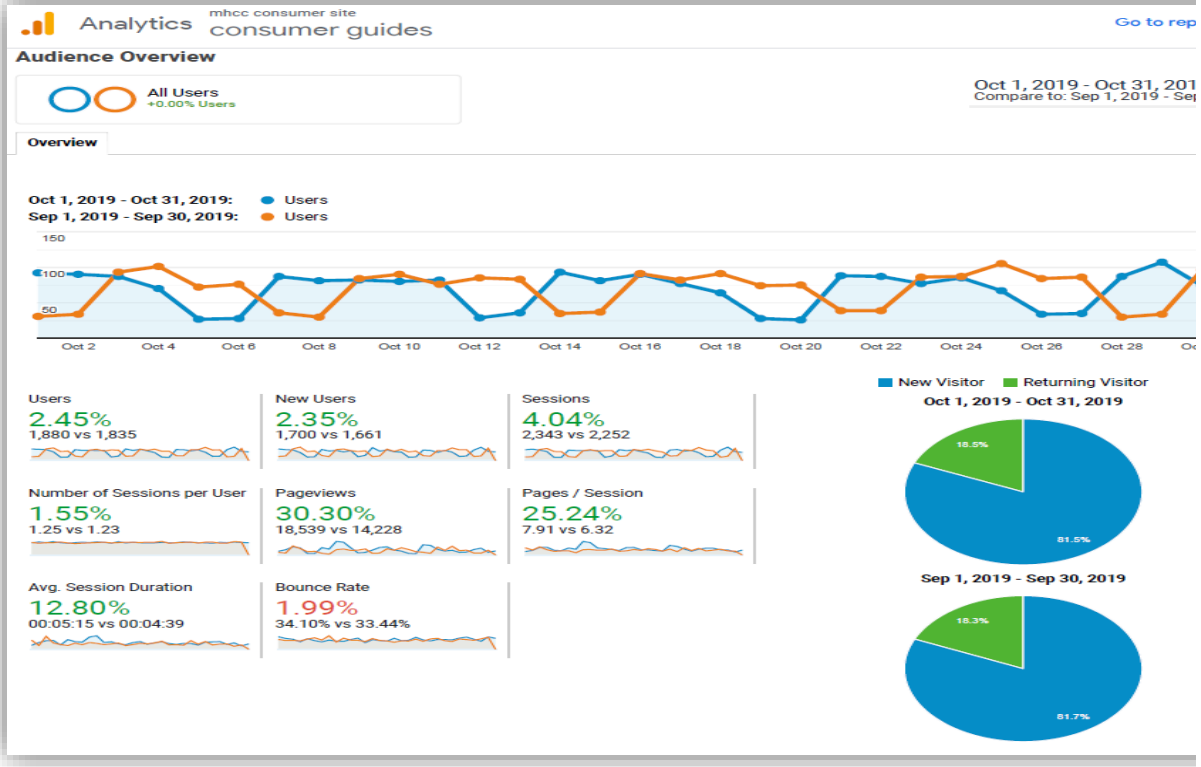
### [Maryland Health Care Quality Reports](#)

The Maryland Health Care Quality Reports (MHCQR) website had 505 users in October, representing a 90% increase in users compared to September. Website page views increased 105% from 1,415 page views in September to 2,913 page views in October. The website saw a larger than usual percentage of returning visitors for the second consecutive month (19% compared to an average 15%). The average time spent on the site was 4.51 minutes which is higher than the historical average time on the site of 3.45 minutes. The bounce rate decreased from 33% to 28% which indicates increased interest once a visitor gets to the site. More discussion of the website is found in the Center for Quality Measurement and Reporting section.



### [Consumer Guide to Long Term Care](#)

The Consumer Guide to Long Term Care website had 1,700 new users in October, representing a 2% increase in new users compared to September. The percentage of returning users remained consistent, at 18.5%. The average time spent on the site was 5.15 minutes, which is slightly higher than the historical average time on the site of 5.01 minutes. The page view rate increased by 30% in October, with an average of 8 pages per session. The bounce rate was 34% which indicates strong interest once a visitor gets to the website. More discussion of the website is found in the Center for Quality Measurement and Reporting section.



