

2023 ANNUAL REPORT

MARYLAND HEALTH CARE COMMISSION

Randolph Sargent, Esq, Chairman • Ben Steffen, Executive Director

July 1, 2022 through June 30, 2023

Leading
the Way to
a Healthier
Maryland



MARYLAND
Health Care
Commission

EXECUTIVE SUMMARY

The Maryland Health Care Commission (MHCC or the Commission) works to make quality health care more accessible for all Marylanders and eliminate health disparities. The Commission also provides key information on health care quality and cost to guide more informed decisions about care. The goal of this work is to improve the health and wellbeing of the communities we serve and lead the way to a healthier Maryland.

During the 2023 fiscal year, we have advanced several key areas of our 4-year strategic plan:

HEALTH CARE SYSTEM COST, QUALITY, AND DISPARITIES

- **Cost:** Redesigned and increased awareness of the health care quality reports consumer website, so Marylanders could more easily compare costs for up to five facilities. Expanded the number of episodes and procedures on Wear the Cost website to increase price transparency and help inform patients' decisions when selecting a hospital.
- **Quality:** Initiated data analytics of the Hospital Consumer Assessment of Healthcare Providers and Systems and facilitated medical practice transformation activities and administered virtual training to improve care quality in value-based care models
- **Disparities:** Expanded the Health Equity feature on the Maryland Health Care Quality Reports consumer website and provided virtual training focused on equity, diversity, and inclusion to medical practices.

HEALTH FACILITIES PLANNING AND CERTIFICATE OF NEED

- Continued to ensure COVID-19 patients had access to hospital beds by approving an additional emergency Certificate of Need (CON) and finalized review of 10 CON applications.
- Finalized three ongoing performance reviews of hospital percutaneous coronary intervention (PCI) programs and four ongoing performance reviews of hospital cardiac surgery programs.
- Completed report on 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.

INFORMATION TECHNOLOGY IN HEALTH CARE

- Submitted a report to the General Assembly on funding sources for expanding use of health IT to support implementation of four key laws.
- Completed an interstate telehealth expansion study as requested by the Health and Government Operations Committee
- Convened a Noncontrolled Prescription Drug Workgroup to address technology and policy matters with reporting dispenses of non-controlled dangerous substances
- Convened stakeholders to discuss technical approaches for restricting the disclosure of certain protected health information
- Released an Electronic Advance Directives Spotlight overviewing Maryland advance care planning, use of online repositories, and electronic health record systems to highlight the benefits of advance care planning and options for consumers.
- Released a Health Care Data Breach Spotlight overviewing findings from an analysis of breaches affecting 500 or more individuals and best practices for safeguarding data.

SUPPORT OF STATEWIDE REFORMS

- Established the Primary Care Workgroup to provide input on an analysis of primary care investment relative to overall health care spending.
- Developed interstate telehealth recommendations intended to guide first steps for expanding delivery of telehealth services across state lines.
- Supported implementation of a CRISP health data utility through planning and developing technical specifications for reporting noncontrolled prescription drugs by dispensers.
- Adopted emergency regulations for Health Information Exchange (HIE) and Electronic Health Networks (EHN) entities operating in the State to support protections for the disclosure of legally protected health information.
- Convened the Maryland Primary Care Program Advisory Council to consider policy and operation-based matters for inclusion in the State's annual report to the Center for Medicare and Medicaid Innovation.
- Provided support to Maryland's Total Cost of Care Model by convening health care symposiums aimed at transforming primary care through practice redesign.

THE COMMISSIONERS

Full biographies for all Commissioners are located in Appendix A.

CHAIRMAN

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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 decisions about their care to help lead the way to a healthier Maryland.

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 fourth 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.



EDUCATE

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

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.



PLAN & 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

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

- 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 health care
- Support health-related legislative initiatives
- Report data on health system quality and cost
- Strategically plan for and maintain the availability and financial viability of health care facilities and services
- Monitor health care expenditures
- Convene stakeholders to plan, analyze, and report annually on ways to improve quality of and access to primary care services, with special attention on ways to reduce health care disparities, promote health equity, and avoid increased costs to patients and the health care system
- Support diffusion of a strong, flexible, and secure health information technology ecosystem
- Promote health care delivery system reform
- Develop an all-payer database to monitor care cost, quality, and population health
- 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.

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 2023, these five priorities include:

1

Communicating information to support informed health care decision making

2

Modernizing the CON program

3

Expanding use of telehealth in a variety of health care settings

4

Making health care cost and quality information accessible to all Marylanders

5

Supporting the adoption of value- based payment models

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.

SECTION 1

2023 MHCC Activities and Accomplishments



FIRST:

IMPROVING ACCESS TO CARE & ADDRESSING DISPARITIES TO MAKE MARYLAND HEALTHIER

Access to quality care not only improves the health of individual Marylanders, but also the wellness of entire communities. Health care access is key to overcoming deeply entrenched health disparities that have negative, often life-changing impacts on our people and communities throughout the State. In 2023, the Commission laid the framework for several initiatives delivering the Commission’s strategic priorities for improving access to care, addressing preventable health risks, and making health care affordable for all Marylanders.



