

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

November 2017

EXECUTIVE DIRECTION

Rural Health Workgroup

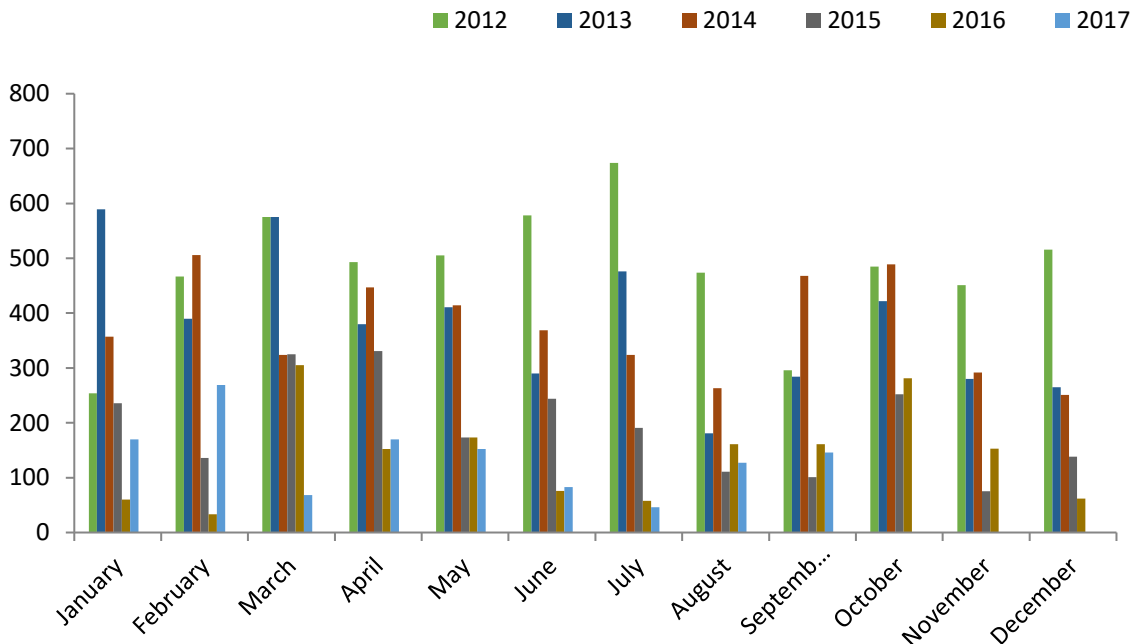
The Workgroup achieved broad consensus on recommendations which have three aims: fostering collaboration and building coalitions in rural communities around healthcare delivery, bringing care as close to the patient as possible, and fostering participation in statewide models in rural Maryland. The Commission approved the release of the report at its October 19th public meeting, and the report was submitted to the Maryland General Assembly.

Maryland Trauma Physician Services Fund – Karen Rezabek

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **\$145,661** for the month of September. The monthly payments for uncompensated care claims from January 2012 through September 2017 are shown below in Figure 1.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2017



Annual Maryland Trauma Physician Services Fund Report to the Maryland General Assembly