## Wear The Cost

### Web traffic metrics for the 'Wear The Cost' consumer website

The total number of visitors in October was 1499 which is a sizable increase from the month of September which was 1180. We expect this number to go up with the addition of new data. The average time spent on the site was one minute. The bounce rate for the site was 82%, similar to what it was in September.



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

### ***Cost and Quality Analysis – Shankar Mesta***

#### **MCDB Data Submission Status, Payor Compliance, and Technical Support**

The 2018 MCDB data is available for external use. This data had previously passed all validation checks for 2018. The HSCRC standard analytical file (SAF) will be ready by 11/20/2019. Staff prepared earlier this year, summary data from an early release of the MCDB for use by the MIA. The Maryland Health Benefit Exchange (MHBE) has also completed the data use agreements that will enable them to use these data for assessments of the individual market. HSCRC, Medicaid, MIA, and MHBE have or soon will have access to the 2018 MCDB files. Staff expects that several academic and research organizations will request access through MHCC's data release process.

The 2019 MCDB data collection continues to proceed. All 37 payors have made at least one submission for Q2-2019. The 2019 Q3 submissions are due December 1<sup>st</sup>.

#### **2020 MCDB Data Submission Manual**

2020 MCDB Data Submission Manual has been successfully updated with new changes.

There are no changes in Maryland's reporting requirements governing payors that must submit. However, the Manual will have two new fields as follows: (i) The *service location zip code* field in the institutional services file, and (ii) the *prescription drug rebate* field in the pharmacy file. MHCC is also asking payors to expand the *policy type* to five tiers to reflect current practices in the industry. The five tiers include: 1) individual policy type, 2) individual + child(ren), 3) individual + spouse or partner or another adult, 4) individual + family, and 5) dependently only. MHCC staff shared the draft version with payor representatives for their feedback on the new changes. Staff will present the new Manual for approval at the November Commissioners meeting. The Manual will be posted immediately after the Commission's approval.

#### **MHCC Data Regarding HMO Payments to Non-Participating Providers**

Maryland Health-General Article, §19-710.1 specifies a methodology to calculate minimum payment rates that Health Maintenance Organizations (HMOs) must pay to non-contracting (non-trauma) providers that provide a covered evaluation and management (E&M) service to an HMO patient. MHCC is required to annually update these minimum payment rates, which are published by the Maryland Insurance Administration (MIA). As specified in the law, E&M services as defined by the Centers for Medicare and Medicaid Services (CMS) in the Berenson-Eggers Type of Services (BETOS) terminology are calculated from the CMS Medicare Physician Fee Schedule that applied in August of 2008 adjusted by the cumulative Medicare Economic Index (MEI) prior to the start of each new calendar year. MHCC and MIA have agreed to modify the methodology if there is a new E&M services code included in the BETOS E&M categories. Fee levels for new codes are based on the current Medicare Physician Fee Schedule for the geographic region and inflated using the MEI in subsequent years to the current year (2019). The 2019 rates are then inflated by 140%, which results in the 2020 HMO rates. The MHCC staff has updated these payment rates by the law. The Medicare Economic Index (MEI) increased from 1.4% in 2018 to 1.5% in 2019. These rates will be published on the MIA website and disseminated to Maryland HMO's in November 2019.

### **HSCRC Total Cost of Care 2017 Annual per Capita Cost Update (Privately Insured Data Pharmacy only)**

The analysis of HSCRC total cost of care 2017 annual per capita pharmacy cost showed that for privately insured pharmacy plans increased from \$1,248 in 2016 to \$1,428 in 2017 (a 14.4% increase) continuing the trend of increasing growth seen between 2015 (\$1,092) and 2016 (\$1,248) a 14.3% increase. This percentage increase is consistent with what was reported in the 2017 Maryland's privately insured report. The 14.4% increase was driven by an 8.2% growth in utilization and a 5.3% growth in unit cost (prices).