HOW WE DID IT:



Held a Health Equity Symposium in collaboration with the Health Services Cost Review Commission and MedChi, The Maryland State Medical Society, highlighting challenges and opportunities for addressing matters of health equity among communities in the State.

Attendees of the Symposium learned strategies for identifying patterns of need in the community, building referral networks for services related to social needs, and connecting patients to resources.



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

The 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.

The MDPCP Advisory Council provides input on the MDPCP’s operations and serves in a consultative role to the Secretary of Health.



Supported telehealth innovation and policy developments after the end of the federal COVID-19 public health emergency

The MHCC is legally mandated by Chapter 382/Senate Bill 534, Preserve Telehealth Access Act of 2023, and Chapter 291/House Bill 1148, Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland), to study

the cost and clinical effort to deliver health care services through telehealth and study the adequacy of reimbursement for primary care and behavioral health outpatient services. Study activities have commenced; recommendations are due to the legislature by December 1, 2024.



Initiated a study to identify opportunities to improve the quality of care provided to our elderly and disabled population in assisted living programs

Many of our elderly citizens lack family and financial support systems to care for themselves as they age. Some rely on small, assisted living programs to provide help with activities of daily living, housing, and limited medical support. Reimbursement for these services is not covered by Medicare. Limited funding is provided through the Maryland Medicaid program, but a significant waiting list exists for program participation.

In FY2023, the MHCC, in consultation with the Office of Health Care Quality, the Maryland Long Term Care Ombudsman Program, the Medicaid Administration, the Governor’s Workforce Development Board and interested stakeholders were directed by the Maryland legislature to study the quality of care provided by assisted living programs in Maryland. The final report to the Maryland General Assembly is due by January 2024.



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. As a result, the Maryland Department of Health is 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 various state agencies and senior centers upon request. The staff scheduled webinars and discussion sessions with senior groups and has initiated discussions with other state agencies on the use of Community Health Workers to reach minority populations.

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. 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. 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. Unfortunately, FY2022 hospice utilization data was not available when this report was generated, but the Commission will continue to monitor trends and educate the public on the value of hospice services.



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 2023, revenue collections by the Motor Vehicle Administration were \$ 12,349,547, a slight increase compared to 2022 revenue collections (\$12,227,047). 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, 2022, through June 30, 2023,” 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.



Increased research to improve patient experience of care for all Marylanders

Historically, Maryland hospitals report lower levels of patient satisfaction compared to the nation. In FY2022, MHCC 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.). In FY2023, staff began analysis to identify specific areas of concern. Initial analyses showed clear differences in patient perceptions, especially among Black women who received maternity care. Staff continue to collaborate with other agencies to share findings and results, and to identify areas of focus for quality improvement activities.

SECOND:

IMPROVING HEALTH USING
INFORMATION ON THE QUALITY
AND COST OF CARE

Ensuring access to timely and accurate information is a critical component of improving the health of Marylanders. To help Marylanders choose high-quality care that will lead to a healthier Maryland 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:



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, comprehensive, 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 redesigned site launched in spring of 2021 and is updated with the most recent data throughout the year. In FY2023, the Commission also prioritized website promotional activities in an effort to increase public awareness of this important Commission resource.

IMPORTANT WEBSITE FEATURES INCLUDED:

- **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. A health equity inventory that showcases various programs provided by MDH to support the needs of underserved populations was launched in May 2023. The feature allows consumers to search for services based on medical conditions or jurisdiction.
- **Guides, fact sheets, and checklists:** This 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 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.

Staff developed and distributed a new quarterly newsletter called “Maryland Quality Corner” as a medium to engage with professionals, community partners, and others who are interested in quality initiatives occurring in Maryland. The newsletter reaches approximately 1,800 people.

To market to the older population in Maryland, staff attended senior-oriented community health fairs to distribute resources and materials to hundreds of older Marylanders. Staff also regularly engaged with consumers 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.



Increased partnerships with industry stakeholders to ensure
clear understanding of publicly reported health care data

Staff took an active role participating in and contributing to the Maryland Consumer Health Information Hub, also known as “the Hub”. The Hub was created from a 2022 Maryland law requiring State and local agencies to use plain language in public communications about health, safety, and social services benefits. Staff continue to network, share resources, and collaborate with partners to get plain language, easy-to-understand health care information into the hands of all Marylanders (<https://mgaleg.maryland.gov/mgaweb/Legislation/Details/hb1082?ys=2022RS>).

Various national agencies publish ratings and rankings of hospital performance. Staff regularly track and analyze results from these organizations, including CMS five-star ratings and Leapfrog Hospital Safety Grades. Trends and patterns are used to help focus improvement activities in different areas of care.



