

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

July 2018

EXECUTIVE DIRECTION

Government Relations and Special Projects – Megan Renfrew

Physician Maintenance of Certification Work Group

The Physician Maintenance of Certification workgroup had successful meetings on June 19th and July 10th. This workgroup brings doctors, state agencies, hospitals, and payers together to discuss maintenance of certification requirements for physicians and the interaction of those requirements with payer and hospital privilege, network, and credentialing requirements. This workgroup is still on track to bring a final deliverable to the September or October MHCC Commission meeting.

EMS Reimbursement Work Group for New Care Delivery Models

The Steering Committee for this workgroup is meeting regularly on Medicaid and Medicare components of the task. Private insurance reimbursement will be addressed at a later date. The report to the legislature is due on January 1, 2019.

African American and Rural Community Infant Mortality Study

Recruitment and planning activities for this workgroup are continuing. The final report for this study is due in November, 2019.

Information on additional work groups is included in specific MHCC Center updates.

MHCC in the News: Press Releases and News Updates

MHCC released two press-releases this month: one on School-based telehealth grants and the other on the WearTheCost project. Both topics will be covered in the July Commission meeting agenda.

The most significant news this month is that the Total Cost of Care All-Payer Model (or “Maryland Model”) was signed by CMS and Gov. Hogan on July 9, 2018. While other state agencies (HSCRC and MDH) lead this work, MHCC played an active role the development of this agreement. The signing event was widely covered in state and national press. The Maryland Primary Care Program, a component of the Maryland Model which MHCC helped develop, has also received press during this time.

Selected news coverage and commentary (alphabetical order)

Associated Press, “*Maryland Governor signs federal all-payer health contract*”, WTOP, July 9, 2018, <https://wtop.com/maryland/2018/07/maryland-governor-signs-federal-all-payer-health-contract/>
Bayless, Victoria W. “*This community deserves a cardiac surgery program at AAMC (opinion)*,” Capital Gazette, 6/23/2018, <http://www.capitalgazette.com/opinion/ac-ce-column-bayless-20180624-story.html>
“The City of Cambridge, Dorchester County and the University of Maryland Shore Regional Health took an important step forward in future plans for new state-of-the-art health care facilities and services in the county and a milestone in development of

the Cambridge waterfront as a community asset and economic development engine.” The Caroline Circle, June 22, 2018, <http://carolinecircle.com/?p=12726>

Curtis, Tim, “Maryland program will bring physicians into all-payer system”, The Daily Record, July 10, 2018. <https://thedailyrecord.com/2018/07/10/maryland-program-will-bring-physicians-into-all-payer-system/>
 Haft, Howard and Ransom III, Gene M., “On the path to improving care for Marylanders (Letter to the Editor),” The Calvert Recorder, July 6, 2018,

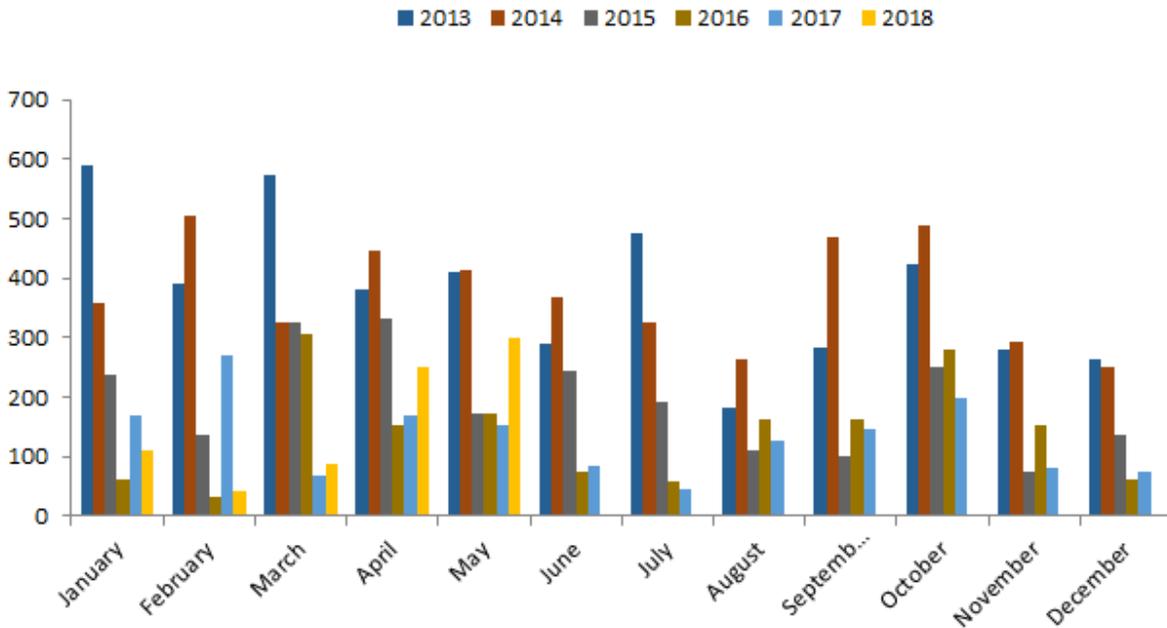
http://www.somdnews.com/recorder/opinion/letters_to_the_editor/on-a-path-to-improving-health-care-for-marylanders/article_e1599a4a-1767-52d2-8ccb-36b2c67abfd7.html