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

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

**Commercial 2016/2017 Episode data to complete on November 21<sup>st</sup> week.** Remedy completed the data normalization and construction step of the episode grouper software at the end of October. The post-episode construction work to begin early November. The data output produced is using Commercial 2016/2017, and the target date for the completion of the process is November 21<sup>st</sup> week. The plan is to update the ‘Wear the Cost’ site with new episodes for the privately insured by the end of February 2020.

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

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

#### **Contractors continue research and analysis for two reports:**

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. MHCC staff awarded a contract to Berry Dunn McNeil & Parker, LLC to conduct this actuarial analysis. This report, in consultation with MIEMSS, is due by December 31, 2019. Berry Dunn will present their findings at the December public meeting. Also in 2019, MIEMSS is required to report to the Legislature on progress 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 awarded a contract to NovaRest, Inc., an actuarial consulting firm, to conduct this evaluation and prepare a report. NovaRest will present their findings at the November public meeting.

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

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

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

Staff prepared materials for the first meeting of the MHCC Psychiatric Services Clinical Advisory Group that was held on November 6, 2019.

[https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups\\_pysch\\_services.aspx](https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_pysch_services.aspx)

A second meeting of this group has been scheduled for November 20, 2019.

#### **Cardiac Services Advisory Committee (CSAC)**

Staff discussed a possible linkage or use of metrics that are currently available on the Society of Thoracic Surgeons (STS) web site for public reporting on MHCC's consumer-focused web pages with STS staff. This was recommended by CSAC members as part of MHCC's approach to public reporting on cardiac services provision by hospitals. Staff also scheduled a meeting for early November with staff from the American College of Cardiology to discuss public reporting of measures for percutaneous coronary intervention programs, both measures reported and not reported on its web site for voluntary public reporting.

#### **Other**

MHCC staff attended the semiannual meeting of the Maryland Cardiac Surgery Quality Initiative held on October 30, 2019.

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

#### **Minimum Data Set (MDS) and Long-Term Care Survey**

During the past month, the Hilltop Institute (Hilltop), MHCC's MDS and long-term care survey consultant, has provided drafts of the following tasks to MHCC for review: 3.2.1.4.1:Long-Term Care Survey Manager Design Plan; 3.2.1.4.3:Long-Term Care Survey Quality Review Process; 3.2.1.4.7:Long-Term Care Survey Documentation, User Guide, and Architectural Design; and 3.2.1.3.3: MDS Manager Quality Review Process

All of these products have been reviewed by MHCC staff and feedback has been provided to Hilltop staff. Staff continues to have bi-weekly conference calls. On October 23, 2019, MHCC staff provided a training session to provide guidance for Hilltop staff on processing Long Term Care Survey data.

#### **Hospice Data and Planning:**

On October 7, 2019 staff met with hospice providers as well as the Hospice & Palliative Care Network of Maryland. MHCC staff presented slides on hospice utilization in Maryland and nationally. Preliminary discussions were held with participants to review issues and options for updating the Hospice Chapter of the State Health Plan. A status report on these activities will be presented at the November Commission meeting.

#### **Chronic Hospital Occupancy Reports:**

Commission staff has developed the Chronic Hospital Occupancy Report for FY 2019. This report, which is updated annually, is required under COMAR 10.24.08. The report, titled "Use of Special Hospital Chronic Beds: Maryland, FY 2019" includes data on the number of licensed chronic hospital beds, patient days, discharges, average length of stay (days), and average annual bed occupancy for both the five private and two state-operated chronic hospitals. New this year, Commission staff has developed a report showing a three-



year trend of average annual bed occupancy rates, titled “Average Annual Chronic Hospital Occupancy Rates by Jurisdiction and Facility: Maryland, Fiscal Years 2017 -2019.” Both of these reports have been submitted as public notices to be published in the December 6, 2019 issue of the *Maryland Register* and will be posted on the Commission’s website.

