# 20 ANNUAL REPORT Maryland Health Care Commission

# BUILDING TODAY FOR TOMORROW





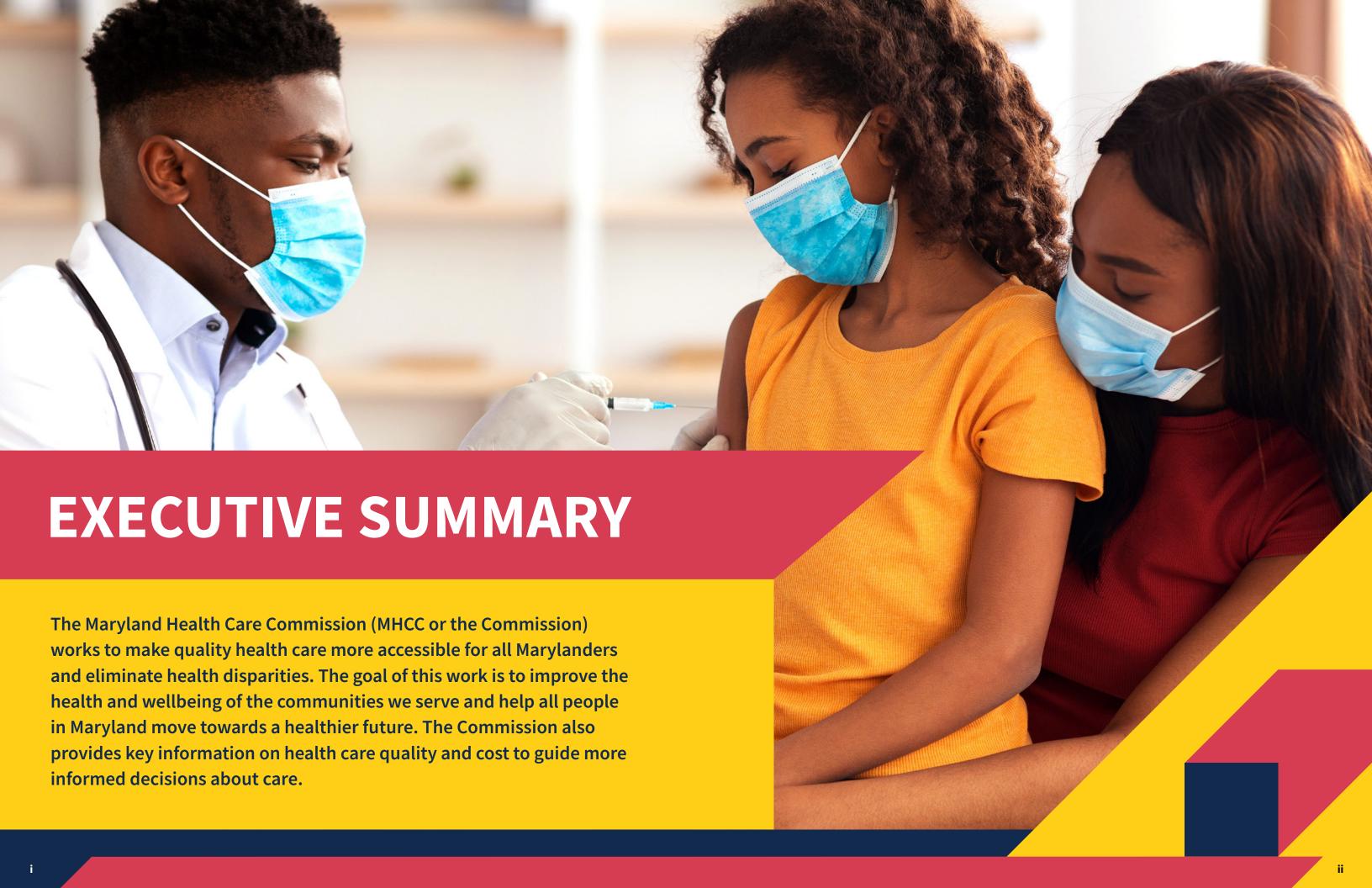


Randolph Sergent, Esq, Chairman Ben Steffen, Executive Director

**JULY 1, 2021 THROUGH JUNE 30, 2022** 



MARYLAND Health Care Commission



# During the 2022 fiscal year, we have made strides in several key areas of our 4-year strategic plan:



#### Health Care System Cost, Quality, and Disparities

Included a Health Equity feature on the Maryland Health Care Quality Reports consumer website, a comprehensive and user-friendly source of information on healthcare provider performance and quality metrics.

Initiated patient-level data collection of the Hospital Consumer Assessment of Healthcare Providers and Systems to explore potential health disparities based on patient perception of care across various populations and measure domains (e.g., communication with providers, staff responsiveness, continuity of care, etc.).

Designed a public information campaign to inform Marylanders about the services and resources that the

Commission provides by hosting informational webinars, participating in health fairs, and developing and distributing educational materials such as a Long-Term Care Toolkit for consumers and a brochure promoting 'Hospice as an option for end-of-life care for Everyone'. Promoted our consumer website via barbershops, salons, and libraries.

Facilitated practice transformation activities to improve care quality and enable success in value-based care models.

Developed and administered virtual training for medical practices to perform well in value-based care delivery models.



#### Health Facilities Planning and Certificate of Need

Ensured COVID-19 patients had access to hospital beds by approving an additional emergency Certificate of Need (CON) and extending the validity of 21 emergency CONs for additional hospital bed capacity through April 2023.

Implemented a detailed room and bed availability survey of general hospitals to support the work of a COVID-19 Surge Capacity Task Force convened by the Secretary of Health. The survey identified local hospitals with the greatest capacity to rapidly increase the number of patients they can admit during periods of extreme increases in COVID-19 related hospitalizations.

Completed the adoption of an updated Acute Psychiatric Services chapter and a General Surgical Services chapter of the State Health Plan regulations to better align CON regulations for hospital psychiatric facilities to Maryland's Total Cost of Care Model. Finalized four ongoing performance reviews of hospital percutaneous coronary intervention (PCI) programs and one ongoing performance review of a hospital cardiac surgery program. An independent contractor conducted a focused review of the cardiac services program prior to certification of ongoing performance. This regulatory oversight process ensures that healthcare quality and performance comply with standards for critical cardiac services.

Finalized review of 5 CON applications. These actions facilitated improved healthcare access in Prince George's County, Baltimore County, and on the Eastern Shore.

Approved placement of a new psychiatric unit at Luminis Doctors Community Hospital in Prince George's County to increase access to psychiatric facilities in Southern Maryland.



#### **Information Technology in Health Care**

Submitted a report to the Governor and General Assembly on technical infrastructure sustainability and funding availability to support Chapters 790 and 791 (2021). The law requires nursing homes and MHCC-certified electronic health networks (clearing houses) to report select data to the state-designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP). This helped to facilitate a state health improvement program, mitigate public health emergencies, and improve patient safety.

Completed a telehealth study (as required by the *Preserve Telehealth Access Act of 2021*) and developed telehealth recommendations for the Maryland General Assembly that consider study findings, stakeholder feedback, and lessons learned from the COVID-19 public health emergency.

Conducted an environmental scan of pharmacies and other dispensers of non-controlled prescription drugs and finalized plans to convene a technical workgroup to inform the implementation of Chapter 296/House Bill 1127 (2022). This workgroup will identify technical and policy considerations for reporting non-controlled prescription drug information to CRISP.

Conducted outreach to several HIEs to bring awareness of statutory changes (Chapter 718/House Bill 213) to the HIE definition in Maryland, effective October 1, 2022, and requirements to register with MHCC.

Convened HIEs, state agencies, regional health improvement collaboratives, and other stakeholders involved in public-private health data partnerships for a Health Data Utility Roundtable series (January 2022-April 2022) in collaboration with Civitas Networks for Health and the Association for Health Information Technology State Leaders.

Finalized plans to develop a Health Data Utility Framework (the "Framework") to assist CRISP and other states in developing and implementing a health data utility.

Drafted updated amendments to the Code of Maryland Regulations (COMAR) 10.25.18 to better align them with the 21st Century Cures Act and State legislation passed by the Maryland General Assembly in 2021 and 2022.



#### **Support of Statewide Reforms**

Created a Primary Care Workgroup to annually study primary care investments and make recommendations based on findings involving quality and access to primary care services.

Developed telehealth recommendations relating to coverage permanency, technology, and payment levels for audio-only and audio-visual telehealth visits as required by the Preserve Telehealth Access Act of 2021.

Supported the Maryland Primary Care Program by convening an Advisory Council and convening a health

equity roundtable to identify challenges and opportunities for practices seeking to address key health equity concerns in their communities.

Reduced review time and data submission errors for the All-Payer Claims Database.