Rappleye, Emily, “Maryland expands all-payer model under 5-year federal contract”, Beckers Hospital Review, July 10, 2018, <https://www.beckershospitalreview.com/finance/maryland-expands-all-payer-model-under-5-year-federal-contract.html>

Maryland Trauma Physician Services Fund – Bridget Zombro

During the month of June, there is no update to the Trauma Fund as uncompensated care claims will not be processed until after July 15, 2018. This delay is due to the closing of the fiscal year for both CoreSource and MHCC. Staff will provide a summary of fiscal year 2018 expenditures in the September update. A more detailed overview will follow during the month of October, when staff presents the Annual Report on the Trauma Fund.

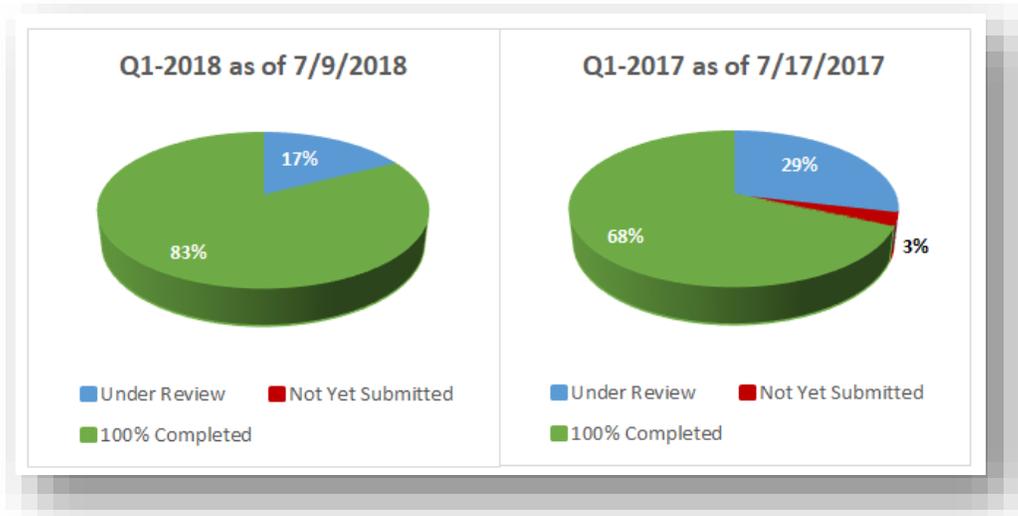
Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2018



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
Despite several data submissions extensions, **Quarter 1 2018 MCDB data submissions are ahead of last year's**. The percent of data validation checks completed is faster than a year ago. The exhibit below illustrates that for Q1-2018, 83% of all payors have fully completed the submission process compared to 68% last year in July. The deadline for Q1-2018 data submission was 5/31/2018. The 2017 annual MCDB data files are on track to be ready by 9/30/2018.



Update on MCDB Data Warehouse (DW) and Extract Transform Load (ETL) Development

Development of the MCDB Quarterly Data Mart (a subset of the data warehouse) is now available

- Social & Scientific Systems (SSS: MHCC MCDB data vendor) has completed the MCDB Quarterly Data Mart, permitting staff access to more recent data before the data is finalized in the annual file.
- Users (MHCC staff only) can access the data mart via SQL or SAS; SSS has developed a SAS macro so that staff using SAS can efficiently access the data mart via existing SAS programs.
- The data mart will house three years of data plus year-to-date data (claims and membership) for the current year. For example, the data mart currently has 2017 data plus the first quarter of 2018.