### **Home Health Survey:**

The FY 2018 Home Health Agency Survey data collection started on October 8, 2019 and will end on December 6, 2019. Staff sent out the 30-day reminder notice to the agencies. Staff provides technical assistance to the providers, as needed, and will continue to do so throughout the data collection.

Staff finished gathering the data from the verification of the FY 2017 Home Health Agency utilization data, and is working on writing the edits to make the appropriate updates to the dataset. Staff will create the utilization tables and the public use data sets for final review prior to making them available on the Commission’s website.

### **Long Term Care Survey:**

The FY 2018 Long Term Care Survey and the Fiscal Year 2018 Medicaid Cost Report data were provided to the state vendor, Hilltop, for data cleaning and processing. Staff completed the first set of reviews of the Medicaid Cost Report data processing and provided Hilltop with feedback, i.e. corrections to the data and comments on how to process the data. Staff met with Hilltop staff to review the errors found and to provide guidance on processing of the data. The deadline for processing the data and providing accurate data were discussed at that meeting. Staff continues to participate in bi-weekly meetings with Hilltop.

Staff reviewed the FY 2017 Long Term Care Survey data documentation; User Manual, Architectural Design, program logs, and routine tables provided by Hilltop, and gave edits and comments to finalize these documents.

Staff is providing assistance in the testing and reviewing of a new Ambulatory Care Survey.

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

#### **CON’s Approved**

Amedisys Maryland, L.L.C. – (Upper Eastern Shore) – Docket No. 18-R1-2424

Expansion of existing home health agency service area to include Caroline, Kent and Queen Anne’s Counties.  
Approved Cost: \$40,000

Bayada Home Health Care Inc. – (Upper Eastern Shore) – Docket NO. 18-R1-2425

Expansion of an existing home health agency service area to include Cecil County.  
Approved Cost: \$0

Optimal Health Care, Inc. – (Upper Eastern Shore) – Docket NO. 18-R1-2426

Establishment of a new home health agency, authorized to serve Caroline, Cecil, Kent, Queen Anne’s and Talbot Counties.  
Approved Cost: \$37,000

Gaudenzia-Crownsville – (Anne Arundel County) – Docket No. 18-02-2421

Establish an inpatient facility for alcohol and drug abuse treatment intermediate care facility services with 15 withdrawal management and 12 treatment beds at Gaudenzia’s existing Crownsville location.  
Approved Cost: \$16,325

#### **First Use Approvals**

Amedysis, Maryland, L.L.C. – (Prince George’s County)

Expansion of the service area of an existing general hospice to include Prince George’s County  
Project Cost: \$38,000

## **Determinations of Coverage**

### **Acquisition/Change of Ownership**

#### **Long View Health Care Center – (Carroll County)**

Acquisition of the operations and property of Long View Health Care Center, L.L.C. ("Long View") by Axis Health at Long View Prop Co, L.L.C., ("Axis"). Aurora Holdings X, L.L.C. currently owns the real estate, the building in which the facility operates, and related assets, including the CON "bed rights." Axis Health at Long View Prop Co L.L.C. will purchase the real property and improvements as well as the bed rights. A related entity, Axis Health at Long View Opco L.L.C. will operate the facility doing business as Long View Center for Rehabilitation and Healthcare.

Purchase Price (Combined with Oak Manor Health Care Center and Birch Manor Health Care Center): \$150,000,000

#### **Oak Manor Health Care Center – (Montgomery County)**

Acquisition of the operations and property of Oak Manor Health Care Center, L.L.C., ("Oak Manor") by Axis Health at Oak Manor Prop Co, L.L.C., ("Axis"). Aurora Holdings X, L.L.C. currently owns the real estate, the building in which the facility operates, and related assets, including the CON "bed rights." Axis Health at Oak Manor Prop Co L.L.C. will purchase the real property and improvements and the bed rights. A related entity, Axis Health at Oak Manor Opco L.L.C. will operate the facility, and do business as Oak Manor Center for Rehabilitation and Healthcare.