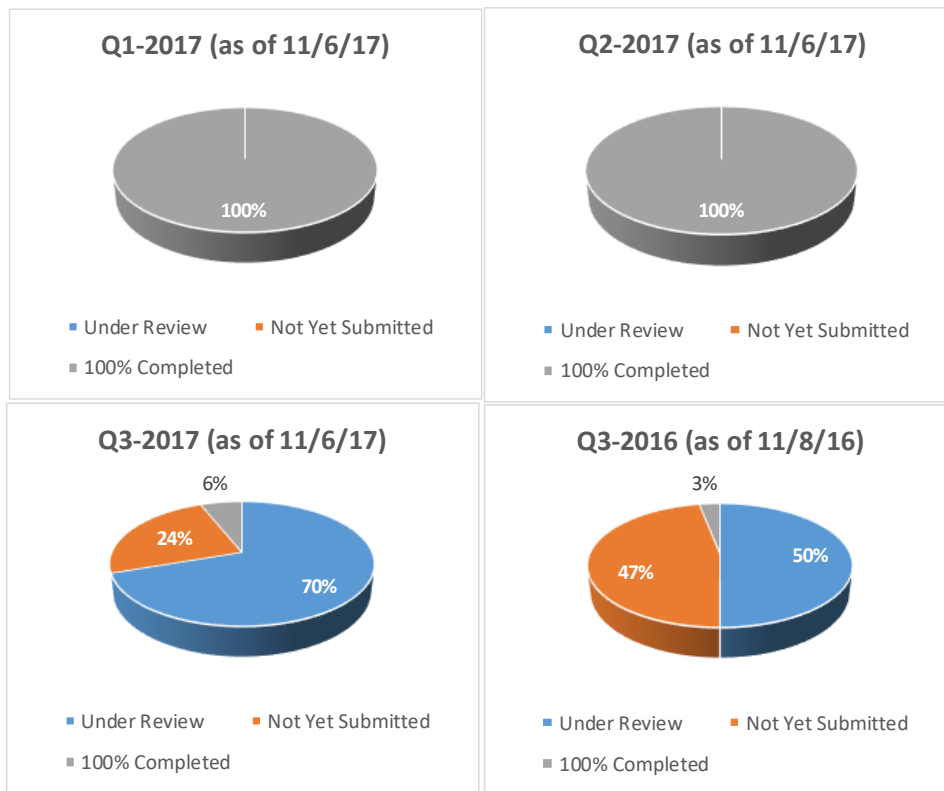
The Commission will consider the FY 2017 *Report to the Maryland General Assembly* and approve its release to the General Assembly at the next meeting of the Commission on November 16, 2017.

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Data Submission Status, Payor Compliance, and Technical Support

The 2017 MCDB data is on track to be available to users by September 30, 2018.

Results show that the 2017 MCDB data submissions are ahead of schedule as quarters 1 and 2 are 100% complete (i.e., pass all data validation checks) as shown in the exhibit below. Payors continue to report claim and eligibility data to the MCDB Portal at a faster rate than a year ago. For example, as of 11/6/2017, 76% of all payors have reported data to the Portal for the 2017 third-quarter data submissions, compared to 53% for the 2016 third quarter submissions at about the same time last year. Please see exhibit below. The 2016 MCDB data is now available to users. Staff with Social & Scientific Systems (SSS) is scheduled to deliver 2016 MCDB data to HSCRC this week (11/10)



2018 MCDB Data Submission Manual

The 2018 MCDB Data Submission Manual is scheduled for release to Payors on November 21, 2017, pending Commissioners approval.

Staff reviews the MCDB submission manual annually to update file specifications if needed. There are no changes Maryland’s reporting requirements for 2018. However, MHCC staff added the “mail-order” field to the pharmacy file to replace previous paper submissions. Staff also added “units of service” and “service indicator” fields to the institutional services file (line level since 2016) to parallel the professional services file. Lastly, “place of service” field was added to the institutional file at the request of the Maryland Insurance Administration (MIA). Staff will present the manual for approval at the Commission Meeting on November 16, 2017.

Network for Regional Healthcare Improvement (NRHI) Total Cost of Care (TCoC)

MHCC staff completed and delivered the NRHI annual report for round 1 of the Phase III TCoC project to NRHI.

The MHCC staff has completed and delivered the annual TCoC report to NRHI. The annual report consists of a narrative and financial sections. The report is due to NRHI on 11/15/2017. Five regions including Maryland (CO, MD, MN, OR, UT) participated in the TCoC regional benchmark reporting for 2015. The regional TCoC benchmarks to be prepared by NRHI will be available for release in December of this year. Round 1 of the project ended 10/31/2017.