Collaboration with Maryland Insurance Administration (MIA) on Rate Review

MHCC delivered data analytics (allowed claims and membership) to the MIA to support the 2019 rate review process.

- Staff provided enrollment and allowed claims data (2015 – 2017) for the individual and small group markets.
- Staff also provided large group market data (2010 – 2017) for both fully-insured including FEHBP (federal employees health benefits program) and self-insured including the State of Maryland employees.
- The MCDB data mart was used to get the 2017 data with claims run-out through March 31, 2018.
- Exhibits showing MCDB/MIA data reconciliations, PMPMs and trends analyses by benefit category (facility inpatient and outpatient, professional, and prescription drug) for all data years by payor were provided to the MIA as well.

Database Development and Applications – Leslie LaBrecque

Data Release

Data Staff prepared and executed new data use agreements and amendments and sent out quarterly reporting reminders to recipients of MHCC data. Data Staff performed the following: executed new data

use agreement amendments for Berkeley Research Group, HSCRC and Hammes for access to the DC Hospital data; worked with Prince Georges County and their contractor to finalize their data use agreement for DC Hospital data; followed up on certificates of destruction for expired data use agreements; executed a new DC Hospital data use agreement with the University of Pennsylvania; and sent out second quarter report due reminders to DC and MCDB data recipients.

Data Processing and Tech Support

The Data Staff provided support for Trauma Fund processing, mapping, Minimum Data Set and DC hospital inpatient data collection, CathPCI processing, and participated in MCDB data warehouse meetings. Support included: participation in the MCDB data warehouse meetings; preparation of performance evaluations and software budget projections; helping the network staff with learning the new inventory scanner; completing the inventory audit for new and surplus equipment; providing Trauma fund processing support; researching and implementing workaround to get zipcode and county boundary files to overlay correctly for CON applications; working with a replacement staff at the Office of Health Care Quality to get the next round of Minimum Dataset Files; processing the full-year 2017 District of Columbia hospital inpatient file; processing the 2017 quarter 4 CathPCI data; and augmenting the physician assistant file from the Board of Physicians with the county.

Web Applications

Data Staff assisted MHCC Staff with various website needs, updated guide data, developed new consumer guide functionality, and provided health facility survey assistance as follows:

- **MHCC website:** assisted the Certificate of Need and Health IT staff with new web pages, large document uploads, document archival, and creation of a new Physician Maintenance of Certification workgroup area; worked with administrators to archive older documents to conserve space on the web server;
- **Ambulatory Surgery Consumer Guide:** developed a new hospital outpatient department satisfaction rate page including new database tables with state and national data; researched and tested various ways to add maps to the site;
- **Ambulatory Surgery Survey:** prepared the survey for collection of the 2017 data and performed extensive testing;
- **Long Term Care Guide:** updated the home health quality measure data and web page for 2016/2017 data and added a new home health patient care star ratings display; updated information for the assisted living survey reports page;
- **Long Term Care Facility Survey:** provided technical support to survey users; created a new admin page to allow survey administrators to exempt facilities from this year's survey who did not serve clients; sent out 15 and 7 day warning letters to facilities who were yet to begin or submit their surveys.