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#### **The Commissioners**

- 1. Randolph S. Sergent, Esq Chairman
- 2. Arun Bhandari, MD
- 3. Cassandra Boyer, BA
- 4. Marcia L. Boyle, MS
- 5. Trupti Brahmbhatt, PhD
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- 14. Karrie Wood
- 15. Vacant

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# INTRODUCTION



#### Introduction

The Maryland Health Care Commission (MHCC or the Commission) works on multiple fronts to ensure every Marylander has access to quality health care and the information needed to make informed decisions about their care. We are supporting the work of the Maryland Department of Health in addressing long standing health disparities. The obstacles that cause these disparities can be related to a person's race or ethnicity, gender, religious affiliation, socioeconomic situation, age, mental health, disability, sexual orientation, or gender identification. These disparities cause preventable physical and mental health conditions that negatively impact both individuals and the broader community in which underserved populations live.

We provide a broad range of information that is easy to access and understand, aimed at helping Marylanders and other stakeholders, including legislators and public and private sector decision makers, make informed decisions about health care. Information on both the quality and cost of care are available through the user-friendly, redesigned Maryland Health Care Quality Reports consumer website, which went live on March 31, 2021, and has since averaged about 2,000 visitors per month seeking this essential information.

The Commission continues to support the expansion of telehealth in Maryland. And as the global health crisis caused by the COVID-19 pandemic continues into its third year, the Commission has remained focused on ensuring Marylanders understand options to access essential health care services virtually and assessing the impact of policy changes to sustain use of telehealth in the years to come.

The goal of the Commission's work is to ensure access to quality health care and information that will help all Marylanders move towards a more equitable, healthier future.

#### Who We Are

The Commission is an independent regulatory state agency that collaborates with the Maryland Department of Health. Our 15 Commissioners, appointed by the Governor with Senate approval, live within the local communities across Maryland. As commissioners, their job is to represent the interests of both the Maryland residents and the broad range of stakeholders, including health care institutions and providers, policymakers, purchasers, community organizations, and State and federal agencies.

Randolph Sergent, Esq is Chair of MHCC. Ben Steffen is Executive Director.

#### What We Do

To build a foundation towards a healthier future, we provide our community with accessible information on health care quality and costs so Marylanders can make informed health care decisions.

#### Introduction

#### **Our Mission**



#### **Improve Access**

The health care needs of our communities are constantly changing. To ensure access to quality, affordable care through the state for all residents, we provide timely, accurate information on care quality, availability, and cost to policy makers, purchasers, providers, and members of the public.



#### Educate

We provide the information needed for community members and stakeholders to make informed health care decisions and hold the health care system accountable.



#### Plan and Innovate

We develop strategic plans and innovative solutions that ensure that the state's health system can meet the needs of our communities in a changing health care environment now and in the future.

#### How We Do It

- Gather and distribute information to stakeholders and consumers
- Plan and develop regulations to meet current and future health care needs
- · Analyze health policies to develop recommendations to improve the affordability and quality of healthcare
- Support health-related legislative initiatives

MHCC is legally mandated to carry out the following activities for the State of Maryland:

- Report data on health system quality and cost
- · Strategically plan for and maintain the availability and financial viability of health care facilities and services
- Support diffusion of a strong, flexible, and secure health information technology (health IT) ecosystem
- Promote health care delivery system reform
- Develop an all-payer database to monitor care cost, quality, and population health
- Monitor health care expenditures
- Protect safety-net providers to ensure access to care for all

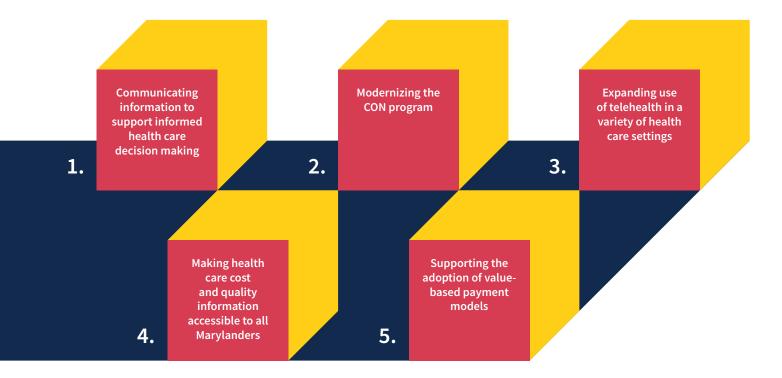
At the direction of the General Assembly, the Commission conducts health policy studies, monitors Maryland's health care workforce, and serves as a technical resource for the Health Services Cost Review Commission (HSCRC) for the All-Payer model and Total Cost of Care (TCOC) demonstration.

#### Introduction

#### **Our Five Priorities**

We focus on five priorities, shared by our four centers: 1) the Center for Health Care Facilities Planning and Development, 2) the Center for Quality Measurement and Reporting, 3) the Center for Information Services and Analysis, 4) the Center for Health Information Technology and Innovative Care Delivery.

For calendar years 2019 through 2022, these five priorities include:



We also recognize the importance of addressing long-standing social determinants of health and health disparities on health outcomes and well-being in Maryland. These factors directly affect how the State ranks amongst others and how residents within the state can establish and maintain their quality of life.

#### **What's In This Report**

The first section covers MHCC activities and accomplishments in fiscal year 2022. The second section addresses MHCC operations, including organization, staffing, and budget.

# **SECTION 1**

2022 MHCC Activities and Accomplishments



# Building Today to Improve Access to Care and Address Health Disparities



Access to quality care not only improves the health of individual Marylanders, but also the wellness of entire communities. Healthcare access is the key to overcoming deeply entrenched health disparities that have negative, often lifechanging impacts on our people and communities throughout the State. In 2022, several initiatives delivering the Commission's strategic priorities have laid the framework for improving access to care, addressing preventable health risks, and making health care affordable for all Marylanders.

#### **How We Did It**



Convened a health equity roundtable to identify challenges and opportunities for health care practices seeking to address key health equity concerns in their communities

Roundtable participants consisted of representatives from advanced care delivery practices who focused the discussions on various health care delivery challenges in the medical landscape. The roundtable representatives addressed health equity concerns surrounding value-based care models and provided feedback that will inform strategies to address inequities in care during interactive education sessions directed to ambulatory practices.



Expanded access to preventive care and management of chronic conditions by supporting the Maryland Primary Care Program

The Maryland Primary Care Program (MDPCP) is an essential initiative that falls under the State's TCOC Model. This program expands access to primary care services by providing funding and support for the delivery of high-quality primary care throughout the State.

#### **Section 1: 2022 MHCC Activities and Accomplishments**

The MDPCP Advisory Council provides input on the MDPCP's operations and serves in a consultative role to the Secretary of Health. The Council includes MHCC-appointed members.



# Supported telehealth innovation and response during the COVID-19 public health emergency

The MHCC is legally mandated by Chapter 70 (House Bill 123) and Chapter 71 (Senate Bill 3), *Preserve Telehealth Access Act of 2021* to report on telehealth impacts and provide recommendations on care coverage and payment levels relative to in-person care. In September 2021, the National Opinion Research Center at the University of Chicago was competitively selected to complete a telehealth study considering audio-only and audio-visual technologies in the delivery of somatic and behavioral health services. The technical findings of the report informed the Commission's development of policy recommendations for telehealth infrastructure. The recommendations and supporting rationale are intended to provide direction to the Maryland General Assembly on how to develop future telehealth legislation. Over the course of this study, a dedicated stakeholders web page on MHCC's website featured periodic updates on the telehealth study's progress.

A recently initiated telehealth study informed recommendations for expanding interstate telehealth infrastructure which may include proposed policy or legislation. The House Health and Government Operations Committee requested the telehealth study after sponsors of House Bill 670 withdrew the bill during the 2022 legislative session. A final report on study findings, recommendations, and supporting rationale is due to the Health and Government Operations Committee by December 1, 2023.



#### Identified strategies to remove barriers to care that contribute to health disparities

Developed telehealth recommendations that support use of audio-only care delivery when circumstances prevent use of audio-visual technology due to unavailable or unreliable broadband, low digital literacy, or limited access to devices. **Broadened use of audio-only care** was made possible with the expanded definition of telehealth at the onset of the COVID-19 Public Health Emergency (PHE) (2020), which was necessary to maintain access to care due to initial restrictions, lockdowns, and stay-at-home orders.



#### Increased research and reporting on nursing home acquisitions

In the last two years, concerns have been expressed in Maryland and other states about changes occurring in the ownership and operation of nursing homes (licensed as comprehensive care facilities). In response, the monthly updates provided to the Commissioners by staff were expanded in fiscal year (FY) 2022 to provide background information on entities acquiring nursing homes and their track record of quality operation as reflected in composite scoring on the Centers for Medicare and Medicaid Services Nursing Home Compare. The concern in Maryland is acquiring entities that do not have good performance track records or operate under business models (e.g., private equity firms) may drive changes in operation that are undesirable from the perspective of patient safety and high-quality care.

MHCC regulatory oversight of nursing home acquisitions is limited to notification requirements and, under State Health Plan regulations, demonstration by acquiring entities that they do not have cases of fraud or abuse related to health care facility operations in their past.