Database Development and Applications – Leslie LaBrecque

Data Release

A new umbrella data use agreement (DUA) template was crafted, DC hospital DUAs were executed and quarterly data use reporting was collected from DUA recipients. Activities included:

- Converted the PG county DC hospital DUA to perpetual to reduce the workload for issuing them annually
- Prepared a DUA umbrella template for the University of Maryland
- Processed Healthgrades access to the DC hospital data
- Assisted Hilltop with an APCD DUA and costs associated with the Maryland Health Benefit Exchange reinsurance study
- Assisted Medicaid with preparing their request for 2015 Medicare files
- Executed a new Prince Georges county DC hospital data access DUA
- Sent email reminders to all APCD and DC hospital DUA holders and updated the APCD and DC hospital DUA tracking databases with quarterly reporting

Data Processing and Tech Support

The Data Staff provided testing and feedback for the new Wearthecost website, collected business process requirements from staff, and provided other data processing support. Support included: feedback and coordination of website links, announcements and media advisory for the new Wearthecost website; participation in APCD project management meetings and data warehouse meetings; gathering dashboarding requirements and current dataset use, how often used, type of analysis done, and primary analytical staff; working with the network Chief to update the staff assurance of confidentiality statements; finalizing the SAS Office analytics procurement; processing the CathPCI data for 2017 Quarter1, training a junior programmer to process this data, and testing other ways to automap the XML files; participating in the Minimum Data Set conference calls with Hilltop and researching how the Resident county is assigned; providing SAS programming support for MHCC staff; and assisting MHCC staff with Microsoft Access support.

Web Applications

Data Staff updated the Physician Supply dashboard, the Long Term Care Guide, the MHCC website, and is nearing completion of the overhauled Home Health Agency Survey. Web application activities included: updating the Physicians dashboard with a new population/physician comparison sheet; troubleshooting Trauma Fund program runs; generating Assisted Living facility deficiency report discrepancies prior to updating them on the long term care guide and working with the long term care staff to troubleshoot them; reviewing and cleaning up data issues with the assisted living and nursing home staff influenza vaccination rates for the 2016/2017 data collection; setting up google analytics reporting for the health care pricing transparency site; assisting MHCC staff with website document uploads, media

announcements, public comments, certificate of need page organization, and Health IT EHN changes; downloading ambulatory surgery survey data daily for the Certificate of Need staff as well as providing technical support for survey users; redeveloping the Home Health Survey adding validation to several survey sections, creating new cross page validation and auto calculate fields for most applicable data entry fields; assisting CON staff with downloading and organizing the 2016 Hospice survey data into files suitable for analysis.

Internet Activities

Data from Google Analytics for the month of October 2017



• 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 the months of September 2017 was 2,166 and of these, there were 67.22% new sessions. The average time on the site was 5:02minutes. Bounce rate of 48.71% 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, hsrcr.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”.

Since the Maryland Health Care Quality Reports (MHCQR) website was released in December 2014, there have been 24,730 users of the consumer site and 124,608 page views. On average 706 users per month have visited the site. About 67% of users are new visitors. In October 2017, the MHCQR site had 1,201 users and 10,885 page views, a decrease from 1,274 users in September but an increase in page views from 6,169.



The average time on the site in October was about 7 minutes, twice the amount spent on the site in September. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



Special Projects – Janet Ennis

**Health Insurance Rate Review and Medical Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants**

Staff was awarded a No Cost Extension from CCIIO to extend the Cycle IV grant so that the one outstanding milestone under the grant can be completed; i.e., the launch of the consumer website displaying the total cost for four procedural episodes based on commercial data: hip replacement, knee replacement, vaginal delivery, and endoscopy which took place on October 19, 2017. A grant extension will also allow staff and our contractors to develop similar data displays using Medicare data, which will occur in early to mid-2018.

Mandated Health Insurance Services

Staff received a request from the Senate Finance Committee and the Health and Government Operations Committee to conduct an actuarial analysis on the medical, fiscal, and social impact of mandating insurance coverage in the fully-insured individual and large group markets for the coverage of fertility preservation procedures for iatrogenic infertility. Coverage for this service was proposed under Senate Bill 918 during the 2017 legislative session but failed to pass. MHCC contracted with NovaRest, consulting actuaries, to prepare this analysis. NovaRest will present the results of this evaluation to the Commission later in the meeting.

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

Episode of Care project

The Consumer website was publicly released on October 19th, 2017

The Episode of Care project team has released the consumer-centric, price transparency “Wear the Cost” website that displays healthcare cost and quality for entire episodes of care. In this release, the cost and quality measures reflect 2014 and 2015 Commercial Fully insured claims data, and readmission rate has been added as a quality measure.