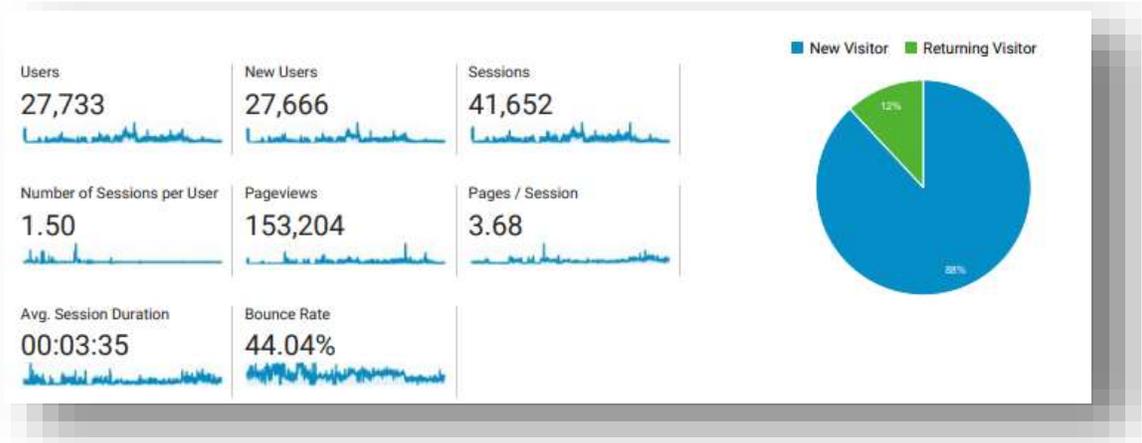
Internet Activities

Data from Google Analytics for the month of June 2018



- 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 month of June 2018 was 1,343 and of these, there were 1,255 new users. The average time on the site was 2:17 minutes. Bounce rate of 63.61% 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 hsrcr.state.md.us. Among the most common search keywords in June were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

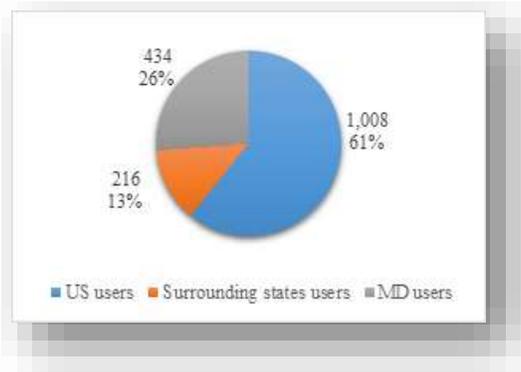
Since the **Maryland Health Care Quality Reports (MHCQR) website** was released in December 2014, there have been 27,733 users of the consumer site and 153,204 page views. On average, 645 users per month have visited the site. About 88% of users are new visitors. In June 2018, the MHCQR site had 325 users and 1,950 page views. The number of users was seven percent lower than the previous month, but the number of page views increased by eleven percent.



The average time spent on the site in June was about 4 minutes – an increase from 3 minutes in the previous month. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



The exhibit below shows the geographic distribution of visitors to the ‘Wear The Cost’ website based on the website usage from launch (Oct 2017). The average number of users remained marginally the same as the number in month of May 2018.



Special Projects – Janet Ennis

Population Health Benchmark Feasibility Study on Cost of Diabetes Care

MHCC Staff and Contractor team up with JHHC on diabetes study:

MHCC’s contractor, Judy Loren, is analyzing population health measures focusing on the examination of the costs to treat Maryland’s nonelderly privately insured diabetics. Most recently, Commissioner O’Grady began collaborating on this project with the team of MHCC staff, Judy, and staff from Johns Hopkins Health Care, the health insurance administrative branch of Johns Hopkins Medicine with extensive experience in diabetes analysis. The results of this evaluation will be used for internal MHCC analysis to determine whether the MCDB is an appropriate data source to monitor the cost of care for populations of varying health status. Specifically, the contractor will produce benchmark costs from the data using actual costs and quality measurement criteria (from CMS or other sources) and assess the strength of the underlying data and the resultant benchmarks. The Contractor will also make recommendations on how to best characterize the costs of care in the diabetic population for purposes of cost projections, which require estimates of future population demographics and adherence to standard protocols in the treatment of diabetes.

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

Episode of Care – Consumer-Centric Price Transparency Initiative

2015/2016 Commercial data public release to be launched on July 19, 2018. The new release is an upgrade of the WearTheCost website with redesign of the site and inclusion of 2015/2016 Commercial fully insured and government self-funded members’ claims data. The redesign of the consumer-centric website will enable seamless inclusion of additional years of data, new measures, and episode information for different payor/population cohorts, such as Medicare and Medicaid. The results for this release are limited to the four existing procedural episodes: total hip replacement, total knee replacement, hysterectomy, and vaginal delivery.

MHCC collected usability feedback from the WearTheCost workgroup on website’s new redesign features. The workgroup met in May to preview the new redesigned website and the feedback obtained from the workgroup was collected during the month of June.

Staff and Altarum, S-3’s subcontractor, completed developing social media toolkits and drafted the press release to announce the re-launch of the WearTheCost website. The social media toolkits created will be shared with organizations likely to support the effort. Altarum and staff also conducted outreach to organizations to let them know of the forthcoming re-launch of the site, and to ask if they will share information through their networks. Team also finalized the social media advertising plan, including all ads and published content on Twitter and Facebook. The WearTheCost T-shirt shop is now set up on Zazzle and t-shirts will be available for purchase when the WearTheCost website is launched.