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
- Volume and price information, updated every six months, for all medical conditions treated in Maryland hospitals
- Daily rates for adult medical day cares
- 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 2023, the new data management contractor continues to demonstrate excellence in maintaining data quality and timely submissions. As a result, MHCC received “clean” quarterly data submissions before the deadlines for each quarter.

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 2022 was nearly 1.78 million (including subscribers and their dependents, excluding Employee Retirement Income Security Act and Federal Employee Health Benefits plans).

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. In the first quarter of 2023, the percentage of payers who submitted 100% clean data reached a high of 100%, mirroring the achievement from the prior year. This remarkable performance signifies that all data submitters consistently provided accurate and error-free data by the scheduled deadline. Notably, this marks the second time MHCC has accomplished this impressive 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 2022, 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 continue to show a 66% patient match of racial data between the Casemix and the APCD. Looking ahead, MHCC is collaborating with CRISP to improve the race/ethnicity data reporting using not only the Casemix data but incorporating Admission, Discharge Transfer notifications to enrich the reporting of race and ethnicity data in the APCD. This is anticipated to yield race/ethnicity data match rates between 85% - 90%.

The Commission is required to report the following information to the Senate Finance Committee and the House Health and Government Operations Committee on or before December 31, 2023, in accordance with §2-1257 of the State Government Article:

- | | |
|--|--|
| (a) The number and type of value-based arrangements entered into; | (d) The cost-effectiveness of the value-based arrangements; and |
| (b) Quality outcomes of the value-based arrangements; | (e) The impact of two-sided incentive arrangements on the fee schedules of health care practitioners included in the target budget who are not eligible providers. |
| (c) The number of complaints made regarding value-based arrangement; | |

To report on these measures, MHCC identified CareFirst, Kaiser, Aetna, United Healthcare, and Cigna, who have Alternate Payment Method contracts, to report their 2022 value-based arrangement data to MHCC in accordance with COMAR 10.25.06.03 and the Alternate Payment Method Data Submission Guide.



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

The Commission has made significant strides in educating Maryland residents about price disparities in common hospital services through the Wear the Cost website. Launched in 2017, this online tool helps consumers and stakeholders comprehend the varying prices charged by different hospitals for identical services. It provides information on the average and expected costs of elective procedures, including potential costs related to complications and surgical errors. The website has undergone updates, incorporating new episodes on procedures such as Coronary Angioplasty, Knee Arthroscopy, and Tonsillectomy, increasing the total number of available episodes to thirteen. MHCC’s initiative aims to empower individuals with precise and pertinent health care cost and quality data, fostering transparency and informed decision-making within the health care sector.

Recognizing the complexities of health care terminology and the vital need for effective communication, MHCC’s efforts to inform the public about health care costs and quality have been pivotal. By encouraging individuals to explore various hospitals and health care providers based on cost and quality information from the Wear the Cost website, MHCC is striving to enhance transparency, promote informed decision-making, and ultimately improve the overall health care experience for Maryland residents. Notably, the MHCC team is currently in the process of expanding the website by adding additional medical conditions or episodes of care for the privately insured and for the first time, introducing new episodes for Medicaid patients. This expansion of episodes furthers our commitment to providing valuable health care information to the community.

THIRD:

ENSURING ALL MARYLANDERS HAVE ACCESS TO QUALITY CARE FOR A HEALTHIER FUTURE

Improving access to high-quality care is 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 2023:

- Modified threshold for qualifying as an interested party.
- Added flexibility to the performance requirements.
- Included the option of a consent agenda to approve certain project changes.
- Streamlined the completeness review process.



Created an internal data inventory to improve efficiency

The Commission collects, analyzes, and reports on information from approximately 30 different datasets, including facility and patient level data. Staff created an internal data inventory, detailing characteristics of each data source. The inventory is accessible to all staff to ensure knowledge and awareness of available data sets. The inventory is an efficient method for staff to leverage existing datasets across all Centers and with other state agencies.



Supported practice transformation activities to improve care quality and efficiency

The Commission awarded a grant to MedChi Care Transformation Organization (CTO) to support up to 75 primary care and specialty practices with completion of select practice transformation activities. The activities aim to help practices deliver efficient, high-quality, team-based care. MedChi CTO provided guidance to practices for developing and redesigning workflows as well as transformation technical assistance. The first cohort of 24 practices completed the program on June 30, 2023.



Convened a Primary Care Workgroup to obtain input on the scope and methodology for a Primary Care Investment Analysis and Reporting Plan that will guide annual analyses of primary care investments and development of a recommendations for improving quality of and access to primary care services.

Primary care is an essential cornerstone of the health care system to achieve greater equity and better health for all. Senate Bill 734, Maryland Health Care Commission – Primary Care Report and Workgroup (2022) requires MHCC to annually conduct an analysis of primary care investment over the preceding year, including data stratified by zip code and county. The workgroup is tasked with identifying ways to improve the quality of 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. The MHCC convened Workgroup continuously explores opportunities to advance primary care policies that make sustainable and systematic improvements in access to care and support equitable access to quality and affordable health care.