A total of 14 media outlets, including Washington Post, The Baltimore Sun, and other policy and healthcare publication, had a placement for the WearTheCost announcement. The Wear the Cost website was also mentioned in newsletters of The Heritage Foundation Blog, Kaiser Health News, Vox, Politico, and Axios. On Nov 3rd Ben Steffen, executive director of MHCC, was interviewed on MPT State Circle with Jeff Salkin.

Altarum has continued the Wear the Cost social media engagement on Twitter and Facebook. The live stream of the press conference on YouTube has been viewed by about 200 people. As part of the consumer engagement effort, Altarum printed T-shirts with the cost of the four episodes, which were given out to participants of the press conference.

Since the website was released, there have been 5033 users of the site and 16,310 page views. **On average 858 users per day have visited the site with 2000 users on the day of the launch.** About 80% of users are new visitors.



Social Scientific Systems (SSS), Wowza, (a subcontractor to SSS) and Freedman Healthcare LLC, worked together during the past month to develop a prototype of changes to the website based on the consumer testing was conducted on the soft-launch website using Maryland residents. SSS and MHCC staff are developing a statement of work for the Medicare data processing and inclusion to the website that will form the next data update to the site.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.11, General Surgical Services

Following the Commission's adoption of proposed regulations at the September Commission meeting, a notice was published in the *Maryland Register* on October 27, 2017 month announcing the start of a 30-day formal comment period.

State Health Plan: COMAR 10.24.17, Cardiac Surgery and Percutaneous Coronary Intervention Services

Staff worked on draft amendments to these SHP regulations for consideration at the next Cardiac Services Advisory Committee meeting, scheduled for November 30, 2017.

On-Going Performance Review of Cardiac Surgery Services

The first cycle of cardiac surgery program performance reviews began in October with the filing of four applications by Peninsula Regional Medical Center in Salisbury, Suburban Hospital in Bethesda, Washington Adventist Hospital in Takoma Park, and Western Maryland Regional Medical Center in Cumberland.

Transforming Maryland's Rural Healthcare System: A Regional Approach to Rural Healthcare Delivery

Division staff participated in final development and drafting of this report, approved by the Commission at its October meeting. This included representing MHCC staff at a Rural Health Conference held in Garrett County on October 5-6 and participation in the Charter meeting of the Rural Health Project on October 19.

Update of Acute Rehabilitation Bed Need Projections

Staff finalized work on obtaining data needed to update these bed need projections using the methodology in COMAR 10.24.09. The 2015 conversion of hospital discharge abstract coding from ICD-9 to ICD-10 and other changes in hospital data sets have required deviation from the data source specification in the current State Health Plan in order to assemble the most accurate use data for this service and changes to these specifications will be proposed at the Commission's November meeting.

Long-Term Care Policy and Planning - Linda Cole

Hospice Survey-100% Response Rate

The FY 2016 Maryland Hospice Survey has now been completed. Staff is scrubbing the data and editing to produce an updated Public Use Data Set.

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

Working with MHCC's MDS consultant, The Hilltop Institute, in October, staff reviewed a draft policy on variables that need to be changed based on updates to MDS 3.0, and reviewed corrections to date of birth and age variables. The MHCC Long Term Care survey programs were also reviewed with the consultant for purposes of updating and report generation.

Home Health Survey

Staff completed work necessary for Beta testing of the revised Home Health Agency Survey in November, including finalizing the survey application and writing documentation for the survey's HELP features and technical notes. Staff expects the Home Health Agency Survey data collection to begin in the last quarter of 2017.

COMAR 10.24.08, State Health Plan Chapter for Nursing Home Services

Work continued on preparation of draft updates to these SHP regulations. The update process will be launched in November with a meeting of a Commissioner consultative group to review the changes being proposed.

Certificate of Need - Kevin McDonald

CON Denials

Presbyterian Senior Living Services, Inc. d/b/a Glen Meadows Retirement Community – (Baltimore County)
– Docket No. 17-03-2395

Conversion of 22 existing comprehensive care facility (CCF) beds excluded from Certificate of Need (CON) requirements as continuing care retirement community (CCRC) beds to CCF beds available to the general public through the purchase and “relocation” of 22 temporarily delicensed CCF beds. (No actual changes in the physical or licensed CCF bed capacity of the applicant CCRC were proposed).