2015/2016 Medicare data ingestion and Prometheus software test run to be completed by mid-July. Altarum has performing data quality control and soon will begin the Prometheus run on the Medicare data. Once the test run is completed Altarum will start running the software for the complete set of Medicare 2015/2016 and is slated to deliver the final data results at the end of August.

Primary Care and Selected Specialty Workforce Study

IHSMarket completed and presented to staff preliminary forecast data from the demand as well as the supply side of the modelling. After receiving data from the Boards of Nursing, Psychology, Social Work and Counselors and the Board of Physician's physician data, IHSMarket completed vetting the data and running various models to estimate primary and selected specialty care workforce needs under current delivery models as well as new innovative models currently being negotiated with CMS to be launched in 2019. On July 18th the Workforce workgroup will meet to view and provide feedback on preliminary forecasts for possible future provider shortfalls under the different delivery models being examined, both for Maryland overall and by Maryland jurisdiction. IHSMarket will then finalize the forecasts based on the workgroup feedback and will deliver the final presentation at the September's MHCC Commission Meeting.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

State Health Plan: COMAR 10.24.17

The formal 30-day public comment period for the proposed permanent regulations adopted by the Commission ended on June 25, 2018. One organization, the Maryland Cardiac Surgery Quality Initiative, submitted comments. MHCC staff also received feedback from the American College of Cardiology (ACC), but the ACC did not submit formal comments.

On-Going Performance of Cardiac Surgery Programs

Staff continued to review applications from cardiac surgery programs for Certificates of Ongoing Performance. Staff also reached out to the Society of Thoracic Surgeons and its contractor, the Duke Clinical Research Institute, to obtain additional information about data provided to Staff. This information is needed before staff reports on Certificates of Ongoing Performance may be completed.

Perinatal Care

Staff is participating in the Perinatal Clinical Advisory Committee (PCAC) formed by the Maternal and Child Health Bureau of the Department of Health. The PCAC is updating the Maryland Perinatal System Standards, following an update to the *Guidelines for Perinatal Care*. The PCAC met three times in June and will continue to meet through July and part of August. After completion of this work, MHCC will update COMAR 10.24.18, the State Health Plan regulation for neonatal intensive care services, by incorporating the updated System Standards.

Annual Report on Selected Maryland Acute Care and Special Hospital Services, FY 2018

The FY 2018 edition of this annual report was posted on the MHCC website on June 28.

Long Term Care Policy and Planning – Linda Cole

Minimum Data Set

MHCC staff are working with The Hilltop Institute at UMBC as the Minimum Data Set (MDS) and Long Term Care Planning consultant. During the past month, Hilltop completed long-term care work, submitted a draft Year 2 Work Plan, and obtained OHCQ staffing contact for MDS data updates. Staff continues to hold bi-weekly conference calls.

COMAR 10.24.20 Development:

A background and status report on the development of the comprehensive care facility (CCF) services chapter of the State Health Plan was presented at the June Commission meeting. The presentation included: review of trends in CCF utilization; review of process and contents for chapter update; review of CCF bed need methodology; and the next steps. In response to industry request, the time period for comments has been extended to July 13, 2018. More information may be found at:

https://mhcc.maryland.gov/mhcc/pages/home/public_comment/public_comment.aspx

Hospice Survey:

Data collection for the FY 2017 Maryland Hospice Survey has now been completed. All Maryland hospice programs have now completed Part I and Part II of the survey. Staff are now reviewing data to check for consistency. After this review, a public use data set will be posted on the Commission’s website.

Home Health Survey

The data collection for the FY 2015 and FY 2016 home health agency survey data has been completed. Staff is working on the documentation to process the data.

Long Term Care Survey

For FY 2017, data collection for the comprehensive care facilities has been completed. The due date for chronic hospital, assisted living, and adult day care facilities was June 14, 2018. The Commission gave a courtesy grace period to June 25, 2018 to all providers to compensate for staff vacation period and the holidays. Staff sent the Notice of Fine and Right to Contest the Fine letter to 72 facilities with a survey status of not started, started but not completed, rejected and not corrected and resubmitted by the courtesy grace period of July 25, 2018. These facilities were given a 10 business day period to have their completed survey submitted and accepted by the Commission. Fines will be waived for the facilities who submitted their survey by July 9, 2018. Staff will prepare the fine invoice after July 10, 2018 on facilities that did not submit the survey or contest the fine. Staff continues to provide technical support to providers during the data collection period.