Developed and delivered virtual training for medical practices to succeed in value-based care delivery models

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

- One webinar shared best practices for identifying and addressing hearing loss in primary care settings. The presentation included information on the impact of hearing loss on overall health, how to recognize signs of hearing loss, and strategies for establishing referral relationships with audiologists.
- A podiatric webinar shared best practices for accessing available data from HIEs, including how to leverage data to improve care delivery and chronic care management.
- A primary care webinar discussed the evolving role of social workers in team-based advanced care.



Completed the 2022 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
- Adult and pediatric respiratory conditions
- Primary care for adults (cardiovascular conditions, musculoskeletal disease, medication management, and general health)
- 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>).



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).



Participation In Industry committees and advisory councils

Staff take an active role in the participation of many industry committees and advisory councils. MHCC influence and reach spans across the health care system. A few examples of committee participation include the MDH Morbidity, Mortality, and Quality Review Committee, the Health Services Cost Review Commission’s Performance Measurement Workgroup, Maryland Cardiac Data Coordinators Committee, and Medicaid’s Payment Driven Payment Model for Nursing Homes Workgroup. Staff are uniquely positioned to provide perspectives on health system needs, access to care, and quality improvement activities.



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

19% of Maryland nursing homes earned a 5-star rating, ranked 5th among the surrounding states. Among Maryland home health agencies, 6% earned a 5-star rating, ranking Maryland 2nd among the surrounding states. Finally, 2.3% of hospitals earned a 5-star rating, ranking Maryland 4th among the surrounding states.

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	19%	5	6.0%	2	2.3%	4
District of Columbia	41%	1	11.1%	1	0%	5
Pennsylvania	21%	3	2.3%	5	14.3%	2
West Virginia	12%	6	5.9%	3	9.6%	3
Delaware	29%	2	0%	6	0%	6
Virginia	20%	4	2.6%	4	17.6%	1



Completed the 2022 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 inclusion of many voices in the community, a Spanish language option is available.

An online option was available for the 2023 survey for a second consecutive year. Approximately 49% of respondents completed the survey online. **Online administration has significantly reduced the cost of the survey and enables the reallocation of resources to data analytics.**

The results of the survey account for 30% of the Medicaid Pay for Performance score. The Medicaid Pay for Performance score awards facilities who perform highly on certain indicators such as staffing, health care worker influenza vaccination status, family satisfaction with care, and clinical quality of care. The 2022 survey results indicated a “good” (scores above 2.5 but below 3.0 on a scale of 1 to 4) to “very good” (scores above 3.0 on a scale of 1 to 4) level of satisfaction with Maryland nursing homes. Several scores decreased in 2022, compared to 2021. The scores in the table below indicate the average score across the state.

Table 2: Summary of Nursing Home Family Experience of Care Domain Scores-2021 Statewide Results		
Survey Domain	2021 Statewide Score	2022 Statewide Score
Staff and Administration of the Nursing Home	3.3 out of 4	3.2 out of 4
Care Provided to Residents	3.1 out of 4	3.1 out of 4
Food and Meals	3.0 out of 4	2.9 out of 4
Autonomy and Resident Rights	3.1 out of 4	3.1 out of 4
Physical Aspects of the Nursing Home	3.2 out of 4	3.0 out of 4
Activities	2.6 out of 4	2.7 out of 4
Security and Residents’ Personal Rights	3.3 out of 4	3.2 out of 4
Overall Rating of Care Received at the Nursing Home	7.5 out of 10	7.2 out of 10
Percentage of “Definitely Yes” or “Probably Yes” Responses to “Would You Recommended the Nursing Home?”	75%	69%



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. The Commission recently expanded this data collection initiative to hospice and home health providers. This information is available on the Maryland Quality Reporting website and enables the public to evaluate and compare provider performance on this important quality metric.

HOSPITALS

The statewide vaccination rate for hospital employees increased from 78% (from when the requirement was first initiated in FY 2010) to 95% in FY 2023. There was a slight increase from the FY 2022 rate of 94%. **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 slightly from 75% during the 2021-2022 flu season to 74% in the 2022-2023 flu season. This is significantly lower than the 90% vaccination rate reported during the 2019-2020 flu season. Approximately 30% 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 slightly to 69%. Nursing facilities reported a 88% mandatory COVID-19 vaccination policy for 2022-2023. Mandatory policies include consequences such as: 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

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 in the 2022-2023 flu season 81.4% were vaccinated. In the 2021-2022 flu season 37.5% of hospices received a “gold star” for having more than 95% of employees vaccinated, and in the 2022-2023 flu season 42.3% received a “gold star.”