To date, this concern has resulted in the Maryland Department of Health being mandated to **increase inspection and survey activity for newly acquired nursing homes**. It is likely that Maryland will consider further changes in regulatory oversight of nursing home acquisitions and MHCC will monitor legislative proposals and provide input to help shape effective approaches to any new regulatory oversight initiatives related to changes in health care facility ownership.



# Tracked the use of hospice services and encouraged use in communities where hospice is underused

Hospice services can be immensely helpful for patients and families facing terminal illnesses, but not all communities use these services. Underuse is especially present in the Black community. To encourage the use of hospice care in these communities, MHCC designed and disseminated a brochure and related electronic materials that explain the benefits of hospice care.

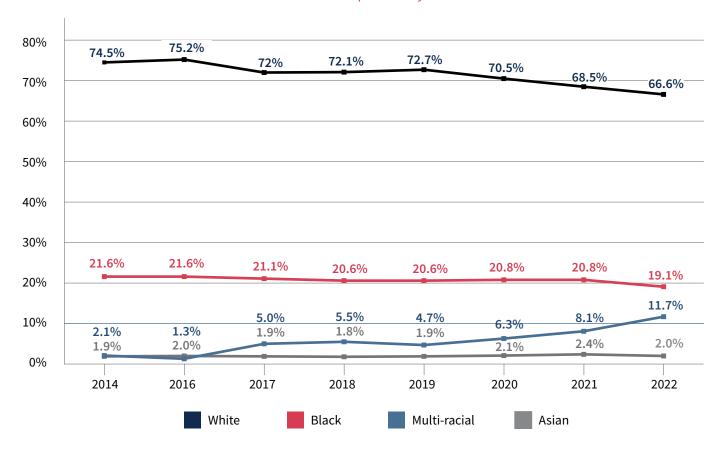
The content is used in regular rotation on MHCC social media platforms, and the brochures were distributed to hospital discharge planners and libraries throughout the State. MHCC focused on distribution in counties with higher percentages of Black residents.

Each year, the Commission's staff creates hospice usage tables based on the Center for Health Facility Planning's Annual Hospice Survey. These tables depict statewide, regional, and jurisdictional population use rates for hospice services, the racial composition of hospice patients, the most common ailments of hospice patients, and information on non-death discharge rates for hospices. Tables are shared with the hospice industry and posted on the MHCC website. In 2022, MHCC staff completed a comprehensive FY 2021 Hospice Utilization report which incorporated and critically analyzed hospice trends. Overall, FY 2021 hospice use declined slightly in Maryland compared to FY 2020.

The tables provide an understanding of changes occurring in the Maryland hospice care system. **Hospice use among Black individuals dropped in FY 2021, to 19.1% compared to 20.8% in FY 2020.** This continues a decreasing trend in hospice use among Black individuals, which was above 21% between FY 2014-2016.

#### Section 1: 2022 MHCC Activities and Accomplishments

Figure 1
Trends of Hospice Use by Race



Note. Source: MHCC Annual Hospice Survey FY 2014-2021 Data



# Ensured trauma care remains available to all Marylanders through support of the Maryland Trauma Physicians Services Fund

The Maryland Trauma Physician Services Fund provides payments to offset the costs of uncompensated and undercompensated medical care provided by trauma physicians to patients at the State's designated trauma centers, stipends to trauma centers to offset the center's on-call and standby expenses, and grant funding for certain equipment.

The fund is financed by a \$5 surcharge on motor vehicle registrations. In 2022, revenue collections by the Motor Vehicle Administration were \$12,227,047, a slight decrease compared to 2021 revenue collections (\$12,562,282). In total, the fund disbursed about \$11.5 million to trauma centers and trauma physician practices over the past fiscal year. The report "Maryland Trauma Physician Services Fund: Operations from July 1, 2021, through June 30, 2022," is available on the MHCC website (https://mhcc.maryland.gov/mhcc/pages/plr/plr\_trauma/plr\_trauma.aspx).



# Continued to support the work of the recently established Prescription Drug Affordability Board

The Board's mission is to **protect all Marylanders from high prescription drug costs**, which can prevent individuals from being able to afford necessary medications and exacerbate existing disparities. MHCC supports the Board with timely and accurate data on prescription drug claims from private and public payers. The Board is now supported by professional staff, including general counsel and an executive director. The Commission will continue to support the Board financially through FY 2023.

2.

# Educating Marylanders So They Can Make Informed Decisions about the Quality and Cost of Care



The best decisions about health care start with accurate and timely information. To help Marylanders choose high-quality care and understand the costs associated with their care, MHCC gathers data and shares it with stakeholders online. For consumers, the Commission supports informed decision making by ensuring that information is easy to find and understand.

#### **How We Did It**



We maintained ease of access and understanding with an enhanced Maryland Health Care Quality Reports consumer website

The website (https://healthcarequality.mhcc.maryland.gov) streamlines the Commission's four mandated reporting initiatives—hospitals, long-term care, ambulatory surgery centers, and commercial health plans—into one user-friendly website. Users can easily locate information they need to make health care decisions. Consumers can find and compare patient ratings, safety and quality results, service volumes, cost, and other data for up to five facilities at a time. The site launched in spring of 2021 and staff added enhanced features to the website in 2022.

#### **New Features**

- Enhanced keyword search: This feature provides improved search functionality and added key words to allow users to find information more easily.
- Long Term Care Toolkit: The toolkit provides interactive resources such as checklists, guides, and financial calculators to help consumers plan for long term care and to ease the burden that comes with such decisions.

- Health Equity: The health equity section of the website provides hospital information on the cost and volume of cases
  for common medical conditions by race and ethnicity in a new, interactive format. This allows users the option to sort,
  filter, and view data in a variety of ways.
- Guides, fact sheets, and checklists: This new section includes added resources to help consumers choose the best
  facility to meet their needs. Topics range from guidance on how to select a provider or facility to information on
  establishing advance directives and preparing for surgery.

#### **Promotion**

To increase consumer awareness and use of the redesigned site, staff continues to promote the site and uses Google Analytics to monitor the monthly volume of traffic. Results of this monitoring show that the long-term care portion of the site is the most frequently visited.

Staff engaged with a contractor to market and promote the website through a variety of mediums including cable television, social media, digital ads, and radio. The advertising campaign was successful, resulting in at least triple the web traffic for each month the campaign was active. Advertisements were also placed in provider-specific newsletters and magazines to reach a wider audience.

Staff hosted a webinar for discharge planners, care transition managers, and social workers for all **43 acute care hospitals in Maryland**. The webinar depicted realistic scenarios to demonstrate how to use the website and find relevant and applicable resources.

Staff regularly host informational website demonstrations to local and state partners Including the Maryland Attorney General's Office, the Maryland Department of Aging, Maryland Access Point, and others to inform them of the resources available on the site.

MHCC also worked with over 100 salons in Baltimore City to expand the reach of this information across communities and provide salon patrons with the latest information on our Long-Term Care Planning Toolkit, hospice brochures, and flyers with material about our Maryland Quality Reporting website.

To market to the older population in Maryland, staff collaborated with the American Association of Retired Persons (AARP) to create content and materials (e.g. brochures, blog posts) that were shared with AARP members. Staff also worked with local library branches to disseminate information about the website, while engaging with consumers regularly through social media platforms such as Twitter, Facebook, LinkedIn, and Nextdoor.

#### **Provider Resources**

The site has a section dedicated to communicating with providers. It includes information on reporting requirements and regulations, data submission schedules, and past and current reports. New items have been added, including materials for the Hospital Consumer Assessment of Healthcare Providers and Systems survey and cardiac surgery.

#### **Section 1: 2022 MHCC Activities and Accomplishments**



## Reported price information on health care services to help consumers compare facilities and make informed health care choices

MHCC has a long history of providing consumers with information about the price of care at different facilities to help them make informed decisions about where to receive care.

That information, available on the MHCC consumer website, includes:

- Daily room rates for nursing homes and assisted living facilities
- Daily rates for adult medical day cares
- · Volume and price information, updated every six months, for all medical conditions treated in Maryland hospitals
- Total price and quality comparisons for four common medical conditions and procedures, including hospital and non-hospital costs on WeartheCost.org



# Provided price information using the All Payer-Claims Database (APCD) to increase transparency

The costs of health care are not always straightforward. There is no fixed fee for a given service. Price varies from provider to provider and is different for insured people than for those who are uninsured. The prices negotiated with providers by insurers also vary significantly. These price variations can make it extremely difficult for consumers and other stakeholders to understand the cost of care.

To improve cost transparency, MHCC shares information gathered in Maryland's APCD. The data includes eligibility information from Medicare, Medicaid, and 37 private payers. The APCD is used to report on total health care costs and utilization. In FY 2022, after a competitively bid procurement process, MHCC selected a new data management contractor with extensive experience with APCD design development and analytics in other states. As a result, MHCC has accelerated the availability of "clean" quarterly data submissions.

All private payers whose total covered lives exceed 1,000 as reported to the Maryland Insurance Administration, are required to report to the APCD. The types of private payers submitting data include life and health insurers, health maintenance organizations, third-party administrators, pharmacy benefits managers, and qualified health and dental plans. All qualified health and dental plans are required to report to the APCD regardless of the total number of covered lives.