Purchase Price (Combined with Long View Health Care Center and Birch Manor Health Care Center): \$150,000,000

#### **Birch Manor Health Care Center – (Carroll County)**

Acquisition of the operations and property of Birch Manor Health Care Center, L.L.C. ("Birch Manor") by Axis Health at Birch Prop Co, L.L.C., ("Axis"). Aurora Holdings X, L.L.C., currently owns the real estate, the building in which the facility operates, and related assets, including the CON "bed rights." Axis Health at Birch Prop Co L.L.C. will purchase the real property and improvements, and the bed rights. A related entity, Axis Health at Birch Opco L.L.C. will operate the facility, d/b/a Birch Manor Center for Rehabilitation and Healthcare.

Purchase Price (Combined with Long View Health Care Center and Oak Manor Health Care Center): \$150,000,000

#### **Bon Secours Hospital – (Baltimore City)**

Acquisition of Bon Secours Hospital by LifeBridge Health, Inc.

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

#### **Laurel Regional Hospital – (Prince George's County)**

Temporary delicensure of 34 special hospital chronic care beds with an effective date of December 11, 2018.

#### **Washington Adventist Hospital – (Montgomery County)**

Temporary delicensure of 10 acute psychiatric beds at Washington Adventist Hospital with an effective date of August 25, 2019.

- **"Waiver" Beds**

#### **Elkton Nursing & Rehabilitation Center – (Cecil County)**

Addition of 10 comprehensive care facility beds bringing the total bed capacity of this nursing home to 187 beds.

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

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

#### ***HIE Consumer Consent Management Tool***

Planning is underway for a Health Information Exchange (HIE) Consumer Consent Management Tool that will be developed collaboratively with the State-Designated HIE (CRISP). The web-based tool aims to centralize how consumers authorize access and disclosure of their electronic health information. Stakeholders will convene in January 2020 to discuss technology specifications and policy-related matters.

#### ***Procuring CRISP Services***

A meeting was convened with State agencies to discuss procurement methods for CRISP services. Modifications are required to the current approach so that it aligns with State procurement policy. Included in the July 2019 State Designation Agreement executed by MHCC and CRISP is a provision to implement a new procurement method within 18-months.

#### ***Nursing Home Health IT Assessment***

A nursing home focus group was convened to provide input on draft health information technology (health IT) questions included in the 2020 MHCC Annual Long Term Care Survey (survey). The questions inquire about electronic health records (EHRs), HIE, telehealth, and cybersecurity. Nursing homes will complete the survey in the spring. An analysis of the 2018 and 2019 survey data is underway.

#### ***Telehealth Grants***

A webinar was held with stakeholders in response to a Request for Comments issued on the draft *Announcement for Grant Applications – Advancing Telehealth in Nursing Homes* (announcement). The announcement is targeted for release in November. Assistance was provided to the University of Maryland Quality Care Network in obtaining CRISP reports on hospital utilization for patients receiving the medication management telehealth interventions. The grant concludes in January 2020. Support to Charles County Public Schools continues as it relates to analyzing preliminary data from its teletherapy program; the grant period ends in July 2020.

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

Preparations are underway to record a three-part school-based telehealth webinar series focusing on the use of telehealth by school nurses. The series has been approved by the Maryland Nurses Association (MNA) for continuing education credits and will be available on the MNA website for 12 months. The final report on recommendations for advancing school-based telehealth in Maryland primary and secondary schools was submitted to the Senate Finance Committee.

#### ***Hospital Health IT Assessment***

Data analysis is underway of the 2019 Hospital Health IT Survey (survey). Hospital Chief Information Officers complete the survey annually. The information brief will focus on hospital acceptability and perceived benefits of EHRs, HIE, and telehealth. Included in this year's survey is information pertaining to data collection on social determinants of health.

#### ***Cybersecurity Symposium***

Leadership from hospitals, nursing homes, and other health care organizations attended a staff convened Cybersecurity Symposium (symposium). The symposium was developed in collaboration with Maryland Healthcare Information and Management Systems Society, the Maryland Hospital Association, and the

Health Services Cost Review Commission. Attendees learned about best practices for reducing cyber risk through governance and operational controls.