Home health agencies reported that 79.1% of their employees were vaccinated against the flu, and that number decreased to 69.7% during the 2022-2023 flu season. In the 2021-2022 flu season, 24.1% of home health agencies received a “gold star” (≥95% of employees vaccinated), and in the 2022-2023 flu season 26.8% received a “gold star.” Finally, in the 2021-2022 flu season, 38.9% of home health agencies reported that vaccination against the flu was mandatory, and in 2022-2023 flu season 39.3% reported mandatory flu vaccination policies.



Promoted and supported the use and expansion of Health IT

The MHCC assessed diffusion of electronic health records, HIE, and telehealth to identify trends and policy that support awareness and inform implementation and evaluation of health IT. Findings also informed strategies aimed at expanding the use of health IT statewide.

Other key initiatives that were aimed at creating efficiencies and equitable care delivery through health IT include:

- Maintained oversight of CRISP, the State-designated HIE, and approximately 15 other MHCC registered HIEs operating in the State;
- Monitored reported health care data breaches in Maryland and the nation and consumer data privacy laws that include protections for patient-generated health data;
- Examined administrative health care transaction volume reported by payers;
- Administered health IT questionnaires to various provider types; and
- Collaborated with Civitas Networks for Health to advance HDUs activities of CRISP.



Developed messaging to create a safer environment for health care workers, ensuring continued patient access to high quality care

Employees and staff in health care settings face significant risk of workplace violence, which has become a growing threat. According to the US. Department of Labor Occupational Safety and Health Administration (OSHA), health care employees are four times more likely to be a victim of workplace violence and four times more likely to take time off due to violence-related injuries. Recognizing the need to address workplace violence in health care settings in Maryland, Senate Bill 700 required the Secretary of Health to establish the Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup. MHCC facilitated this Workgroup to develop a public awareness campaign on preventing workplace violence in health care settings and to create a plan for implementing the campaign. The report was finalized and was sent to the legislature for funding consideration in late 2022.

SECTION 2

MHCC Organization, Operations, and Budget



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.

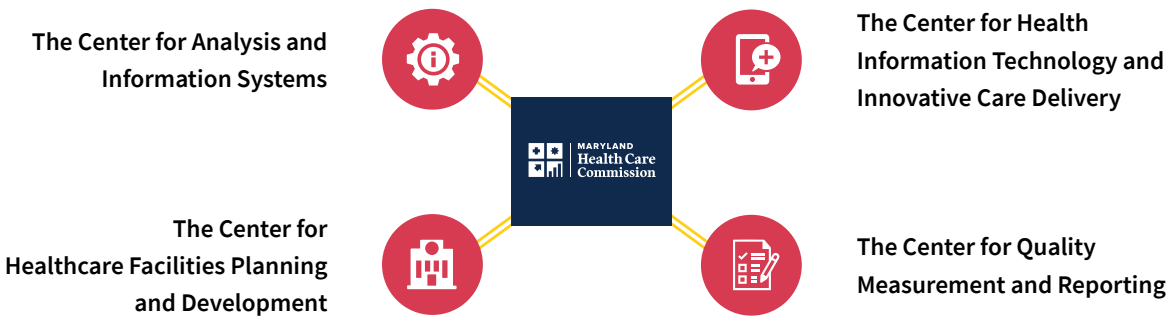
MHCC staff members’ backgrounds and skills encompass a broad range of expertise, including:

- 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 1
Organizational Ecosystem at MHCC



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, Wynnee Hawk

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 and EHN entities that operate in Maryland and envelope policies that promote innovations towards interoperability.

THE CENTER FOR QUALITY MEASUREMENT AND REPORTING

Director, Theresa 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.

APPROPRIATION & 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).

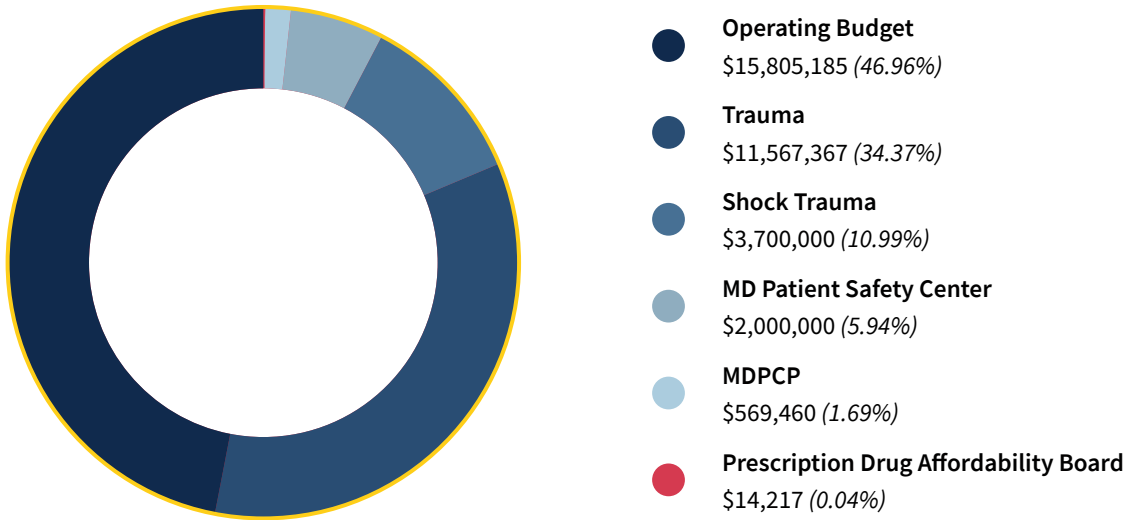
As in fiscal year 2020, the Commission assesses the following percentages on industries:

- 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 2
FY2023 Budget Appropriation

FY2023 BUDGET APPROPRIATION:
\$36,978,634

FY2023 Total Expenditures - \$33,656,229
FY2022 Budget Appropriation: \$39,502,668

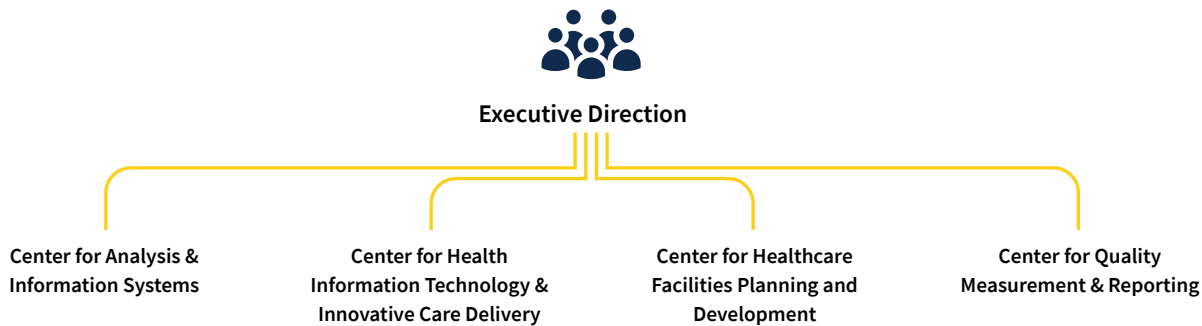


APPENDIX
Governance, Tables, and
Legislation Initiatives



GOVERNANCE

Figure 3
MHCC Organizational Chart



SELECTION PROCESS & 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
- 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.

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 Maryland, 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. 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. and 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 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. *(Term Expires 9/30/2025).*

Hassanatu Blake, PhD, MPH, MBA, is a public health professional with over 15 years in spearheading innovative initiatives at the nexus of public health, educational technology, and social impact. She is a thought leader and catalyst for change, coupled with a unique blend of academic achievements and practical and research experience.

In her current role as Director of Health Equity & Social Justice at the National Association of County and City Health Officials, Dr. Blake is instrumental in leading a \$15.3M CDC-funded project to build COVID health equity infrastructure. Her role involves introducing cutting-edge technology, such as AI chatbots, to enhance training programs and streamline organizational processes for increased efficiency and impact.

Dr. Blake also serves as an Adjunct Professor at both Tufts University School of Medicine and Brooklyn College; and a researcher at University of Alabama Birmingham School of Public Health focused on the use of social media for HIV prevention among female sex workers in Cameroon. She was appointed in 2023 by Maryland Governor Wes Moore to the Maryland Health Care Commission as a Health Commissioner. *(Term Expires 09/30/2027).*

Marcia 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).*

Kenneth 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. He is also 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 received his medical education at Penn State College of Medicine and his undergraduate education at University of Virginia. He completed his family medicine residency at Via Christi Regional Medical Center in Wichita Kansas. *(Term Expires 9/30/2024).*

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).*

Karl Douglas, ALM, LNHA, MBA, is the Founder of Synergy Baltimore. This non-profit organization provides health education, disease management, food assistance, rehabilitation, and job placement for the homeless and underprivileged in Baltimore City.

Karl is the Director of Talent Development for Brightview Senior Living and is responsible for the growth and development of 5500+ associates and leads efforts on Diversity, Equity, and Inclusion. Mr. Douglas has led start-ups as a Dementia Care Director and larger teams as an Executive Director for Brightview. Before his change to the healthcare industry, he celebrated a 20-year career in the consumer product industry as Director of Retail, managing all Walmart business for the Proctor and Gamble Corporation, covering 17,000 stores. His responsibilities included managing 25 managers who managed 3000 employees across North America.

He graduated from Morgan State University with a BS in Business Management and an MBA in Health Care Management from the University of Phoenix. He is a licensed Assisted Living Manager and Nursing Home Administrator. He is a professor in the Health Sciences College at Towson University, teaching master’s level courses on entrepreneurship and leadership at the University of Maryland. *(Term Expires 09/30/2026)*

Danielle Stroughton-Duncan has over 20 years of experience as a Medical Laboratory Scientist and Clinical Educator in various healthcare settings throughout Maryland. With her vast knowledge, she has trained laboratory science professionals, medical assistants, and nurses to provide excellent patient care.