Estimated Cost: \$138,000 (bed acquisition)

CON Letters of Intent

HealthSouth Rehabilitation Hospital of Southern Maryland, LLC – (Prince George’s County)

Establish a 60-bed special rehabilitation hospital to provide acute inpatient rehabilitation services in Bowie. Comparative Review Notice Published for additional letters of Intent. Closing Date 12/13/17

CON Applications Filed

Thomas Johnson Surgery Center – (Frederick County) – Matter No. 17-10-2410

Establishment of an ambulatory surgical facility (ASF) through the addition of a second operating room by an existing physician outpatient surgical center (POSC) in Frederick.

Requests for Change in an Approved CON

Recovery Centers of America – Earleville – (Cecil County) – Docket No. 15-07-2363

Establish an alcohol and drug abuse intermediate care facility (ICF) with 21 medically monitored intensive inpatient detoxification beds (subject to CON requirements). The facility also includes a 28-bed medically-managed residential treatment facility.

Approved Cost: \$5,595,384 (Entire project cost estimate was \$32,581,335)

Proposed Increase in Approved Cost: \$2,369,342.

Recovery Centers of America – Waldorf – (Charles County) – Docket No. 15-08-2362

Establish an alcohol and drug abuse ICF with 64 medically monitored intensive inpatient detoxification beds (subject to CON requirements). The facility will also include a 76-bed medically-managed residential treatment facility.

Approved Cost: \$10,712,744 (Entire project cost estimate is \$28,669,470)

Proposed Increase in Approved Cost: \$5,477,843.

Determinations of Coverage

- **Ambulatory Surgery Centers**

Calvert Digestive Disease Associates Endoscopy and Surgical Center, LLC – (Calvert County)

Establish a POSC with one non-sterile procedure room to be located at 985 Prince Frederick Boulevard, Suite 104 in Prince Frederick.

Thomas Johnson Surgery Center – (Frederick County)

Addition of orthopaedic surgery as a specialty at this existing POSC located at 197 Thomas Johnson Drive in Frederick.

Deer Pointe Surgical Center – (Wicomico County)

Addition of practitioners (Richard Genato, M.D. and Adam Mandel, D.O.) at this existing POSC located at 6503 Deere Pointe Drive in Salisbury.

Congressional Women’s Surgery Center, LLC – (Montgomery County)

Closure of this POSC located at 121 Congressional Lane, Suite 100, in Rockville

• **Acquisition/Change of Ownership**

The Ambulatory Urosurgical Center – (Montgomery County)

Change in ownership of a POSC located at 401 East Jefferson Street, Suite 105, in Rockville.

Antietam Urosurgical Center, LLC – (Washington County)

Change in ownership of a POSC located at 11110 Medical Campus Drive, Suite 228, in Hagerstown.

Rockville Eye Surgery Center d/b/a Palisades Eye Surgery Center – (Montgomery County)

Change in ownership of an ASF located at 4831 Cordell Avenue in Bethesda.

Kirurgs, LLC d/b/a Surgeons Surgical Center – (Allegany County)

Change in ownership of a POSC located 940 Seton Drive in Cumberland.

ASC Development Company, LLC

Change in ownership of each of the ASC Development Company, LLC POSCs listed below.

ASC Development Company, LLC – (Prince George’s County)

8824 Cunningham Drive, Suite D, in Berwyn Heights.

ASC Development Company, LLC – (Prince George’s County)

16900 Science Drive, Suite 100, in Bowie.

ASC Development Company, LLC – (Howard County)

7120 Minstrel Way, Suite 106, in Columbia.

ASC Development Company, LLC – (Frederick County)

75 Thomas Johnson Drive, Suite C, in Frederick.

ASC Development Company, LLC – (Charles County)

3460 Old Washington Road, Suite 350, in Waldorf.

ASC Development Company, LLC – (Montgomery County)

8455 Colesville Road, in Silver Spring.

ASC Development Company, LLC – (Montgomery County)

11921 Rockville Pike, Suite 505, in Rockville.

ASC Development Company, LLC – (Baltimore County)

1838 Green Tree Road, Suite 150, in Pikesville.

ASC Development Company, LLC – (Anne Arundel County)

1600 Crain Highway, Suite 301, in Glen Burnie.

ASC Development Company, LLC – (Washington County)

1150 Professional Court, Suite P, in Hagerstown.

ASC Development Company, LLC – (Baltimore County)
6820 Hospital Drive, Suite 302, in Baltimore.