The 2016 Long Term Care Survey reports are complete. The public use data sets have been posted on the Commission’s website. In addition, staff provided the data to the Center for Quality Measurement and Reporting for use on the Consumer Guide.

Certificate of Need (CON) – Kevin McDonald

CONs Approved

Minerva Home Health Care, Inc. – (Southern Maryland Region) – Docket No. 17-R3-2402

Establishment of a home health agency authorized to serve residents of Calvert and St. Mary’s County
Approved Cost: \$75,000

CON Exemptions Approved

Innovations Surgery Center P.C. – (Montgomery County) – Docket No.18-15-EX001

Establishment of an ambulatory surgical facility through the addition of a second operating room by an existing physician outpatient surgery center

CON Letters of Intent

University of Maryland Medical Center – (Baltimore City)

Introduction of inpatient psychiatric hospital services.

Pre-Application Conference

University of Maryland Medical Center – (Baltimore City)

Introduction of inpatient psychiatric hospital services

June 13, 2018.

Request for Change in Approved CON Filed

Washington Adventist Hospital – (Montgomery County) – Docket No. 13-15-2349

Inclusion of a 10-bed adult acute psychiatric unit at the relocated general hospital under construction in Silver Spring. Currently, Adventist HealthCare is currently authorized to establish a 39-bed special psychiatric hospital on the current hospital campus in Takoma Park.

Exemption from CON Requests Filed

Adventist Health Care (AHC) – (Montgomery County)

Consolidation of AHC Shady Grove Medical Center and 29 of the 39 acute psychiatric hospital beds operated at AHC Washington Adventist Hospital (WAH) in Takoma Park. The other 10 beds are proposed for retention as a general hospital psychiatric unit at the relocated WAH currently under construction in Silver Spring. Adventist HealthCare is currently authorized to establish a 39-bed special psychiatric hospital on the current hospital campus in Takoma Park.

First Use Approvals

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

Establishment of an ambulatory surgical facility through the addition of a second operating room by an existing physician outpatient surgery center

Final Project Cost: \$183,031.

Determinations of Coverage

• **Ambulatory Surgery Centers**

Summit Ambulatory Surgical Center, LLC – (Montgomery County)

Establish a physician outpatient surgery center (POSC) with one sterile operating room (OR) and one non-sterile procedure room to be located at 19851 Observation Drive, Suite 445, in Germantown.

• **Acquisition/Change of Ownership**

ManorCare Health Services – Dulaney – (Baltimore County)

Acquisition of ManorCare Health Services-Dulaney by Orchard Hill Property, LLC. Orchard Hill Property will purchase the property, real estate, and the bed rights. An affiliate with the same principals, Orchard Hill Operator, LLC d/b/a Orchard Hill Rehabilitation and Healthcare Center will serve as the facility's new operator.

Purchase Price: \$11,100,000.

ManorCare Health Services – Woodbridge Valley – (Baltimore County)

Acquisition of ManorCare Health Services-Woodbridge Valley by Meadow Park Property, LLC (MPP). MPP will purchase the property, real estate, and the bed rights. An affiliate with the same principals, Meadow Park Operator, LLC d/b/a Meadow Park Rehabilitation and Healthcare Center will serve as the facility's new operator.

Purchase Price: \$19,500,000

Transitions Healthcare at Sykesville – Carroll County)

Acquisition of Transitions Healthcare at Sykesville by Aurora Health Management. The real estate, building and bed rights will be purchased by Aurora Holdings, XIV, LLC. Birch Manor Healthcare Center, LLC will lease and operate the facility.

Purchase Price: \$11,750,000.

Maryland Eye Surgery Center, LLC – (Calvert County)

Change in ownership of a POSC with one sterile OR and two non-sterile procedure rooms.

Summit Ambulatory Surgical Center, LLC – (Wicomico County)

Change in ownership of a POSC with two non-sterile procedure rooms.

- **Capital Projects**

Southern Maryland Hospital Center – (Prince George’s County)

Capital project for the renovation and expansion of the emergency department.

Estimated Cost: \$29,765,267 (\$1 million in support being requested through the MHA Bond Program)

- **Licensure**

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

Brinton Woods Health & Rehabilitation Center of Pikesville – (Baltimore County)

Temporary delicensure of 20 comprehensive care facility (CCF) beds.