The APCD captures the landscape of the insurance markets that are regulated under Maryland law—the individual market, the small-group market, and the regulated large-group market. It also includes both Maryland residents and non-residents whose group contracts are written and/or sold in Maryland. The number of Maryland residents who are either insured by Medicare Advantage or are privately insured as of December 2021 was nearly 1.71 million (including subscribers and their dependents, excluding Employee Retirement Income Security Act and Federal Employee Health Benefits plans).

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The integrity and timeliness of this data are important. To improve the rate of data submissions and reduce the data review timeframe, MHCC continues to work with payers to improve the data submission process. For the first quarter of 2022, the percentage of payers who submitted 100% clean data reached a record high of 100% compared to 86% in the year prior. This means that all data submitters provided clean data (without errors) by the scheduled time of May 31, 2022. Such a result is remarkable as it is the first time MHCC has ever accomplished this feat.

To address health disparities, the Commission has remained committed to working with private payers to improve the race/ethnicity data reporting process to the APCD. Also, starting with APCD private payer data for the calendar year 2021, MHCC leveraged the HSCRC Casemix data for commercial plans (privately insured plans) via the CRISP Master Patient Index to improve the racial data in the APCD. Results show a 66% patient match of racial data between the Casemix and the APCD.



# Educated Marylanders about price differences for several common hospital services through the Wear the Cost website

In 2017, the Commission created this online price transparency tool to assist consumers and other stakeholders with their understanding of price ranges charged by different hospitals for the same services.

The website shows the patients an average and expected cost for several standard hospital procedures at different Maryland hospitals. It also provides costs associated with potentially avoidable complications and surgical mistakes. Consumers can run custom reports on the website.

The Wear The Cost website was updated to include three new episodes in Coronary Angioplasty, Knee Arthroscopy, and Tonsillectomy. With these updates, there are now a total of thirteen episodes available on the website. An episode of care brings together all of the treatment for a medical need. It includes all covered services across all the medical providers that treat a patient for a condition, procedure, or illness. Episodes of care begin before the procedure and extend to a period of time after the patient has been discharged. The length of the episode of care varies by the type of procedure.

3.

# Ensuring All Marylanders Have Access to Quality Care for a Healthier Future



Improving access to high-quality care is the key to helping all Marylanders build today's foundation for a healthier tomorrow. Today's access to care will drastically improve the wellbeing of individual Marylanders and their communities.

#### **How We Did It**



#### Used our regulatory tools to respond to an evolving health care delivery system

The MHCC is legally-obligated to plan for and maintain the availability and financial viability of health care facilities and services for the State of Maryland. This ensures that health care facilities and services produce high value for the State's residents.

The Commission also supports the implementation and amendment of regulations through the State Health Plan which informs regulated facilities about the requirement for obtaining CON approval of their development plans. A multi-year process of modernizing Maryland's CON program for health care facilities has been underway since 2019.

Here's an overview of the MHCC's activities in 2022:

Completed the review of five CON applications and finalized performance reviews for five CON applications that
occurred in the 2022 fiscal year. The pandemic has been a primary factor in the relatively low number of CON
applications for health care facility capital projects filed since 2020. Two additional projects were reviewed and
approved through the "exemption from CON review" process available to merged asset systems, including the
conversion of a fifth general hospital to a freestanding medical facility.

- Completed the processing of the first round of performance reviews to assess the quality of care for the State's
  percutaneous coronary intervention programs. These ongoing performance reviews were initiated in FY 2021 and
  the balance of PCI programs eligible for review were completed by the end of FY 2022. The MHCC completed a single
  ongoing performance review of a cardiac surgery program following positive findings from a "focused review" related
  to an observation of a period of higher risk-adjusted mortality for the program.
- Completed updates for the State Health Plan regulations for psychiatric hospital services (COMAR 10.24.21) and general
  surgical services (COMAR 10.24.11). In addition to this accomplishment, substantial work was completed on updating
  COMAR 10.24.10 which guides the development of general hospital capital projects including hospital bed capacity.

Appendix B includes the tables that provide additional details on CON applications that have been reviewed or amended in FY 2022.



#### Supported practice transformation activities to improve care quality and efficiency

The Commission awarded a grant to MedChi Care Transformation Organization to **support up to 50 primary care and specialty practices with completion of select practice transformation activities**. The goal of these activities is to help practices deliver efficient, high-quality, team-based care. MedChi Care Transformation Organization will provide guidance to practices for developing and redesigning workflows as well as transformation technical assistance.



Created a Primary Care Workgroup to annually study primary care investments and make recommendations based on its findings that include quality and access to primary care services

Effective primary care is a key foundational element of successful value-based care. Senate Bill 734 establishing the Maryland Health Care Commission's Primary Care Report and Workgroup was passed during the 2022 legislative session. Senate Bill 734 provides a legal mandate for the MHCC to convene a workgroup of select stakeholders and create annual reports on the ways to improve quality and access to primary care services, with special attention to increasing health care equity, reducing health care disparities, and avoiding increased costs to patients and the health care system.

This workgroup has a broad scope of practice that encompasses the analysis of primary care spending, plan development for improved quality and access to primary care, identifying strategies to reduce barriers to primary care, and identifying approaches to increase the primary care workforce. In 2023, the Workgroup will develop a plan for the annual analysis and draft a report that is to be submitted to the Governor and the General Assembly by December 1, 2023. Annual reporting begins December 2024.

#### Section 1: 2022 MHCC Activities and Accomplishments



#### Developed and delivered virtual training for medical practices to succeed in valuebased care delivery models

The Commission hosted several webinars that focused on advancing care delivery:

- In collaboration with MedChi's HSCRC and the Maryland State Medical Society, the Commission convened a three-part virtual symposium series. These presentations emphasized the evolution of quality measurement and value-based care delivery models, approaches and strategies for team-based care across the medical neighborhood, and multi-disciplinary team approaches to managing high-risk and high-utilizer patients.
- Clinicians from Carroll Hospital and Adventist HealthCare discussed the process of identifying statewide community resources, determining the capacity of community resources, and leveraging and prioritizing partnerships with community resources.
- One of the webinars focused on the best practices for selecting remote patient monitoring technologies, navigating the payer reimbursement process, and implementing remote patient monitoring in a podiatric practice.
- A national podiatric subject matter expert provided information on improving performance in the Merit-Based Incentive Payment System.



#### Completed the 2021 Reporting Year evaluation for commercial health benefit plans

The Commission collected data from six commercial health maintenance organization health care plans and five preferred provider organization health plans. MHCC staff compiled quality data for health plan members using the Healthcare Effectiveness Data and Information Set. This data includes:

- Behavioral health
- Primary care and wellness for children and adolescents
- · Primary care for adults (cardiovascular conditions, musculoskeletal disease, medication management, and general health)
- Adult and pediatric respiratory conditions
- Women's health

The Commission also collected data on the Consumer Assessment of Healthcare Providers and Systems, number of behavioral health care providers in each plan, and the number of health care providers by medical specialty and county. All health plan data is displayed in a consumer-friendly format on the Maryland Quality Reporting website (https://healthcarequality.mhcc.maryland.gov).

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# Analyzed Medicare and Medicaid data to assess availability of high-quality care in Maryland to support informed consumer decision making

The Commission analyzed star ratings for nursing homes, home health agencies, and hospitals from the Centers for Medicare and Medicaid Services and determined:

- · The number of 5-star facilities available in Maryland
- Where Maryland facilities rank in comparison to facilities in surrounding states such as Delaware, Pennsylvania, Virginia,
   West Virginia, and the District of Columbia

Table 1: How Maryland Ranks Compared to Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia

	Nursing Homes		Home Health Agencies		Hospitals	
State	Proportion of all facilities with 5-Star Rating	Regional Ranking	Proportion of all facilities with 5-Star Rating	Regional Ranking	Proportion of all facilities with 5-Star Rating	Regional Ranking
Maryland	25.6%	3	5.9%	1	6.8%	4
District of Columbia	58.8%	2	0.0%	5	0.0%	5
Pennsylvania	24.5%	4	2.4%	4	15.6%	1
West Virginia	17.2%	6	4.1%	2	8.7%	3
Delaware	46.5%	1	0.0%	6	0.0%	6
Virginia	22.4%	5	3.7%	3	11.3%	2



# Supported the expansion of telehealth to improve options to deliver and access care during the COVID-19 pandemic

MHCC maintained the existing Telehealth Virtual Resource Center and made updates featuring resources to assist practices in utilizing telehealth beyond the PHE. Resources include best practices for patient engagement in virtual care, technology solutions and vendor services, cybersecurity, payer policies, and liability insurance.

The Commission implemented and expanded a compilation of telehealth initiatives during the COVID-19 PHE (https://mhcc.maryland.gov/mhcc/Pages/hit/hit\_telemedicine/hit\_telemedicine\_covid\_initiatives.aspx).