ASC Development Company, LLC – (Harford County)
510 Upper Chesapeake Drive, Suite 415, in Bel Air.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Cybersecurity

In collaboration with First Cyber Health Solutions, staff presented at the LifeSpan-Network and Health Facilities Association of Maryland's Annual Conference. The presentation highlighted the significant increase in hacking related incidents over the last three years, and offered some best practices that long-term care organizations can take to reduce risk.

Electronic Advance Directives Services State Recognition Program – Regulations

Staff completed an exemption request to remove the hold on proposed regulations, COMAR 10.25.19: *State Recognition of an Electronic Advance Directives Service*. The hold is a result of action taken by the Governor in July to place a temporary halt on the promulgation of any new or pending regulations. The regulations outline procedures for a State Recognition program of electronic advance directives services enabling connectivity to the State Designated Health Information Exchange (HIE).

Hospital Health Information Technology Assessment

Key messages were identified from the hospital health information technology (health IT) assessment data. The data includes information about hospitals' strategic initiatives using health IT in support of the Total Cost of Care Model and the Medicare Access and CHIP Reauthorization Act of 2015. All acute care hospitals participate in this annual assessment. A report is planned for release in January.

Health Care Data Breach Assessment

Staff is drafting an information brief (brief) on findings from an all-state analysis of health care data breaches. Data was obtained from the Office for Civil Rights Breach Portal on breaches investigated and closed from 2010 to 2016. The brief describes Maryland's ranking in relation to other states and builds upon the June brief (*Health Care Data Breaches: A Changing Landscape*), which assessed Maryland breaches in comparison to the national average. The brief is targeted for release around the end of November.

State Health IT Policy Compendium

Staff is preparing a draft framework for a compendium of health IT policy considerations over the next three years. The compendium will detail challenges in achieving broader diffusion of health IT and include policies that need to be considered to support future growth.

Mobile Health Grantee Program Measures

Staff is providing guidance to Johns Hopkins Pediatrics at Home as they collect utilization and outcome measures for patients using mobile health (mHealth) technology. The measures are used to assess the impact of mHealth in reducing hospitalizations and emergency department visits. The grant continues through March 2018.

Ambulatory Connectivity – CRISP

Staff analyzed data of ambulatory practices (practices) connected to the Chesapeake Regional Information System for our Patients (CRISP). The analysis centered around four electronic health record (EHR)

integration levels that progress towards enabling bidirectional exchange of clinical data among practices. Findings will be included in a brief targeted for release in November.

Technology and Financial Independent Audits – CRISP

Staff is collaborating with Myers and Stauffer, LLC and CRISP to prepare for a Service and Organization Controls 2, Type 2 examination for the upcoming privacy and security audit. In addition, CliftonLarsonAllen, LLP completed the annual financial audit of CRISP with no reportable findings.

Independent Verification and Validation – CRISP ICN

Staff continues to support Mosaica Partners with their independent review of CRISP’s technical development of the Integrated Care Network (ICN). A November meeting is planned with CRISP and Mosaica Partners to discuss various open observations identified in the monthly reports.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grants

Collaboration continues with the round three grantees (Gerald Family Care, Associated Black Charities, and Union Hospital of Cecil County) to identify leading project themes, outcomes, and lessons learned. Support is being provided to the round four grantee (Gilchrist Greater Living) in evaluating the influence of their telehealth project in reducing health care costs. Staff is also supporting the round five grantee (University of Maryland Shore Regional Health) as they assess the impact of telehealth on palliative care and behavioral health services in Kent and Queen Anne’s counties. In addition, staff is drafting a round six grant announcement to advance medication management and reconciliation through telehealth interventions between patients, pharmacists, and other care team providers.