Currently, Danielle is the Director of Education at COLA, Inc., where she oversees the creation and development

of educational content for physicians and laboratory science professionals. Working with an interdisciplinary team, she promotes the visibility of laboratory science professionals through an educational approach, nurturing the pipeline in clinical laboratory science by advocating for initiatives to address the laboratory workforce shortage and utilizing laboratory data to improve patient outcomes. Stroughton Duncan strives to promote and advance understanding of the impact of laboratory science in the effective delivery of healthcare.

Danielle holds a Bachelor of Science degree from Morgan State University and a Master of Education degree from Northcentral University, where she is currently pursuing a doctoral degree in education. She was appointed in 2023 by Governor Wes Moore to the Maryland Health Care Commission as a Commissioner. Stroughton Duncan’s area of focus includes clinical chemistry, interprofessional education, and championing the advancement of the laboratory science industry. *(Term Expires 09/30/2027).*

Joan Gelrud, RN, MSN, CPHQ, FACHE, retired as Luminis Health’s Chief Quality and Population Health Officer, responsible for system-wide quality, safety, infection prevention, patient experience, accreditation, care management, community outreach, performance improvement, population health, value-based programs, and progressive payment models for all entities of Luminis Health.

Prior to Luminis Health, Ms. Gelrud was the Senior Vice President of Kaiser Foundation’s Health Plan and Hospital Quality, Co-Executive Director of Kaiser Permanente’s Care Management Institute, and the Executive Director of the Improvement Institute in Oakland CA. She also served as Vice President of Quality, Safety & Regulatory and Chief Nurse Executive at Kaiser Permanente’s Mid-Atlantic States Region.

Ms. Gelrud is currently spending her time as a Court Appointed Special Advocate for children experiencing abuse or neglect, as a member of the Agency for Research Healthcare and Quality’s National Advisory

Committee, and as a new member of the Maryland Health Care Commission. To help combat hospital expenditures, Joan is also on the Advisory Board for LIBERTAS, a new company working to reduce the cost of physician preference items for cardiac and other procedures. *(Term Expires 09/30/2027).*

Shante Gilmore, MPH, is Director, Health Equity Initiatives at The Patient Advocate Foundation. She previously served as a Health Equity Program Manager with the CDC and as a Practice Transformation Coach with the Maryland Department of Health under Maryland Primary Care Program. She has extensive community-based health experience and volunteered as a Community Health Worker where she focused on serving vulnerable populations including at-risk women and teens. Ms Gilmore holds an MPH (Behavioral Health Concentration) from Morgan State University, School of Community Health & Policy, and a Bachelor of Science in Biology from Morgan State University’s School of Natural Sciences. Ms Gilmore is currently working towards a Doctorate in Public Health (DrPH) at Johns Hopkins University Bloomberg School of Public Health, in Baltimore. *(Term Expires 9/30/2027).*

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).*

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).*

Jovonni Spinner, MPH, CHES, is the CEO and Founder of Beacon Public Health- whose vision is to support healthy and whole communities by focusing on health equity. She is an award-winning health equity strategist and thought leader with a deep passion for improving health equity across the lifespan through research, communication, multi-sector partnerships, and leadership. Dr. Spinner uses her voice to deliver dynamic speeches and to facilitate conversations on health equity.

Dr. Spinner has led state and federal health equity programs like the Diversity in Clinical Trials Initiative, Community Health Worker Health Disparities Initiative, and Virginia Vaccines for Children Program which have reached millions of consumers to help them make better informed health decisions, obtain the

services they need, and advocate for healthier communities. She is also a public health adjunct professor and serves on non-profit boards.

Dr. Spinner is an alum of Virginia Commonwealth University, Emory University, & Morgan State University. *(Term Expires 09/30/2027).*

Marcus L. Wang, Esq., is a Harvard-educated CEO and New York- licensed attorney with proven experience both in building startups to profitability and in expanding public companies globally. He 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. He 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).*

FY2023 TABLES

CERTIFICATE OF NEED

Table 3: Changes to Approved Certificate of Need Actions in FY 2023				
Project Sponsor	Location	Description of Project	Estimated Cost of Project	Final Action
University of Maryland Laurel Regional Hospital	Prince Geroge's County	Increase in approved cost of the FMF	\$18,354,566 New authorized cost: \$71,580,221	Approval
University of Maryland Laurel Regional Hospital	Prince Geroge's County	Increase in approved cost of the FMF	\$6,780,493 New authorized cost: \$78,360,714	Approval
Shady Grove Medical Center	Montgomery County	Increase in approved cost	\$67,646,138 New authorized cost: \$247,657,497	Approval