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

Maplewood Park Place – (Montgomery County)

Relicensure of eight temporary delicensed CCF beds.

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

Edenwald – (Baltimore County)

Relinquishment of one licensed CCF bed resulting in a total of 92 CCF beds at the facility.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records Study

Stakeholders were identified to participate in a work group that will make recommendations on allowing health care providers to access a patient’s complete electronic prescription medication history through the State-Designated Health Information Exchange. The work group is in response to a 2018 law, Chapter 435 (House Bill 115, *Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report*), and will convene starting in July. A report to the Governor and General Assembly is due by January 2020.

Health Record and Payment Integration Program Advisory Committee

Stakeholders were identified to participate on an Advisory Committee (Committee) to make recommendations required by a 2018 law, Chapter 452 (Senate Bill 896, *Maryland Health Care Commission – Health Record and Payment Integration Program Advisory Committee*). The Committee will assess the feasibility of creating a health record and payment integration program and is scheduled to convene starting in July. A report to the Governor and General Assembly is due by November 2019.

Health Care Data Breach Analysis

Staff is drafting a findings summary from an analysis of health care data breaches that occurred in 2017. Data was obtained from the U.S. Department of Health and Human Services, Office for Civil Rights. The summary will highlight trends in Maryland and the nation as compared to previous years, and is targeted for release in August.

Electronic Advance Directives

Review of an application for State Recognition submitted by ADVault, Inc. (dba MyDirectives) is underway. COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service*, requires staff to review applications to determine compliance with State Recognition criteria and make a recommendation to the Commission.

Hospital Health Information Technology Assessment

Staff released the annual hospital health information technology (health IT) survey to acute care hospitals in Maryland. The survey assesses hospitals' perceived value of health IT to improve care delivery, integration of care, and population health. A report is targeted for release in the first quarter of 2019.

CRISP Audits

Preliminary activities are underway by Myers and Stauffer, LC (MSLC) pertaining to the fiscal year 2018 financial audit of the Chesapeake Regional Information System for our Patients (CRISP). Staff provided input on the MSLC draft privacy and security audit reports for the period April 1, 2017 to March 31, 2018. Staff is providing support to MSLC as they work with CRISP to establish a privacy and security corrective action plan based on the audit findings.

Cybersecurity Self-Assessment Tool Update

Version 2.0 of the Cybersecurity Self-Assessment Readiness Tool (tool) is undergoing field testing. Staff modified the tool to reflect recent updates to the National Institute of Standards and Technology Cybersecurity Framework (Version 1.1). The tool is aimed at helping small providers assess their cybersecurity risks and includes best practices for improving readiness. Version 2.0 of the tool is targeted for release by the end of this summer.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grant Projects

Staff provided support to the University of Maryland Shore Regional Health and Johns Hopkins Pediatrics at Home in developing their final project deliverable. The grantees are developing implementation guidance documents to serve as a blueprint for similar telehealth projects. Staff is also providing support to the University of Maryland Quality Care Network in developing their project objectives and measures, and to Mosaic Community Services, Inc. in preparing to go live with their telehealth project.

School-Based Telehealth Workgroup

The school-based telehealth work group (work group) reviewed the current landscape of telehealth in school-based health centers and the use of teletherapy in primary and secondary schools. The work group is a result of the Senate Finance Committee's (Committee) request to identify strategies for advancing telehealth in public schools. Staff obtained stakeholder comments on two draft school-based telehealth grant announcements, which will inform work group activities. A final report is due to the Committee in November 2019.

Telehealth Readiness Assessment Tool

Staff collaborated with RTI in finalizing the telehealth readiness assessment (TRA) tool questions and scoring methodology and in recruiting small practices to field test the TRA tool. The TRA tool includes practice guidance as it relates to core readiness; financial considerations; operations; staff engagement; and patient readiness. A release of the TRA tool is planned for the end of the year.

EHR and EDI Activity

Planning activities are underway to develop initiatives aimed at increasing EHR adoption among select physician specialists. EHR adoption among office-based physicians is approximately 71 percent (primary care -79 percent; specialists - 63 percent). Staff provided support to payers required to submit an Electronic Data Interchange (EDI) Progress Report. All 38 payers that were required to comply with COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, submitted their report by the June 30th due date.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network

Staff worked with MedChi and the Maryland Learning Collaborative (MLC) to develop a framework for educating Practice Transformation Network (PTN) practices on the Medicare Access and CHIP Reauthorization Act (MACRA). The PTN was awarded to the New Jersey Innovation Institute (NJII) by the Centers for Medicare & Medicaid Services (CMS) in 2015. The MHCC partnered with MedChi and MLC in 2016 to transform over 100 practices statewide. CMS funding is available through August 2019.