Telehealth Readiness Assessment Tool

Drafting is underway on a Bid Board notice (under \$50K contract announcement) to develop a telehealth readiness assessment tool (tool). The tool is intended to assist small independent practices in assessing provider and patient readiness to engage in telehealth. The Bid Board notice is anticipated for release around the end of November.

EHR Adoption and EDI Activity

Staff is conducting an environmental scan to better understand practice challenges with EHR implementation. Findings will be used to identify opportunities to increase EHR adoption in the State. A brief is projected for release in the first quarter of 2018. Staff completed an analysis of the annual payor Electronic Data Interchange Progress Reports (report). A brief is scheduled for release around the end of November.

HIE Privacy and Security Policy Development

Staff convened the HIE Policy Board, a staff advisory workgroup, to continue developing inter/intrastate policies for HIEs sharing electronic health information. Staff also released for informal public comment draft amendments to COMAR 10.25.18: *Health Information Exchanges: Privacy and Security of Protected Health Information*.

Comprehensive Care Facility Health IT Adoption

Drafting activities are underway for the *Comprehensive Care Facilities Adoption of Health Information Technology* report. Data used in the report was obtained through the annual long-term care survey. The report details EHR, HIE, and telehealth adoption. The report is targeted for release in December.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network

Staff continues to provide support to nearly 90 practices participating in the Practice Transformation Network (PTN). The PTN is beginning its third year of operations and is funded by the New Jersey

Innovation Institute (NJII). The Centers for Medicare & Medicaid Services (CMS) awarded NJII a PTN grant in 2015. The MHCC partnered with MedChi, The Maryland State Medical Society and the Maryland Learning Collaborative to complete the practice transformation activities required by CMS.

Maryland Primary Care Program Outreach Activities

Awareness building activities of the Maryland Primary Care Program (MDPCP) continues in collaboration with the Maryland Department of Health (MDH). Several in-person meetings and webinars occurred with stakeholders during the month. The MDPCP is a primary care delivery and reimbursement model in support of the Total Cost of Care Model. The model is under review by CMS; a decision is forthcoming later this fall.

Maryland Multipayor Patient Centered Medical Home Program Shared Savings

Staff calculated the Medicaid shared savings for the 2015 performance year. Several discrepancies have been identified and we are resolving inconsistencies with the affected ACOs. Shared savings will be paid to practices based on achieving defined cost, utilization, and quality measures. In past years, about half of eligible practices qualified for shared savings payments.

<p><i>CENTER FOR QUALITY MEASUREMENT AND REPORTING</i></p>

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Twenty-five social media posts initiated in November

Staff focused on the promotion of the MHCQR website. There were 25 social media posts made or planned in November. Topic posts for November include National Family Caregivers Month, National Hospice and Palliative Care Month, and American Diabetes Month. These topics coincide with the U.S. Department of Health and Human Services National Health Observances and are also designed to link readers back to the MHCQR website.

Almost 25,000 users of the MHCQR website since inception

Staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 24,730 users of the consumer site and 124,608 page views. In October 2017 the site had 1,201 users, a slight decrease from September, with 1,247 users. However, the site saw more than double the number of page views with 10,885 in October compared to 5,244 in September. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

Maryland hospitals assigned Hospital Safety Scores

The staff worked with the Leapfrog Group to facilitate inclusion of Maryland hospitals in their Hospital Safety Grading System. MHCC generated certain Hospital Acquired Conditions (HAC) and Patient Safety Indicator (PSI) measures from the HSCRC Inpatient Discharge Data Set to support the Leapfrog transparency initiative. Hospital safety scores for Maryland hospitals were posted in late October. MHCC continues to provide support to hospitals with questions about the data and this new initiative. Staff also developed a feature story for the MHCQR website to direct users to view local hospital safety grades on Leapfrog's website. Leapfrog acknowledged MHCC's participation as "instrumental in getting Leapfrog the data needed to issue these grades." For more information, view Leapfrog's press release [here](#). To view hospital safety grades, visit <http://www.hospitalsafetygrade.org/>.