CERTIFICATE OF NEED ACTIONS

Table 4: Certificate of Need Actions in FY 2023				
Project Sponsor	Location	Description of Project	Estimated Cost of Project	Final Action
Adventist Home Health Services	Carroll County	Establish home health agency services	\$94,342	Conditional Approval
Care Net Health Services, Inc.	Carroll County	Establish home health agency services	\$155,000	Conditional Approval
Pyramid Walden, LLC	Prince George's County	Establish a 50-bed Alcohol and drug treatment facility	\$9,861,800	Conditional Approval
Encompass Health Rehabilitation Hospital of Southern Maryland	Prince George's County	Addition of 10 Rehabilitation beds to a previously approved 60-bed rehabilitation facility	\$13,109,242	Conditional Approval
CommuniCare Health Services	Prince George's County	Change in bed capacity at 2 CCF facilities Clinton Health Care Facility and Forestville Healthcare Center	\$31,143,408	Exemption from CON Conditional Approval
Avenues Recovery Center	Calvert County	Establish a 20-bed Track One intermediate care facility	\$55,000	Conditional Approval
Board of Childcare	Baltimore County	Establish a 4-bed RTC (Bridge Program)	\$922,238	Conditional Approval
Chesapeake Eye Surgery, LLC	Baltimore County	Addition of 1 sterile operating room to an existing 2 OR facility	\$636,164	Conditional Approval
University of Maryland Capital Regional Health	Prince George's County	Level III neonatal intensive care unit	N/A	Conditional Approval
Pascal Crisis Services, Inc.	Anne Arundel County	Establish a 20-bed Track Two intermediate care facility	\$60,500	Conditional Approval
Alpas Wellness LaPlata, Inc.	Calvert County	Establish a 36-bed Track One intermediate care facility	\$42,637,500	Conditional Approval

LEGISLATIVE INITIATIVES

During the 2023 legislative session, Maryland enacted a number of laws and regulations related to the mission and responsibilities of the Commission.

MANDATE STUDIES

SB0075 - Insurance and Maryland Medical Assistance Program – Treatment of Alopecia Areata – Coverage Requirements*

- Study report due December 2023.

SB0108 - HI – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement*

- Study report due December 2023.

SB0184/HB0376 - HI - Diagnostic and Supplemental Exams and Biopsies for Breast Cancer - Cost-Sharing

- MHCC to study and report on the financial impact of eliminating cost-sharing for diagnostic image-guided biopsies for breast cancer. Report due on or before October 1, 2023.

HB1217/SB0805 - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Biomarker Testing

- Report on the impact of providing biomarker testing by December 1, 2025.

HEALTH CARE WORKFORCE

SB0283/HB0418 - Mental Health - Workforce Development - Fund Established

- Requires MHCC to conduct a comprehensive behavioral health workforce needs assessment in coordination with the BHA, the Maryland Higher Education Commission, the Maryland Department of Labor, the Career and Technical Education Committee, and other interested stakeholders.
- Needs Assessment due on or before October 15, 2024.

ELECTRONIC HEALTH RECORDS AND INFORMATION EXCHANGE

SB0648 - EHNs and EMRs - Nursing Homes - Release of Records

- Review legislation in relation to and make sure consistent with HB 1022 (passed in 2021) in regulation.

*Asterisk denotes the proposed legislation that did not pass.

TRAUMA FUNDING

SB0493/HB0675 - Commission to Study Trauma Center Funding in Maryland

- MIEMSS and MHCC shall jointly chair and staff commission. Study the adequacy of trauma center funding. On or before December 1, 2023, the Commission shall report its findings and recommendations to the Governor and General Assembly.

NURSING HOMES

SB0509/HB0702 - HCF - Nursing Homes - Acquisitions and Licensure

- MHCC in consultation with certain stakeholders, to study and make recommendations regarding the expansion of the certificate of need program over acquisitions of nursing homes. Submit a report with recommendations from stakeholders to the General Assembly on or before December 1, 2023.

PROTECTED HEALTH INFORMATION

SB0786/HB0812 - Health - Reproductive Health Services - Protected Information and Insurance Requirements

- MHCC must (1) adopt emergency regulations within nine months of the bill’s effective date to restrict data of patients related to legally protected health care and (2) submit quarterly reports on the bill’s implementation in fiscal 2024 and 2025. Regulations must be developed by December 2023.

DENTAL HEALTH SERVICES

HB1146 - MDH and MHCC - Dental Services - Survey and Regional Needs Assessment

- By December 1, 2023, MDH and MHCC, jointly and in consultation with MHA, must submit a report to specified committees of the General Assembly that includes the results of the survey and the regional needs assessment, as well as the regional plans.

TELEHEALTH

SB0534 - Preserve Telehealth Access Act of 2023

- MHCC must study and make recommendations regarding the delivery of health care services through telehealth, as specified, and report to the General Assembly by December 1, 2024.

HB1148/SB0582 - Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)


- Requires the MHCC to study and make recommendations regarding the delivery of health care services through telehealth, including payment parity for the delivery of health care services through audiovisual and audio-only telehealth technologies on or before December 1, 2024.







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