#### Section 1: 2022 MHCC Activities and Accomplishments



# Completed the 2021 Nursing Home Family Experience of Care Survey to assess satisfaction with quality of care and overall experience

Every year, the Commission surveys family members of nursing home residents, asking them about their experience. The survey includes an assessment of the families' overall rating of the nursing home and whether they would recommend it to others. To ensure all voices in the community are heard, a Spanish language option is available.

An online option was available for the 2022 survey for a second consecutive year. Approximately 31% of respondents completed the survey online. Online administration will significantly reduce the cost of the survey.

The results of the survey account for 30% of the Medicaid Pay for Performance score. **The 2021 survey results indicated** a "good" to "very good" level of satisfaction with Maryland nursing homes. Several scores decreased in 2021, compared to 2020.

Table 2: Summary of Nursing Home Family Experience of Care	
Domain Scores-2021 Statewide Results	

Domain Scores-2021 Statewide Results				
Survey Domain	Statewide Score			
Staff and Administration of the Nursing Home	3.3 out of 4			
Care Provided to Residents	3.1 out of 4			
Food and Meals	3.0 out of 4			
Autonomy and Resident Rights	3.1 out of 4			
Physical Aspects of the Nursing Home	3.2 out of 4			
Activities	2.6 out of 4			
Security and Residents' Personal Rights	3.3 out of 4			
Overall Rating of Care Received at the Nursing Home	7.5 out of 10			
Percentage of "Definitely Yes" or "Probably Yes" Responses to "Would You Recommended the Nursing Home?"	75%			



#### Reported health care employee influenza vaccination rates to guide infection reduction

The commission has collected employee flu vaccination data for years for nursing homes, hospitals, and assisted living facilities. Beginning with the 2021-2022 flu season, the Commission expanded the collection of employee vaccination data to hospice and home health providers. This information is available on the Maryland Quality Reporting website.

#### **Hospitals**

The statewide vaccination rate for hospital employees increased from 78% (from when the requirement was first initiated in FY 2010) to 94% in FY 2022. There was a slight decrease from the FY 2021 rate of 97%. The rate was higher than the overall national rate for hospitals, making Maryland one of the top-performing states according to the Centers for Disease Control and Prevention. All Maryland hospitals have mandatory influenza and COVID-19 vaccination policies in place for employees, with exemptions for employees who document medical contraindications (e.g. allergic reaction to vaccine).

#### **Nursing Homes**

The vaccination rate for nursing home employees has **decreased from 90% during the 2019-2020 flu season to 75% in the 2021-2022 flu season.** Approximately 32% of nursing home facilities reached a vaccination rate of 95% or higher. An informal survey among nursing home administrators indicated that employees were hesitant to receive both the influenza vaccine and the COVID-19 vaccine. The percentage of nursing facilities that have implemented mandatory influenza vaccination policies increased by 12%, bringing the overall percentage to 68%.

The survey included one new question about whether the nursing homes intend to implement a mandatory COVID-19 vaccination policy within the next two years. **Nursing facilities reported a 94% mandatory COVID-19 vaccination policy for 2021-2022.** Mandatory policies include consequences such as the following: requiring non-vaccinated employees to wear masks; restricting employees to certain areas of the facility; restricting employees to non-direct patient care; up to termination of employment.

These results from the nursing home vaccination survey account for 5% of the Medicaid Pay for Performance score.

#### **Assisted Living**

There was a slight decrease in influenza vaccination rates in Maryland's assisted living facilities with 10 or more beds. These facilities reported a 59% influenza vaccination rate in the current flu season compared to 64% the previous season. Despite this decrease, the vaccination rate is still higher than in years before 2020.

The percentage of assisted living facilities with 10 or more beds that have a mandatory vaccination policy or intend to implement a policy within the next year decreased slightly from 52% to 47%. The survey included one new question about whether the assisted living facility intends to implement a mandatory COVID-19 vaccination policy within the next two years. **Sixty-two percent of Maryland facilities have previously implemented a mandatory COVID-19 vaccination policy.** Mandatory policies include consequences such as the following: requiring non-vaccinated employees to wear masks; restricting employees to certain areas of the facility; restricting employees to non-direct patient care; up to termination of employment.

#### Section 1: 2022 MHCC Activities and Accomplishments

#### **Home Health and Hospice**

In FY 2021, MHCC announced a new initiative to extend the employee flu vaccination survey to home health agencies and hospices. The first year of data collection was the 2021-2022 flu season. Hospices reported that 82.8% of their employees were vaccinated against the flu, and 37.5% of hospices received a "gold star" for having more than 95% of employees vaccinated.

Home health agencies reported that **79.1%** of their employees were vaccinated against the flu, and 24.1% of home health agencies received a "gold star" (≥95% of employees vaccinated). **38.9%** of home health agencies reported that vaccination against the flu is mandatory.

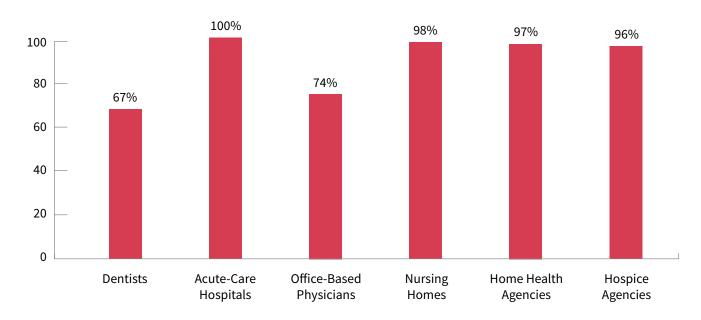


#### Promoted and supported the use and expansion of Health IT

MHCC assessed the diffusion of electronic health records, HIE, and telehealth to identify trends and relevant policy matters that support awareness and inform policy development, implementation, and evaluation.

A snapshot of electronic health record adoption by care setting is shown below.

Figure 2
EHR Adoption Rate (%) in Maryland by Care Setting



Note. Maryland data is self-reported and has not been audited for accuracy; national data was obtained from publicly available sources; national data unavailable for hospice agencies

Other work we have completed includes the following:

- Maintained oversight of the CRISP, the State-designated HIE.
- Identified states that have new consumer data privacy laws that include protections for patient-generated health data that are not subject to the Health Insurance Portability and Accountability Act.
- Developed educational resources for health care consumers and providers overviewing privacy and security considerations for data collected and shared using consumer wearable technology.
- Continued to monitor data breach trends through Maryland and the nation by conducting an analysis of health care data breaches affecting 500 or more individuals from 2018-2021. These findings informed approaches to educational initiatives on cybersecurity best practices.
- Released the Cybersecurity Preparedness Self-Assessment Questionnaire designed to help users identify potential gaps in cybersecurity and prioritize areas for improvement.
- Hosted a cybersecurity webinar that provided an overview of best practices for mitigating cyber risks and key considerations for selecting cyber liability insurance coverage.

# **SECTION 2**

MHCC Organization, Operations, and Budget



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#### Organization

The Commission's organization serves as the foundation from which we tackle Marylanders' health disparities with a healthy future in mind. We are organized around the health care systems we seek to evaluate and we bring a wide range of tools (including data collection, public reporting, strategic planning, and regulation) to improve health care quality, costs, and accessibility. The Commission's activities are directed and managed by the Commission Executive Director. Administrative activities, such as staffing, budget, and procurement, are managed by the Director of Administration. Two Assistant Attorney Generals provide professional legal counsel to the Executive Director, the Commission members, and Commission staff.

MHCC staff members' backgrounds and skills encompass a broad range of expertise, including:

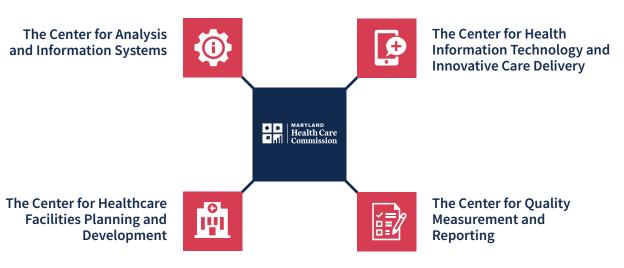
- Public policy analysis
- Data management and analysis
- Strategic health planning
- Health facility construction and finance

- Quality control and assurance
- Law
- · Clinical and health services research
- Public performance reporting

Most of the MHCC staff is organized into four Centers. Two of the four Centers—the Center for Health Care Facilities Planning and Development and the Center for Quality Measurement and Reporting—are centralized around health care provider organizations, bringing expertise and strategy together under the same leadership to address health care costs, quality, and accessibility throughout Maryland's health care system.

The Center for Analysis and Information Systems not only conducts in-depth and varied studies, using Maryland databases and national surveys, but also has specific responsibilities relating to physician services. The fourth Center, the Center for Health Information Technology and Innovative Care Delivery, is in charge of activities that cut across sectors to facilitate the use of Health IT, support advanced care delivery, and facilitate private and secure transfers of personal health information among sectors.