Outpatient Quality Initiative – Sebastiana Gianci

The Outpatient Quality Initiative (OQI) developed its annual work plan which outlines activities aimed to achieve MHCC’s strategic outpatient quality reporting and performance objectives. The plan consists of four work streams:

- Landscape Analysis on Outpatient Quality and Performance Measurement
- Outpatient Consumer Guide Development
- Strategic Engagement & Relationship Building
- Data Analytics & Methodology

Strategic alignment to MHCC’s related initiatives, such as the newly released *Wear the Cost* website and the updated State Health Plan Chapter on *General Surgical Services*, is a priority for the Center. Additionally, the staff will work with the following entities during Year 1:

- States (State Compendium of Outpatient Quality Initiatives, Ohio, FL, TX, CA, NY)
- Feds (CMS, AHRQ, etc.)
- Associations (MASA, ASCA, UCAOA, AAUCM)
- Consumer (Focus Groups)
- Non-Profits (NQF, HQI, Mid-Atlantic)
- Academia (internships)

Data investigations and presentations will first focus on Ambulatory Surgical Centers (ASC) and Hospital-level Outpatient Clinics (HOPD). By the end of 2018, staff plans to release our first *Outpatient Quality Guide* on the MHQR website. Lastly, MHCC was welcomed as a new member of the Maryland Ambulatory Surgery Association (MASA) at their annual meeting on November 1st in Columbia, MD.

Hospital Quality Initiatives – Courtney Carta

Hospital Initiatives

Maryland continues to lag behind the US on wait times in the ED

Maryland has the longest emergency department (ED) wait times in the country. Staff continue to stay abreast of statewide activities, including efforts from MHA, MIEMSS, and HSCRC. While there are many issues that contribute to long wait times, MHCC is focused on inappropriate use of the ED for conditions that could be treated at an urgent care facility or a health care practitioner’s office. Determining the difference between urgent and emergent care is challenging and there is no central urgent care locator available online. Staff are in the beginning stages of developing an inventory of urgent care centers that can be accessed through our consumer website. We are currently pursuing internship opportunities at local universities to assist with this project.

Healthcare Associated Infections (HAI) Data

The role of the HAI Advisory Committee is evolving

MHCC is analyzing HAI trends and developing proposed presentation topics for meetings in 2018. MHCC staff is working with Advisory Committee members to plan for interactive meetings for infection preventionists to come together to discuss successes, challenges, and ask questions to their peers.

Specialized Cardiac Services Data

Maryland requirements for cardiac registry use have changed

In April 2017, the American College of Cardiology (ACC) and the American Heart Association (AHA) dissolved the agreement under which they jointly operated the ACTION/Get With the Guidelines (GWTG) registry. In the future, ACC will operate the ACTION registry and AHA will operate the GWTG registry. This development has implications for our cardiac data collection activities because our current regulations

require hospital participation in the joint registry. The staff worked with MIEMSS, AHA, and ACC to update registry requirements. MHCC has opted to remove ACC NCDR ACTION registry requirements from the regulations. MHCC continues to offer support to hospitals, ACC, AHA, and MIEMSS during this transition period. Requirement changes will continue to be discussed at the last Cardiac Data Coordinator's meeting of the year on November 14.

Health Plan Quality & Performance – Sherma Charlemagne-Badal

The 2017 Healthcare Effectiveness Data Information Set (HEDIS), Consumer Assessment of Health Providers and Systems (CAHPS), Maryland Behavioral Health Assessment (BHA), and Race, Ethnicity, Language, Interpreters, and Cultural Competency (RELICC) performance results have been posted to the MHCQR consumer website. The staff is now focused on implementation of the new streamlined process for 2018 Health Plan reporting. The 2018 Kick-off Meeting for Health Plans has been scheduled for November 30th.

Long Term Care Initiative – Sherma Charlemagne-Badal

The MHCC participated on a panel discussion focusing on Nursing Home Satisfaction Measures at the 41st Annual Conference of the National Consumer Voice for Quality Long-Term Care. Maryland is one of three states that has administered nursing home resident and family satisfaction surveys. The Chief, LTC and Health Plans participated in the focused discussion and provided a comprehensive overview of MHCC's work in this area.