### **Physician Health IT Environmental Scan**

Questions are being drafted to scan diffusion of health IT among physicians in the State. The scan will assess how physicians are faring with adoption and meaningful use of EHRs, and gauge physician views about the value of health IT. Findings will inform strategies aimed at advancing use of health IT statewide. The questions will be finalized in collaboration with a focus group during the first quarter of 2020.

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

#### **Dental Health IT**

Preparations are advancing for the education session on HIE and cybersecurity at the Maryland State Dental Association's November conference. Activities are underway to finalize the 2019 Dental Health IT Adoption environmental scan (scan) questions. The scan approximates dentists' use of EHRs and HIE and includes questions aimed at perceived value of health IT. The scan is targeted for release in November. An information brief on the 2018 scan was released.

#### **Privacy and Security Regulations**

The RFP was posted by the Department of General Services, Office of State Procurement to identify a contractor to make recommendations that will modernize COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (regulations). Proposed changes will align the regulations with national policy and the change in the definition of an HIE in law (Chapter 657, 2018). An award is anticipated in early 2020.

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

Research Triangle International (RTI) has begun coding of the web-enabled Telehealth Readiness Assessment (TRA) tool. A usability testing plan is being finalized by RTI to ensure optimal collection of user experience to improve the TRA tool web design. Staff presented a poster highlighting components of the TRA tool and its development at the Network for Regional Healthcare Improvement National Affordability Summit.

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

The Care Management Focus Group (CMFG) convened to discuss opportunities, barriers, and key themes related to coordinating care in ambulatory practices. Focus group discussions are aimed at identifying best practices for implementing and improving care management. A focus group subgroup convened to discuss the roles, responsibilities, and minimum qualifications for a care manager.

#### **Learning Symposium**

Planning has commenced for a practice transformation learning symposium (symposium). The symposium will help practices use teamwork, care management, and data to improve care delivery, quality, and reduce costs. Lessons learned from high functioning primary care providers will be discussed during the symposium, which is targeted for spring of 2020.

#### **Federally Qualified Health Center Webinar**

Planning has started for a Federally Qualified Health Center (FQHC) webinar that will focus on practice transformation. Maryland has approximately 17 FQHCs and about 86 practice sites. The webinar will increase awareness of care delivery requirements to participate in a value-based payment model. The webinar will include an overview of the Maryland Primary Care Program (MDPCP) and is targeted to occur in December.

#### **MDPCP Advisory Council**

The MDPCP Advisory Council (Council) convened an initial meeting to discuss MDPCP performance, challenges, and opportunities. The Secretary of the Maryland Department of Health requested that an Advisory Council be established under the authority of Health General § 2-104(d), to provide input on MDPCP operations, and to serve as an advisor to the Secretary and MDPCP Program Office. The Council is anticipated to convene quarterly; however, a greater meeting frequency may be needed based on matters under consideration by the Council.

#### **Podiatric Association**

Information on HIE and telehealth was provided to podiatrists at the Maryland Podiatric Medical Association's (association) fall conference. Discussions are occurring with the association to increase health IT awareness in podiatric practices.

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

The Maryland Health Care Quality Reports (MHCQR) website

#### ***MHCQR Website Update***

MHCC staff is preparing for the first quarterly update to the MHCQR consumer site. The update will focus on standard maintenance items and a refresh of current data. Other priorities such as developing an Outpatient Guide, consolidating the Consumer Guide to Long Term Care, and overall redesign of the website will occur throughout the course of the contract.

#### ***Website Promotion: Over 60 social media posts initiated October***

Staff continue to focus on the promotion of the MHCQR website. There were approximately 60 social media posts made in October. Topic posts included International Infection Prevention Week, National Healthcare Quality Week, and National Health Education 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.