**Figure 3**Organizational Ecosystem at MHCC



#### Section 2: MHCC Organization, Operations, and Budget

#### The Center for Analysis and Information Systems

#### **Director, Kenneth Yeates-Trotman**

This Center assembles and manages the State's APCD from claim and eligibility information submitted by private payers, Medicare, and Medicaid. The Center uses the APCD to report on total and sector-specific health care spending (cost and utilization), including hospitals, health care professionals, and prescription drugs. The Center also maintains the Wear the Cost website. The Center for Analysis and Information Systems plays a crucial role in one of the Commission's strategic priorities—making MHCC the trusted source for cost and quality information.

#### The Center for Health Care Facilities Planning and Development

#### Director, Paul Parker

The Center for Health Care Facilities Planning and Development develops strategic plans for the supply and distribution of health care facilities and services, and regulates the supply and distribution of facilities and services through CON and related oversight programs. The Center is responsible for developing and updating the State Health Plan, a regulatory body that establishes criteria and standards for considering the need, costs, effectiveness, impact, and viability of health care facility projects or service-delivery programs. The Center administers the CON program, regulating certain types of capital projects by seven types of health care facilities. It also administers the Certificate of Conformance and Certificate of Ongoing Performance programs, which regulate development PCI programs and performance of cardiac surgery and PCI programs. The Center collects information on health care facility services and service capacity and use of facilities. Annual data sets are developed on the services at general and specialty hospitals, nursing homes, home health agencies, general hospices, assisted living facilities, and adult day care facilities. The Center also obtains hospital databases on cardiac surgery and PCI for the regulatory oversight of these services.

#### The Center for Health Information Technology and Innovative Care Delivery

#### **Director, David Sharp**

The Center for Health Information Technology and Innovative Care Delivery (the Center) advances value-based care models and diffuses statewide health IT to promote a fortified and flexible health IT ecosystem that focuses on improving health outcomes through care coordination rather than the number of care services. The Center provides oversight to registered HIE organizations that operate in Maryland and envelope policies that promote innovations towards interoperability.

#### The Center for Quality Measurement and Reporting

#### Director, Theressa Lee

The Center for Quality Measurement and Reporting is responsible for the Commission's mandates for health care provider quality and performance evaluation. These mandates increase transparency and aid informed decision-making for consumers, facilitate care delivery improvements, and support Maryland's unique hospital rate-setting system (i.e., the TCOC Model). The Center maintains the Maryland Health Care Quality Reports website. The Center is also committed to reporting health care disparities and remains focused on raising awareness of the Quality Reports consumer site among minority and disadvantaged populations.

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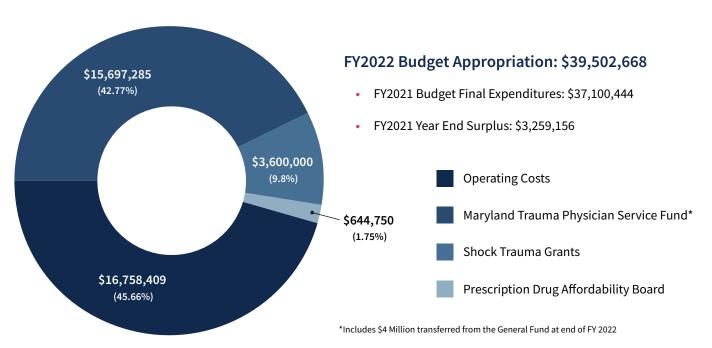
#### **Appropriations and Spending**

MHCC collects special funding based on the assessment of health care providers and payers regulated by the Commission. The amount is derived differently for each industry and is set every four years based on an analysis of the Commission's workload. The cap was raised from \$16 million to \$20 million during the 2022 legislative session. This new cap became effective July 1, 2022 (Fiscal Year 2023).

As in fiscal year 2020, the Commission assesses the following percentages on industries:

- Payers for an amount not to exceed 26% of the total MHCC budget
- Hospitals for an amount not to exceed 39% of the total MHCC budget
- Health occupation boards for an amount not to exceed 16% of the total MHCC budget
- Nursing homes for an amount not to exceed 19% of the total MHCC budget

**Figure 4**2022 Budget Appropriation



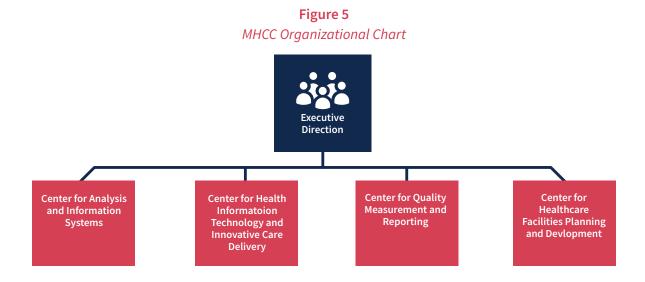
# **APPENDICES**



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#### Governance



#### **Selection Process and Geographic Representation of Commissioners**

MHCC is governed by 15 commissioners appointed by the Maryland Governor based on the Senate's counsel. The Governor appoints the Chairman, and in turn, the Chairman may appoint a Vice Chairman. Members are selected based on their geographic location, and the type of stakeholder they represent. Each commissioner's term is limited to four years and they may not serve more than 2 consecutive terms.

#### **Commission Composition**

- 9 members do not have any connection with the management or policy of a health care provider or payer (currently 1 vacancy)
- 2 physicians
- 2 payers
- 1 state nursing home administrator
- 1 non-physician health care practitioner

Whenever feasible, the Governor makes their commission appointments considering the following criteria: at least five members must be residents of different counties with populations of 300,000 or more, and at least three members are residents of different counties with populations of less than 300,000. Of the three members representing counties with fewer than 300,000 residents, at least one must be a resident of the Eastern Shore; one must be a resident of Allegany, Garrett, Washington, Carroll, or Frederick County; and one must be a resident of Southern Maryland.

#### **Appendices**

#### **Commissioner Biographies**

These are the commissioners who were serving when this report was developed.

Randolph S. Sergent, Esq, Chairman, is vice president and deputy general counsel for CareFirst BlueCross BlueShield, where he has been employed since 2010. Prior to joining CareFirst, Mr. Sergent was a partner at Venable LLP. He also has served in the Maryland Attorney General's Office as deputy counsel to the Maryland Insurance Commissioner and as assistant attorney general in the Civil Litigation Division. Mr. Sergent is a member of the Ethics Committee of the Maryland State Bar Association and has served as chair of the Maryland State Bar Association's Health Law Section. He holds a juris doctorate from the University of Virginia School of Law, a Master of Science in electrical engineering from the University of Waryland, College Park, and a Bachelor of Science in electrical engineering from the University of Virginia. Mr. Sergent resides in Howard County. (Term Expires 9/30/2024).

Arun Bhandari, MD, is a practicing Oncologist and Hematologist at Chesapeake Oncology Hematology Associates, PA, Annapolis, MD since 2007(an Oncology - Hematology private practice serving citizens of Maryland since 1990). He is on staff at Anne Arundel Medical Center, Baltimore Washington Medical Center, and John Hopkins Medicine at Howard County General Hospital. Dr. Bhandari is an Executive Board Member of The Maryland and District of Columbia Society of Clinical Oncology, Inc. which plays a significant role in improving the quality and delivery of cancer care in Maryland and the District of Columbia.

Bhandari was appointed by Governor Hogan as a Council on the Maryland State Council on Cancer Control, where he has a role to educate and advise government officials, public and private organizations, and the general public on comprehensive State policies and programs necessary to reduce and control cancer incidence, mortality, and morbidity among Marylanders. Dr. Bhandari served as Chairman of Panel A of the Maryland Board of Physicians from 2016 to 2020. He was responsible for assuring quality health care in Maryland through the efficient licensure and effective discipline of healthcare providers under its jurisdiction by protecting and educating clients, customers, and stakeholders, and enforcing the Maryland Medical Practice Act.

Dr. Bhandari completed a fellowship in Hematology-Oncology from Georgetown University Hospital/Washington Hospital Center, Washington, DC with bone marrow transplant rotation at the National Institute of Health, Bethesda, MD. He served as a Chief Fellow in Hematology & Oncology from 2004-2005. He was a fellow in Hematology & Oncology at The University of Tennessee Health Science Center, Memphis, TN, and National Comprehensive Cancer Network Member Institution. (Term Expires 9/30/2025).

Cassandra Boyer, BA, works at the US Army Communications Electronics Command at the Aberdeen Proving Ground, Maryland. She currently serves as the point person coordinating the Software Engineering Center's Human Capital Program. Past roles have included executive officer, corporate communications, and the Communications Electronics Command Commander's Initiatives Group. Prior to her employment with the US Army, Ms. Boyer held several positions in public affairs, including director of communications for Coventry Health Care of Delaware and director of advocacy for the American Lung Association. She lives in Havre de Grace, MD, and serves her community as a member of the Havre de Grace City Council. She is a graduate of Ursinus College, with additional study at Johns Hopkins University and the College of Notre Dame. (Term Expires 9/30/2023).