Practice Transformation

Development activities are underway with MLC and MedChi on an initiative focused on transforming specialty practices. The initiative is aimed at improving patient and provider experience and the health of the population while decreasing cost through strategies informed by data. Specialty practices participating in the initiative will join accountable care organizations or other alternative care delivery models upon completion of the program.

Patient Family Advisory Council Guidance Document

Staff is collaborating with the Institute for Patient and Family Centered Care (IPFCC) to develop a Maryland specific Patient Family Advisory Council (PFAC) guidance document. PFACs are a component of alternative care delivery models. The PFAC guidance document is aimed at helping practices work collaboratively with patients and families to improve the patient experience at the practice. The guidance document is targeted for release in December.

Maryland Multi-Payer Patient Centered Medical Home (MMPP) Program

Staff is finalizing the analysis of the 2016 Medicaid Managed Care Organizations (MCOs) performance data. The MMPP program included nearly 51 practices and ended in 2016. Practices eligible for shared savings payments must achieve defined thresholds on quality, cost, and utilization measures. The MCOs will issue payments to qualifying practices in the fall.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Thirty social media posts initiated in July

Staff continues to focus on the promotion of the MHCQR website. There were approximately 30 social media posts made or planned in July. Topic posts for July include topics about general summer safety tips and service information for seniors, such as transportation and assistive technology. 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.

More than 150,000 page views 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 27,733 users of the consumer site and 153,204 page views. In June 2018, the site had 325 users which is a decrease from 350 users the previous month. However, the site

saw an increase in page views from 1,765 in May compared to 1,950 page views in June. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

MHCQR Website Update

Staff are preparing for the next quarterly update to the MHCQR consumer website. This update will include healthcare associated infection (HAI) data for catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), and healthcare personnel influenza vaccination rates.

Hospital Quality Initiatives – Courtney Carta

Leapfrog Work Continues

MHCC continues to support the Leapfrog initiative by providing patient safety indicator (PSI) and hospital acquired condition (HAC) data. Staff are working with Leapfrog to prepare data for the next release in the Fall 2018. To view current Maryland hospital performance, visit the Leapfrog website, <http://www.hospitalsafetygrade.org/>. Staff continue to provide support to hospitals with questions about the data and methodology.

Healthcare Associated Infections (HAI) Data

Second round of annual HAI performance measures

The MHCC updates HAI performance measures annually on the Hospital Guide. Final results will be posted to the MHCQR website later on this month. This is the first year public reporting is based on the 2015 NHSN updated baselines so results are not directly comparable to CY2016.

The State continues to perform better than the national benchmark for CAUTI, including ICU units. However, performance in select wards for CAUTI was about the same as the national benchmark. For surgical site infections, performance was better than the national benchmark for both knee replacement surgery and colon surgery; performance for CABG procedures, abdominal hysterectomy, and hip replacement surgery was about the same as the national benchmark. Finally, flu vaccine rates among healthcare personnel in Maryland hospitals was 97%. This is similar to previous years.

Staff are also planning for the next quarterly HAI meeting on July 25, 2018. Topics will include CY2017 HAI results and a guest speaker to discuss infection control and emergency preparedness. All hospitals will be invited to participate in this collaborative webinar series.

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 to the Commission in accordance with established timelines. Data collection for 1Q2018 is complete.

Long Term Care Quality Initiative—Stacy Howes

Nursing Home Experience of Care Survey contract has commenced

In December 2017, the MHCC issued a Request for Proposals (RFP) to obtain a contractor with health care survey administration experience to conduct the Nursing Home Experience of Care Survey. The Board of Public Works recommended Market Decisions for the award at the June 20th meeting, and a kickoff meeting was held on June 27.

2017-2018 Long Term Care Healthcare Worker Influenza Vaccination Survey Results

The Nursing Home Healthcare Worker Influenza Vaccination and Infection Prevention survey and the Assisted Living Staff Influenza Vaccination survey analysis is complete. Results will be presented at a future Commission meeting. Overall results show that the nursing home healthcare worker vaccination rate remains constant and the assisted living facility staff vaccination rate has improved slightly compared to the 2016-17 influenza season.