#### ***Website Promotion: Staff attends Power of Age Expo***

The MHCC CQMR team attended the Power of Age Expo at the Maryland State Fairgrounds in Timonium, MD on 10/30. This event was sponsored by the Baltimore County Department of Aging to showcase resources and products available to aging citizens. This is the largest event of its kind in the Mid-Atlantic region with over 11,000 attendees. MHCC staff operated a booth and talked to hundreds of attendees about information that is available on the MHCQR website.

#### ***MHCQR website sees increase in monthly users***

Staff continues to monitor traffic to the site using Google Analytics software. Over 3,600 users have visited the website since January 1, 2019. For the month of October, the site had 505 users and 2,913 page views. This is a significant increase in 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**

#### ***Leapfrog Hospital Safety Grades***

Semi-annual Leapfrog Hospital Safety Grades were released in early November. This is the first grading period where Leapfrog has used CMS data for Hospital Acquired Conditions (HAC) and Patient Safety Indicators (PSI) rather than using MHCC-calculated data. Results were similar to the Spring 2018 grading period. Ten hospitals received an "A" grade and no hospitals received an "F" grade. About 60% of hospitals received an "A" or a "B" grade compared to 50% in the Spring 2018 grading period. To view Maryland hospital performance, visit the Leapfrog website, <http://www.hospitalsafetygrade.org/>.

#### *Specialized Cardiac Services Data*

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR CathPCI data registries and report quarterly data and outcome reports to the Commission in accordance with established timelines. Data collection for Q2 2019 is complete. The next quarterly meeting is scheduled for November 12, 2019.

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

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

The 2019 survey has begun, and the Spanish-language option will be offered again this year. The second round of surveys were mailed to loved ones in late October. To date over 6,000 surveys have been returned to Market Decisions.

We 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 were mailed to nursing homes in mid-August along with a letter encouraging them to display the posters near entrances. Newsletter advertisements were emailed in early August for inclusion in the nursing homes' August and September newsletters. We have received several phone calls from loved ones who visited family in a nursing home to ask about the survey after seeing the posters.

##### *Health Plan Quality Initiative*

AGS (the website contractor) received health plan quality data, and the results will be posted on our website within the next month.

##### *2019-2020 Health Care Worker Influenza Survey*

Maryland nursing homes and assisted living facilities have been notified of the data collection requirements for the 2019-2020 influenza vaccination survey.

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

Staff continues to provide information and resources directly to consumers who contact the office with questions about long term care facilities and services.

##### *Over 172,000 page views of the Consumer Guide to Long Term Care website since January 1, 2019*

Staff continues to monitor traffic to the Consumer Guide website using Google Analytics software. Over 18,000 new users have visited the website since January 1, 2019. For the month of October, there have been 1,700 new users of the long term care site, with 18,539 page views. This represents an increase in new users and page views compared to September. Return users account for 18.5% of the website traffic. The Services Search Engine continues to be the most frequently accessed section of the Consumer Guide. The Long Term Care website continues to be the most frequently visited consumer site in the MHCC domain. Traffic to the site is presented graphically under the Executive Direction section of this update.

#### **Outpatient Quality Initiative—Mariama Gondo**

##### *Support for Redesign of MHCC's Ambulatory Surgical Center (ASC) Annual Survey*

The Center for Facilities Planning and Development is redesigning the ASC Annual Survey. In support of their effort, the Quality staff has identified areas for improvement and additional questions for inclusion in the survey

##### *Leapfrog's Same-Day Surgery Report*

The Leapfrog Group has expanded its hospital rating system to include hospital outpatient departments (HOPDs) and ambulatory surgery centers (ASCs). In April 2019, Leapfrog launched its voluntary survey to ASCs and HOPDs across the country. The survey collects data on facility characteristics; volume and

outcomes of procedures; patient safety practices; and patient experience. The staff met with Leapfrog representatives to share our plans to redesign the MHCC Outpatient Surgery Center Guide and to identify opportunities to increase Maryland ASC participation in the survey. Less than twenty of the 330 Maryland ASCs registered to participate in the survey. Our goal is to elevate participation in future years.