Marcia L. Boyle, MS, is the founder of the Immune Deficiency Foundation, the national nonprofit patient organization dedicated to improving the diagnosis, treatment, and quality of life of people with primary immunodeficiency diseases through advocacy, education, and research (primaryimmune.org). She served as president and CEO until her retirement in August 2017. She grew the Immune Deficiency Foundation from five volunteers in 1980 to an organization with approximately \$10 million a year in revenue in 2017 and a full-time staff of 37. She was a co-founder of the International Patient Organization for Primary Immunodeficiencies, which currently includes representation of patient organizations from 60 countries around the world. She also served on the Board of Directors of the National Health Council from 2015 to 2017. She was honored as a White House Champion of Change in Precision Medicine in 2015. (Term Expires 9/30/2022).

Trupti N. Brahmbhatt, PhD, is a senior policy researcher at Rand. She earned a Bachelor of Science in zoology and a master's in microbiology; a doctor of philosophy in emerging infectious diseases; a master of arts in diplomacy (terrorism track); an executive master of business administration (defense acquisition);

#### **Appendices**

and a master's in science and technology intelligence (cyber security and data analytics). Ms. Brahmbhatt is an American Society of Clinical Pathology board certified technologist in microbiology and immunology. She enlisted in the United States Navy in 1990, retiring in 2018 after 28 years of active duty service. She holds an appointment as an assistant adjunct professor at the Department of Microbiology and Immunology, School of Medicine, Uniformed Services University, Maryland. Her professional interests and expertise include health care policy, science and technology, strategic planning, intelligence, defense acquisition, infectious diseases, microbiology, and biodefense. (Term Expires 9/30/2023).

Ken Buczynski, MD, is the founder and owner of Wellspring Family Medicine, a practice that provides outpatient, inpatient, and surgical obstetrical care to residents of Western Maryland. Dr. Buczynski founded Wellspring Family Medicine in 2004 and has grown the practice to three sites staffed by four physicians, five physician assistants, and one nurse practitioner.

Dr. Buczynski holds leadership positions with organizations dedicated to providing care to residents of Western Maryland. He is the Chairman of the Department of Medicine at Garrett Regional Medical Center and serves as Secretary on the medical staff Executive Committee. He serves as adjunct faculty for the University of Maryland in the Western Maryland Area Health Education Center's rural rotations program for medical students. Dr. Buczynski also currently works part-time in the Emergency Department at Garrett Regional Medical Center where he serves as the Base Station Medical Director. Dr. Buczynski formerly served as an attending physician and Medical Director of Oakland Nursing and Rehab Center as well as Owner and Medical Director of Garrett Medical Transport, an interfacility ambulance transport company.

Dr. Buczynski received his medical education at Penn State College of Medicine and his undergraduate education at University of Virginia, where he graduated with high distinction and was a two-year letterman in varsity football. He completed his family medicine residency at Via Christi Regional Medical Center in Wichita Kansas. Dr. Buczynski is a staunch advocate for advanced primary care. Wellspring Family Medicine is the only primary care practice in Garrett County that participates in the MDPCP and he serves on the MDPCP Advisory Council, a group convened by MHCC to make recommendations to the Secretary of Health on changes to the MDPCP. (Term Expires 9/30/2024).

**Dr. Tinisha Cheatham, MD,** is a physician in chief of the Mid-Atlantic Permanente Medical Group for the Baltimore service area. She is responsible for the clinical care that the Mid-Atlantic Permanente Medical Group delivers to over 134,000 members

at Kaiser Permanente's integrated outpatient medical centers, contracted hospitals, and affiliated skilled nursing facilities across the Baltimore metropolitan area. Dr. Cheatham is a board-certified family medicine physician who currently practices throughout the Baltimore service area. She received her bachelor's degree in zoology and biology from North Carolina State University and her Doctor of Osteopathic Medicine degree from the Ohio University College of Osteopathic Medicine in Athens, Ohio. She completed her family medicine training at Doctors Hospital in Columbus, Ohio. Dr. Cheatham has been recognized by her peers as a top doctor and was acknowledged by the National Committee for Quality Assurance Diabetes Recognition Program from 2011 to 2014. (Term Expires 9/30/2024).

Mark Jensen, Esq, is a senior partner and the founder of Bowie & Jensen, a law firm based in Baltimore Maryland. Mr. Jensen heads the Mergers & Acquisitions practice and oversees the firm's work with major clients including counseling established private companies on decisions and transactions which advance critical corporate objectives. Mark serves as outside general counsel for several private companies, helping them to identify and triage a range of legal and business issues, including governance, mergers & acquisitions, corporate issues, intellectual property, real estate, and employment matters. Mr. Jensen has been active in the community and public service throughout his career. He has provided pro bono assistance to numerous non-profit organizations, including the Intrepid Foundation and the Bates/ Vincent Foundation.

Mr. Jensen has been engaged with the Maryland health care system for over two decades. He served on, and ultimately Chaired, the Board of MedStar Union Memorial Hospital and later on the MedStar Health System Board from 2011-2019, where he Chaired the Patient Safety and Quality Committee. He held leadership positions with the Maryland Hospital Association including Chairman of the Board, Chairman of the Search Committee for the new MedStar Health Association President and CEO, and a member of the Clinical and Quality Issues Committee. Mr. Jensen earned his J.D. from the State University of New York at Buffalo. (Term Expires 9/30/2025).

Jeffrey Metz, MBA, is president and administrator of Egle Nursing and Rehab Center in Lonaconing, Maryland. He is also a founding partner in Foundation Rehab, an affiliate of Egle that provides long-term-care rehabilitation services. Mr. Metz previously served as vice-chair for the Maryland State Board of Examiners of Nursing Home Administrators. A graduate of Frostburg State University, he has a Bachelor of Science degree in accounting and a master's

#### **Appendices**

degree in business administration. Mr. Metz resides in Allegany County. (Term Expires 9/30/2022).

Gerard S. O'Connor, MD, is a surgeon in private practice in Chestertown, Maryland. In addition to his private practice, Dr. O'Connor has served as chief of the medical staff and chief of surgery at Chester River Hospital Center, now University of Maryland Shore Medical Center at Chestertown. He received his undergraduate medical education at Georgetown University and completed a residency in general surgery at George Washington University. Dr. O'Connor brings to the Commission the perspective of a physician who serves a rural Maryland community. (Term Expires 9/30/2023).

Michael J. O'Grady, PhD, is a principal of O'Grady Health Policy LLC, a private health consulting firm, and a senior fellow at the National Opinion Research Center at the University of Chicago. His current research is concentrated on the interaction between scientific development and health economics, with a particular concentration on diabetes and obesity. From 2003 to 2005, he was the assistant secretary for Planning and Evaluation at the US Department of Health and Human Services. Dr. O'Grady worked directly with the secretary on such critical policy issues as implementing the new Medicare drug benefit. Prior to his Senate confirmation, he served as a senior health advisor to the chairman of the Senate Finance Committee and senior health economist at the Joint Economic Committee of the US Congress. Dr. O'Grady also held senior staff positions with the Medicare Payment Advisory Commission and the Congressional Research Service at the Library of Congress. He received his PhD in political science from the University of Rochester. Dr. O'Grady resides in Montgomery County. (Term Expires 9/30/2023).

Awawu Ojikutu, CRNP, is a nurse practitioner specializing in addiction medicine, and she operates a private practice, AIM Behavioral Health Services. She holds a Bachelor of Science in Nursing degree from Howard University and a Master of Science in Nursing degree from George Washington University. Currently pursuing her Doctor of Nursing Practice Psych Mental Health Nurse Practitioner - Family specialty at University of Maryland School of Nursing. She is a proud member of Chi Eta Phi Sorority Inc., a volunteer with the American Red Cross, and a member of the Board of Directors for Lynn's Gift Inc., a national nonprofit that supports families from low-income backgrounds. (Term Expires 9/30/22).

Marcus L. Wang, Esq, is a Harvard-educated CEO and New Yorklicensed attorney with proven experience both in building startups to profitability and in expanding public companies globally. He has powered companies to success in diverse sectors ranging from biotech and genomics to retail and e-commerce, in both the U.S. and China.

Mr. Wang serves as Co-Founder, President, and General Manager of ZytoGen Global Genetics Institute, which utilizes Next Generation Sequencing to drive successful pregnancy outcomes for patients worldwide through its proprietary Preimplantation Genetic Screening platform. Mr. Wang's international business and legal experience cover both the U.S., where he practiced corporate law at the Manhattan office of DLA Piper, as well as China, where he spearheaded the development, execution, and launch of Under Armour's China market entry in 2011. Mr. Wang continues to advise U.S. businesses concerning China's market entry and partnerships, providing guidance on go-to-market strategy, regulatory issues, brand development, and product localization.

Mr. Wang also serves as the Chair of the Baltimore County Economic Development Advisory Board. Formed in 2020 by Baltimore County Executive Johnny Olszewski, the Board is tasked with advising the administration on strategies for attraction and retention of businesses, best practices for public-private partnerships, and the creation of a long-term economic development strategy.

Born and raised in Baltimore, Mr. Wang is a graduate of Gilman School with an A.B. cum laude from Harvard University and a J.D. from the University of Maryland Francis King Carey School of Law. Mr. Wang also holds a Certificate in International and Comparative Business Law from the Central University of Finance and Economics in Beijing, and a Certificate in Genetics and Genomics from Stanford University. Mr. Wang is licensed and admitted to practice as an attorney in the State of New York. (Term Expires 9/30/24).

Karrie Wood, Executive Vice President, Director of Business
Development. Karrie Wood is the Director of Business Development
for Community Bank of the Chesapeake. Karrie has been with the
Bank for twenty years and has extensive experience and expertise
collaborating with large commercial clients, municipalities,
and school systems. Karrie is a graduate of Maryland Banking
School and also attended the College of Southern Maryland and
is a graduate of the Leadership of Southern Maryland Executive
program. Karrie serves her community as the current Treasurer
and Membership Chair for the Charlotte Hall Rotary Club and board
member for The Calverton School. Karrie is a past President of the
Charlotte Hall Rotary Club, past board member of the Community
Foundation of Southern Maryland and past board member of the
Calvert Health Foundation. (Term Expires 9/30/25).

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# Tables of Certificate of Need and Related Actions in FY 2022

#### Table 3: Changes to Approved Certificate of Need Actions in FY 2022 **Project Sponsor** Location **Description of Project Estimated Cost** Final of Project Action AHC Washington Montgomery Change in condition to reduce operating NA Denial Adventist Hospital hours of a mandated urgent care center on the former hospital site. Adventist Rehabilitation Increase in the approved cost of relocating Montgomery \$2,997,052 Approval Hospital of Maryland a special rehabilitation hospital New authorized project cost: \$22,544,375 UM St. Joseph Medical Baltimore Co. Retention of one operating room \$500,000 Approval Center formerly authorized for conversion to non-clinical space **Encompass Health** \$6,701,380 Prince George's Increase in the approved cost of establishing Approval Rehabilitation Hospital a special rehabilitation hospital New authorized of Southern Maryland project cost: \$52,683,586 AHC Washington Montgomery Change in condition to replace a NA Approval **Adventist Hospital** mandated urgent care center on the former hospital site with a primary care office with behavioral health counseling in Takoma Park

#### **Appendices**

	Table 4: Certificate of Need Actions in FY 2022							
Project Sponsor	Location	Description of Project	Estimated Cost of Project	Final Action				
Hillhaven Nursing and Rehabilitation Center	Prince George's	Add 16 comprehensive care facility beds	\$9,446,890	Conditional Approval				
Luminis Health Doctors Community Medical Center	Anne Arundel	Introduce acute psychiatric hospital services for adults (16 beds)	\$7,787,303	Conditional Approval				
Avenues Recovery Center of Chesapeake Bay	Dorchester	Establish an alcoholism and drug abuse intermediate care facility (ICF – 20 beds)	\$55,000	Conditional Approval				
Hygea Detox	Baltimore Co.	Establish an alcoholism and drug abuse ICF (50 beds)	\$11,464,672	Conditional Approval				
Hope Health Systems	Baltimore Co.	Establish a special psychiatric hospital for children/adolescents (16 beds)	\$1,500,000	Denial				

C.

#### Legislative Initiatives from the 2022 Legislative Session

During the 2022 legislative session, Maryland enacted a number of laws and regulations related to the mission and responsibilities of the Commission.

#### **Workgroups and Studies**

#### SB 531/HB 636 - Maryland Health Care Commission - Study on Assisted Living Programs

This bill legally mandates MHCC to conduct a study on the quality of care provided by assisted living programs with nine or fewer beds in Maryland. All findings must be reported on or before October 1, 2023.

### SB 834/HB 1148 - Health Insurance - Authorization for two-sided Incentive Arrangements and Capitated Payments

This bill establishes provisions for value-based arrangements, authorizes incentive-based compensation to include two-sided incentive arrangements and prohibits participation in a two-sided incentive arrangement from being the only opportunity for increases in health care provider reimbursement.

#### SB 591/HB 915 - Maryland Health Care Commission - Patient Safety Center - Designation and Fund

The bill requires MHCC to designate the Maryland Patient Safety Center as the State's patient safety center through April 2025. The bill establishes requirements for the Center and designates the Patient Safety Center Fund as a non-lapsing fund. The MHCC must work with the Center to generate a report for the Senate Finance Committee and the House Health and Government Operations Committee each year, on or before October 1. The report must include the Center's statewide activities related to the development, coordination, and implementation of patient safety and how the Center's annual activities align with State health priorities.

#### HB 670 - Maryland Health Care Commission - Study on Expansion of Interstate Telehealth\*

MHCC is the lead in the development, implementation, and reporting on this study. MHCC must partner with the State Board of Physicians, HSCRC, Maryland Department of Health, Maryland Insurance Administration, and relevant stakeholders to conduct a study that investigates ways telehealth can be expanded to allow State residents to receive telehealth from out-of-state providers. The study must investigate:

- How to address insurance implications;
- How interstate health compacts are being used;
- The impact an expansion would have on Maryland-based health providers; and
- How to alter licensure requirements.

#### HB 378 - Maryland Health Care Commission - Palliative Care Services - Workgroup

The bill convenes a workgroup to study palliative care services in Maryland and to make recommendations to improve the quality of palliative care services.

#### **Appendices**

#### SB 677 - Maryland Health Care Commission - Nursing Homes - Reporting\*

This bill requires the MHCC to post a report on its website that includes certain ownership, utilization, and financial data regarding licensed nursing homes in the State by January 31 each year. The bill also mandates the Commission to publish searchable information on its website on certain licensed nursing homes, including information from and links to cost reports filed with the Commission by nursing homes. MHCC will post a report on its website with specified information regarding nursing homes for the immediately preceding year, by January 31 each year.

#### SB 734 - Maryland Health Care Commission - Primary Care Report and Workgroup

The bill requires the MHCC to form a workgroup and develop recommendations on expanding the investment in primary care. Beginning in 2023, the MHCC is required to report on spending on primary care services in Maryland.

#### SB 984/HB 1127 - Public Health - State Designated Exchange - Health Data Utility

The bill requires the state-designated exchange to function as a health data utility for Maryland. The bill also requires nursing homes and electronic health networks to provide data to the State-designated exchange. MHCC is required to adopt regulations to carry out the functions of the bill. On or before January 1, 2024, the Maryland Department of Health, the Maryland Health Care Commission, and the State designated exchange shall submit a report to the General Assembly, in accordance with § 1 2–1257 of the State Government Article, that identifies ongoing revenue sources to fund the activities required under § 19–145 of the Health – General Article.

#### SB 824/HB 1073 - Health - Accessibility of Electronic Advance Care Planning Documents

This legislation requires the MHCC to coordinate the accessibility of electronic advance care planning documents in the State. It mandates certain health care facilities, managed care organizations, and carriers to take certain actions relating to electronic advance care planning documents. The bill also requires the Motor Vehicle Administration to submit a report regarding the implementation of certain provisions of law relating to advance directives.

#### SB 290 - Budget Bill (Fiscal Year 2023) - Joint Chairmen Reports

#### Behavioral Health Crisis Response System Study

The MHCC is required to conduct an independent analysis of the behavioral health crisis response system. To conduct this analysis, MHCC should develop a request for proposals to contract with a health research and analytics company to conduct a needs assessment and gap analysis of Maryland's behavioral health crisis response services continuum. MHCC should also convene a workgroup composed of the Behavioral Health Administration and other stakeholders involved in the evaluation of Maryland's behavioral health crisis response system. The selection of the health research and analytics company and the conduct of the independent study should be done in consultation with the workgroup. The MHCC submitted an interim report produced by the independent health research and analytics company contractor by December 1, 2022. It is the intent of the committees that the working group should continue to revise the interim report, with the intent of producing a final report by December 1, 2023.

#### **Organ Transplant Report**

The MHCC will submit a report that reviews the existing policies governing the eligibility for receiving an organ donation, reasons for denial, and the number of people denied or deferred under each reason since 2018. The report also must consider the financial requirements that may be a cause of the denial or deferral of care.

#### **Appendices**

#### **Insurance Mandate Studies**

#### HB 142 - Health Insurance - Coverage of In Vitro Fertilization - Revisions\*

The bill expands benefits for expenses incurred from in-vitro fertilization procedures and prohibits carriers from denying coverage of benefits for certain expenses from in-vitro fertilization procedures if the spouse is a genetic carrier for fetal anomalies. The bill also alters the circumstances for insurers, health service plans, and health organizations to exclude benefits.

#### SB 634 - Health Insurance - Home Test Kits for Sexually Transmitted Diseases - Required Coverage\*

The bill requires health insurance policies to provide coverage for the purchase of home test kits for sextually transmitted diseases and related lab costs if the test kit is ordered by an in-network provider.

#### SB 725/HB 974 - Health Insurance - Physical Therapy - Copayments, Coinsurance, and Deductibles\*

The bill prohibits insurers, health service plans, and health maintenance organizations from imposing payments (copayment, coinsurance, or deductible) for services to patients that are greater than the payment for a primary care visit under the same plan.

<sup>\*</sup>Asterisk denotes proposed legislation that did not pass.



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